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### BOOK CHAPTER

**Original citation:** Rhode, Maria (2011) *Some reflections on the individual therapy: Themes and interventions*. In: Childhood depression. A place for psychotherapy. The Tavistock Clinic Series . Karnac, London, pp. 125-136.

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and without the containment provided by the Project, the supervisors, and the Project Director. There were certainly occasions when it would have been easier to maintain the status quo rather than confront the avoidance of difficult issues. Here we were helped by discussion with our colleagues, who could maintain an objective stance. It was a reminder of the important role of supervision and colleague support when working with such difficult and risk-laden situations under the impact of strong emotional projections.

To return to the research: a simple research questionnaire was devised to be filled in by all the parents at the end of the Project, asking them about both their own experience of the work and their view of the children/young people's therapy. Within this small group of families, there was a clear correlation between those families where the parents had felt positive about the young people's therapy, and those young people who had been able to make use of it. Overall, the parents' reports were positive about the help offered by the Project; they valued both the help offered to their children/young people and the support available for themselves. They valued and used the opportunity to think about the difficulties inherent in parenting worryingly depressed young people; also, by addressing their own family and parenting issues, this enabled the young people to move on with their separate lives.

## CHAPTER EIGHT

### Some reflections on the individual therapy: themes and interventions

*Maria Rhode*

The three chapters by Jane Cassidy, Agathe Gretton, and Jackie Hall focus on work with the individual child. While Gretton stresses the overwhelming challenge that the developmental tasks of adolescence represent for depressed children, Cassidy's main emphasis is on "working through in the counter-transference" (Brenman Pick, 1985), and Hall concentrates on the technical problem of phrasing interventions in a way most likely to support the child's sense of autonomy. Each of the young people we hear about comes over very much as an individual. What greater contrast could there be than that between Gretton's patients Sarah and Samantha—the one vividly present, larger than life; the other elusively always on the point of vanishing, both physically and emotionally? Add to these individual differences the cultural differences that emerged between treatment centres, as well as the inevitable differences in emphasis between treatment modalities and even between supervisors within a given treatment modality, and any attempt at generalizing from the clinical work in the Childhood Depression Project begins to look like a daunting task.

And yet, common features do emerge, both from the therapists' accounts and from Project discussions, both within and across

Centres. In what follows, I shall concentrate on three main aspects of the work: some recurrent themes emerging in the course of treatment; technical adaptations made by the therapists in response to the young people's state of mind; and the impact on both therapists and supervisors of working within a research project. In conclusion, I shall offer some speculations on the type of depression encountered in this study, and on the surprising degree of improvement achieved by these very troubled children and young people after a relatively short intervention.

### *Some recurrent themes*

Identifying recurrent themes across a group of young people treated by different therapists who were, in turn, supervised by different supervisors presents obvious methodological challenges. Workers in the family therapy arm of the Project (Campbell et al., 2003; see also chapter 11, this volume) addressed such challenges by identifying what they called "significant moments". Each therapist presented to a group of colleagues the video-recording of what they felt was a turning point in the treatment. These moments were then discussed by the whole group of family therapists, who analysed the context and generated the categories that Campbell lists in his chapter. While it would have made obvious sense to use a similar methodology within the individual arm of the Project, preliminary discussion with the therapists revealed that they did not think in terms of significant moments but, rather, in terms of the evolution of the therapeutic process. This does not in itself imply that "significant moments" were not a feature of the individual work; merely that the conceptual and practical framework of the individual therapists (including the absence of video-recording as part of ordinary clinical practice) did not favour the emergence of this shared way of thinking.

Apart from the therapists' clinical accounts, a preliminary overview of the work formed part of regular whole-Project meetings throughout the treatment phase. Second, based on the process notes of work with three of the children, a preliminary frequency count of themes and interventions was conducted (Trowell, Rhode,

et al., 2002): some of the tentative findings concerning two of these children have been published (Trowell et al., 2003). Future aims include systematically transcribing the taped recordings of sessions and carrying out their analysis by means of grounded theory and interpretive phenomenological analysis (IPA). A comparison of those sessions so far transcribed with the process recordings of sessions suggests that these process recordings were an essentially accurate account of themes, sequence, and "orthodox" interventions, but that some of the less orthodox interventions were not included when the therapists wrote their process notes. As Cassidy has written, listening to the tapes allowed the therapists to become aware of aspects of the countertransference that would normally have escaped their attention. The role of the tape recorder as representing the research framework of the Project is discussed in Trowell et al. (2003).

