Crisis, What Crisis - and Whose Crisis Is it Anyway? A psychoanalytically Informed Account of How to Keep Thinking in the Face of the Day to Day Work of Managing Rising Anxiety.

In this chapter I want to talk about what triggers the need for action in working with a child, adult, or family. What is seen as needing to be managed or resolved, and in whom?

 Social workers are often being asked by others to step in and bring about change at a point of crisis. Something has to be done to alleviate or get rid of something that is causing anxiety or disturbance - but what is it and to whom does it belong?

I am going to illustrate this question through a case example, where the referred 'problem' that needed attention involved an 8 year old girl whom I will call Jade. Jade's social worker asked the local CAMHS team to offer Jade some counselling, following an incident in a neighbour's flat where an alleged sexual assault on Jade by a boy of a similar age to Jade had taken place. The investigation had concluded that there were no safeguarding concerns following police checks on both families, including Jade's father, and a parenting assessment of Jade's mother, Ann. The social worker planned to close the case once the referral had been made. The alleged assault on Jade had however provoked subsequent concern in both professionals and in the family. Since then, Jade had been fearful of going out alone, and her school attendance had dropped. Her mother, Ann, was outspokenly angry and demanding that they be transferred out of their council accommodation to somewhere safe, away from the other family. Action was called for to alleviate the anxiety that had been generated.

Four Meetings.

The First Meeting.

I decided to arrange to meet initially with Jade's mother alone to find out more about what had happened and how things were now.
Ann arrived twenty minutes late for our appointment. She was a white British woman who I thought looked older than her 36 years. She was extremely anxious: sweating, trembling and talking loudly at me, almost shouting most of the time. I encountered a woman who left me feeling anxious and confused. I could barely understand what she was telling me: her speech seemed garbled and almost incoherent. I had no clear sense of what had happened to Jade. The only information that seemed to stick in my mind was that at one point she told me, in passing, that she had grown up in care and had herself been abused on numerous occasion in different settings. As a result, she did not trust professionals and glared at me in a challenging way. She was suspicious when I suggested, hesitantly, that we might need to meet again and have longer to talk.

The Second Meeting.

I managed to arrange to see Ann again. This time, she arrived on time and seemed more available for thinking. She apologised for having 'lost it' with me last time – she felt much calmer today, partly because Jade's father had agreed to help her by collecting Jade from school each day and escorting her past their neighbour's flat. Jade's father, Dinos, was an older man of Greek descent in his forties, from whom Ann was separated, but remained friendly with – a benign but somewhat belittled figure from the description she gave me at that time. I heard that Jade was reluctant to go with him and could be aggressive and abusive towards him and clingy and tearful with her mother. I spoke about how upset everyone was and how much they might all need help to work things through. Ann seemed helped by this and agreed that we should all meet together. I suggested that I would help them to see how to co-parent Jade more effectively, and to assess Jade's emotional state, which Ann was very worried about. She left thanking me, and I felt relieved and that I was doing a good job.

The Third Meeting.

Although I had arranged to see Ann with Jade and Dinos, Ann came to the appointment with a reluctant Jade and no father. Ann told me in a dismissive tone that Dinos had had another appointment, which she didn't believe. Jade looked doubtfully at me and wandered around my room in a wary way, as if she didn't plan to stay for long. When there were noises outside in the corridor or from the window, she startled and looked anxiously at her mother for reassurance. Ann pressed her to talk to me, but this made Jade even more nervous. Eventually, when I spoke more with Ann, Jade relaxed a little and sat down and began to draw. Her picture was a stylised representation of a house with a line for the grass and a line for the sky, complete with a flower and the sun. I commented on the happy scene she had created and she smiled at me in a more connected way. I asked her some neutral questions about where she lived, were there flowers and grass, did she have friends, what did she like to play? She launched into a garbled account of a game at school with friends that I couldn't understand at all. Ann looked as though she understood everything and I felt excluded and confused. When I tried to clarify, Jade looked frightened and clammed up again, glancing at her mother and announcing that she needed the toilet. I felt I had been overly intrusive, and that I had asked too many questions, said something wrong and clumsy and had misunderstood Jade's attempt to communicate something back to me. Ann took Jade out and after some moments more back in the room it was time for them to leave. Jade wanted to take her picture with her. I suggested I keep it for a further meeting but they both looked doubtful. I said that we had started to get to know each other but that nothing felt very safe or reliable. This seemed to remind Ann about Dinos's unreliability, rather than feel reassured by me and she became rather angry again. She turned to Jade and said that Jade was being very difficult towards Dinos and wouldn't go with him: she didn't know what to do about this. Jade looked downhearted and ashamed. I felt angry with Ann for raising this dilemma when they were on the way out. I could do nothing to change their disappointment in me other than to restate that I could see that there was a lot to work out and that I hoped to see them again soon, this time with Dinos as well.

