CHAPTER THREE

Finding out where and who one is: the special complexity of migration for adolescents

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Adolescence involves a major and disturbing shift in identity—both in how one is perceived and in how one experiences oneself. There is a normal and necessary re-working of one's place in the family, the move from the position of dependent child under the authority and protection of parental figures, towards a more independent status in which decisions can be taken about education and career direction, and about personal relationships. The adolescent can choose friendship groups and explore sexuality away from the reach of family. He or she is thus not only taking up a new position in the family but also placing him or herself in particular ways that shift and evolve through the adolescent years in the hugely important peer group and in relation to external social structures such as school, workplace, and cultural context—and when things go wrong, the health and social care and criminal justice systems.

This chapter explores what happens when the pressures of this psychosocial transition of adolescence collide with the confusion, loss, disorientation, and often traumatic elements characteristic of enforced migration. I shall discuss work with two adolescent boys, both of whom had been thrown out of their known world by external circumstances. Their internal responses to this fact give a picture of how defensive

psychic systems take shape, and how psychoanalytic psychotherapy may be able to free such adolescents from the life-destroying aspects of their survival strategies. The two boys suffered different kinds of loss of home. The first was an asylum-seeking refugee from former Yugoslavia who had arrived in the UK together with his family after a traumatic flight from communal violence. The second was abandoned on the steps of social services by his mother at age eight and has lived in long-term foster care since then. Both were seriously depressed when I first met them.

Working with such depressed young people is a great challenge for the therapist, especially when their access to effective adult support is very limited. In such cases, the therapist can feel assailed by a sense of loneliness, helplessness, and alienation similar to the states of mind in her patient.

I do not think I had fully appreciated at the start the ways in which my experience as a therapist for these boys would often leave me dependent on following my own thoughts and feelings in order to have anything to work with during the long silences within sessions and the frequently missed sessions which were to be so central a part of the therapeutic process. The fragmentation of experience, the isolation I felt, and the intensity of my anxiety was, I believe, closely linked to the psychological impact on them of the distressing events that had preceded and also followed the loss of home.

In our major cities, there is a significant refugee population. There is limited experience to draw on in setting up services that will meet the needs of refugee families and children, and there is a troubling media-led growth of hostility to refugees that has tended to be fanned rather than contained by the political leadership at national level. This intensifies the mismatch between the level of need that it is only too easy to identify and the resources that can be made available: the fear of a backlash against any provision for asylum-seekers makes it difficult for those commissioning and providing services to give much priority to a beleaguered minority, and in consequence a considerable proportion of the therapeutic interventions available are located in the voluntary sector, where humanitarian arguments have more impact. The Medical Foundation for Victims of Torture in London has, for example, been a major source of ideas about what sort of work is helpful for severely traumatised individuals. Nonetheless, there has been a modest growth in specialist provision for refugees within the National Health Service,

and I was asked to see the boy I shall now describe as part of the work of such a specialist refugee team.

It will be helpful first to outline some concepts that are vital in providing a framework for understanding the refugee experience. As my focus is on the mental health needs of young refugees, the concepts I shall draw attention to are ones relevant to their psychological and emotional circumstances. It is nonetheless essential to keep in mind that a range of other perspectives are also needed to grasp the full picture—political, economic, and social factors necessarily shape and influence the psychological domain.

It is with the idea of home and the meanings of loss of home that I shall start. A sense of home is to do with "settledness", with having a place where one is unconditionally accepted. This fundamental place of safety can, of course, be lost for many reasons, but when large-scale movements of refugees take place, we are dealing with whole communities who have lost their safe place, not just an aggregation of homeless individuals and families. The natural human response of sympathy is always stirred by images of displaced families—television footage of people's homes destroyed by natural disasters regularly disturb the conscience of the world. The violation of people's homes in war, even more so in civil wars, is felt as a moral outrage, and continues to influence international politics. Refugees' primary requirement is a place to be, sadly often temporary camps can be all there is for many years, but whatever the place, it will not be "home" for them. It can over time become a new home, if recovery and the resumption of lives can take place, but there is a necessary lengthy period when loss of home will be a dominant preoccupation.

