



**Steckley, Laura (2018) Editorial : Special issue: Psychodynamic and systems theories perspectives on residential child care. Journal of Social Work Practice, 32 (4). pp. 365-372. ISSN 1465-3885 , <http://dx.doi.org/10.1080/02650533.2018.1503168>**

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## Editorial

Welcome to this special issue on psychodynamic and systems theories perspectives on residential child care. Psychodynamic influences have been waning over the last several decades, both generally (Shaver & Mikulincer, 2005) and in residential child care settings (Mann, 2003; Sharpe, 2006). Sigmund Freud, founder of psychoanalysis, has gone from being equated with Copernicus and Darwin in popular magazines of the 1950s (Menand, 2017) to currently being depicted as a cocaine-addicted charlatan who falsified his case studies in a current, popular biography (Crews, 2017). Behaviourism and social learning theory have become more prominent (Shaver & Mikulincer, 2005), both of which offer a more positivist interpretation of human nature (Moyn, 2016). Yet there is a strong, international consensus regarding the centrality of relationships in providing good residential child care (Kendrick, Steckley, & McPheat, 2011), and neither behavioural nor social learning theories offer much illumination for making sense of how mind-bogglingly difficult these relationships can be. Practitioners need support to ask and tentatively answer two, fundamental questions: 'what is happening for the young person in order to make this relationship work and what is happening for me, the carer in order that this relationship works?' (Sharpe, Daniel, & Degregorio, 2007). Psychodynamic and systems theories offer such support.

While I have never worked in a setting that was explicitly informed by these theories, I have had a strong and enduring curiosity about the ways they cast light on the disturbing and sometimes unintelligible (as well as the commonplace and everyday) things that happened in the work. These weren't my only lenses for making sense of things, but they had an almost gravitational pull on my deep desire to understand what was going on below the surface. This appetite has continued into my years in indirect practice. Whether reading for work or pleasure, literature that vivifies psychodynamic content sets off vibrations in me like the chiming of a bell.

Related to all this, I have been thinking about other readers and who this special issue is for. Given the limited influence of psychodynamic thinking in our field, I have had in mind those readers who may be unfamiliar with or even sceptical about psychodynamic and systems thinking, but still curious enough to read and entertain some of the ideas in these articles. This special issue is for you. I hope something in it resonates with your experiences. Even more so, I hope you experience the explanatory power of psychodynamic and systems thinking in a way that will inform your practice.

This issue is also for those of you with expertise in psychodynamics and systems theory, but perhaps with less knowledge of residential child care. It can be argued that the therapeutic milieu of group-living environments is more richly multi-faceted than the therapist/client dyad, taking already deep and complex processes to a deeper, more complex level. The analogy of chess versus three-dimensional chess springs to mind. While the related challenges are greater, the potential of a well-functioning group to contain anxiety is also greater than that of an individual or couple (Canham, 1998). I hope the articles in this issue help to illustrate this richer complexity.

For those of you who have expertise in both psychodynamics and residential care, I hope the articles in this issue deepen your appreciation and understanding of both. My final aspiration for this special issue is that it might contribute in some modest way to a renewed interest in developing the kind of compassionate insight that comes from considering ourselves, our relationships and our working milieux from psychodynamic and systems theories perspectives.

When writing the [call for papers](#), I started to consider more deeply what is actually meant by these terms: psychodynamic theory and systems theory. At the time, I wanted the widest meaningful interpretations possible in order to encourage a wide range of writers with a variety of expertise and

experiences. This editorial, now, is a more suitable place and time to pin down these terms a little further, and a good place to start is Westen's (1998) identification of the five core tenets on which all contemporary theories of psychodynamics agree: one, that a significant proportion of our mental lives is unconscious; two, that our affective and cognitive processes occur in parallel, which means our motivations, thoughts and feelings can come into conflict with one another; three, that our experiences in childhood significantly influence the development of our personalities; four, that the way we mentally represent ourselves, other people and relationships guide our interactions and can lead to people having psychological difficulties; and five, that moving from immature dependence to mature interdependence is a key task in healthy personality development.

