

The Tavistock and Portman
Leaders in mental health care and education

Tavistock and Portman E-Prints Online

JOURNAL ARTICLE

Original citation: Sternberg, Janine (2007) [Clinical commentary. On a child who has experienced loss and trauma receiving therapy.](#) Journal of Child Psychotherapy, 33 (2). pp. 252-255. ISSN 0075-417X

© 2007 Janine Sternberg

This version available at: <http://taviporttest.da.ulcc.ac.uk/>

Available in Tavistock and Portman E-Prints Online: Oct 2009

The Trust has developed the Repository so that users may access the clinical, academic and research work of the Trust.

Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in Tavistock and Portman E-Prints Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain. You may freely distribute the URL (<http://taviporttest.da.ulcc.ac.uk/>) of Tavistock and Portman E-Prints Online.

This is an electronic version of an article published in 'Journal of Child Psychotherapy' c 2007 Copyright Taylor & Francis; 'Journal of Child Psychotherapy' is available online at: <http://www.informaworld.com/smpp/title~content=t713735277~db=all>. You are encouraged to consult the remainder of this publication if you wish to cite from it.

Clinical Commentary

Clinical material

Background

Helen is the seventh of 10 children born into a family where abuse and neglect were rife. The oldest sibling, a girl, died in adolescence, and the youngest sibling died as a baby. The family had been known to social services for some time and were described as 'a feral gang'. The neglect in the family was severe, such that in her early years Helen had little or no education, and often went unclothed and unfed.

When she was four and a half years old she was placed into foster care, with five of her siblings. She had a number of short-term placements, until at five years of age she was placed with the Saunders family. The Saunders family consists of Mr and Mrs Saunders and Mrs Saunders' daughter, who has special education needs and is two years older than Helen. Mrs Saunders' mother, known as Nan, is closely involved and lives nearby. The family have two pet dogs who are very much part of the family.

Once settled into this more long-term placement, Helen was referred to the CAMHS service where I work, although this was still quite a distance from where she lived and she was brought in a taxi, accompanied by Nan.

Following assessment, she was offered psychotherapy three times weekly, and by this time she was six years old. A therapist worked with Helen for 18 months, but then unfortunately this therapist left the clinic. I took over the case and began seeing her, also three times per week. This session reported below took place very early on in the therapy; Helen was eight years old at the time.

Helen has always engaged passionately with the therapeutic process. She uses everything available in order to communicate her preoccupations – myself, the room, the furniture and her toy box. She has a vivid imagination and is interested in music and drama. The sessions are thus generally highly dramatic in every sense of the word.

The major themes she is exploring in therapy are those of deprivation and abuse – key themes from her early life. She is an observant girl, with an excellent memory. She is able to use actual memories of her early abuse and weave them into her 'stories and plays'. I often play the part of the abused victim, where she is in identification with the abuser. In this way, I feel, she attempts to take some control over her damaged internal world.

First session back after the first Christmas break

Monday's session was cancelled as the taxi didn't arrive.

At the next session, Helen was still in the toilet when I arrived to collect her. Nan said they'd had a new taxi driver, adding (resentfully) that she had had to direct him! Helen emerged and Nan asked me if I'd had a nice holiday. Helen said, 'We didn't, C, me and Nan all had a stomach bug and F is still ill with a cold.' Helen seemed to want to chat about this for a bit and I felt was making a bridge over the holiday gap. She then turned her head and ran for the room. I followed and when entering the room did my usual thing as she hid under the sofa, leaving a chair in a different position as, I said, 'a clue to find you'.

She then spent a few minutes telling me she'd been hurt by Sandra at school. 'She scratched me with a pencil,' Helen said, and showed me the mark on her lip and finger. I said she was telling me how she felt hurt and asked why Sandra did this. 'Because she thought I was taking her friend away so I played with —' and she listed three boys. I said she was telling me about people who get angry if something or someone is taken away from them, and wondered aloud whether she was also thinking about not seeing me over the holidays. Did it feel like she'd also had something taken away, I asked?

She ignored this and said, 'I was thinking about what we'd got up to in the taxi — where was the —?' and she listed furniture and the blanket. We (mainly she) gradually remembered and I said that she wanted to carry on as if there wasn't the holiday in between; she nodded. She then said, 'But now it's Part 2,' and I said that she knew we'd had one term of work and this was our second term. As she moved furniture she said, 'I'm strong, Elsa [previous therapist] thought I was strong. She told F and F told me.' I said that she was telling me she knew I had good thoughts about her, and she'd had holiday breaks with Elsa and knew she and Elsa could hold on to the good things between them, and she hoped she and I could do this as well after our first holiday break.

Then she lay down across the sofa and chair, covered in the blanket, and said she was the boy tiger Jonathan asleep (as last time) with Emma the dolphin, and I as Jonathan's girlfriend had to come. She then told me she didn't love me any more. In play, I cried about this, at which she (as Jonathan) relented and (as before) said Jonathan loved both of us. I spoke about me needing to know how sad it was to feel rejected and not loved, but she didn't want this feeling around for long. She then lay sleeping between her two girlfriends, who she introduced to each other. I asked whether L would be jealous of Emma. 'No, they don't mind,' she said. I, as Lauren the human mother, had to take a photo of the three of them. As I did so, I said that the photo was like a memory, that she wanted to have a picture in her mind of being loved and wanted by two girlfriends, like she was the special one in between. I then added that perhaps this also linked with her having had two therapists, who she hoped both cared about her and made her feel special.

