#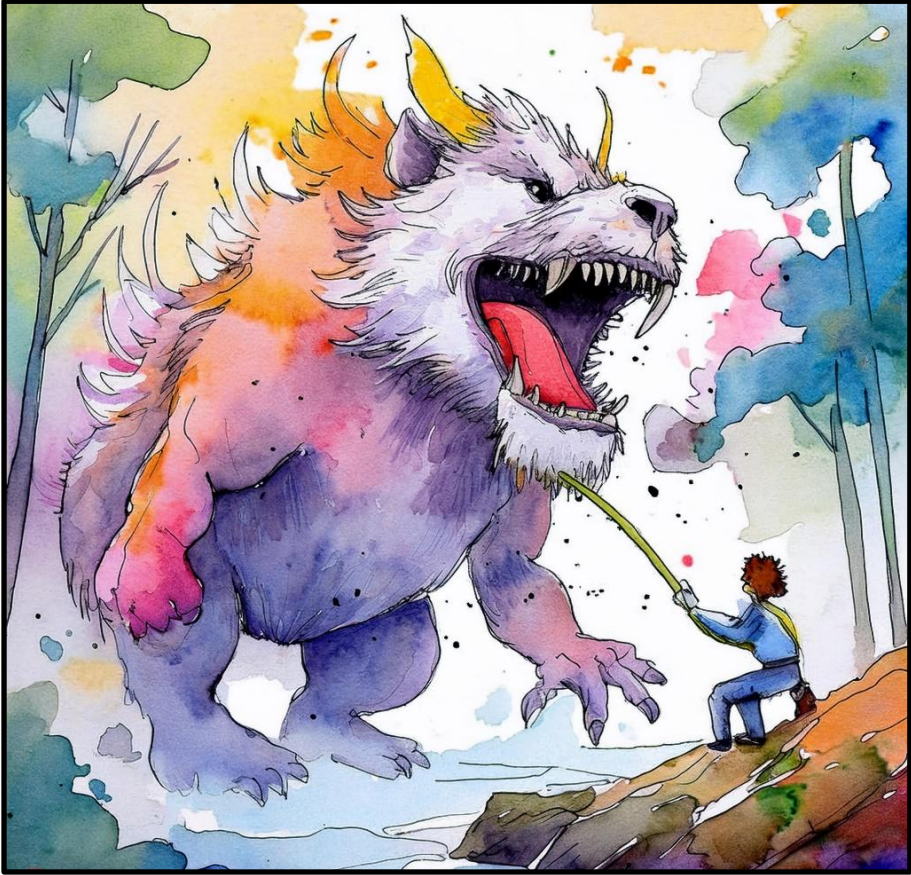 FEEDING THE MONSTER, HOLDING THE LINE, AND EXERCISING RESPONSIBLE INSUBMISSION: CONSULTATION AND LEADERSHIP IN CHILDREN'S THERAPEUTIC CARE SERVICES
(RUI LOPES AND PATRICK TOMLINSON, 2024)

(AI-generated with Adobe Firefly)

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Abstract

This paper emerged in the context of a collaboration between Patrick Tomlinson and Rui Lopes, and it is the result of reflections made through consultation processes. Both have been involved for many years with different human service professionals and organizations. In addition to the activity they share, Patrick was Rui's mentor/consultant between 2017 and 2020, while Rui managed a children's home in Lisbon, Portugal. Through time they developed a friendship glued by similar professional interests and passions. Currently, they work collaboratively on different projects, such as authoring papers, organizing training events, and performing joint consultancy with teams and organizations.

Throughout the process of working together, many issues were discussed and reflected upon. Notwithstanding the seriousness and the complexity of managing a children's home, nor the challenges and demands of leading a consultancy, clinical supervision, or mentoring process, humor and creativity were almost always present in the sessions. Metaphors were frequently used as a way of assigning sense and meaning to different issues and simultaneously conferring lightness to sometimes tough reflective processes. The metaphors would appear spontaneously and were created together. Here, we share three of those metaphors.

The decision to author this paper also emerged naturally and spontaneously. We believe that the ideas presented in it can be of interest to professionals working in different organizations. We hope they can be of any inspiration to the development of the necessary creative processes of all professionals who work in the field of human services – especially in children's trauma services.

INTRODUCTION

Sometimes individuals and organizations find themselves in highly demanding developmental stages. Often these are times of increased doubt, uncertainty, and insecurity. From these can stem confusion, disorientation, and impotence – all detrimental to the health of any individual, team, or organization. Wishfully, these are also times in which people come to realize they would benefit from initiating a consultation process. External consultancy is an important process for supporting professionals working in children's therapeutic care services and can play a vital role in establishing healthy organizations. Wilson (2003, p.232) concurs,

> Consultation should be an integral part of any healthy organisation – the acknowledgement of the need for it and indeed the call for it, being a sign of robustness within an organisation, a capacity and willingness to take opportunities for new learning and creative work. As Furnivall (1991) puts it, 'consultation is not in fact about rescue but about the empowerment of staff'.

When searching for a consultant the organization must identify someone who is typically a licensed or otherwise credentialed professional. The purpose and the accountability of such a role must be determined and outlined before a contract begins, as there is the potential for role and authority confusion. Consultation must be performed by a self-differentiated professional who is clear about their role and approach. The nature of authority, responsibility, and communication between the consultant and the organization must be made clear right from the start. Without explicit clarity from the beginning regarding the relationship between consultant and client, there is, as Hughes and Pengelly (1997, p.54) highlight,

> ... the danger that consultation will not be effectively integrated.

In trauma services, the consultant is constantly faced with the need to work with powerful organizational dynamics. Consultants must preserve their ability to remain observant and inquisitive – looking into what is happening within the organization. The consultant asks questions to clarify things, offering a critical view on different issues as they arise, helping participants think about their situations, providing support, and improving understanding. All of this potentially helps consultees to find solutions to different problems or, at least, to understand the problems better.