Overall, what emerges from these various sources is the degree of existential anxiety that these children and young people experienced. Gretton's patient Samantha summed this up powerfully:

"I feel like a tramp; a tramp does not have a home, a tramp lives in the street, looks for shelter, does not have proper clothes. Nothing fits, I feel like a tramp, I don't belong anywhere."

All the children and young people, to a greater or lesser degree, conveyed the sense that they did not feel that they existed, or that they had the right to exist. They suffered from a high degree of annihilation anxiety. Different aspects of their personality could not be integrated within a sense of self that felt reasonably coherent. They worried that their own development occurred at someone else's expense, typically at the expense of their parents; transgenerational issues were salient within the families. One could think of these themes as a cluster concerning the foundations of the sense of self. In my experience, this cluster is characteristic of children on the autistic spectrum, who are so centrally concerned with the problem of what Winnicott (1956) called "going on being". It may also be met with in the material of seriously ill children in hospital, who are literally under threat of death, and in the material of some looked-after children with a traumatic history involving many placements, whose sense of a continuing, rooted identity has been disrupted by the circumstances of their life.

The main themes that emerged from the whole-project focus groups are as follows:

1. Identity and sexual identity.
2. Having nothing of one's own/being a "have-not".
3. Living in a "black hole".
4. Living and growing at someone else's expense.
5. Being unable to perform.
6. Fear of damaging the parents' marriage.
7. Fear that aggression is unmanageable/intolerable.
8. Fear of being murdered by a Mafia-type gang (generally at school).

These themes are obviously interrelated: the central issue could be formulated as a conflict between the aspiration to a life and identity of one's own, and the fear that this would damage others, particularly the parents.

From Freud (1917) onwards, the way in which aggression can be managed, and its central role in depression, has been at the core of psychoanalytic theory. The phrase "living in a black hole" was a direct quote from one of the patients. Highly unlikely as it was that he would know about Frances Tustin's (1972b) description of the "black hole" experiences of children on the autistic spectrum, his choice of expression lends force to the suggestion that these young people were encountering elemental, "autistic" levels of existential anxiety. The degree of this anxiety was perhaps surprising to those working on the Project, but a language already existed within psychoanalysis to describe the phenomena: the sense of not existing, including the fear of falling (Bick, 1968, 1986; Tustin, 1986; Winnicott, 1949), the vicissitudes of aggression and guilt (Abraham, 1911a; Freud, 1917; Klein, 1935, 1940; May, 2001), the fear of, or perverse reliance on, gang-like personality structures that were sometimes felt to be located in the outside world (Meltzer, 1973; Rosenfeld, 1971; Steiner, 1993), and the impact of transgenerational factors, or "ghosts in the nursery" (Fraiberg, Adelson, & Shapiro, 1975). However, these categories and the phenomena to which they refer are unlikely to be an artefact caused by the theoretic-

cal framework of the psychoanalytic psychotherapists. The family therapists developed categories that, though framed in very different language and based on a systemic theoretical framework, in fact described similar phenomena. This did not become clear until there was a presentation of the Project involving two supervisors—a family therapist and a child psychotherapist—as well as the Project coordinator, with enough time for detailed explication and discussion. The similarities between categories that had been independently developed then became compelling. "Living in a black hole", for example, could be seen to refer to the same phenomena as "the attractive force of sadness"; also, the importance of fathers' involvement, as emphasized by the family therapists in relation to "significant moments", could be related to the fear of damaging their parents' marriage that was expressed by so many of the children in individual treatment. This convergence of categories arrived at in differing ways by workers in different treatment modalities, and with divergent theoretical frameworks, strengthens our belief that the phenomena in question are central to the young people's experience.

A more detailed examination of the process notes for several of the children and young people suggested the possibility of some interesting patterns. First, an important deepening of the therapeutic relationship often seemed to occur around Sessions 12 to 15—that is, between one third and one half of the way through the treatment. It was as though entering into the middle phase of the treatment enabled the therapists to focus on the transference relationship, even while retaining a light touch in the way they interpreted (see below). Sometimes, though not always, this development was supported by the experience of the interruption of a holiday, bringing with it the young person's heightened awareness of feelings towards the therapist. Cassidy, for example, describes her increased ability to take up her countertransference experience with Richard instead of acting on it: this followed immediately on a holiday break.

