INVESTIGATING LINKS BETWEEN INTIMACY AND
VIOLENCE IN INTENSIVE PSYCHOTHERAPY

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Abstract   *This research examines links between intimacy and violence within the transference relationship of a three year old boy during intensive psychotherapy. Psychoanalytic clinical findings are used to examine triggers to violence that initially appeared to link with moments of emotional warmth. The research uses a retrospective single case study design. The clinical data cover a period of transition in the child's life from being a 'looked after child' in foster care to being adopted. There was a history of early trauma from neglect and domestic abuse. Clinical process notes from supervised sessions were coded using an adapted grounded theory approach to reveal complex interlinking themes of intimacy, violence, Oedipal issues, control and difficulties regulating affect. Data in this study show how intimacy and violence are linked when there is evidence of a separation between the self and the object of intimacy. Explosive violence is triggered by the threat of loss of the object and the rage is, at times directed towards the object of intimacy. The findings of this study support concepts identified by earlier research in the field about the impact of a lack of maternal containment on innate violence, associated struggles with the Oedipal complex and the impact upon the capacity for symbol formation and thinking. However, the research findings challenge Glasser's (1979) theory of the 'core complex' that suggests that intimacy triggers violence. The results of this research indicate that it is the threat to the loss of intimacy as a result of separation from the object that is the trigger to violence. I believe this study may, in a modest way, further understanding about links between violence and intimacy in human relationships. This may help other child psychotherapists be alert to certain dangers when dealing with violence in the therapy room.*

Contents

Chapter 1. Introduction to thesis

This chapter covers aspects of how I became interested in links between intimacy and violence, the chosen area of research. It briefly describes how the study was undertaken and why it may be of interest to other child psychotherapists dealing with violence in their clinical work. The pseudonym 'Sam' is used throughout the work to protect the anonymity of the child. Some non-identifiable details are given about Sam's early history to place his referral to child and adolescent mental health services (CAMHS) in context. The aims of the research are introduced and a description is given of how the chapters within the study are organised. There is an explanation of how the theory was grounded in the data by allowing the main themes to emerge from coding before developing a theoretical framework rooted in psychoanalytic literature to analyse the data. There is a brief description of the content of each of the chapters to provide an overview of the study as a whole.

How the research came about

My interest in investigating the links between intimacy and violence arose directly from working with a young boy in intensive psychotherapy whilst I was undertaking clinical training as a child psychotherapist in CAMHS. Sam was three years old and was struggling with aggressive outbursts towards other children that were damaging his peer relationships. They were also having an impact on his relationship with his foster carers who were finding it increasingly difficult to cope and were at the point of relinquishing his care to someone else. Sam had been exposed to domestic violence within his birth family in his early life. When I started working with him, I became interested by the difference in his external and internal realities. He lived safely in foster care and the danger of violence was in his past but Sam's internal chaos of violent emotions was alive in the present and causing him difficulties. I was intrigued by the sense of danger that accompanied moments of emotional closeness in the transference relationship. I began to wonder if Sam, having been exposed to high levels of threat and the accompanying intensity of heightened emotion, could become used to feeling less aroused. I wondered about his capacity to feel the warmth of intimacy without accompanying violence.

Early history

Sam's history was one of severe neglect by his very young parents and he had witnessed their physical violence towards one another on several occasions where the levels of violence required police involvement. Sam was taken into local authority care at the age of twenty two months and was referred to CAMHS through the court arena when he was twenty six months old and living with foster carers.

A question had arisen in the professional network about whether Sam was, in their words, 'adoptable'. They wondered if he needed something less intimate than living within a family as his behaviour so exhausted and bewildered his foster carers. Social Care questioned whether he would fare better in a residential unit with full time professionals who could understand his behaviour as a communication of his difficulties.

A court order requested that an assessment be undertaken of Sam's needs in terms of therapeutic treatment. He presented as a 'frozen' expressionless boy with pseudo independence and would not tolerate adult help or tenderness. If they were offered they were fiercely rejected leaving carers feeling useless, helpless and frustrated. An initial assessment indicated intensive psychotherapy (three times weekly) could be helpful to Sam. Parallel work for his foster carers was offered to support the therapy by helping them to think about his difficulties and his struggle to let them care for him.

Aim of the research study

The aim of this research was to explore the links between intimacy and violence as they appeared in the transference relationship during intensive psychotherapy. Sam's internal world was revealed through the defences he deployed as a result of his early experiences of domestic violence. I wanted to examine more closely the enmeshed intimacy and violence and whether triggers could be identified. I also wanted to share the findings from this study with other child psychotherapists in the knowledge that they frequently face violence in their clinical work. Any research that adds to the understanding of violence in the therapy room may help with the recognition of internal triggers

to violence and my study may, in a small way help practitioners be alert to these.

How the research study is structured

The thesis is organised into the following six chapters:

Introduction

Literature review

Methodology

Presentation of findings

Discussion of findings

Conclusion

Psychoanalytic literature

Psychoanalytic literature and theories that I used to underpin my thinking about the themes that emerged from the clinical data are considered in the second chapter, 'Literature review'. The themes, grounded in the data were violence, intimacy, Oedipal issues, control and difficulties regulating affect. There was a sub-theme of sadism and perversity. By allowing themes to emerge from coded clinical process notes before relevant psychoanalytical literature was brought to bear, I intended to counter criticism of making the data 'fit' with any pre-conceived theories. The themes that emerged were inter-related and to organise my thinking I reviewed psychoanalytic literature that encompassed my data under five headings:

Violence, intimacy and aggression

The Oedipus complex

The impact of early trauma

Sadism and perversity

Phantasy and symbolization

The 'Literature review' takes Freud (1920) as its starting point as he writes about aggression in terms of maintaining a balance between life and death instincts. A discussion of Klein (1932) follows with theories about phantasy and internal object relations. The chapter includes Klein's (1946) expansion of

Freud's ideas as she speaks about deflection of aggressive impulses which linked to her theories about splitting and projection. The major thinkers in the psychoanalytic field believe aggression is innate and some of their theories are reviewed in this chapter. A sub-theme of sadism as an adaptation of aggression is briefly explored. Psychoanalytic papers about the particular difficulties of fostered and adopted children are examined in the context of the impact of early trauma. The effects of early trauma on the capacity for symbolization and for complicating the negotiation of the Oedipus complex are also discussed.

How the study was undertaken

The third chapter, 'Methodology' explores the reasoning behind my choice of qualitative methodology and the single case study method. I needed a method that would allow close observation of the developing relationship between the individual child and his therapist to capture the elusive concepts I wanted to study. The strengths and criticisms directed towards these choices are discussed and reasons why other possible methodologies and methods were not chosen.

The source of my data is described, how I selected it and how it was analysed. The analysis of the data is underpinned by relevant literature such as the grounded theory approach developed by Glaser and Strauss (1967). I explain my use of an adapted form of grounded theory as my study was retrospective and I was bringing a psychoanalytic perspective to the analysis of my data after the initial coding. There is a detailed description of how process notes that were written following psychotherapy sessions were coded into increasingly abstract concepts which could be compared with theories from the second chapter, 'Literature review'. A sample session is included in appendix 1 at the end of the study to illustrate the coding process using the adapted grounded theory method described.

The ethical considerations that need to be taken into account when using clinical material from work with children too young to give informed consent

are discussed in the Methodology chapter. A letter from the University of East London Research Ethics Committee is reproduced in appendix 2.

The concepts derived from the review of the Literature together with the chosen methodology and method of capturing and measuring the data, provided the substantive and methodological theoretical frameworks for this research.

How the findings are presented

This study presents examples of detailed clinical work in the fourth chapter, 'Presentation of findings'. The presentation of data is organised into themes originating from analysis of the data. The illustrated themes are violence, intimacy, Oedipal issues, control and difficulties regulating affect. There was a minor theme of sadism.

The chapter provides a timeline of external events in Sam's life. This is for clarity in linking his chronological age and potential developmental stage with what was happening in his life and his journey into CAMHS. The findings from my study are presented in three sections in chronological order. Having tried different ways to present the findings, this approach provided the greatest coherence and clarity. Examples to illustrate each of the over arching themes emerging from the data are presented in three separate sections: firstly, the time when Sam lived with foster carers, secondly, the time Sam was in transition from foster care to adoption and thirdly, the time after Sam's adoption was finalised in court. These findings provide the core of my research.

How the findings are discussed

The fifth chapter, 'Discussion of findings' compares, contrasts and explores complementary elements between my findings and the findings of earlier theorists and researchers.   The chapter is organised into sections that return to the five themes grounded in the clinical data, violence, intimacy, Oedipal issues, control and difficulties regulating affect.   The findings are discussed in the context of their progression over time.

