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JOURNAL ARTICLE

Original citation: Kenrick, Jenny (2007) [Clinical commentary: On: an eight year old girl in foster care receiving therapy](#). Journal of Child Psychotherapy, 33 (1). pp. 99-103. ISSN 0075-417X

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Clinical Commentary

Clinical material

Background

Jackie is an eight-year-old girl who is from a white, British, working-class background. She was born and brought up in the north of England. She was referred to the local CAMHS team by her social worker with the request that she receive therapeutic support to help her manage the transitions with which she was faced. At this point and subsequently, Jackie had frequent angry and violent outbursts that sometimes involved her being restrained. She had been excluded several times for attacking and swearing at school staff. These outbursts dated back to when she was taken into the care of the local authority.

Jackie was placed in a short-term foster placement two years ago and she has been able to stay with the same carer throughout this time. She has a much younger sister who was placed in care shortly after her birth and she has now been adopted. Social Services were involved in Jackie's life from a relatively early age; she has experienced a great deal of chaos and neglect as well as witnessing episodes of domestic violence and inappropriate sexual behaviour. Jackie has regular supervised contact with members of her family.

Following assessment, once-weekly psychotherapy was recommended and the session recounted took place a year into treatment. Network meetings are organised on a half-termly basis and this session took place a couple of days after the network met. The subject of the meeting was raised during the previous session but Jackie was reluctant to think about it with me. When Jackie started to attend sessions the plan was for her to be adopted, however, this changed to long-term foster care as no suitable adopters could be found within the period stipulated. At the time of the session, a long-term placement was still being sought whilst a family member had also decided to make yet another bid for Jackie to be returned to her care. A move away from her carer, her school, her city and her therapy, was likely to take place with little notice.

Understandably, the first year of Jackie's therapy has been characterised by controlling behaviour that heightens when there has been a change in the external setting or following contact visits. As can often be the case in transitional work, the balance of focus on the internal or external world, as well as the positive or negative transference, has been a continual struggle. In the transference, I am usually experienced as the inadequate, fragile parent who always gets things wrong but has to be protected, whilst at other times I am the denigrated child that is despised and not wanted. More formal interpretations are usually dismissed and have precipitated her leaving the room; a

simple approach of attuning to states of mind and acknowledging thoughts and feelings seems to have facilitated development.

Session

As I walked into the waiting room, Jackie was just sitting down at a children's desk with pencil and paper in hand. Following last week's difficult journey along the corridors to the therapy room, I felt relieved when Jackie looked up and smiled at me. The preceding week she had refused to come to the therapy room without her carer; she spent the session 'sorting out' her box so that she was ready to leave.

Jackie made no attempt to move until her carer (Mary) said that I was waiting and suggested that she could take the piece of paper home with her and finish her drawing later. She got up and gave her carer a hug and a kiss before coming with me.

I noticed that Jackie was wearing a new outfit rather than her school uniform. As we walked up the corridor she made a point of looking down at her pristine white trainers, I looked at them too and said that she had some lovely new trainers on; Jackie gave a beaming smile and nodded, she went on to tell me that she received her new clothes as a birthday present from Mary. Jackie then started to tell me that her school was closed because there had been a flood the previous day.

As we walked into the room, Jackie adopted the usual routine of putting the light on but as the room was bright and filled with sunshine, she hesitated and decided to leave the light off. Continuing with the same subject, I said that she seemed happy about not having to go to school, she nodded and smiled whilst telling me that after the session, she was going to pick up Georgina (Mary's granddaughter) and that she was coming to stay with them for the day. I asked what that was going to feel like for her, Jackie shrugged and I said that I remembered how sometimes it feels that Georgina has all the things that she would really like; Jackie shrugged again and said that it felt okay today because she hasn't seen her for a long time. I felt concerned with how Jackie was going to manage the visit and was thinking about how to explore this further with her when she returned to the subject of the flood at school. With excitement, Jackie talked about how all of the water went rushing into all of the classrooms. I said that it sounded quite frightening; Jackie shrugged and said that she wasn't frightened, but one of the teachers did faint when cracks started to come through the ceiling in the computer room. Jackie added, in a matter-of-fact tone, that the teachers told the children to be calm but they weren't themselves, they were all stressed. I said that it can be very hard for the children when the adults are worried. Silently, I thought about the high level of anxiety present in the adults during the last network meeting when we discussed Jackie's future and I also thought about Jackie's struggle to not be 'flooded' by the surges of emotional distress that she tries so hard to stem.

