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Uncontained and uncontaining: A grounded theory of therapists' countertransference and defensive practices in an organisational context

Shelley Gait [a] and Andrea Halewood[b]

[a]*Department of Therapeutic Studies, University of South Wales, Pontypridd, UK;* [b]*Department of Psychology, School of Life Sciences, University West of England, Frenchay campus, Coldharbour Lane, Bristol, UK*

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ABSTRACT

Countertransference, it is widely agreed can either deepen awareness of personal and relational dynamics to the benefit of the work or it can distort and become an impediment through the adoption of defences. The aim of this study was to explore what supported the development of countertransference awareness in an organisational context through a qualitative study. Semi-structured interviews were conducted with 15 therapists either face to face or online. The findings indicate that participants followed one of two pathways, a reflective pathway, where they developed their countertransference awareness to the benefit of the work, and a defensive pathway, the focus of the present paper. Here, the findings suggest that when the organisational setting, the supervisory relationship, and the adopted theoretical framework, did not support the thinking about the relational dynamics, including countertransferential responses, it resulted in the adoption of defences, to the detriment of the work with the client. The implication of the findings, including the limitations of the study and avenues for further research, are also discussed.

Keywords: Anxiety-Defence; Containment; Defensive practice; Countertransference; Projective Identification; Enactments; Organisational context; Supervision

Introduction

Much has been written about countertransference, and while there are varying definitions, it is widely understood to arise due to the therapist unresolved dynamics and, also, in response to the feelings evoked by the client. Inevitable and unavoidable, but not necessarily detrimental, as if it can be thought about, then it can be a source of information into the relational dynamics at play (Friedman & Gelso, 2000; Gabbard, 2001; Gill & Rubin, 2005; McHenry, 1994). However, to be of therapeutic benefit, Table 1 Carpy (1989) suggests first the therapist must find a way of tolerating the feelings, without acting them

CONTACT Shelley Gait shelleygait@googlemail.com

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Table 1. Participant demographics.

Participant	Gender	Occupation/therapeutic approach
P1	Female	Psychologist/private practice
P2	Female	Psychological Therapist IAPT/trainee counselling psychologist
P3	Female	Psychotherapist/CAMHS
P4	Female	Psychotherapist – Humanistic & Integrative/Private Practice
P5	Female	Psychodynamic Psychotherapist – Psychoanalytic/University counselling service
P6	Female	CBT therapist IAPT – trainee counselling psychologist
P7	Male	Integrative Counsellor/trainee counselling psychologist
P8	Female	Counsellor & Psychotherapist – psychodynamic/University counselling service
P9	Female	Integrative psychotherapist/trainee counselling psychologist/private practice
P10	Female	Integrative counsellor/private practice
P11	Male	Psychotherapist/Supervisor/private practice
P12	Female	Psychotherapist/Supervisor/Mental Health service NHS/private practice
P13	Female	Psychological Therapist IAPT/integrative counsellor/NHS/private practice
P14	Female	Counselling Psychologist & Supervisor/private practice
P15	Male	CBT Psychological Therapist IAPT

out (p. 288). This is no easy task, given the clients defensive projective systemic, can overwhelm the therapist, impacting their capacity to 'see and think' (Steyn, 2013, p. 94). Consequently, the therapist faced with unbearable affect, may, albeit unconsciously, be drawn into responding defensively to deal with the emotionally charged nature of the therapeutic encounter.

Anxiety-Defence & Projective Identification

The anxiety-defence model, a key premise within psychoanalytic thought, suggests that individuals, either, consciously or unconsciously, develop defences to protect against anxiety, enabling a temporary degree of safety to be achieved (Cilliers & Harry, 2012; Jacobs, 2010). The essence of the defence is to attribute the repressed contents that are anxiety provoking onto the external world, rather than to oneself (Garland, 2001). However, these defences can result in a 'lessening of awareness', as well as the denial, distortion, or projection of the disowned feelings onto the other (Nelson-Jones, 2011, p. 346). When the therapist becomes caught up in the client's defence system, it can be extremely difficult to withstand and contain the client's projections (Agass, 2002; Hansen, 1997).