John Whitwell (1998), who was the principal of a therapeutic community, the Cotswold Community in England, refers to typical problems found in children's trauma services as "forces and pressures that never go away". For example,

- splitting
- projection
- avoidance of pain/responsibility
- passing the buck
- anti-task forces
- inter-group rivalry

- boundary skirmishing
- scapegoating

Trauma services are often fraught with collusive anxiety (Dockar-Drysdale, 1980). An external consultant can function as a form of emotional containment, which enables the staff within the organization to think more clearly, see what is happening, and identify solutions. Sometimes, being able to see what is happening *is* the solution.

Miller (1993a) describes how the 'holding environment' (taken from Winnicott's idea of what the mother provides for her infant) of an organization can promote psychological safety for its staff if it is effectively managed. He states that there is,

> … the need for a match between the holding environment that staff have to provide for their clients or patients and the holding environment that organizations and management provide for them.

We believe that external consultation is very important for leaders and can be a relevant part of the holding environment that Miller refers to – a space to promote the quality of thinking and reflection that is so vital when working directly with people who have suffered complex trauma and other adversities. Through consultancy, those involved can,

- reflect upon practices
- explore their emotional and psychological states
- get in touch with unconscious processes in themselves, their teams, the wider organization they work in, and the clients they serve
- and get adequate support for the most demanding decision-making processes they are involved with.

Consultation in children's therapeutic care services usually has a clinical and/or organizational focus. However, there are a myriad of goals consultancy can have or roles a consultant can assume in different consultation processes. Depending on the focus, different topics may emerge regularly in the consultation sessions. Nevertheless, there are recurrent topics that usually find their way into the space, such as,

- relationships with clients, colleagues, and superiors
- authority and leadership
- and limits and boundaries.

The reason this happens is because, naturally and legitimately, these topics relate to the nature of the work being performed and with special concerns of professionals working in these fields – especially those in leadership roles. This article will describe how these topics can arise in the work between a consultant and consultee, or mentor and mentee using three metaphors which will be explained and explored in three distinct sections,

- Feeding the Monster – in this section we address power, authority, and autonomy in individuals and organizations.

- Holding the Line – this section regards limits and boundaries, mechanisms of defense, transference and countertransference.
- Exercising Responsible Insubmission – in this third and last section the importance of critical thinking and professional integrity is underlined.

Given our interest and experience as leaders and consultants in children's therapeutic care services, throughout the article, we will refer to issues and matters of leadership and consultancy interchangeably (although, hopefully, in an integrated way). We intend to illustrate the complexities and interconnections of leadership and consultancy.

FEEDING THE MONSTER

Different organizations relate differently to aspects of power, authority, and autonomy. Likewise, different individuals do too. That may well be one of the reasons why some individuals find it quite easy and natural to work in a certain organization, and others find it strenuous and strange.

It can be challenging for autonomous individuals to deal with strongly hierarchical organizations. On the other hand, more dependent professionals may need heavily structured organizational environments to feel safe and contained. However, the way some organizations operate can instill huge anxiety in their workforce and all involved with them. Indeed, some organizations can seem monstrous. And one thing about monsters is that they tend to be all-consuming, scary, and frightful.

A person may fear monsters because of their size and attitude. Together, scale and aggressiveness can work as prerequisites for authoritarian relationships within organizations or teams. When considering size, one could argue that the dimension of an organization could be positive for its social relevance. A large organization may provide a sense of stability and safety partly due to its structure and processes which can help make things more predictable.

Similarly, a manager's directiveness could be fruitful for the organization's focus on quality and results. However, the combination of aggressive management and top-down authoritarian regimes can foster power dynamics among all – especially those who oversee the institutional routes and destinations. Large organizations can feel ruthless in the sense that cold depersonalization is more likely, where a person becomes a number to be eaten up or spat out with little regard.

Monsters know and are not afraid to use the laws and languages of power. They even enjoy using their force in what can be considered an abusive manner, particularly with more fragile individuals. Furthermore, 'monstrous' organizations overuse power and underuse authority, which usually means resorting to authoritarian instead of authoritative management and leadership strategies. As Obholzer (2019, p.51) states,

> There is an important difference between the terms 'authoritative' and 'authoritarian'. 'Authoritative' is a depressive position state of mind in which the

persons managing authority are in touch both with the roots and sanctioning of their authority, and with their limitations. 'Authoritarian', by contrast, refers to a paranoid-schizoid state of mind, manifested by being cut off from roots of authority and processes of sanction, the whole being fuelled by an omnipotent inner world process. The difference is between being in touch with oneself and one's surroundings, and being out of touch with both, attempting to deal with this unrecognised shortcoming by increased use of power to achieve one's ends.

Acute power dynamics can become part of the institutional *ethos* in any organization and inevitably become characteristic of its organizational social context. We believe this is particularly harmful in children's trauma services, where the culture should always express care, respect, and individualized attention.

Case Illustration: True Lies
A very challenging adolescent girl in a residential treatment center was self-harming and putting herself in imminent danger, especially at times when she would leave the premises – including on her daily journey to school. Staff were extremely preoccupied, but given the exhaustion felt from relating directly with this highly demanding young girl, they preferred taking the risk of sending her to school than protecting her by keeping her home. Paradoxically, they would tell her that they really wanted her to stay home but couldn't keep her, because school attendance is mandatory by law. However, when the state social service authorities pressured the center to have her stay home and be properly cared for, and the mental health services supported that position and issued a statement justifying the young girl's absences to be handed to the school's principal, the whole team reacted defensively. And inclusively tried, albeit unsuccessfully, to keep sending her to school and maintain things as they were. The young girl understood the double bind messages that were being conveyed by staff and acted aggressively towards them, questioning their authority and, more importantly, their responsibility towards her and her well-being.