She then changed her position, so that she now lay the other way round. She pushed the chair so there was now a gap between sofa and chair, which I described and linked to the holiday gap. She fell down it in a controlled way and lay there 'sleeping', saying she was having a nice dream. I said that she'd fallen down the gap but it didn't seem to be a

disaster, and maybe she was telling me she had managed the holiday gap peacefully too. Then she began to writhe, saying, 'I'm having a bad dream,' but she didn't know what it was about, except 'a bug has got into my hair. You have to take it off and stamp on it and kill it.' I took the bug off and asked why it needed to be killed. 'If you don't, it'll get in my hair again.' I said that even in a peaceful sleep she got disturbed by buglike things that got in and turned things bad, and I linked this to the holiday and her having to stamp on/kill buglike others that I might have seen and who disturbed her.

She then began chasing around the room on all fours in quite a desperate way, saying she was looking for little frogs to eat. I said it looked like she was frightened and being chased by something scary. She hid behind my chair and it felt like she was hiding from me, so I said that perhaps she felt she had to hide from me and that maybe I was part of her bad dream. 'No,' she said, emerging, and then continued chasing the frogs. 'There's lots of them,' she said. Then she stood up and gracefully flapped her arms, asking, 'Guess what I am now?' I said, 'A bird,' and she flapped around a bit and said she was making the 'biggest nest ever' as she folded the blanket on the floor. She told me there were eight eggs in it and wrapped herself and the eggs in the nest. I said perhaps she was showing me how she coped with the bad things about the holidays. She made herself in charge of the nest and eggs to make sure she had a safe place to be, and it was she who had the eggs so she wouldn't have to kill the bugs and frogs and other children that might get into my mind in the holidays. The eggs began multiplying in number frantically as she continued to fly gracefully and nest-build, and I remarked what hard work it was to keep all this going. She then 'magicked' me so I could fly with her and said, 'You and girls can fly but not men.' Then she said that she had to defend her nest against the horrible man, and flapped viciously. I said she needed to make sure no man was near the nest or in my mind, and she'd do all she could to keep that man away. It was soon the end of the session and she was annoyed about this, saying, 'It's not fair,' but she allowed me to help her leave.

First session following the Easter break

In the waiting room, Helen was hiding behind the chair by the door. She jumped out when I said I was there. She had something to show me – a Barbie heart in a packet containing lots of rings. I was only allowed a quick look, then she put them back into Nan's bag and ran off, only to return saying she'd forgotten her fleece, with which she swished me, and she bounced out of the waiting room. I felt very pleased to see her again.

She had moved 'my' chair a few feet and hidden under the sofa, clutching her fleece. She told me to look there, and I was thinking that as before I would see a kitten, but she made a 'woof' sound to let me know it was a dog, a puppy holding a fleece. I asked where Helen was, and was told she still had fleas so couldn't come as she had to have her hair seen to. I expressed sadness at this, after such a long time apart over the holidays, and so I had to be the one who couldn't see who she wanted. I took on the kitten/puppy part as she instructed: she said that she had my (pretend) fleece and she'd taken it and I had to chase her. I was not allowed to catch her. She said she had cut her leg and it was bleeding and I had to call the ambulance. She made it clear that I was not allowed to

help or go near her or she would scratch me. I commented on being kept at bay, not able to be helpful to her at the moment, and how I was to feel robbed of my fleece that should keep me warm. I said I was robbed and in the cold.

Helen then took some keys out of her fleece pocket and told me they were the keys to her back door. She had been allowed to lock it when she left for Nan's (no school today, so arrangements appeared to be a bit different). She said this proudly, and then taunted me with the keys, saying I could not get them and nor could the ambulance people who I had called to help me and her. I spoke again of having to feel robbed of something important, and linked this to the holidays and how I felt she was showing me what it was like not to be able to have something I wanted and needed – like the keys and the fleece. I added that she had also shown me rings in the waiting room and I was to know that she had all these things that I did not.

She then said, 'Now I'm Emma, your daughter,' and she sat on the upturned bin and began to pretend to cry. In answer to my question, she said, 'I've come back home, my boyfriend broke up with me because he said I'm a stupid little madam' (and she showed me her 'little madam' T-shirt). In the game I was to be pleased to see her and also able to read in her eyes why she was crying. I said that she was showing me how sad she could get over separations, and asked whether the holiday between us felt like this, and whether I should be able to see it from her eyes. She then jangled the keys and I had to ask: 'Have you got the keys?' She replied, 'Yes, I found them on the floor.' She gave me the keys, saying I could only touch the yellow (plastic) part, not the silver (metal) part, and I had to put them in the bin with her shoes, and I had to do it until I got it right and touched the right part. She was quickly aggressive if I got anything the slightest bit wrong; I said that I had to get things just right, especially after the two-week holiday, so she would know she had a place with me. At one point she took the keys, covered herself with the blanket and said she was a ghost, and that I was to ask it for the keys and I was to be refused and frightened. I said that not only could I not have my keys back but I was to feel alone and frightened too – very small against the frightening ghost. I added that perhaps she was telling me about her worries of ghosts getting in here or into me over the holidays.

Then I was to be John, the boyfriend, coming back to say sorry to Emma. I did this and was at first refused and told Emma loved someone else. Then I spoke about left-out feelings, then being accepted back, except that the little puppy might not let me stroke it as it did not know me. I said that she wanted us to be back together as before the holidays, but there were still some difficulties in trusting.

Then, as the little puppy asleep, she lay on the blanket and I as John had to stroke her, wrap her up and put her fleece over her. She allowed me to do this and I said that the little side of her wanted to be looked after and felt that I could do this now. She got up suddenly and I (as John), with Emma, had to admire her dancing etc. – a bit like last term. She then pretended to dive into some water, saying, 'Your pond has all flowed out from the garden into this room towards me, I'm diving in to find the fishes who can play,' and she mimed a number of musical instruments that I had to guess. I spoke of her being the one who we all had to admire and look up to, who would have it all: the water, the fish and the dancing.