Projection, a construct first introduced by Klein (1946), describes an unconscious defensive splitting off, of unacceptable parts of the self, to protect the individual from perceived threat, thus reducing the experience of

intolerable anxiety and conflict. Initially, this was considered an intrapsychic process, where what was projected did not involve the stimulation of feelings in another (Marroda, 2010, p. 28). Subsequent definitions now consider it to be a two-person, interpersonal way of relating, often described as projective identification, where the thoughts and feelings evoked within the therapist by the client, exert pressure on the therapist into various forms of acting out (Waska, 1999; Zachrisson, 2009). This is understood to be unavoidable as all therapists will have sensitives and be susceptible to certain client projections (Agass, 2002).

Whilst the therapist is greatly influenced by the client's projection, it is generally agreed that not all the feelings induced come from the client, as some will indeed arise from the therapists' own dynamics, their countertransference, as for a projection to stick, it requires a 'hook' (Gabbard, 2001). Therefore, Projective identification does not occur in a 'vacuum', i.e., it requires a stimulus, furthermore, while the client may project disavowed affects, this may also happen in reverse, with the therapist projecting disavowed affects into the client (Marroda, 2010, 2012). This defence against the client's projection also protects against the experience of countertransference (Agass, 2002), because the countertransference remains outside of awareness. However, this can lead to the therapist, albeit unconsciously, acting it out, instead (Gelso & Hayes, 2007; Gill & Rubin, 2005; McHenry, 1994, 1994). Carpy (1989) suggested to avoid acting out the countertransference, the therapist needed to try to tolerate the experience, Carpy, considered 'tolerating' an active process, a struggle, which enabled the client to begin to re-introject what was previously intolerable, through the process of containment.

Containment

Building on Klein's ideas on projection and projective Bion (1961), Bion (1962) developed his container-contained model. Bion was interested in what happened to the clients split off disavowed affects. Bion believed the split-off parts of self-went through a transformation via the therapists' mind, before they were returned to the client, to be re-introjected in a modified state, i.e., more tolerable, and acceptable (Weiss, 2014). The therapist, much like the mother; Bion suggested takes in the hostile projections, and through a sifting of the feelings and thoughts, detoxifies, giving shape and meaning to the experience, making the unbearable, bearable, a process Bion described as 'reverie'. Reverie, Bion suggested was an unknowing, open, and receptive dreamlike state.

Being able to tolerate, know and feel what the client cannot, however, can be a painful process for the therapist, who can struggle to bear the clients projections (Steyn, 2013). Consequently, Bion (1962) suggests when the therapist fails to offer a containing function, any thoughts and feelings split off by the client, are returned in an 'unmodified state', resulting instead of an amplification of the projected material and what Bion described as a 'nameless dread' in the client.

Furthermore, the therapist, also splits off unbearable states, resulting in what Bion referred to as an 'emotional storm, the coming together of two minds which crave and resist each other' (Cartwright, 2010, p.3)

Organisational System

While therapists bring their own anxieties and defences to the work, the wider organisational system can also evoke anxieties (Hinshelwood & Skogstad, 2003), suggesting the projective relationship can have a much further reach than the client-therapist dyad. The 'social defence' concept, proposed by Jaques' (1955; 2018) and later extended by Menzies-Lyth (1960) suggests that within organisations there is an unconscious agreement to deny or distort experiences that give rise to unwanted emotions, to avoid psychological involvement with patients and escape the anxieties inherent in the work. While this can enable 'multiple groups' to work cohesively and collaboratively, (Halton, 2015), it can also give rise to unhelpful defensive practices. For example, several authors (e.g., Jaques, 1955, 2018, Menzies-Lyth, 1960, Briggs, 2018; Hinshelwood & Skogstad, 2002, 2003; Rizq, 2011), have explored the anxieties and defences amongst staff within healthcare organisations, findings suggest that defensive practices enabled healthcare workers to remain emotionally distant from the patient/client, to avoid feelings of anxiety. Furthermore, the responsibilities for certain decisions and practices were often attributed to others in the organisational system. Hinshelwood and Skogstad (2003) refer to this as the 'anxiety-culture-defense model', a collective defence against the anxiety and other distressing emotions inherent in the work. This they suggest can also support individuals own psychological defence through the shared, albeit unconscious, collective organisational defences, where the collective defensive strategies employed often remain unexamined, due to a lack of 'structural containment'.