Home is a place of basic containment, the physical counterpart to the psychological function of the family. It provides a substratum of identity and its loss provokes anxieties of disorientation, collapse, and loss of structure. A profound sense of insecurity or even of falling to pieces is a common experience. Esther Bick's (1986) metaphor of the unheld baby as being like a man in space without a spacesuit is a pertinent image to keep in mind. Deep psychic insecurity can persist partly because the psychological pain of refugees is frequently defended against through processes of somatisation. While the individual can appear rather frozen in mind, unable to think, we often get a vivid picture of bodies in pain. The mental distress is present in these disabling bodily symptoms, because the mind's capacity to contain emotional experience

has become overwhelmed. As you will see, this is very evident in the cases I shall describe. Without the containment of the familiar home, the development of individuals, the regulation of interpersonal conflict within families, and the established boundary between the privacy of the family (the area of intimacy) and the outside world all break down. This makes the non-homelike place of asylum one in which all the usual functions of the family are disrupted.

How does this description relate to the sometimes over-used concept of trauma? Trauma has important and specific meaning both in respect of physical wounds and in its use in defining certain kinds of assault on the mind. However, it is not the case that all individuals are traumatised (expect in the loose everyday use of the term) by becoming refugees. The balance of vulnerability and resilience within individuals and families plays a central role in determining whether the shocking experience of becoming refugees—of displacement from home—has a traumatic impact on the personality. When it does, a lengthy process of healing is required. The potential for self-healing will depend on the inner resources of individuals and communities, and of course be supported or impeded by the amount and type of help provided for them in their new place of abode. If the frightening insecurity of the original dislocation is replicated by the communal atmosphere and economic and political realities of their new setting, this undermines the potential process of recovery and stabilisation. Being subject to the lengthy—even interminable—uncertainties of bureaucratic decision-making about refugee status tends to keep people in a state of internal homelessness and create a kind of existence outside ordinary time. In fact, the loss of the ordinary relationship to time is one of the recurrent difficulties for refugees waiting for an unpredictable period before they can begin living again in any normal way. This feature of their experience is reminiscent of children who have been accommodated following failure of care in their birth families (Canham, 1999). Such children have special difficulties in acquiring a working concept of time—temporal sequencing is confused, and the flow of time is disordered, sometimes for many years. It is as if their chaotic experience has cast them back into the timeless world of the small infant, and utterly disrupted the natural ordering of time that more fortunate children achieve. The mismatch between bureaucratic time and the intense anxieties of the stateless refugee is a similar phenomenon.

Particularly relevant for understanding the position of young refugees is the disruption of family organisation which frequently

follows flight from home. Role reversal, in which the children tend to look after their parents, is common. The children, through going to school, and because of their greater plasticity, learn a new language more easily. They become the interpreters. Living in two languages and two cultures can be a very complex experience. Eva Hoffman's marvellous book *Lost in Translation* (1990) is an exceptionally subtle account of a thirteen-year-old's experience of life in a Polish/Jewish community and the new world of North America and the English language. In more popular vein, Monica Ali's well-known novel *Brick Lane* offers a fictional representation of Bangladeshi life in London's East End in which the heroine lives in both her original homeland and her new home in her mind. The history of many migrations makes it evident that most people manage such transitions over time. Indeed, the enriching of our and other national cultures has depended on just such movements of population. But within a family, the adults who can't manage the outside world lose status and authority. An asylum-seeking father has no right to work—but who is he without work? Mother, with her usually more ready place in the lives of children in the community, at the shops, the school gate, and so on, may find it a bit easier, but such differences in the position of man and wife may turn the marital relationship upside down. Certainly, the enormously different attitudes to the role of women in modern and more traditional societies is one of the most difficult challenges facing many newly arrived families.

To look after young refugees more adequately than we have done, there are two very different groups to consider. Those arriving with families, or at least parts of families, are in a different position from the unaccompanied children who are a particularly vulnerable group. The latter have lost the ordinary representation of themselves as children who are being taken care of by adults, when the assumption is that the decisions belong to the grown-ups. Precocious responsibilities are thrust on children without family, and yet it may be very hard for them to accept the alternatives provided by the authorities, which will feel so utterly unfamiliar.

Vorjat

My work with this fifteen-year-old boy enabled me to grasp some of the specificities of the adolescent refugee experience. He came to England as part of the Albanian flight from Kosovo. His family was, sadly, in a state of utter mental collapse. He was the only one of the four remaining

family members who had been able to emerge into a partial integration into a life outside the home.

