

**Difficult encounters in psychoanalytic parent work:  
Exploring the clinical experiences of child and adolescent psychotherapists  
through qualitative enquiry.**

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## **Abstract**

Psychoanalytic parent-work is a routine intervention offered by Child and Adolescent Psychotherapists in the UK. However, there remains a disjointedness in clinical approaches to this complex area, and it is described as a neglected area of practice. This study explored parent-work encounters which a group of Child and Adolescent Psychotherapists found more difficult than usual, and why. Four therapists spoke about their difficult encounters in psychoanalytic parent-work, during semi-structured interviews. Data was analysed qualitatively, using Interpretative Phenomenological Analysis. Participant encounters were formulated as including contact with something threatening, linked with Klein's "bad" object, Bion's "nameless dread", and concepts of vicarious trauma. These were associated with collapses of thinking or meaning-making, and distress experienced at the compromised or lost ideal self. This linked with a loss of meaning or disillusionment, including inner conflict arising from the wish to avoid knowing. Whilst participant experiences offer phenomenological universality, they appeared to be exacerbated by a profession-wide reluctance to think about trauma as it presents in the external world, rather than the playroom. Idealised expectations of psychoanalysts were noted, meaning experience of professional shame and inadequacy were more likely in situations of difficulty. Lastly, containing parental experience appeared more difficult for practitioners lacking a sturdy, integrated theoretical parent-work framework to draw upon. Overall, it is suggested participants had come to a complex, multi-layered and difficult work theoretically and practically unprepared. The Child Psychotherapy profession may benefit from further thinking around psychoanalytic parent-work as it is theorised and trained for. Without this, psychoanalytic practitioners may continue to find themselves overwhelmed as they draw upon primarily dyadic models of working, within a non-dyadic 'external' space.

## **Introduction**

This research study is titled 'Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry'. Its aim is to explore which parent-work encounters a group of Child and Adolescent Psychotherapists (CAPs) working in the UK had found most challenging, and possible reasons why.

Psychoanalytic parent-work is a routine intervention offered by CAPs within NHS services in the UK. 'Parent-work' here refers to work with the primary caregiver to the child, and is not limited to biological parents, in line with common usage in literature and practice (Holmes, 2018). There is evidence suggesting outcomes are better when parent-work is offered alongside the child's psychotherapy (Whitefield & Midgley, 2015), and when offered to parents during the perinatal and early years period (Sleed et al., 2023).

However, there remains significant variation around how psychoanalytic practitioners approach parent-work. It can be treated as peripheral or optional to clinical work with the child (Sutton & Hughes, 2005), with 2013 feedback from child and adolescent psychotherapists in training describing difficulties arising from a lack of parent work being provided for child or adolescent cases (Whitefield & Midgley, 2015). Anecdotally, this is an approach I witnessed during my own training. Yet much of the literature around parent work repeatedly states its importance, with some authors even suggesting parent-work should be treated as crucial to successful work with a child, rather than as an adjunct to it. This seems to indicate a level of disjointedness in clinical approaches to a complex and challenging area of work.

Some authors, noting this disjointedness, have suggested it reflects both the nature of the difficulties posed by psychoanalytic parent-work, and a collective professional reluctance to think about this further.

As researcher, I began the research as a trainee Child and Adolescent Psychotherapist (CAP), and finished it after qualification. I approached it with experience of working with parents, both before my training and during it, which had convinced me of the importance of parent-work in offering potential for lasting change to vulnerable children and adolescents. However, initially from teaching seminars and later as I explored this area of practice further for myself, I began to realise the complexity of psychoanalytic parent-work as an intervention: how multi-layered it was, how confusing and difficult to balance the sometimes-competing needs of parent(s) and child, and the many technical challenges it can pose (Sternberg, 2006. p.53-4). I also saw and experienced how difficult it was for CAPs in busy practice to find sufficient time for an intervention which, organisationally, was not always valued or prioritised, and which was sometimes sabotaged or devalued by parents as well.

I begin my account of this research with a review of the parent-work literature, which helps to contextualise participant experiences of parent-work which follow. Then, I explain my research design, both how and why I designed the enquiry as I did, for which I used an Interpretative Phenomenological Analysis (IPA) approach to explore participant data.

I then describe the research study as it unfolded. Four qualified Child and Adolescent Psychotherapists were recruited for this study. They each provided an account of their difficult encounter via a semi-structured interview. As well as being the researcher, I was also a Child and Adolescent Psychotherapist in clinical training at this time, and



so I brought this experience to the process. I describe how, using an IPA approach, I analysed the transcribed interviews, first individually and then together. I follow this with a description of my findings. Finally, I conclude by discussing my findings, including both possible limitations and potential implications.

It is hoped that this study's exploration into more 'difficult' parent-work encounters may contribute to further thinking for the Child and Adolescent Psychotherapy (CAP) profession, as well as for myself, around the nature of the complexities and challenges which this work can present us with. In particular, a focus on difficulties may be helpfully balanced with other potential studies into more positive parent-work experiences, contributing to a fuller picture of how and why we can support this complex work further. This may be of benefit to CAPs undertaking parent work in the future, as well as contributing more generally to the currently sparse research landscape around psychoanalytic parent work.

## **Literature Review**

### ***Overview***

As I began this research enquiry, I wanted to consider what was already pre-identified in the literature as being difficult for psychoanalytic parent-workers. In doing this, I focussed mainly upon reviewing literature relating to psychoanalytic parent-work. Where I ventured into wider psychoanalytic writings or related areas of parent-work practice, this was only where it seemed important to do so, in providing background or depth to the ideas being thought about.

Compared to other areas of literature around psychotherapy or psychoanalytic practice, psychoanalytic parent-work has historically received far less attention. Although in the 1960s and 70s this began to shift (Rustin, 2000b, p.1-3), the disparity remains. Empirical research in the field is even more sparse (Whitefield & Midgley, 2015).

Both in the literature as well as in practice, psychoanalytic parent-work continues to encompass a variety of approaches. Tsiantis's (ed) volume on 'Work with Parents' (2000), is a book responding to the "gap in the literature where the systematization of work with parents is concerned" (Tsiantis, 2000, p.xvii). Yet this book presents not one "system" or model of psychoanalytic parent-work, but a variety of multi-disciplinary approaches, arising within different countries, contexts, cultures and patient populations. Discussions around this area of practice therefore include "subtle and important differences in view" (Rustin, 2000, p.xiv). Complicating matters further, it is not always clear whether varieties of approach arise from theoretical or contextual differences. For instance, Altman (2004) offers interesting reflections around

differences in approach to parent-work practice between the UK and America, which he belatedly realised were contextual.

The research in this thesis originally focussed on a model of parent-work recommended in the UK within NHS services: that of the regular sessions offered to parents, alongside the child's long-term psychoanalytic treatment (Holmes, 2018). These parent-work sessions are often less frequent than sessions offered to the child, distinguishing them from models such as parent-infant psychotherapy, where parents and infants are worked with together. It is a measure of the "liminal" space (Holmes, 2018, p.264) occupied by parent work, that my research process led to a decision to broaden the scope of this enquiry to include perinatal psychotherapy. However, well before this decision was made, it was clear that limiting the literature review to one model or context for parent-work would have overlooked the context in which all parent-workers work, including the participants of this study. Therefore, this review includes contributions from practitioners who have engaged actively with universal difficulties within parent-work, as they experienced them in their various contexts. Since clinicians writing about psychoanalytic parent-work are generally responding to difficulties in practice, this review covers some well-trodden paths. However, I am not aware of any writers who have provided an overview or summary of this particular topic, such as I provide here.

The area of what 'difficult' means within more generic psychoanalytic literature seemed pertinent to this research question. Although comprehensively reviewing literature around this topic would be a vast enquiry, well beyond the scope of this review, I have drawn on the work of Dawson (2010), particularly his thesis discussions around the wider topic of 'stuck' cases within general CAMHS settings. The

psychoanalytic thinking Dawson offers around 'stuckness' or impasse within NHS CAMHS work offered a helpful reference point for thinking about the idea of 'difficulty' in psychoanalytic work with parents. Several of his research conclusions have also had implications within this enquiry, as will be discussed.

As I reviewed various writings, I sought to answer the question; 'Which areas of practice are identified in the literature as being more difficult than usual for psychoanalytic parent-workers?'.

### ***Method***

I began searching the literature via the Psychology database PsychInfo, this being the largest resource for psychology and related disciplines, including Psychotherapy and Psychoanalysis. Since the literature in psychotherapeutic parent-work is limited, a straightforward search using 'parent work' alongside 'psychotherapy' brought up a manageable number (75) of articles and books, a number of which (16) were relevant. I also undertook a separate search using 'Psychotherapy' alongside words such as 'difficult', 'challenge' or 'burn-out'. This search was unproductive, largely because such concepts tend to be used very generally about a wide variety of topics. It brought back numerous results (274,242), which appeared almost entirely off-topic. Combining the searches was equally unproductive, both due to the numerous ways the concept of 'difficulty' is used, and also because the idea of difficulties is presumed rather than named within many texts about parent-work.

I then 'snowballed' (Greenhalgh & Peacock, 2005), to gain further texts. This approach was fruitful, bringing me into contact with a wide range of relevant literature which had not been located via previous searches, as well as with some interesting and new

perspectives on my subject. This was therefore my main mode of searching overall, bringing to my attention a wider field of literature than can be adequately covered here.

### ***Summary of Search & Findings***

I found that much of the literature on psychotherapeutic parent-work consisted of articles or books presenting ideas and case studies from individual author/s, who wrote as practitioners rather than as researchers. In terms of “hierarchies of evidence” (Greenhalgh, 2019, p.42), this placed my findings primarily on the lowest level, being suggestive rather than definitive. As the search was further narrowed to ‘areas of difficulty’ in the work, I found my specific question had not been asked by previous writers. It seemed a topic both everywhere and nowhere. By this, I mean that whilst difficulties within psychotherapeutic parent-work were regularly referred to, they were not the specific enquiry occupying the writer. Themes arose in a scattered and diffuse way.

Nonetheless, themes did emerge. There were variable conceptualisations around what exactly parent-work was, which were noted to create difficulties for practitioners. There were differing levels of expectation placed upon the work in terms of potential for parental or family change. For both clinicians and for parents, this work was spoken of as sometimes presenting greater levels of challenge and complexity than with other types of psychotherapeutic work. Additional difficulties faced clinicians in untangling the needs of the present work before them from the impact of historical psychotherapeutic thinking, as well as culture. There were also themes which seemed to me surprising by their relative absence in the literature (although not in the work), namely the challenges of working with trauma and with difference.

This combination of difficulties in psychotherapeutic parent-work also showed some marked overlaps with the research study Dawson undertook in 2010, which described the characteristics of CAMHS cases who are more prone to becoming 'stuck'. This overlap might have interesting implications for the challenge posed by psychotherapeutic work with parents.

## ***Themes***

This review is structured into six main areas, all being linked within the literature to difficulties in psychotherapeutic parent-work.

### 1) Varied Conceptualisations

*How much attention should parent-work have?*

Psychoanalytic parent-work is described as “the most difficult and certainly the most under-conceptualised aspect of child analysis” (Brady, 2011, PEP Archive, paragraph 56), which remains “vaguely defined and understood” (Holmes, 2018, p.264). Although there have been some efforts to address this under-conceptualisation (Sutton & Hughes, 2005; Marks, 2020), these are recent, and lack of consensus remains.

This is recognised as creating difficulties for clinicians, to the point of being called “neglect” of vital clinical thinking, with serious implications for families (Novick & Novick, 2005, p.2; Gvion & Bar, 2014, p.59; Siskind, 1997, p.4).

This “neglect” has been linked to historical influences within Child Psychotherapy, including a historical uneasiness around having too much involvement from parents, or to the genesis of child psychoanalysis, which as it began to be practised, was closely based upon models of adult psychoanalysis (Novick & Novick, 2005, pp.4-6).

It is argued that this led to practitioners downplaying the significant differences between children and adults work, and thereby to under-appreciation of the extent to which “the child is embedded within the family” (Brady 2011, PEP Archive, paragraph 3).

This suggests that unexamined historical assumptions may still shape the way clinical practice is carried out today. Parent-work is treated as “bothersome” (Siskind, 1997, p.4), a “peripheral or optional” part of psychoanalytic work with children (Sutton & Hughes, 2005, p.170), or as an “adjunct to the child’s work” (Holmes, 2018, p.264).

In recent years this has prompted some strong protests from clinicians:

What is needed is something emotionally richer than the somewhat pedestrian parent ‘work’... [and] To be able to offer this work, there needs to be more focus in this area in clinical trainings (Marks, 2020, p.21)

Marks suggests an ongoing lack of training still negatively impacts upon parent-work.

Rustin, too, commented that she did “not think we have resolved the consequences of [psychoanalytic parent-work]... either in terms of training or in thinking deeply enough about the clinical issues” (Rustin, 2000b, p.3).

### *Is the parent the patient?*

In Mark’s argument for more focus being needed upon parent-work, she also asks the question, “How do we offer a therapeutic space for the parent as patient?” (Marks, 2020, p.23).

She touches upon a significant question in the literature: whether the parent is, or is not, to be seen as the patient. This has been described as “the most complex and the most elusive” (Siskind, 1997, p.9) of all the questions facing psychoanalytic parent-

workers, to which no consensus, as yet, seems to have been found (Sutton & Hughes, 2005).

This question contributes to varying approaches to technical issues. For instance, if and how one uses the counter transference (Rustin, 2000b), resolving the issue of parental consent (Horne, 2000), and if and when one explores the parent's experiences of childhood (Whitefield & Midgley, 2015). This ambiguity may be linked to the work itself:

When parents bring a child to therapy... the child is de facto the designated patient. Making a treatment alliance with parents and moving them to a position of self-reflection about their own behaviour and feelings—that is, moving them *into the position of patient* [my italics] - is often an extremely difficult task. (Yanof, 2006, p.1440)

### *The changing focus of parent-work*

This connects to broader questions present in the literature around what the focus of parent-work should be, with a need to balance both the 'inner world of the child and the outside world of... reality' (Miles, 2011, p.110). This tension links with the differences found in practice recommendations: whether the parental unconscious is primarily to be worked with, or whether external issues such as parent education, or general casework are prioritised. Part of this tension may arise from differences in clinical expertise or perspective. Whilst parent-work is ideally undertaken from a psychodynamic perspective, it may be allocated to various professionals, with different disciplinary approaches (Whitefield & Midgley, 2015; Rustin, 2000b).

Some have suggested that parent-work by its nature involves an ongoing shift of focus between the external and the internal, the conscious and the unconscious, which parallels the nature of parenthood itself (Frick, 2000).



Sutton & Hughes (2005) describe this as moving between “levels” of work with parents. Whilst ‘levels of work’ is used in different ways in psychotherapeutic literature (See Alvarez 2012; Holmes 2018; Klauber 1998), here it refers to the move between internal and external realities:

Two domains of work: ‘areas’ and ‘levels’ ... taking account both of the parents’ ongoing life in relation to their child and family and their unconscious mental life, specifically in relation to transference to the therapist. These represent two interwoven domains, each affecting the other. (Sutton & Hughes, 2005, p.173)

They propose that parent-work requires using a combination of modalities of work: casework as a social-work model providing parental guidance, joined with psychotherapeutic work taking into account issues of unconscious functioning via the transference (Sutton & Hughes, 2005).

### *Combining Modalities*

Sutton & Hughes are not the only writers to propose that psychoanalytic parent-work requires using a combination of modalities. However, suggestions around which ones can vary, with links being made to several other disciplines. Sutton & Hughes (2005), whilst identifying casework, have also referenced couples therapy. Others suggest drawing on systemic ideas, or on parent-infant psychotherapy, as discussed below.

These shifts between recommended modalities seem to reflect ongoing efforts to understand and respond to the complex range of difficulties presented by psychoanalytic parent-work. For instance, alongside writers highlighting the difficult shift of working between inner and outer worlds, others have highlighted the difficulties presented by parental projections and transference.

### *Working with parental projections*

Byng-Hall recommended that family work should precede psychoanalytic work with a child, because “The child when released from scapegoating processes is freer to explore and develop in psychotherapy” (Byng-Hall, 1986, p.3). Altman also recommended systemic ideas as helpful, but interwoven with psychotherapeutic approaches; “it is possible and desirable to integrate Kleinian theory with systemic ideas about psychopathology and intervention”. He suggests “a technical approach that includes family members with their respective internal worlds” (Altman, 2004, p.194).

Jarvis similarly stressed the importance of parent-work that focusses upon removing parental projections from children, rather than working with the transference “in its traditional sense”. However, Jarvis recommends a different conceptual model, that of parent-infant psychotherapy;

It is an approach that has some parallels to treatment models developed by infant-parent psychotherapists... treatment creating an immediate and decisive response by reducing parental projections into the infant. ...Cramer specifically states that he does not attempt to alter the mother’s underlying internal representations/objects. (Jarvis, 2005, p.214)

As a significant modality in its own right, I have not explored the parent-infant literature in depth here. Nonetheless, Jarvis’s question of how much a parent-worker can expect to alter a parent’s internal object relations (via working with the transference) seems a central and overlapping difficulty in both psychotherapeutic parent-work and parent-infant psychotherapy.

Barrows, a parent-infant practitioner, notes that “effecting change in the parents’ internal representations is generally seen as being the province of long-term individual psychotherapy” (Barrows, 2003, p.285), suggesting this type of change as unlikely via other psychotherapeutic interventions.

However, he notes that work primarily focussing on shifting parental projections away from the child is equally problematic, since what is projected into the child may represent an “unassimilated object” in the parent. Once removed from the child, it will be projected elsewhere. Barrows suggests that in such cases, it will re-manifest its presence “in the intimacy of the marital relationship” (Barrows 2003, pp.296-7). The possibility of this outcome is noted elsewhere. Manzano comments that when “the child ceases to play the part assigned to him ... This may result in the onset of pathology in the parents” (Manzano et al, 1999, PEP Archive, paragraph 25). Research findings, too, suggest this as a potential outcome to such interventions (Szapocznik, 1989, p.576).

Such scenarios are described by Manzano et al. as related to narcissistic projections of the parental self, or projective identification (Manzano et al, 1999, PEP Archive, paragraph 14). Barrows, drawing on Manzano's ideas, notes that these more narcissistic projections into children will be far more difficult for clinicians to work with than other parental projections of ‘past objects’, as described by Fraiberg (Barrows 2003, p.290; see *also* Fraiberg et al, 1975), due to their unassimilated nature. He also suggests these most difficult of parental projections will tend to accompany parental, sometimes intergenerational, histories of trauma.

The difficulties of undertaking parent-work with such parents, who project into their child/ren the unwanted parts of themselves, is linked to the potentially catastrophic fears such parents can experience with the onset of parent-work;

Children are available, helpless targets for maternal and paternal externalizations...When we set about examining parenting issues ...we risk confronting defensive efforts to maintain intact a source of gratification and needed narcissistic equilibrium. (Novick & Novick, 2005, p.44).

Despite the substantial clinical awareness and skill which is often discernible in casework examples (Miller, 2004), such potentially difficult areas of practice are not much discussed in the literature. Marks (2020) notes that the “growing body of work” on parent-infant psychotherapy stands in concerning contrast to the smaller body of literature written on parent-work for children and young people - despite work with parents and older children being just as clinically necessary.

One wonders if the complexity and breadth of these difficulties also play their part in suggestions by several practitioners that individual work with parents should no longer be the focus of psychoanalytic parent-work. Instead, work focussing more on the relationships than the individuals, is often recommended. This, it is argued, offers more potential to increase capacities for parental thinking and reflection than individually focussed work could do.

### *The relationship as the focus*

Morgan has written of the need to focus upon parental relationships rather than individual minds. She links this with couples psychotherapy, noting the need for some parents to develop an idea of the couple-relationship as ‘a potentially creative entity’:

it is possible to discover something new by thinking together...I think it will be obvious why this kind of development is fundamental to parenting... one has to have a sense inside oneself of relationships being something from which one can get help. (Morgan, 2012, pp.74-75)

Drawing on Britton (1989), Morgan also writes of parents needing to form an idea of the triangular space, where one person can safely observe two others – a conception which enables the capacity to think (Morgan, 2020). Fonagy et al. similarly link the parental capacity to think with a “taking the standpoint of the third person, the observer” (Fonagy et al., 1993, pp.972-3). Morgan discussed the way this can develop the

parental ability to take the depressive position, and by extension their capacity to conceive of others as whole objects.

Morgan writes of this relationship state of mind as offering a type of third perspective: “in the creative couple relationship, it is possible...to have the idea of ‘self, other (my partner), and our relationship” (Morgan, 2012, p.73). This idea of the creative couple is irrespective of whether or not there is a physical couple in the room (Morgan, 2020);

What is so important...is that parents have inside themselves a creative couple state of mind, in which it is possible to take into account another perspective, alongside their own, so that an internal dialogue takes place from which new thinking can arise (Morgan, 2012, p.82).

Morgan has also suggested that, in fostering the parent’s development of this state of mind, there may for a period be a need for the clinician to provide an external ‘third position’, to enable this concept to be internalised (Morgan, 2005).

Sutton & Hughes seem to move away from the idea of individual parent-work in a similar way, when they suggest a practice model focusing on “the psychotherapy of parenthood”, where the primary focus is on the parenting, in a way “analogous to the focus in psychoanalytic work with couples on the relationship” (Sutton & Hughes, 2005, p.171).

They link this approach with the movement between external and internal ‘levels’ of work. Marks, too, writes of the need to have “Parenthood as ‘the patient’” (Marks, 2020, p.22). Like Morgan, she links this idea with models used in psychoanalytic couples’ therapy, with an emphasis on the parent-child relationship fostering the development of new thinking in the parents. Once again, this relational focus is recommended as providing containment and a type of ‘third position, by which parent’s may be enabled to look at themselves and their child differently.

These overlapping frameworks provide a dramatically different conceptualisation of parent-work than that which sees it as “adjunct to the child’s work” (Holmes, 2018, p.264), perhaps with an implicit criticism of such previous approaches.

Alongside suggesting the need for a significant level of training, motivation and skill in the parent-worker, these writers also present the expectation of significant parental change. In these perspectives, all change in the child is seen as implicitly connected to change in the parent:

the parent’s capacity...is intrinsically related to the child’s sense of self and of her own mind. Thus, working to develop the parent’s... functioning is hardly outside the purview of psychoanalytic child treatment. Indeed, this... suggest[s] that... [it] may function as a central—rather than peripheral—agent of change in successful child treatment. (Slade, 2008, p.213-4).

To my knowledge, there is currently no way of knowing how many practitioners undertaking psychoanalytic parent-work have been able to access training in, or have knowledge of, these alternative approaches. These might be accessed before or after their psychoanalytic training, and the resources allowed for such work across different workplaces are likely to vary.

What seems clear is that where parent-work is conceptualised as being central, rather than ‘peripheral’, the level of difficulties encountered by the parent-worker may well increase, as will the level of skill required from them, alongside (perhaps) the resources they require. As Gvion & Bar (2014) note, relational and reflective changes are difficult to achieve and so, proportionally, difficult to facilitate;

this [parental] gain is conditioned on the ability to bear the existence of the link to which he or she is a witness and not a participant (Gvion & Bar, 2014, p.61).