I then had to dive into the pond to find her; I did not find the puppy, but instead a baby dolphin into which she had transformed herself. She continued to be the baby dolphin for the rest of the session, getting Emma (me) to 'ride' on her back, then doing more spectacular feats such as flying while I watched her. She had some wild animals come into the play – first the tiger, which she said I must persuade her was friendly. She then happily played with it, licking her tummy as she lay on her back making 'happy' dolphin sounds and wriggling her legs. She then growled at a window and said it was a lion: this time I was to say that lions eat baby dolphins and she in the game did not know whether to believe me or not. I said there was the problem of trusting me back again, near the end of the session. Could I keep her safe or was I not to be trusted?

It was quite hard to get her to leave, then as we were about to leave she said, 'I won't be coming on Thursday, then things have to change in September.' It was time to stop.

Commentary by Sheila Miller, child and adolescent psychotherapist, Tavistock Clinic, London

For child psychotherapists working in CAMHS, Helen's history and circumstances will be only too familiar but will always remain deeply upsetting. Since the 1970s, when children 'in care' began to be offered long-term psychotherapy, referrals have risen steadily and now form a substantial portion of most therapists' case loads. Although some rethinking has been necessary in relation to timing and the 'grammar and syntax of interpretation' (Alvarez, 1997; Boston and Szur, 1983), a psychoanalytic approach has proved viable. We have also learned that it is a slow process and that the work is taxing for therapists due to the mental pain that is projected, often concretely, in the form of physical acting out in sessions.

Helen's history is stark and sparse. Reading the detail brings to mind the question of just how much helpful understanding can be gained from such a known history. We are aware of the effects that trauma and deprivation invariably have on neurological, cognitive and emotional development, and experience shows that the specific details of the events are important, as well as how these have been internalised. Thinking about what is known can help us to gain some impression of the child's experience and what one might expect. In sessions, of course, this needs to be put at the periphery of the mind so that contact between child and therapist remains central, with all that this implies. There is also the important question, especially applicable in fostering and adoption cases, of how much external information can be addressed usefully in sessions. This is of particular interest here as Helen has conscious memories of her early abuse.

In this instance it seems important that the siblings in Helen's large family were known as a 'feral gang', suggesting some kind of closeness – even if an unholy alliance. The impact of the deaths of two siblings, and of being separated from the five others with whom she was taken into care, is relevant. Two siblings remain unaccounted for, and I was left wondering if they had remained in the birth family – usually cause for distress for those in care. She also had several short-term placements before her present home with the Saunders family.

As the focus of the commentary is on the sessions, we are justifiably given little information, but I would welcome knowing the reasons for referral. Her history alone

entitles her to treatment but as this is seldom provided for prophylactic reasons, the details of the referral, and some information about how she is doing in the outside world, could give some sense of the individual way in which she has been affected.

Helen is fortunate to have had the opportunity of three-times-weekly treatment for 18 months, and a successful transfer enabling the intensive work to continue. She has engaged with the therapist, who follows her sensitively and participates in her games while bearing the meaning of the material in mind. In several instances she notes a transference connection, but wisely waits for more information or an appropriate moment before interpreting. The accounts of the sessions carefully detail the content but give little information about the emotional temperature in the session, and no information about the impact of the material on the therapist herself.

It is interesting to have two post-break sessions instead of the usual one, thus providing a constant factor, but this also limits the detail with which the material can be followed. I shall therefore concentrate on tracing some patterns in the two sessions, but cannot do justice to the material or to the work of the therapist.

After the Christmas break

The first session had to be cancelled because of a transport problem.

When the therapist goes to fetch Helen, she is in the toilet; she emerges urgently needing to communicate to her therapist that she, and in fact the whole family, have not had a good holiday. They have all been ill and not everyone has yet recovered. The therapist notes this, thinking to herself that Helen is trying to bridge the gap. She holds on to the thought and uses it later in the session. I think there is a more desperate note to the communication, and that this is heightened by the missed session in addition to the planned holiday. Interestingly this is the first of several instances where Helen brings mental pain in the guise of physical symptoms, as do many children who are traumatised or have suffered early deprivation.

In the play room, as soon as she is implanted under the couch, Helen follows this up with the story about Sandra scratching her. The therapist listens, and then comments that Helen felt hurt, thus acknowledging the external event as well as the mental experience being expressed. She then enquires about the incident, thereby allowing herself to get a sense of what emotions might be involved, before linking it to the holiday. This seems the right pace for Helen but the level of intensity is not always interpreted.

As the session proceeds the therapist alludes appropriately to many aspects of the impact of the break: anger, rejection, sadness, sibling rivalry, omnipotent control and an oedipal theme. In her comments she shows that she understands many of the lessons that have been learned in working with severely deprived children, for example that receptive interpretations work better than probing ones, and that anger needs to be interpreted carefully so the child does not feel it has been put into her. Many of the interpretations lead to contact between patient and therapist, but some of Helen's responses suggest that the level is a bit too low-key and that the intensity and more disturbed material have not been addressed. Following the first interpretation framed as a question – did it feel like she'd also had something taken away? – Helen does not

respond directly but makes a cryptic comment about 'what we got up to in the taxi', which suggests that she has something more nefarious in mind. This is not followed up and the next interpretation is along the lines of bridging the gap, although the material about listing the furniture etc. could refer to a more acute worry about robbery. Helen then remembers that her previous therapist had thought she was strong, which the therapist takes as Helen 'knowing' that she, like Elsa, has good thoughts about her.