Systems theory combines the social sciences with psychodynamic thinking in order to better understand groups of people, particularly in the world of work. Mosse (1994) argues that, due to our tendency to get caught up in the collective defences against the anxieties aroused by our work, it is difficult to clearly understand our own workplaces. The social sciences serve to aid understanding of social structures, their task and their technologies within institutions, while psychodynamic thinking makes visible the unconscious and non-rational needs and aims of its members. This enables our understanding to move beyond the individual, so that we can incorporate structural considerations in coming to see 'what actually goes on, regardless of what is claimed, and then be able to reflect upon the significance of what has been discerned' (Mosse, 1994, p. 6). For Mosse (1994), it is the role of the organisational consultant to facilitate this process. Rather than lead to navel-gazing, a systems theory approach brings the 'undertow of experience and behaviour into view ... [in order to] shed new light on the challenges and dilemmas that an organization and its members are facing' (Armstrong & Huffington, 2003, p. 3).

I came to be aware of Westen's core tenants of psychodynamic theory in the work of Shaver and Mikulincer (2005), where they argue that attachment theory is a psychodynamic theory. References to attachment theory are ubiquitous in residential child care and have been referred to as 'the "master theory" informing social work with children in care' (Smith, Cameron, & Reimer, 2017, p. 1607). Yet, as mentioned above, psychodynamic influences have been steadily waning in residential child care. The first question raised by this apparent contradiction is whether attachment theory is indeed psychodynamic. Certainly many of my colleagues who are not familiar with psychodynamic theory would say that it is not. Indeed, Bowlby's turned away from psychological theory more broadly and instead engaged with ethology and evolutionary theory (amongst others) to develop his ideas (Cassidy, 2016), which were initially rejected by the psychodynamic community (Holmes, 1993). Yet Shaver and Mikulincer (2005) convincingly demonstrate how the key concepts in attachment theory meet the five tenets identified by Westen. They also provide a review of a 'broad network for theory-consistent empirical findings' (p. 29) that reinforce its evidence base. It is a fascinating example of the combined use of attachment-related measures developed over the last several decades with laboratory approaches derived from traditions of cognitive psychology and neuroscience. Criticisms of psychodynamic theory, often levelled by other branches of psychology, were predicated on the seemingly unsolvable problems of unfalsifiable claims and confirmation bias – problems mostly to do with the theory's claims about the subconscious and its influences (Burkeman, 2016). In the case of attachment theory, it appears that these problems can now be addressed scientifically and indeed, the veracity of the related conceptual claims verified. This is probably more a good thing than bad, but I cannot help but feel disquieted by the continual greater legitimisation afforded by more positivist ways of knowing. It feels a bit like the men in white coats have now told us it is okay to make these claims because they have made sense of them within their way of understanding the world. I have to remind myself that it is more likely that those researchers

who have been able to think across the disciplinary boundaries in order to explore and experiment with ideas are probably not rigidly wed to only one way of knowing.

So if attachment is a psychodynamic theory, given its dominance in residential child care literature and practice, is the influence of psychodynamic theory really waning? The answer to this varies from setting to setting, of course, and generally speaking, I think it is a mixed picture. Active curiosity about children's internal working models (tenet four) for example, or a rich appreciation for how early attachment-related experiences may unconsciously influence perception and cause conflicting feelings, thoughts and motivations (tenets one and two), seem to be the exception rather than the rule in many residential child care settings. Instead, the term 'attachment' is sometimes simply used as a replacement for 'relationship'. I suspect this is why attachment theory has become so prominent – it offers a handle on the central importance of relationships. Unfortunately, understanding and application too often remain at a superficial level. In its worst misapplication, children are labelled as having 'attachment difficulties' or an 'attachment disorder' in a resigned manner, implying irreparable damage and abnegating responsibility to respond helpfully.

Of course, poor understanding and misapplication of theory is not limited to attachment or to psychodynamic theory more broadly, and the fact that minimum required qualifications for working in residential child care are significantly lower than for field social work in the UK (and non-existent in most other parts of the world) likely contributes to the problem. Ward (2006) highlights the overriding emphasis on the provision of ordinary, everyday life experiences in residential child care, and this, too, is a likely contributor. While he is not diminishing the importance of the ordinary, he cogently argues that it is often used to obscure the complexities of compensatory care for children and young people and even serves as a form of denial to defend against the painful, threatening and expensive reality of their trauma and distress. This may well extend to the almost complete consensus in the literature about the centrality of relationship to good residential child care practice, but the limited theorisation around what these relationships should look like and how they should be enacted. While they might contain elements of the ordinary, as relationships between service users and practitioners go, they also tend to be extraordinarily challenging and, when successful, extraordinarily rewarding.