### Differing expectations

These differing conceptualisations may reflect equally varying perspectives on what psychoanalytic parent-work is really for.

The foundational expectation, by all, seems that of managing unconscious parental envy, jealousy, or feelings of failure, in order that the child's therapy is not sabotaged or undermined by their parent: "the goal of parent-work is essentially to make the child's therapy possible" (Yanof, 2006, p.1438). However, when and if the psychoanalytic practitioner can expect to achieve more than this, and in what ways, seems less clear.

#### *Expectations, limited capacity and the nature of change*

Klein, practising a century ago, noted the need for parental support in bringing a reluctant child to treatment. However, she also believed that the power of the parent's unconscious was a hindrance to further co-operation. She stated she did not 'in the light of my own experiences, put much faith in ...affecting the child's environment' (Sherwin-White, 2017, p.216). During the intervening century this attitude has changed, and parent-work is now described as "essential" (Holmes, 2018, p.263).

However, when Rustin writes of there being different areas of parent-work, with differing levels of impact upon the parent/s, she describes these as being determined by what the parents themselves are willing to do (Rustin, 2000b). Holmes, too, writes of the work being defined by differing parental capacities for change (Holmes, 2018).

This is an idea drawn from Alvarez (2012) and her model of working with different 'levels' of the personality:

Trying to work in a way that would go beyond the parent's current psychological reality and capacity would potentially be detrimental and confusing (Holmes, 2018, p.271).

Frick comments that significant change in parents is *always* going to be slower and more difficult to achieve than with a child, because “defences in parents are often stronger and more rigid than in children, and their changes are more gradual” (Frick, 2000, p.82).

This touches upon the difficulty for clinicians in knowing what they can or should expect from parent-work. If it is accepted that parents tend to progress at a slower rate than their children, and have stronger defences, it is also the case that organisationally, in the UK, it is usual practice to provide parents with fewer sessions than their children receive (Trowell et al., 2003). Given that parent-work often ends at the same point the child ends his/her treatment, regardless of clinical need (Marks, 2020), it may be that parents who may need more, in practice get less than their children. Yet, as Frick points out: “the child’s possibility to develop is dramatically impaired, unless the parents receive proper treatment” (Frick, 2000, p.75).

Contrasted with Frick’s perspective, Klein’s historical approach appears not so dissimilar to the common practice today of treating parent-work as “peripheral or optional” (Sutton & Hughes, 2005, p.170). Instead, the foundational expectation is that the work with the child remains the primary focus and means of change occurring. Parent-work, whilst important due to its role in facilitating the child’s therapy, is nonetheless an adjunct or a plus to the changes that the work with the child will achieve.

Recent and opposing views argue that focussing mainly on the child treatment in this way is shortsighted;

mental processes cannot be contained within a single individual... boundaries between individual minds [are] not clearly demarcated... [and a] projection can originate externally, with the child as recipient, as well as the other way round (Altman, 2004, p.194)



In recent decades there have been multiple such challenges to the idea that parent-work can safely be treated as an adjunct to the work with the child (Byng-hall, 1986; Edwards & Maltby, 1998; Manzano et al., 1999; Clulow & Vincent, 2003; Altman, 2004; Miller, 2004; Novick & Novick, 2005; Jacobs, 2006; Brady, 2011).

Such authors suggest that different ideas around family functioning need to be incorporated into psychotherapeutic treatment plans for children. These approaches are described as 'a paradigm shift ... appreciat[ing] relationships over individual minds' (Goodman, 2017, p.254).

### *The circular question of parental capacity*

However, understanding the relational nature of children's difficulties, and knowing they may be carrying powerful parental or relational projections is new neither to psychoanalysis nor to parent-work. Almost fifty years ago, Fraiberg's seminal paper, 'Ghosts in the nursery' described the need for and practice of parent-work with disturbed parents, whose disturbance was endangering the psychic wellbeing of their children (Fraiberg et al., 1975).

Only a few years afterward, Tischler also wrote vividly of the impact that early disturbances within the parent can have upon their child;

The shadow of... a mother's early 'bad', 'destroyed' and punitive mother falls between her and her infant. Fantasies and images related to such a harsh, damaged internal mother and the 'bad' aspects of Self, guilt feelings and need for punishment, invade her relationship with [her infant]. [He]... becomes affected by mother's infantile needs, impulses, anxieties, depressions, illusions and defences... [he] 'feels' prematurely used to nurture his mother, over-stimulated, wished dead, catastrophically broken up and emptied, forced to comply (by premature ego and false self-development) or withdraw (via autistic defences) or try and save himself by 'sorting out' his mother (Tischler, 1979, PEP Archive Paragraph 37)

This understanding has continued to be reflected in parent-work literature since then;

until it could be acknowledged that a destructive force was at work in the central relationship (between father and mother) the children were compelled to live in a place where their difficulties were fostered (Miller, 2004, p.47)

It seems, therefore, that the change in what is expected for and of parent-work over recent decades does not come from a new, enlightened understanding of the role of parents, but instead from different estimations by different clinicians, of parental capacities for change.

In the summaries of parent-work practice which Rustin and Holmes provide, there is a picture of potentially minimal expectations of some parents, as a result of the difficulties they face. As Holmes comments (2018), the idea of Alvarez's (2012) concepts of different levels of work which account for different levels of ego-development and capacities to introject is relevant to the way parent-work is approached too. This shapes what one can reasonably expect of certain parents, just as it shapes what one can expect of children.

Difficulties may be more significant for parents, however, in light of Frick (2000)'s comments around the increased rigidity of adult defences, in comparison to those of their children. This echoes Klein's belief that it may be unrealistic to expect substantial changes in the child's environment.

On the other hand, the arguments of writers such as Frick (2000), Altman (2004), or Novick & Novick (2005), are that difficulties of parents are causally related to those of their children, meaning treating parent-work as an addendum to the work is counterproductive to any expectation of genuine change for the child.

There have also been links made between the lack of priority given to parent-work in terms of allocated resources, and the limited family change which results (Marks,

2020). Marks suggests that parents, like children, *would* respond to interventions if they were properly made, and that they too need to be properly helped to undergo a parallel journey alongside their child rather than being “‘farmed out’ to parenting classes or to ‘one-size-fits-all’ psycho-educational work” (Marks, 2020, p.32).

The question of how much change can be expected of parents thus becomes one which is central to the question, approached from various angles in the literature, of how much should be expected of the parent-work.

### Challenges facing parents

In terms of how much change can be expected of parents, other factors impacting this question are inevitably those challenges which exist alongside and additionally to the demands of parenthood itself. These challenges are acknowledged to often be significant. Writing in 2000, Tsiantis suggested that external problems for parents who use services may have got worse,

it would appear that today families are being harder hit by disintegration, difficult socioeconomic circumstances, migration, alienation and persecution (Tsiantis, 2000, p.xviii).

Rustin, writing of the historical experiences of child psychoanalysts taking over the task of parent-work from social workers in the 1970s, noted significant internal challenges as well,

we... found ourselves exposed to shaky marriages, borderline personalities, the risk of adult psychotic breakdown, perverse family structures (Rustin, 2000b, p.3).

Difficulties are described as equally serious for parents as for their children, “Many parents have had their own severe problems: depression, alcoholism, chronic marital difficulties” (Trowell et al., 2003, p.152). Jarvis, too, writes,

Parents... frequently report *clinical range* [my italics] stress levels, feelings of hopelessness, despair, anger, fear, confusion, loneliness, high levels of guilt, low self-esteem and loss of parental identity’ (Jarvis, 2005, p.213).

Lastly, Novick & Novick comment that,

Parents of child patients are often much more troubled than adult patients who seek help in their own right (Novick and Novick, 2005, p.45).

### *The challenge for the parent-worker; a different sort of work*

The challenges of engaging with these real, and additional difficulties whilst retaining the focus upon parenting has been pictured as a “liminal zone” (Holmes, 2018, p.264);

The parent-worker stands, as it were, on the cusp between our concerns with the inner world of the child and the outside world of family, school, everyday events, and outer reality (Miles, 2011, p.110).

Working on this ‘cusp’ between the inner and outer worlds makes parent-work a different sort of work from psychotherapeutic work with a child or adolescent, or equally from psychotherapeutic work with adults. As Rustin notes, undertaking parent-work “took [child and adolescent psychotherapists] into new territory” (Rustin, 2000b, p.3).

### *Difficulties in facing the challenge; trauma and persecution*

The challenge of engaging with these additional issues has not always been grappled with. Klauber wrote of the need for clinicians to be more aware of the impact upon parents of the trauma of parenting their disturbed child, what she calls the “personal

disaster of having and living with such children” (Klauber, 1998, p.85). She suggests that the impact is often overlooked. Linking her material with the writings of Garland (1998) on trauma, she suggests workers need to consider post-traumatic stress phenomena in parent-work, allowing for the effects of this upon parents and upon themselves.

Trauma is noted to make it more likely that parent-work is experienced as persecutory rather than helpful:

parents... may feel further traumatized rather than supported... the impact of trauma and post-traumatic stress on the parents’ capacity to parent and *on their ability to work closely with a professional worker* (my italics) is very significant indeed (Klauber, 1998, pp.85-86).

### *Clinical silences*

As far as I am aware, Klauber is one of few psychoanalytic writers to have linked ideas around trauma with psychoanalytic parent-work, despite the impact and relevance of trauma being increasingly discussed in psychoanalytic literature since the 1970’s (Papadima, 2021). As Klauber is rare in noting the traumatic impact of parenting a disturbed child, it is also rare to find much discussion in the literature on the topic of how parents’ *own* early or complex (repeated) trauma impacts upon them and their parenting. This includes the impact of functional impairments in accessing memory, cognition, and in regulatory processes. (Sar, 2010; Van Der Kolk, 2014; Herman, 1992). In addition, there is the impact of early/complex trauma upon relationships and personality development, with an experience of early, repeated trauma described as something which ‘forms and deforms the personality’ (Herman, 1992, p.96).

This silence may be due to the limited scope of the parent-work literature at the moment. It may also link with the nature of trauma itself, which Herman has called ‘a

forgotten history' due to the difficulties experienced by those bearing witness to it; "it is morally impossible to remain neutral in this conflict" (Herman, 1992, pp.8-9).

A silence in the literature around psychoanalytic parent-work itself has, also, been noticed,

it is very interesting to think about why this work has received so very little attention in the vast literature on child psychotherapy and psychoanalysis (Slade, 2008, p.208).

Novick & Novick also notice that, whilst there were external factors in the past, 'many of these external factors have changed—yet the resistance persists' (Novick and Novick, 2005, p.8).

Slade and Novick & Novick are not alone in suggesting that there is something about the emotions parents can bring, which becomes hard to stay with:

...parent-work with parents of such children [requires] a closer examination of transference and countertransference... in relation to the common perception by parents of the worker as prosecutor and persecutor... it is often difficult to hold on to one's own thoughts (Klauber, 1998, p.86).

### Challenges facing clinicians

Many writers have noted how extremely challenging the counter transference can be for the parent-work clinician. Parent-work is described as presenting particular and unique difficulties to the clinician in this respect. Counter-transference here refers to all the emotional responses of the practitioner to the work (see Tischler, 1979, PEP Archive paragraph 7). This leads to a

constellation of conflicted and conflicting feelings [that] can leave the analyst feeling overwhelmed. We think this may be one reason for therapists' demonstrable ambivalence about working with parents (Novick and Novick, 2005, p.28).

### *The parental transference*

One of the areas of difficulty mentioned is the need to manage the negative transference felt towards the parent-worker due to their respective roles. It is,

all too easy to get caught up in powerful projections of hostility, rather than being able to recognize, contain, and acknowledge parents' underlying feelings of vulnerability. (Miles, 2011, p.111).

### *Rivalry with the parent*

However, alongside this there are the “powerful reactions aroused in the analyst in relation to parents” (Goodman, 2017, p.253), due to an unspoken rivalry between analyst and parent:

It is important for us as therapists to gain, through our own analysis, enough insight into our own motives, to be in touch with the part of ourselves that does tend to compete with the mother and may unconsciously want to take the child away. (Harris, 1968, p.53)

### *Identification and acting out*

Manzano et al have also written of parent-workers who find themselves drawn into acting-out the shared internal realities they have with particular parents, so that clinical thinking is lost:

the analyst in his countertransference may himself identify with certain objects or with aspects of his patient's internal world in complementarity with the patient's identifications ...The acted out interaction between the players is the result of these projections and identifications...[and becomes] a symptom with disguised substitutive satisfactions (Manzano et al, 1999, pp.4-5).

### *The need to be a repairing object*

Tischler wrote of the need clinicians frequently have to be a repairing object. She noted that parent-workers may struggle to retain their objectivity in the face of a family/parents who may feel “hopeless or beyond repairing” (Tischler, 1979, p.1-2). Tischler notes this may be particularly likely to happen where parental defences may be very rigid and so apparently unchangeable. As noted earlier, this can be more likely in parent-work.

Where workers cannot cope with this idea of themselves as non-repairing, the idea is defended against by a focus on cure, or an emphasis on blame. Klauber commented that where this happens, clinicians can end up being,

responsible for some of the difficulties [and]...not always able to acknowledge their ...emotional difficulties (Klauber, 1998, p.87).

### *The countertransference and the context*

Novick & Novick suggested that a clinician’s ability to manage the many aspects of the counter transference was the most central part of successful parent-work. They felt that the converse could also be true, with the “deepest resistance” to parent-work arising from the “deep and intense” countertransference which parent-workers can struggle with (Novick and Novick, 2005, p.14).

Novick and Novick, however, are writing from an American context where one worker tends to work concurrently with the child and their parents. This has implications for the levels of transference and counter transference that the parent-worker is managing. Altman, also writing from an American context, notes contextual differences between the USA and the UK. He comments that these differences in context and/or culture hold implications for the clinical responses and capacity of workers. Locating



his earlier recommendations as being a 'respon[se]... to a fragmentation of treatment ...under conditions of private practice in the USA', he goes on to say;

I can now see that it is asking too much of an individual therapist to take on the emotional stress of working with a disturbed family (Altman, 2004, p.204)

Altman links his change of perspective to the UK context, where the national health service means child and adult therapists can work together and “team-work is possible... [and] the emotional containing capacity of the therapeutic team is considerably greater than the containing capacity of an isolated child therapist” (Altman, 2004, p.204).

### Impact of context and culture on practice

Altman's contextualisation of best approaches to practice brings up questions around how much difference these factors make to the experience of undertaking parent-work. There are strong reasons to suspect that context and culture are likely to be very significant indeed to this question, given that,

emotions are... culturally sensitive... [to be] thought of in the same way as any perception' (Emanuel, 2021, p.386. See also DiAngelo, 2019, pp.9-10).

However, whilst this topic is raised in the literature, the predominant focus remains on the past, acknowledging mainly historical influences upon parent-work theory and practice.

### *Historical influences: ghosts in the psychoanalytic nursery*

Sherwin-White draws attention to the impact of context upon Klein's views on parent-work, when she notes that her views were formed at a time when thinking about projection and projective identification was as yet undeveloped, there was little

understanding of systemic ideas, and as yet no national health service offering access to parent-work support (Sherwin-White, 2017).

Novick & Novick's analysis of historical psychoanalytic neglect of parent-work also names sexism in society as a factor, alongside an initial denial of the differences between adult and children's psychoanalysis (Novick & Novick, 2005). Goodman, similarly, describes psychotherapeutic parent-work being historically influenced by preconceptions around 'childism' and 'parentism', commenting that

within the culture of psychoanalysis there is a long history in training and treatment of not privileging the parent-child relationship. (Goodman, 2017, p.253).

She links this with Slade's suggestion that as a profession, we have 'ghosts in the psychoanalytic nursery' (Slade, 2014, p.283), meaning ongoing blind spots within psychoanalytic theory which reflect the psychic defence mechanisms and contexts of its founder members.

### *Considering parenting, culture and difference*

Psychoanalytic literature has recently begun to start to consider issues of culture and difference within the profession, including the impact upon patients (Lowe, 2014; Altman, 2006). However, this thinking is new and has not, to my knowledge, permeated through into the parent-work literature. As with trauma, this topic can seem striking by its absence. Where parents are markedly different from their parent-worker in class, culture, ethnicity or other ways, it seems hard to conceive of unconscious projections and unequal power dynamics not complicating dynamics in tricky or difficult ways. There is also the potential impact of different cultural constructs of parenting and normalised childhood development;

the dominant culture... [may have] no adequate frame of reference or constructs for judging individuals from other cultures and therefore are more likely to describe behaviour that they do not understand as deviant and therefore sick (Singh & Clarke, 2006, p.21).

Sorensen (2005) is the only psychoanalytic writer I have come across who considers parent-work and culture in a more reflexive way, although without discussing issues of difference. She suggests that many difficulties arising for parents and children today can be linked with the dominant culture of America, and by extension the west today, largely the realm in which psychoanalytic parent-work operates.

Sorensen suggests a profound disjunct between the natural dependency of childhood and of healthy relationships, compared with the expectations of American and by extension, western culture. She notes the promotion of an unhealthy independence, linear thinking, an overvaluing of speed over unfolding development, and what she calls a 'relentless optimism' which is unable to incorporate the depressive position. She comments on 'an addiction to appearances' in contrast to the realities of the internal world. To my knowledge, the implications of this, and other significant issues of culture and difference, for psychoanalytic parent-workers have not been taken up elsewhere. They seem potentially considerable.

#### Dawson and 'stuck' cases

It seems of significance that Dawson (2010), describing factors which make it more likely that a CAMHS case will encounter difficulties and become 'stuck', identified a number of 'warning signs' which seem to parallel with areas of difficulty discussed above, in relation to difficult parent-work.

These were;

- The presence of trauma. Close links were identified between stuck cases and trauma, addiction, parental mental health problems, and psychological maltreatment of the child.
- Two levels of functioning, both conscious and unconscious. In each case, there was much unconscious or unprocessed communication from the family, or where it was conscious it was at a level that the clinician could not process.
- The clinician's desire to be good, leading to a lack of thinking. The desire of clinicians to maintain a view of themselves as helpful and benevolent made experiences where they were dismissed or seen as malevolent particularly difficult to reflect on.
- Intolerable power relationship and a lack of trust. In cases where families were having a high emotional impact on the clinician and the work was not progressing, there was often an intolerable power relationship between the clinician and the parents of the child referred. The parents often did not trust the clinician.
- An intense negative transference, with families firmly holding onto very intense negative transferences to the clinicians they had encountered.

The overlap between Dawson's findings and difficulties identified in this review from the parent-work literature generally, may arise partly from a shared framework. Dawson is a Child and Adolescent Psychotherapist, writing from a Psychoanalytic perspective. Dawson notes within his research that those cases which are referred for Child Psychotherapy are most often those which are more complex and thus more likely to be 'stuck' (Dawson, 2010, p.5).

It may be that some parallels are connected to the nature of child psychotherapy referrals, rather than the parent-work per se. Nonetheless, his 'warning signs' suggest

that parent-work may present particularly complex challenges to psychoanalytic parent-workers.

From the wider literature, too, there are suggestions of a potential level of complexity not found in psychoanalytical work directly with children or adults in their own treatment. It is also interesting that one of Dawson's research recommendations was about:

the importance of viewing the adult as part of a system and the need to develop appropriate services, such as parent psychotherapy within CAMHS (Dawson, 2010, p.223).

This may suggest a greater likelihood of some psychoanalytic parent-work cases presenting significant difficulties, with an increased risk for parent-workers of becoming 'stuck', or of reaching impasse in their work.

## ***Summary***

In reviewing the literature, I sought to answer a central question; 'Which areas of practice seem to be identified in the literature as being more difficult for psychoanalytic parent-workers?'

Although the literature on parent-work is comparatively limited, a wide range of answers to this question were identified, alongside some very notable silences. It seemed clear this remains a complex, multifaceted work, prompting a wide variety of perspectives from different clinicians. There seemed no clear consensus whether any identifiably difficult aspects of parent-work might be more difficult than any other. The differences in where the 'problem' was located: whether in the child, the parents, the clinician, or in the cultural and social context, or history, appeared notable.

It seemed likely, too, that one aspect of difficulties encountered in psychoanalytic parent-work might be due to this current lack of connection or agreement between the different perspectives. The various, and sometimes conflicting conceptualisations around what the work is supposed to be, alongside very differing expectations of both parents and of the practitioner, felt like a cacophony of psychoanalytic voices, advising quite different things. Additionally, the challenges noted as facing both parents and clinicians emerged as more multi layered and profound, inwardly and externally, than I had previously realised.

Overall, parent-work emerged from my review as an imprecise and sprawling field of work, with significant levels of difficulty, but differing views on how and how much these difficulties should be engaged with. It also appeared that as yet, there had been little (written) engagement with issues of current-day context, culture and difference, or with the complexities of working with parents who have experienced complex trauma, despite the possibility of these issues also being powerfully present in the work itself.

As I began to design my research study, undertaking this review left me with more questions, rather than less, in relation to which difficult encounters participants would choose to bring. I also wondered whether and how the encounters brought would fit within this broad and apparently conflicting area of practice.

## **Research Design**

### ***Rationale***

As I considered how to research ‘difficult encounters in psychoanalytic parent-work’, the dearth of previous empirical studies in this area confirmed that generic explorations into this topic offered something valuable. With this in mind, I developed three research questions focussed on encounters which participants self-identified as ‘difficult’, using an idiographic, experiential approach.

Interpretative Phenomenological Analysis, or IPA (Smith et al., 2022; Smith & Nizza, 2022) was the methodological approach chosen:

IPA researchers are especially interested in what happens when the everyday flow of lived experience takes on a particular significance for people. This usually happens when something important has happened (Smith et al., 2022, p.2)

An IPA approach meant I could combine phenomenological, hermeneutic and idiographic ideas within one framework (Tuffour, 2017), focussing on the uniqueness of each participant’s lived experience, that of “difficulty” in psychotherapeutic parent-work, within the context of respective interpretative frames. As an approach this also enabled reflexivity, incorporating my experience, and my interpretation of participants’ experiences, and interpretations. This has been called the “double hermeneutic” of IPA (Smith et al., 2022, p.29).

IPA was well-suited to my topic’s psychoanalytic focus. Incorporating the psychoanalytical perspective was foundational to understanding the participant’s perspectives as CAPs, alongside fitting with my psychoanalytic orientation as researcher.

The usefulness of IPA approaches in psychoanalytically orientated research has been noted before (Khoshfetrat et al., 2021). Each shares a psychologically informed focus on meaning rather than content, and a capacity to incorporate complexity.

### ***Research Setting***

The setting was the National Health Service (NHS) in the United Kingdom (UK), where CAPs are employed within either community and specialist Child and Adolescent Mental Health Services (CAMHS). Research participants were qualified Child and Adolescent Psychotherapists currently working in an NHS setting.

During this research, the NHS was a free service at the point of need, available to the general population in the UK. It was also over-stretched and under-resourced (Campbell, 2021; BMA, 2023), meaning thresholds for children and adolescents to receive therapeutic input were high. Within this, qualified CAPS were recognised as a profession especially qualified to work with the most difficult and complex cases (Dawson, 2010, p.5; p.222)

This made it likely that participants came from settings where their everyday work already involved difficult and complex situations. This provided an interesting backdrop to those experiences of particular difficulty which they chose to highlight within this study.