Helen responds to this by taking the identity of tiger boy Jonathan and the therapist is assigned to be his girlfriend. What follows is a tale, apparently oft-repeated, of rejection and reconciliation in adolescent mode. Roles fluctuate between therapist and Helen, recounted by the therapist in a way that is difficult to follow. This material could be understood as a developmental step in trying on identities, but seems instead to be linked to Helen's not having a stable identity as a latency girl. Preoccupations which are not age-appropriate are frequent when children have not had a protected childhood which ensures a gradual pace of growing up. As she is the seventh of 10 children, the older members of the feral gang were undoubtedly teenagers, with all that implies about what she was exposed to.

There is a brief moment when the therapist is assigned a maternal role. This follows the interpretation of sadness, rejection and a sense of not being loved. It does not last, I think because the focus is then placed on the two girlfriends, who are linked with two therapists who think she is special. What is lost is the need for the therapist/mother to keep the picture of Helen in her mind.

Helen changes position, saying she is having a good dream. The therapist does not take this up as a defence, but as an indication that the holiday was all right, in contradiction to what has gone before. But Helen is a persistent child, and so she brings her bad dream of the invasive bug in her hair which she is desperate for the therapist to kill. The interpretation given about fury towards other patients is apt, but Helen, rather than being relieved, launches into a manic chase which involves the proliferation of frogs, which is echoed in the material about the eggs. She loses touch with reality and retreats into magic. It is the fluctuation of identities, together with the splitting of the persecutory objects, which concerns me. These seem related to an intolerance of separation from the object, and not having had the opportunity in her life to establish an internal good object.

After Easter

Although there are clearly developments in this session, a similar pattern can be traced.

The puppy material is understood and the interpretation allows for working through some important anxieties. It is the Helen who cannot attend because she has fleas who is not heard. The therapist commented earlier that Helen had left a clue to indicate where she was hiding. I think Helen is adept at clues; the stomach 'bug' mentioned in the waiting room recurs in the bad dream, and now has proliferated so that Helen is infested. There is a hint that the puppy has a similar problem, in an unconscious pun, 'fleece'. In the verbal play that follows, switching of identities recurs and the lack of separation is evident in the telling statement, 'Your pond has all flowed out from the garden into this room towards me,' which is

followed by material which shows many confusions and some terror about whether babies will be devoured. This suggests a process of excessive and uncontained projective identification. All this made me wonder whether Helen's earlier comment that Elsa thought she was strong was an unconscious communication to her therapist that she could be a bit braver in taking up the persecutory material – that she needs the confidence that the therapist can deal with Helen as well as the more benign puppy. I would by no means discourage the therapist from participating in the games, which are so important to Helen, but attention needs to be given to when these promote understanding and working through, and when there is a repetitive quality of merely escaping mental pain. Unless the interpretation is firmer, the therapist's continued compliance with the shifting identities will not assist the establishment of a strong maternal transference and hence internalisation of a good object.

Although crucial to this exercise, it is frustrating not to be able to talk to the therapist, which highlights the importance of live interactive supervision. Some of the matters I would have liked to discuss are whether the foster family were offered help and some details about the transfer, as the only reference to it was taken up in rather bland terms. In particular, it would be helpful to know the impact of the material on the therapist as, so often, the countertransference is such a useful tool.

Judging by the therapist's introductory remarks that Helen used the toy box as well as verbal games relating to her conscious memories, these two sessions do not seem typical. Helen did not use the toys or draw in either, which suggests that her latency identity was either not stable or that it fragmented as a result of breaks. At the end of the session after Easter, Helen commented that that she would not be coming on Thursday and that things must change in September, which left unclear whether she has been told that therapy would be ending then or whether this is her fear.

She has had a generous amount of time, but much work remains to be done and I hope the treatment can continue for some while. Given her history, Helen is a resilient child and her enthusiasm for the therapy is a tribute to her therapist. There is, however, an underlying thread of disturbed material which will need to be confronted by the therapist if Helen is to reach her potential.

11 Thornbury House
Thornbury Square
London N6 5YW
UK

e-mail: sheila.miller1@virgin.net

References

- ALVAREZ, A. (1997) 'Projective identification as a communication: its grammar in borderline psychotic children'. *Psychoanalytic Dialogues*, 7: 753–68.
- BOSTON, M. and SZUR, R. (1983) *Psychotherapy with Severely Deprived Children*. London: Routledge and Kegan Paul.

Commentary by Mary-Sue Moore, child and adult psychotherapist and clinical psychologist, Boulder Institute for Psychotherapy and Research, Colorado

Helen's therapist is responsive to her verbal and non-verbal expressions, and consistently works to provide a safe, therapeutic environment for her, facilitating Helen's development and building trust in their relationship. I believe she likes and respects Helen, and Helen is aware of her therapist's regard for her. For her part, Helen is actively using the therapy, likes her therapist and wants to trust her. She has made an adaptive transition to her current therapist, despite the loss of her original therapist. All these things tell me the therapeutic process is progressing as we might hope.

This commentary, therefore, will focus on some aspects of Helen's language and behaviour that are typical of children whose earliest experiences include chronic physical, sexual and emotional abuse, as well as extreme physical neglect. These life-threatening experiences have a profound effect on the developing infant brain, and, of course, on the development of a sense of self in the child. I believe knowledge of the impact of abuse and neglect on development can inform our psychotherapeutic treatment of children.

The importance of details of an early history of neglect and abuse

Helen is described as the seventh child of 10 in a family social services referred to as a 'feral gang'. We know that her eldest sibling, a girl, died in adolescence, and that an infant also died. Until the age of four and a half Helen 'often went unclothed and unfed'. At that point, she and five of her siblings were placed in foster care. At age five, after several short-term placements, Helen was placed in a long-term foster home, with a couple and their seven-year-old, special needs daughter. The foster mother's mother lived nearby and was very involved with the family.