Another thing about monsters, as with all living beings, is that they need nourishment to survive, and just like monsters, organizations need to be fed. To feed an organization is to give it what it needs to pursue its mission – or better said, to give it what it believes is needed to pursue its mission (and not necessarily what it needs). Sometimes, and depending on each organization's rigidity, this means preserving its status, statutes, and *status quo* above all else. Indeed, organizations that are more conservative than progressive are especially resistant to change and prefer stability over innovation. Professionals who wish to introduce novelty, such as leaders intending to implement therapeutic models in stagnant institutions, are likely to find obstacles and impediments. In this perspective, *feeding the monster* may involve partially satisfying the needs of its most conservative individuals and groups both internally and externally.

But monsters do not always come in extra-large shapes or explicitly aggressive behavior. As implied by Ken Rice, cited by Whitwell (1998), monsters can invade the organization's territory disguised as bureaucracy – an excessive bureaucracy that is not exactly introduced to satisfy the client's needs nor the organization's agility,

… what can be said with some certainty is that if the Cotswold Community is to be experimental (and innovative) then it requires special protection – in particular protection from interference. The more it is buried in the administrative structure the more likely it is to have its freedom restricted by the need to satisfy too many authorities.

If it is true that monsters unequivocally need to be fed, it is also undeniable that feeding should come in just enough amounts of food. Too much nourishment can make a monster outgrow one's capacity to deal with it, and not enough food can turn any monster into a raging frustrated beast. Therefore, it is often adequate and useful to *feed the monster* just a bit, instead of abandoning it and fantasizing about its demise through starvation or confronting it directly underestimating its ability to annihilate us in a struggle. This well-dosed feeding process serves as a way of allowing the satisfied beast to be steered, like how an equine trainer tames a wild horse before being able to ride him. The steerer aims for a specific direction and leads the monster into it, nourishing it along the way just enough for it to continue moving, although not fully allowing it to decide which way to go.

In dealing with a potential external monster, we must also try to always be aware of internal monsters that can come into play and complicate the situation. Our internal monsters may be parts of our history, our triggers, and tendencies. Working on these aspects of ourselves can be a helpful part of a consultation process, to separate our potentially 'monstrous' projection onto the organization. We may rather see the monster in the organization than in ourselves.

For example, if we have experienced abandonment and have an excessive fear of it, this may easily get stirred up in an unstable work situation. So, for example, instead of being able to have a productive discussion on the need for cost saving in the organization, the fearful person, imagining redundancy, could become defensive and aggressive. The organization would then be perceived as monstrous and get attacked. The phantasy of the monstrous organization may become self-fulfilling if the organization (manager) retaliates in response to the attack. In such a case, the organization becomes identified with what is projected onto it.

Case Illustration: Baby's Needs
A board member of an organization with several different therapeutic services spent her days, mostly in one children's home. She could not avoid remaining excessively involved in the daily dynamics of the home and did not provide the necessary space to successive leaders and team members. As a consequence, they did not remain in office for more than a couple of months – either because it was hard for them to tolerate her constant presence and interference, or because she would fire them for never being good enough. Her need for control impeded the normal course of activity in the home, as well as the teams' autonomy, the professional satisfaction of employees, and the provision of quality care to children.

When a young baby boy was admitted to the home, it was this board member who took daily care of him. Superficially, the fact that she took care of this baby solved issues related to the necessity of hiring additional human resources. But on a deeper level, by taking direct care of this baby, she was

satisfying another order of her own needs, such as the need to be relevant and necessary, behaving as a surrogate mother of this child.

After a few months of the baby's placement, the therapeutic team stopped advocating for him to be sent for adoption or foster care. Not so much to avoid conflicts with the board, but rather because they didn't want to "annihilate" the baby. As put by Winnicott (1961, p.586),

> *"I once said: there is no such thing as an infant, meaning of course that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant."*

The therapeutic team perceived the baby's current environment to be important to him. Not understanding this and not allowing herself to become aware of her excessive involvement, she interpreted the team's apparent inaction as a sign of immaturity and incompetence, instead of care and preoccupation towards the baby.

To some extent, organizations are always a potential container for 'split off' parts of ourselves which we find painful. This can be a necessary containing function. Consultancy can provide a space to develop awareness and capacity to think about ourselves. Therefore, potentially being more able to own our painful parts and not needing to project them as a way of temporarily ridding ourselves of pain. Just as with an infant who projects his monstrous parts by creating external monsters, the result is that the monster is then always out there ready to pounce.

Autonomy in Leadership and Consultancy

Feeding the monster is, in a sense, about autonomy and how it is negotiated. It should be clear for any leader what they intend to achieve in their service or team. However, relating with different people at various levels of the organization while keeping an eye on the goal can be a greatly demanding task. This is especially so in contexts where considerable amounts of obstacles and impediments to innovation emerge throughout the journey. A leader should always maintain their autonomy and independence toward others (Miller, 1993b). Likewise, a consultant needs to stay exempt and free in thought and speech to be able to help individuals and teams develop professionally and organizationally.

It may not be easy for less autonomous leaders (or consultants) to perceive the vulnerability of the ones who are, to a certain extent, depending on them – particularly when there is a perceived monster scaring them or demanding food. This lack of understanding may leave them feeling unsafe and, thus, unable to bear the most challenging and demanding periods of their professional lives or the lives of their organizations. Consultancy may help achieve greater autonomy, and consequently, a more developed sense of self-efficacy and empowerment. Referring to children's trauma services, Lopes and Tomlinson (2023, p. 239) state that,

> … autonomous professionals (free/responsible), who themselves hold power and authority, will, in turn, be able to promote the autonomy of the children and families with whom they work, recognizing their power and authority to make responsible decisions about their own lives.