Explicit references to the theme of identity tended to increase in the course of treatment. Some two-thirds of the way through, a number of the young people appeared in new clothes, as though giving concrete expression to a developing sense of self. The way in which aggression was handled changed significantly during

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treatment, though in different ways for different children. For example, Richard's material at the beginning of therapy was full of references to damaged people and to the explicit fear that he was to blame for his parents' marital break-up. By the end, he was able to say straightforwardly that he resented some of their behaviour, and his appropriate assertiveness did not need to be inhibited, as he no longer confused it with aggression. No doubt this development was supported by his therapist's ability to address his subtly contemptuous behaviour and to show herself as someone who could tackle hostility straightforwardly, and who reliably returned from holiday breaks in spite of it. Sarah was different, in that she hardly ever expressed any direct criticism, even at the end of her treatment. However, from the middle of therapy onwards, she began to use play for the purposes of projection and role reversal, in which her therapist was supposed to suffer a variety of experiences of being excluded, misunderstood, or tantalized. This role reversal seems to have served as a container for her aggressive impulses, as well as making it increasingly possible for her to cast off a negative self-image. In the last six sessions of her therapy, when this process was at its height, there was a dramatic drop in her negativity score on the Moods and Feelings Questionnaire. In the treatment of a number of the young people, it is tempting to link this development to the appearance of new clothes, or to a focus on having a room of their own.

Transgenerational issues manifested themselves in a variety of ways: in the parents' accounts of patterns of sibling relationships that were repeated in successive generations for instance, as well as in the young people's explicit statements. Richard, for example, was aware of parallels between himself and his father, in that they both lived with their mothers, and it was as though he felt trapped by the absence of an adult male role model, whose position he could aspire to, envy, and grow into. Sarah stated at the beginning of treatment that she was exactly like her mother, who in turn was exactly like Sarah's grandmother. She seemed to understand comments by her parents as meaning that her life was theirs to control while she lived at home, and she could not envisage helping herself, because of the bad consequences there might be for them. (For instance, if she stayed off school, where she felt acutely miserable and under threat, she thought that they would be sent to prison.)

In contrast to Sarah, who saw herself as exactly the same as her mother, Samantha presented as her mother's polar opposite, but she shared Sarah's feeling that what was good for her was bad for her mother, and vice versa, and that it was impossible to accommodate the needs of both. Another girl, whose treatment is not described, identified herself, and was identified by her mother, as the daughter who was unable to perform in areas where her sister excelled. This pattern, which modified in the course of the work, turned out to have been the family pattern in the previous generation, as well as applying to the maternal aunt's children. In other words, powerful emotional factors played an important role in the degree to which each of these children could claim their own identity and access their capacities.

#### *The therapists' interventions*

Most of the interpretations made by the therapists were on the level of describing or validating the young people's feelings, as well as filling in implicit links. This kind of mirroring intervention sometimes extended to descriptions of the patients' behaviour, and to the thoughts that the behaviour suggested to the therapists. Often the therapists' descriptions were couched in terms of a shared atmosphere—"it feels sad", rather than "you are feeling sad". As treatment progressed, with the experience of holidays that brought the relationship between the young person and the therapist more into focus, transference interpretations became more frequent. However, these generally consisted of clarifications, descriptions, and validations of the patient's feelings towards the therapist, rather than suggestions that the patient's attitude towards some other figure in his or her life applied to the therapist as well. It may be that the oedipal connotations of this kind of link, which could have been felt to threaten the child's place, would have been particularly difficult for this client group to tolerate. As one of the therapists put it, "I feel that if I talk about myself, there's no room for her".<sup>1</sup>

This emphasis on mirroring, which the therapists largely arrived at intuitively, makes sense in view of the lack of a solidly

established sense of self in most of these young people. As Alvarez (1992) has written, it is important to name and describe before attempting to link. Descriptions of shared atmospheres ("it feels sad") imply that acknowledging emotions need not mean being isolated; this approach makes it more likely that the young person will feel validated rather than accused, trapped, or condemned. This is particularly important for children who may feel that their position is at least partly a function of family patterns, as well as of their own individuality.