Reading this, I found myself wishing for more factual detail to help me consider possible meaning in Helen's play and interactions with her therapist. I wondered exactly how Helen's older sibling died, and what knowledge of that death Helen might have. What is known of Helen's relationship with her older sister? Were there allegations of abuse associated with her death or the infant's? Did Helen see either of her siblings after they had died? Did Helen attend either of the funerals? What was she told about her baby sibling's death? How soon after the second death were the children removed from their home?

I am well aware that the answers to these and similar questions are often lacking in cases such as Helen's, which is often frustrating for a therapist, but whatever documented information is available regarding a child's actual history of loss, neglect, abuse or traumatic experience will help the therapist differentiate trauma re-enactment play from other types of play later on. This knowledge can inform treatment planning. Knowing a child's interpersonal trauma history can also help one to recognise and understand one's own countertransference responses to a patient's behaviour. When providing psychotherapy for a child with a history of violent interpersonal trauma, it is

useful to hold in mind the possibility that play behaviours can be re-enactments of real traumatic experience, while appearing to be metaphoric.

Attachment strategies and procedural memory in neglected and/or abused children

Despite her history of multiple losses, neglect and abuse, Helen demonstrates the capacity to form appropriate attachments to care-giving adults and is engaged in the building of a relationship with her new therapist. This ability on her part leads me to believe that sometime earlier, perhaps in an attachment to a sibling, she experienced a mutually caring relationship. She seems capable of expressing needs and, importantly, believes another will recognise and respond to those needs. Interpersonal controlling behaviour may be the result of multiple abusive relationships in which she felt terrified. Much of Helen's behaviour illustrates the way in which traumatic, disorganised, infant attachments often develop into role-reversed, controlling attachments, as the child becomes both mobile and verbal (Glaser, 2003; Main and Solomon, 1990).

The ability to imitate and reproduce interpersonal behaviours, either experienced personally or simply witnessed, is a well-documented aspect of the attachment process. We are a social species, designed to learn how to interact with others by observing, experiencing and responding to the behaviour of those around us from our earliest days of life (Bowlby, 1969). A particular non-verbal type of human memory, referred to as procedural memory, facilitates this human capacity to imitate both roles in observed human interactions (Grigsby and Hartlaub, 1994). Unlike declarative memory, which can be recalled and spoken (if one chooses to do so), procedural memory is a non-conscious record of one's physical experience in the environment. Procedural knowledge may or may not be connected with conscious awareness. While declarative memory must develop over time, procedural memory is designed to enhance survival, and is functional from birth.

Since the publication of Terr's (1984) article on the typical play of traumatised children, many studies have demonstrated a close correspondence between the repetitive play of abused and/or neglected children in psychotherapy and the actual experiences the children had lived through. In particular, some play-like behaviours can be literal re-enactments of traumatic experience, rather than an expression of a child's imagination. Helen's first four and a half to five years of life included chronic and extreme neglect and abuse, so we should assume that her play will include some traumatic re-enactments. These behaviours may or may not have symbolic relevance to the current context in psychotherapy, despite appearing to do so.

Characteristics of traumatic re-enactment in abused children's play

Trauma re-enactment play has been documented in a detailed account of work with a four-and-a-half-year-old, adopted girl who, as an 11-month-old infant, had been in a room when a letter bomb went off, killing her mother (Gaensbauer *et al.*, 1995). Given her age, it was assumed the infant would have no memory of the event, and the circumstances of her mother's death were never discussed in the adoptive home. In the

therapy room the child had access to typical small toys including an ambulance, police and medical dolls, parent dolls and a baby doll. In the session, the child's self-directed activity took the form of a specific, detailed and factually exact doll play that reproduced details of the event that could never have been told to her, or discussed in front of her. In this way, rather than being used for imaginative play, the toys were used to re-present her unconscious, non-verbal, procedural knowledge of what she had witnessed and experienced on the day, despite the fact that she had no conscious knowledge of the event.

Often the traumatic, experienced-based origin of such behaviours is unrecognised by the individuals producing them. However, there seems to be an intense need to create an exact scenario, such that comments from others suggesting changes in the process go unheeded, or are rejected. Such play episodes may be brief, but seem 'pre-programmed' rather than spontaneous, and may be repeated, exactly, over many therapy sessions. Older children and adults may attempt to create an acceptable narrative to explain their repetitive play enactments: A child who had had her mouth taped during abuse repeatedly taped shut the mouths of the dolls in the therapy room. Her comments included: 'He's too noisy,' 'She talks too much,' 'She'd better keep quiet.' These statements may actually have been part of her experience, but I felt she also might have been adding words to help make sense of the play.

Considering the clinical case material

In Helen's first session after the Christmas break she created a play scenario where she (a boy tiger) was joined by two female animals in a bed. She introduced the two 'girlfriends,' lay between them, then asked the 'mother' (therapist) to photograph them. The therapist commented on Helen's 'feeling special', and likened a photo to a kind of memory, suggesting that Helen wanted a picture in her mind of herself being 'loved and wanted by two girlfriends'. These interpretations are then linked to the child's experience of having had two therapists, and hoping to be made to feel special by both. This symbolic interpretation of the play seems appropriate, if we assume that Helen's play was an unconscious communication to the therapist of her wishes and anxieties regarding their growing relationship.

However, because the play seemed to be the repetition of a set piece, I felt Helen – whose early years were 'rife with abuse and neglect' – might, instead, have been procedurally enacting the experience of co-sleeping and being filmed in sexual activity with others. Sadly, the filming of child sexual abuse is not uncommon in the histories of children like Helen. If, in fact, it were the case that Helen was unconsciously recreating part of her traumatic history, the therapist's interpretation of the child's feelings as being special and loved, based on a totally different understanding of the child's play, might unintentionally have replicated an experience for Helen of being told that she wanted and liked the abuse. This is also a common perpetrator practice.