Decision-making is a laborious process that can benefit from autonomy and be harmed by dependency. Although the expression of dependency and autonomy is behavioral and task-related, it usually originates emotionally. Leaders need to have their emotional competence developed and consultancy can be a helpful professional tool for it. In this regard, we could even say that the leader and the consultant share a task, i.e., to be the receptacles or containers of dependency (Miller, 1993b).

The consultant provides a dependable container for the leader's 'working through' of change. This includes working on the overt problems and any underlying and potentially unconscious difficulties. Just as leaders do with their teams or services, the consultant meets the leader's appropriate dependency needs. The safety provided by this enables leaders to gain insight into their role and the relationships with their team and the wider organization (as well as with the consultant). As Miller and Rice state (1967, p.269), this process, which is intrinsic to consultancy, enables consultees to develop and mature in their capabilities,

> Long-term solutions to the problem of maintaining adaptiveness to change cannot … depend on manipulative techniques. On the contrary, they must depend on helping the individual to develop greater maturity in controlling the boundary between his own inner world and the realities of his external environment.

The safety, trust, and dependency in the consultancy relationship must always be with the aim of growth and maturity, rather than deepening dependency. The consultant must pay close attention to this. The dynamics can be powerful and seductive with tendencies toward the consultant as an omnipotent savior and rescuer. The aim is for consultees to develop and take up their authority. Of course, as defended by Miller (1993b), there is always a tension between dependency and autonomy throughout the processes of change in our professional lives, and in the lives of organizations.

HOLDING THE LINE

A line can be seen as a boundary between two things. Sometimes the line is clear, like a fence between two properties or geographical regions. Other times it is less clear and may be hidden, such as the boundary between our internal and external worlds or between phantasy and reality. Sometimes the boundary is easily permeable and other times less so. The permeability may be increased or decreased to facilitate or hinder the flow across the boundary. For example, what is allowed in and what is kept out. Sometimes the boundary is fixed in position and other times it is more fluid and continuously negotiated.

In work with traumatized children, the establishment of clear and appropriate boundaries is a central part of the work. This is true of all therapeutic work. One of the main reasons for this is that complex childhood trauma involves a lack of boundaries. The child may be treated as if she has no personal boundaries, for example, in abusive situations. The child may not be recognized as a person with distinct needs from the adult. In human services, there is always a struggle to maintain appropriately clear, helpful, and functional boundaries. This is because of human nature and the everchanging impact of inter-relational dynamics

and powerful emotions. In organizations that work with trauma, as the emotions involved tend to be even more powerful, the struggle can be especially difficult. Turner, McFarlane, and Van der Kolk (2007, p.424) summarize why this is so important,

> Since interpersonal trauma tends to occur in contexts in which the rules are unclear, under circumstances that are secret, and in conditions where issues of responsibility are often murky, issues of rules, boundaries, contracts, and mutual responsibilities need to be clearly specified and adhered to (Kluft, 1990; Herman, 1992). Failure to attend strictly to these issues is likely to result in a recreation of aspects of the trauma itself in the therapeutic situation.

As written elsewhere (Lopes, 2022), a leader's place in an organization is on the boundary between existing territories, bridging them. By occupying that interspace and being a sort of *boundary guardian* – clear about the role and tasks that belong exclusively to them – leaders can maintain duly limited professional relationships inside, outside, and around their organizations. The boundary position must be close enough to empathically understand and seek joint solutions with staff, and distant enough to be able to support and hold everyone accountable in a necessarily impartial way. As Ward (2014, p.68) states regarding residential care facilities,

> … leadership can now be seen as a role involving continual attention to boundaries – not only the literal boundaries between the residential unit and the neighbourhood, but also the metaphorical boundaries between the unit and the rest of the organisation to which it belongs, as well as the lines of distinction between all the groups of people involved – the staff team, the management team, the young people and unit as a whole, and the families as well as other professionals. The leader is continually monitoring the 'traffic' across these boundaries: where are the tensions, and what are the perceptions which each group holds both of themselves and of the others – as well as of the leader?

To conduct this complex and demanding role, a leader must maintain their position and not lose sight of where the limits are, or where the lines must be drawn and maintained. In other words, a leader needs to *hold the line* and stay in their role. In sports language, this could be put as the importance of playing in a zone rather than one-on-one marking. The job is to resist being pulled out of position and not focus too much on an opposing player.

In jazz music, it could be referred to as the importance of the drummer keeping the time while the soloists develop their improvisations. The drummer must be responsive to the soloists, replying to the musical phrases being played, being creative and improvising, but must not lose track of time or their primary function as timekeepers within the band. Similarly, the leader should always lead the team, not devaluing of course, the importance of being part of the whole, listening to others, and being responsive to each staff member, and adapting accordingly.

There is a difference between being adaptive and responding to a situation rather than reactively being dragged all over the place by the latest crisis. The first means staying in and

holding a role, whereas the second suggests moving out of a role. Leaders must be able to *hold the line* and stay in their role.

We all have our unique combination of defense mechanisms which may or may not help us to stay in our role in challenging circumstances. Defense mechanisms are unconscious ways we develop to respond to threatening situations to protect ourselves from reality. A small amount of defense mechanism may allow us to function by blocking out a bit of reality, which may be potentially overwhelming. If too much reality is blocked out or distorted, we may be able to function, but not effectively, as we are 'out of touch'. With few defense mechanisms, we would be highly aware and sensitive to threats but more easily overwhelmed.