My setting as researcher was also in the NHS. I began the enquiry whilst training as a Child and Adolescent Psychotherapist, completing it after qualifying into the profession. Throughout, I worked in an NHS post in a Community Child and Adolescent Mental Health Service (CAMHS) in the South-West of England. In this team, usual practice, albeit with exceptions, was regular psychotherapeutic parent-



work offered alongside child or adolescent psychotherapy, with parents being seen less often than their children. As previously noted, this meant I came to the enquiry with my own parent-work experiences: firstly, witnessing psychoanalytic colleagues provide parent-work to parents of children I saw, and secondly, providing parent-work for parents of children seen by colleagues. These experiences shaped my own sense of parent-work as a complex and difficult, but also vital part of CAMHS services.

### ***Research Sample***

IPA is an idiographic approach. Numbers are designedly small, and homogeneity is helpful (Smith & Nizza, 2022, pp.14-16). Therefore, I planned for a small sample: between four to five participants. My criteria for participants were threefold. Firstly, participants would share a similar context, all working as qualified CAPs in the NHS. Secondly, they would share a similar experience, of having found an encounter in psychoanalytic parent-work “difficult”. Thirdly, all participants would have had sufficient experience of psychoanalytic parent-work that the difficulties they described would be recognisably located in their case examples, rather than in the skills base of the practitioner. This was felt important in terms of excluding those who had found elements of the work difficult simply due to being new to parent-work, per se.

To recruit participants, I began with convenience Sampling (Etikan et al., 2016), with the hope of recruiting from qualified CAPS employed across all CAMHS services in the Trust I worked for. Due to ethical considerations, I had already excluded CAPs based within the CAMHS where I worked, alongside CAPs in a supervisory or assessor capacity to me (Allmark et al., 2009). However it proved

necessary to recruit more widely than initially planned, and for this I used snowball sampling (Jupp, 2006, pp.281-2).

A copy of the initial recruitment email I sent out can be found in Appendix (a). To those who expressed interest I followed this up with a Participant Information Sheet, found in Appendix (b). All participants also read and signed a Participant Consent Form, found in Appendix (c).

### ***Participants***

All four of my participants worked within NHS Trusts in England, and all provided me with a background of their CAP experiences, alongside their experiences of parent-work. I did not ask for demographic information, which is discussed subsequently. Although I have it, I have not detailed specifics on gender, professional experience, or length of qualification, since the small size of the CAP profession in the UK means these factors are all potentially identifying features.

To further anonymise participants, I use both male and female pronouns for my participants (two male, two female), and these pronouns were chosen randomly for participants. They do not necessarily reflect the gender of the participant or the proportion of male/female participants represented in the cohort as a whole.

Three of the four participants brought parent-work encounters which occurred alongside their trainee CAP's 'Intensive' training case with a child of the family. Such 'intensive' cases require the trainee CAP to see the child three times per week for a minimum of a year, which means parallel parent-work is also provided weekly for that duration.

### Participant A, "Sally"

Sally qualified as a CAP under five years ago. She brought under ten years of experience as a CAP including her training. Both her placement and her current role had been as CAP in a perinatal team. She described her CAP experience as always having included a significant amount of parent-work.

She brought perinatal parent-work encounter with a mother, whose baby was sometimes present. Father was at home and involved, occasionally coming to sessions too. The mother had a history of trauma and mental health issues. At the interview, Sally had been working with the mother for some time. Although she felt the 'difficult encounter' was over, the parent-work was still ongoing.

### Participant B, "Sam"

Sam qualified as a CAP more than ten years ago. He brought close to two decades years of experience as a CAP, including his training. He held a senior CAP role; prior experience was in generic CAMHS. He reported times when parent-work had felt a large proportion of his role, particularly in supporting trainees.

Sam brought two encounters gained with two sets of parents, both couples with their own mental health issues. One couple had care of a latency child in a context of intergenerational trauma, serious prior abuse and neglect. The other couple had care of an adolescent child who was previously seriously neglected. Both children were 'Intensive' trainee cases.

Both included safeguarding referrals made during the work. Both cases were closed years ago.

### Participant C, “Elena”

Elena qualified as a CAP more than a decade ago. She brought close to two decades of experience as a CAP, including her training. She held a senior CAP role; prior experience included perinatal services, work with under-fives, and generic CAMHS.

Elena brought an encounter with a mother whose adolescent daughter had mental health difficulties. Mother also had mental health issues. The child was an ‘Intensive’ trainee case. At the time of the interview, Elena had worked with the mother for years. She felt the ‘difficult encounter’ was over, but parent-work was ongoing.

### Participant D, “John”

John qualified as a CAP over a decade ago. He brought close to two decades of experience, including his training. He held a senior CAP role; prior experience included parent-infant work, infant mental health, generic CAMHS work, and teaching roles in the CAP profession.

John brought an experience with a mother and her young children. Father was involved, occasionally coming to sessions. Mother had a history of mental health issues. One child was an ‘Intensive’ trainee case. Safeguarding referrals were made during the work. The case was closed years ago.

### ***Ethical considerations***

All participants were qualified CAPs, bringing considerable experience of working with difficult feelings in clinical settings. It was nonetheless possible that speaking about difficult parent-work encounters might provoke difficult feelings. Due to

participants clinical role or assumptions around clinical experience, they might not be prepared for this.

I used a number of established ways of protecting participants in such situations (Smith & Nizza, 2022, p.17-18). The potential for unexpected anxieties or distress to be provoked was pre-identified with all participants before they were interviewed, as can be seen in the Participant Information Sheet, which is found in Appendix (b). Participants were made aware that they could ask to move away from a topic, take a short break, or close the conversation earlier than planned, all without any further enquiry. They were also debriefed at the end of the interview, with regard to this.

A copy of the Participant Debrief Sheet can be found in Appendix (e).

As all participants were working as CAPs in an NHS setting, they had guaranteed access to workplace support after the interviews had taken place, should they need it.

Prior to gathering any data, participants were told that if they participated but later changed their mind, they could withdraw up to three weeks after their interview, without any consequences. They also had the option of asking me to redact any part of their interview afterwards, again for up to three weeks after their interview (Smith et al., 2022, p.48).

This information was included in both the Participant Information Sheet (Appendix b), and in the Participant Consent form (Appendix c).

To enable these options, I did not begin analysing interviews until after that point. Participants were also assured that names and identifying information, regarding both them or families they spoke of, would be changed (de-identified) prior to research findings being shared in any public forum (Quiroga de Pereira et al.,

2012). This was noted in both the Participant Information Sheet (Appendix b), and the Participant Consent form (Appendix c).

Ethical approval for the study was applied for beforehand, via the Tavistock and Portman Trust Research Ethics Committee (TREC) on 4 February 2022. This was approved in principle on 16th March 2022, and ratified on 21st March 2022. There were no requests for revision.

### ***Data collection methods***

Participants were invited to individual semi-structured interviews, lasting up to 60 minutes, interviews included asking them to tell me about a particularly difficult parent-work encounter. A copy of the Interview Schedule can be found in Appendix (d).

IPA approaches require “rich, detailed, first-person account[s] of... experiences” (Smith et al., 2022, p.53), and this flexible, semi-structured approach seemed a helpful way of gaining this, so each participant became a “story-teller not a respondent” (Eatough et al., 2017, p.29). This also allowed for the fact that “both researcher and researched [would be] anxious, defended subjects” (Hollway, 2000, p.45).

Participants were told the interview schedule (Appendix d) was available upon request beforehand, however no-one requested this. I let all participants know beforehand that their interviews would be audio recorded, and afterwards transcribed verbatim (see Appendix b). This occurred with no difficulty in all cases.

All four interviews occurred during the summer of 2022. I had told participants that I preferred the interviews to happen face to face, but would offer online interviews where this proved unfeasible. Sally and Sam both requested online interviews. Elena and John agreed to in-person interviews at their workplaces. Elena's went ahead as planned; however, John was unable to get to work on the day of the interview due to a train strike. He requested to move the interview online, which we did.

### ***Data analysis methods***

As a novice IPA researcher, and because it seemed the best way of gathering my data, I followed familiar IPA processes in my analysis. These are usefully summarised as involving four main stages by Smith and Nizza (2022, pp.32-46). Below, I list these but have added their fifth stage, to which they, significantly, allocated to an entire subsequent chapter:

1. Reading and exploratory notes,
2. Formulating experiential statements,
3. Finding connections and clustering experiential statements,
4. Compiling personal experiential themes (PETs)
5. Cross-case analysis: developing group experiential themes (GETs) across all cases.

These 'stages' were long and significant periods of immersive work, thought and reflection. Snapshots of this process can be found in Appendices (f) (g), (h), (i) and (j), which give examples of my exploratory noting, formulating and clustering of PETs for one interview. Alongside recording and transcribing interviews, I noted my

own experience and responses, both after interviews, as shown in Appendix (i), and again after the analytic process as well. This proved unexpectedly important, as my emotional experiences differed significantly between participants (Holland, 2007; Hubbard et al., 2001). The process was not linear, but iterative: I read and re-read, re-thinking first exploratory notes and my experiences, cross-referencing, changing or adding further as I gathered my statements and themes. I also moved my analysis back and forth between reading of paper copies, onto the computer screen, and then back again. To fully differentiate interviews from one another in my mind, I analysed each interview separately in time, leaving significant periods of neglect in between. This helped to avoid premature mental comparisons.

In gathering the GETs, I followed the same process, but used the experiential statements from all the interviews.

In 2022, a 2<sup>nd</sup> edition of the main IPA text by Smith, Flowers & Larkin was published. This included substantial changes in terminology. I adopted these new terms during my analysis and have used them throughout this paper.

### ***Limitations and delimitations***

As a small-scale IPA study, this research aimed for “theoretical transferability... [not] empirical generalisability”. Providing “rich, transparent and contextualised analysis” enables readers to consider whether findings offer transferability into contexts which may be “more or less similar” (Smith et al., 2022, pp.45-6).

However, the enquiry was part of a professional doctorate. The research enquiry was therefore undertaken concurrently with various other clinical and academic demands, and this context placed limits on the time available at every stage of the enquiry, including interview preparation, data analysis, and time available to write



up the study. Given IPA enquiries are “complex and time-consuming....researchers [should] totally immerse themselves in the data” (Pietkiewicz & Smith, 2014, p.11), this context was a limiting factor within the research process and by implication its findings. Additionally, I note too the researcher’s dual role and potential over-investment in the study (Allmark, 2009).

### ***Issues of trustworthiness***

The markers of a ‘quality’, or trustworthy IPA study have been described as fourfold. They relate to the construction of a ‘compelling, unfolding narrative’, developing a ‘vigorous experiential and/or existential account’ of participant experiences which, thirdly, includes close analytic reading of participants’ words, and lastly an ‘attendance to convergence and divergence’ in accounts (Nizza et al., 2021, p.4). I have aimed for these to be central in to this enquiry.

Alongside, researcher reflexivity is highlighted. Inevitably I come to this enquiry with both personal and professional interests, both conscious and unconscious (Hollway, 2000). I am also a researcher with a dual role (Allmark et al., 2009). I work in the same NHS setting as all my participants, and in the same role. Interviewing CAPs as a trainee also raised issues of power between myself and my participants, given our small profession, where all participants might be colleagues or supervisors to me in the future.

All these factors, and more (age, gender, culture etcetera.) inevitably will have impacted upon what I was able, or willing, to ask or consider. These are not factors which can be taken out of the process or controlled for, but they can be thought about. I have tried to do this and facilitate it for my readers, as far as possible, throughout.

## **Analysis & Findings**

IPA's 'double hermeneutic' (Smith et al., 2022, p.29) acknowledges the researcher's interpretative centrality in analysing participant experiences and meaning-making. As I present my analysis and findings, I have therefore structured the content to reflect, as far as possible, researcher experience of both interview and analysis.

Thus, I have discussed the interviews in the same order in which I interviewed participants. With each interview, I begin with an overview of the interview process, and my researcher experience of it, before then moving on to discussing the PETs.

After this, I move on to discussing the cross-case analysis, which again reflects the order in which my analyses took place. My GETs outline similarities and some differences among participants, but I have added a further upper layer of conceptualisation by the creation of an overarching core theme.

This addition aims to further explain my understanding of each participant's experience. It suggests that these experiences may be formulated as being aspects of one shared overall encounter, albeit with different ramifications in each situation. By presenting my findings in this way, I hope to communicate something further of my experience as researcher, thereby making the process more transparent for the third hermeneutic to come, that of my readers.

## ***Researcher emotion***

The role of emotion in both personal and group experiential themes proved a recurring note during this research. One facet was my own emotional experience, which I drew upon as another source of research data. Emotion impacts upon research whether it

is acknowledged or not. Just as participant accounts may be 'shrouded in emotionality... ambiguous and contradictory' (Hubbard et al., 2001, p.125), so too for researchers. Alongside this, paying attention to emotion offers other ways of knowing:

emotions have epistemological significance. Being emotional is a way of knowing about, and acting in, the social world and is just as significant for how we make sense of our respondents' experiences as our cognitive skills. (Hubbard et al., 2001, p.135)

Beforehand, I had not expected the experience of the interviews or the process of the analysis, to be as significant as they were. This was despite my being a psychoanalytic researcher, bringing with me assumptions around emotion providing unconsciously communicated information about ourselves and others, alongside shaping cognitive processes. Although psychoanalytic ideas of transference and countertransference are corner-stones of psychoanalytic thinking and practice (Rosenbluth, 1970; Joseph, 1985), I did not anticipate "the power of the unconscious to create unexpected intersections between ...relationships" (Sarnat, 2019, p.304).

Sarnat has discussed similar intersections, or 'parallel processes', which may helpfully arise between psychoanalytic supervision and therapeutic relationships, yielding additional information which is not otherwise accessible. These ideas around live emotional dynamics providing otherwise inaccessible material are echoed, in less psychoanalytic terms, by the research community:

"emotional responses can ...sensitis[e] cognitive function...alert[ing] us to the meanings and behaviours of others [and can become]... a medium through which intuitive insight and inchoate knowledge arise" (Holland, 2007, p.205)

### ***Sally's Experience***

From Sally's interview data, I formulated 13 Personal Experiential Themes (PETS). I further organised these into three main PETs.

I gave the interview an overarching theme of 'Trauma, or feeling trapped in time'. This incorporated the way interview data had overlapped with my experiences both interviewing and analysing. I identified a common experience of time pausing, being caught in something hopeless, and impossible to bear or think about. This also links to theoretical ideas around the impact of trauma, where experiences remain perpetually present, held within the body, and not the mind (Herman 1992).

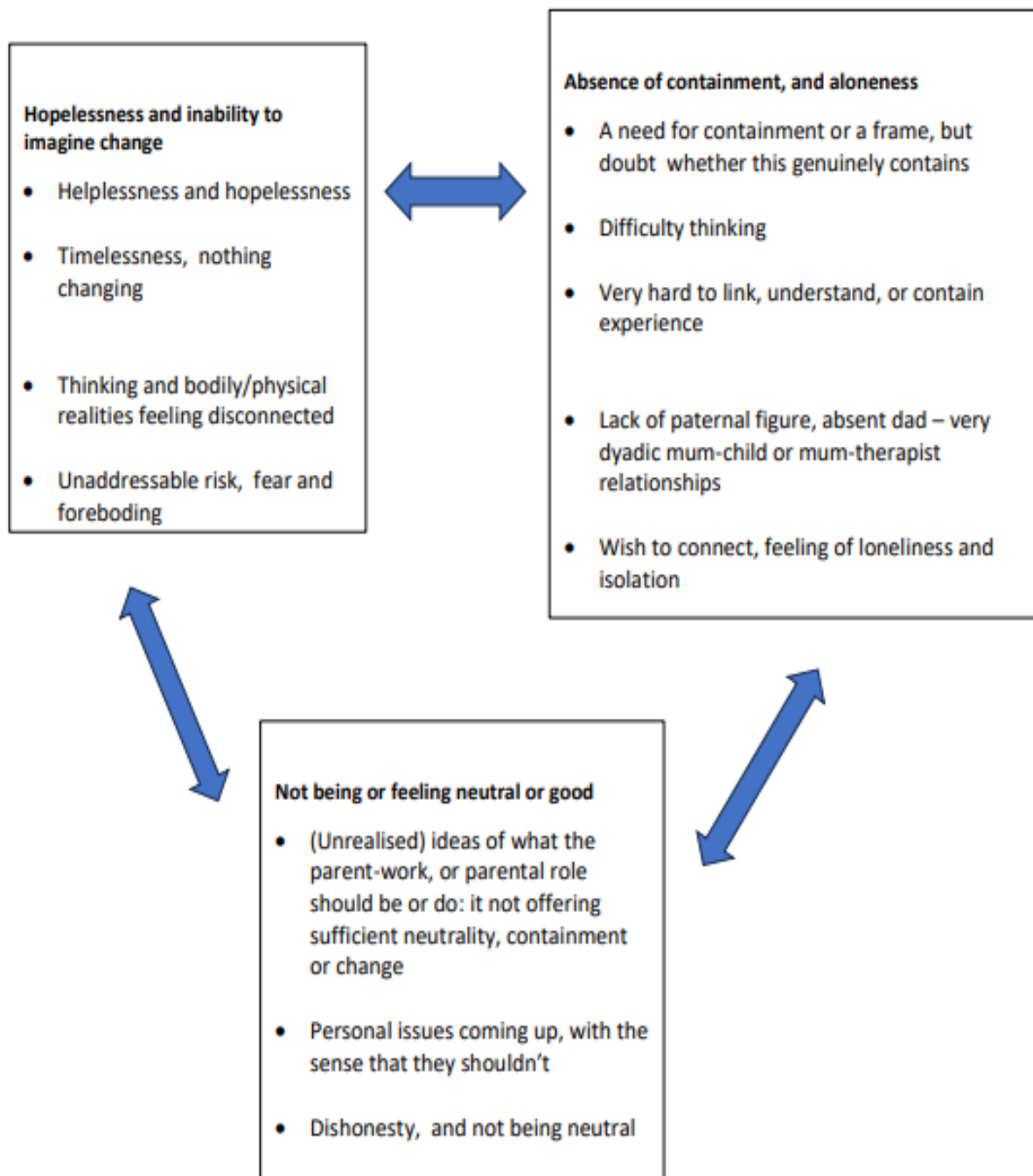
### ***Researcher Experience***

My experience of Sally's interview, which was the shortest one of the four, was that it was not long enough. During the interview, I felt anxious we would over-run, as if there might be too much material for the time allocated. Then, once we finished, I felt I had not given Sally enough time to share her experience, despite the feeling that both of us wanted this sharing to happen.

Afterwards, my experience of analysing the interview was of extreme slowness. The analysis was objectively time-consuming. However, it also had an unbearable quality, as if it would never end: I experienced a constant sense of wading through treacle. Whilst I do not discount my own lack of experience as a contributing factor, the commonalities I recognised with Sally's account of her experience, and in turn with the experience of the mother she spoke of, seemed too notable to dismiss.

The experience was also one of a continual yielding of one idea or emotion into another, in a circular or back-and-forth way as I attempt to capture in Diagram 1, below:

**Trauma and feeling trapped in time**



**DIAGRAM 1. Personal Experiential Themes (PETs) from Sally's interview.**

### Not being or feeling neutral or good

Sally spoke of how difficult she found the lack of empathy during the parent-work, explicitly in the mother, and implicitly in herself:

... [this parent] was ... just completely negative all the time. Hatred, hostility... there was no, no empathy ... I found that really hard to, kind of, manage that because – I wanted to, defend the baby and, and I wanted to, have a go back at the mother. It was very hard for me to, kind of, empathize and stay with her... (39-49).

There seemed a parallel in Sally's mind: as mothers should feel 'empathy' for their babies, so CAPs should also 'empathise' with mothers. The difficulty Sally speaks of around 'manag[ing]' the situation seemed that of managing her own inner conflict, between how CAPs were supposed to feel, with how Sally actually felt.

This related to Sally's concept of herself and her role, as someone who should be characterised by efforts to empathise, understand, or at the least maintain a neutral position:

... [colleagues] were split, I would say. Some wanted to get rid of [this mother]... others were perplexed - a bit like me – sort of thinking, well, how are we going to - ? You know, she's, no way is she ready to go and look after [him] ... you know, it's, she doesn't like him... it was hard to gather the different perspectives, to try and meet somewhere, to try and see the other... that was hard. (120-129).

Sally's focus upon the 'perplexed' parts of her experience was interesting given that she later spoke of feeling this same "temptation" to discharge (141). This seemed to reflect her efforts to remain distanced from her own hostility or hatred, maintaining identification with the ideal CAP who always empathises or remains neutral, and is thereby able to 'gather the different perspectives'.

However, this left Sally with a troubled sense of not being the empathic, neutral, good professional she purported to be. This links with Sally's depiction of the mother as also not being honest with her about how she (the mother) really felt.

### Hopelessness and inability to Imagine change

Sally spoke of an experience of timelessness and hopelessness:

Session after session... I began to think, there's no hope. I felt that I couldn't work with her... nothing was... landing... and I thought, you know what, maybe she's just never going to get out of this position. Maybe I can never help this mum and infant come back together (132-4)

This was accompanied by preoccupation, unease, and foreboding about the future.

The mother 'stay[ed] on my mind', there were 'those 3 or 4am wake ups':

I'd reminisce on the different conversations and think about her, kind of, way of saying things... I felt that sometimes, when she went along with me, 'oh yeah, that seems to make sense', I wasn't entirely believing of her (151-155)

Sally touched here on an experience of profound anxiety, waking her at night. Yet the source seemed unidentifiable, creating a sense of inarticulate dread, what Sally later speaks of as her 'worry... anticipating... *something* [my italics] will happen' (169-172).

### Absence of containment, and aloneness

Sally also spoke of disconnection, alongside a difficulty in thinking. These two were often linked – as below, when she replies to a question around whether her parent-work practice was affected by the difficulties encountered:

I think it must have been different because I think I was much more, I think the other thing I was much more aware of - which is part of the focus it took and the hard - harder - work it took in me, was that I had to constantly reflect. And sometimes, I think what happens is I can get lost in a session and there's a, there's a dialogue that feels fluid and, and productive. And I can come... in and out of thinking ... in and out of reflecting on what meanings... but - this took much more effort in the session - to hold on to what I was feeling. More - more based in countertransference. So.. yeah, it was, it was hard, because sometimes, I could forget where I was. (108-117)

Sally suggested '*it must have been*' different, as if her memory felt inaccessible. 'I think' was repeated five times, yet false starts and complex sentences created a sense of things being hard to pin down, or explain. Most of all, there seemed to be something lacking in her mind: things were *not* 'fluid and productive', she was *not* 'coming in and out' of thinking. Although she 'constantly' reflected, it was difficult holding on to what she felt. She was disconnected from herself, and the world around her, '*I could forget where I was.*'

Sally also spoke specifically of Bion's ideas having helped her, contextually she seemed to be referring to concepts of container-contained (Emanuel, 2012). Yet there appeared to be tension between her knowledge that such ideas helped, and the experience she described. When she spoke of having '*held this baby very, consciously? Yes, consciously, in mind*' (182-3), the experience seemed that of resistance rather than reverie. She did not stay with thinking about the baby, but returned again to the mother.