Following her therapist's comments, Helen physically altered the play, strengthening my belief that she was enacting experience, rather than communicating unconscious fantasies. Changing her position, she now 'lay the other way round'. She then created a

gap in the middle of the bed, 'falling' through 'in a controlled way'. She was unhurt, and seemed to be asleep. At the suggestion that her 'nice dream' represented a peaceful time during the gap in therapy, the dream suddenly became a nightmare, and Helen writhed around. Procedurally, unconsciously, I believe, because she clearly likes and trusts this therapist, Helen seemed to be trying to reverse the words being spoken about her behaviour.

In another example, soon afterwards, Helen asked her therapist to help her find, remove and kill the 'bugs' that get into her hair; perhaps they caused her nightmares. While this could be interpreted in various ways, I found myself thinking procedurally again, realising that this kind of primate grooming might, sadly, have literally been an attachment experience for a child who was raised with nine siblings in an extremely neglectful environment, where she was often 'unclothed and unfed'. In such a situation, as the therapist, I would assess my countertransference response to the play. If I was aware of feelings linked to intense fear or disgust, in particular, I would attempt to address the play as though it were a real experience first, rather than interpreting the bugs in her hair analytically. I would make this choice because I believe I would be holding projected affect from the child at that point, and survival-related affects (terror, rage, disgust) often accompany traumatic re-enactments, but rarely accompany imaginative play.

Rather than talking about bug-like things, I might say, 'Friends can take bugs out of each other's hair' (hoping to foster the idea of a mutually supportive attachment). Or, 'It's hard not to be afraid to go to sleep if there are bugs that can crawl on you' (hoping to 'normalise' her fear of real bugs crawling over her, before addressing the 'nasty bugs' in her mind, that might also be there). If Helen responded, as have some of my patients, she might suddenly tell me directly about where she sleeps, under what conditions, or which sibling used to check her hair for her. Or, instead, she might simply continue with the play. In either case, I know that when the material comes up again, there will be an opportunity for more analytic interpretations, when the child is less likely to be involved in a non-conscious enactment, and more able to think about words.

Overwhelming trauma: Hyper-vigilance and dissociation ('sleeping' and 'flying')

The brain's response to overwhelming trauma includes not only the capacity to be hyper-vigilant to the environment (Helen is described as an 'observant girl with an excellent memory'), but also the capacity to dissociate from all incoming sensory data. Abused children's responses to intense fear, the hyper-vigilance of the adrenalin-based fight or flight survival response, can be quickly replaced by a frozen or dissociative state, as if 'feeling nothing' will enhance the chance of survival in the immediate environment (Music, 2006; Perry *et al.*, 1995). In a dissociative state, an individual can endure intense pain or abuse and not have a conscious memory of the experience. Selma Fraiberg (1994) describes an infant's sudden falling asleep as a dissociative response to interpersonal distress with the mother. Severely injured accident victims sometimes report 'out of body' experiences where they see their injured body at the scene and the actions of paramedics etc. from a viewpoint above the crash site (Scaer, 2001).

I wondered whether Helen was enacting the experience of dissociating during abuse when she 'fell down and fell asleep' after reversing her position between two females. She later morphed to become a bird that could fly as well as create a safe nest for eight eggs. Here, I was struck by the number of eggs Helen created to protect, as eight is the number of children in her family who were still alive when she went into foster care. After the Christmas holidays, could she have been having memories of her family of origin, and worries about where they all were, and how they were faring?

Helen told her therapist that only girls can fly, ironically reminding me of recent research linking more rapid activation of the freeze response to a greater amount of estrogen in the bloodstream (Jasnow *et al.*, 2006). In my professional experience, it is not uncommon for sexually abused female patients (of any age), when describing their abuse experience, to report dissociative episodes using such phrases as 'floating above the scene', 'flying above it all' or 'suddenly being on the ceiling, watching and feeling sorry for a child being hurt, below'. With Helen, I might have asked how one learns to become a bird and fly, knowing that children enduring chronic, inescapable abuse often learn to roll their eyes up and back under their eyelids, as this can physiologically trigger a dissociative state.

Helen's play after the Easter break concerned me. We read that Helen lay on her back (having been 'stroked') having her tummy 'licked', while she made happy dolphin sounds and wiggled her legs. A known strategy used by sexual perpetrators who seduce young children into sexual play is to give animal names to body parts – fish, dolphin, mouse – and to encourage the child to stroke the 'animal' (genital) or be stroked. Helen's behaviour may have been an enactment of such an experience. She then, again, 'flew', and invited her therapist to 'ride' on her back. I want to re-emphasise that I do realise such descriptions and behaviours can, in some cases, be a product of the child's imagination, revealing unconscious wishes or anxieties. However, I believe, given this child's early history of chronic abuse and neglect, that the therapeutic process will be enriched by the therapist holding in mind, along with other psychoanalytic conceptualisations of the process, the possibility that, at times, Helen's play may reflect 'procedurally authentic' abuse experiences.

Helen's comment, in leaving, that 'things have to change in September,' seemed to me to be an attempt to control what she felt was looming on the horizon: an abrupt, traumatic loss of an attachment figure. What is simultaneously hopeful is that she was genuinely engaged in developing a trusting relationship with her therapist, 'procedurally'/implicitly letting us know that she values others, despite anticipating what seems to be an inevitable rupture. When her relationship with this therapist does end, I feel certain that she will have a new experience, separating with sadness and anger, perhaps, but with support.