Conclusions drawn from the findings

In the sixth and final chapter, conclusions are drawn from my data about when intimacy and violence are linked in the transference relationship. The triggers for Sam's violence are examined closely and the implications of this for clinical practice are discussed. I explain some limitations of the study, for example, in the context of generalisability. Consideration is also given to the nature of qualitative research, especially the relationship between the researcher and her data and the impact of the subjectivity of the therapist's generation, analysis and interpretation of data. The possibilities of further research arising from this study are also considered.

This chapter has introduced my reasons for undertaking the research, its aims and reasons why it might be helpful to other child psychotherapists working with violence in the therapy room. It has given a brief overview of how the thesis as a whole is structured and how the chapters are organised around the themes that emerged from the clinical data.. The following chapter reviews the psychoanalytic literature that informed the understanding of these themes.

Chapter 2. Literature Review

Introduction

The aim of this research is to study is the link between intimacy and violence in the transference relationship of a three year old boy in Local Authority care who was undertaking intensive child psychotherapy as a training case. He was removed from his birth family due to domestic violence, alleged drug misuse and neglect. The clinical themes that emerged from the study were: violence, intimacy, Oedipal issues, control and difficulties with regulating affect. These themes were identified from careful analysis of detailed process notes recorded after clinical sessions. Observational notes from the consulting room have been used by leading theorists and constitute a valid and respected methodology in this field. The clinical themes were identified before reading the psychoanalytic theories and literature reviewed in this chapter to counter potential criticism of making the data 'fit' the theory. The chapter is organised into sections that encompass the inter-related themes that emerged from the data.

The inter-related themes are organised in the following sections:

    Violence, intimacy and aggression

    The Oedipus complex

    The impact of early trauma (encompassing difficulties with regulating affect and the need for control)

    Sadism and perversity

    Phantasy and symbolization

The first section on violence, intimacy and aggression begins by describing Freud's ideas (1920) about aggression when care giving facilitates ordinary, healthy development in the child. It continues with Klein, who further developed Freud's ideas through her work with children. Klein's (1946)

thoughts on child development and object relations are discussed. She articulated the belief that infants are sensitive to their human environment from the very beginning of life. According to Likierman (2001) Klein was interested in the maternal emotional attitude which the child encountered, and believed that loving, qualitative parental attention during infancy and early childhood provided a crucial foundation for adult mental health. Klein's theories of projection and mechanisms of defence to deal with primitive aggression are discussed in this section. Anna Freud's work in 1936 also contributed to the thinking about early mechanisms of defence. This section explores her description of 'identification with the aggressor' as a means of defending against anxiety in infancy (Freud, A. 1936:113).

The section discusses Winnicott's (1958) ideas about aggression as a natural phenomena and a major source of energy. He believes that at origin, aggressiveness is almost synonymous with activity and part of the primitive expression of love (Winnicott,1958:204-205). Next, Bowlby's (1958) thoughts on attachment are explored with reference to anger as a signalling function when an infant's security is threatened.

Of particular interest to this study are links between intimacy and violence. The chapter explores Glasser's (1979) theory of a 'core complex' which offers insight to potential links between the two. It highlights the conflict between a longing for symbiotic union with mother whilst fearing complete merger or engulfment. He describes the primitive anxieties experienced by both violent and perverse patients he has treated and the struggle of the infant in avoiding feelings of loss as the move towards separation occurs.

The section then reviews Parsons' paper, 'The roots of violence' (2008). Parsons suggests that in situations of very real danger, violent aggression to protect the self or others may be entirely appropriate, depending on the manner of its expression and the stage of development reached. She argues that aggression can be used constructively and progressively or destructively and regressively. More recent studies are then reviewed, for example, Fonagy (2008). Fonagy considers violence in terms of something naturally

occurring but 'untamed' by the environment which includes family factors such as the quality of parent-child attachment.

The second section of the chapter describes the integral role played by the Oedipus complex in negotiating ordinary healthy development. According to Britton (1989) Freud discovered the Oedipus complex in 1897 and it remained the nuclear complex for him until the end of his life. Klein (1946) built on Freud's ideas with her view of what she termed, 'the Oedipal situation' and its importance to the working through of the paranoid schizoid position towards the depressive position. This incorporates the infant's developmental shift from the use of part objects to whole objects. The chapter includes Klein's ideas about how the child deals with the anxiety evoked by primitive aggressive impulses and how this leads the immature ego to develop mechanisms of defence. The section goes on to describe Bion's (1962) concept of the 'container and contained' and his understanding of how the negotiation of the Oedipus complex can be made more difficult by an initial lack of maternal containment. This leads to the exploration of concurring thoughts by Bartram (2003). Bartram describes the particular problems that fostered and adopted children have in negotiating the Oedipus complex because they are dealing with more than one set of parental figures. She looks at developmental deficit as well as mechanisms of defence. Remaining with the particular difficulties of fostered and adopted children, Canham (2003) explores the relevance of the Oedipus myth to this particular group of children.

The third section looks at the impact of early trauma on the developing personality of the child. The psychoanalytic starting point is with Freud (1920) and his belief that compulsive repetition in children's play is a means of mastering anxieties associated with trauma. Klein (1946) provides theories and language which make it possible to describe the development of the infant's internal experience that is a crucial prerequisite for understanding the developmental effects of early trauma. The section continues by discussing the theories of Bion (1962) and Sorensen (1997) on maternal containment. Emanuel's (1996) research is considered as he explores the nature and

consequences of trauma in infancy. He examines psychoanalytic and attachment theories about trauma and resilience. This is followed by details from Fraiberg's (1981) study of observed pathological defences in infants who have experienced danger and deprivation to an extreme degree. The early defences, 'avoidance', 'freezing' and 'fighting' are discussed. Fraiberg believes that before there is an ego, pain can be transformed into pleasure or obliterated from consciousness whilst a symptom stands in place of the original conflict. Slater (2014) describes the impact of traumatic early experiences on children, with reference to work done by Anda et al. (2006) and Fonagy (2008). These authors draw upon evidence from neurobiological and epidemiological studies to re-enforce existing opinion about the link between early childhood maltreatment and changes in brain structure, function and stress-response systems.

The pathological adaptation of early defences leads to the fourth section which reviews a selection of psychoanalytic theories about sadism and perversity. It starts with Freud's thoughts on sadism, (1920) and is followed by Klein's (1932) thoughts on sadism as a manifestation of the death instinct. The section moves on to Glasser (1979) to explore his ideas on the 'core complex' with regard to sadism. Then, there is a discussion of the clinical work of Canham (2003) who illustrates the difference in his counter transference feelings when a patient's sadistic trends are in play as opposed to the patient's communication about a past experience.

Early trauma impacts upon the development of the capacity for symbolization which leads to the fifth and final section: symbolization and phantasy. This section explores some of the theories from psychoanalytic literature beginning with Freud who introduced the idea of a rich, dynamic inner world of phantasies in the human mind. This is followed by discussion of Klein's initial encounters with child patients that drew her awareness to their powerful, primitive phantasy life. According to Likierman (2001:2) Klein believed that phantasy underpinned children's mental activity, shaping their sense of self, their relation to others and their overall ability to tolerate life, process its impact and make sense of the world. Isaacs (1948) describes the nature and

function of phantasy in psychoanalysis. Reference is made to Bion's work on the theory of thinking in this section. He argues that 'thinking has to be called into existence to cope with thoughts' rather than thought being a product of thinking (Bion 1967:111). This is followed by reviewing Segal's (2002) paper on symbolic equation and symbols which followed her theories from 'Notes on symbol-formation' in 1957. Clinical work from Youell (2001) and Hopkins (1986) is used to illustrate different ways symbolism is utilised in the therapy room. To end this section, there are some thoughts from the work of Bettelheim (1976) on how the use of symbolization impacts on the meaning and importance of fairy tales. He speaks about how the images evoked by fairy tales speak directly to a child's unconscious in a safe and appealing way which has ensured their continued popularity and survival over centuries.

Section 1 Violence, intimacy and aggression

At the start of this research I was interested in the expression of violence by the child in my study and a potential link with intimacy. The following extract from Margaret Rustin's paper, 'The therapist with her back against the wall', summed up my thoughts about my patient's feelings during his treatment.

> He felt that life had taught him two lessons. The first was, if you do not go on the attack, you are at risk of being the victim of an attack, and the second was that, if you get hurt, no one will care about what you are feeling. Furthermore, some hurts are not bearable and threaten your sense of humanity, of being a person. The combination of these beliefs meant that he defended himself with ferocity and intelligence whenever there seemed to him to be a threat that he might feel vulnerable and hence open to hurt and fears for his survival. (Rustin, 2001:273)

I begin this section with an exploration of the role and function of aggression as a healthy part of ordinary development, before looking at possible causes for aggression to turn into violence that is problematic for the individual and for those around him. Freud laid the foundations for an understanding about internal landscapes and the unconscious. In 'Mourning and Melancholia' (1917) he wrote about aggression in terms of the conflict between life and

death instincts, the death instinct showing itself through aggressive and destructive impulses directed outwards or against the self.