I wondered if Sally spoke of an experience of seeking a containment and holding which was not being realised in actuality – paralleling the experience these parents, with their baby, were also having:



they ‘looked things up’ in books and Google and...decided on a framework that this baby was going to be born into and the sort of parents they were gonna be... (196-8)

### ***Sam’s Experience***

From Sam’s interview data, I formulated 11 Personal Experiential Themes (PETS). I further organised these into three main PETs.

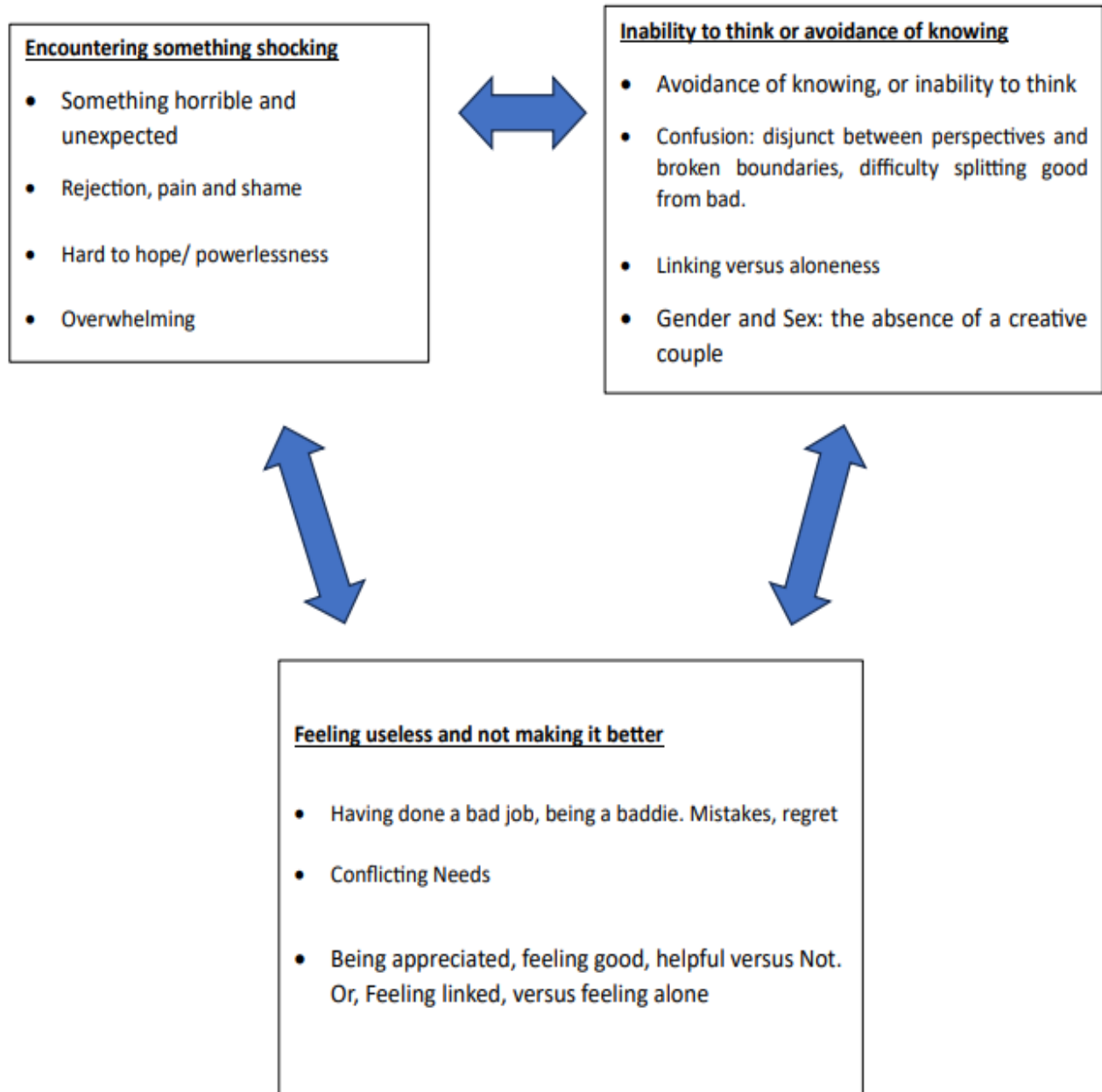
I gave the interview an overarching theme of ‘Incomprehension, stuck-ness and shame’. This was drawn from the way the content of the PETS had overlapped with my experience as I formulated them. There was a common theme of it being hard to stay with difficulty, and of the internal capacities to think about or link material being absent – being stuck in the detail, whilst the meaning remained hidden.

### ***Researcher Experience***

My experience of Sam’s interview, which was the longest one of the four, was of an easy and enjoyable encounter. It felt productive and mutually interesting. I wondered if the feeling of ease in the interview reflected something of a mutual avoidance, by myself and Sam, of the experience of ‘shock’ present in Sam’s encounters. Although he brought two very troubling situations to the interview, the ‘stench’ of these experiences (to quote) was avoided by us both: a shutting-down of our mutual thinking.

Once again, I have tried to capture the experience of a continual yielding of one idea or emotion into another, in a circular or back-and-forth way in Diagram 2, below:

**Incomprehension, stuck-ness and shame**



**DIAGRAM 2. Personal Experiential Themes (PETs) from Sam's interview**

### Encountering something shocking

Sam described a child urinating into a water bottle and then putting the lid back on, to be discovered later:

[so the parents] opened up this water bottle and the stench of urine was really shocking. And - the depths that [the child] had... It was quite shocking ...to wee into a water bottle... the sense of shame. [The child] caused shame upon the family. (160-163)

Shock was a word mentioned often in Sam's interview (18 times), in contexts of violence, anger, shame and disgust. There was a similar shock, an unpreparedness, linked to the parent-work:

I don't feel we've been properly equipped - with the level of disturbance in parents. And over the years, from experience, I've got better and forgiven myself a bit more. But... sometimes the parent-work is harder to manage than the, than the patient (67-71)

Sam also minimised the impact this had. He would add, 'anyway', 'it doesn't matter'. He laughed a couple of times at his own unpreparedness, 'I thought, oh, I know [this parent]. I think she'd be really good to work with - (Laughs).... How far you fall.' (113-116, and again 335-341). There were experiences which seemed too difficult to face:

[The mum would say] I know. I know what you're saying, but... I can't do it anymore - I can't. And she was having a bit of a breakdown. So - And I feel as though I couldn't - She needed her own therapy. I felt as though it was all, kind of, unravelling a bit. Sorry, this is really not very ...metabolised, in a way. (239-242)

### Inability to think or avoidance of knowing

This idea of thinking being too difficult to face, a sabotaged or avoided medium, could be a source of guilt:

It was shocking, I think - as soon as I knew... I could start to process, because I really was worried ... Actually, [my trainee] and I were thinking, are we that surprised... But then all this other stuff came out and it was like - Oh my goodness, we didn't - I felt like, why didn't I put this together, why didn't I put - we didn't know - if he'd accused anyone, we didn't know ... and actually children services, the senior people would say, Sam, no one knew, no one. (517-526)

Sam's inability to think or 'process' during a state of anxiety, above, is followed by the feeling of having known all along ('are we that surprised'), then guilt at not having 'put this together' already. Sam also referred to sensitive facts being over-frequently forgotten by him and his trainee. He spoke of facts 'blocked out' (103) during the interview with me. He spoke of parents withholding information about their histories, or what happened in the home, due to fear or shame, and of his own reluctance to know: 'I had no idea and he didn't tell me – And... I'm glad I didn't know.' (503).

Yet frequently blurred or broken boundaries, disjuncts between perspectives, and excessive splitting, were all indicative of real difficulty in thinking. Here I refer to the psychoanalytic idea of thinking as requiring a 'triangular space', the internal capacity for a 'third' position (Britton, 1989, p.86) within the mind.

Sam thought about a lack of separation, with internal boundaries being lost:

there was this... [professional] who had this special position with [the parent, who]'s very charming... [They] had a very good friendship, allegedly... [They were]... very involved... overly involved and the boundary sort of, went and I could see how that could happen in this, with this family (470-484)

At this point, Sam had just described how he became 'the baddie' (441) in the network after making a difficult safeguarding referral. His mind then goes to his colleague 'charmed' into an intimacy and connection which is desirable, but also dangerous to professionalism, ideally a type of third position. This desirable but unsafe connection creates a Catch-22, the unsafe connection makes 'knowing' (=making a referral?)

seem unsafe, yet not-knowing (=not making a referral?) is also unsafe. This might touch on a feeling of despair: both knowing and not-knowing each lead to becoming the 'baddie': there is no way to be good. Significantly, Sam found this parent equally charming, feeling 'very attached' to him (389), but he left Sam uneasy:

'I wasn't sure.... He never, ever disclosed [experiencing childhood abuse, or] ... that he'd... abused any of his children. But there, I think there... there were secrets' (497-499.)

### Feeling useless and not making it better

With both cases, Sam described the intensive therapy with the child alongside his parent-work, as being the thing that 'helped me keep going... that [made me] me keep doing it' (585-6). He spoke of feeling 'useless' (217), after one mother's response to the parent-work: 'this is no good', 'I just feel worse', 'I don't know why I need to come', 'I feel so unhappy afterwards' (214).

This seemed to accompany an experience of capacities actively diminished during the work. Sam was 'shocked' at his own emotional responses:

I was quite sharp, with [this mother] and I'm not usually like that... my capacity to be thoughtful and containing... was very thin... I was shocked by my own anger and short temperedness. And I had to, really - how do I prepare for people like that? I had to really, be ready. For what was going to come. (249-256)

This experience is of loss, but also attack on identity as the CAP who is thoughtful and containing: 'how do I prepare for people like that?'. This experience of internal diminishment seemed particularly upsetting:

I found [the first case]... more difficult than I found [the subsequent case, as] even though it was really disturbed... [because] I was more compassionate (606-7).

This loss was connected with the inability to meet conflicting needs:

when [the respective mothers were]... horrible about the child.. I really found it very difficult to have compassion... when I was fighting for the child's voice and need.... that was when it became very difficult (609-612)

An experience of conflicting needs seemed to create a repeated experience of internal loss, in the experience of always being unable to help somebody. Thus, Sam became a 'traitor' when he raised concerns for the children (440), the parents had 'really trusted me'. He had to 'regulate the amount of challenging' he gave, because of his trainee's qualification needs, 'I don't... want the case to drop out for the trainee' (84-85). He could not care equally for both parents in the parental couple: '[mother] didn't come...and [he] said... I quite like it when she doesn't come' (402).

### ***Elena's Experience***

From Elena's interview data, I formulated 8 Personal Experiential Themes (PETS). I further organised these into three main PETs.

I gave the interview an overarching theme of 'Narcissistic Injury'. This was drawn from the way the content of the PETS had overlapped with my experience as I formulated them. There were common themes around the personal need to be and offer something good, alongside a self-critical sense of disconnection and disillusionment that this had not happened, in actuality.

### ***Researcher Experience***

Elena's interview lasted exactly an hour. It turned out to be the only interview I was able to have in person, taking place at Elena's place of work.

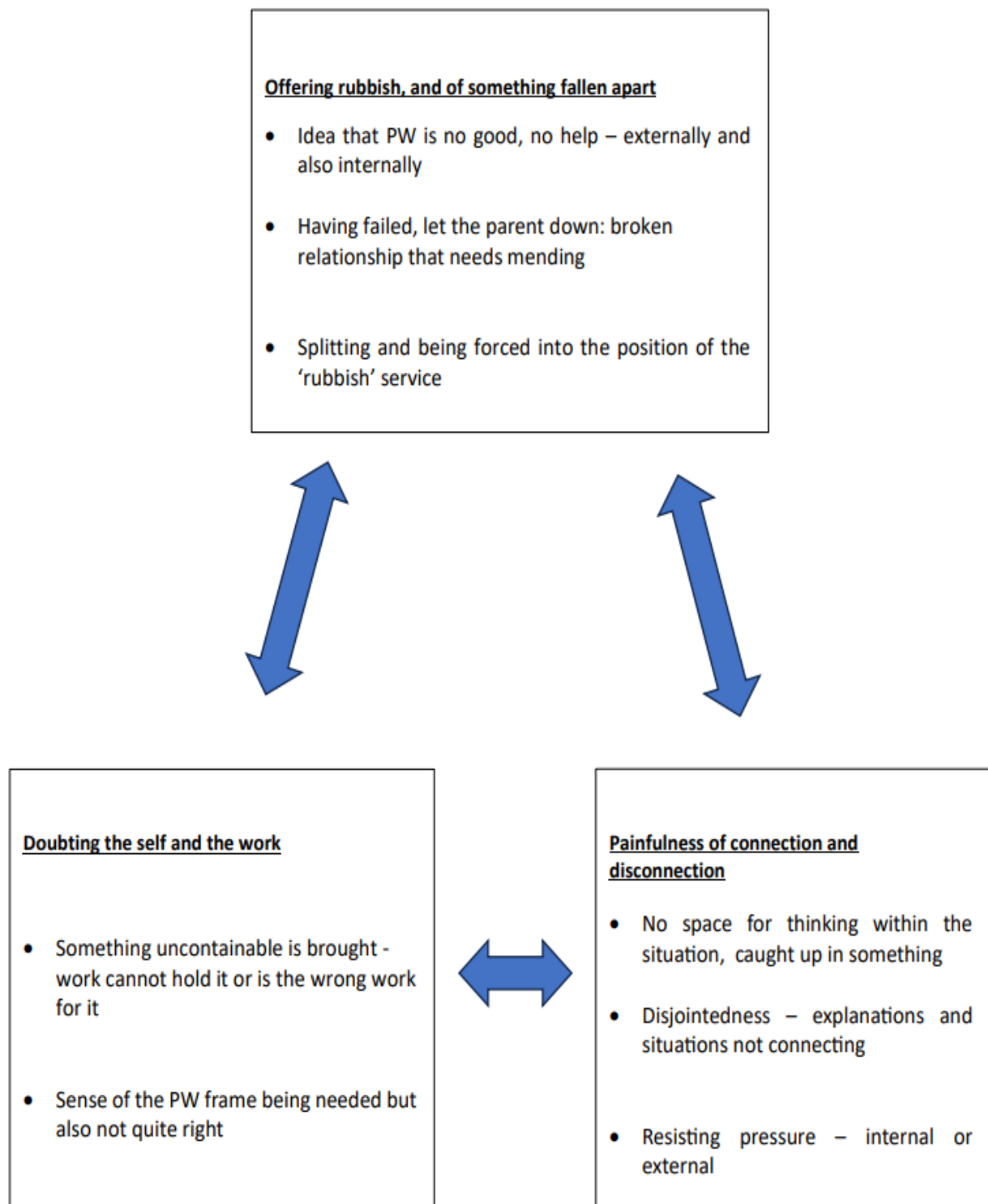
The experience felt both relaxed and positive. Meeting in person felt far easier in terms of communication and rapport, and there was a feeling of competency and containment both from Elena and, perhaps responsively, in myself.

Afterward, the feeling was of having been told about an experience which was well-digested and contained. I found myself reflecting admiringly upon the theorised nature of Elena's reflections and her capacity to process difficulty. Yet I realised this accompanied the parent-work encounter feeling emotionally unavailable. Once digested, it seemed harder to access or know what it had been originally.

Later, I was aware of an impression (which I either did not have, or was unaware of during the actual interview) of Elena herself having been reserved. This flavour of combined containment and inaccessibility continued throughout the process of the analysis. Whilst the process of analysing felt quick and comparatively easy, it left me feeling emotionally detached, as if I had missed something important.

Once again, I try to capture the experience of a continual yielding of one idea or emotion into another in Diagram 3, below:

### Narcissistic Injury



**DIAGRAM 3. Personal Experiential Themes (PETs) from Elena's interview..**



### Offering rubbish, and of something fallen apart

Elena described the difficulties in parent-work beginning after a crisis. The child moved away for a period, and a crisis-service began supporting the parent. At this point:

I was sacked – and, I wasn't actually, it wasn't quite that brutal, if I'm being honest.... it made more sense for me to step back (131)

This tension between the emotionality of being 'sacked' juxtaposed with the calm of it making 'more sense... to step back' moderates an experience of rejection, making it less 'brutal'. Once the crisis was over, Elena explained, 'my attempt to re-engage [was] ...met with – well, you've never done anything for me':

not quite that I'd abandoned or sent her away, but more that I wasn't as good as - which I think is, there's some truth- and I mean, I'm certainly different than - and I think for her needs, at that point, it probably is true that I wasn't as good... (147-152)

This experience of being found wanting, not 'as good', shifts here, from an external idea belonging to the parent, to one which is held internally: 'it probably is true that I wasn't as good'.

This accompanied an expectation of mutual, perpetual disappointment:

I was always going to be letting her down, in her experience. And my experience was, she was always going to be asking for more than I was available to give... the bit that I found most difficult was the feeling she had that what I offered wasn't enough... [it was] narcissistic in a way, I mean the, the blow...

In my mind I felt I was offering her the best of something. And then I was told, no you're not, what you're offering is just rubbish (209-223).

Elena's use of the term 'narcissistic' may have implied self-criticism, alongside criticism from the parent, given narcissism can be negatively associated with "self-preoccupation" (Britton, 2020, p.111).

This accompanied distress at an important relationship gone awry. Elena's language could feel intimate and intense. She spoke of the parent-work relationship disintegrating, or 'fall[ing] apart' and of her wish to repair, and 'work through something - work through something about what has happened before, in terms of [us]':

really try[ing] and fac[ing] for myself, I think, the disappointments, and the let downs, and her - and see whether we can work our way back... sometimes the relationship can completely fall apart. (173-177)

This sense of being found wanting inhabited the whole parent-work experience. It created a sense of isolation and disconnection, extending out into the network: 'we were...made to be the wrong service.... The split for quite a long time was in that place ...The professional network was hard.' (288-291).

#### Painfulness of connection and disconnection

Elena described this mother repeatedly cutting off professionals after experiencing a loss. This was linked with Elena being cut off by the network: 'I really had felt sidelined' (282): 'I had to be on the outside' (294).

This created a retaliatory wish to 'get [her] own back' by similarly splitting the parent (Blass, 2015, p130-2) imagining her as entirely bad. Not doing this - thinking of the real, entire mother kept 'in...[her] mind properly' - was a difficult, exhausting experience:

having to consciously be, just don't ...the bit of me that did want to, I think, get my own back a bit... over time, definitely, it definitely did affect me and I had

to try and really work hard to keep her in my, my mind properly and not, not let that slip out - even though it was one of my regular sessions every week. (236-51)

This experience of 'work[ing] hard' at thinking and connecting, rather than retaliating and disconnecting, seemed an experience of persistent, ongoing effort: it was never over. Connecting transformed into persecution: 'it was always difficult to try and get to a point of... well, let's just take a step back and try and understand what's going on... [the parent] would feel criticised' (105-110). Yet the alternative seemed to be disconnection, where relationships and meaning are destroyed altogether (Bion, 2013).

This tension between connection and disconnection may have linked to my feeling of disconnection when analysing the interview. It may also link to Elena giving no background information at all about the parent's or child's history, although this is usual in psychoanalytic thinking (Waddell, 2002; Music, 2017). I wondered if this reflected how painful it was for her to connect with experiences this mother or her child had had.

Yet, by Elena's report, she also chose to continue this parent-work for over a year after the work with the child had ended: during our interview, parent-work still remained ongoing. This striking continuation of the parent-work, far beyond the point of clinical requirement, suggested that despite the difficulty of connection, something worse had been experienced in the moment of disconnection.

### Doubting the self and the work

The 'intensity' (185) within the parent-work was sometimes spoken about as being too much for the parent-work model. The experience was of containing something uncontainable:

parental anxiety is understandably sky high ... [they feel] they need more than what is given in the [parent-] sessions ... [which needs to] be communicated somewhere and so that can be what the role of parent-worker is... [and] I try and limit access but every so – there is, every so often, someone who - now it's very hard, people can work out what your professional email address is. (412-421)

This experience of too much need, of being unable to boundary or 'limit access', accompanied doubt around whether the work was really the best way of helping. Just as the work with the mother had been difficult to contain, so too was processing the meaning of those difficulties.

On the one hand, Elena implied psychoanalytic parent-work was vital. When it was not possible, '[that's when] it's become traumatic (laughs)' (74-75). Her laugh lessened the emotional impact of using 'traumatic' here, as if her emotions had briefly been too much to contain. Yet there is some doubt, a feeling that this is not enough, it cannot contain the level of difficulties encountered:

I do wonder whether [another way of working] ... I don't know, and I don't quite know where the balance of that would be. But ...if I was meeting her elsewhere, strangely, had that – might that have helped... I don't quite know why I'm saying that. I can't really formulate that properly. (373-8)

This experience seemed to be of encountering something not only difficult, but unsuited to its place: ‘if I was meeting her elsewhere...’ . Yet this remains impossible to properly think about, an experience which cannot, yet, be ‘formulate[d]’.

### ***John’s Experience***

From John’s interview data, I formulated 10 Personal Experiential Themes (PETS). I further organised these into three main PETs.

I gave the interview an overarching theme of ‘Intruding and being intruded into’. This was drawn from the way the content of the PETS had overlapped with my experience as I formulated them. There were common themes of feeling intruded upon, or intruding, alongside powerful anxiety, and a sense of getting it wrong.