Jackie wanted my help to rearrange the sofa cushions so that she could make a badger's den. When she'd finished constructing the small enclosure she asked me to get in, I replied saying that it was too small for me to fit in but I could see that she'd created a safe, cosy home and maybe she'd like to try it out. Jackie refrained from climbing in but instead she looked down to admire her new shoes again. I thought that she may have felt a bit hurt when I didn't climb into the den and I suggested this to her; Jackie shook her

head in disagreement. She went on to tell me that her top, trainers and jacket were the same make, I agreed and said that she seemed very pleased with her new outfit. Jackie sat down in the chair opposite me and in quite a factual, grown-up manner, told me that she has high-heeled shoes and mini-skirts that come right up to here, indicating her upper thigh with the side of her hand. Silently, I remembered Mary telling me at the last review that Jackie had recently had contact with a close family member who had dressed her up in clothes and make-up that were more in keeping with adult dress. Jackie had said to her relative that she didn't think Mary would like what she was wearing. I asked Jackie if she liked high-heels and mini-skirts, she nodded and smiled, and then she asked me if I did. I replied to Jackie saying that I thought she was asking me if it was okay for people to be different and to like different things. Jackie asked me what the time was and when I said that we had 25 minutes left, she said that she needed to go to the loo. Whilst waiting for Jackie to return from the loo, I thought about her sensitivity to my responses and how readily she experiences my words as rejecting.

As we walked back to the therapy room, Jackie asked me about the signs indicating the various room numbers, I said that she'd noticed the signs today and they help people to know which direction to go in. Jackie nodded, seeming to be satisfied by my answer. The thought of Jackie feeling lost and not knowing where she will live, came into my mind. Back inside the room, she collected two pieces of paper and gave one to me; she led by cutting out an oval shape that was then coloured in yellow to make a lemon. Jackie explained that she liked sour tastes, I wondered about this and asked if she knew anyone else that did too, she told me that her mummy and daddy did. I said that she'd been thinking about mummy and daddy; Jackie nodded but didn't say anymore. After a couple of minutes passed (now she was drawing another fruit, which I couldn't identify) I said that we'd had a meeting here last week to think about her and what it was like to have to keep waiting and still not knowing what was happening and who she was going to be living with. In a slightly omniscient way, Jackie said that she did know what was happening, at first she was going to be adopted but now she is going into long-term foster care. I replied that maybe she had been wondering about why the plan had changed (the thought of her younger, adopted sister came into my mind), Jackie shrugged and I felt lost for something to say that would soothe the terrible reality of little interest being shown in her advert. In a quiet and soft tone, I said that it was so hard and so unfair. Jackie finished her drawing and I was instructed to copy it. As I was drawing the lemon she pointed out that I had made a few mistakes, she corrected me and then offered to do it for me. I was aware of feeling inadequate and noted how familiar this role had become.

Jackie got up to play with the ball; we had a few turns of our commonly played game of counting how many throws we can make without dropping it. I started to say something about how difficult it can feel to get things wrong and to make mistakes when Jackie looked at me and smiled, she said 'You don't have to be posh to be privileged'. I wondered where that had come from and Jackie said it was from the advert with the posh woman who drives a car. She put on a 'posh' voice and repeated the phrase. I asked her if she thought I was posh, she nodded and smiled, I couldn't help smiling too and I asked if she thought Mary was as well. Jackie nodded and said that Mary says 'isn't it' and her mummy, daddy and herself say 'innit'. I said that she was thinking again about people being different. Jackie told me the name of the road she was

brought up on (a notoriously deprived local estate). Before I had a chance to reply, she said that she wanted to go now and she went to the door, I said that I thought she was telling me about something very worrying that was difficult to talk about, she nodded and went to open the door. I continued that I could think about what she was telling me but she didn't have to talk about it if she didn't want to.

Jackie came back into the room for a few moments to show me a song and dance that she had made up. With actions, she sang the dated pop song 'Oh Mickey you're so fine, you're so fine you blow my mind . . .'. Jackie then said that she wanted to go, she wanted to finish now and she stood in the doorway. I said that she had five minutes left still and I asked her to come back in the room and close the door. Jackie left the room and I waited for a few moments before going to the door; she was standing in the corridor, waiting. I agreed that we could finish now and we would be back together next week. We walked side by side to the waiting room where I said goodbye to Jackie and Mary. As I was walking away, I heard Jackie tell Mary that we had finished early today; there seemed to be a hint of triumph in her voice.

