

# WHAT'S GONE MISSING? PROVIDING A HOLDING PLACE IN THERAPY

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# Holding stories



- Parent cooks evening meal while child plays nearby with toys
- Upon arrival home, familiar smells make one sense “ahhh home!”
- Morning bird sounds that are familiar

movie



movie “analyse this”

# holding



- A parent holds a child but a child also holds a parent
- I provide a holding ground with clients, while clients hold me as a therapist by their active collaboration.

# Holding

## animate and inanimate space



- Relationships – Psychodrama (Moreno)
- Eco-environment – smells, physical space, sounds, textures (LeVine)
- Beliefs – philosophical , religious, animistic, political
- Community – local, activities, minority, nation

# Holding



- Psychoanalytical tradition
  - ▣ Winnicott, Bion, Klein (containment)
- Morita therapy

# What we hold? Self and other



- History, Schema
- Secrets
- Struggles
- Attachments

## **Therapists tasks!**

- Power dynamics
- Neurosis (self)
- Emotional nudges

# Assessing attachment

Child Categorization	Parental behaviour	Adult Categorization
(B) Secure	Emotionally Available, perceptive & effective	(F) Free/Autonomous
(A) Avoidant	Distant & Rejecting	(DIS) Dismissing
(C) Anxious/Ambivalent	Inconsistent Availability	(E) Preoccupied
(D) Disorganized	Conflictual Behaviour	(U) Unresolved

# Assessing attachment



- Whose attachment? Therapist, client, family, society
- How are they played in the room?
- What then the therapist holds?
- Power disguised as facilitation...

# Principles versus technique



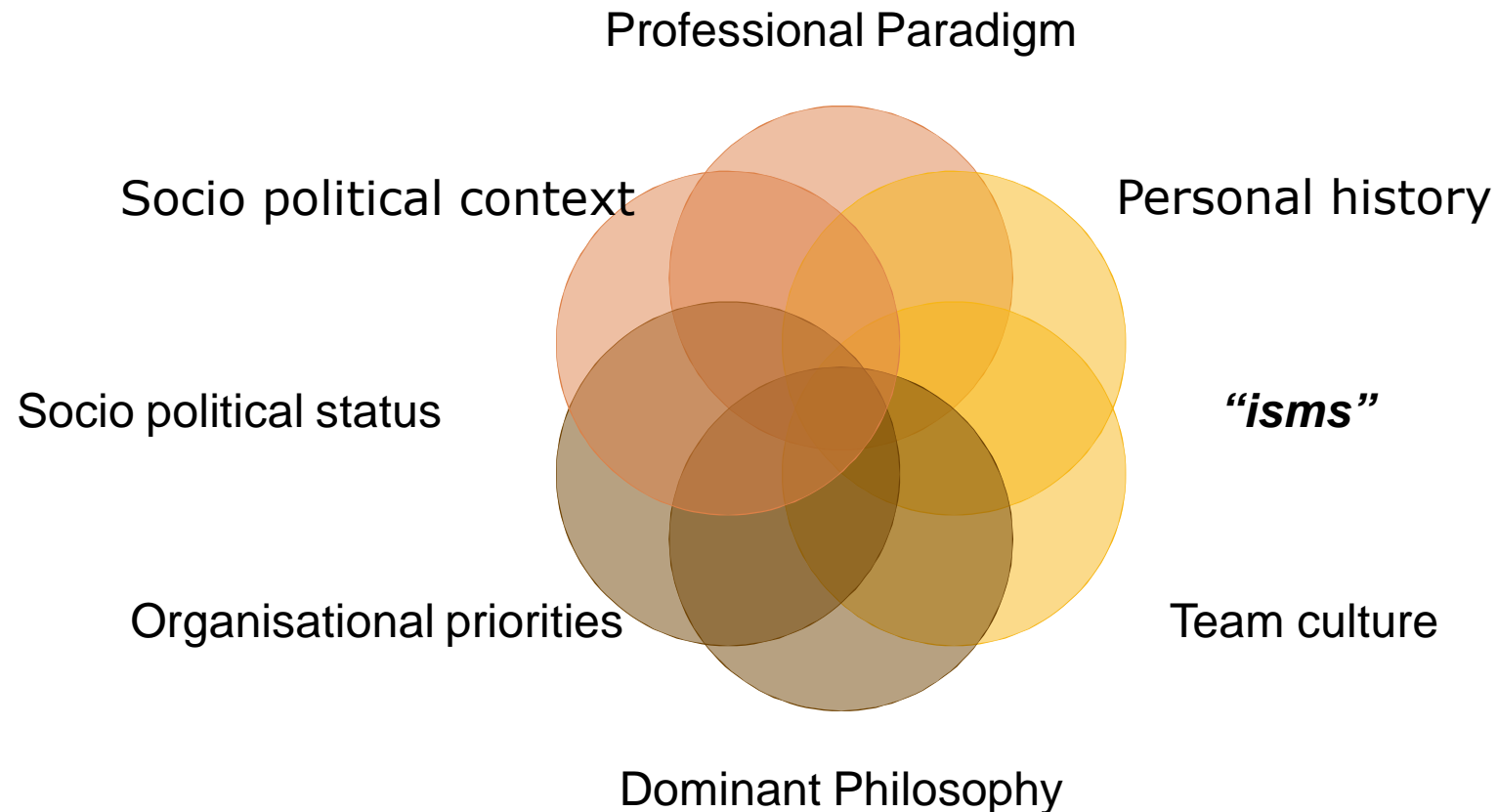
- Independent of the approach, holding capacity coincides with maturity
- Attachment to technique by therapist may contribute to dis-integration in/of client.

