CHAPTER 5

# A slow unfolding—at double speed: therapeutic interventions with parents and their young children

*Louise Emanuel*

The title refers to what may seem to be a paradox, touching on the particular technique developed in the Under Fives Service, of working psychoanalytically, but often within a brief time frame. How can there be a slow "free-associative conversation" with parents (Watillon, 1993) and a simultaneous exploration of a child's communications through behaviour, play, drawing, and interaction with parents and therapist, in what is often a *brief* therapeutic intervention? In exploring this paradox, I shall be developing Annette Watillon's (1993) suggestion that "the 'speed and spectacular nature of the therapeutic effect' in work with under fives results from the 'dramatization' of experience in the therapeutic setting". I describe how the dramatization of experience by children in the consulting room, or through parents' narratives, can be effectively used by the clinician to facilitate the unfolding of material and lead to change. As will become clear, thinking with parents about the impact of their parental functioning on the child, and vice versa, plays a central role in this work.

I have begun increasingly to recognize the dramatic quality of what unfolds in the consulting room, particularly with 2- to 5-year-olds as they often take centre stage in a child-led enactment of a crisis within the family. However, sometimes the drama takes a different form. Reflecting on families I have seen within the Under Fives Service, I found

that they clustered into three different groups, each group representing a different kind of "dramatic" enactment and leading to a different kind of intervention, relating to my role as therapist, the structure of the interventions, and the "ports of entry" (Stern, 1995) to the work. These are broadly categorized, using the metaphor of "drama" for these powerful enactments as: "*child-led dramatizations*", with the clinician in the role of "therapeutic observer/director"; "*internal parental drama*", with the clinician in the role of "therapeutic consultant/supervisor"; and "*external parental drama*", with the clinician in the role of "therapeutic modulator". I shall define these categories and give clinical examples, considering the technique involved in these interventions. It goes without saying that most cases involve a combination of different roles and that these are only differentiated for theoretical clarification.

### *Child-led dramatizations: therapist's observer/director role*

In child-led dramatizations, the child takes centre stage in enacting—through his play, nonverbal behaviour, and conversation—conflicts and concerns within the family, as well as his own emotional states and mental activity. The role of the therapist as "therapeutic observer" is to try to make sense of these communications, through detailed observation of the child's play and monitoring of her countertransference experience, and to assign meaning to the drama unfolding before her. The therapist takes on the role of interpreter of the child's material to the parents. Watillon states:

> The therapeutic effect is due to a "staging" of the conflict by the child himself in the form of a dramatic performance. By making his presence felt at a precise and meaningful moment while the parents are giving their account of the situation the child makes the interactional conflict manifest and allows the therapist to decode the message, to elaborate the emotions projected into him and to interpret the unconscious motivations of the various members of the cast of the "play". . . . The analyst—as theatre director—can perform a transforming function. [Watillon, 1993, pp. 1048, 1041]

The case example described below involves a little boy whose tyrannical and omnipotent behaviour at home and nursery was proving overwhelming for his parents and staff. His expressive play and behaviour in the session, with myself and his parents as observers, enabled me to help them recognize how much anxiety he was concealing beneath his imperious demeanour. This anxiety seemed to be related to a fear of

dependency and an inability to tolerate feeling small or helpless. In situations of this kind, as a picture of the child's early infancy emerges, it often becomes clear that the child's anxiety about dependency may be the result of an early mismatch between mother and infant. An infant whose experience of dependency may be associated with intolerable frustration and disappointment at unmet infantile needs (this is related to the infant's temperament as well as maternal functioning) may develop "second-skin defences" (Bick, 1968) against vulnerability by becoming prematurely self-sufficient, hyperactive, and thick-skinned. An early defensive pattern develops, and the young child splits off and projects feelings of helplessness and anxiety about "not-knowing" into his parents and teachers, who feel increasingly deskilled. This emotional difficulty can interfere with a child's ability to learn and often results in an assessment of the child's cognitive ability as lower than it may actually be.