These extraordinary relationships in residential child care are made more complex by the conditions within which they unfold. Rather than a dyadic relationship between therapist and client, multiple relationships – between adults, between adults and children, and between children – must be considered. Previous and current relationships outside of the residential setting will exert influence on the relationships within it – how they develop and how they are experienced. 'What is harmed by relationship can be healed by relationship' (Kohlstaedt, 2010, p. 44), but the development of healing relationships by undervalued adults with hurting children within inadequately resourced services and in a wider context of abuse inquiries, risk-aversion and commodification of care is, at best, a tall order. At worst it is an impossible demand, leaving well-meaning adults chronically overworked, painfully disappointed and highly stressed. Menzies Lyth (1988) highlights these pernicious effects as resulting from a mismatch between the primary task or objective of a service and the resources available to achieve it.

To be clear, it is more than financial resources that are lacking. Understanding of and regard for residential child care are also lacking. Role and boundary definitions continue to be inappropriately applied from other areas of social work or other professions entirely, with no-touch policies being just one example of how damaging such applications can be. Fortunately, no-touch policies appear to be on the decline here in Scotland, though I was mortified to hear, just recently, some North

American colleagues speak about their continued vigour in the United States. The complexities of professional boundaries can be a head-spinning challenge for any new recruit in the human services field; when those boundaries are not aligned with the role of the practitioner or the primary task of the service, and when 'professional' is defined by other people doing different work, achieving clarity can feel impossible.

This is especially important now as the pendulum swings from proscriptions on touch and the termination of relationships when children leave their placements to love making its way into discourses of residential child care. Close to my home and in a somewhat recent inquiry into the decision making about whether to take a child into care, our own Scottish Government acknowledged, as part of a consultation exercise, the importance of loving relationships for children in care as part of a consultation event (Scottish Parliament, 2013, p. 3). Three years later in her annual party keynote address, Scottish First Minister Nicola Sturgeon addressed young people formerly and currently in care, telling them, 'my view is simple: every young person deserves to be loved'. This was part of an overall message signalling the soon-to-commence 'root and branch' review of care, which is still under way. In the last ten years, 'love' has been a keyword in 19 articles in the *Scottish Journal of Residential Child Care* (SJRCC), with 16 of those 19 published in the last two years.

Further afield, love has been identified as one of the 25 characteristics of Child and Youth Care (Garfat & Fulcher, 2011), the professional umbrella under which residential child care resides in Canada, New Zealand, South Africa and some parts of the US and Australia. It is a popular topic of ongoing and lively debate in discussion threads on CYC Net, a popular online network that also hosts a monthly practice journal and massive repository of Child and Youth Care practice literature. In Norway, high-profile consultations to the Minister of Children, Equality and Social Inclusion have explicitly focused on the entitlement of children in public care to be loved, leading to complex questions about whether love can become a professional or legal requirement (Basberg Neumann, 2016).

How have we ended up in such a muddled and contradictory state, where on the one hand, being 'professional' implies impartiality and distance (Meagher & Parton, 2004), and on the other, professionals are being urged – mandated, potentially – to love their young charges? The enduring relegation of residential child care as a last resort service (Knorth, Harder, Zandberg, & Kendrick, 2008), coupled with an unremitting focus on institutional abuse (Corby, Doig, & Roberts, 2001) have created a climate of suspicion towards residential practitioners (Collie, 2008) and defensive, overly procedural expectations of practice that narrowly focus on keeping children safe (Smith, 2009). Yet when we listen to children and young people about their experiences of care, many of them tell us that they prefer residential to foster care (Anglin, 2002; Lawlor, 2008; Sinclair & Gibbs, 1999). They also tell us that their relationships with residential practitioners are the most important aspect of their experiences of care (Gallagher & Green, 2012; McLeod, 2010; H. Ward, Skuse, & Munro, 2005). The voices of care experienced young people have had a profound effect on the above-mentioned developments here in Scotland, with perhaps the most significant being changes to the Children and Young People (Scotland) Act 2014 that extends their rights to remain in their placement until the age of 21 (Who Cares? Scotland, 2014). They also have a hand in the above-mentioned developments around love.

