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Understanding defences and defensiveness in social work

All human beings have defences some of which are unconscious, that is, reactions that for the most part lie beyond our immediate awareness and control. The purpose of this paper is to introduce the important role that defences play in social work and to identify the knowledge and skills that are needed when working with anxieties that lead to defensive behaviour. The paper is in two parts. The first provides a theoretical account of what is meant by the term defences, anxiety, resistance and related concepts, and then goes on to describe a number of key defences that are regularly encountered in social work, and in other related fields of practice. A second section looks at how we can work creatively with unconscious, defensive reactions and resistances, particularly the importance of containing anxiety. It describes how transference, counter-transference and projective identification can aid our understanding and help to illuminate the feelings, fears and fantasies that are evident in our work.

**Keywords:** defences; anxiety; resistances; unconscious; id; ego; super-ego; psychosocial

This paper highlights the importance of defences and defensive behaviour in social work. In this task, my purpose is also to introduce this subject, and key concepts, to practitioners and students who may be unfamiliar with psychoanalytic terminology. It begins with a brief account of how psychoanalysis and social work overlap and then offers a theoretical account of how defences have been described and defined, with particular reference to the different types of ‘defensive’ behaviour regularly encountered in direct practice. A second section of this paper looks at how we might work with people who come across as defensive, particularly how we can work effectively and creatively with the resistances that we encounter.

**The overlap between social work and psychoanalysis**
Psychoanalysis and social work overlap in the approach adopted in three main areas. First, both place considerable importance on understanding other human beings and the events taking place. As human beings, we seek knowledge to understand ourselves, others and the world around us. Acquiring an understanding of what is happening and why provides a foundation for future decision-making and the actions needing to be considered. Second, in both an emphasis is placed on the quality of the relationship that is built between the analyst–patient and the client–social worker. For Guntrip, this ‘security-giving relationship’ is one that combines ‘caring with accurate understanding’ (Guntrip 1971: 191), which Coulshed relates to social work as follows:

> While it is true that people do not come to social work looking for a relationship, and while it is no substitute for practical support, nevertheless social workers are one of the few groups who recognize the value of relating to others in a way which recognizes their experience as fundamental to understanding and action.
> (Coulshed 1991: 2)

It is this understanding that helps us to come alongside other people and, when appropriate, to take a person’s side. Taking sides in this way can constitute a catalyst for change for people who have never felt understood or have been held back in their capacity to trust and feel safe with another human being. This focus on the relationship has another dimension because within the British School of object relations, it is considered central to the development of the ‘self’ and emotional growth and development, a point that is highlighted by Fonagy:
In the work of the British object relations school, the need for relationships is considered as a constitutional predisposition, which is described variously as ‘primary love’ (Balint 1952), ‘object seeking’ (Fairbairn 1952a), ‘ego relatedness’ (Winnicott 1965b), or just ‘personal relations’ (Guntrip 1961). (Fonagy 2001: 162)

Third, in psychoanalysis and social work an emphasis is placed on the capacity to listen and the importance of the communication taking place, both verbal and non-verbal. This includes gaining an intuitive understanding of what is going on for a particular individual and being able to communicate that understanding. This is sometimes referred to as a ‘talking cure’, which describes the fact that, for many people, talking about their thoughts and feelings can help to relieve emotional and practical difficulties and help people to arrive at their own problem-solving solutions. The connection that is established in this communication links to the concept of ‘mentalisation’, and the ‘importance of “minds connecting”, particularly at the emotional level’ (Howe 2008: 169).

Psychoanalysis and the importance of defences

Psychoanalysis is perhaps best known as a method of treatment but its other major contribution can be found in its theory of human behaviour and human development. In relation to the subject of defences, although the work of Freud is primary, it is worth noting that other psychoanalytically-based theories place or add a different emphasis on why defences come into play. For example, ‘Bowlby reframed defences in interpersonal terms, basing his views on attachment theory’ (Bateman et al. 2010: 30) and the difficulties experienced in the early attachment that a young child has with his or her caregiver (Bowlby 1979; Holmes 1993; Howe et al. 1999). Similarly, Winnicott described the development of defences in terms of early relationships, particularly in relation to the role of the mother and the ‘facilitating environment’, and the impact of ‘failures’ and the ‘let-downs’ experienced in early childhood (Winnicott 1958: 61).

This interest has led to a vast number of defences being identified by a range of different authors, with considerable conceptual overlap being evident in how different defences are described or defined. This formidable list includes: acting out; affiliation; altruism; anticipation; apathetic withdrawal; autistic fantasy; compensation; conversion; denial; displacement; dissociation; distortion; externalisation; foreclosure; humour; idealisation; identification; identification with the aggressor; incorporation; intellectualisation; interjection; isolation; negation (Freud used the term disavowal); omnipotence; passive aggressive; projection; rationalisation; reaction formation; regression; repression; reversal; splitting or splitting of the object; sublimation; substitution; suppression; symbolisation; turning against the self; and undoing. (See the GAPS website [http://www.gaps.org.uk] for a fuller account of some defences cited above).

Of these defences, this paper looks in greater detail at the work of Freud, including the early and original contribution on the theory of defences put forward by A. Freud in The Ego and the Mechanisms of Defence (Freud 1942). In this task, it is important to cover a number of concepts that illuminate our understanding of the part played by defences, such as what is meant by the terms resistance, anxiety, Freud’s early model of the mind (conscious, preconscious and unconscious), and later topographical distinctions between the id, ego and super-ego. This paper then relates these concepts to social work practice.

Defences
All human beings have defences, although they may have different cultural representations. Some defences are conscious, that is, they are used in ways that are aware, deliberate and intentional. This account of defences can be found in everyday language and described by Colman as:

More generally, it is a pattern of feeling, thought, or behaviour arising in response to a perception of psychic danger, enabling a person to avoid conscious awareness or conflicts or anxiety-arousing ideas or wishes.