Commentary by Margaret Hunter-Smallbone, consultant child and adolescent psychotherapist and Division Manager, St Albans Child & Family Service

This is a very painful session where the therapist's receptivity and sensitivity lays bare the struggles of an unwanted child to find herself an identity and a home. I am struck by the gritty determination of this 8-year-old girl. She is in a situation that is so hurtful that the therapist has to work hard in order to bear witnessing it. Excluded from her birth home, she is meant to be waiting for a permanent placement. We can see that she is doing no such thing. She is holding tight to the home and carer that has been hers for a quarter of her life, her home from 6 years of age. It will be important for the adults managing her life to acknowledge how strong is her current attachment and her ability to have held on to it. This is her achievement, not to be overlooked. Jackie has managed to stay in her foster home, to like what her foster mother gives her and whatever Jackie has done over the past 2 years, to not push foster mum beyond her capacity to bear her. If I notice this, it is because it is not uncommon for an angry rejected child to work assiduously to slough off her own hopelessness and rage onto the foster carer as the placement breaks down. So Jackie is not doing that badly with the situation she has been dropped in.

The therapist is right; Jackie sees that the adults are struggling with the flood that becomes a metaphor for her impending move. She denies her own fear but describes the teacher as fainting. It is an interesting word to use because it depicts the teacher as losing consciousness of her situation when in extreme danger. So we hear Jackie's slight scorn for adults who cannot bear catastrophe and her accusation to grown-ups who are felt to accuse and criticise the children for what they do themselves 'to be calm but they weren't themselves, they were all stressed'. This is probably a key constellation of feelings for Jackie. She feels persecuted by the adults' demand to bear her situation. No wonder she leaves the room or changes the subject when she hears these requests.

What is needed perhaps in this flood and what is lacking, is the idea that the adults and children are in it together and must do their best to help each other. This may appeal more to this fearless little girl who is trying to make her own home in the session.

I have been thinking a lot about attachment styles recently as the vogue for these concepts shows that they may be easier to grasp than 'object relations'. What is at the heart of attachment is trust and dependency – can the adult be trusted to help the child? It is a common solution if the child cannot trust and yet must depend, to try to control the adult. Cichetti and Toth (1995), in their work concerning the consequences of infant maltreatment, cite research evidence to show that by four years the poorly treated, insecurely attached child is controlling to their carer, by six they have generalised this style to have mainly controlling relationships.

Children in foster care may be well adapted to survive the poor care-giving styles of their parents and, more sadly, they may need these controlling ways to give them some sense of mastery in a care system that will take two or three years to find them a permanent home. It is difficult to argue that the child should trust us when we cannot trust ourselves to get them to a place of security.

Jackie knows where her best bet is though. She was not pretending that she did not care about her foster-mum. She was clinging to her, causing trouble on 'the difficult journey along the corridors to the therapy room'. The analogy is persuasive; she refused to come without her carer. She was saying she does not want to leave this carer. In this session too, Jackie demonstrates her feeling of protest at having to leave her foster-mum behind. The hug and the kiss are to show the therapist where Jackie's loyalties lie and have the added meaning of making the therapist occupy the role of an unwanted person. Similarly, Jackie loves the trainers that were a gift from the carer and their presence acts almost as a transitional object to encourage her to separate. She smiles and includes the therapist at this point. This is a child who can take in good things.

Then we have the passage about the flood with which her therapist is in tune.

When Jackie makes a badger's den I wonder is she attempting to show the therapist what a survivor she is and the request for the therapist to climb in may have the meaning – you go first, you see what it is like, I want to stay with someone who gives me new shoes that complement what I already have. But the association of her clothes matching leads her to a different match – that of herself with her birth relatives. Jackie shows herself to be acutely aware of the difference and disagreement between her foster carer and her birth relatives. We come in this way to what I see as the other great theme of this session: Who is Jackie and where does she belong? This is an issue that affects every child brought up outside their family of origin. It is often approached via the trappings of class or culture or family styles. I think Jackie is acutely aware of differences in manner and belief between her foster home and birth home. Usually foster carers are middle-class liberals. Usually children in care come from families who are poorer, working class, more authoritarian in their beliefs. No one likes to admit this but the birth family will often cite it as a convenient reason for why their children are taken away.