### *Case illustration: child-led intervention*

Mario, aged 3½ years, was referred because he was having difficulty settling into nursery, was aggressive to other children, and was disruptive at home. Although a lot of the work is done in the presence of the child, I often invite parents to attend the first session without the child, unless there is a good reason to include the whole family. I think it is important to gather in the anxieties of the parents and provide them with some containment through beginning to offer them some links to understanding, based on their description of the situation, before bringing in the children. With a child such as Mario, I often alternate family meetings, and meetings with parents on their own, particularly if issues to do with limit-setting are to be addressed, as I think it is important that parents' areas of difficulty are not further exposed in front of the child and that they are accorded some privacy to explore these further. I shall summarize the five-session intervention with the family to illustrate the unfolding process. As with most families we work with, they were told that they would be offered five sessions initially, with the option to continue the work if necessary.

In the *initial* meeting with this lively and intelligent couple, I heard about their itinerant lives over the past few years. Mother had gone to Sicily from France as an au pair, where she had met Mario's father, an accountant. They left Sicily when Mario was 9 months old, moving country several times in search of work before settling in England. They had difficulty conceiving him, so he was a special child for them,

but mother had needed to return to work when he was just 3 months old, which had distressed him. Now he was difficult to manage, had prolonged tantrums if thwarted, was defiant, and sometimes attacked his mother. At other times he was clingy to her and announced his wish to "send Daddy away". He was similarly possessive of children at nursery, seeking exclusive relationships and feeling any rejection keenly. I wondered about their ideas for further babies, but they said sadly that they had not succeeded in conceiving again. Mother mentioned that Mario had recently told her she had a "baby in her tummy". I wondered whether the difficulties at nursery could stem from his shock at finding himself suddenly among so many rival siblings, all in competition for the attention of the teacher (usually a "transference" mummy figure), and they were interested in this.

I found myself concerned about his tyrannical control over them and whether their fear of incurring his wrath could have a psychological impact on their capacity to conceive another child.

They returned for their second appointment two weeks later, bringing Mario as arranged. He was an intensely expressive child, and as they described their long odyssey from Sicily, to Rome. and on to London, Mario built up brick castles, bringing them crashing down at each mention of another leave-taking and his world crashing down. They were astonished to see how Mario played out his anxieties around separation and endings once I drew their attention to the links between his play and their narrative. As we talked about the family Mario taped his father's hand to the sofa, then threw a baby rattle across the room, saying disparagingly, "That is for babies!" He taped across the vacant armchair, then smashed his way through it as if through a finishing line. My comments about his need to smash his way right inside our conversation or his Mummy and make sure his Daddy doesn't stop him resulted in further elaborations on the theme.

He became preoccupied with the door of my cupboard, acknowledging his desperate curiosity to look inside, then sealing it closed with tape. His parents watched in some amazement as I described his curiosity about things inside, "perhaps babies?" He took the small popper toy and popped the four people out of the corresponding coloured holes. He pushed the crocodile's tail forcefully into one of the empty holes, removed it, and sealed off the hole so that only three popper-figures could fit into their spaces. I talked about Mario allowing nothing to go in unless he gives his permission, and I linked this to their current family of three and to his mixed feelings about babies

and other intruders. His parents smiled. I suggested to his parents that Mario might experience others as intrusive or hostile in direct proportion to his own intrusiveness and feelings of hostility; in his imagination a baby would be as possessive and demanding of his parents' exclusive attention as he feels, so he sticks himself firmly to them, to ensure he won't be displaced. They felt that this gave them some framework for thinking about Mario.

In the intervening (third) meeting with the parents on their own, I suggested that Mario's play and behaviour in the room had dramatically conveyed how much anxiety underlay his omnipotent defiance. Linking this to his possible early experiences, we explored how their own feelings of disorientation, vulnerability, and lack of support arriving in a new country may have made it more difficult for them to take on a firm parental role, feeling rather helpless themselves. That may have made it difficult for Mario to feel he had a strong container for his own overwhelming infantile feelings, which continued to erupt at home and nursery.

Their anxieties about conceiving another baby may have been transmitted to Mario, as his intrusiveness and curiosity were intensely aroused. The natural oedipal drama with Mario, reported to be most difficult on a Saturday morning when he has to adapt to a weekend at home that includes his Daddy, is intensified by this.

Conversely, I had the impression that Mario may have functioned as a "receptacle" for his parents' anxieties, as they had no family or supportive friends in London. It was easy to imagine how Mario's intellectual brightness and his tough demeanour might at times invite them to share their more adult concerns with him, give rational explanations, and expect understanding of issues that were beyond his emotional grasp. It appeared that Mario and his parents were particularly wrapped up together with each other in their strong Mediterranean identity and that in some way they idealized their son's fiery temperament as they spoke of the coldness and reserve they met in London. This may have made it difficult for them to set appropriate boundaries for a child who found it intolerable to allow them to take parental control.