(Colman 2009: 194)

Other defences are unconscious, that is, they lie beyond our immediate awareness and control and have two key features. On the one hand, their purpose is to guard us from further harm – protect us from thoughts, feelings, actions or events that are felt to be threatening, anxiety-provoking and painful – or that signal danger in some way (Jacobs 2010: 110). On the other hand, defences harbour the ability to distort our perception of reality. For example, events may be forgotten or repressed in order to protect us from memories that would produce feelings of anxiety, guilt or shame if they became conscious (Reber et al. 2009: 679). Or defences can distort what is remembered, which means it can be difficult to gain an accurate picture of experiences and events. This understanding helps to explain why people can have widely differing accounts of the same situation. It can also remind us that when defences are operating in social work, the ‘presenting problem’ or difficulties that are thought to be superficial or ‘surface’ can have some deeper underlying and disguised features that require further exploration and understanding (Howe 1996: 92). We experience life through our histories and our defences constitute one element that shapes our understanding and the meaning we give to particular experiences. Howe expands on the purpose of defences:

The defence mechanisms, used by all of us at some time or another, have their origins in these early attempts to cope with anxiety, abandonment, loss, conflict and emotional pain. In essence, the defences we use involve either (i) keeping painful information out of consciousness (for example, denial and avoidance mechanisms) or (ii) redefining or trying to control painful experiences (for example, projecting one’s anger on to others and blaming them).

(Howe et al. 1999: 93)

Thus, in psychoanalysis the concept of defences is linked more specifically to an enduring range of behaviours that are designed to protect the individual from an awareness of thoughts, feelings, memories or actions that produces anxiety.

**Anxiety**

Anxiety describes an irrational fear, or state of unease or apprehension, that in psychoanalysis signals a ‘stirring in the unconscious’:

Anxiety . . . is better defined as a response to some as yet unrecognised fact, either in the environment or in the self, and may be evoked either by changes in the environment or by the stirrings of unconscious, repressed forces in the self. Psychoanalysis is mainly concerned with the latter.

(Rycroft 1972: 7–8)

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1 In much of the literature, no clear distinction is evident in relation to the terms ‘defence’, ‘defence mechanism’ and ‘mechanisms of defence’. In this paper, the term defence is used to refer to unconscious defences, where anxiety is a key feature, as opposed to conscious or aware defensive strategies.
These unconscious or unaware protective behaviours or patterns of behaviour conceal, yet also reveal, personal difficulties (Jacobs 2010: 111). For this reason, as social workers it is important to understand when, how and why defences emerge – and how we might work with these reactions – a subject we return to in the second part of this article. At this point, it is worth remembering that the greater the wounding that an individual has experienced, the greater the level of defensiveness that is likely to be evident and capable of being triggered. Thus, it is people who are highly defended or ‘difficult to engage’ who warrant the help and support of committed individuals, including skilled professionals, although any offer of help can easily run the risk of being rejected or resisted because the same defences that are designed to protect the individual from harm can also block the opportunity for helpful contact to be made (Davy and Cross 2004: 71).

**Resistance**

For Freud, the importance of resistance is evident in the following definition of psychoanalysis:

> Any line of investigation, no matter what its direction, which recognises transference and resistance, and takes them as the starting point of its work may call itself psychoanalysis, though it arrives at results other than my own. (Freud 1914: 3)

Initially Freud considered the primary purpose of psychoanalytic treatment to be the recovery of unconscious repressed emotions, ideas, impulses and memories. However, in his later work ‘the significance of repression was reduced to that of a “special method of defence”’ (A. Freud 1937: 46) and replaced by the importance of resistance. Resistance can be seen in two ways. First, resistance can indicate a rational and conscious response that is appropriate to the situation. For example, differences in power and status between social workers and service users can lead to a conscious and rational wariness and reluctance to consider alternative ideas or suggestions. In situations where there is an attempt to have a particular perspective imposed on service users, belligerence may be an appropriate response (Davy and Cross 2004: 74). Second, and the focus of this paper, resistance can indicate the troubled nature of a person’s inner world – the unconscious emotional barriers that signal a feeling of threat or danger. The deeper the wall of defence that has been built up, the greater the barriers or resistances that are needed to ward off anxiety. In a psychotherapeutic context, weak or strong resistances describe the extent to which people allow others to understand them and the task of 'making unconscious processes conscious’ (Rycroft 1972: 142). This work does not focus on ‘breaking down’ defences or avoiding resistances but on enabling people to understand their features and purpose and from this understanding, to work in ways that loosen or free up the negative impact that defences and resistances occupy.

**Freud’s ‘model of the mind’ and topography**

In Freud’s early work, he explored the concepts of conscious, unconscious and preconscious states, summarised as follows:

**Conscious (Cs):** this refers to all thoughts, feelings and sensations of which we are aware – at a given moment – described by Freud as ‘immediate data’. However, what we know of consciously is more complex than it first appears.

**Unconscious (Ucs):** put simply, this describes ‘mental processes of which the individual is not aware’ (Rycroft 1972: 172). Freud highlighted the ‘logicality and irrationality of the unconscious, its elusive, distorted quality, the fact that it is not located in time or space and is communicated symbolically rather than in words’ (Brearley 2007: 88). It is important to note that the term
subconscious, sometimes used to refer to the unconscious or preconscious, is not a term that tends to be used in psychoanalysis.

**Preconscious (Ps):** this describes ‘thoughts which are unconscious at the particular moment in question but which are not repressed and are, therefore, capable of becoming conscious’ (Rycroft 1972: 122). Something may be unconscious merely because we are not aware of it at a particular time, ‘for example, the colour of our front door . . . or because we find it easier to function by suppressing disagreeable feelings or painful memories, though we might easily be reminded of them’ (Bateman et al. 2010: 16).

For Freud, several problems accompanied the definition of conscious, unconscious and preconscious. For this reason, from 1920 onward Freud introduced different topographical distinctions in the form of *id, ego super-ego*. In this conceptualisation, the *id* represents most unconscious, primitive instincts, passions and impulses; the *super-ego* represents the ‘conscience’ of the mind – the place where rules, moral codes, taboos and censorship are harboured to control behaviour, often based on internalised representations of parental/authority figures. The *ego* is characterised as the conscious and reasoning part of the mind, where its primary function is to negotiate with external reality (sometimes called reality testing) and to make decisions. It represents ‘what may be called reason and common sense’ (Freud 1923) – in contrast to the unorganised, and passion-driven *id*, and moralising *super-ego*. If the *id* is conceptualised as representing pleasure, and the *ego* as representing what is real or the actual, the *super-ego* represents the ideal. In 1922, Freud defined defences as ‘A general designation for all the techniques which the ego makes use of in conflicts that may lead to neurosis’. That is, neuroses occur when the defences have failed to keep them at bay – a point emphasised by Anna Freud – who also reminds us in the following quotation that even if neuroses are the outcome, other defensive measures continue to be at play:

> The existence of neurotic symptoms in itself indicates that the ego has been overpowered . . . and the ego has suffered a defeat. But the ego is victorious when its defensive measures effect their purpose, that is, when they enable it to restrict the development of anxiety and ‘pain’ . . . thereby establishing the most harmonious relations possible between the *id*, the *super-ego* and the forces of the outside world.
> (A. Freud 1937: 193)