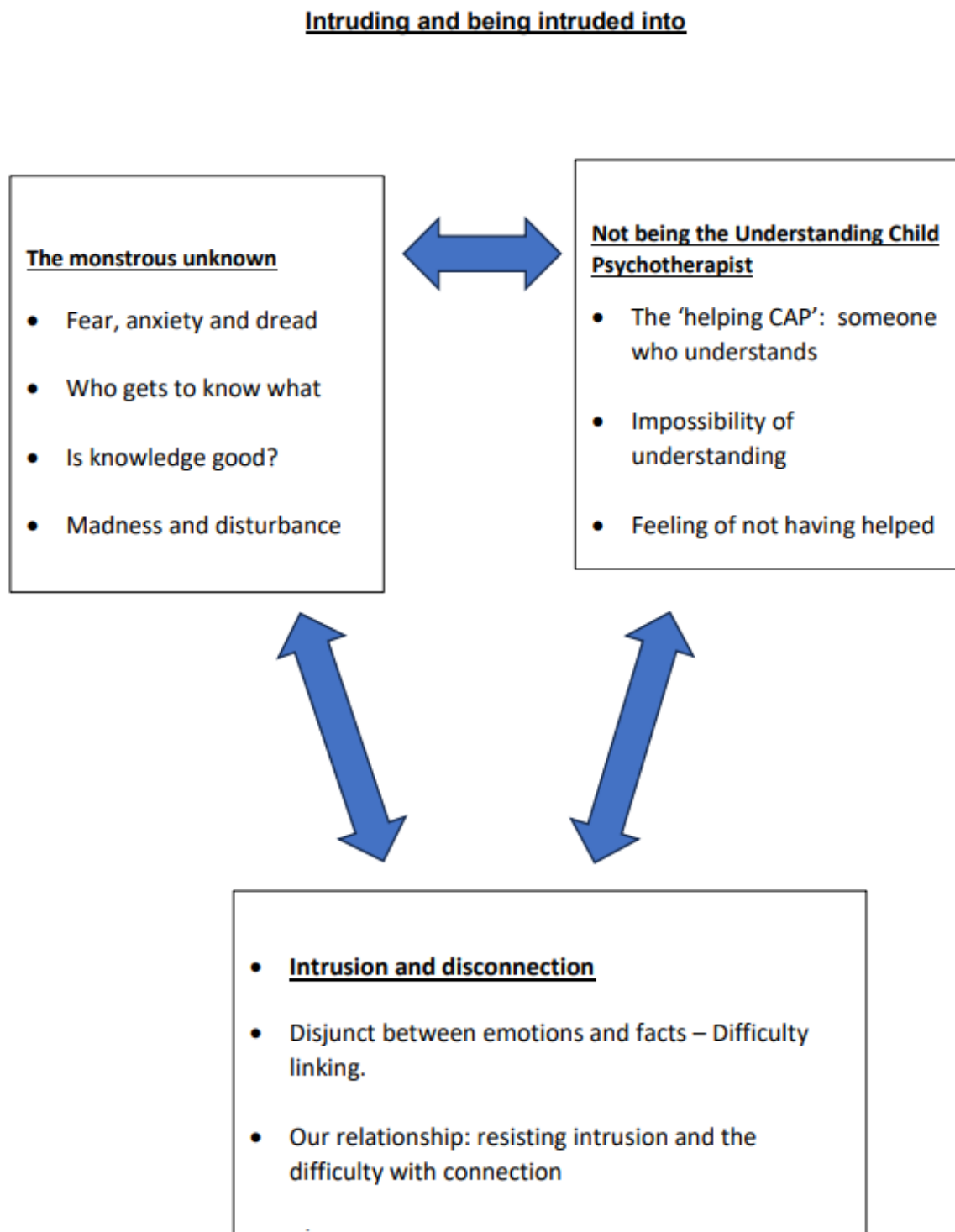
### ***Researcher Experience***

John’s interview lasted exactly an hour. It was due in person, but John emailed me beforehand asking to be moved to online, due to a train strike.

My experience was of difficulty. John seemed to want to share his considerable expertise around difficult parent-work with me. My efforts to explore the lived difficulty of his encounter felt intrusive, as if I were asking overly personal questions. Afterward, I was left feeling uncomfortably anxious and uneasy, both for John and for myself. This feeling lingers now.

The analysis of the interview did not feel difficult. More of the data was factual than experiential, which lessened the emotionality of reflecting. However, the anxiety of the interview experience remained, and my capacity to understand perhaps felt harder to access than usual.

Once again, to capture the experience of a continual yielding of one idea or emotion into another, in a circular or back-and-forth way, I have included Diagram 4 below:



**DIAGRAM 4. Personal Experiential Themes (PETs) from John's interview.**

### The monstrous unknown

John's interview communicated anxiety around naming of difficulties. After relating having referred a mother on due to concerns, John says, 'And then we moved on, things got better' (216). He then adds:

when I say got better... it's very difficult because, mum... it felt like a crisis point... I was really very concerned and she very much minimised the situation, that perhaps I'd taken it out of context... (217-220)

This rapid to-and-fro between naming concern, then dismissal ('things got better'), then concern once more ('she... minimised') seemed an aspect of the way naming could exacerbate rather than relieve anxiety.

Partly this seemed about having difficult feelings, but not knowing whether or how they could be shared. There was a right way to share, but by implication a wrong way too, 'I held anxiety... I like to think I wasn't reactive and that I was able to contain anxiety, my own anxiety...and make referrals when it was appropriate' (382-3). John's phrase 'I like to think' seems to imply a sense of doubt, and self-questioning.

There seemed to be similar doubt around which difficult feelings were actually valid. John spoke of laughing with his trainee over his experience of intense anxiety before meeting the referred child, his expectation of 'something quite monstrous... this persecutory, destructive tyrant'. But then the child who arrived 'was delightful'. (278-287).

This sense of something, feared as 'monstrous' but also unknown, linked with a sense of dread, vulnerability, and voicelessness:

the children were so little... Not having voices, you know? ... children who aren't able to articulate... [but] that's particularly difficult for other professionals.... [CAPs] have such a lot of experience of infant observation and

defences ... [other professionals] haven't had the same amount of training (446-463)

In this moment of the interview, John seemed to find it hard to stay with an experience of his own difficulty, despite having previously acknowledged feeling personally 'uncomfortable about the situation ... there was something that we hadn't quite got hold of... we couldn't put our finger on it' (254). I wondered if this reflected how terrible the risk to, and vulnerability of, the 'voice[less]' children felt for John, when combined with feelings of not-knowing. Thus, he places his sense of not-knowing, or not having skills into colleagues who 'haven't had the same amount of training'. He goes on, whilst still specifically referring to the feelings of others, his non-CAP colleagues, to speak of an anxiety that existed without 'know[ing] why', along with a 'slipperiness' and 'that sort of gut feeling... You can't quite put your finger on it' (385-8).

I formulated that this experience of not-knowing might have felt 'monstrous' (162) because it also reflected an intrusion into John of this mother's 'disturbance', or madness: madness being by its nature both unbearable (O'Shaughnessy, 2016), and impossible to articulate:

One was on shifting sands all of the time ...[it reminded me of] those really disturbing cases where you're not quite sure about the reality or someone else's reality... and you're trying to - which is linked to, I think, to disturbance. And you think it - is what I'm... is, is this right? (308 – 311)

John's anxiety about the young, voiceless children in the home linked with his feeling of something quite unspeakable, 'really, what, what is going on?' (264).



### Not being the Understanding Child Psychotherapist

This accompanied internal uncertainty, a doubt around what John thought he knew:

I questioned my own judgment... when parents went back for a ...private assessment, which of course they're – that was fine to do... And [the parent]... saying, well, you haven't understood this.. going back and reading notes, that I'd read... say, six months earlier and having to check that's - thinking, no, no, no, we did have that conversation and you agreed with it at that point. (392-6)

John chose to bring a parent-work case where a primary part of the encounter was this 'disturbing' experience of not-knowing or understanding. Yet this was juxtaposed in the interview with a focus upon the value of knowing and expertise. Alongside his speaking highly during the interview around the value of all CAP training, for the extra understanding it gave, John had told me much about his own additional qualifications and teaching experience, which were substantial. 'Knowing' felt central and important. Significantly, this was paralleled in the parent-work, with the parent arriving 'to the first session' with information about her extensive qualifications and experience, 'absolutely convinced' by an understanding of the situation which further assessments did not support' (230-3).

I wondered if this parallel reflected John's experience of disjunct, as if 'knowing' or expertise became suspect, yet simultaneously the only defence against an experience of not-knowing. As John remarked 'you're not quite sure about the reality' (309).

During the interview, John seemed reluctant to speak about what this encounter had felt like, more often recounting actions or events. Even allowing for his having arrived at the interview imagining this was what was wanted, it seemed genuinely difficult for him to think about what his experience had been:

Did it... Not, well.... Did it impact the way... I mean, let me think. Well, no, I was just very mindful of not, of always... Did it change the way I worked with... No! I mean, yes and no. I mean, I, I was very mindful (315-316).

I understood this difficulty with thinking, being 'mindful', as also linked with John's frequent reassurance to me that real thinking about the case had happened,

well, actually, I've taken it to my own peer supervision several times, taken it to the MDT. Had a lot, so much discussion with the therapist who was seeing the child (408-409)

I wondered if part of the difficulty of his encounter might also be linked with John's internal disquiet that he had not been able to fulfil his own ideal image of what a CAP should be.

### Intrusion and disconnection

At one point, I asked John how he had realised that this parent-work case was more difficult than others. He replied, 'I didn't'. He then went on,

it's one that stuck in my mind, because... I always felt uncomfortable ... Mum was very measured, she was very contained... she lacked affect, I think, talking about quite distressful events (253-256)

For one moment, I was shocked by John's 'I didn't'. My experience was that the point of the whole interview had been (momentarily) extinguished. I also felt, although I note with no way of knowing John's experience, that in asking John to acknowledge he found something difficult, I had been intrusive.

I wondered if this was a paralleled dynamic (Sarnat, 2019) to John's experience of this mother, who was disconnected from her own experience of difficulty or distress (255-6), and who also seemed to experience the parent-work as unhelpful and intrusive:

[there were] lots of cancellations, the family would go on lots and lots of holidays... then Mum decided to stop the therapy... [she felt] there'd been too much emphasis on the attachment relationship and her own mental health difficulties (235-8)

### ***Cross-case analysis***

This final stage of my analysis brought all four interviews together. It is worth noting that the IPA focus on experience remained central:

within IPA we are not trying to present a kind of 'group norm' or 'average' of the experience... Instead, within cross-case analysis, we... highlight the shared and unique features of the experience[s] (Smith et al., 2022, p.100).

In looking for similarity and difference across the interviews, my aim was therefore to explore both existing and latent aspects of the participant experiences in a new context, that of their relation to one another. My cross- case analysis identified five group experiential themes (GETs), using the 42 PETs from four interviews. However, because some PETs were placed under more than one GET, this ended up being 49 PETs, some repeated.

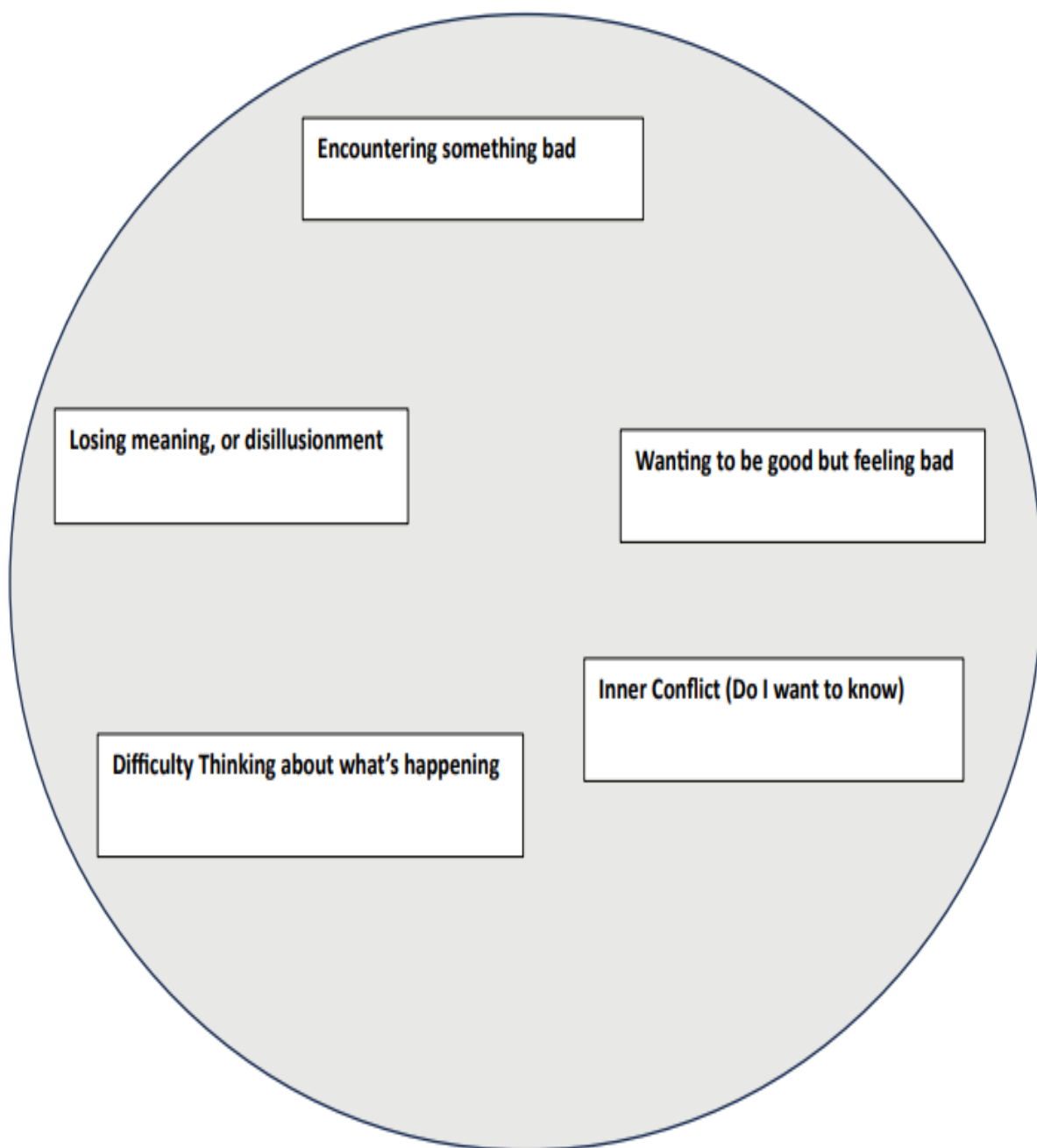
I gathered these GETs together under an overarching theme of Vicarious Trauma (Boulanger, 2018). The concept of trauma occurred as I analysed my first (Sally's) interview, and was thematicised accordingly. Then, as I analysed subsequent interviews, I saw the same parallels of emotional and relational dynamics re-occurring- between child and parent; parent and therapist; and therapist and researcher. This prompted my reflection and eventually led to my using this as my overall frame.

I further discuss this link with Vicarious Trauma in the following chapter. Here, I merely note that the five GETs described below each link closely with symptoms of trauma

(Herman, 1992), a similarity which was unforeseen. This concept of vicarious trauma (Boulanger, 2018) includes the idea of bodily, non-verbal, unconscious communication of experience, projected from the parent/s and into the practitioner working with them. In all interviews, this seemed present in the repeated experience of something too difficult to think about or to contain. There were divergences in how much participants made conscious links between their experience and that of the parent/s. Elena spoke of feeling she was made to 'hold' what she called 'the wrong-mother feeling' (290, 304, 308). Sam also spoke of 'hold[ing]' something (567), with projections being 'so powerful' (601), although without specifics. However, neither Sally nor John described any links between their own experience and those of parents.

The GETS including sub-headings (PETs) are too big for gathering onto one page. Therefore, they are pictured below in Diagram 5, without sub-headings, underneath their overarching theme. Diagram 5, below, is then followed by 5 individual Tables, each of which show each GET including all their sub-PETS.

**Vicarious Trauma**



**DIAGRAM 5. Group Experiential Themes (GETs) with Overarching Core Theme**

TABLE 1: Sub-headings (PETs) of the GET 'Encountering Something Bad'

<b>GETs: <u>Vicarious Trauma</u></b>	
<b><u>Encountering something bad</u></b>	
Sally	<ul style="list-style-type: none"> <li>• Hostility and disconnection</li> <li>• Timelessness, nothing changing</li> <li>• Unaddressable risk, fear and foreboding</li> </ul>
Sam	<ul style="list-style-type: none"> <li>• Something horrible and unexpected</li> <li>• Rejection, pain and shame</li> <li>• Overwhelming</li> <li>• Hard to hope, powerlessness</li> </ul>
John	<ul style="list-style-type: none"> <li>• Fear, anxiety and dread</li> <li>• Madness and disturbance</li> </ul>

Table 1, above, shows how the PETs from the interviews converged and diverged around an overwhelming, terrifying emotion, or 'badness'. In using the word 'bad', I drew upon Klein's concept of the internal 'bad' object, an idea of:

aggression... danger... persecutors who [the infant] fears will devour it, scoop out the insides of its body, cut it to pieces, poison it... compassing its destruction by all the means... sadism can devise. (Klein, 1988, p.262).

However, the term 'something' is also used in relation to this. This phraseology is an attempt to capture this GET's flavour of badness not-yet-gathered together so as to be projected into the object, still disseminated, perhaps as a baby might experience

badness *prior* to managing to split and project it (Klein, 1988, p.268). The GET had a threatening but nebulous quality, unfixed to any source. It shared some of the flavour of Bion's concept of "nameless dread" (Bion, 1967, p.116), which similarly is rendered 'nameless' due to its uncontained nature.

Three of the four interviews included themes of encountering this powerful negative emotion, which varied in content but shared the same unbearable and deeply shocking quality:

'I couldn't quite believe it, initially.... [that] she was entirely in this ... hostility and negativity... [And I was told about] all sorts of... horrible things that escape me now, 'cause I've probably banished them... I ...dread[ed] going into the sessions' (Sally: 68-87).

'[this] was... a case that made people feel very, very sick... it took us, me and [the trainee], a long time to metabolize any of the information ...a lot of very shameful or awful, difficult stuff (Sam: 357-364).

'[it] felt quite extreme.... when I heard about it, it felt quite shocking that this had never been touched on at all... [it reminded me of previous cases involving] parental denial... and whether, how disturbed Mother was. I think...really, really disturbed (John: 258-265).

Elena's interview diverged significantly from the other three, in not referring to any experiences of this nature.

This divergence might indicate a number of things, not least, Elena not having had this particular experience. However, her PETS still implied some sort of 'badness' had been present in her encounter. One PET noted there being no space to think, often linked to avoidance of unbearable feeling (Music, 2022). Another noted the sense of something uncontainable or unheld, ideas each linked with a lack of self (Ogden, 2004). Another PET noted feeling forced to be bad, and her sense of having failed.

I wondered if this divergence linked to an experience of being made into the *source* of badness, Klein's actual 'bad object', rather than encountering this feeling as the

nebulous sense of something not-yet-fixed, or in the air. However, if Elena's experience was of being made into the bad 'object', she also seemed to successfully externalise this. For instance, themes around difficulties thinking or understanding within Elena's interview tended, with few exceptions, to be externally located in the parent or the network and were not formulated as difficulties in Elena's own capacity to think (unlike in other interviews). This idea would also link closely with Elena speaking of the 'narcissistic blow' she experienced, as well as with another PET of resisting pressure, which included her resisting pressure to either be the bad service or to do something she felt would be wrong.

It was also possible that Elena's interview diverged because she had managed to contain, by which I mean process and come to some understanding of, some of the emotions projected, perhaps in so doing they became less nameless, and more "tolerable" (Bion, 1967, p.116). This would link with her greater capacity to describe her experience in parallel to the experience of the mother, in terms of feeling and articulating a holding of the 'wrong-mother' feeling.

Yet difficulties spoken of were also serious enough that Elena had brought this particular encounter to her interview. She spoke of an ongoing feeling that something remained uncontained.

This links with another possibility, that this divergence indicated a measure of dissociation or disconnection (Boulanger 2005, Herman 1992) with Elena not speaking of this experience of 'badness' because it was there, but remained cut-off from conscious awareness. This would 'parallel' (Sarnat, 2019) the dissociations of the mother she worked with, with experiences of disconnection and cutting-off being significant themes in her interview overall.



Notably, Elena was the only participant who gave absolutely no information about the history of the parent or her child. This was a surprising omission given the CAP focus upon the importance of developmental history for understanding and meaning (Music 2017; Waddell, 2002), and might indicate a wish to avoid, or cut-off from, this encounter with ‘something bad’.

**TABLE 2: Sub-headings (PETs) of the GET ‘Difficulty Thinking about what’s happening’.**

<b>GETs: <u>Vicarious Trauma</u></b>	
<b><u>Difficulty Thinking about what’s happening</u></b>	
Sally	<ul style="list-style-type: none"> <li>• Difficulty thinking</li> <li>• Very hard to link, understand, or contain experience</li> <li>• Lack of paternal figure or absent dad – very dyadic mum-child or mum-therapist relationships</li> <li>• Thinking and bodily-physical realities feeling disconnected</li> </ul>
Sam	<ul style="list-style-type: none"> <li>• Avoidance of knowing, or inability to think</li> <li>• Gender and Sex: the absence of a creative couple</li> <li>• Avoidance of knowing, or inability to think</li> </ul>
Elena	<ul style="list-style-type: none"> <li>• No space for thinking within the situation, caught up in something</li> <li>• Disjointedness – explanations and situations not connecting</li> </ul>
John	<ul style="list-style-type: none"> <li>• Impossibility of understanding</li> <li>• Disjunct between emotions and facts – Difficulty linking.</li> </ul>

Table 2, above, shows that difficulty in thinking was a significant theme in every interview, albeit in different ways. In all encounters, parents were experienced as completely unable to think, either some or all of the time. Sally and Sam's narrations also seemed to relate to an *embodied* difficulty, a sense of 'badness' which they could not verbalise or explain: 'it [was] excruciating.... [and the infant] sort of embodied everything that was really tricky' (Sally: 54-58). Moments of emotion often accompanied incoherence, or forgetting, in both participant interviews (Sally and Sam) and during parent-work itself (Sam).

There was also the sense of knowledge which was held back or avoided (Sam, John). My experience of analysing Sally's interview also included my own difficulty in thinking about the material, as has been discussed.

In Elena's narration, difficulties with thinking tended to be more external. Thinking was impossible due to there being no time for it, or because relationships (either with the parent or the network) were actively cut off or disconnected. Analysing her interview was not difficult but left me with the feeling I could not get to the real meaning of the encounter.

The parental 'cutting off' in Elena's interview was similarly experienced by Sam and John.

A similar experience of disconnection, and disjunct felt vividly enacted within John's interview, both between us, and also in the difficulty in focussing on meaning and experience. Focus was often on the facts of the case, what happened, to the exclusion (it felt) of thinking. This was something John noticed at one point, 'I'm talking on a

concrete level, aren't I, in... having to make referrals and all the other clinical governance and safeguarding' (499).

**TABLE 3: Sub-headings (PETs) of the GET 'Inner Conflict (Do I want to know)'.**

<b>GETs: <u>Vicarious Trauma</u></b>	
<b><u>Inner Conflict (Do I want to know)</u></b>	
Sally	<ul style="list-style-type: none"> <li>• Personal issues coming up, and the sense that they shouldn't</li> </ul>
Sam	<ul style="list-style-type: none"> <li>• Confusion: disjunct between perspectives and broken boundaries, difficulty splitting good from bad.</li> <li>• Conflicting Needs</li> <li>• Avoidance of knowing, or inability to think</li> </ul>
Elena	<ul style="list-style-type: none"> <li>• Need to resist pressure – but is it internal or external?</li> </ul>
John	<ul style="list-style-type: none"> <li>• Is knowledge good?</li> <li>• Who gets to know what</li> <li>• Our relationship: resisting intrusion and the difficulty with connection</li> </ul>

Table 3, above, shows PETs from every interviews which included a sense of internal conflict in response to difficulties, to greater or lesser extents and with different iterations. This conflict was partly between participants' personal needs (their own feelings, or their wish to avoid excessive discomfort and pain, or their wish to keep some sense of internal separation from work) and the expectation that the CAP role

requires allowing oneself to be personally impacted, “to be done well, it must ‘hurt’” (Meltzer, 1967, p.99).

Sally and Sam’s PETs each included the idea that such internal conflicts were feelings CAPs shouldn’t feel;

[it’s] difficult to work [when situations are] triggering something personal... And I think also - oh, the thought just disappeared (Sally, 224),

the case closed... But my God - and I was so grateful! (bursts out laughing) - I’m being recorded! being recorded, I apologise (Sam, 284-5).