1244 Pine Street
Boulder
Colorado 80304
USA

e-mail: msmoore@mac.com

References

- BOWLBY, J. (1969) *Attachment*. Harmondsworth: Penguin Books.
- FRAIBERG, S. (ed.) (1994) *Assessment and Therapy of Disturbances in Infancy*. New York: Aronson.
- GAENSBAUER, T.J., CHATOOR, I., DRELL, M., SIEGEL, D. and ZEANA, C. (1995) 'Traumatic loss in a one year old'. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34: 520–8.
- GLASER, D. (2003) 'Early experience, attachment and the brain'. In CORRIGALL, J. and WILKINSON, H. (eds) *Revolutionary Connections: Psychotherapy and Neuroscience*. London: Karnac Press.
- GRIGSBY, J. and HARTLAUB, G. (1994) 'Procedural learning and the development and stability of character'. *Perceptual and Motor Skills*, 79: 355–70.
- JASNOW, A., SCHULKIN, J. and PFAFF, D. (2006) 'Estrogen facilitates fear conditioning and increases corticotropin-releasing hormone expression in the central amygdala in female mice'. *Hormones and Behavior*, 49: 197–205.
- MAIN, M. and SOLOMON, J. (1990) Procedures for identifying infants as disorganised/disoriented during the Ainsworth strange situation. In GREENBERG, M., CICHETTI, D. and CUMMINGS, E. (eds) *Attachment in the Preschool Years*. Chicago: University of Chicago Press.
- MUSIC, G. (2006) 'The uses of a neuroscientific perspective'. In KENRICK, J., LINDSEY, C. and TOLLEMACHE, L. (eds) *Creating New Families: Therapeutic Approaches to Fostering, Adoption and Kinship Care*. London: Karnac Press.
- PERRY, B., POLLARD, R., BLAKLEY, T., BAKER, W. and VIGILANTE, D. (1995) 'Childhood trauma, the neurobiology of adaptation, and use-dependent development of the brain: How "states" become "traits"'. *Infant Mental Health Journal*, 16: 271–91.
- SCAER, R. (2001) *The Body Bears the Burden: Trauma, Dissociation and Disease*. New York: Haworth Medical Press.
- TERR, C. (1984) 'Time and trauma'. *Psychoanalytic Study of the Child*, 39: 633–65.

Commentary by Janine Sternberg, child and adolescent psychotherapist, Portman Clinic, London

When looking at any commentary in the *JCP* it is always interesting to see what each commentator chooses to note. In this material I thought there were many areas worth attention. It is significant that the contributor has chosen to present two sessions, separate in time, each one following a holiday break. From this we have our attention drawn immediately to issues arising from breaks in therapy, themes of loss and separation. Helen is a child who has already suffered losses: the loss of her original birth family, and losses associated with her multiple moves and that of her first therapist. What of her ways of relating, her dramatic, yet unconnected, presentation, can we understand as being to do with her history of deprivation and change? How much of it can we view as resurrected by the experience of the holiday breaks she has just endured? I find myself concerned about how I can do justice to all these complexities, which may well reflect the therapist's concerns about how much use she can be to a child who has suffered such trauma.

With any child in any psychoanalytically informed therapy we can expect a holiday break to impact significantly on the child's inner picture of the therapist and the therapeutic relationship, and Helen's material certainly shows many of the themes we might anticipate. In my experience we can sometimes be poised to deal with all these things in the first session back from the holidays, but unfortunately often fail to look out for the impact of the holidays in subsequent sessions, as if, somehow, having said it once will have been sufficient to deal with it. Awareness of the impact of the break needs to be part of the on-going work.

In the opening sentence of the background material, the clinician introduces us starkly to the extremely difficult circumstances of Helen's early life. We also learn that for the first six months of her time in the care system she had a number of short-term placements. How many placements precisely, we are not told, but we can wonder about what this disrupted time meant to Helen: how did she understand the loss of her parents, however neglectful, and at least two of her siblings? I assume from the information given that she was then placed without her siblings in her current family. Again, we can only speculate about what this might have meant to her, but the work of Debbie Hindle (2000, 2007), who has looked into sibling placements, might help us to think about the impact of those losses, while writings by other child psychotherapists such as Margaret Hunter-Smallbone (2001, 2007), Jenny Kenrick (2006) and Monica Lanyado (2004), who all examine the experiences and needs of looked-after and adopted children and their families, can usefully extend our thinking about all these painful issues.

The other significant thing that we are told is that Helen had 18 months of intensive psychotherapy with a clinician, later referred to as Elsa, who left before Helen began work with the author. We must wonder, especially in the light of her early experiences, what this meant to her. It is challenging to take over a therapy under any circumstances. How much more difficult might it be with a child who may have had little opportunity to develop a sense of trust in the adults around her? Many looked-after children habitually have a glib, surface attachment to those who look after them, often seeming to trust and care for the new person very quickly, but through experience we learn that this 'positive regard' is superficial and is quickly transferred to the next, and the next, carer. I wonder about the nature of Helen's contact with the author. It may be that, at the time of the first session given, Helen had an attachment to the setting (we are told of her preoccupation with the room etc.) more than to the therapist. Helen's history of loss may have influenced the way that she appears to try so hard in her sessions – the author refers to how highly dramatic they are.