Freud later used the conceptualisation of *id*, *ego* and *super-ego* to indicate how defences are used to protect the ego from threats. In this regard, Freud identified three types of anxiety: reality anxiety, moral anxiety and neurotic anxiety. Reality anxiety describes anxious states that are based in rational responses to real threats. This form of anxiety can easily be confused with feelings of fear because they often accompany one another. However, for Reber et al. (2009: 48) fear has a known object and, therefore, can be identified and talked about whereas anxiety describes a more generalized emotional state, where the sense of threat or danger cannot be easily identified. Moral anxiety describes feelings of guilt or shame that arise from the *super-ego* when personal, moral or societal codes are threatened or have been broken, with neurotic anxiety describing the sudden desires and impulses that are driven by the *id*, such as the sense of being overwhelmed by intense feelings of aggression. Freud considered these reactions to be common

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1. Instinct has been defined as ‘an innate biologically determined drive into action’ (Rycroft 1972: 73). For an account of the different interpretations placed on Freud’s concept of Trieb (translated variously as ‘instinct’ and ‘drive’), see Symington, 1986, pp. 114–115.

2. The term ‘neurosis’ was originally considered to be a ‘disease of the nerves’, such as hysteria. Freud’s discovery that hysteria was a disorder of the personality, and not the nerves, indicated that it was a mental disturbance that had no known neurological or organic features. Hysteria derives its name from the Greek and refers to the belief that it was a dysfunction relating to women only, caused by a ‘wandering uterus’. It is still the case that women are more likely to be described as ‘neurotic’ then men.

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to all people. For this reason, they are of central importance in social work because they attempt to identify the extent to which anxiety is ‘disturbing a person’s abilities to function competently’ (Kenny and Kenny, 2000: 34).

**Key defences**

This section looks in greater detail at a number of defences more commonly encountered in social work, namely: repression, introjection, projection, denial, splitting, projective identification, idealisation, acting out, turning against the self/identification with the aggressor, regression, displacement and rationalisation. Anna Freud's contribution in relation to defences marked an ‘important step away from the original biologically oriented psychoanalytic “drive” theory’ (McLeod, 2009: 86). This led to a greater focus on the ego's unconscious processes and the development of ‘ego’ psychology (Goldstein, 1995).

**Repression**, or ‘forgotten memory’ (Brearley, 2007: 88), is considered to be the most fundamental defence because of the way it wipes out from memory feelings, experiences, images, ideas or events that are experienced as shameful, painful, threatening or anxiety provoking:

> . . . repression is not only the most efficacious, it is also the most dangerous, mechanism. The disassociation from the ego entailed by a withdrawal of consciousness from whole tracts of instinctual and affective life may destroy the integrity of the personality for good and all . . . The consequences of the other defensive methods are not less serious but, even when they assume an acute form, they remain more within the limits of the normal.

(A. Freud 1942: 54)

Repression not only describes a loss of memory but also includes secondary repression, where the chains of association that could remind a person of memories that have been repelled from consciousness are also repressed (Laplanche and Pontalis 1973: 392), that is, we forget what is forgotten. Although ideas, thoughts, feelings and behaviours may be beyond conscious recall, their impact can reappear.

This resurfacing of repressed memories is described in terms of return of the repressed. This concept attempts to explain any behaviour that has its roots in the past but is particularly helpful when attempting to understand destructive behaviour that may have become ‘stuck’ or locked into ‘self-destructive scripts’ (England 1986, p.16). Laplanche and Pontalis emphasise the importance of repression:

> Process whereby what has been repressed – though never abolished by repression— tends to reappear, and succeeds in so doing in a distorted fashion in the form of a compromise. Freud always insisted on the ‘indestructibility’ of the contents of the unconscious . . . Repressed material not only escapes destruction, it also has a permanent tendency to reemerge into consciousness.

(Laplanche and Pontalis 1973: 398)

For the repressed material to return, it makes use of the same chains of association that were used initially to bring about repression and it is this buried chain of association that can trigger repressed memories. Repression is most often encountered in social work when service users are unable to remember key facts or events that they have wiped out from memory. It can be difficult for social workers – and other professionals – to believe that important events can be ‘banished’ from consciousness in this way. Instead, the situation can be thought to reflect a deliberate attempt to withhold information or to abdicate responsibility for events that have occurred. Of course, this may be the situation but in this paper, our interest is focused on an unconscious loss of memory.

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**Introjection** can be both a defence and a feature in normal development. It describes a process where the functions of an external world – located ‘out there’ – are absorbed symbolically, or in fantasy, and replaced by an imagined object that is internalised and brought ‘inside’ (Colman 2009: 389). For example, the super-ego is formed by introjections of parental and other authority figures. Introjection involves identification, a defence that unconsciously incorporates attributes or characteristics of another person into one’s own personality (Colman 2009: 363), and is sometimes described as the opposite of projection, which is covered below.

Winnicott described introjection as a ‘manoeuvre characterized by the unexamined incorporation of traits of another. Individuals with weak ego boundaries are more prone to use introjection as a defense mechanism’ (Winnicott 1986: 50). For example, a person may become identified with – and introject – a judgemental parental figure and then adopt the attitudes of that figure in ways that can be ‘aggressive toward the self’ (Jacobs 2010: 114) – a situation that can leave them feeling unsure about who they are and in conflict with their own desires when confronted with those of parental or authority figures. In their extreme form, the voices of judgemental figures can be a source of torment for people who ‘hear voices’. The setting up of ‘Hearing Voices’ groups in recent years has proved to be enormously beneficial for people struggling with emotional difficulties of this kind.

**Projection** is one of the most common and potentially damaging defences and is evident when people falsely attribute an intolerable, unacceptable or unwanted thought, feeling, action, or attributes on to someone else or something else. ‘Projected aspects of oneself is preceded by denial, that is, one denies that one feels such and such an emotion, has such and such a wish, but asserts that someone else does’ (Rycroft 1972: 126). This can lead to our becoming a reliable hate object, that is, someone who is considered to be safe enough to bear, survive and understand negative projections without retaliating. Projection of this kind almost always accompanies splitting and denial, and can often involve some form of criticism or condemnation. In a similar way, it is possible for positive attributes to be projected on to idealised individual. Projection is a common defence and one that social workers regularly experience – both in terms of negative and idealised projections. For example, a service user may say ‘you must be fed up of me’ where what they actually feel is ‘I’m fed up with you’ but cannot acknowledge this feeling because of the anxiety it provokes. It is also the case that projections can be targeted on professional groups and organisations. For example, Valentine analyses how social work can often be the target for projections from other professionals, the public and some sections of society. She relates this to an ‘avoidance of a shared responsibility by other professionals’. This same avoidance may be ‘held within the system’ and among the public at large (Valentine 1994: 80).