Sam’s interview also included PETs around the deliberate avoidance of knowing, which conflicted with a guilty idea that this knowledge was necessary. John’s interviews similarly had an idea that knowing was important and good, yet also proved unbearable. This was formulated in disjuncts, with emotions being cut-off or dissociated. This sense of disjunct was formulated as being enacted in the interview.

However, the most common aspect of this GET in interviews (Sam, Elena, John) was a feeling that during these encounters, an internal boundary had been crossed, which felt intrusive and was not wanted:

I did want to keep a limit on our contact ...having [a parent] who was struggling to keep hold of what I wanted to be the boundary... that was hard, (Elena: 213-220)

I will never, never [again] see a case at 6 o'clock, when no one else is in the clinic. If they can't do the time in my hours, I will ... (trails off) (Sam: 288-289).

John expressed this feeling of intrusion more vividly still, as he spoke of the way this difficult encounter still stayed in his mind, despite the work having ended long ago. He went on:

I haven't seen them for a number of years (pause) - I bump into them actually outside the clinic sometimes. And they say hello to me, as do the children' (John 403-405).

**TABLE 4: Sub-headings (PETs) of the GET 'Wanting to be good but feeling bad'.**

<b>GETs: <u>Vicarious Trauma</u></b>	
<b><u>Wanting to be good but feeling bad</u></b>	
Sally	<ul style="list-style-type: none"> <li>• Dishonesty, and of not being neutral</li> <li>• (Unrealised) ideas of what the parent-work, parental role should be or do. Not offering sufficient neutrality, containment or change</li> <li>• Wish to connect, feeling of loneliness and isolation</li> </ul>
Sam	<ul style="list-style-type: none"> <li>• Being appreciated, feeling good, helpful versus Not. Or, Feeling linked, versus feeling alone</li> <li>• Having done a bad job, being a baddie. Mistakes, regret</li> </ul>
Elena	<ul style="list-style-type: none"> <li>• Splitting and being forced into the position of the 'rubbish' service</li> <li>• Having failed, let the parent down: broken relationship that needs mending</li> </ul>
John	<ul style="list-style-type: none"> <li>• The 'helping CAP': someone who understands</li> <li>• Feeling of not having helped</li> </ul>

Table 4, above, reflects the different expressions of this GETs theme, yet with each PET seeming to express an ideal of CAPs being 'helpers', who both felt and did good to their patients, alongside an experience of not being this person.

Both Sally and Sam seemed unwilling to speak of experiencing negative feelings towards parents, instead framing these as positive feelings they lacked: '[it]... took more effort ...I mean, she was likeable, but I also could feel myself not liking her' (Sally: 98, 132), and 'I felt as though I didn't have very much patience for this [parent]... I just felt, I can't move [her] forward' (Sam: 197-8).

This was formulated as a difficulty with the experience of self, here seen in the idea that impatience or dislike were incompatible with the CAP role. John only mentioned his own emotions via neutral words: uncomfortable, concerned, worried, anxious, again sustaining this idea of the CAP as the helper, only feeling kind or concerned for others. In context of the difficulties he encountered, and the stress he laid on having done the right thing, this raised questions about what he was not saying. I wondered whether, for him too, more difficult feelings were present but felt unmentionable, or unthinkable.

Elena's interview, again, diverged in that this GET was explicitly named. She spoke of her feeling of being pushed into being 'the wrong service' , and seemed indignant about it (287):

splits would happen in the service [so that]... we [the psychotherapy team] were offering something that was no good and not working even though, on our part, we were like, actually, we're here throughout, and we're trying to really hold on... (256-8).

TABLE 5: Sub-headings (PETs) of the GET 'Losing meaning, or disillusionment.

<b>GETs: <u>Vicarious Trauma</u></b>	
<b><u>Losing meaning, or disillusionment</u></b>	
Sally	<ul style="list-style-type: none"> <li>• (Unrealised) ideas of what the parent-work, or parental role should be or do: it not offering sufficient neutrality, containment or change</li> <li>• Wish to connect, feeling of loneliness or isolation</li> <li>• A need for containment or a frame, but questioning whether this genuinely contains</li> <li>• Feeling of unaddressable risk, fear and foreboding</li> </ul>
Sam	<ul style="list-style-type: none"> <li>• Gender and Sex: the absence of a creative couple</li> <li>• Linking versus aloneness</li> </ul>
Elena	<ul style="list-style-type: none"> <li>• Something uncontainable is brought - work cannot hold it or is the wrong work for it</li> <li>• Sense of the PW frame being needed but also not quite right</li> <li>• Idea that PW is no good, no help – externally and also internally</li> </ul>
John	<ul style="list-style-type: none"> <li>• Aloneness</li> <li>• Impossibility of understanding</li> <li>• Our relationship: resisting intrusion and the difficulty with connection</li> </ul>

Table 5 shows PETs which overlap one another in their feelings of disappointment, or disillusionment, a loss of meaning or let-down around the parent-work not offering what it should have offered. This was most present in Sam and John's interviews, interestingly, since they were the two participants bringing work that had completely ended:

I think [now], I'm a little bit less - I don't idealize psychotherapy.... I'm very cautious about saying, this is gonna make a big difference. I would be saying...let's see... I can't believe I thought this mother [who I worked with] would be great. But... there's a lot of idealization going on (Sam, 598-606).

With John, this feeling was characteristically more implicit, not only in the disjunct between what was said and what happened, but also within the interview itself. For instance, when I apologised to John that we were running out of time, he replied,

Oh right, sorry... Sorry. And I don't know whether even it's a relevant discussion to your project (422).

This question (around whether things which are supposed to help really do) was then immediately replayed in his next reflection, which was a reply to my question of what *might* have helped in the parent-work. John spoke of the parent not having had enough support at the start. He then added, 'She did have [enough support]... by the time we finished [but]...this was before the second safeguarding referral (422- 439)'. In fact, this mother had prematurely ended the therapeutic work at this exact point, when John is saying she had enough support, since the premature ending was followed by the second safeguarding referral. My formulation here was that John found it hard to think of anything that could have helped, or perhaps he felt that it had all come too late - a similar feeling to that captured by his wondering (at the very end of our interview) whether what he had just been saying was all irrelevant. I wondered if this was a far



more painful idea in relation to the parent-work, however, than in relation to my study, making it difficult to say, or even to think about.

This difficulty in thinking about anything that could have helped was echoed by Sally, too, who replied, ‘once there was the birth trauma....’ (193), a statement implicitly questioning the point of her parent-work. Sally then wondered, similarly to John, whether intervening much earlier on might have helped, but goes on, “that feels somewhat idealized thinking in me... people are trying to think more.... But... it's just not enough (208-218).

Elena and Sally both brought cases where, although the ‘difficult’ period was over, the work continued. I wondered if this was a way of avoiding disillusionment, or loss of meaning, enabling Elena, for instance, to speak of things she ‘hoped’ (146) might still happen, and noting the relief involved in the parent not entirely cutting her off:

I felt really relieved that she was open to continuing...she was like, so polite - I was a bit - she's never been rude to me, but, it's one of those where you're like, she should feel able to complain (Elena: 328 -339).

Elena’s continuation of work seemed to be at considerable personal cost in terms of persistent clinical time and effort over a period of years, perhaps reflecting how important it felt to know the parent-work had been worth something.

This sense of disillusionment seemed also placed within parent-work itself. Although this was not a subject asked about in the interviews, Elena and Sam both spontaneously spoke of an insufficient or misleading CAP training: ‘I hope things have changed in the training ...but I feel as though... I don't feel we've been properly equipped’ (Sam: 68-9), and:

it's really different [to] when I was training...[there] parent work was... differentiated from the rest of the work [whereas now] ...it's integrated... [having separate psychoanalysts for parent and child isn't] always available (Elena: 54-63)

Participants varying responses around whether CAP parent-work and CAP child-work were different or similar to one another were interesting here. Sally and John both focussed on similarities in the work, “one is [still] dealing with or speaking to, the, the inner child” (Sally, 271), and “difficulties might be similar in relation to a level of disturbance that one might be working with” (John, 496). A similar need to manage personal responses was noted:

examine...what gets stirred up in me in the same way that I might in a, in a session with a child or young person, although you're not offering ...individual psychotherapy... nevertheless they have an impact on you (John, 515-9)

Sam and Elena focussed on the differences. Elena commented “much as some parents might want the parent work to be psychotherapy, it isn't” (402), alongside speaking of the difficulty of boundarying parent-work, “children don't - don't have that sort of access [which parents have]” (407). Sam commented:

You only have 50 minutes in the room with a child. But you can have all week emails and texts and conversations with parents... can you fill this form in for me? ... can you join... can you come along ... it doesn't switch off... [and] you may not have your therapeutic hat on... you don't have the headspace (621-630)

If we put these experiences together, parent-work as a discipline might be characterised by its lack of possibility. Whilst containing all the same difficulties as work with children – the same infantile needs, the same levels of disturbance – the differences it offers are all provided as negatives: ‘it isn't’ psychotherapy, the work is unboundaried, and ‘you don't have the headspace’.

## **Discussion**

In this final chapter, I expand upon my findings in relation to their wider context, including the literature on trauma and parent-work respectively. I also discuss potential implications for parent-work practice, and wider psychoanalytic thinking.

### ***Summary of findings***

This enquiry set out to explore difficult encounters in psychoanalytic parent work, in the experience of four qualified child and adolescent psychotherapists (CAPs). The cross-case analysis of the four interviews formulated five overlapping group experiential themes (GETs) in the experiences of difficulty which were brought.

These centred around an experience of something profoundly threatening, which I link with the experience of the internal “bad” object (Klein, 1988, p.262): ‘Encountering something bad’ (1). However, this GET was less gathered-together, and more nebulous than Klein’s ‘object’, and in this way touches upon Bion’s concept of “nameless dread” (Bion, 1967, p.116).

This GET connected closely to another GET, that of having difficulty naming, understanding or processing the ‘bad’ experience: ‘Difficulty thinking about what’s happening’ (2). Whilst one interview did not contribute to the GET ‘Encountering something bad’ (1), all the interviews contributed to this GET of ‘Difficulty thinking about what’s happening’ (2).

There were three further GETs alongside these two interlinking experiences. One of these was a sense of a compromised or lost identity as the good, or ‘Ideal’ CAP who is, by definition, able to process or contain difficult experience: ‘Wanting to be good but feeling bad’ (3). Another was the sense of internal conflict in relation to the wish to

think about, or know about the difficulty, alongside the wish to not-know, or not-think: 'Inner Conflict (do I want to know) (4). This might be related to the wish to be the Ideal CAP (3), but also the wish for meaning (5).

Lastly, was a sense of hopelessness or despair in relation to the experience (1) and also the sense of not being able to make things better via understanding (2) or being the ideal CAP (3): 'Losing meaning, or disillusionment' (5).

I gathered these five GETs under the umbrella of 'Vicarious Trauma' (Boulanger, 2018). I suggest thereby that these converging parent-worker experiences appeared to be linked to the traumatic experience of parents being worked with, whose trauma had been taken in, vicariously by their worker in some way.

### ***Researcher interpretation: the impact of trauma***

This study uses an IPA approach, and as such it names and incorporates my individual perspective, what has been called the "double hermeneutic" of IPA (Smith et al., 2022, p.29), my interpretation of participants' interpretations. As may be evident, one aspect of this is my coming to this enquiry with a pre-existing interest in trauma and its impact upon practice, which clearly has shaped my attention and interpretation in relation to the interview data and my findings. I note that it is possible this increased the danger of confirmation bias (Schumm, 2021), which makes it worth noting that these findings were also unexpected. Whilst I had wondered about the impact of trauma upon parental capacity to engage with parent-work, the particular focus developed here, upon the impact of trauma upon the parent-worker, was not one I had previously considered.

### ***‘Trauma’ in literature and findings***

Trauma has little presence in the parent-work literature, and thus is barely mentioned within my literature review. Therefore, I summarise this concept, as I understand it, below. I then discuss this further, in relation to these research findings.

#### What is trauma?

Trauma is described as “a kind of wound... a piercing of the skin [of the mind]” (Garland, 1998, p.9). Notably, the mind here includes both the brain and the body, with “the body [as] the theatre for the emotions” (Emanuel, 2022, p.386). Trauma, this wound of the mind, is stored within the body - the automatic nervous system, the vagal system, and the endocrine system – which has ongoing effects on day-to-day experience and capacities (Emanuel, 2022; Music, 2017; Gerhardt, 2015; Van Der Kolk, 2014; Herman, 1992). In cases of repeated trauma (such as during war, domestic abuse or other catastrophe), there is a gradual “erod[ing of] the structure of the personality”. When this overlaps with development, such as in childhood abuse or other repeated catastrophe during childhood, the impact is yet more devastating, with a “form[ing] and deform[ing] of the personality” (Herman, 1992, p.96. See also Van Der Kolk, 2014).

Centrally to this research, traumatic experiences always involve thinking and meaning-making capacities being lost:

traumatic memories are quite literally short-circuited and stored as somatic sensations and visual images.... Linguistic memory, dependent on higher cortical function, is frequently inactivated... thus, sensory, affective, and motor memories often seem to have no meaning (Boulanger, 2005, p.22)

Traumatic experiences are therefore difficult to think about, talk about, or process. By their nature, they are “almost impossible to put into words” (Van der Kolk, 2014, p.231),

having a “frozen and wordless quality” (Herman, 1992, p.37). This connects to accompanying deficits in symbolic functioning, coming from a two-dimensional “state of mindlessness”, where “the psychic space in which reflection can occur has been foreclosed, [and] meanings are too threatening to entertain” (Boulanger, 2005, p.21). This can be accompanied by flashbacks, hyper-aroused or hypo-arousal responses (Emanuel, 2021, p.380), and difficulties with the sense of self.

Bringing this into the field of object-relations, Garland suggests that as trauma undoes capacity to trust in the good object, “the power and malevolence of bad objects [thereby] increases” (Garland, 1998, p.12). Since the mind is “[not] a one person psychology but a relational one” (Emanuel, 2022, p.379), the impact of trauma is always shared, often with those closest to us,

Trauma is contagious... [it] can pass from generation to generation as children live out split off aspects of their parents’ and grandparents’ unspoken, often unthought—that is unformulated— and certainly unwelcome memories (Boulanger, 2018, p.60).

### Trauma in psychoanalysis

The concept of trauma does not replace, but rather adds a further layer of complexity to our existing psychoanalytical concepts around the functioning of the mind and makings of a person. Whilst trauma brings a state of mindlessness, and thinking is shut-down, this state itself is given meaning: “in the internal world, there is no such thing as an accident” (Garland, 1998, p.5). Other psychoanalytical processes, e.g., transference, counter-transference, projection, identification, repression, somatic illness, attacks on linking, etcetera, will naturally still occur in the traumatised person.

Psychoanalysts working with traumatised patients have testified that both the trauma literature and their own experience suggest that trauma-based aetiology and different

technique are a necessary addition to other approaches. Their experience is that where they have not allowed for this, usually effective psychoanalytic thinking and practice proved ineffective and sometimes even harmful (Emanuel, 2022, Music, 2019, Boulanger, 2005).

### Trauma within the findings

Of the five parent-work encounters described, four of five cases included parents who were described as having experienced some sort of developmental trauma, i.e.: childhood abuse (physical, sexual or emotional) or neglect. For the fifth case, which was Elena's, no parental or child history was provided, so we do not know. However, Elena described the parent, along with her children, as also suffering from significant and long-term mental health issues. These are often correlated with trauma (Van Der Kolk, 2014, pp149-168). In fact, all five cases also included at least one parent with current parental mental health difficulties. These included, but were not limited to, depression, bipolar disorder, eating disorder. Two parents had also experienced psychotic episodes in the past. One parent had significant health issues as well. As noted in the literature review, similar histories of trauma and accompanying current difficulty are not unusual in parents accessing psychoanalytic parent-work.

However, no participants described these trauma histories as having had any impact on them, or of having significance for the difficulties encountered. Rather, increased difficulty in parent-work was attributed by participants to difficult emotions experienced toward or from the parent (Sally, Sam, John) and to not being or feeling experienced as good enough (Sally, Sam, Elena). Although Sally mentioned trauma (seven times), as did Sam (four times), this was in explaining parent or child history, or the parent's

difficulties. Elena mentioned trauma only once, in describing her experience of parent-work being impossible to do. John did not mention it at all.

### ***The silence around trauma***

If, as findings suggest, the concept of trauma is relevant to parent-work experience, we need to ask why it is so absent both from the parent-work literature, and from participant interviews. Trauma by definition is hard to talk about, experienced in bodily, non-verbal ways. It is also traumatic to allow oneself to witness in others (Melzak et al., 2019, p.400; Boulanger, 2005; 2018). However, it nonetheless has a long presence in psychoanalytic literature and practice, starting with Freud (Garland, 1998; Lanyado, 2005).

#### i. Vicarious trauma or counter-transference?

One possibility is that trauma was absent because other theoretical frameworks, particularly transference and counter-transference (Joseph, 1985; Lanyado & Horne, 2005), have provided CAPs with better frameworks for undertaking parent-work, including its difficulties. The parent-work literature supports this idea, laying emphasis on the significant difficulties parent-workers may encounter in managing their counter-transference. This also reflects wider psychoanalytic practice, where transference and countertransference remain foundational concepts. As a CAP, I, too, understand these concepts to be central within psychoanalysis, no doubt including the difficult encounters explored within this enquiry.

However, I concluded that counter-transference did not entirely capture the shared experiences these findings describe. In using the concept of trauma, I have wanted to gather up a particular, collective experience from the GETs of a bodily-held, “unspoken”, “unthought”, and “unformulated” experience of catastrophe and fear



(Boulanger, 2018, p.60), which, for a time at least, cannot be thought about and obliterates thinking. There is also a quality to the unthinking nature of the various other emotions (disconnection, timelessness, loss of meaning) which seemed powerfully captured by trauma's concept of a whole mind-body response:

emotions are made... primarily in the body; since emotional experience is at the heart of our endeavours, we need to be able to address bodily experience. (Emanuel, 2021, p.393. See also Music, 2019, p.114).

In using the term 'Vicarious Trauma', I draw particularly on Boulanger's (2018) distinction of this concept. She defines this as different from concepts such as secondary trauma or burn-out, and also from counter-transference:

Being vicariously traumatized does not amount to identification with the patient's relationship to her internal objects, but rather with the patient's overwhelming affect and confused cognitive state during a particular event (Boulanger, 2018, p.62)

This perhaps explains why, within this enquiry, transference and countertransference were rarely mentioned. Sally and John mentioned counter-transference just twice, respectively, and Elena mentioned transference once. Sam did not mention it at all.

Boulanger notes that vicarious trauma is often experienced as "inhibit[ing] the therapist's ability to be emotionally present or to intervene effectively" (Boulanger, 2018, p.62-3). As the patient's experience of horror is shared, this incapacitates the therapeutic capacities to think and reflect, as well as their capacity to feel empathy for the patient (Boulanger, 2018, p.63). It seemed suggestive that this twinned experience was present in all interviews.

ii. The silencing of the “outside world”.

This brings us back to the question of why trauma is so rarely mentioned.

One straightforward possibility was that working with parental trauma is simply not within the province of psychoanalytic parent-work. Working with trauma is a complex, often lengthy endeavour (Music, 2019) and as discussed in the literature review, parent-work is not individual psychotherapy. This necessary shift in the practitioner’s focus inevitably changes what is being thought about.

However, reflecting upon the respective literatures around psychoanalysis and trauma together, it seemed likely that this was not the only factor involved. Particularly, I wondered about the nature of parent-work, with its necessary inclusion not only of inner but also ‘outer realit[ies]’ (Miles, 2011, p.110), such as family, school, and other everyday concerns. I wondered if this might, conversely, mean that psychoanalytic practitioners were less able to think about trauma, rather than more.

This idea brings together a number of different ideas and requires unpacking. Firstly, this requirement for psychoanalytic practitioners to work with ‘outer reality’, appears likely to be a bigger shift than is initially apparent, given

a widespread assumption [amongst psychotherapists] that... psychoanalysis is concerned primarily with the internal world (Lowe, 2014, p.13).

It is relevant here that Lowe is challenging psychoanalytic avoidance of “political” realities, such as the way race, class, sexuality and culture impact upon political power and access to resources. He notes these have often been treated within psychoanalysis as primarily external issues, despite their equal impact upon the patient’s internal world. Ryan (2018) also writes of psychoanalytic silences around external, “political” realities. She, like Lowe, notes these are both political *and*

“embodied, non- conscious internalisation[s]” of relationships (Ryan, 2018, p.98), although often not treated as such within psychoanalysis.

These critiques can seem to parallel discussions in the trauma literature. Like racism, class, and other differences, traumatic experience is described as not *only* an individual (internal) experience, but *also* a denied political and social reality. This societal aspect of trauma is however an avoided one, with traumatic symptoms de-contextualised and individualised (Van der Kolk, 2014, p.164-5). Herman (1992) names trauma as a ‘forgotten history’, leading us all “into realms of the unthinkable and founder[ing] on fundamental questions of belief” (Herman, 1992, p.7). Historically, she notes that trauma has only “surface[d]... into ‘public consciousness”, when affiliated with a political movement (p.9). She links this with the internal conflict caused when witnessing, or feeling another’s trauma: “bearing witness to horrible events... [we] are caught in the conflict between victim and perpetrator... The bystander is forced to take sides”. She goes on,

It is very tempting to take the side of the perpetrator... [who only] asks... that the bystander do nothing (Herman, 1992, p.7).

When we bring psychoanalytic parent-work into this frame, it is apparent that whilst CAPs both name and frequently work with trauma, this is collectively understood as an individual or family issue. Linking patient trauma with a social and political aetiology is unusual:

it is as if we were treating a handful of individuals with a disease like cholera or typhoid, not noticing the infected source of water” (Woods, 2021, p.61).

This is entirely consistent with historical tendencies within psychoanalysis to turn a “blind eye” (Lowe, 2014, p.14-15) to issues with social or political implications. Tweedy

describes this as a “severing and de-contextualising” of patient experience (Tweedy, 2017, p.xxvii-xxviii), happening in the years after Freud, as psychoanalysis became increasingly “co-opted by... [the] social and economic structures it... came to serve”.

He describes this as a process of collective, systemic silencing:

To blame individual therapists and analysts for this... is to completely miss the point – is precisely to ‘psychologise’ an issue which is collective and political (Tweedy, 2017, p.xxvii-xxviii)

For participants in this research, it seems possible that such a ‘collective and political’ process of de-contextualisation within psychoanalysis may have obscured both recognition of, and thinking about, parental trauma when encountered as an *embodied* “outer reality” (Miles, 2011, p.110), unconsciously perpetuated in circumstances, family dynamics, support networks (or lack of them), and perhaps even parenting. However, whilst such professional “blind[ness]” (Lowe, 2014, p14) may prevent professional thinking, it would not prevent feeling, and so would not shield CAPs from the ‘vicarious’ impact of parental trauma upon themselves.

Even if allowed, however, this aspect of psychoanalytic parent-work remains one factor impacting upon participants, within their complex and multi-faceted experiences. Rustin writes of the unhelpful divisions arising within thinking, when “polar opposition[s] between dimensions of causality and meaning” are assumed. These make it difficult to “truthfully... render the complexity and contingency of the human experience” (Rustin, 2002, p.258).