Structural Containment

'Structural containment' is made possible when emotional, practical, and supervisory support is in place, which supports the working through and thinking about the emotions and responses that can arise in the work, including the uncertainties generated by the organisation itself (Ruch, 2007, Trevithick, 2011). One way that containment can be offered in the work setting is through clinical supervision; this can be a place where therapists develop awareness of their defences and/or their countertransference (Gait & Halewood, 2019; Ponton & Sauerheber, 2014). The role of the supervisor here is to facilitate the therapists' capacity to think about the process of therapy, a process, which Mollon (1989) has likened to Bion's (1962) concept of 'reverie' where feelings and responses that arise in the work, including countertransference, can be thought about, understood, and given meaning. This containing process can then be

internalised by the therapist to the benefit of the work. In contrast, when attention is lacking to the emotional aspects of the work, including countertransference, Mollon (1989) suggests can lead to therapists being 'handicapped by their culture', as without the experience of containment they can struggle to contain their own anxieties, and those of their clients to the detriment of the work , the focus of the present study.

The present study

This qualitative study adopted a constructionist grounded theory methodology. This approach is thought to be particularly suited to counselling and psychotherapy research as it focuses on process, actions, and meanings in a particular context (Charmaz, 2006, 2008; Morrow, Castaneda-Sound, & Abrahams, 2012). Grounded theory has three main aims; to make sense of the social world; to generate a theory which offers an understanding of the phenomenon under investigation, and to develop theory grounded in the data (McLeod, 2009).

Methodology

Following ethical approval from the University board, participants were recruited via a number of online sites, including Facebook, JISCMAIL, LinkedIn, and via the British Psychological Society (BPS) Division of Counselling Psychology (DCOP) website. Semi-structured interviews using open-ended questions were carried out either face to face or online via the platform Skype. Eight qualified therapists who had some awareness of the construct 'countertransference' with at least one year's experience of clinical work were initially recruited through a purposive sampling strategy (Tables 1).To refine the categories and analysis further, a theoretical sampling strategy was used to recruit a further seven participants, two newly qualified, two with little or no understanding of the construct and three who were clinical supervisors.

Analysis

Interviews and the analysis of the data occurred concurrently. Each interview was analysed following the Constructivist Grounded Theory method [CGTM] (Charmaz, 2006, 2008, 2011). Initially open coding, also known as line-by-line coding, was used to identify initial phenomena. Conceptual labels were attached to every line in the interview transcript using the gerund to capture the actions and processes involved. Larger segments were then coded to develop further codes, which enabled the development of more nuanced focused codes and categories. Using the constant comparative method, codes and categories were compared with each other and across interview data. By

comparing codes this identified the commonalities and idiosyncrasies in data, by grouping and comparing, this refined and developed the categories. Memos, diagramming and reviewing the literature, enabled categories to be further refined and developed. Theoretical sufficiency (Dey, 1999) was thought to be reached when the categories were sufficiently developed to capture the data obtained. The study was evaluated against Charmaz (2006) four key areas: credibility, originality, resonance, and usefulness. The diagram was also sent out for member checking.

Reflexivity

A constructivist approach acknowledges that the researcher cannot stand outside of the research process and therefore any theorising done is also a construction (Charmaz, 2006). Making the position of the researcher explicit at the outset, therefore, should indicate whether there is a clear *fit* between the researcher's stance, the research question, the methodology and the methods they have adopted (Morrow, 2005). It is important to acknowledge with any set of beliefs, no matter how well argued, that they do not represent the truth; there is no way of elevating one belief or worldview over another (Guba & Lincoln, 1994). A reflexive journal was kept throughout the research process so that biases and assumptions could be reflected upon and acknowledged. Furthermore, by rigorously following the steps of the grounded theory method it helped to ensure that the theory that was constructing remained, as far as possible, grounded in the data.

Findings

The grounded theory constructed from the data describes the anxieties encountered by participants, during and after their training. Early in their training participants struggled with the anxieties inherent in the work, lacking a theoretical understanding or framework, participants struggled to make sense of their experiences with the client, including their countertransference responses. Furthermore, participants were fearful that their feelings and responses indicated incompetence and therefore they became fearful of sharing these experiences in supervision, leading to the development of a cycle of anxiety and defence. As participants progressed through their training, and beyond, they began to follow one of two pathways, a reflective pathway, where they were supported by the organisation, their supervisor, and their theoretical model, to consider their experience anew, which enabled the experience to be thought about, modified, and detoxified; or what appeared to be a more defensive pathway. The defensive pathway is the focus of the present paper. Nine out of the 15 participants interviewed appeared to follow the defensive pathway, extracts from their interviews are included below.