It is possible that since I do not know the details in this case, the generalisation may be an inaccurate caricature. My experiences with children in care has sensitised me to these unmentionable aspects, which I then see children struggle with alone. The other common theme is how the foster-carers' children are more loved than the fostered children. How can we pretend this is not so? These hard facts are an important part of what the child has to bear and they will be endlessly addressed during their turbulent adolescence.

In Jackie's session she is raising the idea that being Mary's girl is different from being mum or aunty's girl and if she moves to another home she will have to adapt again to another posh family. We therapists are posh so we do not get this, Jackie thinks. But according to the material, Jackie is not thinking of her next posh home. She is thinking that she must revert to being mummy and daddy's girl who says 'innit' and who likes sour lemons. Jackie's song-and-dance routine links, I imagine, to this identification. It is about boyfriends and a hint of drug culture – not that I believe Jackie will know this – but it may be the kind of thing her relatives feel is cute and she is showing her therapist – 'this is who I am now'. This supposition is reinforced by Jackie wanting to leave at this point. Now she is anxious to get back to her foster-carer and re-establish a safer place to belong. The attachment strength of the girl of a poor care-giving mother and father only comes into its own as it is slowly revealed to the child that everyone else can give notice to quit; that these excellent carers are temporary. What her birth family may lack in security in the short term will be gradually reassessed in its longevity.

Jackie hides her disloyalty to her carer by substituting her wish to abandon the therapist. She gains some pleasure by controlling the end of the session and making the therapist bear the feelings of being left whilst she can harbour the illusion that she has a little control of when and where she will be moved. It is of course problematic that she buoys herself up with the illusion that she is fearless whilst the adults close their eyes to disaster. It is hard to learn academically with a belief that adults are foolish. With this belief, it will be unlikely that Jackie will allow herself to be vulnerable to a new carer.

The best that can be done is for the network around her to honour the strength of her attachments and build in links, contact, visits back to Mary, when the time arrives to leave.

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Commentary by Jenny Kenrick, a consultant child psychotherapist who works at the Tavistock Clinic

The background

I am struck by how much we are left *not* knowing about Jackie's background, even though her therapist has given quite a bit of information. This is usual when working

with looked-after children: a lot is known, but little in the files of the child may help us, or indeed the child herself, to make much sense of that child's felt or lived experience. With Jackie, one wonders how long she remained in her chaotic and neglectful family. Was she a victim of physical or sexual abuse? Was she, rather, spectator to domestic violence and inappropriate sexual behaviour? I wonder if she is one of those children who may, because of the good intentions of the Children Act 1989 and because of the difficulties for social workers of meeting thresholds for action on behalf of a child, have yo-yoed in and out of care before finally being removed from home. The disturbances and deprivation of that home life can become 'normal' for the child. But the deprivation can have a long-term impact on the child's physical, neurological (Perry *et al.*, 1995) and emotional development. The cumulative impact of true deficit, of not being held in mind in their own right or helped to make sense of the experience, can lead to a massive lack of trust in any adults, particularly those who claim any parental or carer functions (Kenrick, 2000; Khan, 1986).

There is an issue in Jackie's life, as described, around contact with members of her birth family. We do not know with whom she has contact, only that after contact she can become very unsettled. Before children are permanently placed, and if, as for Jackie, this process can take some years, the 'pull' of the family of origin can become particularly strong. Often when these children leave care they may gravitate back to the birth family – the 'normal' from which they were removed, and then moved through the different cultures of each family in which they were placed.

In the description given of Jackie's early life we are left to wonder about these and many other issues, and this may be a most useful state of mind to adopt. Cleverly, I think this therapist shows us how well she is able to wonder about many levels of Jackie's experience in the session she presents, by giving us less rather than more information ensures that we remain in the wondering-about state of mind. Her comments on how she is experienced in the transference – as the 'inadequate fragile parent who always gets things wrong' or as 'the denigrated child that is despised and not wanted' – may give us as much clue as we will ever have about Jackie's early experience.

