

| “Holding”

by *Jim Cantwell*



Abstract:

Recent developments in standards of professionalism (QQI) have set challenges to the field of counselling and psychotherapy. As a profession we might want to become recognised as professional and often such standards are rooted in academic rating systems. However, as practitioners we are also aware that personal development rooted in the practitioner’s own work on the self provides a governing quality to any academic training element undertaken to become a qualified therapist. Questions and reflections about counselling and psychotherapy most definitely will raise many opinions among practitioners all around the country. What academic standards will be considered as baseline for counselling and psychotherapy? What level of personal development, practice skills development, life development, personal readiness, personal therapy, supervision and so on, must accompany the academic standards set as a baseline? This article is a discussion of the ‘holding’ concept from D.W. Winnicott’s work, in the context of our decisions as a profession going forward. Within that journey, ‘holding’ might serve as a reminder of what is arguably important about who we are as therapists.

Introduction:

It may seem obvious to state, but an academic standard of training is a measure of just that – academic skills such as writing skills, study skills, memory

skills to demonstrate theoretical understandings developed over the course of studying. For practice and practitioners it may be more arguable that the more poignant skills set are the ones grown from

the other elements of counselling and psychotherapy training. It was from such considerations at a recent debate on the issue that the following article was inspired.

Whatever definition counselling and psychotherapy generates at the end of all our deliberations, for us as practitioners one of the primary concerns is that we can ‘hold’ the space with the clients that we sit with on ‘the journey’. Equally whatever standards are ratified, they must arguably be ones that can produce practitioners that have ‘re-birthing enough of the self’, as one of my trainers use to say, to be able to generate a ‘holding’ contact with clients. This article is a reminder of the concept of ‘holding’ and the gift of truly being able to connect with clients in such a way.

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As a model of contact?

There is (or arguably should be) an expectation that when clients come into a therapy space with a therapist a certain experience will be generated between the client and therapist. The acknowledged therapeutic style of contact is imbued with qualities of empathy, non-judgment, openness, acceptance, and confidentiality. When ingested on an experiential level by the client, this type of contact feels like a safe relationship to work on self and any issues or challenges, arising. Once such relationship conditions are generated by the therapist and client, the therapist facilitates the client to work.

As therapists, we work within the model of self that the client currently uses to function as a person – consciously and unconsciously. To be truly present with the client's model of self, the therapist is challenged to be able to tolerate compassionately, remain open to and work with the style and contact of the client self. This ability in the therapist can be demanded to varying degrees, depending on how the type of process and work brought by the client interacts with the therapist's own process. This ability to join a person in his / her 'state of aliveness' (Ogden: 2004) has been demonstrated and recognised as important in other forms of therapeutic relationships (Ainsworth, 1969; Ainsworth, Bell & Strayton, 1974; Bowlby, 1958; Bowlby, 1988; Winnicott, 1957)

A powerful image of such relationship abilities / qualities in practice was explored in the

'good enough' mother model of relationship contact (Winnicott, 1958). The donation of realising the gift of a process, such as attachment, being delivered and experienced through the relational contact between people, truly reinforces the importance of the relationship in the therapy space. The value of a timely meeting of needs, in a consistent way, through compassionate relationship style, has been significant to practitioners as a pathway to establishing therapeutic supportive relationships within client work.

The concept of 'holding' in mother-child relationship:

D. W. Winnicott (1896-1971) helps us to focus on the qualities of the mother-child relationship that produce specific therapeutic opportunity. Within the body of research and literature, Winnicott identifies the concept of 'holding'.

"Holding can be done well by someone who has no intellectual knowledge of what is going on in the individual; what is needed is a capacity to identify, to know what the baby is feeling like" (Winnicott: 1990: 28).

He noted the product of a 'good enough' mother-child relationship was observable in the experience of the child. The child experienced a personal sense of being held.

Holding a child within the nature of her being is conceptualised by considering how a mother facilitates the emotional growth of a child as she grows in the experience of being alive. Exploring the concept of holding within the parent-child relationship reflects on: how the parent responds to the sense of the child's experience of her continuity of

being; and how that sense of being is sustained over time (Ogden: 2004).

The time component of the holding concept encapsulates staying within the continuum of the developmental stages of growth and the personal, social and relational sense involved for the child.

"Remember the individual child, and the child's developmental process, and the child's distress and the child's need for personal help, and the child's ability to make use of personal help", (Abram: 1996).

Winnicott reflected on how the mother manages the different states of being experienced by the child from the 'earliest states of aliveness' (Ogden: 2004). Ogden uses the phrase of 'being in the infant's time', which encapsulates the task of the mother (2004). This ability allows the mother to attune to the experience of the child; the mother 'feels herself into the infant's place' (Winnicott: 1956: 304). This ability to attune to the child's qualities of aliveness throughout the developmental stages is a key skill identified by Winnicott in the provision of a 'holding' relationship and environment.

An example of attunement: The earliest form of immersion into the infant's world by the mother is an example of strong attunement. Winnicott called the state of being for the mother the 'primary maternal preoccupation',

"a state of heightened sensitivity... she becomes preoccupied with her child to the exclusion of other interests, in a way that is normal and temporary" (Winnicott in Jacobs: 2003: 48).

In this time of 'holding' the mother enters into the infant's sense of

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time and being. As Ogden puts it the mother 'transforms for the infant the impact of the otherness of time and creates in its place the illusion of a world in which time is measured almost entirely in terms of the infant's physical and psychological rhythms' (2004).