The defensive pathway

Participants who followed a defensive pathway, appeared to manage the anxieties inherent in the work, and their countertransference responses, through the adoption of defensive strategies. This seemed partly due to participants own dynamics and psychological defences, and also the lack of opportunities to think and reflect on the relationship with the client, the anxieties, and dynamics at play.

Lacking structural containment

Participants seemed to experience a lack of structural containment in three areas, the *organisational* setting where they worked, with limited time to reflect on the work, and a focus on following protocols rather than the therapeutic relationship. In *supervision*, which mirrored the approach of the organisational setting, and through the absence of a *theoretical framework* to understand the dynamics at play in the therapeutic relationship both in the room and in supervision.

Organisational setting

A number of participants on the defensive pathway described working in high-volume organisational settings, where the focus was on short-term, protocol driven practice rather than providing the space and support to think or work through the emotional aspects and responses that were arising in the work. The adoption of defences therefore appeared to be a survival strategy to contain the overwhelm and anxieties evoked by the work. As a result, these participants described working with clients in a superficial way where the relational dynamics, including countertransference were not considered. This seems to indicate they did not feel contained or able to offer a containing environment to the client, and the responsibility for this seemed to be attributed to the organisation, rather than themselves:

'Working in a service that's kind of high volume, and in that respect maybe not having massive amounts of time to reflect … if something's not sitting that comfortable with you or you've got a particularly strong reaction to a client you like them or why the next person you can't stand them in a way, may be irritable, there isn't necessarily the time to kind of process them from whatever perspective'. Participant 15

You know the trouble was this was in an IAPT service and um I was under a lot of pressure to discharge him I would of rather have worked with the anxiety … it could have been very important to this client but in IAPT service you know we don't do two things we can only do one thing at a time … . given the choice and the time and space that you would want to work with it. Participant 6

For these participants the service demands of recording client outcomes and large waiting lists only seemed to increase their anxieties, which also impeded the work, as the interpersonal dynamics were not even thought about.

Consequently, they seemed to be avoidant of engaging with the client in a meaningful way, as a way of containing their own anxieties and struggles. The failure to offer the client containment for some resulted in a rupture to the therapeutic relationship; indicating the needs of the participant and the organisation were privileged over the needs of the client, thus supporting a defensive and avoidant approach:

'Working in contexts where you're being measured all the time like IAPT and stuff like that there's pressure, there's pressure to get it right all the time, so you would be less likely to trust your CT, when you've got a six session contract, and every session your being measured is the client getting better as you go along, am I going to get a good or bad report.' Participant 11

'You don't go into this place to make people worse you know that's and I did my best to retrieve it but just couldn't, couldn't but I was distracted, a waiting list of the door, and it tends me at certain times of year its get them in get them out, and just took my eye off the ball' Participant 8

Supervision

For a number of the participants on the defensive pathway, supervision was an extension of the organisational structure; supervisors worked within the same culture and therefore faced similar pressures and demands. The supervisory space, therefore, mirrored the organisational structure and was experienced by some as rigid and prescriptive; the focus on following the model rather than any consideration of material, including countertransference, arising in the relationship. The focus of supervision therefore seemed to be on avoiding rather than containing certain aspects of the work. Without the containing mind of the supervisor to think about the work and consider the client dynamics anew, there was no way of normalising the anxieties inherent in work or the participants countertransference responses. While some participants were aware that attention to relationship dynamics could be useful, for them and the client, they continued to comply with the supervisory and organisational approach to the work. The supervisor and participant seemed to be caught up in a parallel process to the client work, where the focus was on containing their own anxieties rather than those of the client. This enabled participants to retain their psychological defences i.e., supporting the avoidance of certain anxieties and conflicts which the work was provoking:

'I was trying to follow the depression model which was incredibly hard. she was really quite hard to manage in the session . . . .my supervisor again she was don't focus on the therapeutic relationship because that's not what we're going to focus on . . . I think if I was able to develop and the use the transference and countertransference it would of made quite a difference'. Participant 2

I come to believe that supervisors who focus excessively on technique are actually avoidant of that. I've come to believe that certainly with one supervisor

it was about her wish to avoid the work; it's easier to be in that kind of dialectic teaching slightly. Participant 8

For a small number of participants supervision didn't feel like a safe space to disclose countertransference responses. These participants appeared to become increasingly defensive about what they brought to supervision which also foreclosed further exploration. They described editing and withholding material which they felt could show them in a bad light, or invite criticisms by the supervisor, suggesting supervision was anxiety provoking rather than containing for the participant:

'I spoke about addiction one time in supervision.I had a feeling I don't know if this was right, um wasn't really what he [supervisor] wanted, how he wanted me to use supervision'. Participant 8.