The Fourth Meeting.

None of the more constructive work that I had hoped might take place next subsequently came about. What followed were a number of cancelled and missed appointments, with Ann gradually withdrawing and disappearing. I felt disturbed and worried, not knowing what had happened to cause the breakdown between us. Eventually I rang Ann again some weeks later. This time when she agreed to come back and see me on her own, she managed to carry this through. I did not at this stage want to include Jade and risk exposing her to more distress when I felt I couldn't predict what sort of state Ann was in.
When I saw Ann, she sounded flat and talked of Jade becoming demanding, aggressive and unmanageable. She didn't shout or appear angry during this meeting but seemed worn down and hopeless. Dinos had disappeared after she had had a go at him for being unreliable and weak in the face of Jade's own attacks on him. She had fallen out with other neighbours who were causing noise and disturbance, risking being evicted herself. She talked of thoughts of suicide or running away, leaving Jade in the care of others who might do a better job than she was able to. She then seemed to gloss over the issues and said there was nothing new about these feelings of depression – they were normal for her and I should not think otherwise or get overly alarmed. I persuaded her to agree to see her GP urgently about her low mood, and arranged that I would also contact him. However, I feared that she was not really engaged and might just be going along with this suggestion in order to brush me off. I reminded her of what she had told me about her own experiences of having been abused and said that I thought her disappointment might be partly due to this. She looked surprised but thoughtful. However, she then appeared to shut down and said it was something she could not talk about. I was left anxious about her capacity to look after both Jade and herself, but also wondered if I was being unduly concerned and over reacting, as Ann was implying.

Some Comments.

In the **first meeting** it is possible to see that the crisis in Jade's life is also a version of her mother's earlier crises being revisited. On hearing about her daughter's disclosure, Ann seemed to have been exposed to a re-experiencing of her own childhood trauma. Due to her lack of capacity to separate out these events she was not coping well and came across to me as out of control, almost mad. She was angry about what Jade had been exposed to, and also remembered her own experience, although seemingly with no real connection. To me, Ann seemed to feel left in the present with the voice of an incoherent and fragmented child self from the past. I wondered whether at some level she wanted me to feel vulnerable and helpless, left in pieces and unconfident about my capacity to provide her and Jade with space in which to think about what had happened.

In the **second meeting** I saw Ann being much more able to take a position as a thoughtful parent, able to take responsibility for her behaviour, and able to access help from both her ex–partner and myself. Although her return had been possible because of Dinos' more active role, I could see that she might also have

chosen a weak or denigrated partner in him, who could allow her to appear stronger and more organised, and who would not remind her of a potent and violent male presence. She could feel some remorse about her earlier meeting with me and wanted me to know that she could be different. Perhaps my capacity to have withstood her initial incoherence and to tolerate her returning to see me, like a mother might be able to do with an upset and shaken up baby, allowed for an idea of a more benign, tolerant and understanding professional/ parental figure to take hold. I felt reassured that at least a part of her seemed more together and available for Jade, and I felt more hopeful that we could work on both her own traumatic experiences and Jade's. I envisaged our being able to draw on and develop Dinos's strengthened role to act as a helpful balance to my perception of their somewhat enmeshed mother and daughter relationship. She had left me expressing gratitude to me and I had been left feeling more like the helpful professional that I wanted to see myself as.