**Denial** describes a defence where information or events are rejected or blocked from awareness if considered threatening, frightening or anxiety provoking – irrespective of the incontrovertible nature of evidence to the contrary:

> A defence mechanism that simply disavows or denies thoughts, feelings, wishes or needs that cause anxiety. The term is used purely for unconscious operations that function to ‘deny’ that which cannot be dealt with consciously. (Reber et al. 2009: 203)

Denial needs to be differentiated from forgetfulness or the conscious and deliberate desire to deceive. For example, some forms of denial may be a temporary reaction to the shock that accompanies a traumatic event, such as bereavement. It can give a person time to come to terms with a painful event. As such, denial can be considered to have protective features. However, as a defence it describes a situation where some aspect of external reality is denied which could involve (a) denial of a painful experience or (b) denial of some aspect of the self. Freud used the
term disavowal to describe this primitive defence and in his later works, linked a denial of aspects of the self to the notion of splitting. Whereas repression removes a memory from consciousness, denial involves splitting where ‘there is cognitive acceptance of a painful event whilst the associated painful emotions are repudiated’ (Bateman et al. 2010: 32). Denial is considered to be a ‘constant factor in all defences’ (Jacobs 2010: 117) and one that is relatively easy to identify – yet a behaviour that calls for a skilled approach and sound evidence before attempting to explore what is being denied. We return to this subject when looking at how to work with defences.

**Splitting** involves disassociation from reality by separating out the self (splitting of the self) or objects (splitting of the object) into ‘good’ and ‘bad’, often in response to conflicts that lead an individual to repress or dissociate feelings that feel dangerous to his or her psychic well-being. Winnicott considered this distortion to originate in early failures in the ‘environmental provision’, where the infant creates a ‘false self’ that is developed on the basis of compliance. This false self is designed to protect an infant’s ‘true self’ but in this process, isolates and deprives the true self from external reality (Winnicott 1965: 149). In many ways, splitting can be seen as a feature of normal behaviour – as a way of managing two competing elements. However, in its extreme forms it can become highly problematic if there is no integration of ‘good’ and ‘bad’ parts. For example, splitting and projection can be found in severe forms of mental illness (Bateman et al. 2010: 33) – a point taken up by Winnicott whose work indicated that early failures that give rise to extreme splitting can lead to psychotic states, such as schizophrenia (Winnicott 1958: 225).

**Projective identification** was first introduced by Melanie Klein and can be identified when the practitioner ‘experiences an intense emotional state that is unfamiliar, and that on reflection seems to be a disavowed aspect of the client’s experience. The client is unaware of the disavowal material; its transmission . . . is not an intentional act’ (Edwards and Jacobs 2003: 108). The impact of this defence is covered in the second section of this paper. Bion categorised projective identification as having normal and abnormal features. As a normal mode of communication, it can convey a person’s mental state and be invaluable in this regard. However, in an abnormal form it describes a mechanism designed to exercise an ‘intimidating control’ of another person (Hinshelwood 1991: 184).

**Idealisation** describes the way in which ambivalent or contradictory feelings are kept apart and split into two different representations, where one object is constructed as being wholly and ideally ‘good’ and the other as wholly and ideally ‘bad’. Idealisation differs from admiration because of the extreme veneration that is evident, where the idealised individual is presented as ‘perfect’ and characteristics to the contrary are ignored or denied. Greenson describes this as being ‘entombed in this idealised state’ which, when it breaks down, can ‘give way to rage and hatred’ (Greenson 1973: 344) and dissolution and depression. It is often when idealisation breaks down that it becomes possible to realise the intense feelings that have been invested, and the unbearable disappointment and despair that this can lead to. In social work, idealisation of this kind tends to occur when working with individuals who have been seriously let down by...
important people in their lives. Once the bubble bursts and the idealised social worker falls from grace, it can take a great deal of patient work – where reliability and consistency are the hallmark – before it is possible to establish a relationship where idealisation is not a feature.

**Acting out** is a defence that has multiple functions. It is used to describe behaviour that involves pursuing a desire or impulse to act in ways that indicate little or no conscious attempt to reflect on the action and its impact. As such, it can take the ‘form of aggressive behaviour directed at self or others’ (Laplanche and Pontalis 1973: 399–400) – and inhibit the opportunity to develop a more appropriate or constructive response to the thoughts, feelings and actions that are triggered. Jacobs reminds us of the potentially dangerous forms that acting out can take, such as uncontrollable behaviour, compulsive rituals, addictions and substance abuse (Jacobs 2010: 79). In its less worrying form, Freud viewed acting out as an alternative to verbal forms of communication where the person ‘acts it before us, as it were, instead of reporting it to us’ (Freud, cited in Laplanche and Pontalis 1973: 4), thereby replacing thought with action. This point is important because not all people are comfortable with the spoken word. For this reason, acting out can be a form of ‘self-expression’ (Reber *et al.* 2009: 10). In his work with children and adolescents, Winnicott saw acting out as central to the process of ‘sorting out’ and ‘working though’ difficult emotions (1965: 208). In social work, safe forms of acting out can enable us to observe what might be more spontaneous forms of behaviour – the default behaviour that children, young people and adults naturally revert to or adopt. From this understanding, it then becomes possible to note areas of difficulty and to begin to work out appropriate forms of intervention. However, the opportunity to engage in this level of observation and reflection is being increasingly restricted in social work, partly because it can be time consuming and because it can be seen to condone unacceptable behaviour.

**Turning against the self** describes a situation where people turn the original desire to harm others against themselves, that is, the ‘desire to torture has turned into selftorture and self-punishment’ (Freud 1915). This form of defence tends to be linked to self-injury, self-harm and other types of masochistic behaviour such as behaviour that can be found in some forms of alcoholism, drug dependence, eating disorders, compulsive gambling and suicidal behaviour. Actions that are turned against the self can lead to feelings of relief and the sense of being in control but recovery can be hampered if the care and concern that this elicits leads to secondary gains, that is, when a particular behaviour or distress is used to give practical advantages, such as when disruptive behaviour leads to additional focus and resources being given or ‘gains’ being allocated in other ways.