With work with children in transitional placements, for whom so much is unknown and is always uncertain, the countertransference is the all-important tool for the therapist. Jackie's therapist informs us by describing hers and how with great sensitivity she uses it in what she so carefully says to Jackie. She has learnt through her year's work with Jackie that Jackie can make much greater use in the session of her therapist's capacity to be attuned to her states of mind and to describe feelings rather than to give a more conventional interpretation. The issue in this work is one of providing the containment (Bion, 1959) of which these children may have had so little. The dilemma can be that providing such containment can in itself reinforce the child's feelings of deprivation. Bion describes how 'the patient feels he is being allowed an opportunity of which he has hitherto been cheated; the poignancy of his deprivation is thereby rendered more acute and so are feelings of resentment at the deprivation' (Bion, 1959). Hence the therapist routinely is faced with the technical dilemma of what to say, how to say it, and when (Kenrick, 2005). We are privileged that Jackie's therapist shares her dilemmas with us.

The session

Jackie's smile in the waiting room is a relief to her therapist. With volatile children who can often flee pain and thinking with behaviours that can be hard to manage, the therapist's initial view of the child can be as quick as that of the child, whose very survival amidst domestic turbulence may have depended on taking in an emotional climate with the swiftest of glances. The therapist's glance may also give her some idea of whether the child may be in a predominantly persecutory state of anxiety – more worried about the more vengeful or malevolent states within the therapist, here the anxiety of what has remained projected from the previous session – or a more depressive concern for her object – has she survived the previous onslaughts? Probably states of mind in the child will oscillate between predominately persecutory or depressive anxieties. In the waiting room, the carer rather beautifully helps Jackie to separate. Perhaps over time she has come to value what the therapy is achieving with Jackie.

As Jackie and the therapist walk down the corridor, their conversation there helps to carry Jackie through yet another transitional experience, from carer to therapist. We are shown a combination of the therapist noticing and wondering about what is different today – which turns out to be a key to her own thinking in the session – and the way in which Jackie draws attention to it. Although accepted wisdom about practice suggests that as therapists we delay communication with our patients until the 'work' begins in the therapy room, what would it have meant to Jackie if her therapist had not commented on the shoes? After all, she knows about Jackie's birthday. A birthday is so complex a time for children who are not living in their birth families: it brings thoughts of the birth mother in particular, of the kind of intercourse the child may have come from, or of rejection or abandonment. Here it is interesting that Jackie draws attention to the clothes given her by Mary, the foster carer. One wonders what is in her mind. What then does the flood at school mean to her at a deeper level? Are the two linked, suggesting a flood of feelings about her birthday? This possible link does not emerge directly in the session.

In the therapy room, Jackie starts with her usual routine with the lights. This underlines children's needs for sameness, for routines when their lives can at times seem so uncertain, so not the same. Established by her routine, Jackie can now notice that there is sunshine in the room, a more positive moment, as all does not necessarily become flooded. I felt it was helpful that at this point the therapist makes an ordinary comment about Jackie's observed happy state of mind. Now Jackie can develop her own thoughts. Today she does not want to think about her therapist's thought about what feelings Mary's granddaughter can stir up in her. To touch too quickly on her feelings of deprivation might have sent her in flight from the room, cf. Bion above, flooded too quickly.

As Jackie returns to the actual flood at school her therapist's more general comments about what adults' responses and preoccupations with their own feelings can mean to children places the thinking in a safe, more Winnicottian transitional area, not too close. But Jackie becomes more excited. I wonder how much she may use manic defences against anxieties. All of this is going through the therapist's mind; also she is thinking about her own concern about what happens in the adult network when Jackie's future is

discussed. This puts me in mind of Emanuel's Triple Deprivation (Emanuel, 2006). Emanuel describes how when the projections and projective identifications seem to take off in the professional network it can be hard for the adults to focus on the emotional needs of the child. Thereby an additional level of deprivation is added.

I felt the therapist was wise to resist going into the 'badger's den'. I wondered if she had learnt from previous experience, or whether there was a countertransference response, which she did not note in her text. Was there something not quite right about the internal space Jackie had created? There may have been an issue around rejection as voiced by the therapist. I noticed more that Jackie herself did not go into the den. Quite often deprived or abused children present us with invitations to enter cosy dens. They rarely are cosy. More often they seem to carry a feeling of hot, sometimes sexual, inside places, more like a deeply ambiguous claustrum (Meltzer, 1992).

