

What Developments can be seen in a Year's Intensive Psychotherapy with a Ten Year Old Adopted Boy with Mild Learning Difficulties

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This thesis represents my own research and original work. It cannot be attributed to any other person or persons.

Abstract

The following retrospective single case study aimed at looking at what developments could be seen in a year's intensive (three times a week) child psychotherapy, within a specialist CAMHS community team, with a ten year old adopted boy with mild learning disabilities who had a history of neglect and trauma until the age of six. It demonstrated that short term intensive child psychotherapy provided a solid foundation for on-going therapy. The referred symptoms included nightmares of being re-claimed by an abusive carer which were eradicated and other behavioural change occurred during treatment the adopted parents thought was not possible. Thematic analysis identified three main themes; 'multiple families in mind', 'things going missing/out of one's mind' and 'problems with sequencing' which led to concluding ideas that included the central importance of truth and mourning.

The themes and concluding ideas relate and expand those described and illustrated within case study material in the existing body of literature on child psychotherapy with looked-after children.

The study highlights the value of child psychotherapy for looked-after and adopted children in its ability to facilitate the communication and understanding of the looked-after and adopted child for the child and the family. It demonstrated the value of the single case study.

Key words: short term intensive child psychotherapy, looked-after and adopted child, neglect, learning disabilities, single case study, thematic analysis, loss, truth.

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Introduction

1.1 Research Question

This thesis addresses the research question ‘what developments could be seen in a year’s intensive child psychotherapy, within a specialist CAMHS community team, with a ten year old adopted boy with mild learning disabilities who had a history of neglect and trauma?’

Children who have been adopted have already been through possible experiences of trauma, loss and rejection. They may have waited to be adopted having further experiences of loss through multiple foster placements. Children and families may have had experiences of doing life story work, and the parents may have attended parent workshops. They may have been offered support before including Social Services, Education, Voluntary and Charity Organisations and Health Services.

The service that I worked in (Specialist CAMHS Community team) offered specialist mental health assessment and treatment for those children and families who were displaying severe symptoms of emotional distress, behavioural difficulties and psychiatric conditions. We received referrals from social workers, schools, voluntary groups, GP’s, paediatricians and accepted self referrals. Many children and families who have been through the fostering and adoption process do not require or want specialist mental health support. However, for some fostered and adopted children and families specialist help is sought. A child’s distress and difficult behaviour may have escalated to a point where it can no longer be contained through the support of Social Services and Education’s input. It might be that the child is putting themselves and others at risk. Their placement with the adopted

family may well be in jeopardy despite the very best intentions of everyone involved. Our services were often sought when a crisis occurred.

As different disciplines in a specialist team we offered the child and family different ways to understand the child's distress and behaviour. Thorough assessment and discussion within the team and thinking with the family specific treatment could be offered.

The research project took place within this context and what follows is a thesis map (Mewburn, 2008). It contains a thesis rationale including thesis statement, a description of the contribution to knowledge and importance of the work and a list of the main research questions. This is followed by a chapter-by-chapter synopsis, with subheadings as they appear in this thesis.

1.2 Rationale

Some looked-after children who have experienced neglect and abuse struggle to process their experiences and child psychotherapy could enable them to develop upon the ordinary lines of their developmental trajectory as far as is possible.

This thesis contributes to knowledge by discussing the findings of the thematic analysis of process recordings of a retrospective year-long intensive child psychotherapy. The three key themes, the links between them and four concluding ideas are explored. The research question is investigated in the context of child psychotherapy literature and research.

The interest here is in the way past unprocessed trauma impacted upon the experience of the child and their family in the present; their cognitive capacity and their ability to sustain healthy attachments. What follows in detail are the findings that being able to remember, recall, process, mourn and let go of the past in a safe and

contained way enables the capacity to organise and order within mental space which facilitates the ability to think and develop in an ordinary way.

This study aims to contribute to the building of knowledge in child psychotherapy of the work with looked after children, working with trauma and neglect. In a context where funding for children's mental health is being reduced and undermined this study's findings suggest what can be gained with time limited intensive child psychotherapy as well as acknowledging the role of longer term therapy and the role of this time limited work as a foundation for later work.

1.3 Overview of Thesis

The thesis is presented in seven chapters. The first chapter introduces the background to the clinical case. The events in Ben's ten years are given and describe at what point he was in his life when he was with and removed from his birth parents, grandparents, interim foster placements and finally placed with the adopted family. It illustrates the nature of the interventions from external agencies and when they occurred.

The way in which Ben came to be referred to CAMHS and the outcome of the initial psychological testing is given. The reason for child psychotherapy to be considered as an intervention for Ben and his family is explained and the decision making process about the length of time and frequency of sessions is discussed. The crucial support around the therapy including both parent work and parent review meetings is outlined. Ben's use of the sessions and a brief summary of his education is included. Finally a pen portrait of Ben is given in order to illuminate the young person whose child psychotherapy is at the centre of this project.

The next chapter is the literature review and this allowed me to locate my research findings within the current wider context of academic writing about looked-after children. The treatment modality, child psychotherapy is divided into child psychotherapists writing about looked-after children and learning disabilities, kinship care, adoption, oedipal issues, the issue of time and adolescence. The nature of intensive work is briefly looked at followed by the impact of early trauma and disruptive relationships. These were looked at specifically from psychoanalytic, child development and neuroscientific perspectives.

The final section of the literature review explores the research methodology in terms of the psychoanalytic single case study and thematic analysis.

The review for my proposal made me aware of the vast amount of literature written about looked-after children. A literature review for a project this size required that I limited the focus upon child psychotherapy and the key issues addressed in the research

The fourth chapter focuses on the research methods and is a description of how I investigated the research question. The rationale for the research is argued and the decision making process about what I chose to research is explained. The means of data collection, ethical considerations and adaptations to the design are outlined. The primary method of data analysis which is thematic analysis is described step by step in an attempt to present a transparent as possible process in case someone wanted to replicate the process. Finally the initial codes and themes are identified.

In the findings chapter the results of the thematic analysis of the data set are presented in the form of three themes; 'multiple families in mind', 'things going missing/out of one's mind' and 'problems with sequencing'. The three themes

themselves are divided into three sections to expand and explore aspects of them reflected in the data; 'multiple families in mind' is discussed in terms of family figures, imaginary visitors and identity. 'Things going missing/out of one's mind' looks at what went missing, how things went missing and the impact of things going missing. 'Problems with sequencing' is considered alongside time, generations and experience. Each theme includes clinical vignettes from sessions to illustrate and highlight the themes. The titles of the themes are further illustrated with in vivo quotes so that Ben's own words inform the findings being discussed. Other themes identified that were excluded are explored.

Within the discussion chapter I link my findings with the literature in order to present emerging thoughts and ideas to develop the research question further. The links between the themes facilitate a discussion about knowledge, memory, truth, the link between the internal world and external world, aesthetics of the sessions and the time frame as these pertain to Ben and the developments he made in therapy.

I set out my concluding ideas in the final chapter. I consider that holding on to something bad, new good experiences cannot reach into all of the child and this therefore threatens the long term attachment to the new good experiences and relationships. I discuss the importance of knowing what we know we know and not being told something else. The idea that one only understands the presence of others by the space their absence creates is explored. Finally I assert that to be able to put things in order, to sequence, there needs to be a process of mourning.

The limitations of the research are discussed, links are made between my findings and the literature and the contribution that my research makes to the field is outlined. Recommendations for further research are suggested.

Chapter 2: The Clinical Case

2.1 Introduction

In order to introduce the clinical case I will first present Ben's biography and by way of a pen portrait, describe the child whose child psychotherapy is at the centre of this research. The initial referral to CAMHS and the psychological testing that followed will be described. The decision making process regarding offering child psychotherapy as an intervention and the practicalities around it will then be explored, including the referral and transition to a trainee colleague for further intervention. The contact with the adopted parents' along-side the child psychotherapy will be looked at in terms of parent work and parent review meetings. An outline of how Ben used the sessions will be given and reference will be made to his education.

2.2 Biographical Introduction

The following information and quotes are taken from Social Services records. Some of the details were unclear or perhaps unknown. I have also included the following information in the form of a time line placed in the appendix.

Ben was born to parents both of whom had learning disabilities. Concerns about Ben's birth mother's maternal capacities were expressed in the first fifteen months of his life and the initial referral to social services was made which resulted in general support for the parents.

When Ben's sister was born concerns were raised again about neglect and the parents were again referred to social services. Social services describe soiled nappies left around the house, numerous half-filled bottles of feed, unmade beds and a home they record as a 'health hazard'. Ben (and his sister) were removed from his

parents aged two years old, and experienced three different foster placements before being placed with his maternal grandparents aged three years and three months. He and his sister remained living with his maternal grandparents for just under two years until Ben was five and a half. Throughout this time forty two documented announced and unannounced visits by social services record repeated incidents of the 'the worst case of emotional abuse seen'. It took just under two years to remove Ben and his sister from this environment. A fourth foster placement followed before Ben, then age six was adopted by parents with no other children.

The records reflect a wish from services to support first the birth parents and then the grandparents by offering interventions. This is in comparison to repeated calls to NSPCC from neighbours expressing concerns for the children's well-being.

When the children were first removed from the birth mother, consideration was given to the birth mother being helped to raise her children 'who she clearly loved' but 'could not understand and retain information she was given, and would need constant encouragement and support to adequately care for her children.' Mother did not agree to the suggestion that mother and children returned to her family home of origin and support be provided by her mother (maternal grandmother). Mother expressed ambivalence to the grandparents looking after the children, initially objecting to the idea and only later agreeing.

By the time Ben was nearly three years old and living with the third foster family, Ben's father had been placed on the sex offenders register, later sentenced for rape and given a custodial sentence (no further information details who the victim was). His birth father advised social services that he did not want the children to be in the care of birth mother and reported two incidents of violence against Ben when

he was one year old including how Mother 'lifted Ben by his arm from the settee and threw him face down on the floor'.

In addition to the early years neglect Ben experienced from his birth parents' he went on to experience neglect, emotional and physical abuse from his maternal grandparents. Observations of the forty two announced and unannounced visits to the grandparents' home taken by the social workers describe the environment Ben and his sister lived in. They record how Ben's sister was repeatedly strapped into her push chair in front of the television, was constantly in wet nappies, that there were no toys for the children to play with in the house, there was no bedtime routine and their bedrooms were dirty. Both grandparents spoke about the children in inappropriate ways in front of the children.

Ben, who constantly soiled himself, was made to change himself and throw his own clothes away. He was repeatedly shouted and sworn at; any negative behaviour was focussed upon and Ben was blamed for past experiences. Ben was repeatedly threatened with being taken away, the social workers witnessed extremely aggressive behaviour towards Ben, unexplained marks on his face and neck, black eyes and him being dragged to the stairs by the wrist.

Reports from school showed that Ben was observed to be repeatedly smacked by his maternal grandmother and that Ben appeared to be starving when he was at school.

What is shocking is that the way the children were treated was witnessed. There was no attempt from the grandparents to hide the abuse.

In addition to the detail of what happened to the children, the reports from social services provide a sense of the emotional context as the following quotes from the social workers illustrate,

'When it was time to leave the children appeared to be looking at both Claire and Susan with pleading eyes not to go. Ben gave Claire's leg a cuddle when she got up to leave whilst looking up at her. Claire reassured the children she would be back to see them soon. The children stood at the door waving goodbye and did not want to shut the door. Grandad Smith was heard to bellow at them to shut the door, sit down, shut up and watch the TV. Claire felt she wanted to pick the kids up and take them with her today feeling devastated when she had to leave them again.'

'Claire felt uneasy about leaving the children with Grandad Smith'

'Both Claire and Susan came out of the family home feeling quite distraught. Both of them had tears in their eyes walking down the road and could not quite believe what they had witnessed.'

We only know about what happened to Ben because it was witnessed and recorded by social services for nearly two years. But Ben experienced 'kind' adults repeatedly coming into the home, observing what was happening and leaving again with nothing changing.

When Ben was ten years old he was referred to CAMHS by his social worker and psychological testing was completed. About to be discharged from the clinic the adopted mother requested in writing that Ben be considered for psychotherapy. In July of the same year an assessment for child psychotherapy was completed by myself and on-going sessions for a year began.

2.3 Ben: A Pen Portrait

Ben was of average height but his slimness gave him the impression of being taller. His limbs made one think that they were on the move, that they were growing in front

of ones' eyes as if he was busy developing physically right there and then independently of what he was saying or doing. He had short brown hair, blue sparkly, interested eyes and an open face.

There were two aspects about the way Ben dressed. One seemed to communicate something of the nature of the maternal care he was receiving in that his clothes were clean, pressed and fitted him well. They were consistently the right length in the sleeve, trousers were neither too long nor awkwardly short. He appeared comfortable in the way his clothes fitted him. Something that occurred to me frequently throughout our year together as we passed through the seasons was that Ben was, in terms of his attire, ready for all weathers. In the summer he arrived with 'cool' sunglasses and smelling of sun cream and in the winter he was bobble hatted and insulated like a boiler in thick coats which he was keen to show me the practical benefits of in terms of pockets, zips, belts and hoods.

The other aspect of Ben's clothes was more about the way he looked and how he wanted to present to the world. He cared about his appearance, it mattered to him and there was an element of charm expressed in this. I might even use the word 'dapper'. How Ben presented was at odds with the way he communicated. Initially, verbally he was muddled and at times difficult to understand. At first one had to repeatedly clarify one had understood correctly what it was he had wanted to say. His tenses in one sentence were muddled and although one could understand the individual words, when put together they made little sense. At times Ben could seem deflated and distant and I found that if I became more animated with my own voice he could reconnect with me again.

Ben's charming and impressive presentation expressed a maturity that was different to the feeling state of the younger confused, vulnerable, frightened and muddled little boy he shared with me.

Despite his verbal presentation Ben was to evolve into someone capable of articulate communication of his thoughts but also in his ability to communicate his preoccupations through play. He was extremely likable and there was a feeling that he had had an experience of being liked.

2.4 The referral to CAMHS

Ben was referred to CAMHS by his social worker from the post-adoption team when he was nine years old because he presented with day time fears and nightmares, risky behaviours, physical and verbal aggressive behaviour, hurting himself, stealing food and urinating on the floor. Ben was referred for in depth psychological testing to see whether there were any cognitive problems that could contribute to his presentation.

2.5 Psychological testing

Ben was tested using the Wechsler Intelligence Scale for Children (WISC-IV, Wechsler, 2004) and he completed the Theory of Mind test (NEPSY-II). The results of the tests showed that Ben's general cognitive ability, as estimated by the WISC-IV, was in the Extremely Low range. Ben's general verbal comprehension abilities were in the Borderline range, and general perceptual reasoning abilities were in the Extremely Low range. Ben's general working memory abilities were in the Extremely Low range and general processing speed abilities in the Low Average range. Ben's ability to sustain attention, concentrate, and exert mental control were a weakness

relative to his ability to process visual material quickly. The clinical psychologist concluded that Ben had a mild global learning disability which left him with significant learning difficulties, especially around memory and significant emotional difficulties. The adopted parents met with the clinical psychologist twice and the psychological testing work was concluded.

Following this intervention the adopted parents made a point by way of writing a letter to CAMHS, requesting child psychotherapy for Ben. In a two page summary of Ben's behaviour they described his levels of distress following a 'melt down' including both verbal and physical aggression. They expressed their concern that Ben talked about having 'a scrambled head' and 'not being able to think' and felt he needed a space to explore his past traumatic experience and his current emotional and behavioural life as an adopted boy.

2.6 Considerations regarding child psychotherapy as an intervention.

Evidence of Ben's suitability for therapy came from the assessment sessions where he was keen to share with me his pre-occupations in an expressive and articulate way. It was as if on some level he was ready to begin to look at the underlying issues that were taking up his mind to such a degree.

Careful consideration about the length of the intervention offered and the frequency of the sessions was given by myself, the clinical supervisor, the placement supervisor (both child psychotherapists) and the adopted parents because there were a number of aspects to take into account.

The decision about the frequency of the therapy (once, twice or three sessions a week) was influenced by several factors. It was clear both from the adopted parents' experience of Ben and from the results of the WISC-IV test that

Ben struggled with memory and the concept of time. The clinical supervisor and I thought that weekly or even twice weekly sessions might leave too long a gap between sessions for Ben to maintain a connection to the process. Intensive therapy, three times a week, could provide him the frequency and rhythm that was indicated he might require to be able to make full use of the intervention.

It was unusual for intensive child psychotherapy to be offered with the knowledge that the therapist can commit for a year only. When the referral was received I was in the last year of my clinical training placement at CAMHS so the duration of the intervention was dictated by that reality. Initially we thought a year might be sufficient but it soon became clinically evident, because of the extent and depth of the struggles he let me know about, that a year would not be a sufficient time scale for the intervention. A few months into the year careful thinking with the clinical supervisor, the placement supervisor and parent worker and the adopted parents took place about the prospect of referring Ben to a trainee colleague. When it was agreed Ben would be referred for further therapy we planned a careful transition. This involved discussing the idea with Ben who initially was intrigued by the trainee psychotherapist's name (she was from a different country) and curious about what the name might tell him about the kind of person she was. Following careful reflection we agreed that Ben and I would invite the new therapist to one of our final sessions, briefly, to meet Ben. This served as an introduction and allowed for a concrete handover between her and me of Ben so to speak. At the time Ben made the link between this and not being able to say goodbye to his grandparents when he and his sister were removed from their care and taken to foster carers. Perhaps the 'handover' between therapists allowed a re-experiencing of a more deeply felt ending and new beginning. When Ben was considering continuing with

another therapist he said that he would, on this occasion but he would not see another therapist after her. This seemed to reflect his ability to say no to further handovers and perhaps reflected his experience as a looked-after child.

An important aspect of the work was to establish from the start when the therapy with me was going to end, and we were in a position to do this. After setting up the therapy, following the assessment sessions, I provided calendar sheets that clearly showed the finite number of months we had to meet and these were referred to in each session and Ben had copies at his home.

The quality of Ben's placement played a large part in our decision making process about the timing of the intervention. The parents' specific request for child psychotherapy for Ben indicated something of their understanding of the process and their motivation for pursuing and sustaining it. The placement was long term and was, from all accounts, stable. From the initial meeting the impression that the adopted parents gave us was of robust and present care givers that would be committed to concurrent parent work and be able to support the therapy.

The timing of the intervention in terms of Ben's life was important in that he was on the cusp of adolescence, in years 5 and 6 and beginning the transition to secondary school.

2.7 Concurrent parent work.

The adopted parents met on a fortnightly basis throughout the therapy with my colleague. The adopted mother was the most regular attender but the adopted father did also attend (he was self-employed and had to make the most of fair weather for his business). Although not sharing the details of the sessions my colleague let me know the general themes of what they explored which included the experience of

having a child in psychotherapy. This wasn't exclusively how they used the sessions: they also looked at the impact of living with Ben, the relationship between Ben and his sister, the effect on the parents of the knowledge of both children's past experience, managing the occasional attempts of contact by the birth mother and knowing how much information to pass on to Ben. They were able to explore their own childhoods, their relationship to each other and the fact that they didn't have their own children.

2.8 Parent Review Meetings

Approximately once a term my colleague and I would meet with the adopted parents to review the progress of the therapy. It was an opportunity to come together in a way that wasn't possible in the three times a week very brief interaction in the waiting room when I collected and returned Ben to his parent/s. An acknowledgement of the brevity of that contact and the possibility of the parents accessing me in a way that allowed more time was important to sustaining the successful therapeutic alliance.

The review meetings gave me the chance to hear first-hand how Ben was at home and to sometimes hear how, unsurprisingly, some of what I was experiencing in the therapy was experienced by the adopted parents. This was particularly true of 'things going missing/out of one's mind' as the adopted mother once described how they had come to just accept the moving of objects throughout the house and barely even acknowledged it now.

2.9 Over view of sessions.

Following a preliminary meeting with the adopted parents I met with Ben for three sessions over three weeks followed by a parent review meeting in July as part of an

assessment. Three times a week sessions started in September and continued until the following July. I talked with Ben about the possibility of seeing another therapist around half way through the therapy and my colleague, Lana met with the adopted parents before Ben and I invited her into our session a week before our last session.

Ben's attendance was almost 100%, he missed virtually no sessions offered to him over the year. This appeared to reflect the strong support the therapy had from his adoptive parents.

2.10 Education

When Ben attended the assessment he was in the last weeks of year five and when we started the sessions he had moved in to year six, his last year of mainstream primary school. It was decided that he was going to attend a specialist secondary school for children with learning disabilities.

2.11 Why Ben was selected for a single case study

There had been moments throughout Ben's therapy of an aesthetic quality and deep resonance which particularly struck me but were not easy to describe or explain in supervision. I had used the word 'numinosity' to convey my experience, a word occasionally used in my previous clinical work as an art therapist. Referred to in a Jungian context it no longer appeared to fit with a psychoanalytic approach. However as I reviewed the process of data analysis this aspect of Ben's therapy continued to take my attention and probably informed my decision making approach to the data.

'Based on the Latin term "numen," little deity, it refers to the quality of an experience that produces awe, amazement, the uncanny, thrill, and rapture. The numinous is ineffable, unexplainable, and indefinable. It is the experience

that produces the chill down one's spine as one reacts to something that has an extraordinary impact.' (Runehov & Oviedo, 2013)

There are two particular examples of this experience happening in Ben's therapy. The first was at the start of therapy when he placed all the family figures (eight plastic figures representing different generations from grandparents to baby commonly used in children's psychotherapy boxes, approximately 12cm tall) carefully spaced across the floor with their backs turned to us. Although just a collection of toy family figures, this gathering created an impression of a significant happening, something important with gravity. He would then set about using his ball to knock them all flying. The play was repeated as if a ritual or event that was to be witnessed by me. A family set up to be violently 'blown apart' behind their backs so to speak. An evocative way to describe an attack from the outside upon a family unit. Although I can describe the play it is more difficult to describe my experience of the importance of the play, the aesthetic quality that informed and amplified the ability of the play to communicate to me the symbolic meaning for Ben.

The second example occurred towards the end of the therapy when Ben observed himself in the reflection of the window. He described how he was in the therapy room and at the same time, seen in the reflection as occupying a different space. He made the link to their being two Bens living life at the same time. This was an accumulation of his thinking in his sessions up to that point of his birth family and adoptive family and of an internal experience of living in two places (at least) at once. The expression and communication of this spontaneous play sequence encapsulated something of Bens experience that he had been thinking about throughout his therapy in a way that, in this moment was physically received and the

word 'numinosity' for me describes the experience. A powerful, awe inspiring communication and subsequent understanding between two people.

The clumsiness of my attempts to describe this phenomena in supervision led me to semi-disregard its impact. However the wish to explore it further combined with my sense that I had experienced something important informed the decision to use Ben's therapy for this research project.

For a looked-after child with the degree of neglect and abuse he had experienced there was something powerful and life affirming about the way in which he communicated this to me. There was something about the live experience he managed to evoke in the therapy room from the start when he lowered the tea pot down to the hungry bear that set the scene for the level of symbolism he would engage in. He used a number of creative ways to communicate his internal world. Cregeen writes about a link between:

'Bion's formulation of how the mating of a pre-conception and a realisation give rise to a conception (Bion, 1962b)' and what I am describing are experiences connected with hope. This is linked with an encounter with psychic reality and represents a move towards depressive-position functioning (Klein, 1935, 1940)'.

My final decision about what to research was based on my own need as a clinician to understand more fully and pay deeper attention to something that occurred within Ben's therapy as opposed to what I perceived at the time was the profession's need. The experience of the research has showed me the value of all the single case studies in helping me develop my thoughts and place my work in the context of previous students and practitioners. It will be my responsibility to try to extend the awareness of my research to areas beyond child psychotherapy.

2.12 What happened next for Ben

In preparation for this thesis I had a discussion with Lana about how therapy went with Ben following our year. Lana saw Ben for a further three years. She saw him three times a week for the first year and for external reasons not related to his therapy the sessions reduced to twice a week for the last two years. Lana thought the transition period between therapy with me ending and therapy with her starting was marked by Ben's initial idealisation of her and curiosity with where I had gone; whether she and I were in contact and where she had come from. Lana reported that at times during the therapy Ben would refer to what he did with me in the sessions and would remember me. Lana had a sense of an understanding of time developing alongside Ben's ability to recall history and create a memory.

Lana reported the themes that Ben explored included increased challenging with his adopted father. There was an element of ordinary teenage behaviour in the context of a looked after child with a history of neglect and abuse in this. This enabled him to acquire painful memories and ask the questions around who he was and who he would be. The question of who to identify with, his adopted father or birth granddad were explored.

Lana reflected that as Ben accessed more memories and processed these he increased his capacity to think and consequently more able to learn. She thought his capacity to learn increased to the point that she questioned the need for him being at a special school. By the end of his therapy Ben was thinking increasingly about his future and for the first time going to college was a real possibility. Lana felt that Ben had achieved a degree of ordinariness (he was popular and had friends) and a level of independence the adopted parents had not at first thought possible and the adopted family reported that Ben had come a long way.

Lana felt our interventions were linked, that mine was the foundation for hers. She was clear about the need for a longer time frame than the initial year for the process of internalisation, stability, time, space, boundaries, for the work to take place, to set down what had been achieved and that overall four years was a long enough time frame.

She thought that the not knowing, black hole, forgetting that was around at the start of treatment moved into something else over the following years.

Following our discussion I observed my identification with the birth mother in that I hadn't quite done enough for Ben and therapy came to a caesura, as if it was an end of treatment for Ben too. Our work was acknowledged and the importance of it as a foundation was recognised but there was a feeling that the 'real' therapeutic work happened after our time. When I asked Lana about any of the themes I came across she had a distant memory of them at the beginning of their therapy but not as it progressed. I had a contradictory feeling that Lana had lost out, she had not got to know Ben in the same way as I had, I found myself questioning if she had known the same Ben that I had. When I asked about objects going missing Lana responded casually about this as something that may have happened once or twice at the start but didn't continue. The experience of being one of two therapists for Ben reminded of the possibility of two balls existing in Ben's toy box when one went missing. Was the one returned the real one? Who had the real relationship with Ben, his birth mother or his adopted mother? My colleague or me? Who was the real Ben and where did the other Ben go to in the reflection on the window?

Ben had gained much from the further work with Lana and the first year of therapy with me contributed to this yet I was struck by my association of how it might feel to be the carer who is left without the child. Initially I thought I avoided asking

about Ben's progress with my colleague because this would influence my project but perhaps there was an unconscious fear that what I had provided was not good enough. This feeling is in contradiction to the degree to which Ben had been able to use the sessions so perhaps I am in identification with a birth mother who questions the care of her child when the child is then cared for by another 'mother'.

Chapter 3: Literature Review

3.1 Introduction

In this chapter I will review the relevant literature in order to locate my research findings within the current wider context of academic writing about looked-after children. This literature will focus on child psychotherapy treatment. The impact of early trauma and disruptive relationships will be reviewed from psychoanalytic, child development and neuroscientific perspectives. The research methodology literature will then be reviewed

Adoption as a concept has been present in society since ancient times; it is referred to in the Bible. Greeks and Romans, Egyptians and Babylonians all had adoption systems. The following definition of adoption emphasises the continuing role of the child's biological family in the context of a child's adoptive family.

'Adoption is a means of meeting the developmental needs of a child by legally transferring ongoing parental responsibility from birth parents to adoptive parents, recognising that in the process we have created a new kinship network that forever links these two families together through the child who is shared by them both. This kinship network may also include significant other families, both formal and informal, that have been part of the child's experience.' (Watson, 1994 in Triseliotis *et al*, 1997:2 in Hindle and Shulman, 2008).

Legislation for adoption and fostering in the UK was first introduced in 1926 with the Adoption of Children Act which provided a legal route for the permanent and secure transfer of orphans and illegitimate children to new parents. There have been many societal, cultural, economic and legal changes since the 1960s and in the UK the

majority of children tend now to be adopted because their birth family situation puts them at risk. The most recent statistics show that in the year ending March 2015, 93,612 children in the United Kingdom were looked-after children, in that same year 6,141 children in the United Kingdom were adopted from care. According to the Office for National Statistics the number of looked-after children increased steadily over the past seven years but has reduced again (www.gov.uk).

Tarren-Sweeney (2016) writes that although the practice of children being adopted from state care is common in the United States, Canada and the United Kingdom, 'in most other jurisdictions in the developed world, adoption from care is either not sanctioned, or is impractical' (p497). He describes how the legal framework for looked-after children in this country is made up of different care orders including adoption, guardianship and parental responsibility. However he clarifies that:

'While these orders provide for *legal permanence*, we should be mindful that their ultimate purpose is to facilitate *relational permanence*.' (p497)

However, what Tarren-Sweeney describes is the complexity around the issue of 'relational permanence', for the young person, the birth parents, the foster parents and the adopted parents. There is a tension between the 'permanency and family preservation philosophies' (p498) that has to be considered.

3.2 Treatment Modality

The treatment modality studied in this research is child psychotherapy, which can be defined as follows:

'Child and adolescent psychotherapy is a profession dedicated to understanding the complex emotional lives of children, young people and

families. It is based on a psychoanalytic approach, which seeks to look below the surface of human relationships' (ACP website).

The training requirements for a child psychotherapist is to be in at least four times a week analysis a year before the training commences and throughout the training. During the training it is a requirement that at least three young people, an under five, a latency age child and an adolescent should be seen for three to four times a week. Following qualification it is a recommendation from the Association of Child Psychotherapists that every seven years a child psychotherapist takes up intensive work with at least one child and is monitored through CPD.

Child psychotherapy training is grounded in Infant Observation and Psychoanalysis. Infant Observation is the observation of an infant and mother for an hour a week. This is followed by a thorough writing up of the observations, both conscious and unconscious for presentation in small seminar groups for a period of over two years. That is to say that there is an empiricist tradition in child psychotherapy (Rustin, 2012).

'Psychoanalysts, including the most original and creative among them, have for the most part believed that knowledge could be advanced through combining deep knowledge and the continued interrogation of established concepts and theories, with close attention to the phenomena which are revealed to them in their consulting rooms.' (Rustin, 2016, p180)

3.2.1 Child Psychotherapy

Child psychotherapy is a specialised treatment for children and adolescents with emotional, social and/or behavioural difficulties that believes it is helpful to acknowledge and work with:

'internal, emotional and imaginative parts of ourselves that are particularly active in childhood but which remain influential throughout our lives, even if we are not always aware of them' (Urwin *et al*, 2009:1).

Child psychotherapists assess and treat infants, children and young people and work with their parents, families and the networks surrounding them. Clinicians are trained through infant observation to make detailed observations of the child in treatment and to consider what the child might be communicating through their behaviour and play.