### *Working within a research project*

It is probably fair to say that initially the therapists and supervisors expected working within a research project to be a source of unwelcome constraints. All sessions and supervisions were taped—a matter of greater concern to child psychotherapists than to family therapists, who use video-recording as part of their everyday clinical practice. Additionally, in a number of instances, the research team had to approach families during a particularly delicate phase of treatment in order to administer research questionnaires, which aroused considerable anxiety in the clinical team about losing the case. Again, using a Manual did not sit easily with the emphasis in child psychotherapy on the importance of responding individually to each child. Most fundamentally, the idea that it would be possible in the time available to make a worthwhile difference to these severely troubled young people was not immediately convincing to professionals who were both accustomed to working with children who needed prolonged input and aware of studies (Fonagy & Target, 1996) that pointed to the greater long-term effect of intensive work.

In practice, these worries proved to be unfounded. Research requirements did not interfere with the quality of emotional engagement with each client that is fundamental to child psychotherapy. On the contrary: all the therapists felt that the structure of the Project, and the degree to which thought was given to each facet of each case, provided them with an additional layer of structure and containment, which was beyond that afforded by

the close cooperation within a multidisciplinary clinical team and by the supervision that was built into the Project. Cassidy gives a particularly telling example in connection with Sam, who put substantial pressure on her to extend his sessions, just as his mother put pressure on the parent worker. This could be rectified through the intervention of the case supervisor, who in turn could refer to the structure of the Project, and the overall Project coordinator.

This incident was particularly instructive because it meant that the whole team—but particularly, of course, the therapist and parent worker—had to take on board the possibility of failure. At the time of finishing, Sam was not yet back at school. The implication was that therapist and parent worker *were* being deliberately and wilfully withholding, that they would be to blame for Sam's continuing problems. As Cassidy has illustrated, dealing with guilt was a long-standing problem for all members of Sam's family, and one that perpetuated their unhelpful enmeshment. The fact that therapist and parent worker could face the imputation of guilt, and stick to their joint decision rather than allow themselves to be turned against the conditions governing the Project as a whole, meant that they were able to provide the example of a professional "couple" who did not allow a wedge to be driven between them, even while they could empathize with their clients' point of view. Such an example provides a fundamental sense of security for all patients, but is particularly important for children of divorced parents, who naturally hold themselves responsible for their parents' separation, however unrealistic this may be. Britton (1983) has pointed out how frequently the particular structure of clients' problems can be seen to resonate within the relationships in the professional network, and attention to the model provided by these relationships is an important component of an intervention. As I have said, the fear that they had damaged their parents' marriage was a recurrent theme in the children's material, and one that held them back from developing and asserting themselves. The therapists addressed these oedipal anxieties, but the message would not have been convincing had it not been reinforced by what the families could observe about relationships within the Project. (Indeed, there are cases in which this kind of modelling seems to be the major agent of change: Rhode, 2003). In the event, the parent worker helped Sam's mother to support his father's

attempts to get him back to school, which were ultimately successful. At the research follow-up interviews, all members of the family were fulfilling their own lives in a way that was appropriate to Sam's age and contributed greatly to the improved relationships between them.

However, finishing treatment after only 30 sessions was a struggle for all the workers; these were very troubled young people, and ending often felt both wrong and cruel. One of the Athenian therapists voiced this for us all at a Project meeting. "We have three sessions left", he said, "and this boy has just begun to talk about his sexual identity. What in the name of Heaven do we think we're doing?" What the therapists could do, with support from the supervisors, was to address the young people's feelings of disillusionment with a therapist who was stopping when work remained to be done. It was important to acknowledge that this should not be happening, and that the ending could arouse feelings of hatred that were completely justified. It was the therapist's acknowledgement and understanding of this hatred that helped the young people to feel it might not be overwhelming, and which ultimately supported their confidence in the power of their own love. We believe that this work is an important component of the so-called sleeper effect—that is, the considerable improvement seen between the end of treatment and later follow-up in the children who had individual psychotherapy. This improvement suggests that something from the therapy has been internalized and continues to exert an effect. Interestingly, Long and Trowell's (2001) analysis of a previous study of sexually abused girls showed that two factors distinguished those children who did well: the parents' willingness to become involved in the treatment process, and the ability of the therapists to address negative feelings surrounding the end of treatment. While psychotherapists would expect this to be the case on theoretical grounds, the fact that it had been demonstrated with regard to a highly vulnerable group of children who had also been offered only 30 sessions was reassuring to therapists and supervisors alike.