The mother in her act of 'holding' is in an emotional state of psychological and physical holding which insulates the child. This has an emotional and physical cost to the mother which Winnicott termed as "almost an illness... and a woman must be healthy in order to develop this state and recover from it as the infant releases her" (Winnicott: 1956: 302). This period from just before the infant is born and for some months after is where the mother enters the infant's sense of time for eating, sleeping, play, company, etc., which is totally different to the general time and schedule followed in the course of her adult life. The mother is pivotal in Winnicott's theory of emotional development. He saw mother as the child's first environment, biologically and psychologically. He concluded that how the mother behaves and feels in relation to the child will influence the child's health (Jacobs: 2003). Addressing mothers in 1969, Winnicott said:

"The environment you provide is primarily yourself, your person, your nature, your distinguishing features that help you to know you are yourself. This includes all that you collect around your self, your aroma, the atmosphere that goes with you..." (Building up of Trust" in Abram 1996: 199).

It is the appropriate holding from parents, in time with the child's needs, throughout the child's continuity of being, and maintained over time, (especially in the early stages of life), that are internalised by the child.

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Holding in the therapy space – reflections from Ogden (2004):

Winnicott's concept of the mother who has enough personal capacity to be the holding environment for her child – 'the good enough mother' – is also seen as way of understanding what could be provided in the therapeutic relationship of therapy (Abram: 1996). Transposing the qualities of maternal care to the therapeutic relationship, 'holding' can be seen as the conceptualising of the therapist's role of safe guarding the continuity of the client's experience of being and becoming over time. As with the mother-child holding, maturation is achieved when the individual has the capacity to generate and maintain for himself a sense of his being over time (Ogden: 2004).

In the therapeutic situation, the mirror of the mother's primary maternal preoccupation is in the therapist's attention and the physical environment of the therapy space (Abram: 1996). The therapy space becomes the provision of a psychological space in which the feelings and the experience of the client are accepted and understood (Ogden: 2004). The holding space within the therapy space can also be seen as a metaphorical holding. In an imaginative phrase – 'the gathering of bits' – Ogden describes the provision of a place in which the client may gather himself together (2004). Winnicott saw this as a client's need to be known in all his bits and pieces by one person, the therapist (Winnicott: 1945 in Ogden: 2004). When this form of holding is transposed on to the qualities of

maternal care it mirrors the state of primary maternal preoccupation.

It is quite simply the therapist being that 'human place in which the client is becoming whole' (Ogden: 2004). This is a place that requires no interruptions and interpretations on behalf of the therapist and much depends on the therapist's ability to tolerate the feeling that no work has been done (Ogden: 2004). Like mother, the therapist provides space, with secure boundaries, in which trust in relationship can be experienced (Jacobs: 2003).

"Common to all forms of holding of the continuity of one's being in time is the sensation based emotional state of being gently, sturdily wrapped in the arms of the mother. In health that physical / psychological core of holding remains a constant throughout one's life" (Ogden: 2004).

Ogden's turn of phrase creates a deep sense of the holding relational contact as it could be applied to client work – how the practitioner manages a client's 'state of aliveness; being in the client's time; and the practitioner feeling herself into the client's place.

Holding as a form of Management:

When considering the issue of young people who can't look after themselves and need professional care, Winnicott referred to holding as a form of management (Abram: 1996). The management offered to these young people is a holding environment. This environment in theory mirrors important aspects of the environment provided by 'the good enough mother'. As such the

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environment for treatment of these young people is set up to ensure it runs smoothly. According to Docker-Drysdale (1993) the environment establishes good boundaries that are well maintained; in this environment disturbing intrusions are prevented or the effects mitigated; the relationships in this environment allows for the regression often required in this treatment. Regression is facilitated through the emotional availability in staff and by providing young people with a temporary re-experience of maternal preoccupation. The opportunity to re-experience what was interrupted in the young people's continuity of being is offered to them through special relationships with staff members.

Once therapeutic relationship has been established between a staff and a child they are carefully supported by the other staff members as needs arise (Docker-Drysdale 1990). In offering this holding environment the operation of the institution as a whole is significant. Docker-Drysdale (1990) argues that the management of the staff and the organisation affects the role models that the staff presents through themselves to the children. It is to this role model that the children come to identify. The hypothesis about the young people's and adolescents' problems is that they began in the first years of life, in some failure in primary maternal care (Docker-Drysdale: 1993).

Beginning work on a problem established for quite a while is seen by Docker-Drysdale (1990) as the most difficult aspect of working with these young people. In these circumstances the original problem

has been layered and exacerbated by other life experience by the time a holding environment is offered to the young person. But even with the layers of other issues that present when working with emotionally deprived children, with their pain and their needs, to provide a place where those needs can be met, where broken childhoods are acknowledged, understood and re-made is the primary therapeutic task (Docker-Drysdale: 1990).

In Conclusion:

"Holding' as a felt sense can be generated by how the practitioner uses herself and the environment in the contact with the client. So much can be communicated through that generated felt sense that clients can use for security and growth. Practitioners should arguably question how we as therapists grow our abilities to provide holding relationships and environments in our client work and question how we can include such outcomes in the trainings we set up for future therapists?

Perhaps the 'why' of needing to set academic standards (and HETAC accreditations) for training as therapists does not address enough the journey needed to grow the abilities to be able to 'hold' a space with our clients? I hope that future changes and developments do not in any way undermine such therapeutic journeys and replace them as learning outcomes on module descriptors. ☺

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