Of the 49 completed child psychotherapy theses registered between 2000 and 2015, 16 focussed on child psychotherapy with looked-after children (Hindle, 2000, Philps, 2003, Weir-Jeffery (2011), Ryan, 2012, Fleming, 2013, Allnut, 2014, Chantrell, 2014, Wakelyn, 2014, Sutton, 2014, Bradley, 2014, Crehan, 2014, Sloan Donachy, 2014, Langton, 2015, Coyle, 2015, Sutton, 2015, Chester, 2016).

In her thesis Weir-Jeffery (2011) reviewed twelve case studies published in the Journal of Child Psychotherapy between 1974 and 2006 by child psychotherapists working with looked-after children.

This overall picture goes to introduce the level of interest child psychotherapists have in the work with looked-after children. The literature and case material illustrates the degree to which child psychotherapy provides an intervention that allows the looked-after child to access, work with and process their pre-occupations in a way other interventions don't. The child psychotherapist who works in such proximity to a looked-after child's experience of trauma, neglect and loss is engaged in very difficult and painful work. It is taxing work and requires a space to

process, digest and understand what one has experienced in the therapy with an adopted/ looked-after child.

Child psychotherapists writing about looked-after children.

In 1974 Gianna Henry proposed the idea that a looked-after child's early experience of trauma leads to the development of defence mechanisms that compound the original experience of deprivation, resulting in 'double deprivation'. Henry's description of her work with a 14 year-old looked-after boy with learning disabilities illustrated how Martin had developed a type of defence through identification with an insensitive internal object. The splitting off and projection of feelings and parts of the self into others impoverished his own sense of himself. Henry goes on to describe how Martin made her feel like giving up trying to reach him; she understood this to be the result of a defence that deprived him of positive experiences.

'Any further deprivation and experience of an external hard object was reintrojected and cemented the hardness of the internal object. (p18)

Henry describes her patient's attacks on linking (Bion, 1958b) as the greatest source of her patient's deprivation.

Sutton (1991) described a single case study of a looked-after little boy who at times would strive to be absent from the therapist's mind, a 'defence by obliteration' that for Sutton resonated with the 'double deprivation' described by Henry (1974) : it meant the child could not access the 'good object' of the therapist. Sutton extends this idea to times when, perhaps because of the rapidity of the boy's changes of state of mind from aggression to say, boredom but also taking into consideration the external demands of the setting upon the therapist, that Sutton was compounding

the child's experience of an absent object. He suggests referring to this as 'triple deprivation' and illustrates the ways in which neglect and deprivation experienced by looked-after children is communicated within psychotherapy.

At the Tavistock Clinic in the 1970s there was an increase in demand for child psychotherapists to see looked-after children and this provoked a series of multi-disciplinary workshops to review the experience gained. 'Psychotherapy with severely deprived children' (Boston & Szur, 1983) is a collection of papers representing child psychotherapist's (in the main but includes social workers, psychologists and psychoanalysts) work done with looked-after children.. Looked-after children had previously been thought of as not suitable for psychotherapy due to practical and emotional reasons. It was felt that once a week therapy was not sufficient, that young people needed their 'primary emotional experience' attended to in a residential setting before interpretive psychotherapy was possible and that psychotherapy would result in 'acting out' and could therefore potentially jeopardise the care home or foster home of the child (Boston & Szur,1983, p1).

With the use of single case studies of looked-after children, themes identified in the workshop were explored such as how a looked-after child might come to idealise their birth parents, or the need to separate from bad parental images and how either response shapes relationships with carers and with therapists.

In 'Some feelings aroused in working with severely deprived children' (in Boston & Szur,1983), Hoxter explores how children are able to make the adults in their life (therapists, social workers, foster carers, adopters) feel the struggle and pain they have endured. How and when this pain is received, contained and given back in a more manageable form is likely to have an impact on each child's capacity to process their own experiences.

'By maintaining our sensitivity without being overwhelmed or resorting to withdrawal or attribution of blame, we may be better able to provide the answer which brings relief: the experience of a relationship with someone who can be relied upon to attend to suffering with both receptivity and strength' (p131).

In 1991, Lush, Boston & Grainger conducted a research project to look at whether psychotherapy could help children who had been fostered or adopted. They measured outcomes for 20 children, using standard questionnaires, with external assessment and independent clinical ratings. Most children did well on these ratings. An informal comparison was made with seven similar control children; none of whom had improved during the same period (Child Psychotherapy Trust, 1998). The study not only encouraged child psychotherapists to work with looked-after children, but was one of the first attempts to 'develop a research methodology for psychotherapy that would not interfere with clinical practice' (Midgley, 2009).

Emanuel (2002) describes her experience of setting up a therapeutic service for looked-after children. She further extends Henry's (1974) premise by suggesting that the double-deprivation of looked-after children is compounded by organisational difficulties so that the children in the 'care-system' suffer a 'triple deprivation'. Emanuel's focus on the importance of the network upon child psychotherapy with looked-after children has been further explored (Cant, 2008, Rocco-Briggs, 2008 and Russell, 2011) and expanded into thinking about how incorporating an awareness of the external world impacts upon adaptations in technique.

'The idea of working with the network is not new, but in the same way we want to understand the dynamics between a child who is referred for therapy and his

or her parents, we also want to understand the dynamics of the network that works on behalf of the looked-after child' (Rocco-Briggs, 2008, p193)

Lee-Mesner and Stevenson (2014) write an account of the experience of preparing a group of five siblings who were to be adopted separately. They describe the process of individuation, the different responses to mourning and the manic defences involved. What emerged as Lee-Mesner *et al* describe, is that when the children were given the space to express their fears and emotional pain they were able to use the adults for help and did not 'turn inwards towards a lost object away from life and new relationships' (p285).

Coyle (2015) reviewed the games of Peek-a-boo and Hide and Seek including the psychoanalytic (Freud, 1920, Kleeman, 1967, Mahler and Furer, 1963, Dunn, 1993, Wadell, 2002, Frankiel, 1993, Israelievitch, 2008, Bergman, 1993, Pratt, 2001, Alvarez, 1988) and developmental (Peskin and Ardino, 2003) theoretical perspectives. She investigates the relationship between peek-a-boo and hide and seek and refers to the psychoanalytic and developmental perspectives to inform how the natural development of separation and individuation can be explored and mastered. Further, she questions whether these ordinary games can be pathologically employed by adults and later used in therapy by children to either communicate or not with the therapist.

Learning disabilities and looked-after children.

In the same way that psychotherapy had been thought not to be suitable for looked-after children, it was considered not suitable for children with learning disabilities; that cognitive impairment would impact negatively upon the capacity to engage in the psychotherapy process.

Henry (1983, in Boston & Szur) continued to write about the prevalence of looked-after children with learning disabilities and explores the link between very early deprivation and its impact upon the child's capacity to think, which Henry defines as being 'deeply related to a child's emotional development'. Using case studies, Henry explores the idea that it is because of the degree of mental pain experienced by the looked-after child through neglect and deprivation that they have to protect themselves from intolerable feelings or thoughts and it is this that does not allow for a 'selective capacity to think, learn and retain notions' (p84).

The fundamental link between looked-after children and the impact upon their capacity to think is a recurrent theme. In her chapter 'I'm bad, no good, can't think', Boston (1983) focusses on a looked-after boy's difficulties with thinking:

'thus the legacy for the abandoned child is usually not only the burden of being abandoned but of being left with extremely inadequate mental resources to deal with a degree of pain which would overwhelm the favourably brought up child' (p76).

Russell (2011) described treatment with a looked-after boy with learning disabilities in an attempt to argue for the potential of psychoanalytic psychotherapy as an intervention for young people with learning disabilities. Child psychotherapists were increasingly writing about defences mobilised by looked-after children to protect themselves from the pain of a deprived and neglectful early start that resulted in the impairment of cognitive capacities. It was perhaps therefore crucial that psychotherapy was increasingly considered for looked-after young people with learning disabilities. Russell acknowledged the risk inherent in the process of the

young person becoming more in contact with aspects of themselves but not to do so was in fact detrimental to his development.

'I believe that Pete did take his thinking self back underground to a certain extent and I can see that this 'suspended animation' is an understandable and adaptive response to the adverse human environment he was forced to endure'. (p176)

For Gatti (2011), the missing mental capacity in learning disabilities may reflect something of the missed birth family or knowledge of the birth family.

'Many authors describe the inhibitions and learning problems of adopted children in terms of the 'impossible or forbidden knowledge' imposed upon them (Bonato, 1997). These are children with an obscure or 'missing' past who feel they are denied their right to a personal history' (p149).

Gatti suggests that autobiographical memory, 'the most powerful instrument that the individual possesses to know himself and the world' (p149), is impaired by traumatic events. This will impact upon the child's ability to communicate about his experience, his relationships with others and in his curiosity about the world. For Gatti, it is the prerequisite for learning – the capacity to open oneself up to new thoughts that is severely damaged. This thinking provides an explanation for the prevalence and aetiology of learning disabilities in looked-after children.

Gatti refers to a paper by Bonato called 'I genitori perduti' (the lost parents), taken from a poem. The poem presents someone who sees long lost family members in morning fog, 'souls transmigrated maybe from Hudson's shrouded shores across all the silent years'. The author reflects the filling in the gaps of

knowledge by fantasising what each family member may look like or be doing. The poem conveys feelings of emptiness and longing in a complementary way to the case material.

Referring to a traumatic infancy for a looked-after boy as an 'unlaid ghost', Marsoni (2006) describes how the 'unlaid ghost' continued to demand attention from the child until the trauma was able to be projected into another, in the therapeutic intervention, and then be processed. Marsoni describes the consequences for the child as the collapse of mental functioning.

"Through his play Luke was showing me an upside-down world, where basic and predictable points of reference had collapsed; what is right and what is wrong are interchangeable; anything is possible, as Luke's fights showed over and over again.... there is no protection against attacking forces, and, most importantly, there is no capacity to think or make sense of emotional experiences.' (p315)

'Multiple families in mind' and looked-after children.

In 'Multiple Families in Mind' (1990), Rustin explores the internal reality that complex familial structures formed by adoption and fostering can create. In particular she looks at the complexity of family life lived in the shadow of often multiple painful *prior* experiences of families. Rustin makes the point that previous experiences influence on-going relationships within substitute families and spans beyond one lifetime because of intergenerational transmission.

In order to establish the theoretical framework underpinning her argument Rustin illustrates the centrality of the concept of the internal world by describing a little girls' fear of defecating following the birth of a sibling, fearing a baby would come out at the same time.

‘The ‘realness’ of the internal world was making it very difficult for this little girl to differentiate between imagination and external reality’ (p52).

Rustin continues that the infants’ development of an understanding of the world takes time to integrate and depends upon the consistency of care from a very early age.

The degree of changes for looked-after infants and children, she argues, is not just in the key people around them but more subtle but informing ways such as sounds and smells of where they are, in addition to all of the individuals who contribute to the looked-after child’s care, from a brief foster placement, to the role of the social worker, to more enduring placements until adoption. Rustin underlines these numerous influences upon the developing internal world of the looked-after child and the need for the professional to remain aware that,

‘This mental over-crowding can be disturbing to a child’ (p53).

In two case studies Rustin looks at how the internal world of the adopted parent can impact upon the adopted child and, as my research explores, how the internal world of the adopted child impacts upon the adopted parent.

‘This intergenerational intertwining of unconscious imaginative lives can create particular quandaries within adopting families.’ (p56)

Rustin argues it is the ‘interaction of the two dimensions of fantasy and experience (that) is a continuing challenge for the families and all who work with them’ (p61).

The earlier experiences of the looked-after child will go on affecting the child and the adopted families for years to come, but Rustin’s paper illustrates how much a child

can communicate about their internal world in the context of child psychotherapy, to a person who is free to receive it.

In 'Creating New Families' (Kenrick, Lindsey & Tollemache, 2006), Kenrick looked at work with children in transition and described how this practice had changed. For some children, Kenrick argued, the therapeutic work was required in order to look at the defences and acting out behaviours which could lead to the breakdown of placements.

'Over time in therapy it is often the despair, at times of suicidal proportions, that can be the most difficult aspect of these children to have to sustain in the work. To do that requires strength, resilience and courage on the part of both child and worker. Until this process is underway, it may not be possible for a child, deprived and abused, to begin to differentiate rage from what may be the more justifiable outrage at the events and feelings about the past. Only then may a child begin to develop a new relationship to that past. Then, less burdened, he can begin to reach out and take advantage of new opportunities.' (p80)

Turning her attention to the looked-after child in the new family, Kenrick echoes what Gatti writes about with respect to the presence of the past and Henry's initial thoughts about deprivation caused by defence mechanisms disabling the young person to 'take advantage of new opportunities'.

Hopkins (in Kenrick, Lindsey & Tollemache, 2006) looks at the difficulties deprived and rejected children have in making new attachments if adopted late. Hopkins defines late-adopted children as those who had lived for some years with their birth families and had a number of foster placements before being adopted. Reviewing the therapy of two children, Hopkins uses attachment theory to consider how when a sensitive therapist can tolerate the degree of testing of the relationship

and experience negative feelings that may be evoked in the therapist, a new attachment from the child to the adopted parents can be risked. She considers the complexity of loyalty conflicts and refers to Fairbairn's (1952) description of the tie to bad objects:

'he explained how a new mode of relating is felt to involve not only a guilty betrayal of the early relationship but a fear of the loss of a sense of self. A negative therapeutic reaction may sometimes be understood as a return to the residual security inherent in previous attachments, however unsatisfactory, rather than facing the sense of betrayal and loss inherent in developing new relationships.' (p103)

The tie to bad objects is central to the work of looked after children and links with Messners *et al's* (2014) central argument of the importance of mourning.

Fagan (2011) uses neurobiology, the adopted child's life story and the psychoanalytic understanding of transference and countertransference to look at how later adopted children live in two feeling states at once.

'which is more real – the traumatising relationships of the past or the new relationships of the present? For many of these children there is a desperate jumble and collapse of the past and the present, as damaged and inadequate internal objects from the past vie with new introjections' (p132).

This resonates with Rustin's (1999) *Multiple Families in Mind* (title of subheading).

Kinship care and looked-after children

Barratt and Granville (Kenrick *et al*, 2006) looked at the issues in kinship care arrangements. They discussed how kinship care arrangements could benefit

children's attachments and identity needs and how these could be enhanced by placement with family members and friends. However, a referral to mental health services may be seen as a criticism of the care being given, compounding existing feelings about the failure of parenting skills. Feelings of resentment for the lack of financial support or for the practical and emotional upheaval that interrupts 'life cycle' plans may also be to a greater or lesser degree consciously communicated. Barratt and Granville suggested consideration needed to be given to feelings evoked by the child and the impact of these feelings on relationships within the family.

'There can be no doubt about the value of enabling the children to remain rooted in their families of origin in this way for the sake of their identity and connectedness to significant others. Kinship care involves a complexity of relationships, history and memories, trauma and loss. A powerful web of changing roles and relationships forms the back-drop to the care of a child. Kinship care is not a simple solution. The provision of therapeutic support has been crucial for many to enable them to explore the inevitable conflicts that arise from children's loyalties and experiences of previous poor parenting, which are even more salient when the placement is within the same family or network' (p179).

Adoption and looked-after children

'The emotional experience of adoption' by Hindle & Shulman (2008) reviews the impact of unconscious dynamics in systems and networks, primitive states of mind and their impact on relationships, the struggle of being part of a family, in addition to the particular issues raised by adolescents who are adopted. Miller (in Hindle & Shulman, 2008) explored what child psychotherapy can contribute to the understanding of the adopted child and what it has to offer as a form of therapeutic

intervention. She described how adopted babies each bring with them primitive anxieties from their earliest experience and projections that reverberate throughout the family. Miller presents an understanding of how an infant was 'broadcasting an unprocessed fear of abandonment' (p58) that 'filled the family with terror' and comments that,

'It is hard to bear the idea that serious and long-term harm can be inflicted on a very young child, or even for some to believe the experiences in babyhood leave their mark at all' (p57).

Wakelyn's (2011) therapeutic observation of an infant in foster care tracked the moment-to-moment emotional and psychological exchanges and communications between an infant and foster carer at a time of separation and transition. As in an infant observation it illustrates the themes that underpin the early years of looked-after children and the impact of early relationships.

Cairns (Hindle and Shulman, 2008) suggest that in order to process the trauma experienced by looked-after children, the associated feelings may be externalised into the foster families, professionals and adoptive parents:

'Traumatised people live physiologically in a state of terror. Empathic people will therefore replicate in their own bodies a little of the physiology of terror. The closer the bond between the two people, the more likely it is that this empathic response may destabilise the caregiver' (p93).

This is what Cairns calls 'secondary stress disorder'. He goes on to describe the three main elements of the prevention and treatment of it as training, support and consultation.

Sprince (in Hindle and Shulman, 2008) explores some of the fantasies that are involved in the adoption process and the complexities that lead to these. There is a pressure she suggests for adoption to offer a 'happy ending' (p102) perhaps to make up for the children's previous experiences of family. She suggests this is what accounts for the way in which children are presented to their prospective adopters in a way that does not give a clear sense of the level of disturbance the child has experienced. Sprince goes on to consider the need for social workers and adoptive families to 'draw a line' under the child's previous experiences as if everyone could start afresh.

'However, the children's pre-occupation with their original relationship soon shows itself, often in very subtle ways, over which they have no control, and which evoke responses in the adults that are hard to understand' (p108).

Focussing on a single case study of a child adopted aged three from a neuroscientific perspective, Case (in Hindle and Shulman, 2008), suggests the impact of trauma on the developing mind and attachment relationships contributes to the argument that traumatic experience cannot be resigned to the past.

'Early situations and states are revived, played over and worked through in therapy in a way that fosters development and frees up the relationship between the child and adoptive parents. Being able to remember the past, in some form, may enable adopted children to integrate disturbing and previously split-off emotional experience, as well as aiding the development of identity (autobiographical memory)' (p133).

Edwards (in Hindle and Shulman, 2008) presents clinical material of an adopted boy (age six) born addicted who had to be withdrawn at birth from the drugs

his birth mother was addicted to. She described how the 'primary disillusion of his neonatal experience caused an internal catastrophe which was then reworked in his adoptive placement' (p349).

Oedipal issues with looked-after children

Bartram (in Hindle and Shulman 2008) describes the ordinary Oedipal developmental stage where a child understands through the process of mourning that their parents have a relationship from which the child is excluded. She suggests that it is when the painful feelings of humiliation, envy, rivalry and a sense of helplessness can be managed that 'the union and potency of the parents is discovered to be reassuring and the reality of relationships between the generations acknowledged and accepted' (p210). However, she argues that for looked-after children who have experienced a lack of stability in their early relationships as well as trauma, abuse or neglect they may be left with some 'perverse misunderstandings' (p210). Bartram further highlights the need to attend to oedipal constellations in the therapeutic relationship. In the same way as an adopted mother may unconsciously feel she has 'stolen' the child from the birth mother, the therapist may unconsciously be experienced as having 'stolen' the adopted child from the adoptive mother, 'two parties are felt to get together not in the interest of, but in order to exclude the third' (p214). Exploring how the oedipal situation might further impact negatively upon the therapeutic working relationship between the therapist and the adopted parent Bartram writes that adopted parents who have not had their own children and have not shared and negotiated developmental stages (teething, weaning, taking first steps) with the adopted child can struggle with this and this can contribute to the breakdown of the working alliance. The painful loss of these

experiences cannot be known about and borne and so they become enacted between adopted parents and therapist.

‘The supportive framework for the work of the child’s psychotherapy, whatever its shape, must be sufficiently resilient to contain the painful shock of loss as well as the weight of jealousy and rivalry’ (p220).

Canham (2003, reprinted in 2012) highlighted the relevance of the Oedipus myth to looked-after young people and extended it to the epistemophilic instinct, the capacity to learn. Exploring the myth closely Canham suggested that birth parents ordinarily have a role in the capacity of the infant and child to process murderousness, fear of dying and feelings of possession. Not being brought up by one’s birth parents complicates the understanding and processing of these intense feelings. Canham suggested that for looked-after children:

‘how dangerous it might feel for them to begin to think about the realities of why they are unable to live with their parents. To uncover the full horror of what brought them into care may be more than they can face’ (p115).

This need to protect oneself, he argued, from the possible reality of their parents, of the reasons for being looked-after may impact upon the epistemophilic instinct to be curious and to want to know.

Rustin (in Kenrick *et al*, 2006) wrote about how development ‘intersects with the problematic inner constellation of parental figures that are characteristic of adopted children’ (p110).

'the oedipal child has to place himself in relation to both parents (Freud) and to acknowledge their independent relationship to each other (Britton, 1998) and enter the triangular space that will be the prototype for much later experience and, indeed, serves as a cornerstone of our mental health. Not only does an adopted young person have at least two sets of parents to fit into the picture; he also very often has a sense of catastrophe associated with his birth and early years' (p110).

The issue of time for looked-after children.

In a book dedicated to the work of Hamish Canham, 'Waiting to be found' (2012) several of Canham's papers were reprinted and other contributors took up aspects of the work with looked-after children that had been influenced by Canham's clinical thinking. Focussing on the distortions in the perception of time with looked-after children. Canham defined time not just chronologically i.e. minutes, hours etc. but also in terms of:

'a sense of past, present, future; of order and sequence; of development; and causality' (p61).

He described the ordinary development of a sense of time that began in the womb with the experience of a rhythmical maternal heartbeat, and continued with ordinary family life, 'the rhythm of feeding orientates the baby to the notion of periodicity' (p62). Canham continues to explore how the sensations of hunger, waiting and satiation lead the baby to understand the rudimentary fact that people go away and come back and this can continue.

'If all goes reasonably well, children pass through the normal stages of development. Whether one measures these physically in terms of weaning,

moving on to solids, sitting up, crawling, walking and so on or psychoanalytically in terms of the oral, anal and genital stages through infancy, on to latency and into adolescence' (p62).

Canham highlighted the ordinary need for order and routine for the development through these stages and years in nursery and schools and family life. However looked-after children who have been neglected and abused from an early age have not had this experience of routine and order. Often they will have unpredictable experiences of their care and can be left on their own for long periods. The impact is not just to do with the missed experience of regularity but the lack of processing the feelings that emerge with each developmental stage in a young person's life.

Canham concluded it is the unresolved anxieties and preoccupations of earlier stages of development that impacted upon subsequent ones that 'gives rise to much confusion in terms of order and sequence and, consequently, of time itself' (p63).

Canham also identified the accumulative traumatic experiences that had not been addressed and 'put in the past' that left the looked-after child feeling that they constantly impinge upon the present. Referring to an intensive child psychotherapy case study of three times a week for over 2 years Canham suggested it was the regularity of the sessions, the experience of breaks in between the sessions and the opportunity to process the past as it manifested itself in the transference relationship that allowed the young person to develop a sense of time.

In considering the presence of hope within the therapeutic work with looked-after children, Cregeen (in Briggs, 2012) discusses the requirement for the young person and the therapist to be in a state of 'negative capability' in order for something new to be understood within the therapeutic relationship. It is this

increase in meaning for the looked-after child that enables their processing of past experience:

‘for the psychoanalyst or psychotherapist, I think it is the accumulated clinical experience of meaning being found or created out of fragmentary emotional experience and mental states which provide us with a capacity to have confidence (more or less) in the potential for the development of container-contained and the growth of meaning’ (p160).

Adolescence and the looked-after child

Dalley and Kohun (in Hindle and Shulman, 2008) write about the specific impact of deprivation upon the adopted adolescent. They identify the complex struggles around the ordinary confusion that relates to the adopted adolescent’s relationship with their developing body and separation and individuation away from parents and family. The adolescent process re-enforces for the adopted adolescent the reality of their separation from their birth family. The adopted adolescent has to manage two separate sets of parents within his representational world (Brodzinsky *et al*, 1998 in Dalley and Kohun. Spensley (in Hindle and Shulman, 2008) writes:

‘All adolescents engage in a struggle to achieve a sense of self and to become less dependent on adults in the move towards separation from the family, but when the childhood attachments that require to be loosened in adolescence have never been authentically formed, the task is Herculean’ (p239).

3.2.2 Intensive work

Freud advised that analytic patients should be seen every day except Sundays and bank holidays and defined analytic intensive intervention by the number of sessions per week. Freud did not work therapeutically directly with children and of one hundred and thirty three cases he refers to in his collected works he has written up detailed accounts of four individual patients that he personally saw intensively. The most famous and long term case study was of the 'wolf man' (a Russian, Sergei Pankejeff) who Freud saw intensively for four years and five months, and again later for three months (Storr, 1989).

Klein tended to see her young patients intensively as defined by Freud (daily) and treatments lasted for months and years duration (Frank, 2009).

Ackerman (1945) relates 'intensive' to the direct therapy in a two-person relationship that uses the transference to expose pathological patterns of defence to relieve symptoms and change the personality. Ackerman outlines what he considers to be misinterpreted as meaning 'intensive' for instance the timing of the therapy; whether a patient has been in therapy for a long time, or even for only a concentrated period for 6-12 weeks, or the high frequency of sessions per week. He argues the intensity of the therapy cannot be defined by the severity of the patient's pathology or the intensity of the therapist's training,

Lasky (1993) discusses the length of treatment and its origins:

'the analytic standard of four or more sessions per week was arrived at through simple trial and error examination of the differences of the development of the transference neurosis at different rates of scheduling' (p 206).

He suggests that the consensus of experience is also informed by analysts' training analysis. This enables the analysand to experience the understanding of unconscious motivation and the necessity of four to five times a week analysis.

As part of a larger project on the long-term outcome of child psychoanalysis (Target and Fonagy, 2002), Midgley (2005) published a report presenting his findings of a long-term follow up project looking at the recollections of former child analytic patients. His study focussed upon the memories of twenty-seven adults of being in intensive psychoanalysis as children. Of interest to this research is the length of time the children and young people from his sample were seen for intensive psychotherapy. Between 1952 and 1980 of the twenty-seven young people in the study no children were seen for just a year, and only seven were seen for between one year and two years, this representing at the time, a very short intensive therapy.

Goodyer *et al* (2011) introduced 'the improving mood with psychoanalytic and cognitive therapies' (IMPACT) study, a randomised control trial that compared the short term psychoanalytic psychotherapy, cognitive therapy and specialist clinical care of moderate to severe depression in adolescents attending CAMHS clinics in the UK. Although it was once a week therapy (not intensive), the psychotherapeutic intervention of the study was short term in that it was 30 sessions over 30 weeks. The aims were to investigate the clinical effectiveness of psychological treatment in reducing the persistence of depression in adolescents; to look at the effectiveness of reducing relapse at 86 weeks following treatment, to see if psychoanalytic psychotherapy was more effective than CBT and to investigate the cost effectiveness of psychological treatment. This is relevant to this study because this

case study is based on a relatively short term intensive psychoanalytic intervention that could be cost effective.

In a review of the research evaluating the efficacy and effectiveness of psychodynamic psychotherapy for children and young people Midgley and Kennedy (2011) referred to several studies that looked at the impact of frequency of sessions upon effectiveness of child psychotherapy. They report that a pilot study by Heinicke (1965) and the subsequent larger study by Heinicke and Ramsey-Klee (1986) showed that of the children who received child psychotherapy for between one and two years the children who were seen more frequently (four times a week for one or two years) improved the most with the greater capacity for forming and maintaining relationships.

Midgley and Kennedy (2011) reviewed a randomised study looking at intensive psychotherapy (three to five times a week for fifteen weeks) with young people with diabetes compared to those with routine psychological input (Moran and Fonagy, 1987; Fonagy and Moran, 1990; Moran *et al.*, 1991). A significant improvement in diabetic control in the experimental group compared to the control group was noted and maintained when followed up one year later.

Referring to the large Anna Freud Centre retrospective study (Fonagy and Target, 1996), Midgley and Kennedy (2011) suggest that not only did those younger children seen intensively improve their prognosis compared to those seen once weekly, but that children designated as being 'severely disturbed' were substantially more likely to improve if in intensive treatment (Target and Fonagy, 1994a). A further study (Target *et al.*, 2002) was intended to compare intensive psychoanalytic treatment with once weekly psychanalytic psychotherapy but funding for it was not secured.

Summary of treatment modality.

Child psychotherapists have written extensively about various aspects of child psychotherapy with looked-after children as a subject from doctoral thesis to journal papers to edited books. Child psychotherapists have been providing treatment for looked-after children for many years despite initial thoughts that this would be a difficult area to work in and they have engaged with those difficulties in a realistic and hopeful way. What becomes clear from this review is that it is the theoretical grounding of therapists that allows their close contact with the emotional and psychic pain the young people experience. This, in turn has informed the development of further theoretical perspectives.

3.3 Impact of early trauma and disruptive relationships

Child development research has established that the impact of early trauma and disruptive relationships has far reaching consequences for children and young people. In order to understand what the impact of early trauma is upon infants and children some of the psychoanalytic, child development and neuroscientific literature will be reviewed.

‘Childhood maltreatment is the most important preventable cause of psychopathology accounting for about 45% (Green, 2010) of the population attributable risk for childhood onset psychiatric disorders’ (Teicher & Samson, 2016, p241).

3.3.1 Psychoanalytic Literature

Alvarez (1992) acknowledged that although psychoanalysis has undergone many changes and developments since Freud, the clear psychoanalytic fact is that experiences in childhood and infancy are of fundamental importance in understanding a person's current life and trajectory.

'... nothing that ever existed in the unconscious completely loses its influence on the personality' (Klein, 1952, p262)

Psychoanalytic theory is an extensive field and the focus of this literature review will be Klein and Bion as they are the theorists that tend to be most frequently referred to in child psychotherapist's work with looked-after children.

From a Kleinian perspective

Summarising Klein's contribution to our understanding of the internal world of the infant Bott Spillius *et al* (2011) write that from direct work with children Klein (1926, 1927, 1929, 1932, 1935, 1940, 1946, 1957, 1958) found that the children were preoccupied with phantasies both conscious and unconscious:

'concerning birth, death, the primal scene, bodily processes in themselves and their parents, the external and internal worlds of good and bad objects, the relationships and emotions of the Oedipus complex and the early, cruel superego' (p7).

Klein suggested that these phantasies came together into mental organisations which she proposed as the paranoid-schizoid and depressive positions. She called them positions because she understood that the individual oscillated between them.

Put simply they described a collection of defences against the anxiety that one is under attack internally by parts of the self experienced as external (paranoid-schizoid position) and a fear of damage to (or death of) internal loved objects (depressive position).

The development of internal objects and the primary relationship

Beginning in infancy and continuing throughout life, Klein thought there was a complex interaction between the world of internalised figures and objects in the real world via repeated cycles of projection and introjection (Bott Spillius *et al*, 2011).

‘The most important internal objects are those derived from the parents, in particular from the mother or breast into which the infant projects its loving (life instinct) or hating (death instinct) aspects. These objects, when taken into the self, are thought to be experienced by the infant concretely as physically present within the body, causing pleasure (good internal part-object breast) or pain (bad internal part-object breast)’ (p40).