They were receptive to some of these ideas, and although we touched on issues relating to their individual backgrounds, we acknowledged that discovering further links could wait. Helping to strengthen them as a united parental couple who could set firm boundaries took precedence, and the parent meetings, alternating

with family meetings, gave us an opportunity to address these issues. Lieberman (2004) suggests that the priorities for addressing aspects of parental functioning when working with parents of "older" under fives may differ from those with infants; this resonates with my view in this case. Lieberman points out that although

> like infant–parent psychotherapy, child–parent psychotherapy targets the web of mutually constructed meanings between the child and the parent, it differs from infant–parent psychotherapy in emphasizing the growing child's autonomous agency during the treatment, with a concomitantly lesser emphasis on uncovering the parents' childhood conflicts or helping them reflect on their individual experience. [Lieberman, 2004, p. 99]

This is an area that may deserve further exploration.

They returned for a family meeting (the fourth session) after a long summer break to report that Mario had moved from nursery to reception class (the first year of school), but the children were still visiting the nursery twice a week to play and see the teachers. Mario was having difficulty relinquishing his "special nursery teacher" and "permitting" new nursery children to take his place. The parents mentioned that they had also moved house. As they talked, Mario was waving around a piece of tape with the four poppers attached to it, like a small kite. It looked as if the poppers were hanging precariously in mid air. I said that Mario seemed to be showing that he was in an in-between place, in between homes and classes, not quite settled anywhere. Father laughed incredulously, saying that, in fact, this was accurate—they were in transition, they hadn't yet cleaned the house for moving in, it was happening that day.

Mario had sealed a ball in a transparent plastic cylindrical container which he spun around wildly, and I talked about how all these changes could make his head spin. I talked about the ball, trapped in there, not allowed out until Mario says so. He laughed with glee and slowly began to un-stick the tape, saying: "There's wind coming"—then released the ball with great gusto. I wondered to myself whether his fantasy was of trapping a baby inside the womb, but I didn't say anything, being aware of the parents' painful difficulty in conceiving. Mother suggested he told me his news, and he said: "I'm having a baby!" I congratulated them, commenting on his particular phrasing!

Mario began writing a card for his "special" nursery teacher, as if in response to an anxiety about being displaced by the baby. He had written her name and wanted to add the word "from". He said he didn't

know how to write an "r," and his mother told him. He did a perfect "r", but when she encouraged him to write it next to the "f", pairing them up to make the required word, he scribbled a silly lollipop shape, saying he couldn't do it. I suggested that he feels unsure whether he likes to be a big boy who knows about writing and has to give up the little-baby space. He's not sure about joining letters up, creating pairs, as it seems to lead to babies. Mario nodded, moodily tugging at my locked cupboards, dramatically conveying his feelings of exclusion, relating not only to the news of mother's pregnancy, but also to the fact that our agreed sessions were drawing to a close and discussions had begun about what further help would be beneficial.

A striking change occurred during the fifth session two weeks later which indicated that the formulations discussed during the parents' meetings and the elaborations of Mario's play had effected a shift. In this session, mother, who was feeling ill from her pregnancy, came on her own, saying that father had been away and that although things were better at school, Mario was "driving her crazy" at home with his anger and defiance. Mario talked about a "volcano" experiment they had done using household materials, describing the frothing detergent "lava" with passion and enabling me to talk about his overwhelming feelings that erupt in a similar way. I wondered whether father's absence had heightened Mario's oedipal feelings of omnipotent triumph as well as persecutory anxiety about his destructive powers.

He began cutting a long piece of string into small pieces, and mother stopped him. Then he settled down to covering up a toy car in layers of Plasticine, so it was completely shut in and immobilized. He glided the covered car under the table, saying it was a "submarine" and making a hole in the Plasticine for a "headlamp". I described how it has gone deep under there, looking around at what it can see.