With this in mind, I go on now to discuss some of the remaining implications and reflections prompted by the remaining GETs.

### ***Not being the repairing object***

In the parent-work literature, the psychoanalytic parent-worker's unconscious need to be the 'repairing object' is noted by both Tischler (1979, p.1-2), and Klauber (1998, p.87). Both warn how the parent-worker's defences may be triggered by an experience with a family who feel 'hopeless or beyond repairing' (Tischler, 1979, p.1-2), with negative effects upon the parent-work. They each draw upon an idea of the CAP parent-worker as someone whose thinking capacities should not be overwhelmed in this way, and who should bear and contain difficulties without being overwhelmed by their own, or others' emotional needs.

In the wider literature, Kravis picks this idea up in noting the "narcissistically depriving" (p.91) nature of all good analytic work. He also writes of the inevitable experience of not sustaining this ideal:

analysts are apt to experience themselves as repeatedly caught up in projective identifications and enactments that engender feelings of shame, guilt, and self-doubt (Kravis, 2013, p.100)

Kravis calls this an 'underexamined area' (p.90) in psychoanalysis. He connects this to both personal and institutional shame at not being the ideal analyst, 'the analyst's analytic identity can function as both a rewarding *and a persecutory* object' [my italics] (p.110). Horne, similarly describes a "harsh professional superego", which she names "The Great Child Psychotherapist in the Sky" (Horne, 2006b, p.225)

As Kravis notes, the ideal analyst identity is a collectively held one, perpetuated by psychoanalytic training and culture. This includes in the UK. Dawson describes what he calls "the benevolence trap", whereby clinicians wanting to help can quite suddenly find the family have placed them in a position of personal or professional failure

(Dawson, 2010, pp.173-192) – a similar experience to those gathered in this research. However, Dawson's research goes on to recommend that CAMHS clinicians encountering their most difficult, 'stuck' experiences, should take them to their CAP colleagues for psychoanalytic thinking or intervention (Dawson, 2010, p.5; p.222).

This idea of CAPs as the named professionals who can help, even in serious difficulty, is a powerful one. I am familiar with it, despite being new to the profession. This may be because there is truth in this idea, due to the substantial training and psychoanalytic perspective CAPs bring.

What feel less familiar are Dawson's parallel recommendations, which exist within the same research and are made *to* CAP's, recommending that they too will need help from their systemically trained colleagues (Dawson, 2010, p.222-3). Whilst psychoanalysis values negative capability (Taylor, 2010, Bion, 1994), with its emphasis on not-knowing and uncertainty with patients, Horne notes that tolerating an experience of *theoretical* not-knowing can be poorly practised within the analytic community:

The greatest issue facing psychoanalysis in Britain... lies for many of us in the incapacity of the profession to analyse its own tendency to idealisation (Horne, 2006a, p.19).

Kravis (2013) and Swedlow (2016) both write of the paradoxical nature of the analyst's need to know and understand, even when not-knowing is their experience. I wondered if this 'ideal' professional and organisational CAP identity shaped participant encounters, particularly at those times participant CAPs felt they had lost, or were seen to lose, their capacity to think about or understand difficulties. It raises the question of whether GETs such as, 'Wanting to be good but feeling bad' (3) and

'Losing meaning, or disillusionment', were experiences not solely due to what happened in the parent-work, per se, but also to the meaning such experiences had for CAP participants, whose ideal CAP identity then felt eroded or lost.

Kravis writes of professional thinking or acknowledgement of this imperfect analytic identity as often avoided in psychoanalytic training and literature, due to the feelings of shame and self-doubt provoked. He makes recommendations of professional training, around greater acknowledgement of such feelings as being normal.

One implication of these findings might be that such feelings are particularly worth validating in psychoanalytic parent-work, given we have not yet "resolved the consequences of this [work] either in terms of training or in thinking deeply enough about the clinical issues" (Rustin, 2000b, p.3). It seems possible that a greater toleration of not-knowing and encouragement of theoretical uncertainty might foster further CAP understandings in this field (Main, 1967).

To complicate this discussion further, it is worth briefly coming back to Boulanger's (2018) discussions of vicarious trauma. Boulanger suggests that when working closely with traumatised patients, vicarious trauma is "not a matter of choice, it is inevitable" (p.62). She also suggests that it is "an indication that the treatment is on track, even if it is an excruciating track for both patient and therapist" (Boulanger, 2018, p.63).

Boulanger is talking here about a context of individual therapy, and not about parent-work, so this is not a directly transferable statement even if one agrees with it. However, it raises the question of whether encounters for CAPs in this study might have been less difficult if their conceptualisation of their difficulties was that they were 'inevitable', a part of the therapeutic process with a traumatised parent, rather than being a failure of analytic skill and reflecting an imperfect analytic identity.

This hypothesis could be linked with the difference between Elena's PETs and those of Sally, Sam and John in relation to the GET of 'Encountering something bad' (1). Elena's interview, as well as not having any PETs within this theme, was also the only one to include an understanding of why her experience was difficult. She could explain her experience, as being due to having had to hold 'the wrong-mother feeling' (290, 304, 308) for the parent. One wonders whether this enabled her to experience this aspect of an (otherwise difficult) encounter, differently.

### ***The impact of a neglected parent-work frame***

As findings note, Sam and Elena both spontaneously remarked upon their feelings of not having been prepared for the reality of parent-work by their training, a criticism the parent-work literature also makes. The literature itself is noted to be sparse, described as a 'neglected' area of practice (Novick & Novick, 2005, p.2; Gvion & Bar, 2014, p.59; Siskind, 1997, p.4). As has been noted, there are different and sometimes even contradictory perspectives around what parent work is, as well as how it should be done.

The importance of the parent-work frame, which might also be called parent-work hermeneutic (by which I mean both the literature and training) has implications for participant experiences, given that,

emotions are...individually constructed and culturally sensitive... [and] knowledge is constructed through social interaction and is a shared rather than an individual experience" (Emanuel, 2021, p.386).

Just as CAP identity is partly formed by organisational and professional contexts, so psychoanalytic parent-work (as a sub-set of CAP experience) would also have its own set of cultural and professional expectations. These are likely to have shaped how



participants then understood and experienced their encounters. So too, would the sturdiness (or otherwise) of their theoretical frames:

theory... acts as an important container for the therapist, a supporting structure that helps the therapist keep his own equilibrium (Garland, 1998, p.29-30).

Thus, the noted vagueness, or lack of specificity around what parent-work 'is', and how it is done, complicates parent-work further.

This permeated into the process of the study itself. Although I had planned to limit participants to CAPs offering parent-work concurrently to separate psychoanalysis with the child, Sally (my first interviewee) brought her experience from a perinatal parent-work context. She gave a rich account of a difficult parent-work experience, which I easily recognised. Afterwards I wondered why I had wanted this limitation and whether it was necessary. Sally's foundational CAP training and theory-base was no different to those of other participants or indeed, myself. It seemed to express my underlying uncertainty around the breadth and range of contexts in which parent-work actually takes place. I was unsure whether parent-work in other contexts (other than this one which I was most personally familiar with) would still be parent-work as I understood it. How would I bring different parent-work experiences together: what exactly was 'parent-work', when the external frame was changed?

#### The internal impact of external boundaries

It turned out that Sally's difference of frame was not an outlier, despite the remaining three participants all fulfilling my original criteria. The context and concerns of parent-work even within this small study were diverse. CAPs were working variously with two parents together, or single parents, or with changing numbers of parents attending from two parents at home. Alongside the treated child, there were sometimes other

children in families, of various ages from infancy upwards, whom the parent-worker was additionally holding in mind, and sometimes extremely concerned for (including safeguarding referrals being made). The impact of wider professional networks and colleagues upon the therapy also varied, sometimes being so significant as to directly impact the parent-work, and sometimes not.

Overall, the boundaries of where and when parent-work takes place appeared enormously open and flexible.

It is worth comparing this to the context of Child Psychotherapy's usual frame. I quote from a seminal, recently republished paper used within my own CAP training, 'Thinking about the Playroom'. Here, 'the playroom' is used as a symbol of the type of space needed for effective work with a child in a psychoanalytical setting:

the important thing is for the room to be one in which the analyst... can feel sufficiently free from anxiety and concern ...One of the main things about the whole setting... is that it should provide an environment in which the therapist can think and feel freely (Joseph, 2023, p.302)

The link that Joseph's (2023) paper makes is between ensuring an externally boundaried space, *in order* to also provide an internally boundaried and containing mind to the patient. This focus on the virtues of a physically boundaried space is in contrast with the compromised 'rooms' for parent-work experienced by some participants.

It seems possible that not having a robust parent-work frame externally, as well as theoretically, might make it even more difficult to find psychic space, which as Joseph suggests would impair the psychoanalytic capacity to provide containment.

In this enquiry, this might mean that where participants could not protect their parent-work space from such intrusions as the external world provided, their internal capacities to contain the experiences encountered were impacted, much as an unboundaried play-room impacts the CAP in Joseph's paper. This would link with participant experiences in GETs such as 'Encountering something bad' (1), 'Difficulty thinking about what's happening' (2), and 'Losing meaning, or disillusionment' (5). As previously described, these GETs bore some similarity with Bion's concept of "nameless dread", which he described as the result of experiencing an *uncontained* fear of dying (Bion, 1967, p.116). Where Bion's idea of containment related to a living process which can change, or transform experience into genuine thought (Ogden, 2004), the GETs reflected an experience 'stripped of such meaning as it has' (Bion, 1967, p.116), and thereby rendered nameless, or unspeakable.

This perhaps contributed to an impression of difficulties encountered in parent-work being associated with a deprivation of necessary resources. When they compared parent-work to their work with children and adolescents, participants described the experience primarily in negatives. The challenges were described as being the same (Sally, 271; John, 496), yet differences were described in terms of what was not available: parent-work 'isn't' psychotherapy (Elena, 402), it felt unboundaried, both externally and internally: 'you don't have the headspace' (Sam, 630). Whilst facing equal challenges, parents were not getting psychotherapy. It was not always possible to boundary the space parents had: the external world had to be allowed in. The space was not one where the analyst could rely on being 'free[d] from anxiety and concern'.

These difficulties may tie in with the literature's description of parent-work as a neglected and avoided area of practice within child psychotherapy generally, and its

status as 'bothersome' (Siskind, 1997, p.4), a 'peripheral or optional' part of the work (Sutton & Hughes, 2005, p.170), echoed by Sam's comment, "it's a thankless job" (634).

### ***Absent boundaries and vicarious trauma***

These difficulties with boundarying parent-work would be further complicated by the impact of vicarious trauma. Boulanger (2018) notes that in working with traumatised patients, boundarying is particularly complex. She writes of the permeability of self-other boundaries in all psychoanalytical treatment, and the way such "experiences of merger and boundarylessness" are central to the "experience of being flooded by a patient's unacceptable and hence split off feelings". These experiences are conceptualised both by Klein's descriptions of projective identification, and also by Bion's ideas of the container-contained relationship (Boulanger, 2018, p.64. See also Bion, 1967). Boulanger notes the therapeutic centrality of such unconscious communication in treatment, in terms of containing patient experiences and making them bearable. However, she also notes how difficult traumatic experiences, in particular, are to accept:

I did not want to understand... My mind was ... invaded by ... thoughts that could not be thought; thoughts that neither of us dared to formulate...[and] I was resistant to knowing . At first I... [could not] allow myself to identify with the projected material. The unintentional contagion made conscious identification, that is empathy, impossible. (Boulanger, 2018, p.63. See also, Melzak et al., 2019, p.400)

This experience links closely with GETs around Encountering something bad (1) and 'Difficult thinking about what's happening (2). It also offers another angle on the experiences of 'Inner Conflict (Do I want to know)' (4), where participant difficulties with boundaries were specifically noted. I wondered whether the unboundaried quality

of the parent-work context might make it far more difficult to draw on CAP techniques for containing or processing traumatic experience, and so contribute to an experience instead of being overwhelmed.

However, it also raises one of the central quandaries of parent-work, in terms of whether the focus can ever be on containing individual parental experience, when the identified area of attention is the parental role rather than the individual. Boulanger's thoughts on containing and treating trauma are in this sense both outside of, and beyond, the scope of parent-work.

Whilst this enquiry offers no answers to this quandary, it seems worth asking again whether further training in other models of work, as the literature recommends, might have offered participants a different experience. As discussed, the literature repeatedly recommends the use of more systemic training or use of other conceptual frames (alongside child and adolescent psychotherapy approaches), for use within parent-work. Other models suggested so far include systemic family therapy, parent-infant psychotherapy, and couples therapy.

Dawson's 2010 research into 'stuck' cases includes explicit recommendations for Child Psychotherapists when working with 'stuck' families, advising they "reflect on their own training and practice ...question[ing] whether developments in technique originating from systemic practice may be of benefit". He goes on to reiterate,

the importance of viewing the adult as part of a system and the need to develop appropriate services, such as parent psychotherapy within CAMHS (Dawson, 2010, pp.222-3).

### ***Alternative areas for further exploration and thinking***

My formulation is only one way of understanding the data. I therefore want to give some space to noting potential limitations to my findings, as far as I am aware of them, alongside alternative perspectives that have occurred to me.

#### Potential limitations

The under-theorised, under-researched nature of psychoanalytic parent-work means my findings may have been skewed by their lack of wider context. For instance, my focus upon 'difficulties' in parent-work occurs in a context lacking, as far as I am aware, any balancing or complementary study/s focussing upon more positive practitioner experiences. By extrapolating meaning from experiences which lack (as yet) any wider and potentially more positive or nuanced context of practice knowledge, it is possible that my findings may later be judged unbalanced, over or under emphasising issues in a way that a fuller context might have easily corrected.

In light of this, it may prove interesting and useful to consider my findings again, once they can be viewed alongside other, more appreciative inquiry/s into positive experiences of psychoanalytic parent-work. Such additional research studies might be particularly helpful for ongoing CAP thinking in relation to parent-work's future direction of travel, in what remains a relatively unexplored area of psychotherapeutic practice.

Following on from this, interpretative frames and wider work contexts are also significant in shaping individual participant experience. This includes Sally's experience in perinatal parent-work. Whilst all participants brought psychoanalytic parent-work encounters, working from a specialist perinatal context has its own frame and meaning.

The fact that I have not identified significant differences within the interview analyses between her interview and others may mean I have missed some meaning in the data, or made assumptions when further exploration was needed. These missed meanings may be significant, and so may have implications for my findings. This may also highlight the usefulness of further research into how, and to what extent parent-work experience varies in such different contexts.

Connectedly, the ways in which Elena's interview was noted to diverge from other interviews may prove more significant than I have understood. Alongside her interview having no PETs which linked with the GET of 'Encountering something bad' (1), it is notable that Elena's was also the only interview I had in-person, with others being online.

This was unique to Elena's interview, and meant that the relational experience of this interview for both Elena and I was inevitably different from that of other interviews. This will have impacted upon levels of rapport, disclosure and researcher interpretation.

In terms of the difference between online and in-person interviews, I note that levels of communication and rapport are not necessarily lesser in either medium. However, some researchers suggest that online contact can enhance rapport, connection and disclosure (Weller, 2017; Żadkowska et al., 2022), perhaps by facilitating greater attention to the face (Hyde & Rouse, 2023). This is therefore a difference which may have altered Elena's in-the-moment reflections about her case, and equally my emotional experience of her reflections. Since my analyses included participant and also researcher emotionality (Hubbard et al., 2001; Holland, 2007) as sources of data,

this has implications for my findings. For instance, it may have bearings upon the disconnection which was a theme in his PETs.

This might mean that some of the differences described between Elena's interview and others reflect the altered interview medium and our different contact, as much as they reflect actual differences in encounters had. Issues like these are hard to control for, and the extent to which they impacted upon the findings is difficult to ascertain. However, they need bearing in mind when the transferability of the findings is considered.

This bring me onto further questions I had about the data, which could not be sufficiently explored but have implications, nonetheless, for my findings.

#### Increased levels of contact and increased levels of difficulty

All five of the parent-work encounters involved parent-work which was being provided weekly, and in most cases on a long-term basis (I am unclear on the exact duration of Sally's work). All included parent-work contexts of additional anxiety, including a pressure to prevent the parent from disengaging.

Such weekly treatment is, notably, a much more frequent level of contact with parents than is usual in NHS-based psychoanalytic parent-work, where treatment is usually offered once a month, or occasionally fortnightly, proportionally to the child's treatment (Cregeen, 2016, pp.137-8). This frequency was partly because four of the five encounters involved 'Intensive' cases, which include once-weekly parent-work. Additionally, intensive cases, by nature, tend to involve more significant levels of child need, trauma or disturbance. This can interact with levels of parental need, trauma or disturbance in complex ways.



As Sam commented in his interview, intensive work also includes an added pressure on the practitioner who provides parallel parent-work alongside supervising the trainee treating the child. The needs of the trainee, whose training requirements necessitate the child's ongoing attendance, make preventing parental disengagement particularly important. Similarly, perinatal psychoanalytic parent-work also tends to be weekly treatment, because it is a psychoanalytic treatment for the parent. It also involves significant pressure to prevent disengagement, due to the elevated levels of risk to mother and infant during the perinatal period (Chin et al., 2022).

In light of all this, I wondered whether one significant aspect of the 'difficulty' of these encounters was the every-day reality that CAPs saw these parents weekly, and they brought significant levels of trauma and disturbance, alongside a level of risk present. One wonders if many more parent-work encounters would be experienced as equally difficult, if these sorts of parents were always seen weekly, rather than only monthly or fortnightly as is usual in CAMHS.

It is worth remembering here that the nature of the CAP's NHS role means that working with significant levels of trauma, disturbance and risk in children or adolescents on a weekly basis is quite a normal occurrence. This might therefore highlight, again, the noted differences between providing child or adolescent psychotherapy versus psychoanalytic parent-work. This may suggest more exploration into differences between parent-work in different contexts would be helpful. This is also worth linking with the suggestion, noted in the literature review, that parents are seen less frequently because of an unconscious psychoanalytic "resistance" (Novick & Novick, 2005, p.8) to engaging with this particularly difficult, complex and insufficiently conceptualised area of work.

### Holding risk and managing complexity

Another area warranting further exploration was around how much parent-work difficulties were compounded by the levels of risk and complexity faced by participants. The narratives of Sam and John, in particular, included multiple numbers of potential 'patients'. They both spoke of working with parental couples who, perforce, brought both their own (sometimes conflicting) needs and their relationship with one another to the treatment, as well as their relationship with the child. There were other children in the home who were also deemed at risk, often alongside the referred child. They were also both supervising and managing the needs of trainees, although this was usually spoken of as supportive (in terms of co-holding difficulty), with the pressure it added to the case rarely coming up.

I wondered how the impact of this accumulated, complex patient need may have contributed to the difficulties encountered. In Sally's case, whilst her focus appeared more dyadic in terms of her work with the mother, she mentioned a father also involved, and spoke of the baby whose needs conflicted with those of the mother. Perhaps significantly, Sally's case seemed to involve holding similar levels of risk (Chin et al., 2022) to that of Sam and John who were both obliged to make safeguarding referrals during their work. However, in Elena's case, the work was spoken of as fairly dyadic throughout. She worked with a single parent, and the risks to the child were being well-held by other agencies. Whilst her encounter was an Intensive one, and she was supervising a trainee, this was rarely mentioned and only positively. Elena also noted that the difficult impact of her encounter was considerably lessened by a covid-related hiatus in the middle of the intervention.

These factors suggest there are other explanations for the divergences between her interview and others, and raises the possibility that difficulties encountered were more

connected to increased frequency of contact in situations of complexity and risk, than I have allowed for.

### The impact of power and difference

My interview questions, which can be found in appendix (d), did not explicitly ask for any identifying information about difference or diversity from participants or about parents. However, Sam, Elena and John all spontaneously communicated this. Sam communicated a class difference between him and the parent by repeating a parent's comment, using their different accent. Elena and John both explicitly identified their parents as being of another race and country from their own.

It seemed significant that this was brought up, in such an unsolicited way, perhaps implying that this was felt to be relevant to the research topic. Yet in each interview, this information, so spontaneously volunteered, was not mentioned again. Some participants were also working across gender divides, which was also left implicit.

As discussed previously, psychoanalytic thinking around the impact of power and difference is not yet integrated into parent-work writings or training, and only recently has been thought about within psychoanalysis (Lowe, 2014), so this is a topic which participants may have found hard to explore. Despite this, there were potential indications that such differences impacted upon the difficulties encountered, and if so this too has implications for the findings and for psychoanalytic parent-work generally.

As participants did not mention these differences again, there were no PETs explicitly related to difference or power. However, across all interviews were PETs which related to issues of connection and disconnection, including issues around not understanding or containing another experience. There is also a GET which touched on the theme of identity.

It is worth asking whether these PETs were connected to, or exacerbated by, the unspoken differences between participants and parents. As previously discussed, differences such as those mentioned remain “embodied” relational realities (Ryan, 2018, p.98), connected to wider political issues around power and access to resources. This links with Dawson (2010)’s research around ‘stuck’ cases in CAMHS where he noted that one of the findings from his research was that of

discover[ing] that often there was an intolerable power relationship between the clinician and the parents of the child referred and the parents often did not trust the clinician (Dawson, 2010, p.6).

### ***Recommendations for Training and Practice***

This research study’s findings hold implications with clinical relevance for current training and practice in psychoanalytic parent-work. I therefore make the following recommendations:

#### For training and further research

- Current training courses would benefit from offering more explicit acknowledgement around the current lack of a sturdy, integrated theoretical framework for CAP practitioners in the field of Psychoanalytic Parent-work, with the lack of this being one of the findings of this research. This could better prepare CAP practitioners for their potential unpreparedness in this complex work, both mediating for experiences of difficulty, and encouraging further reflexivity generally. This might helpfully highlight parent-work as an area inviting more theoretical exploration, perhaps encouraging further creative thinking, collaboration and learning from other disciplines, and CAP research in this area going forward.

- Further research and theoretical exploration around working with parental trauma as it presents in the external world and in the psychoanalytic parent-work 'space' would be beneficial to the CAP profession. This might explore the impact of parental trauma upon both the parent and on the practitioner, with related implications for the parent-work needed. A lack of such context potentially exacerbated difficulties experienced by practitioners in this research.
- Psychoanalytic Parent-Work needs more recognition as a complex, non-dyadic area of practice, which may warrant post-qualification training. I have in mind here existing post-qualifying psychoanalytic trainings as the Diploma in Parent-Infant Psychotherapy, or the various psychotherapeutic trainings in Group-work or Couples-work. Such training courses can serve twin purposes, both developing individual CAP practice post-qualification, and also highlighting the complexity and importance of the work being done for the whole profession. Both of these could have been of benefit to participants in this research study.

#### For clinicians and clinics

- CAP practitioner recognition of psychoanalytic parent-work as a valuable, complex and potentially challenging area of practice. This would potentially foster increased practitioner reflection on ongoing work, use of supervision, and more peer support to making further space for psychoanalytic parent-work in increasingly pressured and busy work environments.
- Encouragement for clinicians to tolerate and stay in a position of theoretical not-knowing in this area of psychoanalytic practice, in light of the lack of a

sturdy, integrated theoretical framework as seen in this research study. This might make it easier for CAPs to relinquish their ideal analytic self, with an associated increase in the capacity to think about difficulties encountered, and to respond creatively to them.