Therefore, within Kleinian theory the development and the mental health of the individual is due to the state of the internal objects. The state of the internal objects is, in part dependent upon the external relationship with the main caregiver. To summarise a theory of this complexity can be limiting but put simply how one relates to the main care giver effects what one takes in and identifies with and contributes to the individual’s development and sense of self. The introjection of and identification with a stable object can lead:

‘to the ego’s capacity to cohere and integrate experience. Damaged or dead internal objects cause enormous anxiety and can lead to personality

disintegration, whereas objects felt to be in a good state promote confidence and well-being' (Bott Spillius *et al*, 2011, p40).

In 'Our adult world and its roots in infancy' Klein (1959) acknowledged the centrality of early infancy and the impact of early relationships with others and the environment to the prospect of mental health in later life.

'I have (above) given instances of identifications that are helpful both to the child and to the adult. But the vital influence of early environment has also the effect that unfavourable aspects of the attitudes of the adult towards the child are detrimental to his development because they stir up in him hatred and rebellion or too great submissiveness. At the same time he internalises this hostile and angry adult attitude. Out of such experiences, an excessively disciplinarian parent, or a parent lacking in understanding and love, by identification influences the character formation of the child and may lead him to repeat in later life what he himself has undergone' (p260)

In 'On observing the behaviour of young infant's (1952) Klein is also clear that the infant's earliest developing relationship to the mother's breast is not just about food but is the prototype for their relationship and subsequent relationships:

'The close bond between a young infant and his mother centres on the relation to her breast. Although from the earliest days onwards, the infant also responds to other features of the mother – her voice, her face, her hands – the fundamental experiences of happiness and love, of frustration and hatred are inextricably linked with the mother's breast. This early bond with the mother, which is strengthened as the breast is being securely established in the inner world, basically influences all other relationships, in the first place

with the father; it underlies the capacity to form any deep and strong attachment to one person' (p99).

From a Kleinian perspective if the primary caregiver, usually the mother, is clinically depressed, under the influence of drugs or alcohol, neglectful or even abusive this will have a direct impact upon the infant or child as their development is directly related to their relationship to the mother. This in turn will directly impact upon the ability to make and maintain relationships in later childhood and life. Klein also made the point that there are constitutional factors in the infant that affect the capacity of the infant to withstand love and hate and to make use of his or her primary object.

From Bion's Perspective

Bion developed Klein's theories (in particular the paranoid-schizoid and depressive positions and projective identification) further and used mathematical terminology to describe, although widely clinically intuitive concepts, intellectually challenging ones.

Alpha-function

Alpha-function is the term Bion (1962a, 1962b) used to describe the conversion process that takes raw sense data and generates from it mental contents that have meaning and can be used for thinking, alpha-elements. When the process does not work the sense data remain unassimilated beta-elements which need to be 'got rid of' through the process of violent projective identification (Bott Spillius, 2011).

Container/contained

Container/contained is the term Bion (1958b) used to describe the process of thought making where a pre-existing 'preconception' is met with a 'realisation' which is based in reality and matches the anticipated preconception so that a 'conception' (a third) is created which can be used for further thought. However the two concepts, both alpha-function and container/contained directly relate to a relationship within which the processes occur in an ongoing way, as part of the development of the infant. When the infant experiences unbearable feelings that cannot be borne, they need to have a real person that can receive these and experience the emotional impact and disturbance of the projection without refusing it or running away. It is only then that the thoughts and feelings can be returned to the infant in a modified and survivable way. The continuous repetition of this process facilitates the development of thinking in the infant.

Theory of thinking

Bion understood that it is the accumulation of alpha-elements (an emotional and two-person process as discussed that transforms raw sense data into meaning) that creates an apparatus for thinking. Bott Spillius (2011) summarises this:

'When the infant encounters a *'realisation'* – something that approximates sufficiently to an inborn expectation, for example of a breast – a *'conception'* is produced. Under good internal and external conditions the temporary absence of the breast can be tolerated and a preconception can mate with a *'negative realisation'* (i.e. an absent breast, a frustration) to become a *thought* of a breast' (p509).

If the infant's feelings can be contained by another, the capacity to bear frustration increases. When little or no frustration can be tolerated, the 'absent breast' remains a paranoid-schizoid phenomena. Bion (1962a) writes:

'Incapacity for tolerating frustration tips the scale in the direction of evasion of frustration. The result is a significant departure from the events that Freud describes as characteristics of thought in the phase of the reality principle. What should be a thought, a product of the juxtaposition of preconception and negative realisation, becomes a bad object, indistinguishable from a thing-in-itself, fit only for evacuation. Consequently the development of an apparatus for thinking is disturbed and instead there takes place a hypertrophic development of the apparatus of projective identification. The model I propose for this development is a psyche that operates on the principle that evacuation of a bad breast is synonymous with obtaining sustenance from a good breast' (p113-114).

If the mother is capable of reverie (Bion, 1962a), the process by which she can receive the projections from her infant, digest them and return them in a more manageable form, not only does she facilitate the process of alpha-function within the infant which enables the introjection of the particular bad thing transformed into something tolerable but the infant will also introject the containing/alpha-function itself which will enable the infant to manage its own mind, tolerate frustration and develop the capacity to think.

If the mother is not able to contain the infant's unbearable experiences, however, the infant will experience no meaning which can result in a particular terror known as 'nameless dread'. It is this failure of the maternal function that leaves the infant so vulnerable and if it is repeatedly a part of the infant's early life will impact upon the development of thinking in the infant.

As discussed before if the mother is clinically depressed, under the influence of drugs or alcohol, neglectful or even abusive this will have a direct impact upon the infant or child as from a Bion perspective, the development of the infant's apparatus for thinking is intrinsically related to the relationship with another mind, usually the mother's.

Maiello (2000) expanded Bion's (1959) 'Attacks on linking' to further explore the intrapsychic origins of destructive violence that deal with parts of the personality which have been psychically wounded or emotionally dropped at a very early stage of life. Maiello extends Bion's connection between the failure of the taking in of the infant's experience of 'nameless dread' and the attack on linking, to a more passive breakdown of the human disposition for creating emotional links.

'I believe that the forms of violence which appear as external manifestations of *attacks on linking* in the internal world are often rooted in traumatic experiences during infancy. This is probably even more so for the origins of what I described as a *breakdown of links* which might be connected with perinatal or even pre-natal trauma' (p22)

Maiello concludes that the result of the impact on infants' of trauma or an unavailable primary object has more destructive implications for the individuals' mental life and interpersonal relations.

Psychoanalytic understanding of the impact of early trauma and disruptive relationships is clear from the perspective of Klein and Bion, that it is within the primary relationship that the intrapsychic and mental apparatus for thinking and developing relationships with oneself and others throughout life is formed. As such the mental and emotional availability of the primary object, the mother, is key.

The transgenerational impact of early trauma and disruptive relationships is powerfully portrayed by O'Neill (2017) who was abandoned by her mother when she was small and went on to become pregnant at a young age. She describes the extent to which she was preoccupied and unable to keep her baby daughter in mind;

'I left her on the subway twice. And in a grocery cart. I was off down the street eating a banana when I remembered about her.' (p3)

3.3.2 Perspectives from Child Development Research.

Bowlby (1969, 1973, and 1980) thought that the key component of the ability to make deep emotional relationships was the experience of a secure attachment. He linked a secure attachment to the development of internalised self-regulation of emotion, to later age appropriate self-reliance and the capacity to explore. Both the Strange Situation (Ainsworth *et al*, 1978) and the Adult Attachment Interview (Main, 1985) have provided robust evidence of the links between the quality of the early relationship between infant and caregiver and later personality development.

Belsky and Fearon (2002) found that early secure attachment predicted socioemotional development and language skills, showing that securely attached children at twelve months were predicted increased vocabulary size at nineteen months. They concluded that insecure-avoidant infants proved most vulnerable to contextual risk.

Sroufe *et al* (2005) found that securely attached children are linked with increase in peer competence and school competence, show emerging moral behaviour (e.g. altruism), have a positive self-image and positive expectations of others.

Grossman *et al* (2005) in a 22 year longitudinal study observed securely attached adolescents who could, rather than rely upon restrictive defences, make use of positive defences such as reflectivity, altruism, humour and sublimation. They observed that securely attached children could show and communicate feelings and wishes when in distress, were ready to turn to others for help, had a capacity to emotionally self-regulate in social challenges, valued close emotional relationships and had the capacity to talk clearly about attachment issues.

Luther (2003) found that early positive experience, parental attachment, intelligence and easy temperament contribute to providing a buffer for children from later adverse experiences. Consistent, sensitive and emotionally responsive relationships with primary care givers who can provide meanings for events provide the foundations for resilience.

In 2011 Jones *et al* reviewed the literature regarding factors associated with outcomes for looked-after children and young people on behalf of the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) to:

‘develop joint public health guidance on improving the physical and emotional health outcomes for LACYP’ (p614).

The outcome of their review was that they were able to provide more direct associations between factors, interventions and outcomes for looked-after children and young people giving more information on the interplay between factors/factors and interventions. Unsurprisingly they identified placement stability and emotional and behavioural problems as key mediators between underlying risk factors (p621).

Impact of early trauma on mental health.

DeJong (2010) looked at the complexity of categorising the psychiatric presentations of looked-after children who had been maltreated stating that the chronic, interpersonal trauma resulting from abuse by primary caregivers' results in a range of symptoms and developmental impairment that is not satisfactorily covered by the PTSD criteria. DeJong writes that van der Kolk (2005) proposed the Development Trauma Disorder for inclusion in DSM-V. Despite some controversy this was widely accepted by clinicians because it made a link to aetiology which allowed it to cover a number of diagnostic boundaries whilst uniting them under one conceptual framework (DeJong 2010, p595). DeJong discusses three challenges in the effective treatment of looked-after children that include the struggle to recognise a history of maltreatment, the complexity in providing good quality clinical research and multiagency communication around the needs of the looked-after child.

Impact of early trauma and learning disabilities

The impairment of looked-after children's functioning and in particular the development of learning disabilities is an aspect of the impact of early trauma and disruptive relationships for looked-after children that is of particular interest to this study.

Canham (2002b) again explored the 'epistemophilic instinct' from a Kleinian (1931) perspective which focuses on the curiosity that the infant has about the mother, initially, and what is going on inside her, to later, the nature and quality of relationships within the family to finally the wider world and it is this that forms the basis for the desire to learn. Canham asserts that when there has been an extended difficulty in making a link between mother and baby, in particular in cases where

there is neglect and abuse there are likely to be consequences for the child's ability to learn. Canham describes the ordinary difficulties with learning and the painful position it places the individual,

'There is a life-long struggle with which we are all faced, about what we can bear to learn and know about. A tension between a desire to find out, and a desire not to know the truth. There is a problem at the heart of learning. New knowledge, or the acceptance of what we already know to be the truth deep down, often arouses angry opposition' (p10).

Learning puts one in a position of not-knowing, makes one feel helpless, challenges one's omnipotence and makes one feel insecure. For securely attached infants this is already a challenge but for infants who have experienced neglect or abuse the 'release of latent hatred of all things new or foreign' (Britton (1992) in Canham 2006, p10) can inform a lifelong struggle with learning.

Canham refers to Money-Kyrle's (1968, 1971) discussion about the facts of life and how they impact upon the individual's capacity to learn. Psychoanalytically, the facts of life refer to how an individual interacts with aspects of external reality. Money-Kyrle identified three key facts of life. The first is the recognition of the breast as the good object which is to say that we are wholly dependent upon another for our survival when we are infants and accepting this dependency can link to a capacity to learn from someone else later in life. Accepting this fact is directly related to whether a child can take in what he is offered or whether he attacks it. The second is the acknowledgement of the centrality of the parent's relationship with each other to the child's capacity to learn. The third fact of life for Money-Kyrle is 'the recognition of the inevitability of time, and ultimately death'. This relates to the experience of weaning as the prototype for all subsequent losses. When these facts of life are learned within

a facilitating relationship, although painful they are bearable. But when they are experienced from the context of a neglectful or abusive relationship they impact upon the course of learning from a very early age.

Steiner (1990a) extends Money-Kyrle's argument linking the individual's difficulty with accepting the three facts of life (something he innately already knows) with the ability to come to terms with the reality of loss.

'This reality has to be faced if mourning is to proceed and projective identification is to be reversed.' (Steiner, 1993, p94)

Sinason (1992) wrote about the impact of trauma upon the development of learning disabilities,

'the damage done to the emotions and intellect when we are crippled by intolerable knowledge. Some people have memories of incidents that are so traumatic that they become numbed with grief, stupefied. In order to protect themselves from painful memories, they throw away part of their brain, their memory' (p2).

Sinason drew the distinction between primary handicap and secondary handicap stating that however fixed the organic impairment was the daily impact of the handicap fluctuated. She concluded that individuals may well defensively exaggerate their handicap and this in itself could be more debilitating than the primary handicap. It was the psychological reason and mechanism of this that interested Sinason.

'But they can only so precisely know the meaning of the word 'stupid', follow its laws of speech and facial expression, and cut off eyes and ears, feelings and thinking, if somewhere else they are not stupid' (p135).

Sinason's idea that 'somewhere else' someone can be something other is reflected in a Mark Twain (1894) quote about truth:

'If you tell the truth, you don't have to remember anything' (In Paine (ed) 1935, p240)

Twain suggests simply a complex version of Sinason's idea, that to not tell the truth requires a part of the self to hold on to and be aware of the truth, whether all of the self accepts it or not, it is present by its absence.

3.3.3 Neuroscience

The role of neuroscience in child psychotherapy is not new as Freud predicted that 'all our provisional ideas in psychology will presumably one day be based on an organic superstructure' (1914, p78). It is now widely accepted that the impact of early experiences of caregiving relationships are what determine the development of the brain. With scientific advancement this impact can now be physiologically evidenced. In an extensive review of the neuroscientific research, Balbernie (2001) confirmed that the most sensitive period for brain growth is the first two or three years' of life and that *crucially* the emotional environment during this time will influence the neurobiology of the child's mind for life. The specific impact on the infant's maturing brain of the caregiving environment is exactly because the brain is automatically creating neural circuits that mirror the infant's experience:

'there is considerable evidence for changes in brain function in association with child abuse and neglect' (Glaser, 2000: 110 in Balbernie (2001), p238).

Presenting the infant's mind as 'malleable' Balbernie argued that although most of the neurons (about 100 billion) are present at birth, they are not yet part of functional networks and that the brain develops postnatally in the first few years of life by forming and then reinforcing into permanence, necessary connections, 'experience-dependant pruning and reinforcement' (2001, p245).

'The emotional and communicative precocity of human newborns indicate that the emotional responses to caregivers must play a crucial role in the regulation of early brain development' (Trevarthen and Aitken, 2001: 21, in Balbernie (2001), p239).

Balbernie argued that the brain grows postnatally, describing the number of synapses produced on every cortical neuron, and the importance of these for signals to cross to create neural pathways. He asserts the importance of the creation of these connections in how well infants, children and adults think and learn throughout their lifetime.

'In cases of babies who have been abused or severally neglected the neurological structure is compromised. Stress-induced neurochemicals lead to cell death in a tender brain; and neglect may cause unused regions (such as temporal lobes which regulate emotions and take input from the senses) to atrophy' (p240).

Balbernie described the importance of the development of the orbitofrontal cortex specifically related to the development of attachment relationships.

'the early post-natal growth of the orbitofrontal cortex area , a region known to be involved in homeostatic regulation and attachment functions, is particularly

active in the right central hemisphere, the hemisphere that is thought to contribute to the development of reciprocal interactions within the mother-infant regulatory system' (Schor, 2001a: 57, in Balbernie, (2001), p 243).

He goes on to explain the importance of the location of the orbitofrontal cortex as central to the limbic system responsible as it is for adaptive infant mental health (Shore, 2001a).

Balbernie extended his argument to the effect of trauma and the stress response, suggesting that the frequency with which the baby responds to trauma or neglect increases the likelihood that the stress reaction will become inbuilt and expressed as a personality trait.

'such babies become children and adults with an instant exaggerated threat response, reacting to events which others would not notice, as a result of the reactivation of previously sensitised neural networks. The past is not lost' (p247).

Balbernie's paper is conclusive about how much of the post-natal brain development is relationship and environment dependant (genetic endowment plays a part).

Learning takes place throughout the human life-cycle with key periods of neuroplasticity in infancy and adolescence. Balbernie is positive about the possibility for psychotherapy to offer a space to repair, if not cure some of the damage.

'affectively focussed therapeutic experience may literally alter the orbitofrontal system' (Schor, 2001c, in Balbernie, (2001), p252).

Emanuel (2004) looked at neuroscience and the neurobiology of emotion regarding brain pathways in trauma and fear and how this contributed to the psychoanalytic

understanding of patients' clinical material. He was particularly interested in aspects of development from the beginning of life, what Bion (1980) described as a 'thalamic' brain and how:

'the thalamus and limbic nuclei will one day be the origins of fear and aggression, dancing and combat' 'one day the remnants of that (anomalous) response can emerge with a force that disconcerts both patient and analyst' (Bion (1980), p20 in Emanuel (2004), p74).

In order to understand the neuro-biological responses to trauma Emanuel referred to the work of Regina Pally (2000) and Antonio Damasio (1999, 2003) and with the use of clinical material, he showed that an understanding of the substrate of emotional experience can inform clinical work with patients. In particular he looked at the difference between emotion and feeling.

Although he acknowledged the risk of oversimplifying what is complicated neuroscience Emanuel described the difference between declarative (explicit) memory and non-declarative (implicit) memory and the processes involved in order to understand the clinical example of a boy who had a traumatic experience in the therapeutic room.

'If we return to Michael, his primitive sub thalamic behaviour included the mobilisation of his fight/flight system in a situation where he had lost the 'location and temporal signature' of the traumatic event. This meant that the non-declarative emotional memory of past traumatic events including body changes, the draining of facial colour, widening eyes and (presumed) increased heart rate amongst other things, meant that he was again, in the here and now, in the presence of a dangerous man. He was unable to verbalise the experience drawing on declarative memory, but instead could

only express it non-declaratively through his drawing. I was the dangerous father for him. The danger was happening in the present moment.' (p75)

Emanuel described how the therapeutic work for the therapist was to respond in a non-reactive way that facilitated the explicit and declarative processing of the experience and the identification of the location and time signature (Pally 2000) which meant that any future recall of the traumatic event would just reactivate past memory transformed into declarative form. For Emanuel this neuroscientific understanding of what child psychotherapists refer to the 'working through' supports the naming and containing aspects of working with traumatised children.

Emanuel explored Damasio's (1999) distinction between feelings and emotions and Pally's (2000) exposition of what is known about emotional processing in particular looking at the central role of the body and how this relates to psychoanalytic concepts of projective identification and unconscious fantasy.

Neuroscience described what happens in the presence or absence of emotional regularity in the fear response.

'Automatic anxiety relates to a traumatic experience of total disintegration; the threat of annihilation following an experience of overwhelming quantities of (bodily-based) instinctual tension experienced as helplessness' (p83).

To echo what has been said before, in a stressful situation resulting in an increase in cortisol production, the infant or child needs others to regulate anxiety;

'the attachment system, which is associated with the orbito-frontal cortex, is the basis of this biophysical regulation' (p84).

In the repeated absence of the containing experience as is likely to be experienced by early trauma and disruptive relationships, the infant or child only experiences the fear of unmodulated emotion. Emanuel quoted Bion as suggesting that a destructive super ego type response which finds fault with everything is introjected as 'attacks on linking'.

Music (2011) presents a review of research to consider the development of maltreated/neglected infants who do not receive the 'experience dependent expected inputs' that might be variously termed mentalisation, containment, mind-mindedness, or attunement' (p116) when looking at the impact of abuse and neglect on the development of altruistic capacities.

'If the presence of adults triggers either fear or dissociative processes as it does in many children who have suffered early and ongoing trauma, these same fear responses will in all likelihood also be triggered by other benign adults such as kindly teachers or adoptive parents' (Music, 1999).

Most recently Teicher and Samsun (2016) reviewed the enduring neurobiological effects of childhood abuse and neglect, and synthesised neuroimaging findings. They suggest there is an established picture of the relationship between maltreatment and alterations in structure and function of stress susceptible brain regions as well as alterations in connectivity and network architecture. They conclude that the type of maltreatment and the age of exposure mattered, whereas the timing between exposure and brain changes is unclear. They found that gender differences have been reported in some studies. Many of the maltreatment-related findings appear to make sense as neuroplastic adaptive responses and little is known regarding the reversibility of the potential neurobiological consequences of childhood maltreatment. They found that the relationship between childhood abuse,

brain changes and psychiatric illness in adulthood was complicated and the findings impacted upon 'compensatory changes in resilient subjects' (p258).

3.5 Literature review conclusions

Although an extensive literature review has been written, in order to take in the vast subject areas of treatment modality, the impact of early trauma and disruptive relationships and research methodology there have been limitations to what I could look at in a project this size.

I have found a good deal of common ground in the child psychotherapy with looked-after children literature in two of my main themes, 'multiple families in mind' and 'problems with sequencing' but 'things going missing/out of one's mind' in terms of toys, with the exception of Coyles' (2015) work on hide and seek was not so commonly reflected in the literature.

Chapter 4: Research Methodology

4.1 Research Methodology Literature Review

Psychoanalysis as a scientific endeavour has been hotly debated and this is the context within which my research project takes place. I intend to look at how the way in which science has presented itself was first questioned and then some of the arguments for Psychoanalysis as a form of research in and of itself will be looked at.

Thomas Kuhn, an American physicist, wrote extensively on the history of science and developed several important notions about the sociology and philosophy of science. His seminal work 'The Structure of Scientific Revolutions' (1962) stated that empirical studies challenged the normative approach of philosophers of science. Kuhn contributed to the understanding of the progress of knowledge including the idea that science undergoes periodic 'paradigm shifts' instead of progressing in a linear way. These paradigm shifts open up new approaches to understanding which scientists could not have understood before. Therefore Kuhn asserts that scientists cannot be wholly objective in their work and must account for subjective perspectives. Referring to a Darwinian metaphor used by Kuhn (2000) Rustin (2016) writes:

'The psychoanalytic paradigm, founded on its core assumptions concerning the significance of unconscious mental processes in psychological development has followed a pattern of 'speciation' of its field of knowledge' (p180)

Bruno Latour, a French anthropologist and an influential theorist in the field of Science and Technology Studies (STS) studied scientific practice from a 'social constructivist' point of view and attacked the claims of empirical science to provide a

transparent representation of nature, demonstrating that many societal and cultural processes mediated those representations. Latour wanted to question the fact that few had 'penetrated from the outside the inner workings of science and technology, and then got out of it to explain to the outside how it works' (1987, p15) and subsequently challenged the '*internalist*' vision of science (internal to the believer in some way).

In 1988 Latour expanded his ideas, specifically focussing on the scientific work of Louis Pasteur. Latour asserted that the reason a society accepts or rejects the findings of a scientific endeavour has very little to do with the honesty, correctness and truth of what happens in the laboratory, or of the scientist and more to do with what the society needs to be the result. Although his argument has been questioned (Barnes et al, 1996) his commitment to dissecting and scrutinising the scientific process allows the scientificity of science to be explored.

Psychoanalysis should be distinguished as a human science as opposed to a natural science according to Will (1986) and Rustin (1997). Will suggests that there has been an insistence that the human sciences should mirror the natural sciences (usually as defined by Popper whose criticisms of psychoanalysis continue to be refuted e.g Mathers, 1986 and Desmarais, 2007). Will draws the distinction between empirical realism and hermeneutics. Empirical realism leads to 'attempts to make the human sciences generate falsifiable hypotheses and that experiments be concerned with directly observable, measureable data' whereas hermeneutics claim that the,

'human sciences are *radically distinct* from the natural sciences, since they are concerned with 'meanings' rather than 'mechanisms', 'reasons' rather than 'causes' (Will, 1986, p166).

Will reviews Bhaskar's (1979) model of science, 'transcendental realism', and discusses how this approach sees 'scientific laws as descriptions of the generative mechanisms that *underpin* events' (p1). Will suggests that Bhaskar's argument counters Popper's in that his 'is a non-empiricist epistemology since he argues that we can know of the existence of generative mechanisms through their effects, without being able to perceive them directly' (p1). In psychoanalysis it is the transference and counter transference that are understood to be the 'effects' of the unconscious and these can be directly observed.

Mathers (1986) suggests that the debate about the scientific status of psychoanalysis is a stale one leading to a polarisation of views. One side regards meaning as more important than scientific status and the other asserts that because psychoanalysis is unscientific it is meaningless and disregarded. Mathers suggests this results in the giving up of the struggle to understand science itself that then reflects directly upon the quality of our research (p103).

Rustin (1996) and Reid (1997) expound the notion that if one wants to observe the unconscious at work one should enter/ or engage with material from the consulting room. Rustin discusses how analysis, clinical training and practice and infant observation are all ways in which the unconscious will become observable (1997, p532). However, the risk is that this remains unavailable to the wider society as Latour suggested,

'No matter how great the interests of many social groups for what is being done in one laboratory, there is nothing to stop interests from fading and dispersing if nothing more than laboratory studies happens' (1983, p 150).

Although the case study within the consulting room is a site for generating new knowledge, the therapist is encouraged to 'not know' and to not need to control the content of the sessions:

'psychoanalytic knowledge is brought about by the tolerance of the absence of knowledge' (Reid, 1997, p544)

Fonagy (2010) supports a more scientific *or empirical* approach to the study of psychoanalysis and describes the complexities of conducting this research but emphasises the importance of the struggle.

Desmarais (2007) presents an overview of three different categories of psychoanalytic research which although *they* do not fit with each other neatly they do:

'serve to demonstrate the variety of activities which might potentially constitute a broad and pluralistic child psychotherapy research programme' (p295)

The first type of psychoanalytic research is the difference between research *in* and *on* psychoanalysis, the second is the distinction between the context of discovery and the context of justification and the third is between clinical, conceptual, empirical and interdisciplinary research (p295-296). Desmarais (2007) examines possibilities for re-describing child psychotherapy research in terms of a broad and pluralistic framework where clinical, empirical, conceptual and interdisciplinary research are aspects of a dynamic work.

‘This ability to switch between modes of describing can, contrastingly, be seen not only as a merit in clinical work but as essential to research creativity’ (p302)

In discussing child psychotherapy research, specifically Grounded Theory, Rustin (2016) suggests that it;

‘enables practitioners to recover and re-imagine their original clinical experience’ (p192).

This has been my experience and it is within this chapter that I hope to outline how I went about it by describing the methodology.

Single case study

Yin (2014) presents a thorough history of the case study and describes how misunderstood and at times reduced to just a data collection process the case study has been, rather than a distinctive form of empirical inquiry methodology in its own right. Yin refers to how Platt (1992 in Yin, 2014) shows that there was plenty of references to case study research in text books up to 1950 but hardly any references to case study research between 1950 and 1980. Platt refers to Yin’s 1984 publication as ‘definitively dissociating case study research from the limited perspective of only doing some kind of fieldwork’ (p15).

Yin presents a twofold definition of case study which looks both at the scope and features of a case study.

‘A case study is an empirical inquiry that

- Investigates a contemporary phenomenon (the ‘case’) in depth and within its real-world context, especially when;
- The boundaries between phenomenon and context may not be clearly evident.’ (2014)

Yin's definition helps to distinguish what it is about the case study research method that distinguishes it from other research methods. He then looks at the features of a case study in order to distinguish between phenomena and context:

'A case study inquiry

- Copes with the technically distinctive situation in which there will be many more variables of interest than data points.
- Relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result
- Benefits from the prior development of theoretical propositions to guide data collection and analysis.' (2014)

The case study is often criticised and Yin discusses five of the possible criticisms.

One criticism of the case study is that it is not rigorous enough as a form of enquiry.

Yin suggests that the amount of poorly completed case studies reflects the small number of research methodology texts that focus on specific procedures to be followed to complete a case study compared to other research methodologies.

Another criticism is the ability to generalise from case studies. However in drawing the distinction between making analytic generalisations and not statistical generalisations (extrapolate probabilities), Yin (2014) suggests that case studies, like experiments 'are generalizable to theoretical propositions' (p20).

Case studies are also criticised for taking too long and certainly they can create a large amount of data and documentation. Although Yin argues that this criticism supports the view of case study as merely a data collection technique, he suggests that not all case studies have to be lengthy in either documentation or length of time carrying them out.

A final criticism is the comparative advantage of other research methods for example randomised controlled trials. Yin argues these were favoured because they attempted to establish the effectiveness of treatments whereas case studies cannot directly address this issue. The recent publication of 'Short-Term Psychoanalytic Psychotherapy for Adolescents with Depression: A Treatment Manual' (2017) by Simon Cregeen *et al's* suggests there is a place for RCT's and case study.

Willemsen (2017) *et al* review the clinical case study within the field of psychoanalytic and psychodynamic treatment:

'Numerous researchers have pleaded for the case study approach as one method among a whole range of research methods in the field of psychoanalysis' (Rustin, 2003; Luyten *et al.*, 2006; Midgley, 2006b; Columbo and Michels, 2007; Vanheule, 2009; Hinshelwood, 2013)

(in Willemsen (2017) *et al*, p3)

Willemsen *et al's* paper supports the value of the clinical case study in psychoanalytic research but acknowledges the need for the method to be developed and offer nine guidelines of what needs to be included in a case study including providing basic information, the motivation to select a particular patient, informed consent and disguise, patient background and context of referral, patient's narrative, therapist's observations and interpretations, reflexivity and counter-transference, answering the research question and comparison with other cases.

Thematic analysis

Thematic analysis was the qualitative analytical method used to analyse the qualitative data that emerged from the extensive session notes in this project. .

Thematic analysis is widely used though it is not always specifically identified and

there is not clear agreement about what thematic analysis is. Braun and Clarke (2006) wanted to correct this by writing clearly about its application, the benefits and the pitfalls. They argue that a benefit of using thematic analysis is its' flexibility in that it is independent of theory and can be applied across a range of theoretical approaches. They warn against the notion that themes emerge from data passively as if the researcher's own theoretical positions and values do not play a crucial part in qualitative research.

'What is important is that the theoretical framework and methods match what the researcher wants to know, and that they acknowledge these decisions, and recognise them as decisions' (p80).

Braun and Clarke look closely at what defines a theme and suggest that it is to do with the relationship between it and the overall research question. They suggest that the key is be consistent about how you choose to determine themes and an openness in how to then represent that prevalence. For this research, three themes were specifically focussed on and they were inductive that is to say data driven, although it is worth stating again that 'data are not coded in an epistemological vacuum' (p84).

Despite thematic analysis seemingly being the poorer cousin to grounded theory, IPA or DA, Braun and Clarke (and others) argue that a rigorous thematic approach can produce an insightful analysis that answers particular research questions.