Theoretical framework

A few participants on the defensive pathway did not seem to have any understanding of countertransference as it was not part of their theoretical approach to the work. Without a conceptual understanding, there was no motivation and awareness to attend to projective relationship or their countertransference. This seemed to indicate these participants were unavailable and unreceptive to take in the client's projective communication, the very idea of it, created anxiety and fear:

"I'm ignorant of that approach because I'm just not trained in it, so it's very difficult for me, I can't relate to that material that thinking /feeling in that way . . . I didn't find it easy as I don't think I understood Participant 15

' It would feel very scary for me to go down there, I haven't got any theories that I can pin anything onto, if I haven't got a framework or a structure that I'm working within I would feel like I was in free fall really I haven't learnt it, I wasn't taught it, it wasn't the way I was taught, I was taught to follow' Participant 13

Category: adopting defensive strategies

Without the opportunity to reflect or construct relational dynamics and countertransferential material, participants appeared to manage and contain their anxieties, albeit unconsciously, by adopting defensive strategies, to keep what was experienced as threatening out of awareness, minimising threats to the self.

Splitting off unbearable states

Participants' defensive need to maintain a sense of a professionalism, appeared to lead to the splitting off, of unbearable states and aspects of self, they deemed less acceptable. A few Participants described edited and withholding material in

supervision, which they felt would show them in a bad light. This was problematic for several reasons: participants' construction of their countertransferential responses as an indication of incompetence remained unchallenged, and the material remained unexplored. Without a way of developing a new way of considering the material or indeed themselves, participants failed to revise their defensive strategies to the benefit of the client or themselves:

'I at some unconscious level edit material a bit ... certain countertransference responses.especially the really negative ones yeah I'm much more likely to share with peers. Whereas the therapeutic triumphs (laughter) are much more likely to take to individual supervision. that's only really occurred to me now, that's a bit scary' Participant 4

'I probably appeared like a good supervisee ... it's quite easy really to manage the relationship such that it appeared neat and tidy, but actually the important stuff didn't get talked about it' Participant 8

Locating unwanted parts of the self in others

For some participants they seemed to attribute their difficult feelings to their clients; as they described feeling judgemental and critical towards them, which seemed to suggest they were caught up in projective relationship. Without a framework or supervisor to consider these responses, participants were unable to think about what was being stimulated within them or enacted in the room. Without the capacity to think about what was being projected, participants were unable to offer containment to the client as the material remained unprocessed, confirming rather than modifying the experience for the client:

"I felt she was really trying to run the show in a big way. I didn't particularly like that in her ... I think the thing I missed was those are all traits in me, that I don't like, (laugher) ... .I remember thinking gosh you're really annoying, but what's that about and I couldn't see that it was about me. Participant 9

'I was so furious with him for doing that. I could feel it ... fury with him, how dare you act out, if you're angry with me come and deal with that here. You don't kick the cat, and very combative, I was like right I'll take you on, which is just not the way you need to go when you're trying to be helpful ... of course just blew the therapeutic relationship completely, because I think he was deeply ashamed but I got into sort of super-ego waggle finger mode' Participant 8

Category: acting out countertransference response

Participants inevitably reacted to the 'pulls' from the client, and when they were unable to process or think about what was being stimulated within them, they became caught up in acting it out instead. This was compounded by participants lack awareness of their countertransference responses, as they struggled to separate out their own material, they became caught up in defending against what was experienced at times as unbearable and threatening in the room.

Consequently, participants were unable to offer a containing mind, which was open and receptive to the client's projective communication, with any thoughts and feelings split off from the client, returned in an unmodified state.