Vorjat's father was taken by Serb soldiers from his home as part of the intimidation of the local population. He was assaulted and kept prisoner for several weeks. Meanwhile, his older brother, a student, was involved in university protests against what was taking place. He disappeared, and his disfigured dead body was discovered by his distraught Mother subsequent to the violent suppression of student protest. The final horror was the arrival of Serb paramilitaries at the family home and the rape of Mother in front of the two younger children, Vorjat and his older sister. When Father eventually returned, he rejected his wife as a consequence of the rape, as was widespread in this particular community. The family home was burned to the ground before their eyes, and they left their village with nothing.

I began once a week psychotherapy with Vorjat, following work by other colleagues in the multidisciplinary team which had revealed the following picture. Mother's mental health had totally collapsed. She was being cared for by a combination of medication and time spent in a local psychiatric day centre. She was described as barely able to dress herself or make a cup of tea. The impression was that the two adolescents managed things at home, the older sister Soraya within the house, and Vorjat as the family's external representative. Father seemed despairing and terrified that his required weekly visits to the police station would one day result in his being detained and returned to Kosovo or imprisoned. Neither parent had been able to learn any English. They were thus dependent on interpreters or their son serving as interpreter in all contacts outside the home. Soraya was unable to leave the house. She suffered from acute physical symptoms and was described as "nothing but bones".

Vorjat, however, believed in the idea that his family came here because they would get help, he would get an education (both parents had been well educated) and could then get a job.

He arrived on time for our first session after a long bus journey, a tidy, very clean, polite boy in school uniform. He seemed nervous, and frequently wrung his hands as he described how everyone in the family is sick. He told me he goes to get Mother's medicines for her—there would be no medicine if they are sent back to Kosovo. She would be dead if they had stayed there because there would have been no medical care for her. He knows no-one there any more. How would

they live?, he asked me, without any sense of rhetorical exaggeration. They have no house any more. There would be no money.

Later, I asked him about school. Worriedly, he said that sometimes he gets "crazy". People abuse him for being a refugee—"Go home", they say. "You're taking our houses." "Why doesn't your father work?", and so on. Sometimes, he can't bear this and gets into fights. Then he gets suspended, and his father gets angry with him and frightened that they will be in trouble. When I ask whether he can talk to anyone at school, he says "no-one knows about me". There was one other refugee boy, but he has left. Vorjat doesn't know what has happened to him.

In this first meeting, I spoke to him about his dislike of travel, picking up his vivid description of how sick he had felt on the bus. Noting how hard it was to get comfortable in my room, how tense he was feeling, I suggested it was difficult to cope with new experiences, like meeting me for the first time today. But I mainly focused on the evident conflict between the part of himself that wants to try to make use of school, wants to go on to college and do well in exams, and wants to use the opportunity of therapy, and the contrary pull towards joining his family who he feels have all more or less given up. I suggested he was letting me know he was afraid he would decide it is not worth the difficult effort. I spoke about how lonely it makes him feel if he tries to make something of his life when the others can't manage this, and how worried he is about his rage and his problem in controlling this.

The following week was half-term, and Vorjat got confused about which day of the week it was and rang to leave a message that he had got muddled and wouldn't be able to get to the clinic in time. That very week, the Home Secretary had announced his intention to allow families who had been living here as asylum-seekers for more than three years to stay—I had been wondering how Vorjat would respond to this hopeful news.

He arrived on time for his next session. It took more than half the fifty-minute session before he could tell me about this enormous change in the family circumstances. Before we got to that point, he spoke about feeling so sick on the bus journey. In Kosovo, he never travelled on buses—school was next door to his house in the village. He walked everywhere. I linked his distress about the bus journey to the long journey to England and, after a long silence, he then told me about this—the journey was undertaken under a tarpaulin in the back of a lorry, and they only travelled at night. He would wonder whether

the driver knew where they were. If they had tried to leave legally, they would have been sent back and killed. Now he likes to imagine having a passport and being able to travel like other people—would he ever want to go back to his country? Or might he go one day somewhere else in Europe on holiday?

After more long pauses, he described to me the mock exam at school yesterday. Everyone was terrified. Nobody knew it was going to happen. They were all taken into a big room with desks set out for the exam. His problem is spelling. He can speak and read quite well but spelling is difficult. Perhaps he might train as a mechanical engineer which wouldn't require him to be good at spelling—though he likes computers and IT.