There is talk now about the different clothes. The therapist gives us information that she had about conflicts between the birth family and foster carer about their different views of Jackie and what is appropriate for her in the way of clothes. Am I alone, or just in identification perhaps with Jackie, in hoping that she could stay long-term with Mary who seems to understand her so well? I felt that the therapist's comments to Jackie about differences between people evoked feelings in her less of rejection than of the conflicts between the different family cultures that she is experiencing so often. She must wonder too what is her therapist's view of her. These feelings are too powerful for her at this moment and she flees to the loo – possibly as much to create a gap between herself and the thinking therapist, as to deposit the flood of feelings in concrete form in the loo. Whichever predominates, the therapist is protected from Jackie's feelings flooding out in the room possibly in a violent way. Again Jackie needs support as she returns to the room. Again the therapist thinks about Jackie's wider predicament as she gives a factual response to Jackie's question. We see once more the therapist working at an interface between Jackie's internal and external worlds. A technical question is highlighted at this moment: is Jackie a child who needs more 'ordinary' information or responses at times in order to help her to stay oriented? This can be difficult to judge for a therapist working with children for whom it can seem that the external is insufficiently held by the network or explained to the children.

The material about the lemon and sour tastes is vivid. Jackie is able to explore more directly thoughts about her parents while she quietly cuts out and colours. I think that her parents may be in her mind because of her birthday, as I have already suggested. She may also have had family contact recently because of the birthday. Jackie has to shrug off with omniscience the therapist's direct references to the meeting of professionals and plans for her future. She is perhaps a bit too pulled into the external agenda briefly: but soon returns to the internal as she ponders within herself on the unbearable pain of the rejection and lack of interest in Jackie. She contains this beautifully and puts into words the unfairness and how hard it is. This I think Jackie can hear, and she needs to know that her situation really *is* hard and unfair. Both she and the therapist are impotent to change this. How well the therapist puts her countertransference into words.

Following the to and fro of the ballgame – a return to something familiar after she was touched by pain, even though it was quickly denied and projected into the

therapist – Jackie brings in the new thought. She must have been pleased that she could make her therapist smile rather than be put out by being described as ‘posh’. Here is an indication of how Jackie must be struggling with making sense of the different cultures with which she is involved. This time as the therapist respects Jackie’s need for defences, she is able to prevent Jackie from ending the session immediately. She says that Jackie did not have to go on thinking about what was too much. She offers her own thinking mind as a container for the unbearable. Jackie stays. She does have to control the actual ending, and is a bit triumphant when she returns to the foster carer. By now she must know her therapist will survive and that the therapy may be one of the few areas in her life over which she has a little bit of control. Alvarez (1992) speaks usefully about the need to differentiate between omnipotence and potency. The therapist will be able to help Jackie make this differentiation over time.

This session is a beautiful example of great sensitivity by the therapist in working with the pain and uncertainties of a child in transition. In this session at least, she is able to hold the flooding of feelings, which could lead to acting out of the kind that is so hard for therapists to manage. After a year’s work together, the therapist knows about the fluctuations in Jackie’s states of mind. She takes care not to oppress or to risk persecuting Jackie with thoughts that Jackie may only be able to reach very slowly. That is to say, she respects the defences that Jackie may need in order to survive the uncertainties of her life’s experiences. The therapist is the one making the active links in her mind between what Jackie brings to the session and the sour realities of life in the external world. For the most part, she works on them in her own mind, making use of Bion’s concepts of reverie and alpha function (1962). She processes her thinking with Jackie gently, as much as she thinks Jackie can manage, from moment to moment. Jackie is truly fortunate to have such respect and sensitivity from her therapist.

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Commentary by Monica Lanyado, child and adolescent psychotherapist and training supervisor at the British Association of Psychotherapists

The issues that Jackie and her therapist are working with in this session will be familiar to all therapists working with children who are 'in transition'. Jackie is an 8-year-old child who has a 'short-term' foster carer that she has been with for 2 years and regular supervised contact with members of her birth family. She needs a permanent home that the professionals responsible for her care are trying to find, without much success. We gather that there is a lot of anxiety in the network about this.