Uncontained/uncontaining

Participants, while they seemed to be partly aware of the client's relational dynamics, they seemed to lack awareness of their own, and their part in the defensive enactment, resulting in them divesting their own sense of threat onto the client:

'she was really quite hard to manage in the session … my sense of the client was that she was a bit narcissistic and she wanted to know before I was trying to tell her, or summarise, even though she knew it she didn't like the fact that I could do it in bite size chunks and I think that threatened her'. Participant 2

For a few participants the work evoked a sense of dread, as they struggled to think about what was so painful about being with the client. This seems to indicate they were caught up in a projective identification, as neither participant or client, seemed to want to do the work. Without a way to give meaning to the 'nameless dread' evoked in the work, the participant and client instead became focused on distancing themselves from what was experienced as unbearable:

'I can remember feeling really quite irritated, and kind of angry about, you know this person was wanting the help but wasn't wanting to do the work.I was really really irritated during the session also kind of afterwards and I suppose thinking about maybe not looking forward to seeing this person … thinking about if they didn't turn up then I wouldn't have to feel so irritable'. Participant P15

Here a participant described a process whereby they increasingly withdrew from the work to move away from the affects stimulated within them. As they felt under attack from the client's projections, they struggled to deal with such threats effectively, and instead became emotionally unavailable to both the client and to themselves:

'A person who was constantly challenging even if I nodded or hummed. . literally couldn't say anything right and then I was mute, became mute, my supervisor didn't think that was a good place to be, I just then didn't want to say anything, because whatever I said I got jumped on' Participant 12

Another participant seemed to struggle to separate out their own material as they were unable to tolerate the unbearable affects stimulated by the client. Instead, they seemed to disavow their own anger and hostility into the client, using the client as a container for all the painful feelings which had been evoked, to detriment of the relationship:

'*I really didn't like this guy its true and when he dropped out of therapy and he said it was my fault … um I was really pleased he went, being really honest … Of course the thing is I realised I disliked him, and that he reminded me of various things in my past.'* Participant 6

Discussion of the Findings

According to Agass (2002), understanding the dynamics of any encounter between client-therapist, and the wider system, requires some understanding of countertransference. As Agass argues, countertransference is at the 'heart' of the helping process, and failure to recognise, and think about it, will be a detriment to the work. As when therapist and client fail to make sense of what is taking place in the therapeutic relationship, they will, be tempted to act it out instead (Waska, 1999), a key finding of the present study. Furthermore, as Pick (1985) suggests therapists cannot avoid being affected by the clients' painful efforts to reach them, which at times will be hostile and destructive (p.166). Highlighting the importance of a theoretical framework, which attends to these relational dynamics. As without a framework, the findings suggest therapists will struggle to understand that the projective identification and their responding countertransference responses are an inevitable and to be expected. Theory can therefore offer a containing function as it can help to make sense of and normalise the experience (Casement, P, 1985), making the intolerable, tolerable. However, as Kottler (1991) suggests this is only possible if the theoretical concepts make sense to the therapist, which seemed to be the problem for participants in the present study.

As well as having a theoretical understanding, supervision has been identified as one of the ways therapists can develop their awareness of their countertransference (Gait & Halewood, 2019; Pakdaman, Shafranske, & Falender, 2015). Stewart (2004) suggests that the primary task of supervision should be to support the therapist to think about and manage the challenges in the work, i.e., by offering a containing space. Given that the supervisors did not have a framework in place either, it is unsurprising that they were unable to engage with the material. Suggesting the absence of a shared framework can hamper the motivation of both supervisee and supervisor to attend to the therapeutic relationship, with crucial areas of psychotherapy process, such as countertransference responses and mutual enactments, avoided (Sumerel, 1994) and Bridges, 1998). Additionally, the findings indicate when awareness is lacking, what can't be tolerated is either kept out of supervision altogether, or results in the supervisor-supervisee colluding to keep the anxieties inherent in the work outside of the relationship, with the split off parts attributed to the client instead.

One of the reasons put forward in the present study by participants for not engaging with the material was the organisational setting. This seemed partly a defence on the part of the participant, but also due to organisational culture, which did not offer participants sufficient, structural containment, offering support to the 'social-cultural-defence' model posited by Hinshelwood and Skogstad (2003). Some participants worked in organisations which favoured the following of strict protocols, with a focus on the clients presenting problem(s) rather than the interpersonal dynamics at play, including countertransference. The fast pace and lack of depth in the work also mirrored the supervision provided by the organisation. According to Rizq (2011) protocols

can be used as a defence against emotional engagement with the client. Protocols would seem to be the antithesis of Bion's (1962) reverie, given they start from a position of knowing, which could be argued makes the therapists mind less receptive to the client. Whether this collective defence against the realities of the work is actually effective, is questionable given the levels of anxiety and conflict participants still encountered in the work. This supports Campling's (2019) view that there is often a disconnect between the organisational structures and the emotional demands and realities of work. Consequently, the findings suggest when structural containment is lacking or insufficient, therapists will be ill-equipped to cope and effectively manage the emotionally charged nature of the therapeutic encounter.