Defense mechanisms develop during our formative years and are either reinforced or challenged by the environments we find ourselves in as adults. This includes the type of work we choose to do and the organizations we find ourselves working in. Depending on our specific organizational contexts, the roles we play, the tasks we perform, and the way we conduct our work, we develop diverse ways of coping and managing ourselves (Menzies Lyth, 1959; Obholzer, 1987). As Menzies Lyth (1985, p.254) argues, this is particularly important in trauma services because,

> There appears to be a need for constant vigilance if the defence system operated in the institution is to be sustained at a mature level and indeed to be adaptive rather than defensive, for it will be under constant threat.

Avoidance and denial seem to be frequent mechanisms found in leaders of children's therapeutic services – to deny the existence of challenging issues, avoid dealing with them, or with challenging and argumentative staff members. For instance, in a situation where there is a conflict between people, or where the leader anticipates a potentially conflictual conversation with someone.

Feelings like anger, shame, or guilt may arise in people when the leader calls their attention to sensitive matters. People's self-image, self-concept, perceptions of self-efficacy, etc. may be challenged and, in turn, trigger them to react toward the leader. Leaders who are excessively preoccupied with showing empathy towards professionals or with developing close relationships with staff may withdraw from having open assertive interactions with them. Thus, important opportunities to hold professionals accountable for their attitudes and behaviors may be missed.

These difficulties can inclusively be expressed in formal moments like ordinary team meetings, or individual meetings for feedback or performance appraisal. Denying the importance of such moments to the extent of avoiding or canceling them is detrimental to the quality of all relationships within the organization and to the work being done with clients. Less assertive leaders may tend to engage in positive countertransference dynamics, over-empathizing with staff's difficulties. Impulsive leaders, on the contrary, can tend to mirror staff's aggressive projections – *acting out against them*, with negative projections.

At first sight, the former responses may be seen as socially better adjusted than the latter. However, both are harmful and do not dispense the importance of dealing assertively with sensitive issues on the spot to preserve individual and team health. Effective leaders act in an attuned way to support and influence individual and team dynamics. They ensure enough empathic respect for professionals, promoting their responsibility and accountability, and supporting their professional development. They *hold the line* and tolerate the countertransference. As put by Carpy (1989, p.289) regarding the role of a psychoanalyst, tolerating the countertransference does not mean the ability to be unaffected by projections or to,

> … distance oneself from the heat of the emotional interaction, or to 'hide' one's emotional response from the patient. An analyst who responds in these ways is likely to be experienced by the patient as distant, or cut-off, or frightened, or insincere. What I do refer to is the ability to allow oneself to experience the patient's projections in their full force, and yet be able to avoid acting them out in a gross way. To do this, one must be able to avoid being taken over by the experience, but I believe it is *inevitable* that if the projections are fully experienced, then the countertransference will be acted out to some partial degree.

While Carpy is talking about psychoanalysis, the same dynamics of transference, countertransference, projection, and projective identification occur in organizations that work with traumatized children. Often the most powerful dynamics are experienced by leaders and managers in such organizations. Indeed, they can be an appealing target of sometimes complex dynamics and defenses occurring within the organization.

Case Illustration: Unbearable Countertransference
A carer in a children's home went on medical leave for not being able to deal with strong ambivalent feelings (containment vs. explosion). This happened while witnessing a situation of outstandingly extreme verbal violence of a 16-year-old boy directed at the children's home manager. This carer manifested that she was not yet sufficiently secure and aligned with the organization's therapeutic model. She did not yet fully understand the codes (thought and action) that would transform a reactive intervention without thought into a trauma-sensitive one.

The manager understood the enactment and the necessity to allow the young person to project hard feelings at him without counter-transferring aggressively. Hence, he stood there while the young person shouted, name-called, and threatened. He was attentive to his own verbal and non-verbal communication, validating the young person's feelings. When appropriate, he spoke calmly, respectfully, and assertively, guiding the interaction into a dialogue, and aiming for a resolution.

The carer already rationally knew the fundamental aspects of trauma-informed care, so she was able to hold back and not act explicitly on her feelings. However, she could not understand what was going on and how important it was to give sense and meaning to the boy's behavior. Her will was to make that violent interaction stop immediately. She came to feel the urge to be physically violent towards the young person, and thus protect the manager from the violence that was being directed at him. She made a huge effort to remain on the job until the end of her 'shift'. However, after leaving

the children's home she went directly to her doctor for an emergency visit. There she exploded crying in total despair, was diagnosed with burnout, and put on medical leave.

As well known by experienced professionals working in children's trauma services, feelings can be easily transmitted through projective identification from clients to staff. A climate must exist in the organization where professionals can have the opportunity to acknowledge disturbing feelings and receive proper support in dealing with them while remaining focused on the primary task (Shohet, 2018). If not well contained, staff may start projecting their hard-to-deal-with unacceptable feelings towards their leaders, clients, and others who are involved such as social workers and families of clients. Supervision and consultancy for teams and leaders are important processes in human services organizations. Among other benefits, consultancy is vital to a leader's ability to maintain position, as pressures to abandon it can come from various sources, sometimes quite forcefully. For example, the temptation to rely especially on one team member for companionship can arise easily, unexpectedly, and seductively – as an invitation to collude. Succumbing to this temptation can be negative and dangerous to a team's and organization's stability. Not only because it may mean an abandonment of position by its leaders, but also an invasion of a territory that should remain occupied exclusively by them.

The ability to *hold the line*, *guard the boundary*, *play zone defense*, *or keep the time*, implies remaining in a solitary place. This professional solitude often needs to be compensated for outside the workplace, and external consultancy is a privileged venue for that (Ward, 2014), where leaders can be aided in designing their path toward building or consolidating themselves as leaders.