In the last part of the session, I hear of his phoning the solicitor and of the social worker's visit to the family. Three times he tells me that he won't be sure of the news until they get the letter. I am able to explore with him the profundity of his distrust of what sounds like good news. I privately think to myself that his failing to come to the second appointment may well have been an enactment of his doubts about my reliability—was he testing out whether I meant it that he would have a weekly session with me? To my surprise, as he left, he said "see you next week, if you haven't forgotten me", which exactly expressed this point. The letter he awaits will come from authorities whom he fears may have forgotten his existence—he feels he has become a non-person, during this long wait. However, by contrast, he speaks of the social worker who arranged rehousing for the family with great appreciation. I realise that the task for me as therapist is to bring together these two sides of his way of seeing the world, to help him to modify his paranoid suspicion and despair by linking it with contrasting good experience which he recognises as benign. His personal optimism will then have more of a chance. At this moment, I have a sense of what our work will be about, and am quite hopeful about it.

If I try to capture the essence of these first contacts, it is to do with the balance of hope and hopelessness, so important a feature of adolescent depression (Rustin, 2009; Trowell, 2011). The sad and lonely feeling expressed by his rather limp, slightly placatory demeanour (as if not to offend at all costs), by his choice of the chair in my room closest to the door—furthest from me, barely making a claim on my time and attention, and also ready to make a quick get-away—by the stillness of his

body and low, inexpressive tone of his voice, all these were offset and lightened by the smile that occasionally lit up his face.

What was particularly difficult to comprehend was the meaning he attached to evidence of there being something worth hoping for, something that could change for the better. I began to grasp that one aspect of this was that ordinary impulses to fight for survival, to assert oneself, are inhibited for a variety of reasons. When good news arrives, it seems to offer an opportunity for a part of himself that has gone into a kind of hibernation to reappear. But that is a very dangerous moment. What enabled me to get hold of this problem was a puzzling set of conversations further exploring the misery of the bus journey to the clinic. The experience of feeling sick seemed an inescapable part of getting to his session. The slowness and unreliability of the bus services was a regular source of persecution. I began to think about the literal facts of his journey and to find myself dying to tell him that he could come by underground much more quickly. So powerful was the desire to take him out of the place of persecution (being stuck on the bus) that my comments to him about this feeling undoubtedly had a leading question aspect to them—had he considered other ways of getting here? Did he feel sick on trains in the same sort of way? The pressure to act out and offer specific help became irresistible, at one point. Our discussion got very concrete, and I found myself (to my alarm) explaining how he could use the underground to reach the clinic. At the time, Vorjat looked rather eager about this idea, and indeed asked me to write down the name of the station for him. I, however, had become painfully uneasy about what was happening between us, aware that my over-interest in a less troubling journey for him probably felt to him like evidence of my not being able to tolerate the unending misery he was telling me about. I also felt worried that I was taking over an ego function quite inappropriately, although I excused myself by reflecting on the absence of appropriate external support for him. His world did not seem to contain parents or other adults who could help with ordinary things like travel arrangements, and my acting-out was a response to this.

To make me even more anxious about what I had done, I was faced the following week with his absence—I received a message to say that he had to visit his sister in hospital. Whatever the real external aspects of this (and I do not want to underestimate the importance of her serious symptoms of inability to sleep, weight loss, and eating difficulties),

I felt clear that I had let down my patient in my failure to hold on to his hopelessness. Instead of bringing the ill aspect of himself to the clinic for my attention, he had shifted into an identification with me, becoming the one who has to look after someone else, to be the carer for his family, and to take on the missing parental functions.

A new aspect emerged when he told me for the first time of the details of what had happened in Kosovo before they left. He knew I had a broad sense of this from my colleagues, but it seemed very important that he himself put words to these grim events. What struck me particularly was his picture of his older brother, the student killed in the police repression of student protest. There was a palpable sense of the younger boy's admiration of his big brother, the clever law student, the one willing to stand up for people's rights. At the same time, the evidence seemed to be that resistance to oppression and assertion of oneself was deadly dangerous. Being willing to fight was mixed up, for Vorjat, with a dread of catastrophe. He spoke again of his anxiety about "losing it" when he feels provoked by other boys at school, and described a fight when he became blind with rage and had to be pulled off another boy whom he was pummelling to a ferocious degree. The difficulty of being in touch with his aggression in any controllable way was manifest, and the problem for me was how to link up his ever-grateful conscious attitude to me, the only feeling of which he was aware, with other very different feelings which he pushed to one side.