Implication of the findings

The findings support the ideas put forward by Bion (1962) which suggest that without the provision of a containing environment/mind, the therapist will be unable to offer this containing function to the client. Furthermore, the therapist may be drawn into acting out, what cannot be thought about, and they are less likely to develop awareness of their countertransference. Furthermore, without the provision of structural containment, including containing supervisor support, defensive strategies employed will remain unexamined to the detriment of the work. As unless the complexity of the work, and containment of these processes, is considered of importance by the organisation, the supervisor, and the therapist, there will continue to be a lack of attention to the relational context of the work.

This highlights the relevance, utility and need for a theoretical approach which attends to the relational and interpersonal dynamics. As Rizq (2011) highlights, when the organisational setting and approach to the work excludes attention to the relational dynamics and anxieties inherent in the work, at an individual and collective level, this will have a detrimental impact on the work, the client, and the therapist.

It is interesting to note that a few participants became aware of their role in the defensive enactment through the process of the interview, suggesting that the interview offered a place where the experience could be thought about and given meaning, something that had not been previously available to participants. This may indicate something of their motivation to participate, but also how essential it is to be able to reflect on the work.

Limitations and recommendations for future research

While the study encountered some technical difficulties during the online interviews, it is difficult to know to what extent these technical difficulties had an impact on the data collected, other than making the interview more disruptive when compared to face to face to data collection. This does support the current research which suggest while there some advantageous in terms of, flexibility,

cost, and access to a larger geographical area, there are also disadvantages, such as, equipment failure, loss of flow, disinhibition, and problems with observing non-verbal cues (Hamilton & Bowers, 2006; Hanna, 2012; James & Busher, 2009).

Also, because the researcher's subjectivity cannot be separated from the research process, any research enquiry is subject to potential biases. Therefore, the authors do not claim that findings offer an objective picture of the topic under inquiry or claim to explain all the processes involved, only that the meanings and understandings have been constructed through the research process and not objectively discovered (Luca, 2016). Both authors are relational practitioners and therefore adopt a particular view of the importance of attending to the therapeutic relationship in practice both at an individual and collective level. The use of reflexive journaling was used to mitigate any potential bias, as it offered the opportunity to reflect on preconceptions and countertransferential responses to the data. Devereux (1967) was the first to suggest that countertransference was as much part of the research process as the therapeutic process, with the researcher observed by the participant and vice versa. As Holmes (2014) highlights, research is much like therapy, it involves 'two people coming together, therefore the behaviours, words and actions of one, is likely to influence the other' (p.177). This may have led some participants to give socially acceptable or desirable responses. Given that some participants felt the need to withhold material in their clinical supervision may could indicate some responses may not offer the full picture of the participants experience.

Building on the findings of this study it would be useful to explore the client's experience of therapy provided in contexts where containment appeared to be lacking. It would also be useful to explore how different therapies engage in reflection and whether there are difficulties and/or limitations of assimilating the construct of countertransference into different theoretical perspectives.

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Notes on contributor

Shelley Gait is a HCPC registered and BPS chartered Counselling Psychologist working in private practice and Senior Lecturer in the department of Therapeutic Studies, University South Wales, where she currently leads the Professional Doctorate in Counselling Psychology. Shelley is interested in the relational and intersubjective at an individual and collective level, with a special interest in alternative discourses on mental health and well-being.

Andrea Halewood is a Chartered Psychologist and relational psychotherapist, working in private practice and a senior lecturer in the Department of Psychology, School of life Sciences, Frenchay campus, Coldharbour Lane, Bristol, UK.

Corresponding Author: *Dr Shelley Gait* is a HCPC registered and BPS chartered Counselling Psychologist and Senior Lecturer, Therapeutic Studies, University South Wales.

Dr Shelley Gait, School of Psychology and Therapeutic Studies, University of South Wales, City Campus, Newport, NP20 2BP, shelley.gait@southwales.ac.uk

Co-Author: *Andrea Halewood*, is a Chartered Psychologist and relational psychotherapist in private practice and Senior Lecturer at, Department of Psychology, School of Life Sciences,University West of England, Frenchay campus, Coldharbour Lane, Bristol, UK.

ORCID

Shelley Gait http://orcid.org/0000-0002-2526-4083

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