Mother, meanwhile, described her worry that Mario can be really spiteful; he pushes and hurts other children. She recounted how Mario had deliberately crashed his trike into his friend Peter's, who had fallen heavily and been badly hurt. As we were speaking Mario was gouging the Plasticine off the car, and he said, "It was an accident." "No," repeated his mother, "I don't think so." At that moment Mario tore the last bit of Plasticine from the car, moved over to the corner of the room, sat face down, and murmured: "I didn't want Peter to win." I felt touched and said Mario seemed to feel it was too hard to be the small one and to come last, so Peter had to have the

hurt, upset little-boy feelings. He said "Yes," miserably. His mother said: "It is the first time he has said that, he has always insisted it was an accident."

I commented on the car, now stripped of its outer thick layer, and said perhaps when he comes here to the clinic he has a sense that this is a place to show some of these feelings; the outer layer can be opened up to show what feelings are inside. Mario sat quietly and listened as I said that sometimes he needs to feel big, wear a big thick layer like the Plasticine, but it's different when Mum and I are here to understand and we're firm but not in a shouting mood. When it was time to leave (in contrast to the impulse to cut up the string earlier), he insisted on tying the string from the large armchair to the child's chair. I said that was showing me he needed to stay joined up with me in my mind until we met again.

I felt that mother, by not colluding with his view that this was "an accident", had created a firm but understanding parental couple with me, which provided Mario with the containment to verbalize his difficulty. Mother's ability to stand up to him, despite her exhaustion (managing to embody both maternal and paternal functions), seemed to relieve his anxiety; at least the adults did not allow the wool to be pulled over their eyes like the Plasticine over the windscreen and wheels of the car. He left clearly feeling the little boy (chair) was connected to a containing adult (armchair), tied together with string.

The situation had improved considerably within five sessions. However, bearing in mind the impending birth of the new baby, I offered further input, and the family has been seen for nine sessions. The situation may continue to improve with further alternating family and parent work. Alternatively, Mario could be considered as a possible candidate for individual child psychotherapy treatment, as he seems to have a desperate need to have his communications understood and verbalized for him and is very responsive. His parents would then be offered regular support.

I think this material illustrates Watillon's suggestion that "the primary function of the therapist is to make a space available to the family to encourage this dramatic performance, through his listening . . . subsequently by virtue of his observation and understanding of the processes taking place, he makes it possible to assign meaning to the drama unfolding before him" (Watillon, 1993, p. 1041). My role as interpreter and *therapeutic observer* in the drama is clear.

### *Internal parental drama: therapist's consultation/supervisory role*

The second category of intervention involves a more muted kind of drama, and requires a different role from the therapist. Although the child has been referred with a problem, it quickly becomes apparent that work with a parent couple who are available to thinking about the impact of their child's communications on them and on their parenting would be the most effective "port of entry" (Stern, 1995). In these cases, in the initial meeting (without the child), the parent couple both become quickly engaged in thinking about the child's difficulties and are open to making links to their own past and present difficulties. The therapist may suggest extending the exploratory work with parents on their own before introducing the children to the clinic. Instead of the child enacting his difficulties in the here-and-now of the session as we saw with Mario, in this type of work the child's difficulties emerge through the dramatic narrative of the *parents* in the here-and-now of the session. My role is to elicit and process the parents' observations and descriptions of their child's difficulties, thereby illuminating the child's internal world for them, in the light of the parents' own internal and external experience.

I perceive the role of consultant/"supervisor" as similar to that described by child psychotherapist Margaret Rustin (1998), in a paper describing her weekly fax supervision of a trainee child psychotherapist's 4-year-old intensive case. She suggests three ways in which the supervisory process can be valuable: first, the therapist needs to be "*helped to accept being hated as well as loved*" (Rustin, 1998, p. 437). This applies to parents facing difficulties in setting limits or coping with tantrums, as only when they feel supported by the therapist, or are helped to support each other, are they able to withstand the barrage of anger and hatred a small child can level at them.

Second, the therapist is vulnerable to being overwhelmed by the powerful projections of the child, "thus losing a firm grip on her own thinking capacities" (Rustin, 1998, p. 438). Parents of small children often complain of feeling immobilized in the face of their children's intense emotional outbursts or demands, expressing bewilderment at having lost a firm grip of their own parental capacities. They may display a puzzling paralysis in the consulting room when faced with a small child's defiant behaviour, and they can be greatly relieved (like the trainee psychotherapist) by being helped to understand the powerful unconscious processes of which they are recipients.