Klein (1946) deepened and extended the work done by Freud and developed her ideas about how the immature ego deals with the anxiety caused by the innate aggressive and destructive impulses of the death instinct. Klein, thought there was an innate propensity to feel the terror associated with the destructive potential of the death instinct. She described primitive defences against this terror, such as splitting, projection and introjection. Splitting refers to the splitting off of unwanted aspects of the self. Introjection refers to aspects of the object being taken into the self and becoming assimilated into the ego whereas in projection, aspects of the self are disowned and attributed to the object. Their function is to deflect the aggressive impulses in order that the death instinct does not lead to self destruction. Klein called these defences schizoid mechanisms and this whole primitive state of mind she called the paranoid schizoid position.

Anna Freud (1936) describes how the primitive ego deals with anxiety caused by the innate aggressive impulses of the death instinct by using a mechanism of defence she termed 'identification with the aggressor'. She noticed a child who copied his teacher's expression when he spoke angrily to him and, identifying with the man's anger, the child grimaced, assimilating himself to or identifying himself with the dreaded external object. In this way, the child's passive role changes to an active one that is within his control. Anna Freud says:

> By impersonating the aggressor, assuming his attributes or imitating his aggression, the child transforms himself from the person threatened into the person who makes the threat. (Freud, A. 1936:113)

Winnicott (1958), influenced by Klein's ideas, believed that aggression comes from a failing environment that does not adequately facilitate the physical or psychological development of the infant. He describes aggression in relation to emotional development. Winnicott argues that intent is a key factor in the study of aggression. He gives an example of the baby kicking in the womb.

Winnicott argues that the kicks are linked to activity rather than aggression as there is no intent to hurt. In the same way, a baby's thrashing arms would not be understood to have the purpose of hitting someone. Winnicott (1958) suggests that, it is only when behaviour is with purpose that aggression comes into play. He believes that instinctual experience is the main source of aggression and is part of the primitive expression of love. He describes actual aggression as aggression intended by the individual and felt as such by the people around. It is interesting that Fonagy also places the word 'intent' in his definition of violence: 'Violence is extreme aggression, perhaps distinguished by the implicit intent to cause injury or death' (Fonagy, 2008:33). Winnicott argues that no one act of aggression can be fully understood in isolation but needs to be seen in the context of the child's environment, maturity, health and emotional state. As the personality of the child develops to become more integrated, he argues that the child moves from activity with purpose but without concern, to activity with purpose and with concern which also brings guilt:

> It is necessary to describe a theoretical stage of unconcern or ruthlessness in which the child can be said to exist as a person and to have purpose, yet to be unconcerned as to results. He does not yet appreciate the fact that what he destroys when excited is the same as that which he values in quiet intervals between excitements. His excited love includes an imaginative attack on the mother's body. Here is aggression as a part of love. (Winnicott, 1958:206)

The next stage, in emotional terms, fits with Klein's depressive position and Winnicott calls it the 'Stage of Concern'. It brings with it the capacity to feel guilty about damage felt to be done to the loved person. In healthy care giving the infant can hold on to concern for the object, and guilt resulting from his attacks on the object. This can transform much of the aggression arising from environmental frustrations into social functioning. However, if appropriate care giving is lacking, especially in traumatic, early relationship experiences, this transformation breaks down and aggression reappears. Winnicott describes an infant's helplessness in alleviating feelings of hunger or lack of human contact for himself. The baby can signal his distress by crying and flailing his limbs but development depends on a response from someone else. Winnicott's term, 'good enough' care (1958:212) provides an

experience of a protective response that relieves the baby's distress. This lays the foundations for the capacity to tolerate vulnerability because helplessness can be associated with protection from another. The baby can develop a capacity to be attuned to his own internal states. In this way, a space opens up for thinking. On the other hand, a failure of protection by a reliable other, leaves the infant with overwhelming amounts of anxiety. Winnicott argues that he will develop a pseudo independence and act out the unmodified frustration and anxiety, unable to contain his feelings. In good enough care giving, there is intuitive recognition, as the infant develops a sense of self agency that more frustration can be tolerated. The child gradually learns how to manage his own feelings without feeling overwhelmed and this promotes the development of healthy aggression. The resort to violence can thus be understood as a tool for survival when good enough care has been lacking.

Good enough care leads to Bowlby's work on attachment (1958). He describes how instinctual and affectionate attachment between infant and mother functions to provide a balance between the infant's need for safety and his need for varied learning experiences. With secure attachment, the infant uses the mother as a secure base for exploration, returning to her when frightened or needing comfort (Bowlby, 1988). In this way, a 'felt-security' develops, drawing on the memory of a caretaker who returns and is responsive to the child. Bowlby saw that anger could be a natural response of children when the expectation of safety is threatened or when the expected security is not provided. He thought anger in healthy development might have a signalling function of drawing attention and responsiveness from care givers. He believes that loss or threat of loss of attachment figures, causes an over activation of the attachment system and might result in the development of psychopathology, anti-social or aggressive behaviours (Bowlby, 1973). Bowlby suggests that the quality of emotional exchanges between mother and child is an important precursor to the development of the child's ability to regulate his own emotions.

The resort to aggression in response to the threat of loss appears to concur with Glasser's (1985) ideas about violence for survival. He sees aggression as an innate part of our biological systems that functions in a reactionary way to danger. He links the two terms, violence and aggression, by proposing that, 'violence is the bodily actualisation of aggression which aims to negate the danger.' (Cited in Fonagy 2008:3)

Of particular interest to this study is the link Glasser describes between aggression and intimacy. Glasser (1979) tells how he came to recognize an important complex of inter-related feelings, ideas and attitudes that he refers to as a 'core complex'. 'Core', because he noticed these feelings were central to the psychopathology of many of his patients. That is not to say that the elements of the core complex do not appear in healthy development but he says, if the various elements of it are not modified by developmental stages they can lead to a person's psychopathology. (Glasser,1979:278)

Aggression is a major and integral element of the core complex. Another major component is a deep seated, pervasive longing for intimate closeness to another. This intimacy amounts to wishing for merging or a `state of oneness'; a 'blissful union'. This longed for state, Glasser argues, implies complete gratification with absolute security against any dangers of deprivation or obliteration and a totally reliable containment of any destructive feelings towards the object. If, during development, these feelings are not modified but persist in their primitive form, 'merging' will not feel like a temporary state to emerge from but more like a permanent loss of self; a disappearance of the individual's separate existence, into the object, like being drawn into a 'black hole'. The anxiety becomes one of total annihilation. Glasser states that, one of the defensive reactions provoked by this 'annihilatory anxiety' is flight to a safe distance, retreating emotionally from the object. This can be encountered, in therapy, as a wish to stop treatment, constant argumentativeness or intellectual detachment.

The safe distance, however, brings with it the danger of painful feelings of isolation. To gain relief from the threat of this isolated state, renewed contact

with the object is sought and because of the nature of the anxiety and intensity of the need, only a 'merging' with the object secures gratification. This sets up a vicious circle of the core-complex anxieties. Parsons (2008:363) describes this concisely in diagrammatic form, with the following labels: longing for an ideal merged relationship, moving towards the other, feeling too close and fearing engulfment, permanent loss of self with the danger of annihilation, then taking flight from the other, narcissistic withdrawal from the other and defensively attacking in an attempt to seek safe distance and feel completely separate. This then feels too distant and is accompanied by fear, a sense of abandonment, isolation and danger of annihilation which leads back to a longing for a merged relationship.

Glasser goes on to explain how anxiety about annihilation threatens the 'psychic homeostasis'. This concept, he proposes, is similar to, but broader and more complex than, a state of well being which accompanies the harmonious and integrated functioning of all the biological and mental structures (Glasser, 1979:282). He sees a fundamental task of the ego as guarding the psychic homeostasis. Maintaining a steady dynamic balance implies that over-gratification may be as disturbing to psychic homeostasis as deprivation. Thus, at one extreme, negligence or rejection is as disturbing as the other extreme, over-attentiveness or 'smothering'. The mental state of the infant in the core complex situation of threatened annihilation will provoke an intense aggressive reaction on the part of the ego to preserve the self and destroy the mother. Such destruction, however, would mean abandonment and in this way aggression adds to the abandonment anxiety consequent on withdrawal from mother. To envisage closeness and intimacy as annihilating, or separateness and independence as desolate isolation, indicates the persistence of a primitive level of functioning. The threat of annihilation may give us an understanding of the role and function of violence as self preservation.

Glasser suggests that anxiety could be a stimulus to aggression just as much as aggression may give rise to anxiety. This differs from Klein's earlier view (1948) that aggression is primary and basic anxieties occur in response to it.