Boyatzis (1998) defines thematic analysis as 'a way of seeing' that follows three distinct stages of observation (understanding), recognising an important moment (encoding) and seeing it as something (interpretation) and suggests that it is

a specific tool that can be used across different methods of qualitative approaches. Boyatzis suggests thematic analysis allows for a pattern to be perceived or a theme in seemingly random information, that it allows,

‘for the translation of qualitative information into quantitative data’ (p4)

Boyatzis argues that thematic analysis increases the accuracy and/or sensitivity in understanding and interpreting observations about people or situations and it facilitates wider communication of these ideas with other researchers.

In identifying what competencies are required for thematic analysis, Boyatzis describes the ability to sustain an openness and flexibility during the process of ‘long hours of immersion in information collection and even more hours in information processing and analysis before interpretation’ (p8).

Boyatzis suggested that the ability of the researcher to organise her observations into a usable system within a particular knowledge base was the ‘lens’ through which she views the data. He suggests learning to use thematic analysis is much like learning a new language and requires practice. However he also suggests three major obstacles to effective thematic analysis including projection, sampling and mood and style which he discusses the preventative measures for.

Grounded theory is often the methodology of choice for child psychotherapists and a brief look at both the similarities between Grounded Theory and Thematic analysis and also the clear distinctions is relevant. The first difference lies in the definition of Grounded Theory as a methodology that provides the researcher with its own theoretically-informed framework within which to complete the research. Whereas thematic analysis is a method or technique to apply to the data set which allows the researcher the freedom to take up their own theoretical

perspective in relation to the data set. However, Rustin (2016) acknowledges Charmaz (2006) as a grounded theorist who suggests that 'all researchers bring some theoretical preconceptions to their field' (p190).

Another difference between Grounded Theory and Thematic Analysis is in the relationship between the researcher and the data set. Grounded theory expects the researcher to come from the position that 'codes, and links between codes are there in the data to be noticed – to be discovered' (Lyons, in Lyons and Coyle (2016), p245) to create new theory. Whereas in thematic analysis Braun and Clarke (2016) describe the researcher as a 'sculptor' in her active engagement with the data in that she is making decisions based upon her specific skills, background knowledge and theoretical perspective that informs the themes that are identified to 'construct a plausible and useful account of the data' (p246). This difference is subtle but relevant to the degree of freedom thematic analysis affords the researcher to be clear about the impact of their theoretical epistemology to inform their research.

Taking into account that empirical evidence is not in itself objective, Lyons and Cole (2016) suggest that both thematic analysis and grounded theory are concerned that the data gained from their participants are not just based upon the researchers account but are based upon observation. They are concerned about the authenticity of this.

4.2 Rationale and methodology

This thesis is based upon a retrospective single case study of a ten year old adopted boy with mild learning difficulties in a yearlong intensive (three sessions a week) child psychotherapy intervention. The research method used to analyse the data was thematic analysis. Detailed process recordings from the three times a week sessions

over a year that were kept in the ordinary course of the therapy formed the bulk of the data. The data corpus was analysed to produce themes and the findings discussed. No additional data was sought other than that which was ordinarily gathered in the course of a child psychotherapy intervention within a CAMHS clinic. This was desk research, using personal data with permission. The research therefore did not involve human participation, but the use of anonymised personal data, with permission.

This chapter will explore and explain what I did in the process of the research in order to present a transparent reflection of the decision making process.

4.2.1 Research Design.

The research design (made up of five components) is the 'logical sequence that connects the empirical data to a study's initial research question and ultimately to its conclusion' (Yin, 2013, p28). It provides a 'model of proof' (Nachmias & Nachmias, 1992, pp 77-78 in Yin (2013) p80). I am going to introduce my project by looking at the first three of the five components of the research design; the research question, study propositions and the case.

The research question was what developments could be seen in a year's intensive psychotherapy with a ten year old adopted boy with mild learning difficulties who had a history of neglect and trauma.

The study propositions are that a year's intensive psychotherapy intervention will have provided a space and therapeutic process for a child to explore their conscious and unconscious internal world; pre-occupations, relationships, conflicts, resilience and hopes. This process is underpinned by the psychoanalytic therapeutic relationship and is informed by transference and countertransference. These stated

propositions also provided the back drop for a more exploratory approach to the research design in that, as far as was possible, an open mind was brought to the engagement with the data to see what themes came to the surface.

The case is an individual ten year old boy, his experience as a looked-after child and adopted young person (an introduction to the clinical case is in chapter 1).

These three components of the research design (the research question, study propositions and the case) were reflected in the data that was collected, i.e. the process recordings. The following two final components of the research design define the parameters of what was done with the data.

In order to link the data to the propositions the process recordings were re-read and applying the method of thematic analysis, initial codes and candidate themes were identified (process described in more detail later in chapter).

The fifth component of the research looks at the criteria for interpreting the findings. The interpretation of the findings occurred from within a psychoanalytic child psychotherapy theoretical perspective that took into account what the child was bringing to the sessions in terms of play, transference and counter transference and non-verbal communication.

4.2.2 Single Clinical Case study

The single case study inquiry was used to investigate the research question. I will look at the way I carried out the single case study and evaluate the strengths and weaknesses of this method as they related specifically to my project.

The sources of evidence included in the case study were extensive process recordings written up following individual sessions (117 in total) of a child's psychotherapy that concluded a year before the research began. It is these notes

that form the data set for the research. Social services records from some years before, when the child was in temporary foster care, were a further source of evidence of the trauma the child experienced.

Why single clinical case study as a research methodology

I decided to use the single case study method for various reasons which I will outline here. I wanted to understand Ben's particular experience (as I had experienced it within the therapeutic intervention) more. I assumed that this understanding would be to do with the context of his situation; being a looked-after child with a traumatic past experience. I wanted to use the case study as an 'opportunity to shed empirical light about some theoretical concepts' (Yin, 2013 p40). The clinical case study methodology afforded me the opportunity to revisit the therapeutic intervention, retrospectively and move from a therapeutic to a research mind set. The completed therapeutic intervention provided me with the data in the form of process recordings and supervision notes. The experience I had of the case informed my motivation to enquire into it further and the thematic analysis of the single case study permitted the level of investigation I was keen to complete. A more subtle but present belief has always been that child psychotherapy is research (Rustin, M.J., 2003, 2016). The therapeutic process is about relationship, observation, unconscious communication, recording of the process and context. It is about meaning making, as is research. As Margaret Rustin (1999) writes;

'Clinical intervention takes us to the heart of complex interactions' (p55)

Strengths of this clinical case study:

One of the strengths of the case study is that it allowed me to triangulate the documented history of the child (the subject of the case study) with the material of the sessions and the therapeutic process through the transference and counter-transference with discussions in supervisions and parent review meetings.

Therefore, I was able to make use of 'the case study's unique strength' which is 'its availability to deal with a full variety of evidence' (Yin, 2013, p12).

Another advantage of the single case study is that although I have focussed specifically on this individual young person's experience, through the literature review and discussion I have explored how Ben's individual experience is relatable to other looked-after children and more broadly the impact of trauma for anyone from the general population (Smith and Eatough, in Lyons and Cole. 2016, p54). It has been the single case studies both published and written about in the course of doctorate research that I have been able to include in the discussion of my findings.

Limitations of the clinical case study:

The limitations of the case study fall into three areas, the 'data problem', the 'data analysis' problem and the 'generalisability problem' (Midgley, 2006b). I was mindful to avoid the often levelled criticism of a lack of rigorousness and took precautions to work hard to report all the evidence fairly. Of course child psychotherapists work with transference and counter transference so that they are intimately engaged in a subjective process within the therapy. However it was the detail in the recording of this process (within the process recordings) that allowed for the review of what was

happening in the child's internal world as it materialised within the therapeutic intervention.

Whether or not case studies can be generalised is mediated by the fact that I am writing firmly in a tradition of child psychotherapist's writing about their work with looked-after children.

The criticism that it takes an 'unmanageable level of effort' (Yin, 2013, p21) to complete a case study has been, to an extent managed because the data set was created from the retrospective analysis of process recordings of a child psychotherapy intervention. The child psychotherapy intervention was completed independently to the research project. However, I would agree that there was a good deal of data that I needed to engage with for this case study and at times it could feel overwhelming and felt as if it did indeed involve an unmanageable level of effort. I would argue that it is the ability to manage the effort required to immerse oneself in the amount of data that results in an authentic and convincing understanding of the case study.

'Case study research is remarkably hard, even though case studies have traditionally been considered to be 'soft' research, possibly because researchers have not followed systematic procedures' (p23).

In a similar way that the therapeutic frame helps to contain the therapeutic process, a structured and systematic approach to this project helped to make the experience of feeling at times overwhelmed, contained. Project supervision was crucial to supporting this level of engagement.

4.2.3 Thematic Analysis

There was something intuitively compelling about thematic analysis. One of the criticisms of it as a method is that there is no place for subjectivity in research. Similarly in psychoanalysis Freud initially thought that transference was something that got in the way of the therapeutic process and had to be disregarded before he realised it was something to be embraced as a communication key to further understand the patient's internal world and experience. However, as in psychoanalysis, in order to embrace the subjectivity inherent in thematic analysis it requires a researcher;

'with a particular set of skills, training, disciplinary knowledge, biography and socio-demographic positioning actively engaging with their data' (Clarke and Braun, 2016, p86)

Thematic analysis is a method rather than a methodology which means that it is a technique applied to analysing a data set as opposed to a theoretically informed framework. This afforded me the freedom to focus upon my epistemological position before applying thematic analysis to the data set. Perhaps this also made it more accessible to the novice researcher as I was.

4.2.4 How I decided what to research.

When I was considering what to research I was initially actively against completing a single case study. I was aware of the view held amongst other disciplines that child psychotherapy and more broader psychoanalytic research who criticised it for being too inwardly looking and not generalisable. I myself struggled with the concept of students completing case study after case study, year after year which would be at best published in our own professional journal but more commonly

held in the library and not widely accessible. My solution was to consider the possibility of undergoing a review of the case studies that had been completed in order to present the wealth of knowledge that I thought remained unknown. However, this decision was being made as I drew closer to the end of my clinical training. A concurrent sense of wanting to continue to learn about my clinical practice beyond qualification coincided with a particular experience I was having with the intensive case I finally chose to write about. .

The research question reflects my intention to revisit the clinical case material as a research student rather than a clinician. The research question 'what developments could be seen in a year's intensive psychotherapy with a ten year old adopted boy with mild learning difficulties who had a history of neglect and trauma' is the similar starting point from which to begin a therapeutic intervention. A capacity to 'not know' and an interest in seeing what emerged. However, like therapy there are all sorts of unconscious wishes, expectations and hopes for the research and it is important to be transparent about some of the motivation.

4.3 Stages in the research

The research project emerged out of discussions with my clinical supervisor who had been supervising the therapy with Ben for the year. Consent was gained from the adopted parents and Ben for the retrospective study of the yearlong intensive sessions. Both supervisors for the research were confirmed and the research proposal was written and submitted.

I decided to attend to the data set before starting the literature review in order that pre-existing knowledge did not influence how I made sense of the material, as far as was possible at this stage. The full ninety two session write ups from the

yearlong therapy were thoroughly reviewed, alongside supervision notes. Using inductive thematic analysis, immersion in the session notes allowed for systematic observation and information gathering which led to the process of initial codes being identified, candidate themes being selected and reviewed and final themes being defined and named. The findings were then written up.

The literature review for a research project of this size reflected the limitations of what it should cover given the enormity and breadth of the vast subjects of looked-after children, child psychotherapy, the impact of early trauma and disruptive relationships, psychoanalysis, child development and neuroscience.

Thematic analysis was used to collate and analyse the data in order to answer the research question which was to see what developments could be seen in a year's intensive therapy with a looked after child.

4.4 Ethical Considerations

Ethical approval was granted by University of East London. Reciprocal agreement was received from Tavistock and Portman NHS Foundation Trust. The key ethical considerations will be described in this section.

4.4.1 The child and the therapeutic intervention in relation to the research

The child had already been offered intensive child psychotherapy sessions following an assessment as part of a normal CAMHS therapeutic intervention. Therefore the sessions were not set up in order to inform the research and the child gained no benefit from allowing the session notes to be used for research purposes. Contact with the child ended in 2013 (at the point of the clinical training post ending). Ben was referred to and seen by another trainee child psychotherapist who had no involvement with the

research. This decision was a clinical decision based on the outcome of the therapy and was not to do with the research. I wrote the research sometime after I left the CAMHS clinic training post and had qualified.

4.4.2 Consent

Permission was sought from the parents towards the end of the therapy to use the data from the sessions for research. The initial conversation took place with the researcher/therapist and also the clinician from the clinic who was working with the parents on a fortnightly basis and provided the opportunity to discuss the research further. At the end of the therapy, the research was again discussed with the parents. Both adopted parents and the child were advised that their involvement in the project was voluntary and they could withdraw their consent at any point, they were informed of who to contact should they wish to discuss any aspect of the research further. The participant information sheet and the participant consent form are both in the appendices.

As this was a single case study using no element other than treatment as usual and as consent was given the ethical route was through the Tavistock IRB (Institutional Review Board), the Camden and Islington LREC (Local Research Ethics Committee) and the University of East London UREC (University Research Ethics Committee).

4.4.3 Anonymity

The child and adopted parents were advised that the research would make use of personal sensitive data but that their identities would be anonymised. The geographical location of the CAMHS clinic also remains anonymous.

4.4.4 Data access, security and management.

As principle investigator I was responsible for the security of all the data collected in connection with the research project. In line with the 5th principle of the Data Collection Act (1998), which states that personal data shall not be kept for no longer than is necessary for the purpose for which it was collected I will retain the data for between 3-5 years. Research data and all identifying information were kept in separate locked filing cabinets. Access to computer files were by password only. All electronic data and hardcopy data will undergo secure disposal.

4.5 Adaptations of the design

At one point there was a suggestion that I focus only on three sessions but in actuality the entire process recordings from all ninety two sessions formed the data set that the themes were taken from. I considered that reading all the process recordings would result in a thorough and complete analysis of the yearlong therapy and although a lot of work, the number of sessions seemed manageable to include.

4.6 Data Collection

The data set used in the research project was gathered in the ordinary course of treatment, for instance detailed notes from sessions, clinical supervisions, meetings with parents and liaison with parent worker. In the main the data used were process recordings from sessions. These were written up directly following a session and were my observations of what happened from a few minutes before the session and throughout the session including observable behaviour, emotional affect, verbal

exchange, play with actual toys or imaginary, phantasy or dream sharing, conscious and unconscious communications that passed between Ben and myself.

Data from other sources has been used to substantiate and triangulate the research findings, '... different sources of data may be provided by, for example, school reports regarding a child's behaviour, the observed child's behaviour in the clinical setting, and the parent's descriptions of their child's behaviour' (Anderson, 2006, p335). This data was all that would normally be gathered during the process of child psychotherapy. As already outlined all the data that was collected was fully anonymous and stored in a secure and confidential location (encrypted computer drive).

4.7 Triangulation and additional information

There was an amount of additional information that was available to me during the time of Ben's therapy that I have commented upon throughout the thesis but will now focus on in terms of how this information served to triangulate my research.

The main approach I will use is data source triangulation. I will look at social services reports, psychology reports, clinical supervision, parent psychotherapy, parent review meetings and subsequent additional psychotherapy for Ben as evidence to strengthen my research.

Social Services Reports

In Chapter 2: The Clinical Case, (paragraph 2.2; Biographical Introduction) I referred to the Social Services chronology that was made available to me by the adopted parents. This report provided crucial biographical detail about Ben which set the research in a developmental context. In addition to providing an account of Ben's physical development the description of the extent of Ben's early years' experience of neglect and emotional abuse informs the fundamental argument in my research of

the effects of neglect and emotional abuse on emotional, cognitive and psychological development.

On a more practical level the report serves to confirm the number of placements Ben had before he was adopted. This evidence substantiates the argument in the thesis about the impact of such disruption on the development of the mind and the consequences thereof.

In addition to a biographical record, the reports offered an insight into the emotional experience of the social workers who were attending Ben and his birth family for a year of planned and unannounced visits. The recorded impact of these visits substantiates an aspect of the research which relates to truth and knowing what one knows. In 'Conceptual analysis of critical moments in Victoria Climbié's life' Rustin (2005) looks at 'why professionals found it impossible to see what was happening, despite the evidence being available' and argues that it is because of the particularly disturbing nature of what they are witnessing.

Psychology Reports

In Chapter 2: The Clinical Case, (paragraph 2.5; Psychological Testing) the psychological tests Ben underwent before he was referred for Psychotherapy are described. The reports generated from the tests triangulate my research in that they provide the evidence of Ben's general cognitive ability and confirm it was in the extremely low range and that Ben had a global learning disability.

The psychological intervention, though helpful in establishing Ben's current cognitive status highlighted for the adopted parents the need to access an intervention to help Ben address the emotional struggle he was having at the time. The letter they wrote to CAMHS requesting psychotherapy triangulates the research by re-enforcing the adopted parents as thoughtful, reflective and insightful into their

adopted son's needs which informed and supported the framework for Ben to engage in child psychotherapy.

Supervision

Clinical supervision and research supervision are arguably the most influential sources of 'other information' that has informed the research project.

Notes from weekly clinical supervision meetings were recorded on the process notes of the sessions they pertained to and although not referred to directly, the thinking between myself and my supervisor during the time of the intensive psychotherapeutic intervention permeates this project.

The monthly research supervision of the project by two supervisors (one of whom was also the clinical supervisor of the therapy), informed the development and progress of the project.

Parent Psychotherapy

The parent psychotherapy sessions were offered by my colleague to the adopted parents and ran alongside the psychotherapy sessions for Ben. This is another source of data I have used to triangulate my findings. In my research I assert that the sessions Ben attended were facilitated and supported by the adopted parents.

Although the content of the parent psychotherapy sessions were confidential, the parents commitment to their sessions, the degree to which they made use of them and the depth of the work they engaged in was made clear to me by my colleague and this corroborated my understanding and assertion that Ben was, at the time of therapy, in a sound and containing placement which facilitated the work we were able to engage in.

Parent review Meetings

These meetings, occurring as they did on a termly basis were attended by myself, my colleague and the adopted parents. They were an opportunity to, within the confines of confidentiality of both the individual therapy with Ben but also the parent psychotherapy sessions with my colleague, to usefully communicate and keep in touch in a way that was not possible in the frequent but brief contact in the waiting room before and after three times a week sessions. The records from these meetings support the findings stated in the research that the initial symptoms that Ben presented with; nightmares, day terrors and difficult behaviour abated during the first year of psychotherapy.

The accounts of the parent review meetings served to provide another source of information that triangulates the research findings in that aspects of what was happening in the therapy room was experienced, albeit received in a different way, in Ben's home. The adopted mother reported how objects would move from one space to another e.g. a bottle of shampoo would disappear from the bathroom and appear in the living room sometime later. This recorded phenomenon reflected the experience I was having in the therapy and added integrity to a key theme explored within the thesis; things going missing/out of one's mind.

Further individual Psychotherapy for Ben

In Chapter 2: The Clinical Case, (paragraph 2.12; What happened Next) I outlined the additional three years of psychotherapy Ben was to have following on from my intervention. This subsequent psychotherapy informed my research because I was able to acknowledge that although one year intensive therapy did impact upon the initial symptoms the adopted parents and Ben brought initially, it was the longer term therapeutic intervention that allowed him to work through on a deeper level his pre-occupations. Given the extent of his early experience of neglect and abuse it would

have been unrealistic to have expected longer lasting change based on such a brief intervention. Lana (the child psychotherapist who subsequently saw Ben) suggested that when the therapy ended Ben no longer continued to struggle with 'learning disabilities' in the same way and indeed had established a level of 'ordinary' development that the adopted parents could not have thought was possible. This additional information triangulates my findings in that it confirms that the one year intensive therapy I offered Ben served as an important first stage of a longer therapeutic process. It is hoped that this helps to assert the value of a child psychotherapy intervention in furthering the development of a child whose first six years of life was so troubled.

The discussion with Lana about the outcome of the overall four years psychotherapy for Ben provided another informative source of data triangulation. In the transference I experienced an identification with Ben's 'birth mother', as if Lana as the 'adoptive mother' had been able to provide Ben with a longer and more stable 'placement' or therapeutic home than I had been able to. This experience substantiated the painful and complicated dynamics at work with children who are adopted, both for the young person and also the adults involved. It also informed the themes that were identified in the thematic analysis of the research in particular multiple families in mind.

Triangulation in the Therapy

Triangulation in the therapy as referred to in the Discussion reflects the need when working with looked-after and adopted children to liaise with the adopted mother and keep aware of what has often been fragmented life story, as Hunter (2001) writes 'if a therapist is hoping to know a child intimately and unconsciously, they can at least take care to absorb these facts of the child's life' (p26)

Summary

I have described the different kinds of knowledge that has informed the research and has been referred to throughout the thesis. The aim is that the additional sources referred to as triangulating the research have provided more insight into the research, more validity into the case and has resulted in more comprehensive data being obtained. The result is that the themes identified and discussed have more integrity as a consequence.

4.8 Data Analysis

Thematic analysis is an active process (Braun and Clarke, 2016) and many decisions were made throughout the process. I aim to describe these in the next section.

The data set consisting of process recordings and notes from clinical supervision were analysed using inductive thematic analysis. That is to say that reasoning began in the data which were examined in light of the study's research question. However, as Braun and Clarke (2016) point out:

'Pure induction is not possible because qualitative analysis is always guided by broad ontological and epistemological frameworks and the researcher's standpoints' (p89).

It is important therefore to declare that the ontological framework for the research was relativism, that "reality is dependent on the ways we come to know it" (Lyons and Coyle, 2016). The epistemological framework was empirical; a description of the young person's experience as initially understood by my involvement as child psychotherapist which also informed by researcher's perspective. The theoretical framework was child and adolescent psychoanalytic psychotherapy, more

specifically object relations. The interpretative stance of thematic analysis is phenomenological.

4.8.1 Methods used to analyse data

Specific data set from data corpus	Methods of analysis	Qualitative or Quantitative data	Findings shown using
Process recordings (92 of 115 sessions)	Single case study Thematic Analysis	Qualitative	Narrative description within findings chapter
Supervision notes (22 recordings)	Single case study Thematic Analysis	Qualitative	Narrative description within findings chapter
Parents observations	Single case study Thematic Analysis	Qualitative	Narrative description within findings chapter
Notes from reading social care files	Included in introduction to the case	Qualitative	Time line and Narrative description within findings chapter

4.8.2 Thematic analysis, Stage 1: Data Familiarisation

The first stage of thematic analysis was to observe the data in order to understand it. I immersed myself in the raw data over a prolonged period of time which meant reading through all the process recordings and the supervision notes I had from the period the therapy took place. I noticed a gradual and at times painful shift in perspective taking place from the therapist who took the clinical session notes following each session years before the research, to a different position where I was now reading the 'data' and 'actively' engaging with it from the perspective of a researcher. There was not a clear cut off point between roles and it took time for the new role to be taken up alongside the clinical material.

As I re-read the data (session notes) I kept hand written notes of my initial observations without considering why I was noting what I was about what I was reading. These notes were given to someone else who reproduced them electronically and returned them to me in that format. The process of basically having my hand written notes typed out for me contributed to an increased distance and the development of a distinction between therapist and research in relation to the data. I was able to increasingly engage with the data and distance myself from the sessions from the perspective of the therapist. These initial observations created data items for example 'Ben produces a pen from his pocket as if from no-where' which were identified and isolated from the data set. By the end of this first stage I had data 247 items.

4.8.3 Thematic analysis. Stage 2: Coding

I re-read the individual data items and a process of linking them together in tentative groups began. In order to record these groups I created a simple table that included the session number the data item took place, brief notes of what was happening in

the session (see appendix). I considered which data item belonged to or resonated with another data item so that the individual data items began to cluster together.

Once all the data items had been recorded on the table it was evident that some groups were larger than others, from one data item to twenty seven data items in each. The groups were then thought about in the context of the research question and the knowledge of the data set and were given labels, for example 'The use of the calendar' or 'family figures'. The individual 247 data items were now grouped into 30 codes (see first column below).

4.8.4 Thematic analysis. Stage 3: Searching for themes

These groupings were then scrutinised to see what themes they elicited. For me this was a physical process of printing the table out and actually cutting up the different groupings in the table and moving them around, then taping them together with themes they seemed to fit with. Although this process was quite possible on a computer, for me the physical moving of them on paper helped me move them around conceptually and the first set of five candidate themes were identified and labelled. The themes were both semantic, more obvious e.g. 'things being forgotten' which simply described the data and less obvious, latent ones e.g. 'sleight of hand' which referred to the analysis of the data that had been labelled (see second column below).

4.8.5 Thematic analysis. Stage 4: Defining and Naming Themes

A further process of examining the themes led to the clarification, understanding and encoding three final themes that were identified and formed the basis for interpretation in the findings chapter. They were 'things going missing/out of mind',

'multiple families in mind' and 'problems with sequencing'. These were then used to discuss the research question 'what developments can be seen in a yearlong intensive therapy with a looked-after child'. Each theme was divided into three subsections to facilitate the description of the findings.

By this stage a number of themes had been excluded. This was a difficult process and threw up many questions about the direction of the enquiry, what the impact on the data was of not including everything, not least that it highlighted the difference in perspective of therapist as child/therapy centred and research student as data/project centred?

The following table summarises the process within the thematic analysis and the stages I followed to analyse the data set:

<p style="text-align: center;"><u>1. Data familiarisation:</u></p> <p style="text-align: center;">Immersed oneself in reading 92 session recordings</p> <p style="text-align: center;">Brief hand written notes made of what I observed from session recordings = 247 data items</p> <p style="text-align: center;">Separate person transformed hand written notes to computer = producing typed out copy</p> <p style="text-align: center;">247 printed out data items re-read</p>

<p style="text-align: center;"><u>2. Coding:</u></p> <p style="text-align: center;">247 data items were studied and grouped into 30 codes, collected into table with brief note and session reference number.</p> <p style="text-align: center;">Table printed out, codes were reviewed and physically 'cut and pasted' together forming 5 candidate themes.</p>
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<p style="text-align: center;"><u>3. Searching for themes:</u></p> <p style="text-align: center;">5 candidate themes were worked on to see if they worked with codes and data set</p>

4. Reviewing themes:

The initial 5 candidate themes were considered for their efficacy with the material. One theme, 'feelings in the room' seemed to be absorbable into the general write up rather than singling out as it is integral to the psychoanalytic process.

5. Defining and naming themes:

Through an active reviewing phase and discussion in supervision 3 themes were defined.

These were named in relation to what I thought they were reflecting in the data. Each theme was described in three subsections each.

6. Writing up

The following table shows the initial codes, the first and second set of candidate themes and the final themes and how they were divided for discussion in the findings chapter.

Initial codes:	Candidate themes: 1	Candidate themes: 2	Final themes:
1. The use of calendar, Time/clock, Session time, (<i>Confusion over time</i>) 2. Family figures play, (<i>sadism as if ordinary</i>) 3. Hitting me with	1. Things being forgotten (sleight of hand) 2. About forgetting and remembering (confusion of time, sleight of hand) 3. Things happening under the radar, out	Things going missing/out of mind Things being forgotten (sleight of hand) Things happening under the radar, out of the corner of the eye (shame) (sleight	Things going missing/out of mind 1) What went missing? 2) The way in which things went missing 3) The impact of what went missing

<p>ball/aggression, <i>(more charming)</i></p> <p>4. Things being forgotten, <i>(sleight of hand)</i></p> <p>5. Start of session, Surprise to see me</p> <p>6. About forgetting and remembering, <i>(confusion of time, Sleight of hand)</i></p> <p>7. Things happening under the radar, out of the corner of the eye, (shame) <i>(sleight of hand, Things being lost)</i></p> <p>8. Family members</p> <p>9. Going to the toilet/aggression</p> <p>10. Web of string 'the fumble', <i>(family figure play)</i></p> <p>11. My feelings in room</p>	<p>of the corner of the eye (shame) (sleight of hand, things being lost)</p> <p>4. Tiddler (belonging to a family)</p> <p>5. Top Breast pocket (things going missing)</p>	<p>of hand, things being lost), Tiddler</p> <p>Multiple families in mind</p> <p>Family figures play (sadism as if ordinary)</p> <p>Family members</p> <p>Web of string 'the fumble' (later not to be included)</p> <p>Memories (forgetting and remembering)</p> <p>Physical injuries/risk taking (later not to be included)</p> <p>Granddad S</p> <p>Different families</p> <p>Two Ben's in room</p> <p>Problems with Sequencing</p> <p>The use of calendar, time/clock, session time (confusion over time)</p> <p>Start of session, surprise to see me</p> <p>Feelings: Ben's and mine</p> <p>My feelings in the room</p>	<p>Multiple families in mind</p> <p>1) Family figures</p> <p>2) Imaginary Visitors</p> <p>3) Identity</p> <p>Problems With Sequencing</p> <p>1) Time</p> <p>2) Generations</p> <p>3) Experience</p>
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<p>12. Ben's identification/development</p> <p>13. Memories (<i>forgetting and remembered</i>)</p> <p>14. Physical injuries / Risk taking, (<i>forgetting and remembered, Aggression against self</i>)</p> <p>15. Tight rope play (<i>family figure play</i>)</p> <p>16. Ben as protector</p> <p>17. Granddad P</p> <p>18. Aesthetics of session</p> <p>19. Sitting up high on square cushions (<i>at end of session to manage end?</i>)</p> <p>20. Going 'bottom up'</p> <p>21. Under the couch</p> <p>22. Imaginary characters</p> <p>23. Ben's house</p> <p>24. Tiddler</p>		<p>Hitting me with ball/aggression (more charming)</p> <p>Ben's identification/development</p> <p>Ben's feelings first reference</p> <p><u>Excluded Themes</u></p> <ol style="list-style-type: none"> 1. Aesthetics of session 2. Sitting up high on square cushion 3. Going 'bottom up' 4. Under the couch 5. Imaginary characters 6. Ben's house 7. Going to the toilet 8. Ben as protector 9. Intro of superman 10. Images 	
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25. Different families			
26. Intro of superman			
27. Images			
28. Top breast pocket			
29. Ben's feelings: first reference			
30. Two Ben's in room			

In this chapter I have showed the research method I used to explore the data set and described how I went about scrutinising the data.

Chapter 5: Findings

In order to introduce and explore the material from Ben's sessions I have chosen to focus on three themes. They are 'multiple families in mind', 'things going missing/ out of one's mind' and 'problems with sequencing'. Each theme will be discussed using clinical vignettes to illuminate and inform the themes.

5.1 Theme 1: 'Multiple Families in mind': *'He is always calling me'*

The title of this theme is taken directly from Rustin's (1999) paper as discussed in the literature review because it eloquently expressed what I experienced in the therapy room with Ben.

From the first assessment sessions Ben was clear about the extent to which a part of his mind was pre-occupied with something. He was able to communicate how this part of his mind was constantly taking attention away from other parts of his mind.

Assessment session 1.