Boundary Management in Leadership and Consultancy
Holding the line is important both for the leader and for the consultant. After all, in their ways, both are leadership roles. This means that leaders and consultants stand in a lonely place and are easy recipients of intense unconscious material projected toward them by the people they work with. As Mosse (2019, p.7) argues,

> … managers are likely not only to be caught up in the unconscious dynamics of the very organizations they are leading but in addition are likely by virtue of their leadership roles to be subject to particularly strong and entangling projections from staff. Anybody seeking to undertake… organizational consultation… will have similar experiences. How is one to 'catch' and reorient oneself within the powerful unconscious psychic currents that run through all groups, particularly when their unconscious defenses are under scrutiny?

If consultation is to be of any aid, consultants must also maintain their position assertively. Otherwise, limits can become blurry, and the consultant's ability to provide adequate support to the consultee is negatively affected. The consultant is an external resource that steps into the organization (sometimes literally, other times – more contemporary digital ones – symbolically) and works with professionals that belong to it. This seemingly paradoxical condition of both consultant and consultee(s) – external vs. internal – imposes

that consultation does not occur internally nor externally to any organization, but on its boundary. As wisely put by Silveira (1991, in Wilson 2003, p.221) referring to consultation in children's residential services, the consultant is "the nonresident crossing the boundary every time he visits, looking in and looking out". Thus, Wilson (2003, p.232) states the value of the consultant being external and not an employee,

> The consultant has a unique relationship to the organisation, being invoked from outside, rather than employed from within. The life of the consultant can be, in fact, a lonely one, positioned always on the boundary, usually not up to date with the fast-moving currents of community life, and often weighed down with the volume of community anxiety that is deposited in the consultation.

The strength of this position is that it can help the organization to see its 'blind spots' which inevitably occur when the work so powerfully tends to embroil people in it. If consultants can remain connected but not embroiled or compromised by institutional pressure, they can offer "a bird's eye view, without, as it were, having too much institutional wool being pulled over it" (ibid). Here too, similarities can be found between the role of consultants and the role of leaders or managers – as referred to by Moylan (2019, p.27),

> This kind of understanding is not limited to consultants. Managers or other members of a team can learn to stand back from their experiences and to use their feelings to understand what is going on. By knowing about ways in which the institution can become 'infected' by the difficulties and defenses of their particular client group, staff are more likely to be aware when this is happening, and to use their feelings to tackle their problems in a direct and appropriate way, rather than resorting to avoidance or despair.

Both consultancy and leadership require full self-differentiation and as argued above, a good amount of loneliness. In fact, self-differentiation and loneliness are enabling ingredients for critical thinking, emotional intelligence, and the capacity to identify unconscious processes occurring in oneself and others.

Dockar-Drysdale (1971, p.113) explained how consultancy may arouse complicated feelings in professionals, such as envy or anger. On the one hand, the envy of the consultant for understanding something that is not yet perceivable to the professional. On the other, anger at oneself for failing to realize things that after being deciphered by the consultant, seem so evident. This is at the core of the consultant's problem,

> … how to help and teach clients, without arousing conscious or unconscious envy, so intolerable that clients may be unable to make use of the help or the teaching, however valid and valuable this may be.

We believe this may also occur in the relationship between staff and their leaders or managers.

Case Illustration: Staying in Role

During the most intense period of the COVID-19 pandemic and in a stage of highly restrictive confinement, all staff in the children's home, including the manager, had to care directly for the young people and take care of daily routines and chores. The manager worked long hours: during the day, directly supporting staff and young people, and taking care of the home; during the night, after bedtime, completing administrative and bureaucratic work.

One day, after cleaning the dining room with a young person, the young person turned and looked the manager in the eye, and said: "Thank you, janitor!". Those words echoed in the manager's mind for days. In an individual mentoring session, the manager exposed the situation to the mentor, who helped him realize that he had stepped away from the managerial and leadership boundary too far and for too long.

That may have been the young person's way of saying that the home needed the manager back in business and his usual role. Through mentoring, the leader realized that he had moved away from the line he was supposed to be holding because he was trying to avoid contact with his team. He was busying himself with daily tasks but not paying attention to his team. Staff members were particularly anxious given the fears brought up in them by the pandemic (fear for their health and safety, their family members, and the young people), as was he. Their anxieties were extremely hard to contain, so the leader defended himself by concentrating on daily chores, and on administrative and bureaucratic tasks, thus avoiding connection with staff. When more explicitly returning to a management and leadership position, signs appeared revealing the leader's deviation from the boundary that should have always been guarded – e.g., young people reacting more aggressively to carers and demanding to solve issues directly with the manager; staff protesting about working hours and showing difficulty in regulating their emotions before the manager.

EXERCISING RESPONSIBLE INSUBMISSION

With this third and last metaphor, stated as if in search of a concept, we intend to share some ideas regarding the importance of critical thinking, self-determination, and professional integrity in working in children's therapeutic care services.

A few years ago, in a consultation session, a client who was leading a children's therapeutic service shared his frustration and near hopelessness about the fact that the board was adopting a strong autocratic style towards management. Leadership authority was being undermined by new managerial procedures that overvalued administrative concerns over children's needs and interests. New procedures were being determined by a group of people with little experiential or academic qualifications in childcare or social work but with a lot of power on their hands. It became obvious that these procedures would severely compromise the delivery of good enough care for children.

Our professional experience tells us that this type of situation, although never desirable, is ever frequent in the life of such organizations. They may cause various kinds and degrees of disruption in services and teams and contribute to leaders' and staff's confusion and insecurity. As mentioned previously, to preserve integrity when the organization is being threatened by outside forces, it is beneficial to utilize the authority and autonomy granted by the institution. However, sometimes the *enemy lies within* and purloins the fundamental

authority that should be internally accredited to professionals. It can then become extremely difficult to resolve the dilemma that inevitably emerges between following guidance from superiors or meeting clients' needs.