The anxiety about annihilation threatening the psychic homeostasis and provoking an intense aggressive reaction appears to concur with the findings of Eun Young Kim (2010). In her study of aggressive behaviour in a young child with disorganised attachment, she examines an activating mechanism. For her study she defined disorganised attachment as a pattern in which children lack a coherent behavioural strategy to cope with stressful situations such as traumatic experiences and unpredictable relationships. She says that this correlation implies that children who are exposed to prolonged traumatic and chaotic environments or lack of maternal responsiveness (including frightened or frightening maternal behaviour) may fail to develop a certain style of coping. She describes how they are likely to form impulse driven behavioural patterns that resemble the chaotic and inconsistent environments to which they are exposed. She describes how a child can turn to disorganized and aggressive behaviour, relying on physiological signals regarding a perceived threat.

The idea of perceived threat is echoed by Parsons, who appears to concur with Glasser's (1979) ideas when she says:

> Violence can be understood as an attempted solution to the overwhelming unprocessed trauma of helplessness in the absence of a protective other. The feeling of being completely helpless and alone without protection brings about terror of annihilation. (Parsons, 2008:362)

Parsons suggests that violence is the most primitive and physical response to a perceived threat to the integrity of the psychological self. She says that if there is no protective internal function in the ego that facilitates the regulation of fear and anxiety, violence is used as the only means of defence. Failures in early nurturing can lead to development of what Parsons calls rigid protective barriers. Omnipotence and feelings of invincibility may be present but in fact there is extreme vulnerability to the frustrations and anxieties of everyday life. Parsons' formulation is that the child is constantly on guard but actually ill equipped to manage danger. This is because he cannot register anxiety as a useful danger signal that would help appropriate defences deal

with helplessness, anger and frustration. Instead, any threat penetrating the rigid barriers will feel traumatic and trigger the most primitive defences of flight or fight. She describes how this can make an attack on another appear inexplicable because it is an externalised attack from an internal threat, such as confusion or feelings of disintegration.

The idea of a lack of a danger signal, making any threat trigger primitive defences, resonates with Glasser when he states, 'A refinement in perceptual functioning needs to be acquired in order to distinguish between the object's stressful aspect and the object as a whole' (1979:284). He gives a useful analogy: a man who is furious with his car because it will not start on a cold morning needs to be able to know that he does not want to destroy the whole car but rather its 'not starting-ness'. Glasser argues that in severely regressed patients, it is this capacity to distinguish that is lost so that they feel that their rage against a certain behaviour of the object threatens its total destruction.

Thoughts about survival oriented aggression fit with Fonagy's findings about early life trauma. Fonagy (2008) is interested in prevention of violence and finding out what would support appropriate defences to deal with helplessness, anger and frustration. He describes longitudinal data that suggest the socialization of natural aggression occurs through developing self control. Self control requires attentional mechanisms and symbolization. Self control and symbolization depend on the mother-child relationship; therefore a poorly functioning attachment system can be expected to increase the risk of violence. Fonagy suggests that where aggression is high in early childhood (and continues into adolescence) children are likely to have had attachment experiences that failed to establish a sense of the other as a psychological entity. He suggests that violence is the end product of a chain of events over the course of a child's development, where risks accumulate and reinforce each other. He uses the phrase, 'violence is unlearned, not learned' (Fonagy, 2008:39). He argues that violence ultimately signals a failure of normal development processes to deal with something that is naturally occurring. He

believes that social experience is there to tame a destructiveness that is inherent in humanity and quotes Freud, saying:

> The element of truth behind all this, which people are so ready to disavow, is that men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked; they are, on the contrary, creatures among whose instinctual endowments is to be reckoned on a powerful share of aggression. (Freud, 1930:111)

Fonagy (2008) argues that environment can spectacularly fail in providing the infant with the wherewithal to come to regulate, pacify or tame his destructive potential. He says that violence may be the individual's attempt to tackle a damaging environment and as such, can be seen as a sign of life, a sign of a struggle to carry on as a living being under intolerable conditions.

When thinking about a damaging environment, extensive research has been done on the importance of the early maternal relationship. More recently, researchers such as Campbell (2000, 1999, 1995), Fonagy (1991) and Glasser (1992, 1979) have proposed the important role that is played by the paternal relationship or the lack of one, within the aetiology of violence. The concept of a 'good enough mother' is widely acknowledged (Winnicott, 1958). Campbell (1999) introduces the concept of a 'good enough father'. The 'good enough father' is vital in fundamental ways to the development of the child in terms of separation, identity and the formation of identifications. Fonagy suggests that:

> The father's capacity to present the child with a reflection of his place in relationships then becomes essential to the child's developing capacity to perceive himself in relation to the object. (Fonagy and Target, 1999:81)

In healthy development, both parents represent a world outside the exclusive mother- child dyad. This leads to consideration of a crucial stage in early development, that is working through the Oedipus complex. The individual's capacity to manage this stage of development will be influenced by the care giving he receives and the series of defence mechanisms that come into play. The Oedipus complex will be discussed in the following section.

Section 2 The Oedipus complex.

Canham, in his paper 'The relevance of the Oedipus myth to fostered and adopted children' (2003) retells the story of Oedipus which I have abridged:

The Oedipal myth

> In Greek mythology, Laius and Jocasta ruled over the kingdom of Thebes. They were childless and Laius secretly consulted an oracle who told him that any child born to his wife Jocasta would become his murderer. In response, Laius ceased sexual relations with his wife, without explanation, causing her much distress. One night she plied him with drink and nine months later gave birth to a boy. Laius snatched the baby away, pierced his feet with a nail and bound his legs so he could not crawl away and abandoned him on a hillside. The infant was rescued by a shepherd who named him Oedipus because of the deformity caused to his feet (Dipus translates as 'swollen foot') Oedipus was adopted by a king and queen (Polybus and Merope) who raised him as their own son without revealing that he was adopted. One day, Oedipus was profoundly disturbed when teased by a youth saying he does not look like his parents at all. He went to the oracle to ask about his future and was told that he would kill his father and marry his mother. As he loved his adoptive parents, believing them to be his birth parents he decided then and there not to return home for fear of what he might do to them. By chance, he met Laius, his unknown birth father, in his chariot coming in the opposite direction. Laius ordered Oedipus off the road to make way for his betters. Laius ordered his charioteer to drive on, and in so doing ran over Oedipus' already damaged foot. Oedipus flew into a rage and killed the chariot driver and Laius. Oedipus went on to encounter the Sphinx, a deadly monster with the head and breast of a woman, the body of a lion and the wings of an eagle. The Sphinx asked passers by a riddle. If they got it wrong she throttled and ate them. Her riddle was, 'What being, with only one voice, has sometimes two feet, sometimes three, sometimes four, and is weakest when it has the most?' Oedipus was able to answer, 'Man, because he crawls on all fours as an infant, stands firmly on his two feet in his youth and leans upon a staff in his old age'. When Oedipus answered the riddle correctly, the Sphinx leapt from the mountainside to her death in the valley below. As a reward Oedipus was proclaimed King of Thebes and married his birth mother, Queen Jocasta, unaware of his relationship to her. After seventeen years, a plague descended on Thebes and the oracle stated that in order to rid the kingdom of the plague, the murderer of Laius must be expelled. When the truth was eventually revealed, Jocasta hanged herself and Oedipus took the pin of a brooch from her clothes and used it to blind himself. (abridged version Canham, 2003:8)

Freud used the story of Oedipus to illustrate the strong emotions that come in to play when children are at the stage of development where they become

aware of their parents as an exclusive couple, in sexual union, separate from the mother-child couple. Accompanying this is the child's desire to take the place of one parent in sexual union with the other. For Freud, from his theories about it in 1897, the Oedipus complex remained central to his ideas about personality development. He believed that the early feelings it evokes give rise to anxieties and defences which shape the individual's perception of reality. In a footnote added in 1920 to his 'Three Essays on the Theory of Sexuality', Freud (1905) wrote, 'Every new arrival on this planet is faced with the task of mastering the Oedipus complex; anyone who fails to do so falls a victim to neurosis.' (Cited in Canham, 2003:5)

For Klein too, the Oedipus complex remained central in the development of the individual. Klein adopted the term 'Oedipal situation' and placed it at the beginning of infant life through his use of phantasy, and the infant's experience of part objects.   This was earlier in the child's development than Freud imagined.   Klein's view is that the Oedipus complex is an integral part of development towards the depressive position, (the beginnings of a sense of external and internal reality and the relationship between them). At this point, when the mother is seen as a whole object, there is a change in the child's perception of the world around him.   When the child has reached the depressive position he can begin to see his parents as separate individuals. Perceiving his parents as individuals leads the child to a full realization that his parents have a relationship separate from himself which leads to acute jealousy and envy in relation to their superior adult attributes.   Tolerating the deprivations resulting from the Oedipal situation are fundamental in Klein's view to becoming acquainted with reality.

