

The Holding Container As A Psychological Function

Material from a lecture by Joyce Slochower
Notes by Michael Mervosh

What are the psychological functions of a holding environment between therapist and client?

What are we to contain for the client? What are we to contain within ourselves?

The containment process allows us to survive a psychological attack from the client.

We are holding *ourselves*; we contain our own affect and behaviors.

We tolerate holding affect and we bear the tension of holding our own behaviors. We don't explode, and we don't act out our feelings.

Holding also permits some blurring of the self-other boundary. It allows for a certain amount of murkiness to be present.

We must also allow the client the experience of having an impact on us as therapist.

- *By holding ourselves intact, we allow the projections of the client to exist between therapist and client, a kind of 'narrow third'.*

An example of a clinical circumstance when it is important to hold one's self intact:

- *When a client cannot look at a perspective beyond her own subjective frame, as any attempt to get her to hear another perspective will only feel like criticism.*

The fundamental functions of a holding container communicate to the client that we are there, that we care, that we are not judging – is lives in the background of the session.

When a client has a very fragile sense of self, they can only stay in the holding function, and can't step out beyond the holding frame. We can only stay with the client's self-experience, or else the client will feel rejected or abandoned.

We have to accept that we will at times say things to our clients that they cannot tolerate. Then they will react, defend or attack, or else disengage. Then we have repair work to do.

When assessing our client's capacity for relatedness:

- *We have to attend to and respect our client's ability or inability to tolerate our own other-ness.*

- *Sometimes, a client will not even be able to encompass the fact of our 'otherness', yet alone experience it.*

We tend to view these clients as difficult, when they can't enter states of mutuality or basic relatedness. However, this limitation can also be fluid; it is there one moment, and not there in the next moment. Sometimes they can 'see' us as an 'other'; sometimes they can't.

How can we learn to bring our own subjectivity to the client in a way they can receive and tolerate? This is a 'trial and error' process of adapting ourselves to their limitation.

We can't not be who we are, in order to adhere to a client's limitation or a theoretical orientation.

We need to take into account our client's level of development, and where they are in the development of the therapeutic relationship.

The key is always pay attention to the impact of our subjectivity on the client. How are we holding our minds with them? How can we form an intervention for them in a way they can tolerate?

Therapists choose their orientation based on their own wishes and needs, or to use as a counter-balance to their style.

Holding a space so that the client can go deeper into themselves; or so the client can regress; or so the client can come into a meaningful inter-personal encounter.