Resorting to science and research is important to contact with evidence-based practices indicated in specialty literature. This gives us access to information on strategies that tend to work in our field and allows for linking research-informed evidence with our clinical and social expertise, as well as our clients' individual needs. Critically reflecting upon these linkages, one can then self-determinately opt for client-focused responsible action, instead of complying blindly with institutional policies. On occasions, when organizational guidelines and procedures are based on institutional needs and not on clients' needs, this responsibility (i.e., response + ability = the ability to respond) may mean acting in a somewhat oppositional or defiant manner (i.e., rule-breaking). In other words, we argue that, for professionals who find themselves in these predicaments, behaving *insubmissively* can be an act of responsibility.

The type of *insubmission* or *anti-organizational tendency* we are mentioning here does not refer exactly to delinquent behaviors like mirroring aggressive impulses frequently found in clients of children's trauma services, such as stealing objects, destroying property, or being violent towards people. It does, however, in a Winnicottian way, refer to hope. It implies hope (Winnicott, 1956, 1967), or in other words, the feeling that something that is desired and justly required can be achieved. Namely, respect for children's best interests and organizational responsiveness to clients' needs.

Responsible insubmission also does not concern a kind of adolescent state. Oppositionally defiant adolescents may tend to be self-centered, impulsive, and reckless in their actions. The *responsibly insubmissive* professional, in contrast, focuses on the needs of others (i.e., clients) and acts thoughtfully and deliberately, soundly and sensibly toward them. It may be argued that this kind of behavior is not insubmissive. But that depends upon the definition that one uses. Insubmission can be serious or minor. It can be to cause harm or to stand against injustice. Rule-breaking may be defined as insubmissive or as a way of making an ethical stand. There may be occasions when it is necessary to break the rules, turn a blind eye, and go against what the majority considers to be correct. Some might call this insubmission. These situations can test our courage to the core. If we have tried every reasonable avenue for discussion and we believe no sensible decision has been reached, we may feel that choosing not to submit is the only option left.

Zaleznik (2009) mentions a quartet of fundamental elements for individuals' autonomy and authoritativeness that we believe are particularly relevant in this regard:

1. Impulse control – maintaining ego capacity and being rational, tolerating frustration, and delaying motor action in responding to forces emanating from the environment and the psyche
2. Moral capacity – a formed, structured, and functioning superego that enables the individual to distinguish right from wrong independently of the constraints or controls imposed by others

3. Competence – the vast set of knowledge, and technical and social skills required to take care of oneself and look after others, and finally
4. Maturity of defenses – defenses as regulatory mechanisms that maintain their valuable function of assuring individual stability and constancy concerning reality.

We believe that in the specific case of professionals in positions of authority, the presence of this set of elements constitutes the substance of their ability to exercise *responsible insubmission*. Thus, when facing dilemmatic situations in which simultaneous respect for the best interests of children and the defined institutional procedures proves impossible, they can critically, self-determinedly, and with integrity, opt for the former.

Case Illustration: Breaking the Rules
The organization's administration was pushing a manager to implement a set of new procedures regarding budget management in a children's home. These procedures would seriously compromise the ongoing provision of individualized care for each young person. The manager became uncertain and ambivalent about what to do. On the one hand, she felt the need to comply with his superiors' directions and the institutional rules. On the other hand, she knew that, as manager of a children's home, one of her main duties was to provide quality care. She realized that complying with the institutions' new set of procedures would inclusively mean disrespecting fundamental principles defined in the legislation. She thus chose to act against those procedures. She would rather have to deal with an internal disciplinary issue, than with a legal process. She then explicitly communicated to her superiors and her team that she would not follow through with several of the new procedures and took the time to explain why in a detailed manner.

Consultation was a valuable resource to develop the necessary safety to proceed and follow through with this position and to explore associated fears. Namely, the fear that her team would not understand what was at stake and, consequently, start showing incompliance towards her. The manager felt that her position could be perceived by her team as delinquent and, therefore, justify other delinquent behaviors. She felt that her act could be role modeling inappropriate rather than responsible insubmission. Consultation enabled the manager to consider her fear of authority and the risk of being perceived as delinquent. Her stand was ultimately in the interests of the young people, even though it may have been perceived as delinquent by her superiors.

What happened then was that this manager's position ended up serving as a way for the administration to readjust institutional policies, resulting in a positive outcome for other of the organization's residential care homes struggling with similar issues.

Integrity in Leadership and Consultancy
Responsible insubmission requires openness, assertiveness, and ownership, and rejects secrecy, manipulation, and collusion. *Responsibly insubmissive* leaders, for example, in dealing with child-unfriendly institutional policies would communicate clearly to their hierarchies and teams where their boundaries are situated. Assertively communicating about one's boundaries potentially grants clarity to everyone involved.

Adopting policy-conflicting behaviors without everyone's knowledge – or worse, in secrecy from management but in collusion with team members – would just be plain delinquency, and thus, irresponsible. Furthermore, such an attitude from a leader would not contribute to safeguarding the best interests of children nor organizational efficient responsiveness to clients' needs. On the contrary, it could model similar irresponsible attitudes from staff, which would be highly disturbing to the relationship system and seriously compromise the leader's authority. Having said this, we could argue that the frequency of *insubmissive* acts in an organizational system may not mean that its members are irresponsible, but rather, that the existing norms and procedures may be inadequate and need revision.

Without assistance, it is seldom easy for professionals to diagnose and stay aware of complex dynamics in themselves and their organizations – at least without any risk of developing less mature defenses. A consultant can step in and play a key role in assisting professionals – especially leaders – to do this. According to Miller (1993b, p.216),

> The primary task of the consultants… is to try to clarify, as rigorously and uncompromisingly as they can, processes as they occur, the proposition being that this is the best way of helping members of the client system to discover their own authority.