As we approached the first holiday break, I felt most anxious about how any link would be maintained. He came neither to the two last pre-Christmas sessions, nor to the first of the New Year. As usual, I wrote to him acknowledging each absence and reminding him that I would hope to see him the following week. I found myself puzzling over these apparently brief and simple letters, spending a long time to find the phrase that felt right—not too much or too little, was my aim.

When he returned in January, he was in very low spirits. I gradually clarified that he thought I would be fed up by his many absences and would cut the frequency of his sessions in consequence. There was an atmosphere of great difficulty about remembering anything and much depression about whether it was worth hoping for anything. In particular, they had still not heard from the Home Office. Vorjat also began, for the first time, to talk of having to give up his hopes of going to college after he finished GCSE. He will have to get a job straight away to support his family. For if they get passports and legal status, they will lose

benefits. No one else in the family can work, so it will depend on him. When he did remember why he had not been able to come last week, he explained he had had to take his father to hospital for an appointment for an internal investigation.

The following week brought a surge of hope with the arrival of the Home Office letter. "I got here", he said happily, as he sat down at the beginning of the session, and he had arrived on time. For the very first time, I had a picture of some ordinary life in the family—"My father woke me at 7.30. The letter had arrived and he wanted me to read it. I had forgotten to put on my alarm clock for coming here, and I was asleep. I read it to him three times. We have to go the solicitor to fill in the forms." Later in the session, he told me about a terribly bad stomach pain he has and his intention to go to the GP. At the time, I noted to myself that for once he seemed to be the one who might receive care (from me and from his GP), but I think it is also very relevant to note the probable somatisation of the anxiety evoked by hope, and the unbearably painful quality of taking in something that might lead to growth and change.

In succeeding weeks, there were continuing references to sources of support for hopeful feelings—a helpful solicitor who replaced the one who seemed to have forgotten them and gone off on maternity leave, stories of two teachers at school who had given him encouraging feedback in contrast to the usual idea that there is no one to understand. But the threat to this possible improvement in his prospects, external and internal, remained. Many sessions were cancelled (although one cancellation when Vorjat's sister rang me up to say that he was ill in bed made me feel less worried, since she seemed to be able to help to look after him by phoning me), and I struggled to work out what I felt I was being left to think about.

Reflecting on the meaning of absence by a patient is always hard. When Vorjat did not come, I believe he was giving me some psychic work to do on his behalf. His absence might be one that left me in the dark (no message, or only one that arrives after the time of his session); perhaps in that state of not-knowing, I am put in touch with the sort of experience he has had in recent years of not knowing what is going to happen to him and his family in the legal process. More darkly, it has the resonance of his family's terrifying experience when both father and then brother disappeared and left a household with no idea of where they were or whether they would return. The dread I was aware of on the mornings of his session was intense. I longed for him to arrive

safely but had a gnawing anxiety that he wouldn't. This was not like the ordinary experience of waiting for an adolescent patient. Perhaps my countertransference reaction was a response both to Vorjat's own fears of possible loss and anxious emptiness but also to the state of his internal mother, a mother whose mind has been blown to bits by an excess of traumatic losses. I sometimes felt myself to be a therapist who might be losing contact with my patient in a life-threatening way.

Another thread in my thoughts was the issue of guilt and responsibility. I have touched on this already in discussing what I felt to be my mistake when we were talking about how he could manage the journey. More distressing was the question about whether a three-week absence had been provoked by a change to the time of his session that I had had to make. At the time, it was not evident that this disruption of routine might be risky. In fact, rather otherwise, since in negotiating the alternative time we arranged, Vorjat was actually able to indicate that my first proposal was not good for him—in other words, to express a preference rather than to be compliantly accepting. So he came to the changed appointment with apparent equanimity. However, I wondered whether his subsequent absence was related to unconscious anger which could only be expressed in this passive way.