Turning against the self is a defence that links to the concept entitled identification with the aggressor which describes how a person can identify, appropriate and adopt the aggression and violence they have experienced by adopting the attributes and behaviour of the aggressor:

> Faced with an external threat . . . the subject identifies himself [sic] with his aggressor. The behaviour is a total submission to the will of the aggressor. The behaviour we observe is the outcome of a reversal of roles: the aggressed turns aggressor and the entire relationship internalised . . . The turning round of aggressiveness against the aggressor is the predominant mechanism in the acquisition of the capacity to say no, whether in word or gesture. (Laplanche and Pontalis, 1973: 208–209)

The dynamic that is present in gangs is an example of how people can internalise the aggression they have experienced into aggressive behaviour directed at others. Similarly, the abused child who in adulthood becomes an abuser has often internalised the will of the aggressor.
Regression describes a situation where people retreat, often when feeling stressed or under attack, to an earlier stage in their development in order to avoid or reduce anxiety:

The theory of regression presupposes that... infantile stages of development are not entirely outgrown, so that the earlier patterns of behaviour remain available as alternative modes of functioning... [but] since regression compels the individual to re-experience anxiety appropriate to the stage to which he had regressed... regression tends to be followed by further defensive measures designed to protect the ego from its effects. (Rycroft 1972: 139)

In social work, regression can be recognised when more child-like forms of language or behaviour are evident, perhaps to defend against criticism or attack. Or it can sometimes be manifest when parents compete with their children for attention or speak in ways that copy the behaviour of someone of a younger age. Winnicott (1958) wrote extensively on the importance of regression as an aid recovery from what he termed ‘environmental failure situations’, while Balint (1968) saw regression as the opportunity for a new beginning. In other situations, the chance to regress may involve becoming temporarily dependent on others which can be important for people struggling to deal with trauma or, for example, people who are deeply thrown off course by the pain and sorrow of a bereavement.

Two further defences that regularly occur in social work – and in all areas of life – are displacement and rationalisation. Displacement can be identified when there is a shift and substitute of emotions from an original object or person to another object or person (Reber et al. 2009: 225). This is used to avoid the actual sources of anxiety, frustration, guilt, shame and pain which are considered too threatening and, instead, a less threatening source is chosen. For example, parents may displace difficult emotions on their children, children may displace their anxieties acquired at school on their parents and service users displace anxieties on social workers. Rationalisation occurs when ‘a false but reassuring or self-serving explanation is contrived to explain behaviour that in reality arises from a repressed wish’ (Colman 2009: 637). Finally, some ‘mature’ defences are considered to aid everyday living, such as the use of humour to help address embarrassing, uncomfortable or stressful situations; altruism, which involves doing things for others as a way of satisfying internal needs and suppression, where upsetting or disturbing thoughts, feelings or experiences are temporarily avoided.

This first section has highlighted how psychoanalytic theory can illuminate our understanding of human beings and within this understanding, the role played by defences. However, in recent years we have seen a narrowing down of social work’s theory base to one that emphasises a more superficial, rationalist, ‘technicist’, and onefits-all approach to complex problems – an approach that has been promoted with the introduction of managerialism into social work and importance placed on ‘audit, procedures, legalism’ (Parton 2000: 457). Within this context, there has been a movement away from notions of care and cure (therapeutic interventions) towards those involving control (Howe 1994, 518). An example of this shift is evident in the way that ‘anti-social behaviour’ among young people has been re-conceptualised – and criminalised – under the heading ‘youth offending’ (Garrett 2007). It can also be seen in the fact that a psychosocial perspective has become increasingly marginalised in practice contexts, in key publications and on social work courses. It means that important psychoanalytic concepts or a psychosocial approach is increasingly not being used to illuminate our understanding of human behaviour and the problems regularly encountered in social work.

Working with defensive behaviour
This second part of this paper focuses on how we can identify and work with defensive behaviour in ways that are effective and creative, and also compassionate and humane. It begins with a brief account how psychoanalysis has been represented in social work and the kind of actions that could be considered as defensive, before then focusing on how psychoanalytic concepts can illuminate our understanding of events taking place. A final section looks at how we can work with resistances and particularly the importance of containing anxiety.

**The application of Freudian ideas in social work**

The application of Freudian ideas in social work was particularly influential on British social work in the 1960s and early 1970s (John and Trevithick 2012). This influence has been described as a psychoanalytically informed approach in social work (Riggs et al. 2009), psychodynamic casework (Kenny and Kenny 2000: 30), social casework (Hollis 1964; Perlman 1957), psychodynamic approach (Brearley 2007) or as psychosocial work (Howe 2002). Within these headings, differences can be noted in the emphasis given to external factors (socio) compared to that given to those elements that reflect an individual’s internal world (psycho). An account of what constitutes a psychosocial approach is provided by Howe:

> Psychosocial matters define most that is of interest to social work, particularly people who are having problems with others (parents, partners, children, peers and professionals) or other people who are having a problem with them. There is a simultaneous interest in both the individual and the qualities of their social environment. (Howe 2002: 170)

A particular focus is placed on the quality of people’s relationships – both in relation to how they see themselves, other people and the social world that they inhabit. In this context, ‘past and present experience, and inner and outer reality’ (Brearley 2007: 86) are important, including people’s day to day relationships and those ‘inner working models’ (Bowlby 1979: 118) that have been built up over time and that draw on early formative relationships.

**Attempting to identify defensive behaviour**

When attempting to unravel whether someone is being defensive it is important to note three points. First, defences relate to people’s emotional life and, therefore, warrant caution. Second, that unconscious defences are not deployed awarely, which means that a particular behaviour that is deployed intentionally needs to be seen as a non-defences action or strategy that has a specific purpose that warrants a different range of interventions. Third, it can be easy to misread people’s reactions and arrive at the wrong conclusion. Some people live in tough communities that require them to be almost constantly ‘on guard’ – a reaction that is rational (reality anxiety) but one that could be wrongly interpreted as defensive – which makes it important for us to check out our assumptions or hypotheses in order to ground our work appropriately. It is when the horrors of the external world meet the horrors of the internal world that life becomes a great strain and this strain and stress is almost always communicated defensively.