Although in the **third meeting** Ann was available for Jade and more available to me, the planned structure for this meeting was undermined when Dinos did not attend. This emphasised a mother/daughter alliance and acted to exclude Dinos as an available regulator to their dyad. Presumably this arrangement would at some level have suited Dinos too. I was also not expected to challenge this as someone who was outside the family system, and my professional authority in asking both parents to attend was undermined. Jade seemed rather hypervigilant, and I noticed a similarity with Ann's emotional state in her first meeting with me. Jade was also anxious and jumpy, and when I became too intrusive and curious she seemed to collapse, become incoherent and to project her confusion into me. Jade appeared frightened of small disturbances and unexpected noises, and even after feeling a little safer she was quickly flooded again with doubt and fear when I tried to relate to her more and understand her. She was so panicked that she seemed to need, almost concretely, to evacuate the experience from her mind and body by visiting the toilet. As a result, Ann seemed to lose confidence too and to blame me for not making the situation better, and instead seemed to imply that I had caused panic and alarm in both of them. My trying to put their experience of feeling that nothing was reliable into words made this worse rather than better. We were left angry and disappointed with each other, and, worse, Jade was left with shameful feelings located painfully inside her.

In the **fourth meeting**, Ann seemed to have withdrawn and become defeated. She could not believe in a helpful contact with me and seemed to give up on herself. This may have been a repetition of some earlier hopelessness in the face of professionals failing her. My concern led me to contact another professional, her GP. This may have seemed like an abandonment to her, rather than additional support, and confirmation of my giving up as well, and passing her onto another carer.

Although this was the end of my contact with Jade and her family at that point, Ann subsequently asked to be referred again, specifically to me, when further difficulties arose when Jade's refusal to go to school became a concern. Some of

the good contact I had made with her seemed to have been remembered, held onto and not totally rejected.

 Some Theory.

The evolving scenario described above will be familiar to many working with children and families. Where is the difficulty most acute and how should we intervene? Both Jade and Ann it seems are trying to recover from trauma. Who should I feel most concerned for? Is my own worry getting the better of me? Trying to think, whilst finding oneself assailed by such strong feelings and reactions, is not easy.

In order to make sense of complex, puzzling and fluctuating experiences and states of mind in my clients and in myself, and in the example here of Ann and Jade, I need to have some theoretical ideas to hand that can help me with my understanding.

First and foremost, I want to keep in mind early, primitive methods that might be being used to deal with and **defend against anxiety.** These methods of defence arise from our instinctual wish for self-preservation and survival. In a state of crisis, where anxiety is triggered by an unexpected or disturbing event, early states of mind can easily be brought into play. When anxiety is too overwhelming it becomes impossible to think, and distress and frustration have to be got rid of in fantasy and lodged in someone or somewhere else. Babies and young children have to learn how to manage physical pain such as hunger and cold, and mental distress, such as fear and anger, through using a parent or carer who initially can contain this on their behalf. A reasonably responsive parent or carer can take this on for the infant, modify it, and crucially, hand it back in a more digestible form. This will model a solid foundation that helps to build secure emotional development for a young baby or child.

In conceptualising these early mental states I find the theoretical ideas developed by the psychoanalyst Melanie Klein and her followers especially helpful. I will expand on some of these ideas below. Melanie Klein (1946[1952]) used the term **'paranoid–schizoid position'** to describe the process of managing anxiety in this binary or split way, both in infancy and to some extent, whenever we are under extreme states of emotion. In this way, a child can retain an idea of a loving mother or carer who comforts and feeds, from one who is absent and deprives and is therefore seen as hateful figure. This is a rudimentary, basic way of trying to protect him or herself against threat by dividing good experiences from bad ones. Klein's view was that the infant evacuated bad feelings about him or herself in fantasy into others, and this process she called **splitting** and **projection**.