What alerted me to the likelihood of such hostility and protest being a part of what was going on was the discomfort I have felt plagued by in relation to my team colleagues. I found myself exceptionally irritated by the mistakes made by the team secretary in typing letters (my title, or the day of the week, being confused and necessitating re-typing), but even worse by a conviction that it was when other meetings were arranged in which my colleagues were in reality attempting to support the family as a whole—the link-up with Vorjat's mother's day hospital, for example—that he did not come to see me. I think there may have been something in my idea that two clinic-related appointments in one week couldn't be managed, and that it was his therapy session that was sacrificed as he settled himself into the role of the interpreter or carer for his parents and lost contact with his own needs. But what intrigued me was my irrational anger with my colleagues who, of course, were playing their part in looking after this distressed family but appeared to me as competitors for the opportunity to do any effective work. I felt helpless, left waiting for someone who failed to arrive, frustrated, and also jealous that others could be effective while I couldn't. This disturbing, irrational countertransference points to the extent of Vorjat's difficulties in expressing negative feelings of any kind towards me.

The empty session's capacity to stir dread is something to do with the fear that something has died. The penumbra of endless mourning was also very much suggested by the grey and black clothes Vorjat wore (partly, but not wholly, determined by school uniform) and his very pale skin, giving the impression of skin not much exposed to the light.

Occasionally, I got a glimpse of his own feeling of being unsure about the ongoingness of life. The sense of being forgotten and becoming a non-person in the eyes of powerful authorities was one example of this threat to existence. A second example concerned his school. Vorjat attended a school subject to "special measures" (a most unhelpful external echo of his internal insecurity), and he told me that he had learned that his school was to close. He went on to imagine a future in which he and other ex-pupils would be telling people where they went to school and no one would be able to understand because the school would have vanished. He was able to explain that he thought the building would have been pulled down and that there would be simply no evidence that the school he went to ever existed. Now we could hear and track the resonance of the lost home and destroyed village in Kosovo, but I was also struck by the picture of his sharing this situation with others who would also have lost their school. The absoluteness of his loneliness seemed to me modified at this moment.

One of the other ideas I kept in mind in the silent spaces within sessions—the long pauses in which I was left wondering if what I had said had struck any chord or not—was the matter of Vorjat's living in two languages. At home, English was a foreign language. At school, he learned pretty good English and conversationally there was no problem—he seemed linguistically like any London schoolboy. However, the silences in our conversations might represent some complex process of inner translation and processing. Some colleagues using interpreters have noted the helpful function of the space created by the time required for the interpreter to speak, and suggested that this slowing down of the process contributes to modulating the level of pain that the exploration of traumatic experience entails.

Wayne

Now I want to compare this clinical situation with one in which I came to see my patient as something like a refugee in his own country.

Wayne was an Afro-Caribbean boy of fourteen, living in foster care and attending a school for children with moderate learning difficulties

when I first met him. He had been brought up by his mother until he was eight years old, and abandoned to the care of social services at that point. I learned about Wayne's picture of this only after more than a year of therapy. He believed that she had had some trouble and had left him at the social services office temporarily and then been unable to find her way back to collect him. He felt she was still looking for him but had got lost, and that all kinds of accidents had prevented them ever linking up again—the office had moved, she had arrived after it closed for the day, a message had got mislaid, and so on. He gave the impression of a life spent waiting patiently. In the meantime, he had some contact with his father, grandfather, and a large collection of brothers and uncles and aunts—children of his father by other women were all described as his brothers. One in particular, a boy of four or five who lived with his young mother, seemed especially important, and when this couple left to live in Barbados, Wayne was palpably bereft.

He had been referred for therapy because of his troubling level of depression. He was a profoundly sad boy, almost emotionally inert in his failure to reveal any feelings about anything. It seemed likely that his limited intellectual functioning, which had led to a special school placement, was closely linked to the depths of his depression. His whole vital system seemed to have been closed down to produce a situation where he survived, but only just. He walked slowly and wearily, his body was limp in tone, his face expressionless, and he hardly spoke. His silence had led to the provision of speech therapy at his special school but seemed in fact to be the near-autism of a child whose mind had dropped to a very low level of activity. He was capable of almost complete lifeless inertia—sitting as if in a timeless world without movement or sound for extended periods.

When I met him, the trauma of abandonment, which I came to see as totally fundamental to his state, had unfortunately been repeated in the therapeutic setting due to the unexpectedly premature ending of work by a previous therapist. To her amazement, after long months of very, very little sign of life, in the final session Wayne made an eloquent plea for help. Though there were few words, powerful projective identification seized hold of her and this led to a conviction that a new therapist must be found. The waiting-list pressure imposed a delay of many months, but I was then able to pick up the case.