One way to view defensiveness is in terms of an inappropriate reaction to the situation encountered. Here again, caution is needed in relation to what we might consider ‘inappropriate’ because a person’s response could be influenced by the setting, our behaviour and the behaviour of others. For example, if we arrive late for an interview that is located in an ill-prepared room, that has constant interruptions and where the receptionist has been offhand with the service user, then a withdrawn or angry reaction could be considered appropriate to that situation. I once worked in an area office where one interview room was en route to the toilet and the store cupboard and subject to constant interruptions. People are more likely to lower or loosen their defences when they feel safe – a situation that becomes more possible when we provide an
appropriate setting or a ‘holding environment’ (Winnicott 1965) that gives confidence, and when we present ourselves as trustworthy, reliable and caring human beings. In this situation, what we may be providing as practitioners is ‘good enough’ ego support for people to bear the anxieties that are being provoked. Feeling safe is a complex issue and one that goes beyond the scope of this paper beyond stating that we can do good work amid unsafe feelings as long as these are brought out into the open and, where possible, understood. Here it is important to remember that the terms safety and trust can be used to describe a range of uncomfortable feelings and that what may underpin a lack of trust is a person’s ability to trust themselves – he or she may not trust their own reactions and what they do and do not say.

Service users whose behaviour comes across as defensive can be described in a variety of different ways – as hard-to-reach (Sheppard 2011), unmotivated, uncooperative, reluctant, resistant, disturbed, distressed, dysfunctional, involuntary, manipulative, troublesome and troubling, or simply as ‘impossible’ (Davis 1984). In medicine, they may be called ‘heartsink’ patients and in groupwork as ‘help-rejecting complainers’ or ‘self-righteous moralists’ (Yalom 2005). For the most part, these terms are not intended to be offensive and may constitute part of a practitioner’s survival strategy but they contribute little to our understanding of why defences emerge and how we can work with these reactions. The kind of actions that could be considered to be defensive include: forgetting important experiences, being compulsively compliant, arriving disruptively early, regularly being late, missing appointments, leaving early, walking out, having regular crises toward the end of a session, repeatedly avoiding certain topics, being intentionally silent and withholding, remaining unengaged, talking repetitively, particularly about irrelevant subjects, being secretive, being threatening, aggressive, angry or violent, and so forth. The list is vast and covers a whole range of actions that could, on the one hand, be considered an aspect of ‘normal behaviour’ except when they are actions that are being defensively deployed in an attempt to avoid anxiety. As stated earlier, denial is almost always evident in defensive behaviour and used to avoid painful feelings, such as feelings of shame, blame, guilt, or fears of being abandoned, criticised, rejected, ostracised or cast out in some way. These reactions highlight the importance of being able to recognise ‘what is not said, cannot be said or can only be spoken of indirectly’ (Davy and Cross 2004: 4).

Some service users do not want us to know what they know – and this may be a rational or aware stance that they are adopting – but, for others, they may have forgotten what they know and need help to bring together the fragmented pieces of experience that have become separated and disconnected. Social work is not therapy but it can be therapeutic when we work to bring together – and relate to reality – the feelings that service users harbour that leave them discontented with themselves, despondent about other people, particularly significant others and gloomy about the world that they inhabit and what the future holds. Given the non-verbal, unspoken or ‘hidden’ aspects that are almost always present in a particular situation or personal encounter, a primary purpose of social work involves attempting to understand and to integrate those aspects of a person’s outer and inner world that are not working in his or her best interest. The unique contribution that social work provides within multi-professional and interdisciplinary contexts involves attempting to identify the extent to which wider social factors and personal relationship are impacting on a person’s ability to cope and sense of well-being – a task that calls for a detailed psychosocial assessment:

Using a psychosocial approach places a great deal of emphasis on making a thorough, carefully observed, theoretically informed assessment of people, their relationships and their sociocultural environment. We need to know how people act and relate with each other, how they behave with their children, neighbours and officials, how children respond to parents, peers and teachers, and how they play and react to demands and difficulties. How people react to ‘outer world’ events tells us about their ‘inner world’. Indeed, among

the ‘people professions’, social work remains peculiarly well placed to appreciate how people bring feelings to situations and how situations provoke feelings in people. (Howe 2002: 177)

This task calls for the ability to understand or hypothesise about what is happening and why, which in turn involves being able to draw on a body of theory – and a language – that can aid understanding. For Stevenson, social workers ‘have a moral duty to try to understand, and thus to alleviate, sources of distress and dysfunction – and plain human misery’ (Stevenson 2006: 2). It is in this area, and our efforts to understand the complexities of human experience, that psychodynamic theory adds an important perspective. The following account looks at what is meant by the terms transference, counter-transference and also the impact that projective identification can have on practitioners.

**Transference**

Transference occurs in every human relationship. It involves passing on or transferring an emotional reaction or a pattern of relating that have their roots in the past. These often unresolved and unconscious experiences are emotions that are then re-experienced in relation to people in the present. Greenson defines transference as follows:

> By transference we refer to a special kind of relationship toward a person; it is a distinctive type of object relationship. The main characteristic is the experience of feelings to a person which do not befit that person and which actually apply to another. Essentially, a person in the present is reacted to as though he were a person in the past. Transference is a repetition, a new edition of an old object relationship. (Greenson 1973: 151–152)

These transferred feelings can be positive in character (positive transference) and induce feelings of trust, confidence and safety. However, a negative transference can also occur, where more hostile feelings of mistrust, danger and resentment are passed on – a situation experienced by most social workers at some point in their career. One way to describe this situation is to ask ourselves ‘what have I become for this person – or who do I represent?’. For example, we may have become a persecuting parent (negative transference) or an idealised favourite aunt (positive transference). Being aware of the impact of positive and negative transference reactions can help social workers to feel or react more appropriately (Howe 2008: 167).

**Counter-transference**

There are two forms of counter-transference (Heimann 1950). The first is considered problematic and describes how practitioners can bring unresolved feelings, fears and fantasies from the past into their contact with other people, such as service users, colleagues or other professionals. These personal reactions call for good self-awareness because without this understanding, what is stirred up can blur reality and distort our perception of events. The second form of counter-transference is considered to be constructive and describes the reactions that are elicited in practitioners from being open and receptive to the transferred feelings of others. When these reactions accurately reflect another person’s thoughts and feelings, which can involve deeply disturbing, painful experiences, they can be an enormously valuable aid to understanding, particularly when they relate to unexpressed feelings.

For example, we may end a meeting with a colleague or an interview with a service user feeling angry or despairing. In this situation, it is worth asking ‘what have I picked up from this individual that was not evident before? What does this person make me feel like and what does this tell me about this individual?’ Before forming a view, it is important to check that any
unresolved feelings that we may have are not distorting our understanding of events and what is happening.