A related theoretical concept is that of **containment**. Historically, this derives from another of Klein's descriptions of early relationships, referred to as **projective identification,** also discussed in her 1946[1952] paper), where one person in fantasy forcefully disowns a part of themselves and locates it in someone else. This elaboration of her idea of projection was later described by

Wilfred Bion (1962) as the basis of all communication. This gave rise to the idea of **emotional containment,** most fully described by Bion in the same paper, (1962). Through repeated experiences of projection and introjection of split off and then reintegrated parts, it becomes possible for the development of a more stable sense of self to take place. This process is summed up well by another psychoanalyst, Hanna Segal:

'......a model, based on Melanie Klein's concept of the paranoid–schizoid position and Bion's concept of the 'mother capable of containing projective identification.' In this model, the infant's relation to his first object can be described as follows: When an infant has an intolerable anxiety, he deals with it by projecting it into the mother. The mother's response is to acknowledge the anxiety and do whatever is necessary to relieve the infant's distress. The infant's perception is that he has projected something intolerable into his object, but the object was capable of containing it and dealing with it. He can then reintroject not only his original anxiety but also an anxiety modified by having been contained. He also introjects an object capable of containing and dealing with anxiety. The containment of anxiety by an external object capable of understanding is a beginning of mental stability'.
(Segal, 1975, pp134 – 135)

Thinking More Theoretically About Ann and Jade.

Ann initially appeared uncontained and unheld when we had our **first meeting**. She was full of blame towards the failings in the system that had not protected or responded to Jade, but behind this was her own sense of feeling unsafe and neglected, without the care and early containment of good parents and adults in her own childhood. She had little in the way of an internal, introjected model or template of her own to draw on when faced with a stressful situation. So instead she resorted to more primitive methods of managing anxiety where failure became projected into others, who were denigrated and made to feel as helpless as she did. This was in the face of a serious breakdown in her own internal resources, triggered by Jade's disclosure. She could not take back in and process Jade's distress because of her own reawakened distress. My own feelings of incoherence early on when I first met her, and my experience of being in the presence of someone who seemed fragmented and not in touch, were all clues about these early defensive strategies of splitting and projection. Of course, such responses can be helpful in enabling communication, as in early infancy. At times this strategy had worked well for Ann in that those feelings could be defiantly banished and exported, whilst other adults, such as myself, were left having to bear feeling like the helpless or inadequate ones whose mental stability had been threatened. However, what seemed missing for Ann was a capacity to establish a more robust and reliable internal model of containment where difficult experiences could be taken in and modified.

Social workers will often be expected to tolerate these powerful projections – from both their clients and the public. Recognising that these are extreme versions of a distorted reality - for example, that social workers are seen as

completely interfering and useless, unable to spot abuse and neglect - might be of some help when trying, first, to keep hold of one's own mind; and, secondly, not to do the same in retaliation. It is tempting to resort to splitting and projection oneself by, for example, blaming completely useless parents or useless other professionals, and it is hard to resist this in the face of feeling belittled or scapegoated.

I had to reassess my aims for the work that I would be able to achieve with Ann in the light of my early meetings with her. Her highly fluctuating mental state took me by surprise. After our **second meeting** I wanted to believe that I could be a containing parent to her, and that she in turn could be a containing mother to Jade. I was caught up in my own wish to repair her and to have a good outcome for my own benefit. I had to modify this wish and see it as my own need to get rid of Ann's bad experiences and have them replaced with good ones. This is a danger in the helping professions and needs checking – we want to make things better but potentially for ourselves, supporting our own idealised and omnipotent image, rather than tolerating our clients', and our own, limitations.

Perhaps Ann was giving a strong message to me, as well as herself, when she returned for the **third appointment** together with Jade. She might have been trying to see whether I would be able to contain both of them. However, she may then have felt somewhat excluded by me, as though Jade had become a rival for my attention, making a pretty drawing for me. Like a mother with too many demands on her, I then became inadequate and had to be dismissed, leaving them intact as an idealised couple, reliant only on each other. Because of her mother's lack of capacity to feel contained, Jade also could not be held by either of us for long, and resorted to evacuating and projecting her anxiety into the toilet as the only reliable and sturdy container available to her. Jade engaged in an idealised fantasy in her picture of a perfect house with sun and flowers, with all badness disappearing into the toilet; but this split could not be maintained for long.