O'Shaughnessy (1988:191) in 'The invisible Oedipus complex' describes the more current controversy about whether the Oedipus complex is still to be regarded as 'the nuclear complex' and of universal and central importance. She explains that this is due to the long periods of individuals' analyses in which there seems to be no Oedipal material. This has divided opinion but the Kleinian view is that when the Oedipus complex is 'invisible' it is not because it is not there but because it is un-negotiable to the patient and the

patient thus employs psychic means to make and keep it invisible. O'Shaughnessy describes patients struggling to obliterate an early Oedipal situation which feels continually threatening. This seems to resonate with Britton (1989) who describes how the Oedipus situation sometimes appears in analysis in primitive form, in what he terms an Oedipal illusion.

According to Britton (1989) the initial recognition of the parental sexual relationship involves relinquishing the idea of sole and permanent possession of mother and leads to a profound sense of loss which if not tolerated, may become a sense of persecution. Later, the Oedipal encounter also involves recognition of the difference between the relationship between parents as distinct from the relationship between parent and child. The parent's relationship is genital and procreative whereas the parent child relationship is not. This recognition produces a sense of loss and envy which if not tolerated may become a sense of grievance or self denigration. The Oedipus situation is resolved by the child giving up his sexual claim on his parents by accepting the reality of their sexual relationship.

Of particular interest to this study is Britton's (1989) idea that the Oedipus situation is made all the more difficult if the infant's encounter with the parental relationship takes place at a time when he has not established a securely based maternal object. Britton describes how an illusional Oedipal configuration can be formed as a defensive organization in order to deny the psychic reality of the parental relationship. Defensive phantasies are organized to prevent the emergence of facts already known and phantasies already existing, that is, the parental relationship has been registered but is then denied and defended against by what Britton terms, an Oedipal illusion.

In contrast to these Oedipal illusions, Britton (1989:87) describes Oedipal rivalry as a way of working through the depressive position. In this case, one parent is the object of desire and the other is the hated rival. One is 'good' the other is 'bad'. The feeling towards each parent is liable to change in that the 'good' parent when frustrating can become 'bad' and the bad parent when evoking warm feelings can become 'good'. Britton contends that the

realization that the same parent can be both good and bad leads to the full recognition of the parents and their sexual relationship.

The acknowledgement by the child of the parents' relationship with each other, Britton suggests, unites his psychic world, limiting it to one world shared with his two parents in which different object relationships can exist. The closure of the Oedipal triangle by the recognition of the link joining the parents provides a limiting boundary for the internal world. Britton calls this a 'triangular space' which is a space bounded by the three persons of the Oedipal situation and all their potential relationships. This includes the possibility of being part of a couple that is observed by a third person as well as being an observer of a relationship between two people. The capacity to envisage a benign parental relationship helps develop a space outside of the self that can be observed and thought about which provides the basis for a belief in a secure and stable world.

Britton describes one of his patients for whom the possibility of him communicating with a third object was unthinkable and resulted in a violent reaction. No sense of the triangular space could be achieved. I include the following quotation to illustrate the strength of these feelings:

> If I tried to force myself into such a position by asserting a description of her in analytic terms she would become violent, sometimes physically, sometimes by screaming … I came to realise that these efforts of mine to consult my analytic self were detected by her and experienced as a form of internal intercourse of mine, which corresponded to parental intercourse. This she felt threatened her existence. (Britton, 1989:88)

Britton's patient cannot tolerate the Oedipal situation and her violent attack on the third position is relevant to the findings from the data in this study. This clinical situation can be understood with the help of Bion's concept of the 'container and contained' (1962). Britton cites Bion (1959) who suggests that the consequence for some individuals of a failure of maternal containment is the development of a destructive, envious superego that prevents them from learning or making optimal use of good objects. He describes how, if the mother is unable to take in her child's projections, the child experiences this

as a destructive attack on his attempts to link with her, and communicate with her. The only way to regain his good object is to split off the attacking aspect of her but this means there is now a hostile force in existence which attacks his good link with his mother. Mother's goodness is now precarious and depends on the child restricting what he can let himself know about her. As the child's curiosity and knowledge about mother expand with his development they are felt to threaten this crucial relationship. Curiosity also reveals the Oedipal situation which in ordinary development can be challenging but in an already precarious situation could feel disastrous. The further threat of acknowledging mother's relationship with father, at this time, could feel overwhelming. The rage and hostility aroused by this discovery could be felt as a threat to believing in a world where good objects can exist.

The child's original link with the good maternal object is felt to be the source of life so, when it is threatened the child feels he is in a life or death situation. Thus, it makes the negotiation of the Oedipus complex more difficult if there is an initial lack of maternal containment. The failure to internalize a recognizable Oedipal triangle results in a failure to integrate observation and experience.   Bion (1959) describes how without maternal containment, curiosity spells disaster; the discovery of the Oedipal triangle is felt to be the death of the couple, either the parent-child couple or the parental couple. In the child's phantasy the arrival of the notion of a third always murders the dyadic relationship. Either, the child is left to die whilst the parents couple together or the child develops rivalry with one parent for absolute possession of the other leading to fears of personal or parental death as the imagined consequences.

The notion of a third party and the accompanying Oedipal difficulties for adopted children are discussed by Bartram (2003). She describes two levels of Oedipal difficulty, emphasising the concept of deficit as well as psychic defence. At the first level, Bartram describes the problem with thinking itself that can result from deficits in the adopted child's early environment, especially a lack of maternal containment. Neglect and abuse are frequent reasons for adoption of children born in the UK. This external environmental

failure, Bartram argues, contributes to an internal deficit in the child's developing capacity to think. The relevance to this Study lies in Bartram's description of how the Oedipal aspects of this problem become manifest in a therapeutic relationship. She found that her thinking, as the therapist, could feel dangerous to the child and could not be tolerated. Bartram suggests that the child's difficulty with allowing the therapist to have a separate mind lies in the way it is experienced as a third party, excluding the child from the 'here and now' of an   action oriented exchange between child and therapist (Bartram, 2003:23).

The second level of difficulty described by Bartram is not with thinking itself but with the child allowing himself to think about the reality of his position within the Oedipal constellation. This mobilizes psychic defences against feelings of smallness, helplessness and being the one who 'does not know' to preserve the Oedipal illusion described by Britton (1989). The extent to which an adopted child both knows and does not allow himself to know the true nature of himself as both dependent and excluded resonates with Bion's (1959) thoughts that, without maternal containment, curiosity spells disaster.

Continuing the theme of the Oedipal situation, Canham (2003) explores the Oedipus myth from Oedipus' perspective as an adopted child. He considers the impact of his early abuse and abandonment by his birth parents and thinks about the daunting task often encountered by fostered and adopted children in coming to know why they are unable to live with their birth parents.

Linking back to Bion's (1962) thoughts about lack of maternal containment, Canham sees one of the consequences of Oedipus' experiences is that he enacts his feelings rather than using thought to modify them. The exchange between Laius and Oedipus which leads to Laius being killed, shows neither of them as able to interject a moment's thought between impulse and action. The moment Oedipus' damaged foot is touched he retaliates as if he cannot bear to be in the position of the hurt baby again. Interestingly, Canham points out, the violence occurs shortly after Oedipus has decided to consult the oracle about his lack of resemblance to his parents and is possibly in a

heightened state of anxiety, thinking about his origins. He says, 'The violence of the defence often matches in intensity the painful experience it is seeking to avoid.' (Canham, 2003:12)

Canham argues that, for fostered and adopted children there is a danger in beginning to think about the realities of why they are unable to live with their parents. To uncover the full horror of what brought them into care may be more than they can face. The life and death quality of the Sphinx's riddle conveys the risky choice between the safety and frustration of 'not knowing' and the pain or disappointment coupled with the emotional development of 'knowing'. Canham describes the Sphinx as a terrifying mix of features, having both male and female genitalia making it perhaps a picture of confused and aggressive parental intercourse. The act of conception between Jocasta and Laius was muddled and deceitful and made more so by Oedipus' unconscious incestuous desires. At several levels the Sphinx represents Oedipus' enquiry into what kind of act made him, a question almost all children are curious about.

Canham concludes that for fostered and adopted children to work through the Oedipus complex requires considerably more psychic work than usual as they have ambivalent feelings in relation to (at least) two sets of parents rather than one. He points out that for many fostered and adopted children the primitive and persecuting figures of early phantasy life may have been a reality. This makes the struggle of the depressive position; to reconcile conflicting ideas of parents containing good and bad qualities much harder.

In this section the work of integrating good and bad qualities into one object has been discussed as the developmental task of the child as he moves towards the depressive position. An integral part of this task is negotiating the Oedipus complex. Maternal containment has been described as necessary to develop the capacity to regulate emotions within a good enough environment to support the healthy development of an individual's personality. In the next section I consider some of the psychoanalytic thinking about the impact of

early trauma on the developing personality of the child when the environment fails to be good enough.