Third, Rustin suggests that an important aspect of the supervisor's role is to take the "raw data of the clinical material, reflect on it and offer to the student a *meaningful pattern of understanding*". Rustin offers as a metaphor for this process the image of a well-functioning parental couple:

> The restorative conversation between parents about a sleepless or anxious baby, in which meaning can emerge, is quite close to the experience of the supervision of a child patient as the analysis is being established. . . . The exhausted mother/therapist pours out a blow-by-blow account of her breathless day. Intricate details are noted, but what to make of them? [Rustin, 1998, p. 439]

Parents often bring superb observational detail of their young children to the session. Caught up in the midst of their drama, just as the trainee therapist described by Rustin had been in relation to her intensive case, they too require a therapist who will struggle to create a "meaningful pattern of understanding" from the sometimes overwhelming raw data that they bring to sessions. One could see this as an internal drama involving the parental couple as protagonists as they work out together with the therapist an understanding of their child's difficulties.

### *Case illustration: internal parental drama*

In the following vignette, one of a number of cases of severe biting referred to the Under Fives Service, most of the work of understanding and transformation took place, initially, through meetings with parents, where I took on the role of therapeutic consultant/supervisor. This was the first stage of a process that eventually led to an assessment for individual treatment for the child.

Salim (aged 2 years) was referred because of the severe nature of the bites he inflicted on his parents and older sister Zenab (aged 5 years) and brother Imran (aged 8 years). The parents are originally from Pakistan. Mother is petite with long dark hair, father heavily set, and they seem to have a warm supportive relationship. I heard about how Salim hair-pulls, scratches, and "bites those he loves" so hard he draws blood. Mother made a digging movement with her nails like claws in demonstration and grimaced as if warding off an intrusive attack. I said it sounded as if Salim might be "holding on" with his teeth to keep a tight grip on them, and mother agreed, saying that she wonders whether biting is Salim's way of expressing his feelings.

These seemed to be linked to Salim having to share his mother's attention with father or siblings, or his key worker at nursery with other children.

I said it sounded as if Salim did not have the mental apparatus to deal with his feelings—perhaps of exclusion or abandonment—which quickly overwhelmed him, so he powerfully "injected" them into his parents with his sharp bites. Mother described feeling distraught when a sudden bite on her ankle shocked her with pain. She seemed to feel punctured; it was not just her skin—her sense of competence was also deflated. Their descriptions gave me a powerful sense of what it might be like to always have to remain vigilant around Salim, since his bites came without apparent warning—when a back is turned, perhaps to talk to someone else, or an arm exposed. I said Salim seemed to be making sure his parents always kept him at arm's length—at some distance. They can never allow themselves to relax into an intimate cuddle with him. And yet without warning he gets right inside them with his piercing teeth. I wondered to myself whether Salim was unconsciously communicating an early infantile experience of having been kept at arm's length, perhaps by a mother who was depressed or preoccupied during his infancy.

I heard that Salim had been an anxious baby; he had never allowed mother out of his sight, and his cry, if left for a moment, was one of utter abandonment and terror. I wondered aloud why Salim seemed to be so "thin-skinned" and anxious, and mother said she was surprised by this, as she had stayed at home with Salim much longer than she had with his siblings. She mentioned as an aside that she had had two late miscarriages prior to conceiving Salim. I explored the impact of the miscarriages on mother and heard that she had been so anxious about the subsequent pregnancy (with Salim) that she hadn't allowed herself to acknowledge she was pregnant until very late on. I suggested there was a parallel between the way in which mother had dealt with a fear of unbearable loss by distancing herself from this pregnancy and the way in which Salim seemed to keep others at a distance. Does Salim, too, avoid intimacy, as if closeness followed by separation would feel like a catastrophic loss?

Mother seemed to be brimming with emotion—father, too—as they recognized this link, and we were able to talk about the impact of the miscarriages on the whole family.

Salim's weaning had been abrupt around the time his teeth came out, when mother had been suddenly taken ill and hospitalized, but he had already begun to bite the breast. I wondered whether the dreadful

cry of his infancy, which mother described, conveyed a deep terror of abandonment, which got re-evoked around the time of weaning. I said it sounded as if Salim gave them an experience of an unpredictable shock each time he bit, and I wondered whether he was conveying how he might have experienced sudden shocks and disappearances.