Ben took the teapot from his box, put the rubber, a horse and a farmer inside it lowered it by the string he had attached to the handle (to the floor). He checked the contents of the teapot, paused and then pulled up the teapot to 'the surface' (his lap) asking if it was ready or not yet. I asked why he was lowering the items down there. Ben said, 'There is a bear down there who is hungry and I have to check if he has eaten them'. I asked what would happen if he didn't feed the bear and Ben said, 'He will die'.

In his play there was a bear that lived in a place below that Ben repeatedly had to attend to and provide with food. This indicated a state of mind where demands were made upon Ben. Ben was clear that the bear's life was dependent upon, in the first place Ben's awareness of the bear's needs and then his response to the bear's needs. This suggested how much his internal world was taken up with keeping whatever the bear staying alive represented. With part of Ben's mind being so pre-occupied with the responsibility for another's well-being it seemed possible from the start of therapy that this could influence and colour his interaction with external reality.

Ben, his sister and his adopted parents lived on a small holding with chickens and pigs. The next extract illustrates how the external reality of his new home life was influenced and coloured by Ben's internal world.

Assessment session 3.

Ben said, 'I got in the fence but the dog got in as well and chased the baby pigs around and I thought the baby pig died'. I asked what happened next. Ben said, 'Dad came in and got the dog out'. I felt that if I hadn't asked that question Ben would have felt that he was in a constant 'stuck' state, in an enclosed space with a dog chasing a nearly dead baby pig. Ben concluded, 'The baby pig was dead so that was a relief!'

In asking the question about what happened next I was asking Ben to consider the idea that there could be a sequence and that something followed his telling me about the incident when the dog got inside the fence. I asked the question because in the counter-transference it felt unbearable to remain in that 'stuck' state. I could not tolerate for long the feelings evoked by how and what Ben was describing. During the discussion that followed Ben was then able to tell me that in reality his adopted father took the dog out of the pen. The idea of a sequence, something happening next released me from the feeling of being perpetually chased. Ben said that it was a

relief that the baby pig died but later told me that it had in fact lived and that was a relief. I think what he said reflected Ben's feeling that if the baby pig had died Ben would be relieved. The incongruence in Ben's last sentence with what actually happened encapsulates his frightening predicament. In Ben's internal world, he had no relief from a 'baby pig' who was in a constant state of being attacked/near death.

In the first assessment sessions, through his play Ben communicated his internal world where there were nightmares of being taken away, a bear that demanded his constant attention and a baby pig endlessly being chased. These pre-occupations culminated with the introduction of a burglar.

Assessment session 4

Ben made a telephone sound from the toy phone and I asked who was calling. Ben said, 'It's the burglar, he is always calling me.'

Here, Ben illustrates how someone he identifies as a burglar, a person who illegally enters somewhere to steal something, has a 'direct line', straight to him. Ben is clear that he is used to this, that it is something that 'always happens'. When Ben says 'he is always calling me' he vividly conveys the extent of his pre-occupation with this intruder.

Session 34

'I want him (Granddad Smith) to leave me alone in my dreams and stop chasing me into the forest and taking me away.'

This extract shows that at this stage in the therapy Ben had extended his understanding of an ever present burglar to verbally identifying Granddad Smith as the internal object who still threatened Ben's sense of safety, years after being removed from Granddad Smith's care.

Three threads in the material serve to further illustrate Ben's pre-occupations; 1, Ben's play with family figures, 2. imaginary visitors to his therapy and 3. Ben's attempts to work out his identity and where he belonged through the use of his name.

5.1.1 Theme 2: Family figures: *'I could balance this for the rest of my life'*

Ben introduced me to his perception of 'families' by repeating play sequences showing families in vulnerable and precarious contexts.

Session 12

Ben lined up the family figures along the line on the flooring that dissected the room in two, with their backs turned to us saying they were very high up on a tight rope. I said it seemed very dangerous. He said 'Yes, if they fell they would crack their heads'. He then knocked them all down with his ball.

This play was repeated and seemed to be charged with a commitment and urgency.

The dangerous location for the family on the dividing line of the therapy floor seemed to express something of Ben's experience of living in two places. In later sessions he would use this division to explore 'good' and 'bad'.

Another extract shows how when Ben retrieved the family figures from his box they became increasingly entangled in string.

Session 16

Ben spent some time pulling at the web of string which he called the 'fumble'. He tried to pull out lengths, to tie more and more lengths together. He got in quite a muddle and it was anxiety provoking. He said, 'Where is the end, I've lost the end'. It was hard to be with the mess of the string, its danglyness, the lack of a back bone, of vitality, its limpness and lack of cohesion.

Ben's 'fumble' seemed to reflect his internal experience of a muddle that he was starting to be able to express. He been able to externalise the experience in play and

in the counter-transference he enabled me to experience the anxiety and panic. In naming the muddle and confusion as the 'fumble' he could now begin to talk about it.

5.1.2 Imaginary visitors: 'You are a kind of burglar, go away and leave us in peace'.

Ben developed the play about a burglar calling him on the toy telephone, to thinking about 'families' and then introduced the idea that Granddad Smith was waiting for him outside the therapy room and wanted to be included in the sessions.

Session 31

Ben knocked on the door as if it was Granddad Smith on the other side of the door. Throwing his voice he 'spoke' for Granddad Smith. As Granddad Smith, he said he was looking for Ben and asked Ben to go back and live with him again. This Granddad Smith said he would steal Ben, or give him sweets and added he would steal Ben's mum. Ben opened the door a crack and said, 'Don't do that! You are a kind of burglar, go away and leave us in peace'.

The outside of the therapy room seemed to be like a part of Ben's mind. In fantasy Granddad Smith was waiting there to be admitted to the therapy room for us to think about the meaning of his presence. It was important to keep the boundary of the door to the therapy room and be clear that Granddad Smith did not have the right to come into Ben's session. With this boundary an idea was introduced to Ben that he could have some say in the presence of 'Granddad Smith' in his mind. Ben could begin to explore the birth family's presence in his mind and then attempt to stand up to Granddad Smith in a way he had not been able to do as a younger child. Social Services reports at the time were clear in their observations of the emotional and

physical abuse meted out in fact by a tyrannical Granddad Smith upon Ben and his younger sister.

Developing the fantasy, once Granddad Smith and Nana Smith had come into the sessions, Ben invited his entire missing but ever present birth family; his mother: Jane and father: Paul into the therapy room.

Session 33

In Ben's play sequence when the birth family were present in the room, Jane 'said' she had a baby. Ben said to me, 'She is talking about her baby son'. I said, 'I thought 'Jane' was talking about now.', Ben said, 'His name is Ben Smith'. I said, 'Oh, you?' and he said, 'Yes'. He said to Jane, 'But I am now Ben Jones, you are talking about me when I was a baby but I am not anymore'.

In Ben's mind, Jane makes a claim on Ben as her baby, and Ben uses his adopted surname to separate from his mother. When Ben had let the dog into the baby pig pen he showed me that he felt a sense of responsibility; his interactions with his imaginary birth family helped us to understand the extent to which he felt responsible for his birth family too. He was thinking through the claims he felt his mother to have on him. In the counter-transference and in the muddle of tenses, I understood her to be referring to a present baby but Ben clarified, by using his new adopted surname, that he is someone else's son now. He tried to argue that he is not a baby anymore but the 'Jane' part of him presents him as her baby now. Here Ben vividly conveys a sense of belonging to two mothers at once.

In the next sequence Ben continues to 'speak' for the imagined visitors to his sessions, allowing internal conflicts and claims to be explored.

Session 35

In the play, the birth family 'said' they were not having Christmas because they did not have their oldest son living with them anymore. Granddad Smith said, 'It is very quiet in our house.' Ben immediately replied, 'You shouldn't have got rid of all our toys'.

Ben has an idea of a Granddad Smith in his mind, as someone who is now desperate to be polite and welcoming to his grandson and to let bygones be bygones. What is difficult for Ben is that he does remember the past, the beatings, the cruelty and the neglect he experienced. However, Ben also feels bad about a sad and lonely Christmas for the family caused by his absence, and wants to invite them to his new family. He begins to explore feelings of guilt about surviving them and leaving behind his birth family and about liking his adopted family. Being such an active part of his mind showed me how much Ben took responsibility for their loss.

Session 35

Ben got up and walked over to the sink where the pig and the tea cup were. He looked at the pig and said, 'My pigs are going to the butchers'. Then he said, 'I think that it's him', pointing to the square cushions where the birth family were 'seated'. 'Paul! I think he is a butcher'. Adding with a sweeping of his hands that Paul would 'chop them up'. He quickly said, 'I need to go to the toilet'.

Ben came back in and returned to the sink. He took the upturned cup and the ball and was rolling the ball around the very small base of the cup. I commented that just before Ben left to go the toilet he had been talking about the pigs going to the butchers and Paul being a butcher and perhaps this was quite difficult to think about. Ben said, 'No, they will make nice sausages'.

Ben concentrated on rolling the ball and said, 'I could balance this for the rest of my life'. In the counter-transference I felt a heavy, never ending, deadening weight in my chest.

This extract illustrates what it might be that Ben feels he may have to balance for the rest of his life. As part of his external reality the pigs are taken to the butchers and yet in his mind the butcher is his birth father last seen years ago. An ordinary occurrence on a small-holding communicates Ben's experience of the past and present living in the same space. There are two realities being played out at the

same time. One family, in the past is alive and wanting to claim Ben psychically in fantasy and dream life. He no longer belongs to Granddad Smith but there is a sense that Granddad Smith still belongs to him. Although Ben wishes to be free from the demands Granddad Smiths makes upon Ben internally, he continues to feel responsible for Granddad Smith. Ben's dilemma is that by holding onto this conflict in this way means that new good experiences from the adopted family cannot reach into all of him and could threaten the long term attachment to them.

5.1.3 Identity: 'I am one of them, but I have a parachute'.

Living with multiple families in his mind affected Ben's sense of his own identity. We can understand more about his dilemma and see the beginnings of him working hard to understand and separate from the birth family.

Session 14

Ben lined the family figures up on a tightrope. I said the family were in a very dangerous place and he said 'I am too, I am one of them, but I have a parachute.'

Perhaps one of the dynamics that led to the birth family having such a pervasive hold on Ben's internal world is 'survivor guilt', as mentioned earlier. Ben understood that although he was part of the family he was able to escape the danger they were in because he had a means of escape: he and his sister were eventually removed from their birth family, fostered and finally adopted.

Session 14

Ben said he was going to grow up but not like his adoptive dad. He wouldn't look like his dad, they have different hair, but he wants to be *like* his dad. He has the same (middle) name, John. I asked, 'Is it because you are adopted that you don't look like him'? Ben said, 'Yes' and repeated that he would be called John when he is older, not Ben.

Although the adopted parents gave their Christian names to both adopted children as middle names Ben concretely believes his name will change to his adopted father's name when he is older, as if this was a part of growing up and away from the past. Ben attempts to use the names of people to try to work out who he belongs to. He wishes that having two new adopted granddads, this will remove Granddad Smith from his internal world. There was much more work to do but Ben was beginning to verbalise the problem.

Session 92

Ben caught sight of himself in the reflection of the window saying 'There are two Ben's!' He continued describing what he could see in the 'other world': 'there is another you, another box, fox, another door'. Ben could see clearly that there was another world in the newly visible reflection in the window.

Although the reflection was only momentarily visible, Ben was particularly interested in the idea of seeing himself in another therapy room, with another therapist. This other Ben, room and me in the reflection represented for Ben another world that was simultaneously always there. We grew to understand that he lived with this experience of being with his birth family all the time. This was a poetic and poignant representation of Ben's experience of living with 'multiple families in mind'.

5.2 Theme 2: 'Things going missing/out of mind': *'Already lost something else'*

The phenomena of 'things going missing' started slowly and imperceptibly and had a consistent presence throughout Ben's therapy.

In order to explore this I am going to focus specifically on three aspects; 1, what went missing, 2, the way in which things went missing and 3, the impact of things going missing.

5.2.1 What went missing: 'Here I am!'

Something that seemingly went missing for Ben was me as his therapist between sessions. This was marked by his repeated surprise at seeing me at the start of the next session.

Session 19

As I descended the stairs to the waiting room, Ben stared at me open-mouthed, looking dumb-struck. He looked shocked and continued to stare as I approached him, following me with his eyes.

The expression on Ben's face was of complete surprise. I may have seen him the day before, he would have spoken about coming to the session on the way to the session with his mother, and he had a calendar with the dates of our sessions at home as well as in his box, all of which provided external reminders of the reality of the sessions. However, there was a part of Ben's mind that could not depend upon this repeated experience to inform his knowledge. When I came down the stairs, as I always did, to collect him for his session, he looked totally surprised to see me there.

Another aspect of this was the way in which Ben sometimes seemed to be able to make me go missing in his presence, perhaps as a way to manage his feelings about my absence between sessions.

Session 35

Ben was in the waiting room and as I came downstairs he didn't look up at me. I said hello and he stood up and walked ahead of me. He walked with his head down through the first door and the therapy door and straight up to his box. It felt as though he was excluding me, not waiting to connect with me and I felt shut out and as though I didn't exist. Something felt deathly.

It was unusual for Ben not to acknowledge me when I came down the stairs to the waiting room, so when he didn't it was noticeable. It left me feeling separated from Ben. He was able in this way to make me feel I didn't exist, that he could not let me

be, although I was in the same space as him. It was a powerful communication, as if he was letting me know how it felt for him not to be in the same space as me between the sessions. It seemed that he experienced this as something that was purposefully being done to him by me, like an attack.

A more playful response evolved when Ben began to play hide and seek in the waiting room, possibly this was another way of managing my absence between the sessions.

Session 66

I went down to the waiting room to collect Ben, and his mum smiled at me indicating that Ben was hiding. I said hello to mum and that I had hoped to see Ben. She replied that she thought she had lost him. I said I could see his jacket so he must be here. I said I would look for him. I turned to look under the large area under the stairs but before I had a chance to look, Ben announced, 'Here I am', as if he could not bear to wait for me to find him.

The sense that this surprise was to do with Ben's expectation that I ceased to exist between sessions was supported by his response following a rare cancelled session.

Session 81

I came to collect Ben from the waiting room. He looked at me with a fixed stare, his mouth was slightly open and he seemed transfixed by my presence. He followed me with his eyes as I descended the stairs and approached him saying hello. He suddenly fell on the chair next to him and emerged with a very flushed face. It was as if he had had a particular experience of seeing me, one of complete disbelief!

Ben's response was to physically express his loss of balance, as he fell onto the chair next to him. What the shock did to him internally was palpable, almost too much to take seriously. To have such a limited trust in what can be expected helped me to understand his fragile hold on reality.

Toys from Ben's box started to be left in the room between sessions. Increasingly I was handed the odd toy by a colleague who had found it following our

sessions. A much played-with small figure from a family set who Ben called 'Tiddler' (a toddler with a teddy bear under his arm) went missing. At first, it was as if the knowledge of Tiddler going missing also went missing, as we both failed to acknowledge it for some time.

Session 28

Noticing the bouncy ball that he had left on the bean bag from the previous day's session, Ben said, 'Oh! I forgot the ball'. I realised something and said, 'We have already lost something else?' and Ben immediately said, 'Tiddler'. I asked Ben how old he thought Tiddler was and he put his hands up to indicate 10 and then said, 'No wait, 2'.

When Ben remembered that he had forgotten the ball in the previous session, this enabled me to remember that we had also lost 'Tiddler'. Ben appeared to know straight away that it was Tiddler I was referring to. The age Ben suggested was interesting because Ben was two years old when he was removed from his birth parents and he was now ten years old. It was as if there was something about remembering and forgetting that was somehow connected to Ben's biography.

5.2.2 How things went missing: 'I will return it to her before she notices'.

Ben and I initially experienced the toys going missing as an over-sight, that we both 'forgot' to return items to his box. Having noted this phenomena I began to pay more attention to returning toys to his box at the end of each session. It then seemed toys repeatedly went missing by some means other than over-sight or carelessness, as if the way in which things went missing was a communication in itself.

Session 92

Ben went to retrieve the coin and 'fell' behind the cushions. He asked me if I could see him and I said I could see his hands, feet, and back but not his head or his face at all. He pulled up and looked around smiling and I said, 'There you are'.

It was as if Ben was playing with the idea that a ten-year-old child can go missing in front of your very eyes. He believed for a moment that I might not be able to see him, perhaps like a small child who covers his eyes and thinks he is now invisible. This felt like a game of 'peek- a-boo' one might play with a much smaller child. Perhaps Ben was exploring his internal experience of just how much one part of him seemed to be lost while another part of him was vividly present with me in the therapy room.

The next extract focusses on a coin Ben brought to the session which he told me he took without his adopted mother's knowledge or permission.

Session 92

At one point Ben had the coin on his wrist and then, right in front of me, he shuffled it up under his cuff. 'Where is my coin?' he asked. I said, 'I am to think that the coin has disappeared when it is there hiding away.' Ben asked, 'How do you know?' I said, 'I saw you move it but I wasn't supposed to and then I would have been in the dark about where it was and you would know. You would have the knowledge and the coin.'

The way in which the coin went missing had a different tone to it from things being left in the room. This was an opportunity for us to think about how Ben could take something from one place and move it without someone else knowing. There was something here that he was trying to think about. I could see the coin being pushed up his cuff and it seemed I was supposed to forget this knowledge, deny reality or put it out of my mind. Perhaps although we both understood something we could collude to agree something else was happening. Although I could see the coin disappearing up Ben's sleeve he elicits my involvement in denying that reality and we are supposed to agree that there was no coin. In this way, Ben was showing me how he could recreate a situation where, in the counter-transference, I would understand how it could feel to experience two realities at the same time.

The sleight of hand aspect of how things went missing was also expressed with physical spaces. Between the door to the waiting room and the door to the therapy room was an area where there were several further doors to a toilet, a cupboard and a meeting room. This was the space where Ben in fantasy imagined his birth family 'waited' before being let in to the sessions/therapy room.

Session 93

Ben left the room to go to the toilet but instead of using the toilet the sounds of the key code buttons on the cupboard door could be heard. Ben returned to the room and I said I thought I heard the key code buttons being pressed and Ben flushed saying, 'No you didn't'. I said, 'I think I know it was you playing on the buttons'. Ben smiled saying, 'No it wasn't me, it was a car that came through that door from the waiting room and through to this room'. I said I thought Ben really wanted to persuade me that it wasn't him but I knew it was him and not a car.

Ben tried to convince me that there was a space where something could happen without me knowing about it and that he was in control of this knowledge.

Half way through the therapy Ben let me know that he had been having access to the therapy room without me knowing. He told me that for some time, when he arrived at the clinic he would go to the toilet and on his way back to the waiting room he looked into his therapy room. The space seemed to represent somewhere not quite in reality where things could go missing or different realities could exist. Perhaps this too was an externalisation of aspects of his internal world. By now telling me about this he was beginning to join up the different realities.

Session 84

Ben picked up the fox and stood with his back to me cutting the fox tail. I said, if Ben turns his back to me he can think I don't know what he is doing. But I do know he is cutting the fox tail. Ben stopped and said, 'No, I'm not'. I said I thought Ben wants us to know how important it is for us to know what we know we know, and not be told something else.

One of the significant communications in the way things went missing in the sessions was that despite an attempt by Ben to convince me of something else, I could still know what I knew I knew. Through the counter-transference I understood Ben's internal experience of confusion and mistrust of what he knew, and it seems also his basic expectation of a context, reality, truth.

Objects would also appear in the session. Ben's top pocket would house small items brought from school or home which he brought into the session.

Session 53

Ben reached into his top breast pocket underneath his school jumper looking at me with a 'what have I here' look. I said, 'I wonder what you have in your pocket'. He revealed the tip of a gold pen as he slowly pulled it out. He reached back inside and took out a small figure. Ben told me it was Luke Skywalker.

It was as if Ben was telling us that not only could objects go missing within and from our sessions but that things could suddenly come in to our space from elsewhere. In this way, Ben was playing with the idea that he had control beyond others knowledge. It seemed that he wanted to share this idea with me.

Session 59

There was a pause and Ben took out something from his pocket – it was a small pretty Russian doll. He said, 'This is Lucy's.' I said, 'Oh?' He took another doll inside the first and opened it to reveal a tiny one and Ben said, 'This one is very small.' I asked, 'Does Lucy know you have this?' Ben shook his head adding, 'I will return it to her before she notices.'

Ben let me know that he could move these objects between different locations, without others knowing and that he could operate within the spaces of those around him (me, teacher, mum, sister). This helped us to better understand something about his internal experience. The Russian Dolls themselves seem to be rich in symbolism. One doll is hidden and moved within the other and Ben makes the point that the second doll is 'very small', like the smaller neglected child within Ben, and our

toddler toy 'Tiddler' who we 'lost' too. The presence and the ability to move between realities of the Russian Dolls who he assures me he will return to his sister before she notices them missing, echoes Ben's newly acknowledged practice of having access to the therapy room without me knowing. These aspects of Ben's internal world are far more accessible, nameable and talkable about now.

Session 69

Ben showed me the contents of his pocket – Star Wars cards. I wondered what was in the other and he said, 'Guess what?' I guessed Luke Skywalker as he had been in Ben's pocket the last couple of times but he said, 'No!' and pulled out a blue pen he had taken from school.

It was as if the new 'Tiddler', now 'Luke Skywalker', represented the traveller, not between planets in outer space, but between the different places that Ben inhabited. Something about this movement made me question the boundaries between them. If the belongings could be moved between the locations, perhaps they didn't belong to any one place in particular. Perhaps the way in which these objects were going missing was letting us know something of Ben's experience that all the spaces were one, they merged into each other. If Ben didn't belong to anyone, he couldn't be claimed.

Session 98

Ben looked in his pocket and took out a bright orange golf ball (his father's) and the little figure – Luke Skywalker.

Ben introduced a game where objects would be laid out and then removed, one, two and more at a time to see if I could recall the objects that had been there.

Session 99

Ben chose a selection of toys from his box and his pocket and he laid out the figures on the arm of the chair and took one away. He covered them first with a piece of paper, then with a blanket, then he asked me to close my eyes. I

had to guess what he had removed from the collection. The number of items he took increased from one to a total of fourteen items.

By playing this game Ben was inviting me to have the experience of what it felt like to need to conjure up the identity of something missing, the missing toys. Initially this was easy enough with only a few items included. As he increased the number, the task became more difficult. Ben seemed to be exploring the idea that it was the gaps or the absences left by the missing objects that let us know they had been there. One could only understand the presence of an object by its absence. This also linked to his gradual understanding of the rhythm of my presence and absence between sessions; that I came and went.

Session 101

He set individual toys on the arms of the chair. I was to remember the items. I looked away and he removed all except two. I recalled them. We repeated this several times. Then Ben gathered another six items from the box adding these to the game. I observed what I did in order to remember – I had grouped the items into the family, kitchen, animals, car.

In the session I noticed how I was attempting to remember the objects, I was trying to contain my counter-transference feeling of anxiety as the pressure to recall so many items was increased. The game seemed to be as much about the objects left behind as well as those that had been taken away. It was the awareness of what one was left with that informed the remembering of what had gone. This was similar to how when Ben remembered he had left his ball in the therapy room, I could then remember we had lost Tiddler. In the above extract, in order to recall what was now missing the present objects were seen in the context of remembering the absent objects, *not in their own right anymore*.

The way in which things went missing whether from the sessions, between the sessions and within the sessions involved a mix of forgetting and remembering,

of agency and control and a complete lack of control. The communication about the way in which things went missing involved two places, people, and perhaps two states of mind. The way in which things went missing seemed to provide a way to communicate Ben's internal conflict.

5.2.3: The impact of what went missing: *'Powerful and unforgiving'*

I have referred to the counter-transference evoked by what went missing and the way in which things went missing, and now I want to focus on the theme of the feelings evoked by what went missing. Initially I was curious about Ben's surprised response at seeing me at the start of a session. However, this consistent response throughout the therapy helped me to understand his underlying reality that despite the experience of seeing me three times a week for a year he would still question whether he would see me again. Being in touch with the degree to which Ben's sense of reality remained tenuous and fragile, was frightening and disturbing.

The rare occasion that a toy was left out of Ben's box in the therapy room between sessions began to be repeated, despite attempts to avoid it. It took time to pay attention to it and see it as something to be taken seriously. It was as if it happened out of the corner of one's eye and was difficult to focus on. However, it gathered a momentum so as to feel like an attack on my sanity. By focussing on my counter-transference I want to describe how I came to understand the presence of shame, guilt and the madness of colluding and not noticing. It was a very live experience.

Session 40

Ben was looking for the ball in his box and immediately said it had gone missing – it wasn't in the box! I couldn't believe it and felt my anxiety and disbelief, surely it could not have gone again? I looked in the box to check as if I didn't believe Ben, he hadn't looked properly. But it wasn't there. I felt a

rising panic as I searched the room willing us to find it. I looked behind the cushions and behind the last one I checked was the ball. With great relief I showed Ben.

The feelings evoked by the missing ball were of panic and anxiety. The need to locate the ball took on an urgency that was out of proportion to the actual loss. My disbelief of the repeated loss of a toy in Ben's sessions left me feeling that my very sanity was dependent upon finding the ball.

Session 53

Ben was standing with his back to me working at the sink. Ben said that ball was not lost but I couldn't see it. I said, 'Oh? You know where it is but I don't?' Ben agreed smiling. I thought about dying, that if I was given the choice in this moment of living or dying I would just give up, that the will to live, to try, to make any effort had gone completely. I would just let go and die.

Ben introduced the idea that he was, in fact, in control of what went missing in the room. Perhaps this was an attempt on his behalf to be in charge of something within the sessions that he had previously had little or no control over. I had to contain the feelings in order to understand his experience. The feeling as though I wanted to die was a dreaded but common one within the sessions. It seemed to be connected to an unbearable feeling of things not making sense, of feeling one was going mad or losing one's mind. However extreme this sounds, in those moments, I understood that only dying, not being would set me free from the unbearable feelings. This experience would completely dissolve afterwards when I was alone to write up the session.

Session 54

Before the next session a colleague presented me with the small bouncy ball from Ben's box saying she had found it in the room. I was convinced I had thoroughly checked the room before leaving it. I felt mad! I raced to check his box and of course the ball wasn't there. But this ball seemed different and now I couldn't believe this was *his* ball. I double checked, worried it *wasn't* his and he would find his ball, therefore two balls in his box and this would make

the situation worse! I felt disorientated. How did I forget the ball? What was going on? Whatever it is, it felt powerful and unforgiving. During the session when Ben played with the ball I was still tormented by the question of whether it was his ball, did it have the same bounce?

The powerful and unforgiving communication was how the shock of the reality of a lost loved ball that is returned threw into question the validity of that ball as the *real one*. That the 'second' ball is not the same, it is not real like the first, it is an interloper and investment in it had to be avoided. This resonated with the complicated feelings around birth families and adopted families and about how bonds are made.

When colleagues began handing me 'forgotten' toys from the room between sessions the experience of exposure compounded my sense of shame of what could be perceived as at best carelessness or at worst an attitude of not caring enough for the child I was seeing. The repetition of the phenomenon led to feelings of inevitability and to powerlessness. I found myself questioning the ball that was presented to me by someone outside our sessions as if they had introduced an imposter.

When the question of what was happening was posed, Ben and I thought about what you do when something is missing? Call someone, look for it or give up? After some time it seemed we began to accept the situation in a resigned way.

Session 76

I felt the familiar awful feeling that he had lost his ball but now only in a distant, remote way – I actually felt increasingly numb to its loss, as if I was very slowly realising that I couldn't tolerate caring anymore.

If something remains lost, the frustration has to be cut off from. The frequency of this happening began to create a numbness in me to caring or a resigned feeling that

I would just begin to accept the moving of these items. It was as if I had joined in a conspiracy that nothing mattered.

Session 76

I found myself feeling disconnected and unable to think; remote, disconnected, as if under water, not able to grasp.

Finally, the impact of what went missing was that I could be made to feel as though I were being bring driven mad by sleepiness and a lack of focus, concentration and a will to live. That the very act of something being missing forced its presence in an unbearable feeling.

5.3 Theme 3: 'Problems with Sequencing'

Ben had a subtly idiosyncratic form of speech, some words would come out the wrong way round. It wasn't just the order of the words, he often changed tenses so that at one point he would be referring to the present tense but by the end of the sentence he had changed to the past with a reference to the future tense. This often resulted in confusion and a need to clarify what it was he was trying to say. I soon adapted to this and despite struggling at first found I almost stopped noticing it as the sessions progressed. However it became apparent that this phenomenon, the struggle with putting things in order, was evident elsewhere and didn't just relate to words but also to time and experiences and led to the consideration that they reflected and expressed an internal state.

5.3.1 Time: 'Where is May?'

Ben's sessions were three times a week on the same days and at the same times for a year. It became apparent early on that Ben struggled with remembering

this which highlighted his difficulty with time and the order of months. I provided calendar sheets each session with our sessions, a month per A4 sheet clearly marked on them.

Session 12

Ben tried to take the top sheet of the calendar but there was a frustrating moment. He said, 'This is December?' I said, 'No, it is October.' He said, 'Something had changed.' I agreed saying, 'The month has changed, it was now October'. The sheet underneath was November and he said, 'November?' I said, 'Yes, the next month is November.'

Initially his regular attendance appeared to begin to help Ben orientate himself to the order of the sessions. Certain actions began to develop into a routine around his attendance; me picking him up from the waiting room, his surprise at seeing me, the acknowledgement between his adopted mother and me in the waiting room, walking through to the therapy room, him turning the engaged sign on the door and checking off the session on the calendar. But the confusion around the session time, day and month was clearly evident and something he brought to each session.

Session 22

Ben asked, 'Did we meet at 10.00 today?' I said I wondered what he thought looking at the clock and he said, guessing, 'No?' I said, 'that's right.' I asked him what time we met on a Tuesday and he said, '10.00?' and I said, 'Yes' and he smiled. I asked what time we met tomorrow, a Friday. Ben looked at me and I mouthed 1.00pm and he said, '1.00pm' with some relief. He repeated, 'Tuesday at 10.00. Not Wednesday, Thursday at 2.00pm and Friday at 1.00pm.' I said, 'yes, that was right.' Ben looked pleased with this accomplishment.

On one level I became more didactic in the sessions in an attempt to understand what the difficulties with Ben and time telling were. The feelings behind the struggle began to emerge.

Session 56

Ben jumped up and took out his calendar scattering the months around. In exasperation he asked, 'Where is May?' Randomly rifling through the pages

he found May and said this was his sister's birthday. He sat with the months chaotically scattered about him on the couch.

Ben seemingly could not conceive the order of the months to enable him to locate one in particular, May. The feeling evoked was of panic and desperation with a lack of structure to inform his search; of free falling.