Looking closely at the sessions, what immediately strikes me is that Helen was prevented from coming to the first session back because the 'taxi didn't arrive'. How hard it is to be reliant on others who may then let you down – an all-too-familiar experience for Helen. She regained her sense of agency by being the one to decide when to abandon the chat in the waiting room and run to the therapy room. Once there, with the therapist's help, she tried to get some sense that actions have a chain of cause and effect, understanding that Sandra hurt her because of how Sandra perceived her playing with her friends. The idea of possibly misunderstanding and misattributing malice as the cause of someone else's behaviour is also contained in this statement. I wonder if Helen

was struggling with questioning herself: from her perspective, what on earth was the therapist doing, inflicting pain on Helen through the holiday break? The therapist took up the statement that Elsa thought that Helen was 'strong' in terms of Helen's belief that the relationship can remain intact despite the breaks. I am less clear that this is what 'strong' means. I think Helen may have offered it as a comment to please her therapist, but might also have had in mind her capacity to withstand and endure the pain she perceives the therapist as inflicting.

The therapist's preference for emphasising the positive is seen again in the next paragraph where we have the play about rejection, being one of two and then being loved and wanted by two. I think this material certainly contains the aspect the author picks up, of being cared for by two therapists. Yet this interpretation then missed the opportunity to address Helen's jealous feelings about the holiday. However, as our patients so often do when we fail at first to understand them fully, Helen then displayed more graphically the issues with which she is grappling. Moving on from the therapist's suggestion that she was having a 'nice dream' and had 'managed the holiday gap peacefully', she writhed and said she was having a 'bad dream', and, as emerged in her subsequent play and the therapist's responses to it, she seemed to be preoccupied with all the bugs, frogs, eggs – small children – to whom, in her fantasy, the therapist had been attentive in the break. From her 'desperate' play with its manic quality we get a sense of the magnitude of Helen's task: does she have to be the one to keep the eight eggs safe (she is one of eight live siblings), feeling that she has to be forever vigilant and active? Rather than talking of Helen 'managing the gap' it might have been more useful to ask: at what cost did she apparently manage the gap? Helen showed vividly that she has had to resort to all kinds of defences, some of them leaving her in a very fragmented state. Under the impact of the break the therapist in her mind changes, becomes someone who cannot help her through thinking – instead they can 'fly'.

The next time we hear about Helen is a few months later, when the work was better established, but again it was after a holiday break when we might anticipate some shaking of her trust in the therapist. It is interesting to note the different way in which both the patient and the therapist now tackled the holiday material. Helen was clearer about how hard the break had been for her, managing not to revert to manic defences for most of the session, and the therapist was better able to be direct about the relationship between them. In the puppy play the therapist was not allowed to help or go near Helen or she would 'scratch'. This warning that Helen may have hurt the therapist may have reflected Helen's belief that the therapist had deliberately hurt her by the break. The therapist was alert to the holiday implications of this and of the keys – although the significance of the keys as enabling Helen to get into the (therapy) home without an adult, and through the 'back door' whenever she wanted, could have been brought out more. The poignancy of Helen wanting to enact being the therapist's daughter, with a mother who can read in her 'eyes why she was crying', is palpable.

However, not surprisingly, since 'Human kind cannot bear very much reality' (Eliot, 1936), towards the end of the session Helen could not stay with her 'little' vulnerable self: she had to be admired. The therapist was no longer to play the mother; now she had to be the boyfriend. Something sexual then came into the session; perhaps it had been indicated already by the material with the keys, directing our attention to the

problems of getting into forbidden places and the issues of what you can and cannot touch. The idea of the therapist riding on the back of the dolphin Helen, and the description of the licking and wriggling, sounded disturbingly masturbatory in fantasy, even if not in actuality. We are accustomed to children putting their sexuality to use in the service of manic flight and avoidance. Children also often symbolically raise the question of what they would have to do to make the therapist willing to stay with them, an area of concern already indicated in Helen's need to please and entertain. In particular, if they have an idea of a perverse adult because they themselves have suffered sexual abuse, children may offer themselves to the therapist in a way they believe will be seductive and appealing, although we are not in fact told this about Helen, despite her history of severe neglect.

It is not clear why Helen said she would not be at her Thursday session – of course there may have been some external arrangement that we do not know about, but it is also possible that she wished to take away something from the therapist as she felt her sessions were taken from her in the holidays. Similarly, her comment that 'things have to change in September' is tantalising – perhaps Helen was already anticipating the long summer break and was warning the therapist that at this time she did not believe that she could cope with yet another heartbreaking separation. We have to trust that by the time it came she had greater internal resources in place with which to bear it.

We know that the level of deprivation that Helen suffered as an infant and young child have left indelible scars. Unlike many children in similar circumstances, at least now she is placed in a stable and supportive family. Helen seems indeed a 'strong' girl, but she has much to contend with, although undoubtedly thoughtful and sensitive therapeutic work will help.

Portman Clinic, Tavistock and Portman NHS Trust
8 Fitzjohns Avenue
London NW3 5NA
UK
e-mail: janinesternberg@hotmail.com

References

- ELIOT, T.S. (1936) *Burnt Norton: Four Quartets*. London: Faber and Faber.
- HINDLE, D. (2000) 'Assessing children's perspectives on sibling placements in foster and adoptive homes'. *Clinical Child Psychology and Psychiatry*, 5: 613–25.
- HINDLE, D. (2007) 'Clinical research: a psychotherapeutic assessment model for siblings in care'. *Journal of Child Psychotherapy*, 33: 70–93.
- HUNTER-SMALLBONE, M. (2001) *Psychotherapy with Young People in Care: Lost and Found*. London: Routledge.
- HUNTER-SMALLBONE, M. (2007) 'Response to clinical commentary'. *Journal of Child Psychotherapy*, 33: 97–9.
- KENRICK, J., LINDSEY, C. and TOLLEMACHE, L. (eds) (2006) *Creating New Families: Therapeutic Approaches to Fostering, Adoption and Kinship Care*. London: Karnac.
- LANYADO, M. (2004) *The Presence of the Therapist*. Hove: Brunner-Routledge.