Mother was moved and began to describe her preoccupation and depression during Salim's infancy. I suggested that a baby's temperament also plays its part, and I described my impression, from what they had told me, of a child who still required his parents' concrete presence, who somehow had not managed to keep alive in his mind a picture of parents who will return to him after a separation. In addition, the more he bit, the more anxious he would become about having damaged his parents and the harder it would be to let them out of his sight. I suggested to them that Salim's apparent aggression could be defensive if he was feeling persecuted by constant threats of retaliation.

This had been a full and unusual first meeting because of the intensity of feelings expressed and the quality of exclusive intimacy the parents conveyed as a couple. Since I thought a further opportunity to explore some of the emotionally charged issues that had been raised might be useful, I suggested that they return for a second meeting without the children. On their return they commented on the helpfulness of the previous meeting, saying it had enabled them to think about Salim's experience. They mentioned that Salim bites his finger and toe nails off, and there was nothing they could do to stop him. I wondered whether this could really be true. It became clear that both parents felt so identified with Salim, who projected a feeling that any boundary is cruel, that it made limit-setting difficult for them. I commented that Salim always had an experience of biting at soft things that gave way or punctured—his nails, their skin—and that perhaps he needed to feel what it was like to bite against a less pliable object. They took on board the need for a firm, non-collapsible couple with some "backbone", who can keep the family safe. I spoke about Salim's need to attack and puncture the very parental capacities he most needs.

I talked about a state of mind that totally vetoes biting and gave an example of a tantrum. I suggested that the fear of a barrage of hatred from a child can intimidate parents and lead them always to give in. They would need to support each other to cope with the hatred emanating from Salim, and this, in turn, would convey to Salim that

his parents are separate from him and in charge. In the same way as Rustin (1998) describes the trainee child psychotherapist needing to be "helped to accept being hated as well as loved", this is an essential experience for parents, and the reasons for the difficulty some parents experience in this area may be complex.

At this point I thought it was important to have a family meeting, as I had heard much about the rivalry between the children and had some concerns about the older siblings who were being regularly bitten by their brother. I met with the whole family on two occasions. The most striking aspect of the meetings was all the children's relentless demands for attention from the adults, each one demanding an exclusive pairing with one parent, which inevitably meant that one child was excluded. Having to wait felt intolerable to them. I was struck by the way in which physical touching—a need to be concretely connected to each other—was evident. Following on from, and alternating with, the two family meetings, I continued to work with the parents on their own. I sensed that more was to be gained from exploring with them some aspects of their own internal and external experiences as a couple but also as individuals, and how this linked to the difficulties they recounted with Salim (and, to some extent, with the older children).

On the fourth meeting the parents reported that Salim's biting had reduced considerably, although he was pinching a little. Father spoke about Salim's different bites, how they are sometimes passionate, as when Salim hugs him intensely and opens his mouth as if to devour him: "You never know whether he's going to kiss you or bite you." Drawing on my observations in the family meeting and my own response to the couple's evident closeness, I wondered aloud whether the children might feel painfully aware of being excluded from the marital relationship. Perhaps waiting is difficult for them because they fear their parents are so wrapped up with each other they may forget all about the children! They smiled in acknowledgement, and father described how Salim pushed him away in the morning, demanding Mummy. I wondered whether Salim was giving father an experience of what it felt like to be the least favourite, the one who has been excluded from the parental bedroom all night long. He agreed but wanted advice about how to handle the situation—should he give in and call mother? I talked about the importance of giving Salim time to overcome his disappointment and frustration. Perhaps father could leave, then return after a short while, thereby giving a clear message

that he has not capitulated to his demands and that he has remained loving and available to him. Salim may need to see that his father has not been destroyed by the power of his rejection.

At this point we were considering whether the parents had enough understanding to take things further on their own. After a fairly brief but intense intervention, where I had taken the role primarily of "therapeutic consultant", some improvements in the referred symptom had been made. However, mother expressed concern about Salim, describing how when his "key worker" had been unexpectedly absent Salim had screamed in such terror of abandonment that his mother had had to take him home. The parents agreed with my suggestion that this seemed to be an early terror of falling apart, as if he has nothing, internally, to hold him together. This could be one way of understanding the biting, the holes he makes in others' skin being a vivid communication of his own feeling of having a punctured, faulty skin container (Bick, 1968). The lack of a symbolic capacity to hold in mind an absent object—the key worker, or his mother—seemed to be a serious area of concern, and at this point I suggested that we needed to consider an assessment for Salim to determine whether he would benefit from long-term individual child psychotherapy treatment.