There was also a communication about how dangerous it might be to expect too much from me if Ann were to come regularly and become dependent on me. She might not feel able to risk being let down again after repeated experiences of this in her past. There might be too much danger of my becoming an unreliable mother who turns away and leaves her vulnerable. This may explain her withdrawal from me before eventually agreeing to a fourth meeting. During it, her depressed presentation confirmed this disillusionment, and there was no space for there being a good enough and sustaining mother in either me for her, or in herself for Jade. This may have particular resonance with the sexual aspect of the abuse they may both have experienced, where a neglectful or inattentive mother could be felt to replace one who can hold things safely.

This brings us to two other centrally important and linked concepts. Firstly, the **'depressive position',** a term coined by Klein (1935) to denote a move away from extreme splitting between good and bad aspects of a person, and a capacity to move towards these being incorporated into an image in the mind of a whole person. This inevitably means a giving up of control, a gradual mourning and

loss, and an awareness of the other's separateness – for example, that the child does not have sole possession over a mother or carer, and that a parent has a life of her or his own and is involved in other relationships that exclude him or her. Our acknowledging and accepting that we are not the centre of the universe, that we have not created ourselves and that others have a separate existence is a vital developmental step. It relates to another important concept – the '**Oedipus Complex'.** Negotiating rivalry with parents or parental figures and accepting their adult status and our smallness is key to eventually becoming mature adults ourselves. We have to have some knowledge and acceptance that we can't cross a boundary and seduce our mother or father away from their adult couple relationship with each other. We have to manage our guilt about wanting to divide them from each other, as well as control our anger at our omnipotent wishes being held in check. As with our fluctuating capacity to be more in touch with depressive position functioning, there are many times when as adults we still wish to break boundaries and play people against each other, leave someone else out, and be the one to possess and triumph over a rival. Reaching a more integrated level of depressive functioning, and not mainly having to resort to splitting is harder if we, or our clients, (such as Ann), have suffered repeated episodes of trauma or abuse in early life. The added dimension of experiences of sexual abuse, where Oedipal fantasies are matched with an actual breaking of a sexual and generational boundary, can be particularly emotionally damaging. As Trowell says:

'Premature sexual experience brings about emotional chaos as well as physical damage. The maturational space needed for development is grossly disorganized in consequence.' (Trowell 2000: 99)

In the third appointment, which included Jade, Ann might have felt somewhat competitive with me: we would be rivals for being a good mother to Jade, and Jade might also be a rival for the attention I could give to Ann. I was made to feel inadequate and useless by Ann and I had to be dismissed, leaving them intact as a couple, reliant only on each other. Dinos had already become absent after a brief episode of availability. Sustained pairing between a functioning adult couple who could work together, either between Ann and Dinos, or Ann and myself, was not possible. In turn, this was unavailable to Jade as a way of modifying her own raw and immature emotional experiences. This is an example of Oedipal pairing that did not give Jade a reassuring message about the reality of her being the child in the presence of available adults, but instead promoted an idea about her remaining in an omnipotent position, merged with a mother who had her own fears about adult relationships with men as being safe and desirable.

There may have been another element in the third meeting that led to such a tense and anxious atmosphere. Dinos's decision to absent himself was a concern. The presence of a potential abuser seemed to come alive for Jade when I tried to ask questions - someone who asked about normal interests and who appeared to be friendly seemed to be felt by her quickly to become someone intrusive and who had to be got away from. Ann became infected by Jade's panic but it is not clear if this had initially been projected into Jade, or whether Jade might have

revealed something more worrying about her father, which neither of them could face.