Section 3 The impact of early trauma

Freud (1926) recognised that traumatic situations had an impact on early development. He viewed trauma as an experience of helplessness on the part of the ego in the face of accumulation of excitation, whether of external or internal origin.

Fraiberg (1981) suggests that under all normal circumstances the infant will not experience helplessness for more than brief periods, because distress is alleviated by the mother before it becomes intolerable or overwhelming. However, when an infant is exposed to repeated and prolonged experiences of helplessness or the person on whom he is dependent is also the one associated with pain and disappointment, the infant has to adapt ways of managing the unmanageable or 'not thinking' the unthinkable. I return to this idea later in this section.

It is suggested by Emanuel (1996) that when trauma occurs whilst the infant brain is still developing the psychic mechanisms to protect itself from the effects of trauma, it appears that the mechanisms may then fail to develop because of the trauma. In this way, early trauma can affect both current and later development.

This concurs with Greenacre's earlier thoughts (1953:50). She suggests that severe suffering and frustration in the antenatal and early postnatal period, especially in the period preceding speech, leaves an 'organic stamp' of a genuine physiological sensitivity, on the make-up of the child. With this, she says, comes a kind of increased indelibility of reaction to experience which heightens the anxiety potential and gives greater resonance to anxieties later in life. Greenacre argues that, the pressure of early tension and anxiety impacts on ego development, resulting later in an insecure and easily slipping sense of reality. She maintains that no truly traumatic event is ever wholly assimilated and that increased vulnerability inevitably remains, predisposing

the individual to break down at some later date if faced with some repetition or near repetition of the original injury.

Similarly, Hopkins (1986) suggests that in the case of ongoing trauma in children the question of complete recovery cannot exist as subsequent development is altered and commonly takes a pathological course.

In trying to find factors that develop resilience to trauma, Emanuel (1996) states that Fonagy (1994) and his co workers isolated one factor that serves as a protective function against adversity. This factor they called 'reflective self function' meaning the capacity to make sense of one's emotional experience and by extension, that of others. Fonagy states that,

> The care giver's capacity to reflect upon the child's psychological experience provides him with part of the mental equipment necessary to establish his own reflective self. (Fonagy et al., 1994:231)

The capacity to reflect concurs with Bion's (1962) ideas about an infant's expectation of a containing object (usually mother) that can receive the infant's primitive communications consisting of primarily undigested sense data. These, Bion calls Beta elements which in their sensory form cannot be stored for reflection, they can only be evacuated. In order for the sensory data to be available to the infant for reflection, the parent has to first think about them, interpret them to give them meaning and respond accordingly. Bion calls this alpha function which transforms undigestable beta elements into alpha elements that the infant can process. If parents can consistently and repeatedly contain the infant's undigestable feelings in this way, the infant begins to develop some capacity for reflection upon his own emotional experience. A space in the infant's mind then exists and an inner landscape can be distinguished from an external one. This gives rise to a mental apparatus for thinking.

Sorensen (1997) prefers to describe containment as a 'containing process' to reflect its active nature rather than the more passive nature of a containing object as a receptacle. Sorensen views the process as active, not in the

sense of 'doing' but in the sense of focusing, discriminating and feeling and ultimately integrating these functions in such a way that an experience of containment and being contained is realised. She describes the containing process as an active integration of the component parts of observation, clarification and emotional resonance. Observation is described as fundamental to the maternal mental work and the foundation of the containing process. Sorensen explains how mother is not only interested in her baby's physical being but also his psychic being. Clarification, the second component, moves towards a more precise understanding of that which has been observed thus clarifying anxieties, sorting out one thing from another, differentiating, identifying and naming. Sorensen believes that this understanding allows the mother to make adaptations to her baby's needs. For example, a mother knowing her baby needs to start his feed on the right side because he sucks more easily on the left and needs the incentive of hunger to get started on the right. Sorensen argues the adaptations require subtle, imaginative leaps of an actively enquiring mind which we often take for granted when care is good enough.

Emanuel (1996:219) argues that when there is no care giver available to contain in this sense or the baby is unable to tolerate the containing function of its care givers, a trauma is likely to ensue. Unprocessed experiences can only be evacuated, as in somatic disturbances or hallucinated as in traumatic flashback phenomena or acted out in behaviour which is liable to be a re-enactment of the trauma.

A further source of trauma exists when, not only is there no container but the potential container projects their own unprocessed trauma into the baby. For example, if the baby is faced with a parent behaving in a strange and frightening way. Thus, babies born into an environment of domestic abuse may experience not only the trauma of overwhelming helplessness when violent episodes occur but the cumulative effects of the lack of a consistent, containing care giver. These cumulative effects are explored by Emanuel (1996) in his study of the nature and consequences of trauma in infants born addicted to heroin who continue to live with parents who abuse drugs. He

describes how their trauma is not only one of painful withdrawal symptoms but also invasive medical procedures carried out in isolation in special care baby units and often, the ongoing trauma of the lack of an emotionally available and containing carer. He explores how a lack of containment of any kind in infancy had profound effects on a child's ability to process his emotional experience in any meaningful way.

I have used an extract from Emanuel's paper (1996) to illustrate a lack of containment. It is from an observation by sociologist, Lee Young and describes a day in the life of seventeen-month-old Steven, his twenty three-year-old mother Janice and her boyfriend Owen. Janice earns more than £1000 weekly through prostitution. At the start of the observation Janice is pre occupied with her intensely ritualised drug abusing behaviour. Owen is watching a programme about hypnotism on the television. Janice has just scored some crack cocaine:

> Meanwhile Steven is confined to his play-pen in the corner of the living room. It is lodged between the couch, an armchair and the wall. His face and his tiny frame are bulbous with the evidence of over and inappropriate feeding. He shows no signs of distress at my presence and screws up his face into a huge grin, squinting his large brown eyes which are covered partly by a mop of dark brown hair. In an effort to get some attention, he rocks his play-pen violently from side to side, taking time to stop every few seconds to see if his attention-seeking is likely to bring any reward. Failing this, he throws his cuddly toys and filthy bed clothes onto the floor. Finally, he garbles a mouth full of baby talk in an attempt to gain some response from his mother. No response is forthcoming so he slumps dejectedly to the floor of the play pen. (At this point Janice inhales more of the drug) She closes her eyes and rocks from side to side momentarily, still holding her breath. Her facial muscles relax, taking on the appearance of someone about to fall into a coma. She sits motionless for about two or three minutes. Slowly she opens her eyes and stares blankly at the floor in front of her, at the same time exhaling in short intermittent bursts. In the mean time, Owen has grabbed the 'bong' from Janice and repeats the ritual. This process continues until the two rocks, bought earlier, are gone. Steven has fallen asleep in his play-pen. (Emanuel, 1996:215)

This observation evocatively shows the absence of mother's emotional availability. A further source of trauma exists, according to Emanuel (1996)

where not only is there no container to process emotional experiences but the potential container projects into the infant. Emanuel (1996:220) cites Gianna Williams who calls the infant in this position a 'receptacle' of maternal projections not a container. She uses the name omega function to differentiate it from the completely opposite receptive alpha function (Williams, 1995). In the observation of Steven, above, this situation may have arisen as he is faced with a parent behaving in strange and frightening ways.

Emanuel suggests the capacity to recover from early trauma depends upon what Menzies Lyth calls 'pre-disaster resources' (Emanuel, 1996:220) and comes back to a core of resilience in the individual. This resilience develops when 'good enough' conditions prevail to enable the creation of what Fonagy calls an internal working model of the self and others as thinking and feeling. This can then form the core of a sense of self with a capacity to represent ideas and meanings. (Fonagy et al., 1994)

Emanuel describes work by Main and Hesse (1992) on disordered, chaotic attachment patterns. These can lead to a situation where a mother perceived to be preoccupied and unavailable may seem frightened or frightening to the baby. The baby may also infer it is he that is the source of mother's alarm. The baby then has two conflicting behavioural systems mobilized simultaneously: a wish to withdraw from the frightening object and at the same time, a wish to approach the object for protection. Since both these wishes are directed towards the same person, a chaotic or disorganized behaviour pattern emerges. Main links this to frozen, trance like states seen in some babies and later in traumatized children.

To elaborate on these frozen states, I link back to Fraiberg's ideas about adaptations when infant helplessness is repeated and prolonged. Fraiberg's paper, 'Pathological defences in infancy' (1982:612-635) identifies 'freezing' as one such adaptation. Fraiberg studied the interaction between babies and their mothers using detailed notes and videotaped records. The babies were between three and eighteen months of age and had experienced danger and

deprivation to an extreme degree (through suspected neglect or abuse). They were referred for therapeutic work whilst still living with their birth families.