While a shift away from risk-averse, emotionally-impoverished care environments is most definitely in the interests of children and young people, for it to move us to something better, we must carefully engage with the complexities inherent in the process. The residue of suspicion will not

simply dissolve; nor will the extreme challenges associated with restorative relationships with people who have been harmed by previous (often primary-care) relationships. All of the articles in this special issue illuminate these challenges, both in terms of what happens between adult and child, and what happens within the group and sub-groups that form in residential settings.

In the first paper, Judy Furnivall has provided what will be a foundational introduction to psychodynamic and systems theories as applied to residential child care, with clear and accessible language and recognisable illustrative examples. At the same time, she has addressed related concepts with a depth of exploration and a sophistication of application that will make this paper of interest to those with a more advanced understanding of psychodynamic and systems theories as well. For these reasons, it is somewhat longer than the other articles. Perhaps most importantly, Furnivall makes a compelling argument for the essential nature of these concepts in understanding not only what happens at the micro-level of residential institutions, but for analysing what is happening at a socio-political level as well.

The next paper presents the findings of a qualitative study of one of the few remaining therapeutic communities for children in the United Kingdom, the Mulberry Bush School. In it, Heather Price, David Jones, Jane Herd and Alice Sampson capture the tension between providing a safe, playful, normalising environment for traumatised children, and facilitating everyday processes that allow emotional distress to surface and be addressed. Their study conveys a beautiful and complex tapestry, and their findings related to love add a potentially counter-intuitive layer to the above-mentioned shift happening in our sector.

Leslie Gutman, John Vorhaus, Ray Burrows and Caryn Onions discuss the findings of a longitudinal study also carried out at the Mulberry Bush School in the next paper. They investigated changes in children's developmental outcomes over the course of three years, the approximate length of stay at the school. They found impressive progress in academic, social and emotional development in spite of the severe disadvantage and disruption characterising the lives of these children. These two papers make an important contribution to our limited evidence base addressed to psychodynamically-informed approaches to therapeutic residential child care.

Mosse's argument (1994) regarding the role of the consultant in helping organisations to reflect and see clearly is epitomized in the next two papers. First, Mike Maher offers a personal and insightful account of his journey, initially as a recipient of consultancy and then as a provider. His 30 years of experience in the field are evident in his adept use of examples and the strong sense of his *self* present in the narrative. The next paper shifts the focus to the journey of one local authority to develop robust training and consultancy in their residential child care service. Moritz Happ, Andy Glossop and Laura Ogi formed the clinical team tasked with introducing and embedding therapeutic ideas into thinking and practice, as well as promoting a culture of reflective discussion within the team of direct practitioners. 'Meeting them where they are at' is a popular phrase in Child and Youth Care that refers to considering children's developmental level and meaning making in our interventions with them. What strikes me about both of these papers is the way in which the authors met practitioners 'where they were at' in order to engage them with the processes of consultancy, and the associated challenges. The parallels with direct practice are, of course, obvious but I wonder how much practitioners' capacity to be genuinely developmentally oriented was enhanced simply by the experience of someone taking a genuinely developmental orientation towards them.

Key working is a common feature of most residential child care provision, but it has received limited attention in the literature. Maria Swan, Stephanie Holt and Gloria Kirwan draw selectively from the

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findings of a study that explored the views of care-experienced young adults to focus in on key working. While the sample wasn't large, it is nonetheless significant that all respondents attributed their sense of belonging and home to their relationships with their keyworkers.

Finally, the last paper in this special issue addresses something that is ubiquitous yet often unspoken in residential child care: loss. Blending psychodynamic with other theories of loss, grief and mourning, Varda Mann Feder convincingly establishes the invaluable role of direct-care practitioners in supporting children's grief work in the everyday of their lives. For this to be possible, relevant models must feature in training and qualification, and practitioners must be supported in managing their own experiences and fears of loss.

The papers in this special issue reflect a nice range of psychodynamic and systems theories perspectives on residential child care. Some are more academic in style, while others read more in the tradition of case study or practice reflections. All of them, however, are straight forwardly written with a minimum of jargon. This is perhaps a key factor in their potential contribution to the field, as esoteric language used by some experts in psychodynamic literature has had an exclusionary effect on non-experts (Casement, 1985). My thanks go out to all of the authors for the time and hard work involved in making this issue possible.

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Pre-publication of draft of  
Steckley, L. (2018). Editorial. *Journal of Social Work Practice* 32(4) 365-372.

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