Both Ann and Jade had ongoing questions about men and masculinity. Ann had chosen a partner who perhaps needed to be very different in appearance and accent from both herself and from other men she had encountered in order for her to feel able to accept him and feel safe. Jade seemed to copy her mother's wish at times to berate him and make him (and all men) useless. Her understanding of the Greek part of herself might also have been minimised and disparaged. Jade's development as a young girl, increasingly aware of her body, and its capacity to attract was growing but in a way that seems to have been alarming to her. It is not clear what had happened in the neighbour's flat with the boy and how curiosity about a body different to one's own had become something intrusive, frightening and disturbing.

It is important at this point to introduce one last concept, that of **transference** and its counterpart, **countertransference.** It is helpful if social workers keep in touch with what they think might be being **transferred** onto their relationship from their clients' past relationships; what they are being asked to manage and contain for their clients; and what is being stirred up in them by their clients. These feelings that are aroused in the worker are largely unconscious but through the process of supervision and self-reflection they can give important clues to the state of mind of one's clients (Heimann 1950). I could allow myself to know that Ann made me feel deeply disturbed in my first meeting with her when she left me feeling powerfully overwhelmed, helpless and unable to think. I was also left feeling inadequate during my meeting with Jade and Ann together when I experienced being an outsider to their relationship and lastly, when I felt some helplessness during my last meeting with Ann which I turned into action by contacting her GP. These might all be seen as examples of countertransference phenomena that were useful clues to what I was being asked and was or was not able to adequately contain.

 The concept of **transference** has been described since the beginning of psychoanalysis, but the way it has been understood has changed over time. Initially it was seen by Sigmund Freud (1912) as an impediment to the work with a patient, when feelings recovered from the patient's past were transferred onto the analyst. In subsequent years, however, understanding how feelings from past relationships are transferred and re-enacted in the current relationship with a patient is seen as a crucial tool in understanding, and in bringing about change.

 It may not be necessary for the social worker to convey his or her understanding of what is going on in a possible transference relationship, but it can be useful to see where these powerful affects are being aroused and played out in both clients and workers.

In the transference relationship with Ann I was both idealised and denigrated at different times. One version was of an unreliable parental figure, similar to the way that she felt about other adults, including Dinos. I also seemed momentarily at times like an idealised version of a mother that she had never had. This wish

was perhaps most visible during the fourth meeting, where she seemed to have identified herself with a bad mother, and wanted Jade to be taken care of by someone who could do a better job - in the transference, me. I was also making a noise about her, like her neighbours, and in the transference causing her to feel like the denigrated and unwanted one who would be evicted by me, unless she got in first. This might have been reenacted in the meeting with Jade, with my saying it was time to end the meeting. She became more worried and perhaps almost paranoid over time about both the perceived attacks on her and her attacks on others, including me. At the last point in our contact she could no longer hold onto any good, let alone idealised, aspect. Instead, she resorted to a negative and self-destructive solution when thinking both about putting Jade into care, where she herself had been, and about her own suicide, in order to manage an unbearable state of mind, which at that point, could not be recovered from.

Crisis – What Crisis?

During a crisis, anxiety is mobilised both in many individuals and in parts of the professional network. This provokes mental instability and awakens primitive ways of dealing with it – that is to say, defensive mechanisms of splitting and projection.

Using the theoretical concepts described above helps me to try to make sense in my work with children and families and in my case example with Ann, Jade, and to a much more invisible extent, Dinos's communications. These concepts also allow me to think about and use my own strong feelings to judge what might be more unconscious aspects in relationships both in the present and from the past. In turn, I can use this theoretical framework to connect with my clients' experiences and to try to help them to see what might be going on inside themselves.

In my example, the 'crisis' for Jade was also one for Ann. Had a better relationship been established, further work with Ann would have been central in establishing a safe therapeutic place for Jade to be seen in, and where Jade's own distress could have been thought about in a more separated out way, so that Ann's experiences would have been less prone to flood into and colour what had happened to Jade. Perhaps the best way forward would have been for me to acknowledge Ann's (and my) limitations and address my understanding *with her* about her fluctuating mental state. She might have been able to recognise when she was more in touch and when something was making her more at risk of feeling out of control and overwhelmed. Could I have brought this more to her attention and been a version of a container that did not become either too demanding or too unobservant? If she could have stayed more in touch with her own emotions, she might have been able to stay more in touch with those of her daughter, and to become more tolerant of Jade's erratic emotions – especially of Jade's aggression and anxiety that caused so much reverberation and difficulty in Ann herself. I might have been able to do this in a way that did not tell Ann what to do, but would have helped her to be more in touch with her emotional self.