The impact of projective identification
Projective identification has similar features to the notion of counter-transference and can sometimes be confused with the concept of projection, described earlier in terms of falsely attributed intolerable feelings to other people (Colman 2009: 607). Projective identification describes how a person's feelings of, say, anger or disappointment, are located in the practitioner who finds him- or herself unwittingly and uncharacteristically feeling confusing or unsettling emotions for no discernible reason – a situation I describe as being mobilised by another person to act on his or her behalf. For example, this may be evident if a practitioner, who is normally an articulate and clear thinker, experiences a profound confusion and an inability to put into words what is happening – as if demonstrating the non-verbal, unconscious confusion that he or she has picked up from a service user. It is a situation that can mean that the worker, once mobilised, fails to notice and to respond appropriately to dangerous or threatening situations, such as those encountered in child protection or where the possibility of suicide is evident. It is important to note that projective identification can also occur among professionals where, for example, a social worker might uncharacteristically and forcefully argue a professional viewpoint or position that has been projected into him or her by another professional. The importance of this concept is evident in the writing of Mattinson (1975) on supervision, who describes how a social worker may communicate or respond to his or her supervisor in ways that are uncharacteristic – as if mirroring a particular feature of the relationship taking place between a service user-practitioner.

The importance of self-knowledge and the organisational context
It is difficult for any human being to ‘read’ the reactions and behaviour of another human being unless we have some knowledge of who we are and our own behaviour. As social workers, we may want to be supportive and helpful and hope to come across in a particular way yet fail to do so. For this reason, it is important to be aware of our default behaviour, that is, the actions, reactions and expressions that constitute our most natural and spontaneous characteristics, disposition and temperament. Here I am referring to what is termed paralinguistics, that is, the tone of our voice, its pitch, the speed with which we talk, our choice of words and intonation and also what we communicate in our body language and movements, particularly what people see or interpret when they look at our face and what we communicate with our eyes. When working with people who feel anxious and troubled, how we come across can be crucial. For example, a facial expression and choice of words that are not overtly warm, kindly and sympathetic can sometimes be read as being critical or judgemental – which makes it important for us to know what our most natural and spontaneous behaviour may communicate. This knowledge is also important because people are more likely to respond openly and to be more forthcoming if we create an atmosphere that is welcoming, warm and respectful (Lishman 2009: 28) and where we demonstrate a willingness to be helpful and supportive. Also, if we are clear about our own natural pattern of communication and how well our intentions match our actual performance, it is then possible to use this self-knowledge to assess other people's reactions.

For example, if we encounter a guarded, mistrustful or hostile reaction in response to a relatively neutral question that is communicated in a caring, concerned and sensitive way, this suggests that defences are likely to be at play. It could mean that the person’s capacity to adapt or ‘read’ the communication accurately is impaired by feelings that have been transferred from elsewhere. For example, when working with young people a question that I might ask could often be met with silence, or the comment ‘what’s it to you?’ or ‘who wants to know?’ It is important that we are able to offer a caring response to comments of a troubled or defensive nature, such as ‘I want to know these things because I want to be helpful'.
Work of this kind involves being able to sense what is going on psychologically, emotionally and practically in relation to a particular encounter; being sensitively attuned to the communication, both as a sender and receiver; arriving at balanced judgments based on evidence and sound emotional or intuitive reasoning; being open to the experience and able to adapt as changes unfold, while at the same time being able to keep to the point and purpose of the work at hand. These characteristics and qualities are much more likely to be evident in an organisational context where a learning and supportive culture has been established (Gould 2000) and where practitioners are able to exercise well-informed and ‘appropriate professional judgement’ (Munro 2011: 5). This stands in contrast to the demands of a defensive, ‘compliance culture’ where the dominant focus is on meeting procedural rules, performance indicators, targets and other bureaucratic requirements rather than meeting the needs of service users. In relation to children’s services – which have common features to other areas of social work practice – Munro notes that for some organisations, the move from ‘a compliance to a learning culture’ will involve:

... a move away from a blaming, defensive culture to one that recognises the uncertainty inherent in the work and that professional judgment, however expert, cannot guarantee positive outcomes for children and families.
(Munro, 2011: 107)

There has been considerable coverage of the defensive way that some social work agencies operate but, in this regard, it is important to remember that organisational defences can only be set up and operated by individuals (Menzies Lyth, 1960).

The skills involved when working with resistances
In relation to how we might work with the resistances that we encounter, it is inappropriate to consider ‘breaking’ down defences or attempting to focus on defences head on because if the behaviour is unconscious, and not located in the preconscious, this is likely to trigger confusion and possibly further defensiveness. Instead, it is helpful to try to understand the concerns and anxieties that underpin the need for people to protect themselves in this way. For Jacobs, writing from a counselling perspective, responding to the resistance may involve:

1. Looking for the resistance or the defence which the client is employing.
2. Drawing attention to it.
3. (a) Suggesting an explanation for it, which:
   i. recognises the client’s anxiety;
   ii. if possible identifies the feelings or thought which is being resisted; and
   iii. invites the client to confirm or reject the interpretation.

   (b) Alternatively the client’s anxiety is recognised, and the client is invited to suggest what feelings or thoughts are being resisted.

(Jacobs 2010: 123)

From a slightly different perspective, Kenny and Kenny emphasise the importance of providing sufficient safety, which they describe in terms of having three components:

... they must be safe enough first of all to experience their anxieties consciously, then to discover that their sense of self remains intact while they are doing this, and then safe enough perhaps to examine the sources or origins of the anxieties that were so disturbing originally. All of this may take some considerable time to accomplish, even in circumstances where the ‘client’ does not perceive the person nominally helping them as a source of additional threat.
Kenny and Kenny’s last point is important because in some contexts – such as child protection, mental health and offending – where we may need to exercise our statutory responsibilities which add an additional complication when attempting to encourage an open, honest and undefended dialogue. Yet if a relationship can be established and contact maintained, important work can be done with people who are described in terms of ‘involuntary clients’ (Trotter 2006).

If we take as an example the case of someone who is unable to come to terms with the death of a mother some time ago, the defences being employed might include: denial (recognising the death but refusing to acknowledge its importance or impact); repression (being unable to remember any events surrounding the death or funeral); displacement (locating the feelings of ‘devastation’ in another person, such as a brother or sister, regarding the mother’s death); regression (needing to cling to relatives or be cared for in a dependent way); reaction formation (where feelings of grief are replaced by a sense of indifference, as if an irrelevancy has been raised); and rationalisation (where the impact is minimised by the phrase ‘we all have to die sometime’). These defences are not problematic unless overused, which may be evident if they distort reality and rational thought processes or if they limit an individual’s choices in other ways.