The therapist seems to feel that he or she can do little to ensure that the move to a more permanent placement happens in a measured way. There is an anxiety that the move will be precipitate and create further traumatic loss in Jackie's life. There is also a fear that there will not be enough time to work through a wise 'ending' period with the foster carers, or indeed the therapist. Nor is there likely to be enough time to introduce the new family/carers in a thoughtful way. This is the external life situation of the child who comes into the waiting room, the child whom we hope we can help in some way through psychotherapy. No wonder many therapists feel great despair about patients such as these – partly from what is projected into them by the child (and at times other professionals in the network), partly from their own personal response to the enormity of the therapeutic task.

In this commentary, I have decided to focus on three intertwined themes: Jackie's unsuccessful efforts to find a way in which the various parts of her self and her life might be able to coexist; the need for the therapist to work as creatively as possible with the transition itself, which is also about a form of co-existence – of the loss of one foster home whilst trying to be as positive as possible about the possibilities of a new foster home; and the difficulties of the counter-transference experience, which the therapist needs to process in order to hold the whole endeavour on the path of therapeutic change.

I have chosen these themes out of many possible themes because, from the therapist's notes, they are the most 'alive' to me, and also because I have found from my own and from supervisees' experience, that within these very distressing transitional experiences in life, there is also a rich potential for internal change which can be therapeutically harnessed.

With this in mind, my attention was drawn to the way in which Jackie seemed to be rather preoccupied with her sense of 'self', who she truly 'is', almost despite feeling flooded and overwhelmed by all that is happening to her. Jackie's sense of being made up of many disconnected and irreconcilable parts is very much in keeping with the

whole issue of what it feels like to be ‘in transition’ How on earth can such utterly different life experiences be held within her? How can she be *both* the girl who grew up in the deprived housing estate *and* the girl now living with her ‘posh’ foster mother, having therapy with a ‘posh’ therapist? Similarly, how can she be *both* the girl trying to cope with the prospect of separating from the foster mother/family that she has lived with for a quarter of her life *and* the girl facing the hopeful but also frightening prospect of going to live with, and trying to come to trust and love, a foster carer or foster family, who (unless the family member is able to look after her), are completely unknown to her.

Transitions are about both-ness, not either-or-ness. Staying with this paradox and holding all these apparently mutually exclusive feelings and experiences within the mind and heart, is what the therapist has to try to do in the first instance through the work in the counter-transference. If the therapist becomes able to bear this, then the child has not only the experience of having these intense and paradoxical transitional anxieties contained, but also has the possibility of internalising this kind of containment.

Jackie expresses her concerns about who she is in what at first appears to be a rather superficial way – through her delight in the new trainers and clothes that her foster mother bought her for her birthday. She is clearly really pleased with them and feels good inside them. Later in the session she makes the point that the top, trainers and jacket are all of the ‘same make’ This immediately had me thinking about the fact that Jackie’s internal world is not at all ‘of the same make’. She is made up of very disparate internalised parental figures – a sort of hotch-potch of birth parents, possibly past foster carers, present foster carers, and indeed fantasised future long-term foster-carers.

Just prior to this, Jackie possibly had thoughts about her next home and carers whilst she was building the badger’s den. I had a sense that this was not necessarily a safe place that could meet her needs – and indeed the therapist could not fit into it, and Jackie did not seem to want to try to fit into. It had more of a feel of a ‘lair’, which could become dangerous, a seductively warm-looking place which could turn out to be a trap. But these are my associations – the therapist clearly had a different feel about it. It is after this bit of play around the badger’s den that Jackie talks about the clothes being of the same make and then tells the therapist about the inappropriately sexualised clothing that her birth family gave to her – which she also likes. I think her problem here is that of how does she put all of this together into being one person, one self, one body, rather than many. How does she hold such different aspects of herself in her head without ‘cracks appearing in the ceiling’ (of her head) – which ‘the teacher at school (apparently) found so frightening that she fainted’? I might have been tempted to say something about this to her. At this point, possibly it does all feel too much, and Jackie needs to leave the room on the pretext of going to the toilet.

When she returns to the room, Jackie produces the powerful image of a lemon and talks about its sourness, which she associates with her birth parents. It may be that Jackie is aware here of the sourness of her relationship with her birth parents, an attachment which feels sour – but an attachment which may nevertheless feel better than nothing. The therapist’s mind is meanwhile painfully full of her awareness of all the external uncertainties in Jackie’s life and she is very much in touch with the

poignancy of Jackie's situation of not knowing where she belongs and to whom she belongs. For me, this associates to the 'drawing' feeling of sourness in the mouth. The therapist, having felt lost for words over Jackie's predicament, simply talks to her in a soothing tone of voice – possibly the tone of voice being more important than the words themselves.