This would have modelled a more tolerant mother/container and have mirrored depressive position thinking. It may also have left room in which to explore the strengths and limitations, in a more realistic way, of Dinos's capacity to be an involved father who was not either another abuser or a castrated and dismissed part of an adult couple.

Although I was unable to pursue this further at that time, Ann did ask to be referred back to me when further difficulties emerged with Jade, which gave some hope that I had been taken in and recovered as a potential container for them.

Summary.

To summarise, I am suggesting that it is helpful, indeed essential, for a social worker to monitor her or his own reactions for intense and alarming feelings, both negative and positive. These may include anxiety, sadness, fear, anger, and omnipotent pleasure at being the best helper. These are usually clues to highly split versions of reality being at play and used in an attempt to deal with anxiety. It is helpful to try to be aware of being drawn into these idealised or denigrated positions and to try to keep in mind thoughts of more depressive position functioning. These include an awareness of limitations and of being able to bear doing only well enough, not perfectly. We need to look for ways to support this mindset in both parents and children, and in ourselves. Of course, it would have been possible to have given a case example with a more positive outcome, but describing an experience of managing limited engagement and change, with the potential for revisiting what might have been held onto later, is probably closer to the reality that many front line workers have to deal with.

In order for this to be possible, social workers need access to a reliable and functioning other mind in a manager and/or a team, with whom time can be taken to think in depth on the work being carried out. This type of reflective supervision is an important part of best practice for social workers because it provides containment and space in which to explore both a client's and one's own powerful feelings. Unfortunately and sadly it is all too often seen as expendable.

In this paper I have attempted to highlight the experience of being subjected to high levels of anxiety, and the possible consequences of this. By becoming aware of these pressures, and of the defences that can be invoked to deal with them, social workers can become more able to digest these experiences, and begin to think about them and respond to them in a more coherent, mature, 'depressive' and non-crisis state of mind.

REFERENCES

Bion, W.R. (1962) The psycho-analytic study of thinking, *International Journal of Psychoanalysis*, 43: 306-10. Reprinted as: A theory of thinking, in *Second Thoughts*. London: Heinemann, 1967, pp. 110–119.

Freud, S. (1912) The dynamics of transference. *Standard Edition*., 12:97-108.

Heimann, P. (1950) 'On countertransference', *International Journal of Psychoanalysis*, 31: 81 – 84.

Klein, M. (1935) A contribution to the psychogenesis of manic-depressive states, *International Journal of Psychoanalysis*, 16. in *The Writings of Melanie Klein*, vol.1, pp.262-89. London: Hogarth Press, 1975, and Virago Press, 1997.

Klein, M. (1946 [1952]) Notes on some schizoid mechanisms, *International Journal of Psychoanalysis*, 27: 99-110. A slightly revised version appears in 1952 in M. Klein, P. Heimann, S. Isaacs and J. Riviere, *Developments in Psychoanalysis*. London: Hogarth Press, 1952, pp. 292-320. Also in *Writings*, vol. 3, 1975, pp. 10-24.

Segal, H. (1975) A psychoanalytic approach to the treatment of schizophrenia, in M.H. Lader, ed., *Studies of Schizophrenia*, Ashford: Headley Brothers, Ltd. Reprinted as A psychoanalytic approach to the treatment of psychoses, in H. Segal, (1981), *The Work of Hanna Segal: a Kleinian Approach to Clibnical Practice*, New York: Jason Aronson.

Trowell, J. (2000) Assessing sexually abused children, in M. Rustin & E. Quagliata, eds., *Assessment in Child Psychotherapy*, London: Duckworth.