To illustrate what usually happens between mothers and babies in a loving relationship I include the following quotation from Stern:

> The infant is a virtuoso performer in his attempts to regulate both the level of stimulation from the caregiver and the internal level of stimulation in himself. The mother is also a virtuoso in her moment-by-moment regulation of the interaction. Together they evolve some exquisitely intricate dyadic patterns. It takes two to create these patterns, which sometimes look ominous for the future course of development and sometimes look quite effortlessly beautiful.
> We accept that the nature of our earliest relationships greatly influence the course of relationships to come. After all, in this early period the infant is learning what to expect from, how to deal with, and how to be with a particular human being. For quite some time the infant has limited opportunities to learn that there is any way to 'be with' another person other than the particular way he is coming to know. (Stern, 1974:121)

To return to Fraiberg's research (1982); although originally designed to study and evaluate treatment methods, what became noticeable to the researchers was the interlocking pathology between parents and infants. This gave the researchers chance to examine deviate patterns of object relations and their effects upon ego formation. They began to identify certain aberrant behaviours in the babies which were considered to have a defensive function. Fraiberg poses the question, 'What happens to an infant in the first eighteen months of life when his human partners fail in their protective function and he is exposed to repeated and prolonged experiences of helplessness?' In answer to this question she identified the following pathological defences: avoidance, freezing, fighting, transformation of affect and reversal of affect. I will say more about Fraiberg's findings in relation to each of these as they are relevant to the findings in this study.

Avoidance
Fraiberg found that whereby the normal baby seeks eye contact and gaze exchange with his mother, these babies never or rarely looked at their mothers. Where the normal baby smiles in response to the mother's face and voice these babies never or rarely smiled to the mother. They did not

vocalize to the mother or reach for her. If the baby was capable of creeping or walking he did not approach his mother. The babies did not signal the mother for comfort. Wherever there would normally be 'seeking', there was 'avoidance'. Fraiberg suggests that for the babies in her study the percept of mother is a negative stimulus. She says avoidance of registering vision and hearing may belong to the biological repertoire, activated to ward off painful affect.

Avoidance may help defend against external dangers but not urgent, internal needs such as hunger, solitude or fear. These needs can trigger states of helplessness and disorganization together with frenzied screaming and flailing that Fraiberg calls, 'Screaming in the wilderness' since no comfort is available and none is sought by the baby.

Freezing

Freezing was observed in the context of biological helplessness. Complete immobilization, a freezing of posture, of motility and articulation was noted. Among the babies studied it was noticed that under circumstances where most babies would seek closeness with mother for reassurance and comfort these babies did not. Fraiberg points out that freezing as a defence is not useful for chronic, unalleviated stress as maintaining immobility for long periods of time is at the cost of physical pain and loss of developmental potential.

Fighting

Fraiberg proposes that fighting as a defence in earliest childhood can manifest itself in different ways. The toddlers in her study, for example, might present as being obstinate, negative and provocative towards their mothers and might fight when provoked by mother's demands. Fraiberg describes how an infant can strike out at the person who represents danger. She notices one toddler who, when his fight fails before a stronger opponent, has a monumental tantrum leading to a disintegrative state. Trained observers in the study noticed a moment before each of this toddler's fighting episodes with his mother, when fear registered on his face, before it vanished as he

began to fight.   Fraiberg believes that he was not only fighting his mother because of terror; he was fighting against the danger of helplessness and feelings of dissolution of the self which accompany extreme danger.

Transformation of affect

Transformations of affect were noted during the study, in children between the ages of nine to sixteen months. Billy, who Fraiberg describes as a starving, solitary baby when he was referred, was the child of a depressed young mother. The researchers watch, horrified, as his mother turns feeding into a teasing game, taking the bottle out of his mouth, holding it high up and allowing a few drops to fall into her own mouth. Billy begins to laugh and kick his feet with excitement. Joy is seen for the first time on his face, mother returns the bottle and he sucks contentedly. This sequence is repeated six times in the course of the feed and is described as intolerable to watch. Fraiberg describes how Billy is a baby who has become a willing and enthusiastic partner in a sadomasochistic game with his mother. A hungry baby, one who has known starvation in his early months, has modified a biological need for a social goal. Painful affects which would accompany unsatisfied hunger are transformed into affects of pleasure. No anxiety or protest is noted when the bottle is removed from his mouth. A baby who has once experienced starvation and chronic anxiety that his hunger would not be satisfied would be the least likely child to co-operate in a tease game like this. There must be anxiety somewhere but it is not seen. What is seen is an excited expectancy and Fraiberg questions whether anxiety has been modified by anticipatory pleasure.

Reversal

Reversal describes the turning of aggression against the self and some examples in Fraiberg's study were head banging, recklessness, tolerating high levels of pain and never turning expectantly to their mothers for comfort. Fraiberg suggests that a straightforward explanation for this is that the child's fear of a parent and of parental retaliation inhibits the expression of aggression toward the parent. However, the pain should inhibit self directed

aggression. Fraiberg suggests that biological defences appear to become cut off.

Fraiberg (1982:614) speaks of the unanswered questions which Freud (1926), Anna Freud (1936), Hartmann (1950) and Spitz (1961) posed in their writings, in which it was speculated that biological modes of defence might underlie the structure of certain defence mechanisms. Slater (2014) describes ideas from Anda et al. (2006) who draw upon evidence from neurobiological and epidemiological studies to re-enforce existing opinion about the link between early childhood maltreatment and changes in brain structure, function and stress-response systems. He says that they find:

> Deprivation of developmentally appropriate experience may reduce neuronal activity, resulting in a generalised decrease in neurotrophin production, synaptic connectivity and neuronal survival. Thus childhood abuse or exposure to domestic violence can lead to numerous differences in the structure and physiology of the brain that expectedly would affect multiple human functions and behaviours. (Anda et al., 2006:175)

Slater continues:

> The authors argue that the pathway to violence comes about through the inhibition of the capacity for mentalization. They provide an example of an attachment figure that has created such a degree of anxiety about their feelings towards the child, that the capacity for mentalization has all but been destroyed. The consequences of such a situation are that the child turns away from wishing to think about their own subjective experiences and those of others. Ultimately, the authors argue, the child can manifest a degree of callousness that is heavily rooted in anxiety about attachment relationships. (Slater, 2014:152)

Fonagy (2008) concurs. He says maltreatment and trauma may undermine the development of cerebral structures crucial to mentalization. He cites Hofer (2004) who says that early relationships are there not simply to protect the vulnerable human infant but to organize the functioning of the brain. Fonagy describes how increasing levels of norepinephrine and dopamine interact and activate receptor subtypes so as to shift the balance between prefrontal executive control and posterior-subcortical automatic control over attention and behaviour. Mild to moderate levels of arousal are associated with optimal

pre frontal functioning and with this the use of flexible mental representations and response strategies. These levels of arousal would be conducive to problem solving. However, extreme levels of arousal trigger a neuro chemical switch. In effect, high levels of excitatory stimulation takes the prefrontal cortex off-line. This switch in attentional and behavioural control is adaptive in the context of danger that requires rapid, automatic responding. Fonagy cites Mayes, (2000) who points out that early stressful and traumatic experience may permanently impair the dynamic balance of arousal regulation, altering the threshold for the switch process. Fonagy (2008:47) proposes a synergy between psychological defences, neuro-biological development and shifts in brain activity during post traumatic states such that mentalizing activity is compromised.

Current neurobiological research shows the continuous interaction that is evident from birth onwards between environmental factors and neurological factors, however there is not the scope within this research to explore these theories further.

Fonagy et al. (2002:57) explain the complex effect that trauma has on a child's capacity to integrate different modes of internal and external reality. In healthy development there is integration of these modes, and mental states can be experienced as representations. This, they argue, normally comes about through the child's experience of his mental states being reflected on, usually through the experience of secure play with a parent or older child, that facilitates the integration of the pretend and psychic equivalence modes. 'The abused or traumatized child, evading or entangled in the mental world, never acquires adequate regulatory control over the representational world of internal working models'. (Fonagy et al., 2002:479)

When working with traumatized children, Emanuel (1996) believes that the primary function of the psychotherapist is to help them make sense of their emotional experience by receiving and containing the emotions surrounding it.

If receiving and containing emotions cannot be managed, for example when a screaming child so overwhelms his mother that she hits her child, Parsons (2008) suggests that the child feels punished but also gets some contact with the mother, albeit of a negatively exciting kind. She says:

> These kinds of interactions, if repeated often, set up a pattern for future relationships where aggression is sexualized. This sado-masochistic mode of relating, with its mixture of punishment, humiliation, control and excited contact with the other, can become a fixed part of the child's personality. (Parsons, 2008:367)

This sado-masochistic mode of relating leads on to the following section.