# Holding self and other



- Correlation between Personal Developmental Maturity and Professional Maturity
- Technician stage – attachment to technical methodologies and mono-dimensionality ( *“I have to confront my fears”* )
- As a therapist matures, more dimensions are added and holding capabilities develop – How many balls can I juggle in the same time?

# Cultural Multiplicity is the Norm



# Seduction

## Transference and Countertransference

- The therapist is given a place in society, a role in treatment. (“I suppose to know”, “I treat”, “I facilitate”)
- The task of therapist holding one’s own narcissistic space by the seduction of social role.
- Assessment of whom and what? What is forgotten in the assessment process? What becomes fluid? What becomes rigid? How is it evaluated?

# Evidence



- Evidence based x treatment based on contextual evidence
- Narrowed outcomes when assessment and treatment formulation are symptom-based context based. When therapist/treatment providers attach to cure and eradication of symptoms, it reinforces the myth of perfect health.
- What are Treatment attachments?
- Miller et al – relationship overrides method

# Myth of Perfect Health



- We all have something in our physical bodies and our psyche that does not exactly function at “100%”, yet we still manage to live fulfilling lives.

(Note the personal lives of historical figures in our field, Freud, Klein, Jung, Pearls, Moreno, myself hehehe...)

# Pax Medica (Arden & Linford)

- Pax Romana – Roman empire as one
- Medicalisation of Psychiatry ( 1970's)
- Evidence-based Psychotherapy

While standards and scientific rigour came into psychiatry, context-responsive therapies decreased.

# Pax Medica as language



- Patients (objectified people) received treatment
- **Problems** become *diagnoses* per the DSM
- **Diagnoses** become *interventions*
- **Therapists** become *clinicians*

# Concerns with too much rigour

## *When rigour becomes rigidity*

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- Oversimplification of symptoms
- Leave out variables having to do with both therapy and the client's life, eg most clients have more than one problem!
- Demonstrate general efficacy but overestimate importance of technique
- The case of “**salt**”

# To be examined



- Structured Methods: focus on affective bias; increase dependency in people who like structure and follow instructions; give clients tools to take with them when therapy ends. ***Could this relieve the anxiety of the therapist?***
- **BUT** – The impact of therapeutic alliance on outcomes remains unexamined, and emotions are interpreted as being too attached to thoughts
- Overprescribe methods relying on hippocampus more than the amygdala

# Morita Therapy



- 4 classical stages
- Stage 1: Isolation and rest
- Stage 2: Light occupational work
- Stage 3: Intensive occupational work
- Stage 4: Preparation for daily living

# Stage One – Isolation and Rest



- Bed rest. Vulnerability space, common for patients to regress, return body to natural rhythms
- Therapist's Role - holding the regressive space, re-parenting experience by client ( Amygdala), *fumon* pose by therapist ["distantly-present" (LeVine)]

# Stage Two – Light Occupational Work



- Repetitive exercises – communication restricted via descriptive diary writing, “exploration of the world” projects, increase spontaneous desire
- Therapist holds regressive and explorative space

## Stage three – Intensive Occupational Work



- Physically one is more apt to reconnect with body
- Therapist observes movement and focus of client and is model of self-in-time and place; therapist moves to background and environment moves to foreground as holding ground

## Stage four – Preparation for daily living



- Reconnect with communal purposive activity
- “self - other” reaffirmed, reconnected. Insight happens
- Therapist holds dichotomy of self and other, facilitates further ego development by paradoxically demoting the ego

# ATTACHMENT, DETACHMENT AND NON - ATTACHMENT



# What's gone missing?



- Education
- Supervision
- Practice
  - ▣ Self
  - ▣ Client
  - ▣ Environment as mentor