Session 83

He looked at the clock and asked, 'What time do we finish?' I said what did he think and he said, '10 to 2?' I said, 'That is the time we finish on Fridays, but today is Tuesday so it will be?' Ben looked perplexed at the clock. I helped him by saying, 'If we start at 10 o'clock today.' Ben guessed, '10 to 3?' I said, 'What is the next hour?' Ben said, '2?' He really didn't seem to be able to co-ordinate himself – I counted 1,2,3,4,5,6,7,8,9,10 he said 11! I said, 'Yes, 10 to?' Ben said, '11?' His relief when he said 11 was palpable.

I introduced a spare clock in to the session to help Ben physically and tangibly see what happened when the hands moved, the direction the clock moved in, the passing and the sequencing of time.

Session 85

Ben played with the clock holding the clock face away from me and asked me what time it was – I had to guess with no information for me to use? I noticed my impatience and tried to be more patient but it felt as though Ben was taking me to a panic inflicting place where there was nothing to rely on, no rules and no ground – just free-floating. I felt my annoyance at him taking me there. I could have said that it was important for him to show me how it feels to be this provoked by not knowing the time. I had brought the clock in ostensibly to help Ben to tell the time but I now regretted this decision – now I had to feel how it feels and I didn't want to.

The feelings evoked in the counter-transference were frightening and my response within the session was anger at being made to feel this way, as if it was something being done to me. I questioned whether Ben's experience of living with a mild learning disability was succinctly and painfully communicated to me in this way.

5.3.2 Generations: 'Granddad Smith wants me to be his son again'.

The difficulty Ben had with sequencing time extended to understanding family relationships and generations both within his birth family and his adopted family.

Session 33

Ben said that Granddad Smith had brought his wife. I said, 'Ok, is it Nanny?' Ben corrected me saying, 'No, his girlfriend, his her name is Jane'. I said, 'Oh, his daughter?' and Ben said, 'Yes.' Ben continued, 'Granddad Smith wants me to be his son again.' I said, 'Perhaps Granddad Smith had looked after Ben as if he was his son.'

This extract illustrates the blurring of the generations for Ben. Granddad Smith wants his *son* back and Jane, Ben's mother is not understood as Granddad Smith's daughter but his *girlfriend*. In Ben's mind it is possible that Granddad Smith has fathered Ben with Jane therefore removing the actual generational order.

Session 34

Ben referred to dad and I thought he was referring to his birth father. He did not understand and said, 'Dad John'. We talked about different families – family now, adopted family and family then, birth family. He still struggled to understand the distinction and I took out paper to draw a genogram – two sheets of paper – one for each family but Ben struggled to understand who belonged where.

Ben illustrates here his struggle to differentiate both between generations and time in the order of the two families. The difficulty to externally sort the families onto two sheets of paper reflected the internal struggle to locate them in different places, one before the other.

Session 56

He suddenly turned around and said, 'You know Jane, remember the last time I had a bad dream, well now I didn't have one with her in it. She has got a job in McDonald's!' I questioned, 'In the dream?' and he said, 'No really, in Blackpool'.

It is as if once Ben could locate Jane in the 'real world' working in McDonald's in Blackpool he is somehow released from her power to scare him in his dream world. There has been a capacity to locate her.

Having identified the lack of capacity to sequence in time and generation, the underlying role of this incapacity or the reason for it not having developed puzzled me. A consequence of struggling with sequencing left Ben without purchase in life as if everything appeared to happen by accident. We made attempts to anchor his reality with clocks and calendar sheets but the concepts were very difficult to understand and sustain. Perhaps there was a reason that the capacity to sequence had to be held off.

5.3.3 Experience: *'This is what they did in the 'one war'.*

The next extract suggests something of the possibility of trauma making it a necessity for Ben to not order experience. Ben began by describing a lesson at school.

Session 87

Ben said that (teacher) Miss White told the class, 'Back in the day of the one war', I clarified, 'The First World War?' Ben said, 'Yes, She said in schools there were slippers, rulers and belts'. I said, 'Oh?' He continued, 'And that Miss White was a little girl and at school and sitting next to a boy and he said something to her and she said it back to him and they weren't supposed to be talking and they had to put their hands out like this,' he showed me, 'And make a fist and they got hit on the fist with a ruler and it made her fist bleed'. He went on quickly, 'We are going to play with this boy Adam, we are going to get a belt and beat Adam and make him bleed'. I felt shock and concern and said, 'Why would you do that to Adam?' Ben quickly said, 'No, that is what they did in one war.' I said, 'In the time of world war one?' Ben said, 'Yes, he would bleed and bleed'. I said, 'But it wasn't just then was it Ben, so long ago. Ben knows what it is like to be hurt'. Ben said, 'Yes.'

The extract shows Ben's struggle with putting events in order. He confuses a memory told to him by his teacher from the First World War and links it to the present day and his fantasy of repeating the physical abuse to a child he currently knows. When I responded from the counter-transference feelings of shock and concern and link this to my knowledge of Ben, he is bemused and repeats that he is just talking about something that happened in the First World War. Perhaps the extract illustrates that it is because Ben's own traumatic past experience (that I am in touch with in the shock and concern for 'Adam') demanded to take the same space that Ben uses confusion to protect himself from the breaking through to the surface of a traumatic response.

5.4 Excluded Themes

Of the initial thirty codes, five candidate themes were identified and three were finally selected. Nine initial codes were not included in my findings directly and I will look briefly at these. The reasons for them being excluded were that they didn't present themselves in the data set with enough frequency and they didn't seem to have the same fit or resonance with the others. The excluded themes included; aesthetics of session, sitting up high on square cushion, going 'bottom up', under the couch, Ben's house, going to the toilet and Ben as protector.

Ben was extraordinarily articulate and vivid in conveying his experiences, in his use of language and symbolism. I would describe this as an aspect of the work in terms of the aesthetics of the sessions and have addressed this to some degree in the methodology in terms of numinosity.

The themes of sitting high up on the square cushion, going 'bottom up', under the couch, Ben's house and going to the toilet seemed to be about how Ben inhabited the therapy room. Sitting high up on stacked square cushions appropriated Ben with a sense of omnipotence but in a vulnerable and barely balanced way. He would often tumble from this position, hurting himself. He created 'Ben's house' with square cushions and played both inside and out of this.

The theme going 'bottom up' describes the occasions in sessions when Ben's play would result in him being upside down, presenting only his clothed bottom to me. This seemed to link in with his play under the couch and elicited feelings of shame, guilt and exposure. In supervision we discussed the possibility of the fantasy of intruding into the bottom, turning to one's own resources and getting stuck and were put in mind of Meltzer's (1992) concept of 'The Claustrium'. However this aspect did not fit with the themes discussed, or it could be that the themes do fit, in ways that have not yet been clear.

5.5 Concluding ideas

Four concluding ideas emerge from and give shape to the findings as they have been highlighted here. They are something bad from the past gets in the way of good experiences in the present, the importance of knowing what we know, and not colluding with confusion and denial, understanding absence in relation to presence and Ben's sense of the truth and the capacity to sequence requires mourning. These will be discussed in the conclusion.

Chapter 6: Discussion

6.1 Introduction.

I intend to discuss the value of my findings in the wider context of the literature review of psychoanalytic psychotherapy and looked-after children. I will start with the themes; 'multiple families in mind', 'things going missing/out of one's mind' and 'problems with sequencing'. I will draw links between the themes before looking at the time frame for the therapeutic intervention. Finally, I introduce the concluding ideas.

6.2 'Multiple families in mind'

Throughout this project I have referred to the concept of Margaret Rustin's paper (1999) because it links directly to the experience Ben brought to our therapeutic

intervention. It is the fluidity between the internal world of the child and the external lived experience with the adopted family that rings true for my research. Ben's experience with the ever present birth family in his fantasy world meant that, as Rustin puts it,

'the 'realness' of the internal world was making it very difficult to differentiate between imagination and external reality' (1999, p52).

Ben brought his struggle with 'the 'realness' of the internal world' directly and concretely into the therapy by introducing in fantasy his birth family as visitors. In this way he could externalise and work with the conflict he had with them internally. This process showed us the degree to which the birth family were, at that time a 'real' and current presence.

Rustin extends the idea of multiple families in mind to include transgenerational influences. The case study I have presented focussed on two generations of Ben's birth family. However, particularly as kinship care was involved, one wonders about the nature of the trauma within Ben's birth parents and the nature and aetiology of his mother's learning disability. Although I cannot know what the experience was for Ben's maternal grandparents, the evidence from the notes taken by the social services presented two adults who struggled intensely with the ordinary day to day care and attention of two young children.

The role of the adopted parents in supporting Ben's therapy was perceived as benign, co-operative and containing. They committed to fortnightly parent sessions with a colleague and although my colleague did not breach confidentiality she did let me know the themes the parent work covered including the reality that they had been unable to have their own children and the feelings evoked by that. I write about

this here because, in terms of transgenerational influences upon the looked-after child it is equally important to take into consideration the internal world of the adopted parents as the birth family. Ben's possible understanding of how he became part of the adopted family is explored later.

Writing about the issue of late adopted children living with two families in mind Fagan (2011) refers to Klein's theory of splitting. She suggests that children from traumatic or neglectful backgrounds have had to split their experience in order to survive but this then has an impact upon their capacity to make links between different parts of themselves for instance their different representations of the past and present.

6.3 'Things going missing/ out of one's mind'

The theme of things going out of one's mind and in particular the way in which things went missing in relation to the game of hide and seek was evident from Ben's fears reflected in the initial referral. He suffered with nightmares that his granddad was looking for him and wanted to take him away, to re-claim him, a sort of horrendous and perpetual psychic hide and seek. From the granddad part of Ben's perspective, Ben himself was a stolen child, taken from his mother and the grandparents a total of five times. The second of Money-Kyrle's facts of life regarding the relationship of Ben's parents is linked with the oedipal situation which is a complicated mental organisation for a looked-after child to negotiate. On one level Ben's fear is to be reclaimed by his granddad, but perhaps also, as Bartram (2008) writes it says something of Ben's fantasy that he was stolen from his birth mother and that he could be stolen again. That his felt experience of permanency has been catastrophically attacked.

Coyle (2015) argues that whilst peek-a-boo is a developmentally healthy way for the infant to master separation from the mother she introduces the idea of an 'aberrant' Peek-a-boo (Dunn, 1993) when the play is used to *increase* tension and questions the impact of this more sadistic interaction as it occurs at a critical period of development and is directly linked with the process of internalisation and object relations. My evidence in the counter transference of the degree of tension and more cruel interaction was overwhelming in terms of the presence of an 'aberrant' developmental stage which led me to question Ben's early experience, perhaps not from intention but from an inconsistency of the maternal object.

Tracking the shift from Peek-a-boo to Hide-and-seek to between the ages of five and eleven, Coyle reports that Frankiel (1993) describes two particular types of hide-and-seek; one in which the self is hidden and the other when small objects are hidden. Ben attempted to engage in the first type of hide and seek with me in the waiting room as a way of exploring my apparent disappearance (or hiding) between the sessions. However, he could not tolerate the waiting and the anxiety elicited in the space of split seconds of being looked for. It was as if there could be no hope of being found to the point that he had to announce his whereabouts before a search had even begun.

The hiding of small objects, the second type of hide-and-seek Frankiel (1993) describes, took place in two very different ways. Initially the way in which the objects went missing between the sessions was quite subtle and took time to notice as a distinct phenomenon. Although felt in the counter-transference, the cruel element to this was only understood retrospectively as something that was perhaps more in Ben's control than I at first acknowledged. The aim seemed to be to exert control

over the other, me; to be the one in command of the losses and to have me feel the maddening experience of an unpredictable external reality.

A different response emerged in the waiting room from that in the therapy room. In the waiting room the hider (Ben) experienced dread of not being found and consequently prematurely announced his whereabouts. In the therapy room the seeker of small objects (me) experienced in the counter-transference a cutting off from things going missing, becoming numb to the feelings of losing the objects and hopeless about finding them. There could be 'seek' but no 'hide' and 'hide' and no 'seek'. In one case there is no expectation of being found and in the other no expectation of finding. The relationship between the two could break down. If one imagines a mother and baby couple where one does not 'hide' and one does not 'seek' one understands something of how cut off these two are from each other.

One wonders about the relationship between hide and seek and Ben's experience of himself being lost to his birth parents and not found, of being found by his grandparents but not claimed, then being lost to his grandparents and finally being found and claimed by his adopted parents. The presence of his birth family (in fantasy) in the therapy room revealed the extent to which a part of Ben experienced himself lost to them, he had to bear their pain of having lost him and the impact of the loss of him upon them. It became apparent how much this could impact upon his ability to be present and be claimed by his new adopted family.

It was as if, in the first instance, as the toys moved in and out of the room, Ben used hide and seek to express 'a symptom rather than (it being) a developmental game' (Frankiel, 1993, in Coyle, 2015).

The second way the small objects were hidden came later in the therapy and was the closest to an acknowledged game between us as Ben chose small objects

which he set before me, that I then had to recall as he took a number of them away. This now was a game of turn taking, of rules and something that we both understood we were engaging in rather than something that was happening to us, or at least me. The game seemed to reflect something of the ordinary developmental gains Ben had achieved in order to engage in this. However, the number of small objects that were to be included increased beyond my capacity to recall them and served to help us understand the relationship between what is lost and what can be recalled and the mechanisms involved in this process. The panic elicited is in not being able to remember.

Coyle writes that when hide-and-seek is developed in therapy Frankiel suggests that the child is pre-occupied with loss,

‘the point is that the child who has lost a love object feels incomplete – physically and psychically – and narcissistically damaged. In the playroom, in the game of hide-and-seek, the child re-enacts the trauma of the early loss and brings out the inescapable fantasy that the lost parent is about to be found’ (Frankiel, 1993, pp341-260).

Ben’s exploration of lost and found objects including himself within the therapy was an attempt at exploring his early experience of loss. In addition to this was the element of control and cruelty that allowed me to understand the impact of the way the object was lost had been on Ben.

Coyle writes that Israelivitch (2008) draws the distinction between the healthy exploration and re-working through of worries of object permanence for securely attached children, and those who have been neglected or abused. For those who have been cared for in an unpredictable way Hide-and-seek can be a frightening and dreaded experience (our interaction in the waiting room). For Israelivitch, Hide-and-

seek is an 'attachment story' about disappearing and being found and he invites us to experience the child's inner world through the way in which the child plays it. Ben was articulate in his play and although there was no invitation to 'play' hide-and-seek at first when objects began to disappear it was a communication as if there was a hope that someone else would witness the experience and help to think about it, via projective identification. That I would want to 'seek' what it was Ben wanted me to understand. The theme of things going missing did develop into a game and Coyle's work is helpful in considering what the play and the counter-transference could let me know about Ben's internal world and the development of his object relations.

Elements of hide and seek helped Ben and me to consider the fantasies of *where* the objects went missing to ie Tiddler and the ball. When the objects were absent from us they had to be somewhere else and this enabled us to speculate different co-existing spaces. The possibility of exploring other locations for the missing objects led us to be able to consider other spaces in Ben's mind. Ben particularly explored this phenomenon by secretly moving objects between his everyday locations, school, home, and the therapy room. This presented to us a more one dimensional space, as if all these locations were one plane. This helped me understand more about Ben's experience of a lack of space, everything present in one place, at one level. Ben's struggle with sequencing. Being curious about the location of the objects from the therapy room created more three dimensional space, both physically and mentally.

The phenomenon of objects going missing in the sessions and the play of hide and seek of small objects allowed us to reflect upon what the relationship was between Ben's internal objects and the development and use of 'space' in his mind as a consequence. Could the prevalence of things going missing as Ben showed me

in the therapy, reflect upon his ability to think? Could the 'perpetual psychic hide and seek' referred to at the start of this discussion, in relation to Ben's nightmares, be extended to aspects of himself?

The impact upon the young person who has had an experience of neglect or trauma includes hide and seek of the self cognitively. Gianna Henry's (1974) concept of defence mechanisms causing additional deprivation is an idea that has been taken up by child psychotherapists over the years as they repeatedly see the evidence for it in their consulting rooms. Henry (1974) described how the part of Martin that knew where it hurt and why it hurt was executed, and the consequence was a loss of contact between his and Henry's mind.

The outcome of getting rid of the emotional pain was to deprive the relationship between Martin and Henry; the contact between them was lost. Henry's ideas directly relate to my research in that she explores the need for her patient to *not* make links. Henry refers to Bion and attacks on linking by suggesting the aggression with which her patient gets rid of words which could make sense, because for her something is being aggressively attacked. Henry later discussed Bion's idea that when the space where internal objects are is vacant it is filled by monster internal objects and this echoes for me an internal object that was named 'Granddad' for Ben and had to be survived. Ben started therapy letting me know the extent to which he was pre-occupied with an unnamed internal object that he had to attend to (originally the bear). It was during the course of therapy that he was able to link this with his nightmares and finally naming the internal object 'Granddad' was containing in and of itself.

Considering the link between what was 'missing', learning disabilities and parents/adoption Gati (2011) refers to a play, 'Kindertransport' about a child who is

fostered in England and puts all her past life and her natural parents in a box in the attic. This put Gati in mind of her patient and she describes the image of him,

‘walking down from the minds attic with a box full of memories in his hands. These memories cannot yet be represented as past, as something that happened, nor can they be destroyed or fully repaired’ (2011, p162).

The metaphor resonates eloquently with the process I felt Ben was engaged in. In her description Gati refers to the key themes I have identified with the work with Ben. Gati describes how the memories could not be presented as the past (a problem with sequencing). The memories had, in a way gone missing up in the attic, cut off from the rest of the house until they were retrieved and brought down into the main part of the house (things going missing, out of one’s mind). However, although they were not accessible, they were still very much part of the house and so they had an influence upon the house (multiple families in mind).

Marsoni (2006) refers to Garland’s (1998) ideas of trauma like a piercing and describes the child kicking out violently as a piercing of the protective function from stimuli which helped me consider the possibility of things going out of one’s mind as a kind of piercing. The re-traumatising impact of things that disappear or re-appear suddenly, either concretely or from one’s mind. That what was happening in the therapy was helping me understand Ben’s experience. Marsoni talks about the collapse of mental functioning and refers to Emanuel (1996) and Ingham (1998) and informs my thinking about Ben and his ‘learning disability’.

The links between the collapse of mental function, learning disabilities and the theory of mind (Bion, 1967) are interesting and makes one wonder about the link between the truth for Ben and thoughts not being able to be had.

Russell (2011) reminded me of the importance of the environment to support thinking, but also the pain in thinking and coming up against the realities, the truth for Ben but that if this is possible the growth that is possible therein.

6.4 'Problems with sequencing'

Fagan (2011) proposed a careful link should be made between life story work and therapy and that the focus should be on the experience of the child rather than a search for the facts about their life. I acknowledge this distinction and found that both played an important part in our work. Ben would use the sessions to express, communicate and think about the impact of his experience but this could result in the need to clarify facts around his birth family. For instance the jumble of generations in the family was an important communication about the confusion of family roles that reflected something of his struggle with sequencing. Along-side this was Ben's need to seek clarification around his birth fathers name for instance. The way we resolved this was to triangulate this aspect of the work with the adopted mother and would agree this was something Ben could talk with her about in the time between sessions and bring back to us. We were attempting a 'careful link' between life story and therapy, respecting the importance of both. Cant (2008) wrote

'I am not advocating that we abandon the internal world in favour of the external, but am emphasising the importance of synthesising the two' (p219).

Cant (2008) introduced me to T.S. Eliot's notion of time as not always linear and chronological but circular and repeating which made me question how this related to Ben's struggle with sequencing.

Time present and time past

Are both perhaps present in time future?

And time future contained in time past.

T.S.Eliot, 'Burnt Norton', Four Quartets
(1936) in Cant (2008, p207)

Even a circular and repeating understanding of time has a predictable pattern to it.

Ben showed me the extent to which his sense of time was more chaotic and unpredictable, as Fagan (2011) writes, a 'desperate jumble and *collapse* of the past and present' (p130). At first I understood this as a symptom of his unpredictable care and traumatic experience. I was later able to understand how it became a necessary defence mechanism in that it allowed or facilitated a lack of linking that would have brought the traumatic experience and loss home.

Rustin (2006) refers to Canham's (1999) paper when she writes 'for Winston it seemed as if time had stopped at the point of abandonment'. The idea that time stopped at this point is interesting because the concept of time as a reliable, experience containing concept (Canham, 2012) did not really get underway for Ben and the experience of having a mother with learning disabilities was key in his experience. The reports from social services reflected how much the day to day care of baby Ben was, at best, chaotic and unpredictable. Ben's mother's maternal capacities were questioned early on in his life. It would be fair to assume that an unpredictable experience of external life was set down for Ben from the very beginning. Later traumatic events were to impact further on this. As Canham (2012) writes, the concept of time, both chronologically and also in terms of order, development and causality is impeded for looked-after children because of unpredictable parenting, neglect and abuse. He describes how, from an early age, the lack of the ability to internalise a sense of being cared for impacts upon later stages of development;

'It is not just the ordinary anxieties and developmental tasks of childhood that accumulate, but traumatic experiences that remain unaddressed. This seems to lead to a feeling that time is not of importance. Children can feel that things never get resolved or put in the past; they constantly impinge on the present, in ways that are confusing for them and their carers.' (2012, p63)

Ben's early years' chaotic experience of a lack of a foundation of a reliable and sustained experience of being looked-after was compounded later. He was taken into care with temporary foster carers, then with abusive grandparents, until finally being adopted into a longer term stable environment. Referring to the looked-after child's experience of being taken into care and waiting for permanent placements Canham (2012) suggests the child might well 'obliterate time' as a way to cope with waiting. This links to Rustin's quote earlier about how for her patient time stood still, perhaps it was obliterated. Canham links the difficulty with time with organisational dynamics when there is often very little time for anyone to process moves between birth families, foster placements, further foster placements and adopted families as if these too serve to erase time.

Ben's struggle with sequencing, putting things in order meant that he had to remember everything, or perhaps an outcome of having to remember everything was that he could not sequence and put things in their order.

"If you tell the truth, you don't have to remember anything." (Mark Twain's Notebook, p240 in Paine (1935))

To turn this around, if you cannot face the truth, you have to remember everything. For me the quote from Twain says something of the importance of being able to know and understand the truth in order to tell it. In telling the truth the need to keep

track of the detail of what is and isn't true becomes less important because there is not an attempt to present a different reality that requires two (or more) versions to be held in mind. The mind is not taken up with the task of sustaining the reality that has been chosen to be presented. This helped me think about the possible link between the role of the truth for Ben and his struggle with sequencing. If Ben knew the truth or could rely upon the truth he would not need to remember everything, for instance holding multiple families in mind. A consequence of this was that all the information was kept in the same space, as if there was too much detail and no order to it.

What truth was Ben concerned with? From a Kleinian (1931) perspective we understand that Ben's truth would be constitutionally informed by the epistemophilic instinct. However, as Canham (2016) wrote, this ordinary curiosity about his mother and later about relationships would have been impacted upon drastically by the level of neglect he experienced early in his life.

From Money-Kyrle's (1968, 1971) perspective Ben's truth is made up of the ability to accept three key facts of life; Ben's dependence upon his mother from birth for survival; his ability to acknowledge his parent's relationship and the inevitability of death. Again, Ben's particular experience from birth of neglectful, chaotic and abusive care will have coloured the lens through which he understood these 'truths'. Canham (2016) suggested that it was dangerous for looked-after children to think, to know the truth. When we consider these fundamental truths an individual has to ordinarily negotiate, it is understandable that for Ben it was at best painful and at worst catastrophic to first determine whose truth belonged to whom. It became apparent the lengths Ben had to go to in order to protect himself from the reality of his truth.

Bion (1965) wrote about the centrality of the need for truth;

'healthy mental growth seems to depend on truth as the living organism depends on food' (1965, 38).

In order to accept Money-Kyrle's facts of life there has to be a capacity to mourn. Sequencing requires an ability to mourn. The developmental process that Canham describes requires the capacity to repeatedly undergo an experience of engaging and letting go, from a very early age. Although part of everyday ordinary care taking events, the process of letting go is intrinsic. Messner (2014) quotes Case (2008) who makes the crucial observation that;

'to have a memory you have to have separated sufficiently to bear the pain of absence' (Case, p284 in Messner, 2014).

Case and Twain both think about memory differently. For Twain memory is related to truth, if you tell the truth you don't need to remember and for Case the ability to remember is related to the capacity to bear the pain of absence and to be able to mourn. In Ben's case they help me distinguish between two different processes of remembering at play. In the absence of truth Ben is left with the struggle of remembering everything so that all the details of past and present families and events prevent him from putting things, relationships and generations in order and sequence his experience. What he needed to do was to process the numerous losses in his early years as Canham refers to, to be able to 'separate sufficiently' as Case puts it, in order to mourn the losses so that he could create memories in a way that facilitated the ordering of his internal world. People, events, relationships would then take up their place. This links with the way in which Ben used the toys from his box, from home, school to 'go missing, to 'turn up' as if there didn't need to be an acknowledgement of loss because the toys existed in one place.

Perhaps Ben's struggle with conceiving, understanding, knowing and telling the truth impacted upon his ability to mourn. How could he process his losses if he wasn't entirely sure what or who he had lost, or when or how and certainly why?

Crucial to the work with Ben which he had successfully defended against before, was to bear the pain of first making an enquiry into the truth and secondly begin to look at his losses. In the counter-transference this 'pain' could regularly feel so bad and intolerable that in the moment thoughts of death as a relief were imagined and preferred.

6.5 Links between themes

Although the themes appeared to be separate categories that came from the data, they are also linked and I intend to discuss in what ways.

As discussed living with multiple families in mind requires a splitting in order to keep the internal worlds apart. This then has an impact on the capacity to sequence events as, the two experiences take up the same space, although separated they live side by side and cannot be placed in order so to speak. What is similar to both these themes is the lack of order, of one thing before or after the other. The difficulty placing the two families in order was echoed in the struggle to understand time, numbers even tenses in speech.

A link between a struggle with sequencing and things going out of one's mind was the difference in the experience of feeling in control. In Ben's struggle with sequencing there was a clear lack of control particularly in understanding the routine of the external world which led to an impairment of the purchase in external reality. Things going missing although initially communicating something similar to a lack of

control, moved into an understanding of something being very much controlled as objects disappeared and reappeared between different locations. The initial emotional link in the feelings the two themes evoked were of panic, fear and ultimately madness, a sense of losing touch with reality. The subtle change that evolved was in things going missing where Ben could begin to be the one who orchestrated the loss and exercise his control over it.

Things going missing from one's mind and multiple families in mind are linked by loss. Things going missing was clearly about the loss of small objects, me between sessions, knowledge about what one knows to be right and the loss of one's hold on reality. Conversely multiple families in mind was about the lack of loss so to speak, the inability to let go of the birth family in order to make space for the adopted family. The capacity to mourn the birth family, to acknowledge and process the loss of them was cut off from so that they remained ever present. The presence of loss in things going missing from one's mind it seems was an interesting way to explore the idea of how to process things that are lost, whilst concurrently Ben lived with an internal experience of not being able to let go of his birth family. Although different aspects of loss the two themes are more closely linked by the emotional impact of them which was equally to do with a sense of responsibility, shame and guilt.

The link between all three themes is chaos and unreliability. Although ultimately confusing and at times disturbing the benefit of this state of mind meant that things could be kept at bay, realisations put off in the day to day management and existence of chaos. In the course of this sort of 'look over there' psychic survival, aspects of the capacity to make links went missing, as we have discussed before, either with different parts of the self or with others.

What is required is that the traumatic experience has to be first communicated, acknowledged, processed and digested. The mechanism for this is the complicated acknowledgement of loss and finally a process of mourning.

In retrospect a further link between the themes was the desperate need for me, in the counter-transference to hold on to, in a consistent and reliable way, the part of Ben that did understand something of his experience from a different perspective. Boston (Boston and Szur, 1983) described a boy who could not get his family straight in his head:

‘each episode would involve a long struggle back to a saner self who knew only too bitterly what was happening to him.’ (p81).

This echoes Ben’s experience of confusion about his birth family and how this related directly to the capacity to order, sequence and ultimately, think. I always had a sense working with Ben that despite his experiences there was something very much intact about him that on reflection was this ‘saner self’, though too painful at times to be in touch with, was what he needed me to experience along-side him.

A further link between the themes is truth, or knowledge. Returning to the early years and Canham’s ideas of the importance of timing for looked-after children, there is an idea early on that the knowledge of the pain involved in being removed from a birth family, moved to a foster home, perhaps moved a number of times until being homed with an adopted family has to be denied both by the child, the family and by the organisation’s involved (e.g. social services).

Ben showed me in a number of ways how his struggle was to let in the knowledge of the pain of the loss of a reliable and coherent mind when he was a baby of a mother with learning disabilities; that a part of him sought the truth about where his families belonged and where he belonged with them and the pain of the

reality of abusive adults charged with his and his sister's day to day care. This denial of knowledge meant that he could save himself from being in touch with the pain but as a consequence he could not grieve these realities and move on. This led to a very bleak existence.

'Without knowledge, life is no more than the shadow of death' (Moliere, from the play: *Le bourgeois gentilhomme* (The Bourgeois Gentleman), 1670.

The links between the excluded themes are interesting in that they were not consciously excluded. They loosely fall into two themes, the room and 'something darker' for want of a better term. The aesthetics of the room, sitting high up on cushions and Ben's house were ways in which he took up space in the therapy room. Going 'bottom up', under the couch and going to the toilet seemed to reflect something darker. When I consider this as a theme that has been left out of the research I find myself reflecting upon whether or not these issues had enough presence in the therapy in the time that we met.

Returning to the complexity inherent in the dilemma for looked-after children as described by Tarren-Sweeney (2016), the legal framework surrounding them and the birth parents, foster carers, guardians and adopted parents; how and when do they consider attempting severing the ties to birth families in order to develop and nurture new permanent relationships? Writing about the impact of adolescence, Van Heeswyk (1997) quoted Peter Wilson and Virginia Bottomley:

'the impact of the adolescent on his or her surroundings during puberty is equivalent to the impact of puberty on the adolescent. (p59).

Similarly, the themes I have identified and now link together reflect and express the conflict not just externally for the agencies, families and young people in the looked-after system but internally, emotionally, cognitively and developmentally for the young person.

6.6 Time frame

There seems to be a consensus that a year's therapy is not long enough for a therapeutic intervention to work through the complex issues of looked-after children who have experienced trauma or neglect. Ben did not have only a year of therapy because he went on to see my colleague but I will look at these views and discuss them as they relate to my experience of seeing Ben for a year.

In considering multiple families in mind, Fagan (2011) refers to Steele (2006) who states the importance of aiming to understand what the relationship is between the two representations of the families within the later adopted child. For Fagan this has implications for the time scale of therapy, that longer time is required to allow this work to take place. Fagan presented a series of her patient, Paul's drawings, one in particular entitled 'different places, same time' which put me in mind of Ben's experience of the reflection in the window communicating his experience of living in two realities at the same time. What is interesting is that Paul's drawing came in the first year of treatment and suggests his pre-occupation with this dilemma was expressed in the early stages of therapy. This leads me to consider that although a year's therapy was long enough for Ben to externalise and name some of his experiences, it did not give us enough time to thoroughly work through them. But perhaps the degree to which he was able to first express, then name and finally incorporate, suggests that enough was done, given the shorter time frame.