Earlier in this chapter, I explored the question of what happens when trauma enters the consulting room very concretely. In Wayne's case, the

problem was the degree of his passivity. This had the impact on me of evoking either a near deadly drift into an empty-minded state, in which all sense of life ebbed away, or of provoking irritability, and pressures in the countertransference to poke and prod and demand a response. This was manifestly counterproductive since I could observe that any enlivened or magnified communication from me caused him to shrink further down inside himself. It was extremely hard to maintain a level of interest and a sense of hopefulness that there could be some point in the sessions. Trying to understand this state as one communicated non-verbally by my patient, within which I was almost engulfed, did not seem to lead to my being able to formulate anything meaningful to him. Speaking about feelings of any sort seemed to be felt as a threat, but the presentation was more as if any reference to emotional experience was as unfamiliar as a foreign language, however simply I couched my interpretations.

The intense loneliness I experienced was added to by the weak sense of life around Wayne. His social worker had arranged for him to be brought by an escort to the clinic. I had met his foster mother once before beginning work. She was a grandmotherly figure with grown-up children and grandchildren, and prepared to go along with what the authorities suggested, but there seemed little evidence of life between her and Wayne. My experience in therapy soon suggested to me some of the reasons for her retreat into a position of limited involvement. Wayne's social worker left soon after I started work. My phone calls and letters to social services fell into a bottomless pit of non-response, and when he stopped being brought to his sessions just before the first holiday break, I had no one to link with. Foster mother had gone to Jamaica for a protracted visit, there was no social worker, and Wayne did not respond to my letters. The sense of hopeless re-enactment which could not be resisted was colossal. It was the very session after the one when I spoke to him about my forthcoming Christmas holiday that he failed to arrive. I was sure he felt I was leaving him—but then so were all the significant figures with potential parental responsibility in the external world.

Coming to life again

For about a term, I struggled between enraged attempts to achieve a response from social services or the foster family and a powerful sense

of futility and despair which pressed me towards giving up. The other children on the waiting list, the fact that the time I had given him was in reality a difficult one for me to protect from other demands, and the memory of the painful effort I had to make in sessions to stay alive to what was going on in the room, all conspired to create a drift towards giving up. Somehow I did not, and kept open his session time. To my astonishment, one day I got a phone call from the foster mother's daughter, who was looking after the household while her mother was away. She told me she was worried about Wayne. She knew he needed to come to the clinic so that he could be helped to express himself. She promised to bring him next week. Though very late, they did arrive—a lively young woman, her two young children bursting with energy, and Wayne as large and limp as ever. Because there were so few minutes left and it was many months since we had met, I decided to use the time to talk to Wayne and his foster sister together about trying to get the therapy re-established.

In the months that followed, there was never quite such a close shave with the death of the therapy, though very numerous smaller-scale repetitions. But I want to concentrate on describing an aspect of how I came to try to work. I saw that I had to investigate the imbalance between my sense of desperate effort to make contact and his mute retreatism. I struggled to slow down my words, to simplify sentences, to leave great amounts of time for a possible response from him, and to use any fragment of verbal communication from Wayne as a building block. We started to have conversations about how he couldn't think—his experiences of losing his thoughts, which at times we could see happening in sessions, and which I could try and link to the emotional significance of the lost thought. Tiny moments of spontaneous activity occurred, hoarded anxiously by me as providing evidence of potential growth in Wayne's impoverished mind.

Eventually, a new social worker appeared on the scene and played a helpful role in supporting the idea that Wayne might make the journey to the clinic on his own. He was now sixteen, and going to college. Despite many ups and downs, this shift was made, and it led to Wayne being able to talk to me about what happened to him on his way to the clinic. He usually came quite late, and I talked through with him what had gone on. He would explain about setting off from college (probably late already) and getting muddled about trains and stations then distracted by shops he passed and so on. One week soon after this,

he was ill and to my excitement he rang up the clinic and spoke to say he would not be able to come. He explained that he thought I would wonder where he was and be worried and that he wanted me to know what had happened. Another week, when, exceptionally, he arrived on time, I saw him glance at the clock in the corridor as he walked to my room. This, I felt, was a reproach to me as I had kept him waiting in the waiting room for two minutes, due to an urgent phone call. He almost acknowledged this when I referred to it.