I think this really helped Jackie to return to her thoughts about being made up of such different parts that do not 'go' together, unlike the clothes that are of the 'same make' She tries again to think about how she can be both the girl from the deprived estate and the girl with a posh foster-mum. Her initial attempt to see something like a 'both-ness' in this – expressed by the phrase 'you don't have to be posh to be privileged' – seems to be quickly abandoned and she gives up again. It is all too much and she suddenly wants to end the session.

The therapist holds firm and indicates that she is trying to contain and think about what feels so awful, and briefly Jackie responds by coming back into the room and trying again to communicate some of the rawness of what she is feeling. She sings a song about someone whose mind has been blown and then tries to leave again – but actually hovers outside the therapy room door – a safe enough distance, still engaged with the therapist whom she seems to find it hard to leave despite her expressed wish to do so. She seems to want the therapist to accompany her through the corridors in which people might get lost, back to her foster mother.

I am picking out this thread from many other threads in the session, because it has a more healthy developmental flavour about it and when thinking about the kind of salvage operation that therapy with children at this stage of life can often feel to be, I think that it is vital to spot these signs of potential growth. This thread gives a little bit of a 'direction to go in' – which connects to the question Jackie seemed to be asking her therapist earlier in the session on the way back from the toilet, about the signs indicating different room numbers in the clinic. Does the therapist know which direction to go in? All too often we can feel as lost as our patients. We can gain some bearings by spotting these kinds of green shoots.

I now want to connect this material about sense of self, and identity, to the process of being 'in transition'. Thinking practically, I think it is vital that therapists are as active as necessary in the professional network around these children in thinking about what is needed for this particular child, and the carers involved, to have both the opportunity to work through some of the feelings of loss that must be faced, and the feelings of expectation, fear and hope that surround the new placement. As decent a 'goodbye' as possible, to the carers, their family, friends and the school, can make a great difference to how much the child is able to be open to the possibility of forming a new attachment in the new placement.

If the child is overwhelmed with feelings of loss that have not been thought about, at least a bit, this task is made even more difficult for the child. In my experience, these conflicting tasks of needing to mourn and attach simultaneously, have to be repeatedly spelt out to the professional network, as they are so hard to think about. Without this thinking in the network, there is likely to be a profound discontinuity in the child's external life experience, rather than a sense of a difficult but ultimately bearable transition.

The therapist's work with his or her counter-transference experience is the process that can potentially hold all of this together. The therapist indicates several times how inadequate he or she feels with this patient, and also how anxious. This is a patient who sometimes won't stay in the room, who sometimes won't leave the waiting room, who can be violent and angry – the kind of patient that many of us come to dread seeing, as no doubt they dread seeing us. The therapist also feels in some ways de-skilled. This patient doesn't seem able to use interpretation at this stage of the therapy and constantly seems to challenge the conventional therapeutic boundaries. Containment and attunement are more helpful and we see a good example of this when the therapist is lost for words – but not for attunement – when the extent of Jackie's alone-ness feels so apparent.

These painful times in therapy, when the patient seems to have really managed to get something across to the therapist, are tremendously important in the therapeutic process. They are usually wordless communications, in both directions. The therapist indicates her thinking that lead to this powerful communication – thoughts about Jackie's feeling lost in transition, and feeling unclaimed when her younger sister had been claimed and adopted. These are the therapist's musings about the awfulness of Jackie's life situation. This gives us a picture of some of the actual contents of the therapist's mind prior to the gentle soothing words that were so helpful. They are genuine, authentic and undefended against the pain that is being projected by the child. We see the therapist using her Self in an open way that gives the patient a direct experience that even these awful feelings can be willingly held, however difficult this may prove to be, by another human being who is trying to help her. In terms of Jackie's expectations that she will be rejected, this is a rather extraordinary experience and it is this that has Jackie lingering outside the therapy room door despite her anxiety, at the end of the session.

There is, of course, so much more to be said about this session, but space does not permit. This open and honest account of the kind of session we all struggle with on so many levels has provided a valuable opportunity to share thinking about the difficulties of working with children who are 'in transition'.

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