For the first year of therapy Gati (2011) suggests that the transference relationship as it emerged in the clinical material remained in the background while she received the internal world which the child needed her to understand. However, I would add that Ben was very active in helping me receive his internal world by way of the counter-transference. He was able to tolerate me interpreting the counter-transference which led me to think that this process was part and parcel of him sharing his internal world and happened early on in the year's treatment.

In considering what factors support recovery from loss and trauma for adopted children, Rustin (Kenrick *et al*, 2008) suggested that short-term interventions were not effective when there has been 'severe inner psychological damage alongside external break down of care' (p123). However my experience was that a year was long enough for, as Rustin suggests 'the early abandonments of their lives and the distortions in development that have occurred in consequence to enter into the therapeutic relationship and to be understood within it' (p123).

Although I accept the points made by Fagin, Gati and Rustin I would suggest that Ben was able to make good use of the intensive therapy offered to him for the year and hope to have been clear what the developments were that he made in that time. I would add that what aided our process was the reliable and secure adoptive family setting, the commitment to parent work that ran alongside our work and the fact that there was something innately ready that Ben was prepared to explore.

Chapter 7: Conclusion

In the conclusion I will discuss the concluding ideas, suggest what has been learned from the research, what the limitations of the research have been and suggest recommendations for further research.

7.1 Concluding ideas

The previous key themes discussed what was happening within the therapeutic process of a single case study in order to attend to the research question of what developments could be seen in a year's intensive psychotherapy with a ten year old adopted boy with learning difficulties who had a history of neglect and trauma. The four concluding themes that follow look more at the knowledge that has emerged to give shape to the findings as a whole. The concluding themes will first be introduced and then discussed.

- 1) By holding on to something bad (abusive birth family) new good experiences (adopted family) cannot reach into all of the child and it therefore threatens the long term attachment to them.

Ben struggled with nightmares and a constant fear of being re-claimed by his birth family and taken back to an abusive situation. This led to being preoccupied and constantly needing to attend to demanding, terrorising, threatening and ever present internal bullying objects and memories. In this way the fear of being re-claimed by his birth family became an internal reality because the degree to which he was pre-occupied meant that he co-existed with the internal birth family alongside the day to day living with his new adoptive family. This impacted upon his capacity to take in the new experiences and build new healthier relationships that were available to him.

- 2) It is important to know what we know and not be told something else.

When we are repeatedly shown or told something we know instinctively is not correct, it fractures our mind and leaves us feeling disconnected with ourselves and external reality. Ben provided numerous examples of this experience in the year's therapy. Through his play and the counter transference he let me know the impact of understanding something in a way that was incongruent with the way in which someone else wanted/needed him to understand it. The powerful feelings this experience invoked was indicative of the force of the need for the other to dominate one's mind and highlighted the courage it took to withstand it. In the absence of the ability to do so, the need to communicate and have this experienced by another in therapy in order to process and digest the experience and re-establish the trusting relationship with oneself was important. Yet there was a sense that a part of Ben

was able to hold on enough to his own integrity in order to have hope in sharing this experience with another.

- 3) One only understands the presence of others by the spaces their absence creates.

The repetitive and various games of hide and seek that Ben explored in his therapy led to an understanding of the importance of the relationship between the hider and the seeker and the mechanisms involved in remaining hidden or not and of seeking or not. For a young looked-after person the game can be used primarily as a way to explore the experience of loss. The word 'space' is used to denote psychic space and is helpful by way of seeing how negative space is created by absence. This absence is what informs the loss of the presence of others. The pre-occupation with the absence also impacts upon the capacity to be present with the available objects.

- 4) To be able to put things in order, to sequence, there needs to be a beginning and an end, to mourn, let go and move on.

The glitch in the psychic system so to speak where things cannot take up their positions in the ordinary course of 'one follows another' creates an, at best confusing and at worst terrifying experience of existing somewhere where there is no up, down or side, one of free floating with no purchase to ground or locate oneself. Everything; memories, present experience, people, relationships, events, coexist at the same time in the same space. Ben showed me how this served to create a day to day chaotic experience that made living in the external world complicated, confusing and at times frightening. This reflected a state of mind informed by the lack of an emotional experience that could facilitate the processing of one emotion into another, specifically mourning. Mourning is when thoughts and feeling about the lost object

are processed to the point when the lost object and the part of the self located in it can be relinquished without the complete loss of the self. In order to mourn there has to be an acceptance of a beginning, middle and end and the acceptance of a beginning, middle and end comes out of a process of mourning.

Trauma, as I have discussed plays a large part in the struggle to be able to mourn and perhaps also contributes to the commitment to put off mourning, to feel the pain.

7.2 What has been learned from this research?

The research led me to understand that it was Ben's capacity to externalise in play complex themes that allowed him to be in touch with and name painful memories and relationships and to question his understanding, locate and place experience in order, to be able to approach loss and truth. Ben's external presentation (his behaviour) and his internal experience (his level of disturbance as indicated by nightmares and fears) improved as a consequence.

Intensive work for a year has much to offer and the transference can be established in this time frame. However, Ben did not only have therapy for a year and went on to continue for a further three years. My research resonates with what other child psychotherapists have written about the effects of trauma. The consequences of trauma in early life is enduring but can be thought about, and a minimum amount of time (one year) can impact upon the hold that early traumatic events have upon the mind and cognitive function.

Looking at the importance of placement stability Tarren-Sweeney (2016) refers to the Selwyn, Wijedasa and Meakings (2014) 'land mark' study that compared the disruption rates of the three types of order; residence orders, special

guardianship orders and adoption orders. Although adoption orders had the smallest disruption rates of the three types of orders, they did increase in adolescence. Ben's adopted parents sought psychotherapy for him when he was on the cusp of adolescence and the four years in total child psychotherapy he received took him from ten to fourteen years old. The adopted parents commented upon the changes in Ben over this period that they could not have hoped for. Perhaps it was Ben's commitment to his psychotherapy and the adopted parent's equal commitment to concurrent parent work which will sustain this adoption order.

7.3 The limitations of this research.

The findings of a single case study are said not in themselves to be generalisable. However, the literature review and discussion herein suggest that my findings are related to and inform existing writing about looked-after children. My findings contribute to a substantial coherent body of knowledge about looked-after children.

With respect to the yearlong intensive therapy, although much was gained in this time frame it might be that the capacity to internalise the experience does indeed need more than a year and in this way the yearlong was limited. Research (Weir-Jeffery, 2011) suggests 2 years and time to end as a minimum.

One of the aims of the research was to look at the possibility, as research suggests (Weir-Jeffery, 2011) that Ben's capacity to learn would improve and this could have been indicated in improved results from a further WISC-IV intelligence test. However the CAMHS clinic that I worked at underwent organisational restructure after I completed my clinical placement and it was not possible for further

testing to take place. Although anecdotally I heard evidence that Ben's cognitive and learning capacities did improve, to the point of not needing to attend a special school, we do not have formal testing results to demonstrate this. This demonstrates that the absence of evidence does not mean the evidence of absence.

7.4 Summary of the links between my findings and the main areas of the research literature I have reviewed, and how my findings contribute to these fields.

The literature review focussed upon Child Psychotherapist's writing about their work with looked-after and adopted children, the impact of early trauma and disruptive relationships and neuroscience. My findings link directly with the child psychotherapist's working with looked-after and adopted children and I have paid particular attention to this in the Discussion chapter. To conclude I will summarise the links between the main areas of the research literature I reviewed in Chapter 3 and the findings of this thesis outlined in Chapter 6. I will summarise how my work makes a contribution to them.

7.4.1 The experience of looked-after and adopted children.

The initial referral from the adopted parent's for Ben to have individual psychotherapy came from their concerns about Ben, his behaviour and their fear of the potential damage to his placement with them. They were looking for a space for him to process his past experience. This links directly with Hindle and Shulman's (2008) collection of child psychotherapist's writing about the impact of being adopted on primitive states of mind, the impact on relationships and the struggle of being part of a new family. Within this collection Miller writes about the impact of 'broadcasting an unprocessed fear of abandonment' (p58), Cairns suggests the need for the adopted and looked-after child to externalise their emotional experience, Case focusses on trauma and the developing mind, Edwards describes an adopted boy

who needed to rework his early experience of being born addicted and Sprince looks at how despite possible fantasies involved in the adoption process, looked-after and adopted children cannot draw a line under the past and it will soon become present. The point they all attest to that links with my findings is that the traumatic experience and complex attachment relationships that looked-after and adopted children manage cannot be resigned to the past. My contribution to this field is a thesis based upon the retrospective case study of an adopted boy, Ben who was preoccupied with assimilating his past experiences with his present situation to the point where they threatened to sabotage the stability of his placement.

Hoxter (1983) described how the severely deprived child will endeavour to make any adult involved in their care feel their feelings. It is rarely possible for the adoptive parent to receive, digest and process these intense feelings. It is in the context of psychoanalytic psychotherapy that, as Ben's Psychotherapist, I have been able to make use of these communications from Ben to help him to illuminate and begin to digest his experience.

My findings culminated in three main themes, 'multiple families in mind', 'things going missing/out of mind' and 'problems with sequencing'. A common link in the writing of child psychotherapists working with looked-after and adopted children is the collapse of mental functioning. Marsoni addressed the looked-after or adopted child's experience of internal chaos where there was no capacity to make sense of emotional experience and described it as an 'unlaid ghost'. The key link between the work of child psychotherapists with looked-after and adopted children and my findings is the importance of having a space for the child to project their internal experience of chaos in order for it to be thought about and contained. When these

experiences can be processed the child can feel less burdened and able to make better use of new opportunities (Kenrick, 2006)

7.4.2 The three themes and links to literature

I will now focus on the three themes of my findings in order to summarise the links between them and the literature.

One of the three main themes in my findings, 'Multiple families in mind' takes its name directly from Margaret Rustin's (1990) paper, in particular Ben's experience of the ever present birth family in his fantasy world that influenced and coloured his current experience of his adopted family. Supporting the notion of adopted children living with two families in mind my findings link with Fagan's (2011) notion of how the necessity of splitting impacts upon the capacity for different parts of the self or experience to make links for example their different representations of the past and present. My findings contribute to this understanding because of the extent to which Ben used his work with me to bring his internal representation of Granddad Smith to consciousness so that in my presence Ben could begin to make links and work hard to begin to bring the different aspects of himself more together.

Linking with 'multiple families in mind' Fagan (2011), Hunter (2001) and Cant (2008) all refer to the necessity, when working with looked-after and adopted children to bring together both therapy and life story work. My findings contribute to this with material that reflects the extent to which Ben actively brought an awareness and need to synthesise these two approaches both in the therapy room (bringing in, in fantasy, the birth family) and via the adopted mother outside of the sessions (life story work to establish the actual order of family relationships).

My findings showed that 'multiple families in mind' for Ben reflected the degree to which a constant internal present relationship with his birth family informed his day time fears of being re-claimed by them and these 'ghosts' are explored by Marsoni (2006), Gatti (2011) and Kenrick (2006). Hopkin's (2006) use of Fairbairn's (1952) tie to bad objects links with Ben's struggle with his internalised relationship and potential identification aspects of 'Granddad S'. Fagan (2011) summarised this dilemma as the 'collapse of past and present, as damaged and inadequate internal objects from the past vie with new introjections' (p132).

My findings of 'multiple families in mind' link with Hunter-Smallbone (2009) in that she writes about the internal model of the adults looked-after children have as being poor and 'mixing uneasily with their ideas about themselves' (p326, in Lanyado and Horne).

The second theme in my findings, 'Things going missing/out of mind' has strong links to Coyle's (2015) Doctoral thesis about the use and meaning of Hide and Seek play with a looked-after child. Ben's hiding toys/objects in the therapy room and playing direct hide and seek in the waiting room initiated an understanding of the underlying meaning of, what Coyle argued, is play about attachment. Ben would also hide aspects of himself from him/me, a theme also linking in with Henry (1974)), which communicated to us the internal cost of his past experience of trauma and neglect. The depth with which Coyle looked at the different aspects of peek-a-boo and hide and seek informed and linked with my material and findings. In particular it was the uncomfortable feelings aroused in the counter transference of things going missing; panic, guilt, disorientation and shame. My findings contribute to Coyle's work because of the material I have been able to present that illuminates the extent to which Ben's play naturally used the theme of hide and seek which appear to be so

pertinent to adopted children. Perhaps I have contributed to this thinking by suggesting the possibilities for hiding with no seek and seeking with no hiding which perhaps extend the much more difficult and painful aspects and at times 'aberrant' version of hide and seek.

My findings 'Things going missing/out of mind' link with Rustin (1999) and Fagin's (2011) ideas in that it is the preoccupation with the previous birth family that can lead to aspects of the self going missing. Gatti (2011) explores the idea of lost aspects of the self in terms of a cognitive capacity 'going missing' leading to the presence of a learning disability. Marsoni (2006) describes the re-appearance of things going missing or the realisation of them going missing that was evident in my findings, as a re-traumatising that, results in the collapse of mental function. This links with my understanding of Ben and his learning disability and further connects with Emanuel (1996) and Ingham (1998).

My findings of 'things going missing/out of mind' reflect Ben's experience of going missing himself (five experiences of being removed from a home environment before he was six years old) which links with Bartram's (2008) notion of the fantasy for the adopted child that *they* have been stolen.

The third theme 'problems in sequencing' reflect the findings of how timing, ordering and something coming after another are effected for looked-after and adopted children. This again links with Bartram's (2008) ideas because the adopted child's felt experience of permanency (through often many placements) has been catastrophically attacked. My findings link directly with Rustin (2006) who identifies how time seems to stand still at the point of being taken into care, or at the point of abandonment. This, in turn, connects with Canham's (1999) work on the development of the concept of time for adopted and looked-after children. My

findings illuminate the struggle Ben had with telling the time, understanding the routine of days, weeks, months as he communicated with me his sense of having no purchase in external 'time'.

I have summarised here how my findings link with the work of child psychotherapists working with looked-after and adopted children and made some suggestions as to how my findings contribute to their work. I would like to suggest that it is all three themes and the dialogue between them (see discussion) that make the biggest contribution to the field in that they reflect the themes discussed above but also contribute to the further understanding of the impact of early trauma and disruptive relationships.

7.4.3 Impact of early trauma and disruptive relationships

Chapter 3 reviewed the literature written about the impact of early trauma and disruptive relationships upon the development of the infant including the perspective from neuroscience. The evidence is clear that the impact is physical, emotional and psychological and effects the actual development of the structure of the brain. My findings link to this field directly in that they present the extent to which Ben's early years of a chaotic and neglectful infancy followed by numerous separations and experience of abusive carers impacted upon his emotional, cognitive and psychological development. The findings, drawn as they were from direct material from Ben, are clear about the long term impact upon Ben, his internal pre-occupations, fears and anxieties, his relationships, his behaviour and his 'learning disability'. My findings contribute to this field exactly because they present, in the sort of detail achievable from a single case study, documented, extensive evidence of the

impact of his early years' experience of trauma and disruptive relationships as it manifested itself in the therapy room.

7.5 The contribution of the research to the field

I have outlined above how my findings, as discussed in terms of the three themes, link with the literature of child psychotherapists working with adopted and looked-after children. However my contribution to the thinking of child psychotherapy with looked-after and adopted children also comes from the four concluding ideas (discussed in the first section of this chapter) that present the knowledge that has emerged to give shape to my findings as a whole.

I would suggest my contribution to the child psychotherapy literature of looked-after and adopted children is to consider the role of truth that underlies and informs these themes. I have discussed particularly the truth as understood psychoanalytically by Klein (1931) as the epistemophilic instinct, Money-Kyrle (1968, 1971) as the three key facts of life and Bion (1965) who understood truth as essential to life as food.

The concluding ideas contribute to the field by bringing together the understanding that for looked-after and adopted children the importance of mourning and their relationship to 'truth' cannot be underestimated.

7.6 Recommendations for further research.

The literature review increased my awareness of the number of single case studies, journal papers, theses and books written on the subject of child psychotherapy and looked-after children. I would recommend that there is a place where all these single case studies could be gathered together. Willemsen *et al* (2017) refer to the Single

Case Archive (<http://www.singlecasearchive.com>), an online archive of published and empirical case studies in the field of psychotherapy to ‘facilitate the study of case studies for research, clinical, and teaching purposes’ (p2).

Willemsen *et al* (2017) also highlight a new ‘evolution’ of the development of methodologies for meta-studies of clinical case studies:

‘The evolution builds on the broader tendency in the field of qualitative research to work toward integration or synthesis of qualitative findings’ (p3)

To my mind this development can only be a positive one because it will mean the pulling together of the years of research and the recognition of a body of evidence.

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Appendices

Appendix A: Biographical timeline

Age	Year	
Birth	2002	June: Both parents had learning difficulties, no further information about birth available
1 yr old	2003	November: First referral of parents to social services: parenting skills and general support
2 yrs old	2004	<p>May: sister is born</p> <p>June: Second referral: children neglected, birth mother (BMo) struggling, home described by social services as 'health hazard'.</p> <p>July: Children accommodated on a voluntary basis with foster carers. Successful contact sessions with BMo.</p> <p>August: Children placed with new foster carer</p> <p>September: Contact with birth father (BFa) established</p> <p>December:</p> <ul style="list-style-type: none"> • Core assessment: BMo clearly loves children but learning difficulty means she cannot understand or retain information and requires constant encouragement and support in order to adequately care for Ben and sibling. Consideration given to BMo returning to her parents' home (maternal grandparents, MGP) but BMo refused. • BFa placed on sex offenders register
3 yrs old	2005	<p>January: BFa advises social service he does not want children to be in care of BMo and reports two incidents of violence against Ben as a toddler.</p> <p>March: BFa sentenced to rape.</p> <p>July: Both children placed with new foster carer.</p> <p>September: Residence Order made in favour of MGP's</p> <p>November: MGM concerned Ben's play suggests sexual abuse- asking for support regarding concerns for two other young children in home.</p>

		December: referred to psychology, speech and language, audiology, GP, nursery nurse for play, home start for support.
4 yrs old	2006	January: Initial assessment confirms Ben has educational special needs and speech difficulties. September: Case referred to NSPCC by neighbours November: Partnership meeting
5 yrs old	2007	January – December 42 announced and unannounced home visits to the MGP's home by social services who report emotional and physical neglect and 'the worst case of emotional abuse seen'. December: Both children are removed from MGP's care to foster carer (not adopted parents)
6 yrs old	2008	February: Both siblings adopted by parents with no other children
10 yrs old	2012	January: Ben was referred to CAMHS by S/W June: Psychological testing completed July: Request in writing to CAMHS received from adopted mother requesting psychotherapy for Ben. Assessment for psychotherapy by me September: Start of psychotherapy with me, start of parent work
11 yrs old	2013	July: End of psychotherapy with me September: Handover to new trainee psychotherapist. Three times a week therapy with her begins. November: Sessions with new psychotherapist reduce from 3 times a week to twice a week
12 yrs old	2014	January: Therapy comes to an end with new psychotherapist
14 yrs old	2017	Today

Appendix B: Table of Themes

Theme	Data Items	Session
<u>The use of calendar</u> <u>Time/clock</u> <u>Session time</u> <u>(Confusion over time)</u>	Sessions on calendar in a muddle	6,7,8,9
	Which month are we in? confusion	12
	Confusion about days	15
	Starting to not look at calendar so much in session	17
	Getting the hang of it	18
	Confusion over xmas break, changing school	21
	What time is the session?	22
	He can locate day/time session – I feel impressed	27
	Confusion over xmas break- 'January'	32
	GS on calendar - confusion	34
	Advent calendar – unable to find Tuesday on calendar	38
	In connection to thinking about 4 years with new family looked at calendar pages – all muddled – put in order. Sister b'day.	56
	Watch/clock/my watch – time – sessions end	67
	Birthday – clock – development – concept of time	68
	Helping A work out what time session finished	83
	Intro of clock	84
	Clock play – induced panic and annoyance in me	85
	Difficulty in sequencing	87
	Sequencing – birthdays, clock	95
	Thinking about the ending – calendar months, all in a muddle – helped A sort them, sequencing	98
Sequencing – how many sessions till end	109	
Sequencing – relationships/generations – BMo/GS married?	111	
<u>Family figures play</u> <u>(sadism as if ordinary)</u>	Family by feet, dotted around room	7,12
	On a tight rope	
	Mother remains standing	
	Introducing all that he could win if he could defeat the family	15
	Wanting to protect mum but also smashing her across the room	17
	Dad, super baby, rescued mum	19
	G'ma hanged and tied on sink door handles	19
	Figures go under couch	
G'ma, father, mother, young teenager – crash onto floor, then crash back into box – except	45	

	g'ma. G'ma in bin – thrown away – xmas break play?	
	Mum, teapot, g'dad, sink, ball – power cut	70
	Putting all family members on top cushion looking over precipice – like early play with figures	91
<u>Hitting me with ball/aggression</u> <i>(more charming)</i>	Tapping me gently on foot then smashing ball around the room very hard	14
	Shark on radiator, baring his teeth at me	17
	G'ma hits me in the transference	21
	'yes it tapped your foot because it likes you a lot' followed by aggressive forceful throw of ball – sending under couch	23
	Hitting baby/teapot – him/me rebound	32
	Ball tapping me. But the wall angry with me too – mud pies in my face	42
	Ball lands on my lap	43
	Hits me on leg, eyes blaze with excitement – enlivened	44
	Calculating how to hit me with ball	45
	Ball getting closer	49
	Throwing ball at SW cards – hitting me – but then B protects me from the ball B throws at me.	63
	Ball nearly hitting me	66
	Kicking the ball so fiercely, it provides a fantasy of danger in the room - extended	67
	Hitting me with paper aeroplane	73
<u>Things being forgotten</u> <i>(sleight of hand)</i>	Ball under the foot of the pedal bin, stayed there in between sessions	
	Bringing card from school in pocket without realising	22
	'oh I forgot the ball' – left in room session before	28
	Tiddler reference to in session 28 but not noted before? When did tiddler go missing?	28
	Possibility of baby being lost – but found in box	30
	Reference to tiddler	32,33
	Ball goes missing	34
	Ball goes missing, but found under cushion	40
	Tiddler	43
	Fear of LSW being lost – his fear of forgetting	44, 45, 47
	A tells me TAKEN snow flakes from day before he has	49
	Playing with losing the ball under couch	53
	About how we lost the ball	76
	Gone ball	80
Gone ball	82	

	Gone ball	83
<u>Start of session</u> <u>Surprise to see me</u>	Every session – looking up at me as I descend the stairs – how did I get there??	
	Surprise in catching the ball – looks at me in amazement as if to say – ‘did you see that’	12
	Absolute shock in me collecting him from session, he could not believe it – 19 s!	19
	Something similar happens to me when B leaves session to go to the toilet	23
	About things happening quickly and taking B by surprise ball bouncing and hitting him on the nose	28
	Aha!	43
	Surprise at taking out three pens! Oh! From pocket.	49
	Hide and seek in WR – he can’t wait to be found and calls ‘here am I’	66
	Looking at me eyes wide and mouth open	76
	Following Easter break and one session cancelled by me (sick) open mouthed, transfixed following me downstairs	81
<u>About forgetting and remembering</u> <i>(confusion of time</i> <i>Sleight of hand)</i>	After missed session, something is forgotten. Something must be remembered	12
	About really losing baby figure – tiddler – followed talking about xmas break. Who can be remembered?	32
	Me ‘falling asleep’ in session – hard to write up	37
	Coming back after xmas break. A fear about forgetting LSW and tiddler.	48
	Wanting to understand where we came from – babies, about things missing	66
	I forgot his playing ‘den’ session before – it goes ‘missing’	92
	Repeated play in WR – mum declares she has forgotten B - to bring B to sessions	98 (and others)
	Sister goes missing twice at zoo	98
<u>Things happening under the radar, out of the corner of the eye</u> <i>(shame)</i> <i>(sleight of hand</i> <i>Things being lost)</i>	Biting sellotape and spitting bits out as if he shouldn’t	12
	Working with back turned – snipping at folder	45
	B looking in room when he arrives/ goes to the toilet	49
	Baby play at start and end of session	63
	Handed B’s gorilla before session = found in room	65
	Play with LSW by bin – both watching but something happening at the edge. LSW but more present in the room	68
	Putting figure in pocket- out of corner of eye.	92

	Putting figure in pocket – in plain sight and yet it was still hard for me to see what I could see	92
	Brought coin from home without mum knowing	92
	Coin going under sleeve	92
	How important it is to know what is happening but how hard this is – space outside the room, turning round to cut fox tail	93
	Denying reality – threw coat but said he didn't	99
	Game – someone has gone missing, guess which figure Important to look at the 'gaps left by missing objects'	99
	Turning away from me to cut up calendar	104
	Taking something from the box – me not to see but I say this as I looking directly – this is an observable phenomena	105
	Cutting his hair and lip, behind his back – so I am not to see	107
<u>Family members</u>	Male figures – dad and g'dad	12,13
	Baby, saving and doing saving	14
	Will B grow up like his dad? Which one?	14
	Baby/teapot – ball thrown at - shock	32
	G'ma figure stays in box for the first time	37
	Manic and fragmented: putting baby doll away hitting its head against box: "sleep in heavenly sleep"	54
	About it being nearly 4 years with C's family	56
	Baby doll – baby abused	67
	Baby Doll – bath, cold, abused	68
	Baby doll – neighbour? Bath	68
	Baby doll – abused, hit, drowned – arousal?	69
	Baby doll – sink play, ball, hitting	70
	Mothers – who loves me?	86
	Baby doll as needing a mum and dad	86
	A remembered last time he saw BMo, GMo and GS – he waved goodbye but they had already left – they were pleased to get rid of B and sister	98
<u>Going to the toilet/ aggression</u>	Pushing boundary at the end of the session – 'so?'	14
	Snow – like metal could come flying in my direction and hit me.	49
	Leaving to go to toilet "I am a zombie"	55
<u>Web of string 'the fumble' (family figure play)</u>	Introduced this in session 16	16
	The mess of the string, dangliness, lack of back bone, of vitality, limp string hanging around, no cohesion	17
	Shark in string – fumble – play I forgot	38
	... play I remembered	39

	Playing with the sharks (big and baby) with fumble and Sister taken Russian dolls	59
<u>My feelings in room</u>	First time I write up how cut off I feel – relieved when B leaves to go to the toilet so I can fall asleep and disappear	27
	The difference between what B does and how I feel the release after the session ends	27
	Drowsy feeling – A kicking the ball	30
	Fear, threat, desperate	33
	Painfully sad – BMo sad	33
	GS in – sleepy +++++ fell asleep?	37
	Feeling drugged, tired, something going on a deeper unconscious level	42
	Feeling guilty (me) about ‘inappropriate focus B’s bottom	42
	My struggle in session, statement at end of notes = tired out with constant awareness of possibly being hit by ball	42
	Fell asleep twice – dreaming – B working with back to me – felt disconnected	45
	Feeling that B is killing something/me off	47
	Dreading the feeling of drowsiness	53
	When producing ball – mad, disoriented, sadness, desperateness, FEAR and relief	54
	How hard it is to stay with B – to stay alert, committed, aware - conscious	65
	Feeling very sleepy – B tells me about accidents that can happen when someone’s sleeping!!	66
	My anxiety during B’s sink play/baby/splashing	69
	My anxiety during B’s sink play - that he will flood the room	70
	My experience of feeling learning disabled in room – disconnected, not able to grasp	76
	My resignation at losing ball – it’s beginning not to bother me anymore?	76
	Irritated in response to B’s building anger about Easter hols – asked for help and I just felt irritated. Poignancy lost on me until after	80a
	Sadness and closeness at the end of the session	87
	Frustrated, angry and irritated with B	93
	Tired and distracted, and out of room – B ‘left for Australia’	95
Irritated, annoyed and angry	97	
Heart sinking at playing ‘remembering objects’ game	101	
NOT thinking about good and bad – me falling asleep	103	

	Frustration at guiding B to sellotape reel	104
B's identification/ development	Introducing idea of different B's – like Anakin to kill GS	57
	Sister taken Russian dolls – baby/child/teenager	59
	Birthday coming / changing schools	86
	Beard growing	87
	End sessions/school – new school – big field and growing a beard	102
	Able to tie shoe laces.	
<u>Memories</u> <i>(forgetting and remembered)</i>	Remembering protection sister – thrown down stairs – fingers shut in the door	25
	Remembers mum singing crocodile song	26
	Nan used to whip them	26
	GS hit B because he was bad	33
	Toys being thrown out by GS	35
	Muddling dreams (BMo pouring poison into B's mouth) and trusting with reality – mum tells B BMo is not bad – B might have cake with her? Conflict/relief?	59
	'Reverie' (?) after abusive play at sink – baby – wet sleeve – remembering?	70
<u>Physical injuries / Risk taking</u> <i>(forgetting and remembered</i> <i>Aggression against self)</i>	Finger getting better (knee, foot, finger) his fascination with bodies	28
	Bounced ball so hard on floor it hit him	28
	Worried about opening up the wound	28
	Hitting himself with ball, falling off BB	31
	Talked about hurting himself in sessions in parents review	32
	Nearly hitting head on wall – looking at me like a toddler looking in shock at his mum	32
	Bouncing ball hits B on head – “this keeps happening”	36
	Look at my bruises	37
	Risk taking with square cushion – nearly fell and hit head on arm of chair	43
	Arm injury from air hockey will prob burst into blood – get some on me	56
	Taping up hands, over and over again, then taking tape off hands, leaving hands pink – injury?	59
	Says 'ow' coming into room after loo- no injury- bangs hand hard, no ow, sings manically instead.	59
	Looks at injury on hand when removing tape	76
<u>Tight rope play</u> <i>(family figure play)</i>	Creates a tight rope – the different ways the family members went across it	28
<u>B as protector</u>	B protecting baby – confusion over Nanny or sister, danger or protection	30

	About not being able to protect himself in the session	31
	B has to rescue baby birds coming in room, flying around and getting stuck in door	38
<u>G'Dad S</u>	Knocked on door (response to comment on internal wounds)	31
	Coming to session with BMo	33
	Coming to session	34
	Coming to session GS, GMoS, BFa and BMo	35
	Family visit – preceded by birds (adopted family)	36
	Hold of S family in session - a little less?	38
	Nightmare in xmas break – GS knife – LSW tells us – Anakin - ID	47
	After xmas break ref to g'dad S cutting B – and him (B) being a zombie – all about why he has to go back to him	55
	That he didn't have a bad dream about BMo	56
<u>Aesthetics of session</u>	Beauty of figure mum predicament	17
	Dissecting room with string – electric – image was stark, his back, the sides of his shoes	38
	Sun shining in room – linked to different presence of B	57
	Used watch to make a reflection on wall – making it disappear and reappear	70
	First reference to x2 B's in room - window	73
<u>Sitting up high on square cushions (at end of session to manage end?)</u>	B as 'King God'	21
	High cushion play	66
<u>B's bottom</u>	I first made observation of in 21	21
	Play at end of session – hard to write up/think about	36
	Play at sink – leaning over and 'presenting' bottom – my guilt at my observation	42
	Chickens died of 'bad bottoms'	87
	Lots of laying over cushions revealing bottom 'like he had done before' – but I didn't note	91
	Retrieving coin – showing me his bottom	92
<u>Under the couch</u>	First the ball accidentally goes under the couch but then is thrown repeatedly until it pushes past plastic covering. Family figures go under a poo state/hormones/excitement	21
	A place that was that is now 'comfy'	22
	Link with ghosts and under couch	21 and 22
	Following tapping my foot with ball threw under couch and figures. My heart sank	23
	'Liam' on telephone	22
	GS on telephone	23

<u>Imaginary characters</u>	Following wounds/dreams/memories crocodile – GS telephoned	25
	First mention for ages about Liam	86
<u>B's house</u>	Used 3 square cushions to create pyramid – inside called B's house	32
	Play	33
	play	34
	play	35
<u>Tiddler</u>	Baby/tiddler/GS – tiddler as superman, tiddler on holiday, tiddler not coming back	33
	Tiddler no longer has a mobile phone – can no longer be contacted	34
	Difficult session – before xmas hols, tiddler having gone missing – how/whether to replace?	42
	Direct thinking about link between Tiddler and B	43
	I INTRODUCE NEW TIDDLER BEFORE XMAS BREAK	46
	New tiddler – fear of loss	48
	Takes a new small figure from pocket – not tiddler - LSW	53
<u>Different families</u>	In P with GS, GMo and BMo in room confusion around different 'dads' – genogram to refer to mum	34
	Looking at drawing of child in flood – happy – why? – family not looking for him	54
<u>Intro of superman</u>	Superman as truth?	43
	Metal to attack me – saved by B as superman	49
<u>Images</u>	Boy being set on fire by sun – sun rays/flames consume his body. Is he going to die – yes but B says he doesn't care	49
	Tornado	
	Flood	
<u>Top breast pocket</u>	What have I got here?	53
	Takes out Sister pretty Russian dolls – she doesn't know	59
	Takes out a small key – his? Sister?	59
	Star Wars cards	63
	Guess? LSW? No! Pen!!	69
	Special stone and extra special large paper clip	71
	New coat with lots of pockets – pride! Golf ball and LSW	76 98
<u>B's feelings</u> <u>First reference</u>	Feeling scared and lost and frightened of the dark (power cut)	53
	A felt manic/masturbatory? Pen ink everywhere at sink	69

	A scratchy angry feeling from B	80a
	Talking about too angry feelings, too strong, will not bring into the room – outside being chased by police	81
	Now cutting fox tail NOT just fur, angry after suggestion he sees someone after me	89
	Angry feelings – use of scissors	102
<u>Two B's in room</u>	First reference to reflection of B in window – and 2 B's in session – link to one doesn't want to know you, nearly hit me.	73
	B made a second B in paper	79
	Play with second B – stuck to door	80
	3 x B's in room – paper, real and reflection	80
	Poignant – 2x B's in room – like – coin - some sleight of hand	92
	School trip/ in session some time/ like the two B's in room – birth family /adop family – both take up space	102

Appendix C: Selected Clinical Examples form three Sessions

Three sessions (session 12, 33 and 92) have been chosen from approximately the beginning of the therapy, the middle of the therapy and towards the end of the therapy to compliment the extracts in the body of the thesis from across all the sessions. These selected passages aim to give the reader an idea of the process of thematic analysis and where the themes initially came from.