There was one session that highlighted for me a significant factor in his emergence from his traumatised half-life and his greater access to his own mental life. He was telling me about his journey to the clinic, including almost smiling as he described going into a stationery shop to buy stuff he needed for college and his awareness that this would make him late. He seemed in touch with the aggressive aspect of choosing to keep me waiting and linked this to the "forgetting" of what his foster mother asks him to do at home—he gets up to respond but cannot remember what it is so then cannot do it. We talked at length about what had happened when he reached the station. He needed to get a Jubilee line train, but he was interested in the Metropolitan line going to Uxbridge (the opposite direction). He was wondering where the trains were coming from, where they were going to (almost like a little boy train-spotter). He was aware that, as he watched them, he was missing Jubilee line trains. The two sets of railway tracks intrigued him.

I could see the process of what he had always experienced as forgetting (something like dropping into black holes in his mind) becoming an active turning away. I felt I could describe to him his identification with a figure going-off-in-the-opposite-direction—like me at the end of a session, like mother a long time ago—who leaves the Wayne who wants to get here and be with me stranded and deprived of most of his session. Better to be the forgetter, than the forgotten one. But the most interesting thing is that the two tracks of thinking, like the two sets of railway lines, are simultaneously available to Wayne's inner vision. The sense of absolute loss of mindfulness has been replaced momentarily by a vision of choice and direction, and of awareness of the consequence of going one way or the other.

I think the rage, fear, hatred, and consequent guilt this boy might have experienced in relation to his abandonment was so terrible that there was a massive closing down of his mind. In treatment, I was brought very close to re-enactment of the abandonment many times,

in small ways within and between sessions, and in gross ways in terms of the repeated efforts I had to make to sustain the therapy and the temptation to give up. The powerful feelings I refer to were mostly evoked in me—rage with social services' inadequacies, for example, guilt about the near repetitions that kept happening, and hatred of the passivity I witnessed which evoked my aggression. I was powerfully reminded at times of the dynamic of relationships between enslaved peoples and their all-powerful masters. All sense of potency often seemed to lie with me, and none with Wayne. The sort of boredom and emptiness one faces in sessions with silent, passive patients like this is a chilling challenge to one's equanimity. Too little anger about the waste of a life will lead to a deadly collusion, an enacted abandonment of the live child, too free an expression of it to frozen terror in the patient, whose belief is that the life in him was responsible for all he had lost—mother couldn't cope with him, he was too much for her; the only hope of holding on to someone is to be an inoffensive mouse.

These two boys, both at the time of treatment at an age when ordinarily adolescent passions, excitement, and discomfort might be expected, faced me instead with a state of depressed inertia which I would describe as a psychic failure to thrive. The perpetual threat of the death of the therapy was the core clinical issue and the mode by which their earlier traumatic losses and their psychic consequences could be approached. The devastating way in which dreadful external events had penetrated and damaged their minds and the ongoing failings and cruelties of the systems on which they were dependent made for many technical difficulties in the therapy—the differentiation between internal and external reality was not easy to make, and the pressure on the therapist to focus too much attention and feeling on external problems was continuous. Getting the balance wrong would only add an additional layer of failure to provide what was required.

There were truly unbearable aspects in these two lives. To help these boys to bear things in a realistically hopeful spirit was my task. I think what helped me was to go on trying to describe—to find words for my thoughts and observations, the majority of which were private to myself, part of an ongoing internal conversation. The concept of the unbearable brings to mind Bion's phrase "nameless dread" (Bion, 1962). If it can be named, it is defused of some of its power and can then be further investigated, become an object of thought. Without this process of thinkability, such young people are vulnerable to dangerous

degrees of violent emotion that can either be turned inwardly against the self (as is so evident in Wayne's case), or may erupt in violent enactment, as sometimes happened with Vorjat. It was disturbing to learn that two of the would-be bombers in London in July 2007 were refugees from Eritrea and Somalia, who had arrived in Britain as young adolescents fleeing from horrific civil wars. The globalisation of all our lives makes it urgent that we think hard about the risks facing young people burdened by unbearable experiences in communities where the adults are often totally unable to provide containment. The combination of intergenerational breakdown in families and international failures of responsibility leaves a dangerous void. Psychoanalytic thinking can, however, enable us to begin to understand the internal processes that can make traumatic loss into something so terrible that it can only lead to a form of repetition compulsion in which both self and other will be trapped in torment and devastation.

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