This process of the work on ending the treatment seemed to us so important that we took care not to interfere with it by dwelling on the possibility of more treatment after the follow-up research

interviews, even when this seemed to us to be desirable. In fact, when some of the young people were offered further work, they said that they did not feel the need for it at that point. Equally, some felt at the time of finishing that they were ready to move into the next stage of their lives. Partly, no doubt, this was realistic; partly, for some, it was a way of conveying to the therapist the painful sense of being outgrown and left behind, just as parents are left in the course of the developmental phase of adolescence.

Transgenerational enmeshment was typical of these families. Because of this, the structural place of supervision within the Project—as distinct from its function as a source of understanding—was more important than it might have been with a different kind of case. Supervision is often thought of as providing the triangulation of an additional point of view, with the supervisor in the role of a supportive partner to the therapist in her task of addressing the child's problems. The central role of this oedipal constellation in supporting thought and reflection (Britton, 1989) is obviously crucial to the child's development (Rustin, 1998), and particularly so with these children of separated parents. In addition, however, the supervisor could be seen to be fulfilling the function of a supportive grandparent, and I suggest that this may have played a significant role for families in which transgenerational issues were so prominent.

As a supervisor within the Project, it is certainly the case that I experienced powerful feelings to a greater degree than is usual in that role. For instance, one therapist repeatedly said how inadequate she felt and how convinced she was that she was not doing her job properly. This feeling persisted, in spite of the fact that she was working conscientiously and well, that the patient was responding, and that I was able to show this to her. However, before long I began to feel acutely that my best efforts to help her were not succeeding, that my suggestions were incomprehensible—in fact, that I was not doing *my* job properly. These feelings were so immediate and distressing that it took some weeks before I could see them as a reflection of the patient's own overwhelming feeling of inadequacy, communicated to her therapist and, by her therapist, to me.

*Concluding remarks*

As it turned out, this intervention proved to be surprisingly successful for “double depression”, which is notoriously difficult to treat, as well as for major depression and dysthymia (Trowell, chapter 2, this volume). Although this must remain speculative until a comprehensive analysis of the transcripts can be carried out, I would offer the suggestion that part of the reason for this success may lie in the particular kind of depression for which the instruments appear to have selected. These young people showed all the preoccupation with the consequences of aggression that Freud (1917), Klein (1940), and others highlighted as the central factor in states of depression. In ordinary clinical practice, psychotherapists might expect such preoccupations to take a considerable time to modify. What seemed to distinguish the young people in this study was the degree and urgency of their existential anxiety: whether they existed as separate people, whether they had the right to exist, whether their own development occurred at the expense of their parents—all these were central issues. Perhaps a relatively brief intervention that focused on recognizing and describing their experience, and which in this way directly supported their sense of identity, could for this reason bring about more improvement in this particular group of depressed young people than might be expected in another group for whom existential anxiety was less important.

*Notes*

Previous versions of this chapter have appeared as part of Trowell et al. (2003).

1. For a longer discussion of some of these technical questions, see Trowell, Rhode, & Hall (2010), as well as Hall, chapter 5, this volume.

## PART III

## FAMILY THERAPY

*The family therapy group used the opportunity of the Childhood Depression Project to give themselves permission to spend time meeting to review their work, viewing the tapes and discussing the sessions. Throughout the Project, the group met monthly, in addition to the supervision that was integral to the Project. Again, after the end of the Project the supervisors David Campbell, Emilia Dowling, Sara Barratt, and Renos Papadopoulos continued to meet to review the work. David Campbell also developed a study looking in detail at some of the sessions.*

*The chapters here arise from these discussion groups.*

*The therapists Sue McNab, David Pentecost, Vicki Bianco, and Henia Goldberg consider the issues of the Project for the family therapists. Emilia Dowling and Sara Barratt consider the issues for the supervisors of family work. Finally, David Campbell reports on his project, a detailed micro-analysis of some sessions.*

*All the family therapists found working within the Project challenging and, additionally, that the amount of external liaison involved was much greater than usual.*