## Discussion

My decision to focus on meetings with the parent couple was based on my sense that they could make use of the opportunity to explore areas that they would not necessarily elaborate on in the presence of their children. Mother's miscarriages, the parents' reaction to her pregnancy with Salim, all became possible to think about in relation to his immediate symptom of biting. The cumulative effect was an increased understanding of their functioning as a parental couple. This work may continue to be an elaboration of an internal drama alongside the individual psychotherapy with the child.

As work with the parents progresses, a further exploration may be able to take place of the parents' own childhood experiences. This may clarify whether, and how, a transgenerational transmission of emotional disturbance may be influencing the couple's parenting capacities, particularly relating to separation anxieties. K. Barrows (2000), commenting on the experience of traumatic loss in parents, suggests that "When a parent has not been able to come to terms adequately with his or her own bereavements, the child feels that the parent is preoccupied

by a dead internal object" (pp. 69–70). Salim created a symptom, the biting, which forced his parents to hold him away from their bodies to avoid attack or to push him away once bitten. This may have been Salim's unconscious way of communicating how he felt kept at a distance from mother during her pregnancy and then his infancy because mother's mind may have been already "*pre*-occupied" by her previous dead babies and possible earlier losses in her life. Barrows goes on to describe how "inadequate mourning could lead to an *identification* of the ego with the abandoned object" (p. 70). Salim's collapse, when the object to which he has been clinging suddenly disappears (mother into hospital at time of weaning, key worker at his nursery), has all the force of an infant feeling abandoned to die. This level of distress may warrant ongoing individual work with Salim as well as continuing work with his parents.

### *External parental drama: therapist's role as modulator*

The third form of intervention focuses on the extreme splitting and polarization that sometimes emerges between parents and its effect on the young child. Here the child does not take centre stage but, rather, has the function of highlighting the main plot, which is about the parental relationship as evidenced in the room. Often the parental couple has become polarized in its functioning and styles of discipline, and the role of the therapist is to help modulate polarized parental attitudes. In these cases one parent may embody a parody of "paternal" functioning, harsh, inflexible, punitive, and another parent may be overindulgent, unable to set boundaries. Parents of both genders can embody either function. This may be linked to the ways in which each parent has (unconsciously or consciously) chosen to respond to his or her own parental background if there has been a history of abuse, either identifying with a harsh punitive paternal figure or reacting against it, resulting in a difficulty in setting firm limits. Serious couple/marital difficulties often underlie the parenting problems and can prove intractable.

My role in this drama is as *modulator* attempting to help parents to begin to function as a containing parental couple, and to integrate the extreme positions that they have taken up or into which they may have been pushed by their child's splitting and projection. I do not agree with Lieberman (2004), who implies that it would only be "clinically indicated" for both parents to attend if "both parents are experiencing

difficulties in their relationship with the child". I think that if one parent claims to be having difficulty with a child, there is a lot to understand about the parental functioning of the couple, and increasingly I try to work with both parents in the room. (See chapters 10–12.)

The following is a brief vignette illustrating the kind of drama where the extreme splitting between the parents is brought into dramatic relief.

Two-year-old Gareth was referred for severe tantrums, head-banging, and concerns because of speech delay. I was alerted to the split between these parents in the waiting room, as they were seated so far apart I couldn't identify them as a couple. Gareth ran out and set off on his own in the opposite direction from the therapy room. Father grabbed him forcibly and brought him to the room. In the room Gareth sat next to father on the couch, but mother showed him to the little chair at the table. It felt from the start as if they were pulling in opposite directions. Gareth was unsettled and restless, and he did not ask once for help to lift toys or take lids off pens. He struck me as prematurely self-sufficient, avoiding interaction with any of us. Mother spoke loudly and constantly, father sat surly and quiet, just repeating "head-banging" when I asked about his concerns.

