

Reflections on: The relational challenge of holding

Holding involves a complex, multi-layered relational challenge. It involves attuning to what the client needs, as well as to our own needs and the needs of the relationship (Hycner, 2017, personal communication)¹. Immersed in the relationship, we engage in an intricate dance, one that involves us being present to all three dimensions while also being curious, attentive and open, and able to step back and think. As Todres (1990) notes, for therapists the challenge of the *being-with* lies in “being close enough to the immediacy of the situation to experience what is happening, yet also to be able to distance oneself from such immediacy in order to become interested in the quality of interaction as a phenomenon” (1990, p.40).

In the fluid moments between intimacy and distance, the nature of our holding shifts, as do our points of focus. In one moment, we might be deeply immersed in holding a client’s story or literally holding them; in the next we’re holding on to ourselves, struggling to anchor ourselves by stepping back reflectively to avoid getting caught up in a relational maelstrom.

For relationally orientated therapists, doing and being involves responding to the relational context. As I stressed in the preceding chapter, we can’t just decide to ‘hold’ the client. The client needs to be receptive; they need to accept and take in that the holding and *feel* held. What level of holding can the client tolerate? And, in turn, we need to be alert to when the client is accepting (or resisting) being held. How does that impact on us and how do we respond back to the client? We also need to factor in our own needs and readiness. If we are uncomfortable using touch yet still push ahead with it, this may have negative implications for the relationship.

Decisions as to when and how to hold involve exquisitely delicate processes of clinical reasoning and negotiation. For instance, one client came into her long-term therapy session acknowledging she regularly “lost” a sense of the therapist “being there” for her between sessions. Together they decided to increase the frequency of contact for a time, to help with that sense of relational holding. In another situation, we might feel that a client needs to be physically held but is not yet ready to receive this. Perhaps one option would be to suggest sitting closer. There could then be exploration of how the client experienced this and what it meant to them. For example, I might say “I have an image of wanting to wrap you up in the blanket. Part of me feels the urge to hold you; another part feels it’s important to keep a distance. Are you aware of having some mixed feelings here, too?”

If we find ourselves pulled to hold a client, we might ask ourselves why. Are we intuiting the client’s needs? Or does this feeling have something to do with our own needs? Could it be something that is emerging from the relationship? In whose interests is this holding?

We also need to consider the stage therapy has reached. In long term developmental work, for example, we might grade our holding by gradually *holding ourselves* back. The appropriate focus then involves working *with* clients on how they might hold and regulate themselves.

¹ Spinelli (1994, 2008) offers four dialogical *realms of encounter* which he suggests are interactively co-constituted:

- I-focused, which attends to my experience of being in the relationship
- You-focused, which attends to my experience of the other’s experience of me
- We-focused, which attends to our experience in relation to each other
- They-focused, which attends to the experience of relationships with others in the wider world.

Handout

When we are clear that a client needs some holding, the challenge is how to do this artfully. What kind of holding would be beneficial? We can get creative here. *Imagining* being held by a long-lost mother might be a more powerful intervention than the therapist actually doing the holding. Holding a client's distress by printing up and filing email communications could be more useful than simply hearing a therapist's witnessing words.

Touch is a powerful tool if employed sensitively, carefully, and thoughtfully by an attuned therapist who has appropriate training/support and the client's permission. Touch can also be harmful if used indiscriminately, inappropriately or against the client's will. If the therapist is in doubt about using touch then it is better to err on the side of caution and work symbolically, either by talking about touch or engaging touch imaginally. For these reasons, novice therapists might be best advised to rely on professional protocols and 'rules' regarding the use of touch.

With experience, many therapists will develop intuition about when and how to hold clients. If something doesn't feel 'right' it probably isn't right. None of us are perfect and we are bound to 'get it wrong' for our clients occasionally. Our goal needs to be to try to attune to the individual's needs, sensing the moment when a client is open to receive our holding embrace, whether offered physically or in metaphorical form.

It is important to recognise the poignancy and delicate power of being held, even when this is done at a metaphorical level. The sense of safety, care and nourishment given can result in reparative healing. The role of holding is particularly figural in long-term psychotherapeutic work where the experience of holding and touch may need to be symbolically repeated before being internalised. And as we hold clients and their process, we too need to be held and supported in our supervision and therapy.