To begin to understand why certain feelings are being resisted, the kind of issues we might explore could involve, for example, asking ourselves ‘what kind of reaction do we think might come to the fore if this individual could allow himself or herself to feel the emotions that are being avoided or resisted?’ This may lead us to consider whether the ‘devastation’ that the individual described in terms of her brother or sister refers to how this individual is actually feeling. Depending on the situation, to offer this interpretation may be appropriate and helpful but if the individual is not ready to hear this insight, it may mean that we find ourselves being attacked and blamed for making the individual ‘feel bad’ about his or her mother’s death (transference), yet at the same time feel this painful ‘devastation’ ourselves (counter-transference) that may embody a sense of guilt or shame. In terms of our attempts to understand why this individual is struggling to recover, and whether this may be due to feelings or thoughts that are being resisted, one way to focus on this ‘stuckness’ would be to explore this issue with the individual concerned by inviting the person to problem-solve this difficulty with you (Jacobs 2010: 3).

It is the importance of helping people to understand themselves and the world around them that is a fundamental aspect of the psychoanalytic or psychosocial approach:

> The aim is not a ‘cure’ by the expert, but to give patients insight into aspects of themselves and what is going on in their mind, understanding the truth about ourselves is potentially liberating and allows us more control of aspects of our lives.
> (Bower 2005: 7)

In this task, interpretations can help people gain some insight into the unconscious processes taking place. However, interpretations need to be treated with caution for the reasons that Winnicott explains:

> If only we can wait, the patient (service user) arrives at an understanding creatively and with immense joy . . . The principle is that it is the patient and only the patient who has the answers. We may or may not enable him or her to encompass what is known or become aware of it with acceptance.
> (Winnicott 1971: 87)
Winnicott goes on to state that people need to tell themselves the truth in their own time and stresses the importance of reassurance and holding and containing anxiety in order to modify the anxieties that underpin defensive reactions and behaviours. The importance of containment The notion of containment is important and based on Klein’s concept of projective identification – where ‘one person in some sense contains a part of another’ (Hinshelwood 1991: 246). It describes the process where the projection of anxieties on to another can result in intolerable feelings being modified by being contained. Segal illustrates this transformation in relation to the mother-child relationship in the following way:

When an infant has an intolerable anxiety, he deals with it by projecting it into the mother. The mother’s response is to acknowledge the anxiety and do whatever is necessary to relieve the infant’s distress. The infant’s perception is that he has projected something intolerable into his object, but the object was capable of containing it and dealing with it. He can then reintroject not only his original anxiety but an anxiety modified by having been contained. He also introjects an object capable of containing and dealing with anxiety. The containment of anxiety by an external object capable of understanding is a beginning of mental stability. (Segal 1975, cited in Hinshelwood 1991: 248)

Bion (1962) developed the concept of containment further and linked it to situations where unmanageable anxiety threatened people’s capacity to integrate thinking and feeling. Drawing on the work of Bion, Ruch highlights the importance of containment both in relation to emotional containment, of both service users and practitioners, and also organisational containment, demonstrated through ‘the existence of containing, thoughtful managerial relationships which act as containers for the anxieties that practice and organizational uncertainty generate’ (Ruch 2007: 675). A feature of a containing organisation is the existence of emotional and practical support for practitioners at every level and also the existence of good quality supervision that encourages ‘sorting out’ and ‘working through’ complex emotions and practical issues.

**Adapting to service users’ needs**

The idea of containing anxieties and working with people in ways that prepare the ground for defences to be lowered and personal truths to be revealed is not an approach that is well supported in most areas of social work, where managerialist agendas tend to operate. The pressure on social workers to ‘move work on’ is probably more pronounced now than at any other time. Within this pressurised context, it can be difficult for practitioners to remember that much of the ‘difficult’ or ‘impossible’ behaviour that service users present is driven by anxiety and that most people who are tormented by anxiety yearn for a resting place (Winnicott 1971) – for their anxieties to be held and contained and for difficult feelings to be transformed. They yearn for a place where they can feel cared for, respected and understood. However, instead what they may encounter is retaliation – a situation where their behaviour leads to criticism rather than understanding and a situation where their inability to present themselves in ways that are considered appropriate can sometimes be used to justify access to key services being withheld or denied.

It was once the case that the professional role involved adapting to service users’ needs but increasingly the expectation is for service users to adapt to professional needs or organisational requirements. This situation creates real problems for those service users who struggle to adapt and for whom it takes considerable effort to avoid being defensive. Some know from experience that a defensive response can mean that they are vulnerable to being abandoned and left to deal with intolerable feelings on their own. This cannot be considered a humane and compassionate professional response – even when sanctioned by organisational policies and procedures. Yet when someone is acting out, perhaps shouting at us – or frightening and threatening us in other
ways – it can be difficult to deal with this situation and, in the past, I have not always been able to respond to these challenging encounters in the tolerant, patient and respectful way that I am describing here. It calls for the ability to work from our best selves but there is another dimension to consider – projective identification – and whether we are being driven to retaliate as practitioners because we have been mobilised by the service user to act out certain behaviours. Some people may arrive at our door expecting to be abandoned, chastised, criticised, humiliated or demeaned in other ways and it is these expectations that we live out for them. As human beings, we frequently find comfort and safety in the familiar – even when the familiar may lead to an unpleasant experience – and it is this unconscious expectation that needs to be understood and worked with creatively. It is likely to be the case that the reactions that some service users elicit in us could negatively affect other people and other professionals in similar ways which means that a further defensive entrenchment is likely to be the outcome. I would argue that social work is – and should be – well placed to address complexities of this kind because of the understanding we bring to bear in relation to people’s internal and external worlds (John and Trevithick 2012).

This paper has outlined a number of key defences that are regularly encountered in social work – and among all professions that work closely with other people. Its aim has been to provide an accessible introduction to this subject in order to inspire further reading, discussion and debate on this important topic. What is clear from this account is that for practitioners to work purposefully and effectively with people whose behaviour is driven by anxiety and defensiveness, social workers need to have appropriate knowledge and skills and also the opportunity to put into practice the expertise and experience they have acquired. This calls for social work to be organised differently - in ways that enable social workers to provide the kind of reassurance and containment that the situation requires. At this point in time, the organisation of social work, particularly in England, is not well positioned to provide this kind of understanding, help and support. Until this happens, the opportunity for practitioners to work creatively and effectively with people whose troubled world leads to defensiveness will, I fear, continue to be limited.

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References

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