The title of the thesis refers to ‘developments’ and the examples might also serve to demonstrate the developments that took place during the course of therapy and give the reader an additional insight into my work with my patient.

Written up clinical notes directly following session	Analysis of content	Thematic analysis: themes
Session 12 (towards beginning)		
<p>Ben noticed paint on his jumper and said he had lost his jumper at school. JN: ‘Oh, did you get it back?’ (thinking it was the one he was wearing because of the way he was looking at it) B: ‘No, I don’t know where on earth it is. That’s why I have a spare one on’. There was a pause, JN: ‘we sort of lost a session on Friday’ Ben replied: ‘Oh Yes!’ Quickly adding ‘I went to visit my new school and had spicy meatballs and they were lovely’ He looked eagerly at me. There was a pause and he said ‘I’m definitely not going to that school because it is too big for me’.</p> <p>Ben moved over to the square cushion and saw the break line in the floor. He lined the family</p>	<p><i>Ben lets me know about losing his school jumper. His non-verbal communication of looking at his jumper leads me to assume that this is the jumper he is referring to and it has been found, I am immediately hopeful that here has been a resolution. However, Ben crushes my hope by asserting he has no idea ‘where on earth’ his jumper is. In the transference I link this to the missed previous session that Ben has not mentioned and by his surprised ‘Oh Yes!’ had forgotten. Ben allows us to think about this and where he was – visiting a school where he had a positive experience but where he will not be returning. Again, an experience of hope thwarted. The spare jumper is soiled, it has paint on it.</i></p>	<p>About forgetting and remembering</p> <p><i>Confusion over time</i></p> <p><i>Things being forgotten/out of one’s mind</i></p> <p>Family Figures Play Things happening under the radar, out of the corner of the eye/Sleight of hand <i>Something happening behind one’s back/out of the blue</i></p>

<p>figures facing away from us saying the family were on a tightrope. I said 'oh?' he said they were very high up. I said 'it looked very dangerous' and he said 'yes, if they fall they will crack their heads'. Once he had lined up the figures (not the baby) he came back to the couch and rolled the ball, some of the figures fell. I said 'oh? What's happened to them' and Ben said they have fallen. 'Did they crack their heads?' Ben replied 'yes'. He rolled the ball again and two more figures fell leaving the mother figure standing.</p> <p>During play where Ben wrapped the baby in sellotape and then the father figure he used his teeth to bite the tape. As he did so small bits went into his mouth (as one would expect). Unlike other children who may have casually spat out the little unwanted bits, Ben tried to surreptitiously take the bits out of his mouth.</p> <p>It was the end of the session and Ben told me I hadn't done the timetable although it was him that ticked off the session. He tried to take the top sheet but there was a frustrating</p>	<p><i>Element of risk being explored and something did not feel safe in the room but at this stage I kept this in the play with the family figures. Ben creates in effect a game of family skittles. There is something poignant and real communicated to me about the figures with their backs to us being subjected to an unexpected attack from behind that they had no control of and were in such a precarious position. At this point I am receiving the play (with 'Oh's? to communicate interest and encourage expansion) and encouraging Ben to let me know about it.</i></p> <p><i>I was left feeling I was observing something I shouldn't be, that something had to be got rid of in an under hand way. Ben seemed keen to keep this process from me but I couldn't not witness it and I felt uncomfortably embarrassed and ashamed. I didn't comment upon it in the session because, on reflection, I was struck by the shame. As if I should 'pretend' I hadn't seen it.</i></p> <p><i>Ben lets me know about his lack of capacity to</i></p>	<p><i>Tightrope play A cruel attack A powerful position to take up to protect from vulnerability</i></p> <p>Family figure</p> <p>Things happening under the radar, out of the corner of the eye/Sleight of hand/shame</p> <p>The use of calendar/time/clock (confusion over time)</p> <p>Difficulty with sequencing</p> <p>Feelings: anxiety</p>
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<p>moment. He said 'this is December?'</p> <p>JN: 'No, October'.</p> <p>B: 'something has changed'.</p> <p>JN: 'yes, it was September and now it is October'. The sheet underneath said 'November' and Ben said 'November?'</p> <p>JN: 'yes, the next month'.</p> <p>Ben checked with me which day to strike off, even though it was a new sheet for the month and so it was the first day to cross off.</p>	<p><i>orientate himself with the months. He needs it to be my responsibility not his. I respond with a more didactic approach to help him understand the order of the months. Perhaps this also helped me contain the anxiety of not being able to locate oneself in time.</i></p>	
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Summary

By session 12 Ben has introduced some key pre-occupations; forgetting and remembering, family, things happening out of the corner of one's eye, sleight of hand, his struggle with sequencing and understanding the dates/calendar. However, as we move on to a session in the middle of therapy it is clear perhaps how these concerns are further developed in more direct play and increasing verbal acknowledgment and articulation.

Session 33 (middle)

<p>My colleague and I went down stairs to collect Ben and his parents for their sessions. I couldn't see them and instead saw 'strange' families waiting. As we reached the bottom of the stairs I saw the back of Ben's dad and as we walked around I saw Ben sitting on his mum's lap. I felt surprise and Ben let out an 'urgh' when he saw me and gripped on more to his mum.</p>	<p><i>I am in the position Ben is often in, I cannot differentiate between the families in the waiting room and see him and his, I am disorientated, confused and a little panicked.</i></p> <p><i>I am to feel the surprise at seeing him.</i></p> <p><i>Ben is reluctant to come today</i></p>	<p>Family members</p> <p>Multiple Families in mind</p> <p>Surprise at seeing me/him</p> <p>My Feelings in the room</p> <p><i>My feelings in the room</i></p> <p><i>Ben's feelings in the room</i></p>
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<p>Ben took his box over to the couch and took the lid off. I said with a slight smile that I couldn't help notice the way he greeted me with an 'urgh'. Ben smiled a little self-consciously.</p> <p>JN: 'I wonder what that was about?'</p> <p>B: 'I don't know'</p> <p>JN: 'it almost sounded as though you didn't want to come to your session today'. B: 'no, I didn't want to, I'm missing my sessions'.</p> <p>JN: 'these are your sessions perhaps you meant your lessons at school'</p> <p>B: 'yes, like break and PE'.</p> <p>JN: 'and you missed your friends share assembly'</p> <p>B: 'yes'.</p> <p>JN: 'so you can have a feeling that when you come here you are missing something somewhere else?'</p> <p>B: 'yes'.</p> <p>I said but as well as feeling he is missing something by coming here I think he is also worried about what he talks about here and how he might feel here and Ben listened.</p> <p>Ben continued to play and tumble and came near me lifting his trouser leg and showing me his knee saying 'look at the scab, it is getting</p>	<p><i>I encourage Ben to verbalise and explore his negative feelings about attending the sessions especially as he appears more often pleased and relieved to attend.</i></p> <p><i>Ben uses the word 'sessions' when he means lessons, but this could be significant in that the sessions and lessons take up the same space for Ben? Although Ben defines what it is he misses he doesn't acknowledge the difference between sessions and lessons.</i></p> <p><i>I interpret that Ben feels he is missing something else, that something else is going on when he is with me.</i></p> <p><i>I interpret based on previous sessions that Ben is worried about what he talks about in the sessions and how this can make him feel – he is reticent</i></p> <p><i>Injuries/Scabs: Ben continues to tell me about the progress of the healing of his injuries I link this to what he has just been talking about,</i></p>	<p>Things going missing/out of one's mind</p> <p>Multiple families in mind</p> <p>Remembering and forgetting</p> <p><i>Things going missing Ben's feelings in the room</i></p> <p>Physical Injuries/wounds</p> <p>Memories</p> <p>Remembering and forgetting</p>
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<p>smaller'. He picked at it lightly. JN: 'just as we are talking about the sessions and you maybe sometimes not wanting to come you show me your wound' B: 'why do you call it a wound?' JN: 'it is another word for injury which is what happened to your knee with the stick you fell on. You told me about what would happen if the scab came off before it was ready'. B: 'yes lots of blood' JN: 'yes that's what you told me and that it would go everywhere'. B: 'but look', showing me part of the healed scab, 'it is getting better here'. JN: 'yes'. B: 'but you can just see a bit of blood here, and look here is a bit if scab coming off!' JN: 'perhaps you might also be worried about this protective scab coming of in the sessions and this might be why sometimes you don't want to come to the sessions.'</p> <p>There was a pause and Ben said 'I have a friend coming to tea'. JN: 'Luke'? B: 'yes' JN: 'so your two sleeps are over' and Ben looked at me and smiled at me remembering him saying he had two sleeps to wait for the sleepover.</p>	<p><i>his reticence of coming to sessions The reason he comes to sessions to think together about the impact of past experiences on Ben on the present.</i></p> <p><i>I use what Ben has already told me about what he knows about how injuries heal, the process involved</i></p> <p><i>Although Ben acknowledges his wound is getting better he draws our attention to a 'bit of blood' and the scab coming off.</i></p> <p><i>I interpret this (following on from previous sessions) as Ben's worry about talking about the past and the impact of this upon him. Will he bleed and bleed?</i></p> <p><i>Ben changes the subject and refers to a benign current external event, an ordinary sleep over with a friend. Something about me recalling his anticipation for this event he referred to before allows him to access his internal lost 'friend' and aspect of himself, Tiddler?</i></p>	<p>Process</p> <p>Remembering and forgetting</p> <p>Ben's identification/development</p> <p>Family Figures Reference to Tiddler</p> <p>Tiddler</p> <p>Multiple Families in Mind</p> <p>Sequencing</p>
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<p>Ben inadvertently lost the baby figure he was holding down the back of the square cushion and he said 'oh I lost the baby'</p> <p>JN: 'oh like Tiddler?'</p> <p>B: 'no tiddler is on holiday'</p> <p>JN: 'still?'</p> <p>B: 'yes, he has a mobile phone and is in contact with me.'</p> <p>JN: 'Oh what does he say?'</p> <p>B: 'hang on and I'll text him'</p> <p>Ben lay still in his house and there was a feeling of calm, or peace for a second.</p> <p>B: 'Tiddler said he was on the monkey bars'</p> <p>Ben was now sitting at my feet cross legged. He was very engaged.</p> <p>JN: 'oh?'</p> <p>B: 'Without an adult'. It felt very quickly alive and worrying the idea of tiddler somewhere where we couldn't get to him.</p> <p>JN: 'is he in danger?'</p> <p>B: 'yes, someone is coming. Can you guess who it is?'</p> <p>I was convinced in my mind he was going to say GS and just then he said:</p> <p>B: 'he has S on his shirt' I could not think who this was</p> <p>B: 'superman'. – his face lit up 'and he has a costume for tiddler and when tiddler puts it on he can fly' – this</p>	<p><i>Whilst talking Ben has been holding the small baby family figure, which when he loses momentarily allows him to think about the loss of Tiddler.</i></p> <p><i>Ben denies the loss of Tiddler and suggests that although Tiddler is not currently with us, he does exist somewhere else, somewhere nice and somewhere where Tiddler can still be accessed.</i></p> <p><i>Ben introduces the idea that Tiddler is somewhere potentially unsafe</i> <i>I am in touch with fear, desperation</i></p> <p><i>We both have GS in our mind</i></p> <p><i>Ben flees to an omnipotent fantasy that Tiddler is accompanied by Superman and that by just putting on a costume Tiddler can have superman powers too.</i></p>	<p>Fear, threat, desperate My feelings in room</p> <p>Multiple Families in Mind Granddad S</p> <p>Superman</p> <p>Tiddler</p> <p>Sequencing</p> <p>Things going missing</p> <p>Granddad S Family Figures Multiple Families in mind</p>
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<p>sounded and felt like an omnipotent defence or retreat from something actually quite desperate and scary.</p> <p>There followed an interaction between us of Ben thinking how we could replace Tiddler with the baby figure.</p> <p>JN: 'I think we are trying to think of ways to manage tiddler not being here because it is so hard to accept we have lost him. Do you think he will come back?'</p> <p>B: 'yes on the 15 sept, no the 24th dec'</p> <p>JN: 'we are not here then.'</p> <p>Ben lay down quietly for a moment and said 'I do not think Tiddler is coming back'.</p> <p>Ben casually walked past the door and in so doing he absentmindedly knocked on the door and we both knew but I said 'who is there' and Ben told me GS. A sequence began that included (Ben throwing his voice to pretend it was GS talking) GS asking to see Ben, me protecting the space.</p> <p>JN: 'what do you want?'</p> <p>GS/B: 'to talk to Ben'</p> <p>JN: 'Ben do you want to talk to GS'.</p> <p>After few visits from GS Ben said:</p> <p>B: 'Yes, perhaps I should let him in'.</p>	<p><i>The loss of Tiddler continues to be denied by Ben as he thinks of ways of replacing him.</i></p> <p><i>Ben is able to accept my challenging and on an emotional level it seemed accepts the loss of Tiddler</i></p> <p><i>In his play, Ben links this acknowledgment with introducing GS as a visitor to the therapy room. There is a sense perhaps that the therapy room is a safe enough space to let GS into.</i></p> <p><i>By introducing boundaries I find myself attempting to protect the therapy room as a way to begin to help Ben protect his internal world – ie GS threatening to take Ben in his nightmares.</i></p>	<p><i>Multiple families in mind</i></p> <p><i>Problems with Sequencing</i></p> <p><i>Problems with Sequencing</i></p> <p><i>Multiple families in mind</i></p>
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JN: 'this is a dilemma for you. There is something that needs to be thought about to do with GS but to do that we would need to let him in. It doesn't have to be today'.

Ben opened the door and said 'come back next week', suggesting random dates that would perhaps have meant next year including Saturdays.

JN: 'Ben and I don't meet on Saturdays and if you are going to come and meet with Ben I want to be here, it will be here in the session and not between.'

Ben and GS heard this and agreed it would be today. I said to Ben if GS came in now towards the end of the session then he could only come in for 5 minutes.

GS sat on the square cushion and Ben offered him a glass of water (!)

There is a feeling of politeness and eagerness for there to be a link between them.

I welcomed him and Ben said that he had brought his wife.

Summary: During the visit there is confusion over family relationships, generations. The fact that Ben had been hit as a child is referred to as a reason that Ben no longer lives with them and he tells them he is

Negotiating when and how GS enters the therapy room introduces an idea of sequencing.

I am surprised by the eagerness for Ben to be polite to GS, He is keen for them to communicate.

<p>happy with his adopted family. The birth family make a direct claim on Ben, pleading with him to return to them. GS negotiated with Ben to return to the session another time and left.</p>		
<p>Summary <i>It is clearer to see what developments have been made between session 12 and 33. In session 12 Ben raises the issue of things going missing and existing elsewhere with the lost school jumper and the spare jumper; how two jumpers can exist at the same time but in different places. By session 33 Ben has developed this into the personification of Tiddler who he identified as either being 10 (the same age as B) or 2, (the age at which Ben was removed from his birth parents) – an aspect of himself. The development here is how much closer to consciousness is Ben’s acknowledgement of his experience and his ability to think these things through.</i> <i>The increase in the connection of the material throughout the session suggests an increased capacity to make links; Ben begins with not wanting to come to session, what he might be missing by coming to session, injuries (protective scabs and inducing bleeding) process, external, friend coming for a sleep over, loss of Tiddler, where does Tiddler exist now if not with us, threat to Tiddler quickly defended against, accepting the loss of Tiddler, presence of GS and invitation to session, development from being alone with GS in Ben’s mind.</i></p>		
<p>Session 92 (towards end)</p>		
<p>Ben said I was early but I said that it was 10.00am he looked at my watch with his mouth a little open saying with complete surprise that I was on time.</p> <p>When he was in the room, Ben remembered and said ‘I made a large den last time’, For a moment I could not recall this and felt a little panicked but then remembered in fact that he had made a den. I worried that I had forgotten it from the moment he had made it.</p>	<p><i>Ben almost cannot believe that I am here and on time, although this is the 92nd session</i></p> <p><i>Ben begins the session with remembering something he has done before which I cannot recall. I have to work hard to manage my panic at not remembering and to see if I can retrieve the information. I doubt myself to the extent that that I check after the session that I have written it in my notes – I question my capacity to</i></p>	<p>Ben’s surprise at me being there</p> <p>Remembering and forgetting</p> <p>My feelings in the room Panic/feeling mad</p> <p>Things going missing</p>

<p>Ben took his box over to the couch. He picked out a figure from the box but then slipped his hand in his pocket. There was something in the way he did this that brought my attention to it – a sort of surreptitious way. I wondered what he was doing and realised that by picking the figure out of the box he had reminded himself of something in his pocket but there was some energy in the way he remembered this, as if he felt guilty about it and didn't want me to notice. JN: 'you have brought something today' B: 'no not in my pocket'.</p> <p>The coin slid right down the wall down the back of the square cushions and Ben played where has it gone. He repeated this. This play meant that he was facing away from me. I was faced with his back and his bottom as he leant forward to retrieve the objects wherever they ended up. At one point he went to retrieve the coin and 'fell' himself partly behind the cushions. He asked me if I could see him and I said I could see his hands, feet, back and bottom but not his head or his face at all. He pulled up and looked around smiling and I said 'there you are'.</p>	<p><i>'delete' this memory – from the moment Ben makes the den but am relieved to see that I wrote about it in my notes.</i></p> <p><i>The energy changes in the room and Ben does something in front of me that I am unclear about.</i></p> <p><i>Ben is looking like he is hiding something from me. When I wonder that he might have brought something in his response is to say 'no, not in my pocket' which is exactly what he has done, brought something in his pocket.</i></p> <p><i>Ben introduces a playful peek a boo interaction with me and the coin 'where could it have gone?'</i></p> <p><i>In the process when he leans away from me he presents his back and bottom to me</i></p> <p><i>Like the coin Ben now explores how much of himself he can keep from me, how much he can reveal</i></p> <p><i>Ben feels quite young and engages in a kind of peek-a-boo</i></p> <p><i>Ben recalls an external event and brings his</i></p>	<p>Things going missing/out of one's mind</p> <p>Remembering and forgetting</p> <p>Things going missing/out of one's mind</p> <p>Sleight of hand</p> <p>Bottom's up play</p> <p>Something going missing/out of one's mind</p> <p>Multiple families in mind</p> <p>Ben's surprise</p>
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<p>B: 'it is dads birthday coming up, 6 sleeps and I have got him some shower gel'.</p> <p>He dropped down to the floor and began to roll the coin along the floor. It turned a corner and Ben looked at me pleased</p> <p>B: 'it turned a corner!'</p> <p>JN: 'yes it did'</p> <p>He went behind the chair and rolled the coin again underneath the chair and again it rolled around in a bend. He retrieved it and rolled it again – this time it went into a straight line.</p> <p>B: 'it went in a straight line now'</p> <p>JN: 'it can be unpredictable'</p> <p>B: 'no, I taught it how to roll in a straight line'.</p> <p>I asked what the pound might be for, to buy something?</p> <p>Ben said no quietly. I wondered where he had got it from. Perhaps his mum had given it to him.</p> <p>B: 'mum doesn't allow me to have money to buy things.'</p> <p>JN: 'oh I wonder where this coin came from, perhaps you found it'</p> <p>B: 'no it was in my piggy bank. But mum doesn't know I have it' looking down.</p> <p>JN: 'you were able to bring something from home to here even though mum didn't want you to'.</p>	<p><i>adopted father into the room</i></p> <p><i>Ben explores the 'independence' of the coin when it leaves his hand. He projects on to it initially, its own agency.</i></p> <p><i>Ben is surprised when the coin now travels in a straight line but when I suggest what the coin does is unpredictable this is not tolerated by Ben and instead he solves the problem by saying that he has taught the coin. By saying this he needs us both to think he is control.</i></p> <p><i>I initiate thinking about where the coin came from – the denial of the 'no not in my pocket of earlier'.</i></p> <p><i>Ben lets me know that despite his mum not allowing him to carry money he has the coin. It was in his piggy bank but now it is here with us from his pocket. He is asserting his control over what will happen with the coin, both in teaching it to roll straight but also bringing it here.</i></p> <p><i>I let Ben know that he is letting me know about how things can move</i></p>	<p>Things going missing/out of one's mind</p> <p>Things happening under the radar/out of the corner of one's eye Sleight of hand</p>
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<p>B: 'yes' JN: 'Things can move around from different places' B: 'yes'.</p> <p>At one point Ben had the coin on his wrist and then shuffled it up into his cuff. B: 'where is my coin?' JN: 'I am to think that the coin has disappeared when it is there hiding' B: 'how do you know' JN: 'I saw you move it but I wasn't supposed to and then I would have been in the dark about where it was and you would know, you would have the information! And the coin'.</p> <p>Ben played with the clock and he got the time right – 10 to 11. But he still subverts the clock by turning the entire mechanism which means the two hands go round together and do not represent different time spans – minute and hour.</p> <p>Ben looked at the line on the floor and remembered the good and bad side. He pointed over to my side, B: 'you are on the bad side' smiling. He moved over to the good side, B: 'and I am on the good side' JN: 'ok what is it like on the good side'</p>	<p>around from place to place.</p> <p><i>As if to reinforce what I have said, Ben plays out a sequence where he actively attempts to hide the coin under his cuff in front of me. He needs me to witness how much he needs to be in control. More than this he needs me to experience something of the madness of experiencing witnessing something that is denied. Hope this takes something away from me and gives his more.</i></p> <p><i>By subverting the clock manually, Ben manages to 'turn the tables' on time. Understanding and processing time alludes Ben and so he creates the illusion where he is in control of time and can change it at the turn of a dial.</i></p> <p><i>Ben moves on to using the room to explore 'good' and 'bad'. The line that dissects the room and has at times been a tightrope for the 'family figures' now delineates the 'good' and 'bad' side.</i></p> <p><i>Ben explores the experience of being on the good or bad side and simply put it is just that things are a lot worse.</i></p>	<p>Problems with sequencing</p>
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B: 'it is great – I can have ice cream and sweets all day!
 JN: said ok so what happens on the bad side and Ben said with a smile
 B: 'you get bad stuff, like, like...' but he struggled to think of what could be bad,
 B: 'like horrible ice cream'.
 JN: 'oh so I am to eat horrible ice cream'
 B: 'yes' enjoying the game.
 JN: 'but why am I over on the bad side?'
 B: 'because you sat in that chair'
 JN: 'is that all, I didn't do anything bad to be on the bad side'
 B: 'no. But now you are on that side. It is sunny on my side'.
 He was rolling his coin and it came over to the bad side and he said he had to get the coin but he can do this by being invisible and he came over and retrieved the coin

When we try to think about why one might find themselves to be on the bad side, Ben lets us know that he thinks it is because I put myself in the wrong place, it was my choice of seat, it was my responsibility.

Ben affirms that I haven't done anything bad but I am to experience this now.

Ben lets us know that aspects of himself can move into the 'bad side' but he can move between these spaces invisibly and take back what he needs, the coin.

Summary

The developments between sessions 33 and 92 can be appreciated perhaps in the increase in the complexity of the issues Ben is bringing for us to think about together. The complications around what has been witnessed and what hasn't been acknowledged are powerfully communicated now. Ben is exploring his experience of things happening in a covert way. The developments can be seen in terms of the play he uses to express and communicate this complicated theme. He is more available to talk directly about how his preoccupations link with external reality.

The progression of the session shows how Ben has been able to link his surprise at me being ion time for the session reminding us of his constant experience of not having purchase in time and things happening in a way that he struggles to be able to depend upon them, to remembering the den which elicits panic in me for 'forgetting' it, Ben enable's me to experience his lack of purchase. The extended play sequence with the coin allows Ben to help us think about, the disappearance

and re-appearance and lack of control over that which promotes Bens wish to show how much he wishes he is actually in control, he teaches the coin to roll straight, he moves the coin around without people knowing, he subverts and controls the clock and he can move between good and bad without being seen.

Appendix D: Consent Form



Quality Assurance and Enhancement



February 2015

Consent Form

Title of Project: The process of child psychotherapy with adopted children who are recovering from abuse.

Name of clinician/researcher: Joanne Nicholson

1. I confirm that I have read and understand that you intend to use the case record on your work with our son, Ben is as explained in your information sheet dated February 2014 and in previous discussions we have had. I understand that the data will be sufficiently anonymous so that neither Ben nor our family will be recognisable. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I understand that you have spoken informally to Ben about this in a way he would understand and he is happy that the work you did together could be used to be helpful for others.
2. I understand that my agreement is voluntary and I am free to withdraw it at any time before the thesis is submitted without giving a reason, and without any medical care or legal rights being affected.
3. I agree to your using the case record on your work with Ben for your thesis.

Name of Parent

Date

Signature

Name of clinician

Date

Signature

Appendix E: UREC Approval Letter

7 October 2014

Dear Joanne,

Project Title:	What changes can be seen in a year long intensive, 3 sessions a week, child psychotherapy with a ten year old adopted boy with mild learning difficulties?
Researcher(s):	Joanne Nicholson
Principal Investigator:	Dr Catrin Bradley

I am writing to confirm the outcome of your application to the University Research Ethics Committee (UREC), which was considered at the meeting on **Wednesday 28th May 2014**.

The decision made by members of the Committee is **Approved**. The Committee's response is based on the protocol described in the application form and supporting documentation. Your study has received ethical approval from the date of this letter.

Should any significant adverse events or considerable changes occur in connection with this research project that may consequently alter relevant ethical considerations, this must be reported immediately to UREC. Subsequent to such changes an Ethical Amendment Form should be completed and submitted to UREC.

Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site.

Research Site	Principal Investigator / Local Collaborator
CAMHS clinic	Dr Catrin Bradley

Approved Documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
UREC Application Form	2.0	7 October 2014
Personal case study Participant Information Sheet	1.0	14 May 2014
Personal case study Consent Form	1.0	14 May 2014

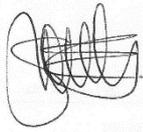
Anonymous Participant Information Sheet	1.0	14 May 2014
Anonymous Consent Form	1.0	14 May 2014

Approval is given on the understanding that the [UEL Code of Good Practice in Research](#) is adhered to.

Please be aware it is your responsibility to retain this letter for your records.

With the Committee's best wishes for the success of this project.

Yours sincerely,



Catherine Fieulleateau
Ethics Integrity Manager
University Research Ethics Committee (UREC)
Email: researchethics@uel.ac.uk

Appendix F: Student Declaration Form



The Graduate School



Student Declaration Form

Student Name:	Joanne Nicholson
Student Number:	0225205
Sponsoring Establishment:	University of East London
Degree for which thesis submitted:	Professional Clinical Doctorate

Concurrent registration for two or more academic awards:

(* Please complete/ delete as appropriate)

<i>either</i>	* I declare that while registered as a research degree student at UEL, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution
<i>or</i>	
Award title:	

Material submitted for another award:

(* Please complete/ delete as appropriate)

<i>either</i>	* I declare that no material contained in the thesis has been used in any other submission for an academic award
<i>or</i>	
Award and awarding body: (list material here)	

Ethical Approval

(*Please delete as appropriate)

<i>either</i>	* I declare that my research required ethical approval from the University Ethics Committee (UREC) and confirmation of approval is embedded within the thesis.
<i>Or</i>	

Signature of student Joanne Nicholson Date 13th September 2017