- To foster and encourage joint thinking spaces for CAPs and psychotherapeutic colleagues working in less dyadic spaces such as systemic work or parent-infant work.
- Increased awareness of the value of considering the impact of parental trauma upon oneself as practitioner, and reflecting upon how this may emerge and be worked with.

## Conclusion

This research gathered together a number of difficult encounters in psychoanalytic parent-work. In my analysis, by joining psychoanalytic ideas of 'bad'-ness (Klein, 1988, p.262) and 'nameless dread' (Bion, 1967, p.114), with those of vicarious trauma (Boulanger, 2018), I formulated an experience of parent-practitioner contact which combined an initial, somehow terrible encounter with an associated collapse of thinking or meaning making, as well as distress experienced at the compromised sense of ideal self, the loss of meaning and disillusionment, and the sense of inner conflict which comes from the wish to avoid knowing, and its tension with the wish for truth.

There is a phenomenological universality to such experiences, which are true of many other psychoanalytic encounters, and indeed of difficult experiences in general. It may also be true that work with traumatised patients is always distressing in such ways, to some extent.

However, the wider context seemed to suggest that difficulties in participant encounters were exacerbated by the current CAP understandings of psychoanalytic parent-work as an intervention. A profession-wide reluctance to think about trauma as it presents in the external world, rather than the playroom is discussed in relation to this. This means psychoanalytic practitioners can be left unprepared for such 'outer' world engagement as parent-work often involves, including the possibility of vicarious trauma.

Relatedly, this was also linked to common expectations of an ideal psychoanalytic identity. It is suggested that idealised expectations can make an experience of professional shame and inadequacy more likely to occur when difficulties arise, so that

experiences become even harder to process and explore. The collective nature of such thinking within the profession is noted, which inevitably shapes psychoanalytic practitioner experiences and thinking in an ongoing way.

The current 'neglect' of theoretical frameworks and training around psychoanalytic parent-work has also meant that containing difficult parental experience might be made harder for practitioners, who lacked a sturdy, integrated theoretical parent-work framework to draw upon. Some participants provided unsolicited comments on the inadequacy of the training they had received. The unboundaried nature of parent-work, with its constant external intrusions, seemed to suggest it is a different type of intervention from psychoanalytic psychotherapy, which would add to the need for further theoretical underpinnings and exploration from the CAP profession.

Overall, it seems likely that participants may have come to a complex, multi-layered and difficult work both theoretically and practically unprepared.

These findings have implications for the child and adolescent psychotherapy profession, in terms of the way parent-work is currently theorised and trained for. I note, however, that this is not a new observation, with others before me having already recommended drawing upon wider psychotherapeutic approaches, such as systemic theory, parent-infant theory or couples therapy. These models all lay emphasis upon a wider relational network than that of the therapist-patient. Perhaps this is why they are suggested as helpful additional training and preparation for CAPs, who can otherwise find themselves overwhelmed as they draw upon primarily dyadic models of working, within a non-dyadic 'external' space.



However, it is also noted that there are limitations to this research, and this field of work is a complex one. There is an ongoing need for further enquiry and more theoretical engagement on a profession-wide level.

As a part of this wider, collective thinking, it is hoped that this study's exploration into what has been experienced as more difficult for CAPs can contribute to further creative thinking within the child and adolescent psychotherapy profession, around the sorts of complexities and challenges which this work can present. Connectedly, this may serve to generate ideas around how and why it may be possible to support it further.

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## **Appendices**

### **Appendix a. Recruitment Email**

Dear .... ,

As you know I'm undertaking a research project as part of the M80 training I am on, which will be the subject of my doctoral thesis.

The title of my research project is *"Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry"*.

For this, I need to interview qualified Child and Adolescent Psychotherapists with experience of parent work. If you would consider being interviewed, it would be extremely helpful and I would really appreciate it. Practically this would involve an hour of your time for the interview itself, no preparation is needed. This would be arranged with you at some point within the next three to six months.


If this sounds possible for you so far, please let me know and I will send you a Participant Information Sheet and a Consent form. These two forms include some more detailed information about the research and what is involved for those participating, so you can have this information prior to deciding.

With thanks and best wishes,

Kate

(work-based email signature)

## Appendix b. Participant Information Sheet

  
**The Tavistock and Portman**  
NHS Foundation Trust

***"Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry"***

**Participant Information Sheet**

Thank you for thinking about taking part in this qualitative research study, which forms part of my professional doctorate. This information sheet explains my research, and what would be involved for you if you decide to take part.

The title of my research project is ***"Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry"***.

I am inviting qualified members of the ACP, working within the NHS, and with experience of psychoanalytic parent work to share with me any difficult encounters they have had. By "difficult encounters" I mean those that felt more difficult than usual, when compared to other parent work experiences.

**Who is undertaking this research project?**

I am Kate Bardsley, a Child and Adolescent Psychotherapist in Doctoral Training at the Tavistock and Portman NHS Trust, and in placement at xxxx CAMHS (Area). I am the principal investigator of this study, meaning that I have designed it, and I will conduct the interviews and data analysis. I am supported by senior staff from the Tavistock as well as my placement within xxxx CAMHS (Area).

**The purpose of the project**

The aim of my project is to explore which sorts of encounters within parent work were experienced by Child and Adolescent Psychotherapists as more difficult than usual, and how these difficulties were experienced and thought about.

I hope this project can contribute to further thinking around the sorts of complexities, challenges and benefits which psychoanalytic parent work can present, with potential to add to overall clinical thinking around how and why it may be possible to support it further.

**What will participating in this study involve?**

I would like to interview you for an hour, at a time convenient for you within the next three to six months. This can be at your workplace or mine, whichever you prefer. If there are any difficulties with this, we also have the option of a virtual interview.

You do not need to prepare for the interview. You may find it helpful to have one or two psychoanalytic parent work cases in mind, which you felt were more difficult than usual. Alternatively, if you would prefer to have a copy of the interview schedule ahead of time, this is available to you upon request.

The interview is confidential. All identifying information about you or any case examples you may give would be anonymised after the interview. In line with the ethical policies of the Tavistock Research Ethics Committee (TREC) and the ACP Code of Professional Conduct and Ethics, there is an



obligation to raise concerns in the unlikely event of any safeguarding issues arising. In such cases I, The Tavistock and Portman NHS Foundation Trust or the University of Essex might be obliged to contact relevant statutory bodies/agencies.

#### **What are the possible benefits or risks of taking part?**

You may find the interview offers you a helpful reflective space to think further around this sometimes-difficult area of work. Additionally, your participation would be a valuable contribution to my project, within a field of practice where there is currently a dearth of empirical research studies. Potentially your experience could contribute to further clinical thinking around what has been described as a crucial area of psychoanalytical practice.

As this study explores some pieces of work which by definition are felt to be difficult, there are potential risks of related difficult emotions coming back to mind. If this happened, the usual supervisory support structures in place in your workplace can be accessed to help afterward. Additionally, within the interview you are welcome to ask to move away from a topic, take a short break, or close the conversation earlier than planned, all without any further enquiry from me.

#### **What will happen to what I say in the interview?**

The interviews will be audio-recorded using a voice recorder which I will use to playback and transcribe in full at which point the recording will be deleted. I will then anonymise and analyse your transcript in order to complete the write-up of the research study. Any identifying information about you or any case examples you give will be anonymised. Due to the small size of the Child and Adolescent Psychotherapy profession, there is a possibility that you or the location of the study may be identifiable, however all efforts will be made to avoid this.

Your name and personal details will be stored separately from the transcript in accordance with the University of Essex Data Protection Policy and the General Data Protection Regulations 2018 (GDPR, see below). This means that all electronic data will be digitally encrypted and stored on a password protected computer which only I will have access to. Any paper copies will be kept in a locked filing cabinet in my office. All data will be destroyed no later than 3 years after the study has been written up for academic assessment.

#### **What will happen with the results of the study?**

The study will form my doctoral thesis and may also form an academic paper and feature in relevant published academic articles, books and/or presentations.

#### **Can I change my mind?**

Yes. Although your contribution is greatly valued, if you agree to take part but later decide upon reflection you would rather not, you can decide this up to three weeks after the interview has taken place. There is no need to give any reason. You may also decide you would like to redact a part of your interview. If so, you can contact me to request a redaction up to three weeks afterwards and this will be done. If you do either of these things, either your interview or the redacted portion of it, would not be used in the study in any way.

#### **General Data Protection Regulation (2018) arrangements**

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it

properly. I will keep identifiable information about you from this study for 3 years after the study has finished.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person who has access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and will not be able to find out your name or contact details. The confidentiality of the information you provide is protected although remains subject to the legal limitations in data confidentiality.

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, Irene Henderson:

[IHenderson@tavi-port.nhs.uk](mailto:IHenderson@tavi-port.nhs.uk)

### **What approval has been gained to protect you, and information about you, in the research study?**

This research study has received formal approval from the sponsor of the research, the Tavistock Ethics Committee (TREC). These processes ensure I conduct the study within legal and ethical standards.

If you have any queries regarding my conduct, you may contact my research supervisor Dr Brinley Yare at [BYare@Tavi-Port.ac.uk](mailto:BYare@Tavi-Port.ac.uk). If you have any concerns, please contact Paru Jeram, Head of Academic Governance and Quality Assurance, Tavistock and Portman NHS Foundation Trust at [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk).

### **Contact details:**

I am the main contact for the study. If you have any questions about the study, please do not hesitate to ask. My contact details are:

Kate Bardsley, Child and Adolescent Psychotherapist in Doctoral Training,  
Xxxx xxxx CAMHS, Address line 1, Address line 2, xxxx, xxxxx, Postcode  
Tel: 01234 xxx xxxx

[Kate.bardsley@anonymised.nhs.uk](mailto:Kate.bardsley@anonymised.nhs.uk)

12<sup>th</sup> November 2021.

## Appendix c. Participant Consent Form



The Tavistock and Portman  
NHS Foundation Trust

***"Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry"***

### Informed Consent Form

Principal Researcher: Kate Bardsley, Child and Adolescent Psychotherapist in Doctoral Training.  
12<sup>th</sup> November 2021

Please initial each box

I have read the information sheet, dated 12/11/2021, relating to the above research project. The nature and purposes of the research have been explained to me, and I understand this research will be part of a doctoral thesis. I have had the opportunity to discuss the details and ask questions. I understand what is being proposed and my own role as participant has been explained to me.	
I understand that the interview will be digitally recorded and transcribed as described in the participant information sheet. I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk, in line with standard safeguarding practice.	
I understand that all information given about myself and about any case examples will be anonymised. I understand too that anonymised quotes from my interview may be used in the research study and included in any resultant publications. I understand that whilst all information will be anonymised, there remains a possibility that due to the size of the study, I, or the location of the study may be identifiable.	
I understand that if key findings from the research are submitted for publication, this would be to an appropriate professional journal, and every care would be taken to prevent information being identifiable in any way, including changing any identifying details and anonymising all the material.	
I consent to participate in the study which has been explained to me. Having given this consent I understand that I have the right to withdraw at any point up to and within three weeks post-interview, and that this includes the withdrawal or redaction of any unprocessed data previously supplied, without disadvantage to myself and without being obliged to give any reason.	

Participant's Name (BLOCK CAPITALS) .....

Participant's Signature .....

Date: .....

## Appendix d. Interview Schedule



The Tavistock and Portman  
NHS Foundation Trust

***"Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry"*** - Interview Schedule, 60 minutes

### ***Context***

- Can you introduce yourself to me as a C&A Psychotherapist, and give a summary of your overall experience of psychoanalytical parent work? (length & type of experience, work context etc)

### ***What makes a difficult case***

- Thinking for a moment of the various parents you have worked with in psychoanalytic parent work - Can you describe to me an encounter or experience with a parent/s which you have found more difficult?
1. How did you realise the work was difficult?
  2. At what point did you realise?
  3. What was it that you found difficult?
    - Did the difficulty/ies effect the way you worked with the parents?
    - Did it effect your co-working with the other professionals involved?
    - Did it have any impact on you?
    - Has it affected you afterwards in any way?

### ***What makes a difference***


- Was there anything that helped you? Is there anything else that you feel would have helped you? – explore internal and external resources
- How usual or unusual do these more difficult experiences here seem to be, in the context of Parent Work generally?
- In what ways do these difficulties seem similar or different, compared with your experiences of working psychoanalytically with children and young people?

### ***Lastly?***

- Any other thoughts that this interview has thrown up for you, which I have not asked about?



## Appendix e. Participant Debrief Sheet

  
**The Tavistock and Portman**  
NHS Foundation Trust

***"Difficult encounters in psychoanalytic parent work: Exploring the clinical experiences of child and adolescent psychotherapists through qualitative enquiry"***

**Debrief and Post-Interview information**

Thank you very much for taking part in this study and for your contribution to my doctoral research project.

I hope you found it an interesting discussion and felt able to share your experiences.

If you have any questions or would like further information, please do not hesitate to contact me at [kate.bardsley@anonymised.nhs.uk](mailto:kate.bardsley@anonymised.nhs.uk)

**Support and Advice**

If there is anything arising that needs further reflection after taking part in this study, please access the professional support network around you (colleagues, supervisor, and managers).

**Complaints**

If you have any concerns or would like to make a complaint about how the study has been conducted, please do not hesitate to contact me (as above), my supervisor, or the Head of Academic Governance and Quality Assurance.

Research Supervisor:  
 Brinley Yare  
 Email: [BYare@Tavi-Port.ac.uk](mailto:BYare@Tavi-Port.ac.uk)

Head of Academic Governance and Quality Assurance:  
 Paru Jerram,  
 Email: [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk).

**Thank you**

## Appendix f. Exploratory Notes

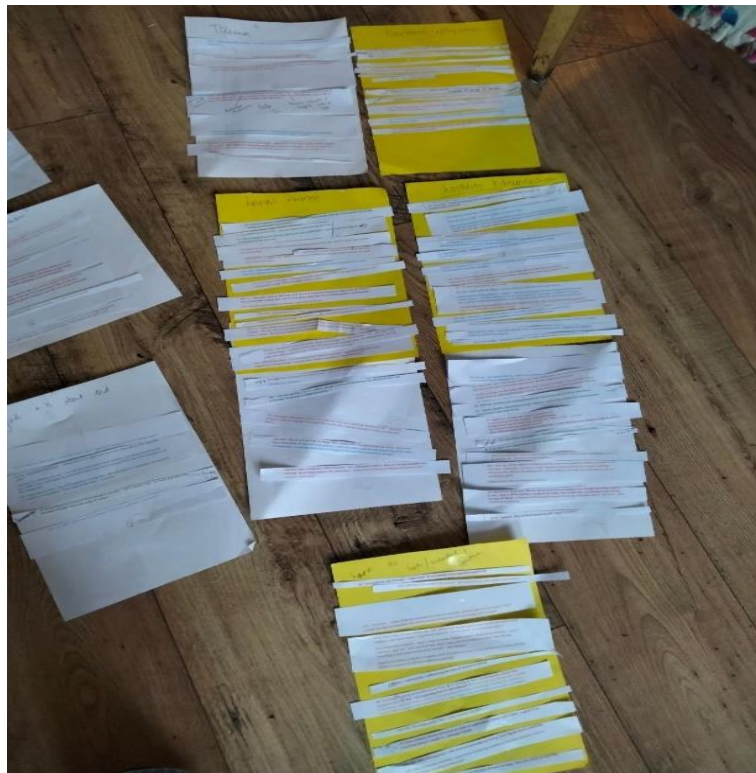
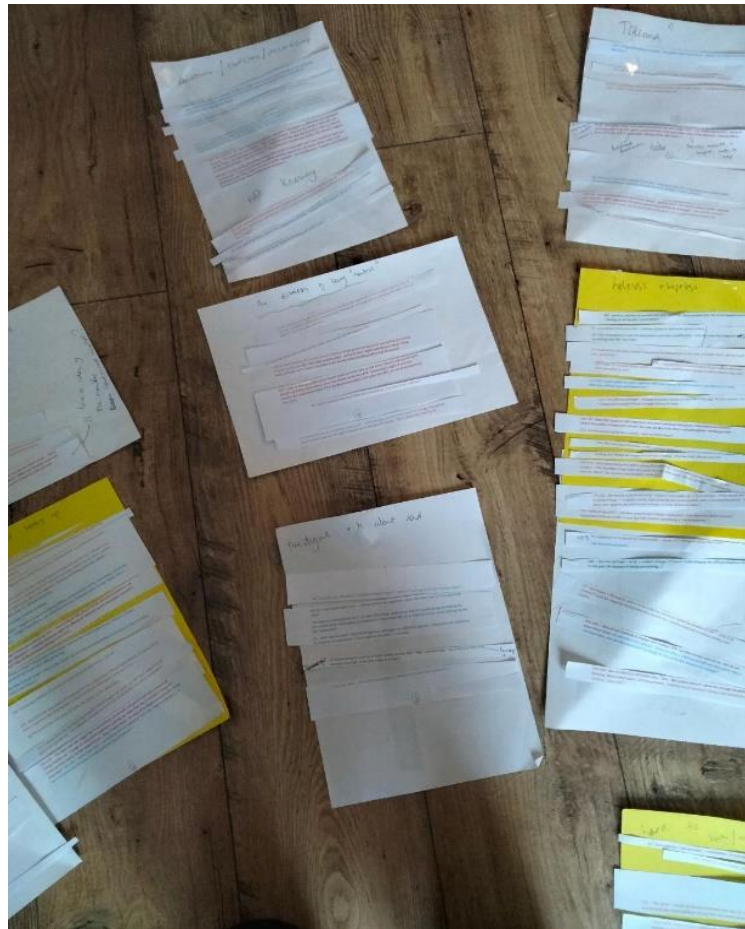
	Descriptive	Linguistic	Relational	Conceptual
138	what, maybe she's just never going to get out of this position. Maybe I can never help this mum and infant			137 Experience of feeling useless? stuckness/ powerlessness in the role and task 'never' going to get out, 'never help'.
139	come back together.			139: "hopeless and helpless". Also felt as if it wouldn't end – this didn't feel transitory. "I was stuck.." "longer than I've experienced"...
140	Umm so I did feel hopeless and helpless at times for sure. And again, although I have known those			
141	feelings... they've been more transitory. This, I was stuck in this position for a while... longer than I'd			141: wanting to discharge / not be involved is a desire to do something forbidden: "temptation" –
142	experienced before. So that was not very nice. And, and there was a, a, a temptation, I suppose, to use			'That was not very nice' – so mild it implies very strong feelings?
143	that word - to kind of, there was a temptation to go well, maybe she can just go home.... maybe the			Idea of tension between thinking (that the mother cannot go home/ be supported in the community without risk) and desire (that this should happen). Thinking and desire in conflict with each other? 'didn't ever over-ride' – idea that thinking should decide.
144	community can, kind of, manage. Maybe there's enough parents in the family to manage, you know,			148: effect on interviewee afterwards – she stayed in my mind longer than others.
145	maybe that's as good as it's gonna get, but you know, so it was tempting, but... it didn't ever override, the			149 – 'she was perhaps – or is' – sudden change of frame. Is this because the difficult situation was in the past OR because it needs processing...?
146	kind of, no this mum needs help and this baby needs help, and they need help to kind of come together.			149. 'She has moved on now. A bit' – doubt? What does it mean for things to change?
147	But yes, it was... yeah.			150-152. 'she would stay on my mind', 'those 3-4 am wake up', 'I'd reminisce.. think about her.. way of saying things'. – Is there a sense here of being very preoccupied, and v. troubled/anxious - but not quite sure what to do with these feelings, no clear actions to take.?
148	K: Really difficult. Yeah. Did it affect you afterwards in any way?			
149	J: I mean, some mums, I think, stay in my mind longer than others perhaps ...and, and I ... she was perhaps			
150	one of those. Or, is one of those, cause I still work with her actually. But she's, she has moved on now. A			
151	bit. Well, yeah. So I suppose it's, it's ..she would stay on my mind. So, you know, those 3 or 4 am wake up			
152	sometimes. You know, under and things like that. And, and, I'd reminisce on the different conversations,			
153	and think about her, kind of, way of saying things and... because the other thing was about her, she was,			

## Appendix g. Formulating Personal Experiential Themes (PETs)





## Appendix h. Clustering Personal Experiential Themes (PETs)





## Appendix i. Clustering Personal Experiential Themes (PETs)

### *My experience.*

*Feeling of interviewing badly, perhaps I not asked the right questions ? and perhaps I had let the interviewee down, when she wanted to tell me more and I did not allow her the opportunity to do so/ was not open enough to what she had to say. Not allowing enough time? Being too tied to my interview schedule? Worried about too much material?*

### **Experiential statements (emergent themes)**

- ***(Unrealised?) ideas about what the parent work role should be/ do – lack of neutrality/ containment/ change***

27. Description of current role – mixture of parent work and parent-infant

38. Is there an idea of a 'normal'/ understandable parent here; of course I know ambivalence/hostility is normal... but... Explaining this is worse than usual because it is unadulterated

**45: expectation of PWER empathy? – Something that's missing & should be there.**

47. Feels hard to 'manage' because of own feelings – idea of neutrality?

48: 'have a go' – conflictual language/ personal aggression framed as difficult to manage - Not being allowed to protect?

50. An idea of what the PW *should* be doing 'bring reality in' (parent-infant theory) – mum's perspective seen as 'not-reality'

52-54. Logical understanding followed by raw emotion = 'excruciating', e.g. torturous for the PWER.

68-70. Feeling of shock. Disbelief because of the lack of mixed feelings.. reflecting an idea that mums *should* feel love for their babies?

93: Is trying to be gentle and sensitive seen as the 'right' thing to do in the face of trauma... This is what she 'tried' to do.

94-95 – slightly changes the question from 'did you work' to 'did you try to work' – is the idea of unintentionality difficult?

100-101 - Interviewee is replying to the question, how was it different for you.. not the actual question about *the way* that she worked differently. Is that because the question isn't clear or because the idea

## Appendix j. Clustering Personal Experiential Themes (PETs)

### Hopelessness & inability to Imagine change

- *Sense of helplessness and hopelessness*
- *Sense of timelessness/ nothing changing*
- *(Underestimation of?) the impact of trauma /paranoid schizoid thinking/ projection?*
- *Feeling of unaddressed/able risk? Tension of need?*

### Absence of 'holding' containment & connection/ Aloneness (containment isn't holding – bion. Soehting is dangerous and it is to be contained.

- *The need for containment / a frame, but also whether this really contains things*
- *Difficulty thinking – unconscious v conscious awareness – not knowing*
- *Difficulty linking/ understanding/ containing*
- *Lack of paternal figure/ absent dad/ dyadic mum-child or mum-therapist relationships*
- *Wish to link up / connect – loneliness/ isolation*

### Not being/ feeling neutral or good

- *(Unrealised?) ideas about what the parent work role should be/ do – lack of neutrality/ containment/ change*
- *Personal issues coming up - ideas that they shouldn't?*
- *Dishonesty & being neutral*
- *Sense of hostility and disconnection*