However, be it with individuals or with teams, there is a possible risk of consultation inducing the emergence or the increment of *magical thinking.* That is, the belief that one's ideas, thoughts, actions, and words can influence the course of events in the material world (cf. Encyclopedia Britannica). Wilson (2003, p.222) explains how fantasy can arise during a consultancy relationship,

> For many, the term 'consultant' takes on a rather weighty, even pompous tone – management and organisation consultants, consultant psychiatrists, surgeons and so forth. All conjure up notions of heightened esteem, superior knowledge and mysterious power and a promise of bringing about rapid change and remedy. These, of course, may as much reside in the eye of the beholder as in the claim of the provider. But nevertheless, too often, fantasy prevails, fostered on all sides that something near magical might happen – a fantasy that does not serve well the ordinary purpose and necessity of consultation in any organisation.

Magical thinking can be introduced in the consultation process both by consultees and consultants. It can also be that, although introduced by the consultees, consultants do not act to end it and, aiming at satisfying their own needs, collude with the consultees' initiative. This often introduces confusion in the process and undermines the efficacy of any consultation.

One can easily understand that exercising *responsible insubmission* is risky. Again, it means operating on the boundary, often simultaneously on various levels. For example, the boundary between a team and the organization, between a manager and the team, and the boundary between right and wrong from ethical and legal viewpoints. Hence, in this work, leaders and consultants need to be clear about their boundary positions. It can be quick and almost imperceptible to become off-limits.

An alliance is needed between consultants and the individuals they consult. But this alliance, despite benefiting from empathy, develops primarily through values and principles such as rigor, clarity, transparency, responsibility, professional and organizational development, quality, and results. Undoubtedly, when well enough provided, consultancy can aid professionals to dwell in this difficult zone of *responsible insubmission* and exercising this position as a strategic asset to struggle for better quality care in children's therapeutic services – not all the time, but always when needed, to keep acting with integrity towards management, teams, and clients.

CONCLUSIONS

The essential undertaking in children's therapeutic services is the provision of primary experience to clients (Dockar-Drysdale, 1966) by stable professionals and organizations (Winnicott, 1947). But in such services, professional and organizational stability may be hard to achieve and even harder to sustain.

The powerful dynamics present in therapeutic children's services can lead to the temptation of using consultancy defensively as a way of avoiding anxiety and potentially hard, painful work. This avoidance can happen at the individual, team, and whole organizational levels. But as Whitwell (1998) highlights,

> Consultants can play an important part in helping to prevent this because they are less likely to get drawn into a collusive system. Their job, in my view, is to be a continuous irritant in the sense that the equilibrium is disturbed by fresh insight and feedback, which the staff group, by themselves, may not see because they are too defended or "can't see the wood for the trees".

On occasions, there may be a wish to use consultancy to satisfy needs that are not task-related or that are related to deficiencies within the organization. For example, to,

- Push the consultant to assume the role of decision-maker – due to a lack of ability or courage to autonomously make decisions.
- Use consultancy for performance appraisal (of the consultee or others) – due to organizational insufficiencies regarding these matters.
- Seek the consultant as a peer or a friend – to compensate for feelings of loneliness and to obtain empathy regarding difficulties at work.
- Resort to consultancy for validation of previous knowledge and perspectives or expect it to be solely focused on developing technical competencies – hence ignoring or avoiding its use as a space for personal growth.

When consultation is delivered to a team or group, other needs, and more or less conscious initiatives to suppress them, may also appear. For instance, to,

- Use consultancy to seek personal approval, by showing knowledge in group sessions and thus attempting to get compliments from the consultant.

- Use consultancy to seek interpersonal acceptance, by disagreeing or even conflicting with the consultant and thus trying to get support and status in the team.
- Use the consultant as a container for projective and transferential material that people are not managing to work on within the group.
- Push the consultant to take sides on a split team.

Consultancy can truly play a key role in individuals' ability to make sense of work and institutional life. By helping professionals become aware of the unconscious processes that are present in them, and by providing reliable expert advice when needed, consultants can safely contain the most significant or pervasive anxieties of consultees.

Especially in the case of professionals in management positions, through the relationship and connection developed between consultant and consultee, consultancy can be an indispensable venue to provide the leader with the space to compensate for the necessary singular and lonely place they inhabit. Plus, it can also help enable them to contain the anxieties of their staff and find solutions to highly demanding complex issues going on in themselves, their teams, and their organizations. As put by Ward (2014, p.171),

> … there needs to be a range of expert support services provided for the leader in terms of both line management and external consultancy… it is only with clear lines of accountability that the leader can have true authority and appropriate confidence. In addition, and regrettably still something of a rarity, is the importance of the leader having regular access to external consultancy or mentoring. A relatively small ongoing investment of resources in such an external support system will pay for itself many times over.

Children and families who are clients of therapeutic services have special needs. Attending to those needs requires special professional and human qualifications. It requires making therapeutic use of oneself to aid children and families through their psychosocial rehabilitation and recovery processes. This often comes with personal pain and sacrifice, besides professional demand and exhaustion. Clinical supervision for teams, mentoring for professionals and leaders, and organizational consultancy are fundamental tools for the quality of individuals' performance and for the efficiency and effectiveness of organizations. Indeed, in a field as complex and overwhelming as trauma recovery, having experienced consultants can be an invaluable resource.

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His experience spans from 1985 in the field of trauma and attachment-informed services. He began as a residential care worker in a therapeutic community for young people and has experience as a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in several countries, Patrick has helped develop therapeutic models that have gained national and international recognition. In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

• Therapeutic Model Development
• Developmental Mentoring, Consultancy, & Clinical Supervision
• Character Assessment & Selection Tool (CAST): for Personal & Professional Development, & Staff Selection
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