It became apparent that their styles of discipline were extremely different. Father appeared to be much stricter, and his voice exuded a quiet controlled threat of violence—"I just raise my finger and he listens." Mother seemed much "softer" on Gareth, allowed him to rummage in her bag and tip its entire contents onto the floor of my room. She told me she "doesn't believe in routine, Gareth will have routines for the rest of his life", so he had no fixed bed time and fell asleep on the sofa. Gareth demonstrated a tantrum when I stopped him using my computer, banging his head violently against mother's legs and on the floor, becoming very distressed. To comfort him mother produced a half-empty tube of "cream", which he held and squeezed, like a soft comforting breast. Mother told me he took it to bed and woke up grasping for it; he loved soft fabrics and comforters and took them everywhere. He made baby sounds in public and hardly spoke. Father was concerned about Gareth wearing mother's shoes and handbags around the house. I said it was unlikely to be a gender-identity issue but, rather, Gareth's way of "becoming" Mummy, having total access to her. Gareth paralleled, in the split between the self-sufficient boy and the tiny baby, the split between the parents.

As well as attending nursery Gareth was being cared for by both sets of grandparents, mother, and father, all in shifts, each one impos-

ing their own very different sets of expectations on him. I suspected that he was being driven "crazy" with worry about how he had to behave at any one time, the stress of adapting from one kind of care to another being too great for him to cope with. He was becoming hypervigilant, and "disorganized" in his behaviour, unable to predict from hour to hour what behaviour was expected of him. I thought his frustration and anxiety might be calmed by his parents getting together to think about how they could unite in their approach to his care. In subsequent meetings mother and father found it difficult to accept the ways in which each disciplined Gareth. This was clearly linked to their own troubled histories of abuse and abandonment—each had chosen a different response, with mother determined not to do the same, feeling that any separation or boundary would be cruel (her own history had been of sudden loss), and father by identifying with the rather menacing figures in his early life.

The parents' own internal difficulties manifested themselves in this *external drama*: the dysfunctional polarized parenting, where the extreme lack of boundaries in mother—which allowed Gareth to "merge" totally with her and where language would be perceived to be unnecessary—and the over-punitive father resulted in dysfunctional parenting that was impacting negatively on his life. Over time things shifted slightly, with father becoming a little more receptive towards Gareth and mother becoming a little more boundaried with him. Gareth's head-banging diminished although it was clear that his problems and those of the family were complex and more help would be required.

In chapter 10, Paul Barrows, having discussed the "ghosts" that haunt the nursery (Fraiberg, Adelson, & Shapiro, 1975), argues that work with the parent/couple on the "intimacy of the marital relationship" is an important and valid part of work with families with children under 5 years, given the importance of the nature of the parental relationship for the infant's psychological development. He argues that, having established the existence of "unprocessed trauma in the parent's background", work with the parental couple needs to take place in the here-and-now because "what matters from the infant's point of view is not so much *whose* ghost it is, father's or mother's, but the nature of the interaction that then ensues between the parents" (Barrows, 2003, p. 297). If longer-term work were to be undertaken with this family, assuming their availability and willingness, work on aspects of the couple relationship would be an important part of the work of the Under Fives Service clinician.

The paternal and maternal functions can manifest themselves equally in parents of both genders. In a case similar to the one above, mother was dominating and forceful, berating her husband during family sessions for his weakness and indulgence of the children, while he mildly protested that her regimes for a 4-year-old child were too strict. In this case, the parents were able to make some dramatic changes in their couple/parenting relationship; they were motivated by concerns about not only their 4-year-old son, but their 18-month-old baby, who showed signs of speech delay.

## *Conclusion*

In this chapter I have attempted to convey, through detailed clinical examples, how the containing setting, observational skills, and receptive state of mind of the therapist facilitate the "unfolding" of material in the consulting room, allowing for a "meaningful pattern of understanding" to emerge and change to occur within a relatively brief time-frame. However, as these examples illustrate, the brief model of intervention often serves as a form of assessment for further work, be it parent/couple, family, individual child-psychotherapy treatment, or a combination of these. I have expanded on Watillon's description of work with under fives involving a "dramatization" of conflicts by noting three different types of "dramatic enactment", each leading to a different kind of intervention relating to the therapist's role, the structure of the interventions, and the "ports of entry" (Stern, 1995) for the work. Invariably most of the interventions will involve a combination of roles and approaches, but the fundamental framework of observational skills, psychoanalytic understanding, and knowledge of infant- and child-development research remains constant.

## *Note*

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