Section 4 Sadism and perversity

In his thoughts on 'The Economic Problem of Masochism', Freud explores the 'taming of the death instinct by the libido' (Freud, 1920:281). I include the following quote as it describes the erotization and control involved in sadism which remain in later ideas:

> The libido has the task of making the destroying instinct innocuous, and it fulfils the task by diverting that instinct to a great extent outwards towards objects in the external world. The instinct is then called the destructive instinct, the instinct for mastery, or the will to power. A portion of the instinct is placed directly in the service of the sexual function, where it has an important part to play. This is sadism proper. (Freud, 1920:281)

According to Hinshelwood (1989:47) Klein originally followed Abraham who studied the aggressive phases of early life and showed that sadism has enormous importance in the child in the first year of life. Sadistic phantasies are largely attributed to the oral and anal phases and the pregenital impulses are at first more dominant than the genital ones. Thus the child has to struggle against the anxiety caused by these sadistic impulses. Later, in 1932, as a result of her adoption of the death instinct as a primary source of aggressive impulses from the beginning of life, Klein extended her view and regarded the whole of the first year as the time of maximal sadism. Klein believes that the arrival of the depressive position brings concern for the object which modifies the child's sadism by guilt and love.

Glasser's view (1979) is that sadism comes about through a perverse use of violence, (an adaptation to manage extreme circumstances). He explains how, ultimately, sadism can be seen as a way of maintaining a maternal function when this is compromised. His theory of the 'core complex' (Glasser, 1979:286) is helpful in understanding this. Glasser believes that the ego attempts to resolve the vicious circle of the core complex, in situations of deprivation, by the widespread use of sexualization and converting aggression into sadism. This preserves the mother, rather than destroying her and ensures the viability of the relationship. The intention to destroy is converted to a wish to hurt and be in control of that hurt. Sexualization also acts as a binding, organizing force internally and enables defensive measures to be more effective, bringing greater internal stability. It is only when this process breaks down that sadism may revert to aggression. Sadism thus shades into sexual crimes which in turn shade into crimes of violence, the appreciation of the object as a person, decreasing in the process.

> It is important to recognize that very often a crucial component in sadistic pleasure is the implication that the object is experiencing what the individual wants her to experience. This is reassuring in a number of ways. It removes the sense of uncertainty as to what the object may be feeling: this uncertainty is a significant element in the relationship with the mother … It also conveys the sense of both participants being absorbed in the same affective situation: this approaches the longed-for merging with the object but contains the safeguard against loss of self in the process. (Glasser, 1979:290)

The function of sadistic interplay with the object, as described by Glasser, seems to be that aggression no longer threatens destruction and loss of the object, and annihilation and abandonment are averted. Survival, in terms of the core complex, is ensured. Sadism seeks to maintain the relationship, aggression to break it.

Glasser suggests that in many psychoanalytic writings 'aggression' and 'sadism' are used interchangeably but he argues, a distinction can be made by examining the 'attitude to the object' at the time the act is carried out (Glasser, 1979:281). In the aggressive act, the important factor is destruction. The object's emotional reaction is irrelevant. In the sadistic act, the emotional

reaction of the object is crucial. The aim is to cause the object to suffer, physically or mentally. Glasser maintains that in the aggressive act, the perpetrator feels anxiety and/or fear and the aim is to negate the danger that is felt or to eliminate anything that is a threat to survival. In the sadistic act, the aim changes to inflicting pain and suffering in the object and in preserving rather than eliminating the object, this is accompanied by excitement and pleasure. Sadism is ultimately based on aggression but not synonymous with it.

Canham (2004) speaks about sadism and violence as they present in the therapy room. He describes differences in his counter transference feelings when violence is sadistic and when it is not, which resonate with Glasser's description above about the differences between aggression and sadism. Canham explains how children who have been deprived and abused will often try to subject their therapist to not only the emotional but also the physical experience of being hurt. For example, Canham treated several physically abused children in therapy who repeatedly tried to kick or hit him in exactly the parts of the body where they were hit themselves. He draws a distinction between the function of violence whereby the patient is communicating something to the therapist about his experience of past violence and the function of violence when it is for the patient's excitement and/or enjoyment. Such communication and understanding, Canham suggests, takes place within the transference and counter-transference relationship as described here by Betty Joseph:

> Much of our understanding of the transference comes from our understanding of how our patients act on us to feel things for many varied reasons; how they try to draw us into their defensive systems; how they unconsciously act out with us in the transference, trying to get us to act out with them; how they convey aspects of their inner world built up from infancy- elaborated in childhood and adulthood, experiences often beyond the use of words which we can only capture through the feelings aroused in us, through our counter-transference, used in the broad sense of the word. (Joseph, 1985:157)

Canham explains that when past experiences that have been of a terrifying nature begin to enter in to the transference, the communication is not confined

to psychic states but can feel as if the abuse is really happening again, for example the therapist is actually kicked or hit. The only way, at times, that an unbearable feeling state can be dealt with is by subjecting someone else to it. On the other hand, he describes how sometimes a perverse satisfaction is derived from inflicting violence and this feels very different in the counter-transference. He describes how his counter transference feelings moved from fear and despair (in the former case) to feelings of anger and of feeling exploited (in the latter). He explains how the therapist is made to experience the collapse of an internal containing structure of both maternal and paternal function.

This section described the presence of sadistic phantasies in the early stages of life; it explored how sadism could be seen as an adaptive defence. The distinction between sadism and aggression was described in terms of 'attitude to the object'. That is, the aim in aggression is destruction of the object whereas in sadism it is preservation of the object. Accompanying this is a need to control what the object feels, (by inflicting pain and suffering) which evokes excitement and pleasure in the sadist. Perversity as it presents in the therapy room, was discussed with reference to counter transference feelings as the key to understanding the different functions of violence. Sadism was described as a way of keeping hold of a maternal object in response to significant, early trauma. The following section looks at the impact of trauma on an infant's unconscious phantasies and on his capacity for symbolic thinking.

Section 5 Phantasy and symbolism

Phantasy

The existence of unconscious phantasies was hypothesised by Freud. The English translators of Freud adopted the spelling 'phantasy' in order to differentiate the psychoanalytical term from the word 'fantasy' referring to conscious material. Freud showed that the inner world of the mind has a continuous living reality of its own, with its own dynamic laws and characteristics, different from those of the external world. He discovered these phantasies in his analysis of adults and certain observations of children.

Freud's discovery of dynamic psychical reality initiated a new epoch of psychological understanding. To understand the function of phantasy involves exploring mental development from the beginning of life.

In her paper, 'The Importance of Symbol-Formation in the Development of the Ego' (1930) Klein took up Ferenczi's view that primary identification 'arises out of the baby's endeavour to rediscover in every object his own organs and their functioning', (Klein, 1930:220). Milner (1971) refers to Ernest Jones and Melanie Klein in particular, following up Freud's formulations, writing about an infant transferring interest from an original primary object to a secondary one. This process is described as depending on the identification of the primary object with another that is in reality different from it but emotionally is felt to be the same. Milner describes Klein maintaining that it is the fear of our own aggression towards our original objects which makes us so dread their retaliation that we transfer our interest to less attacked and so less frightening substitutes. This identification of one object with another is described as the forerunner of symbolism.

Klein further developed her ideas about infant phantasies from birth in relation to object relations. Phantasies of part objects and of the relationship between breast and penis would be succeeded by a relationship to parents as whole objects in the depressive position, albeit influenced by earlier phantasies. Klein felt that the child's attitude and relationship to this unfolding situation, which she termed the, 'Oedipal situation' was of profound significance for the urge to learn, and for the individual's relationship to reality. She believed that the early stages of the Oedipus conflict are dominated by sadism and take place during a phase of development where oral sadistic phantasies are directed against the inside of mother's body. They constitute the first relation to the outside world and to reality (Klein, 1930).

Isaacs (1948) appears to concur when she suggests, that human activities derive from instinctual urges and it is only through the phantasy of what would fulfil our instinctual needs that we are enabled to attempt to realize them in external reality. Isaacs also believes the earliest phantasies spring from

instinctual bodily impulses and sensations. She describes how the first phantasied wish-fulfilment; the first 'hallucination' is bound up with sensation. Isaacs describes how, for survival the infant is able to receive pleasurable satisfaction at the breast. Changes of contact and temperature, the inrush of sound and light stimulation she suggests, are manifestly felt as painful. Internal stimuli of hunger and unmet desire for contact with mother's body are painful too but sensations of warmth, desired contact, satisfaction in sucking, freedom from outer stimulus bring experience of pleasurable sensation. The hungry or distressed infant feels actual sensations in his mouth or his limbs or his organs which mean to him that certain things are being done to him, such as feeling forcibly and painfully deprived of the breast or as if it were biting him. This psychic reality dominates the mind and results in an infant's all encompassing fury and aggression which finds expression in omnipotent phantasy such as, 'I can and will devour it' to help overcome feelings of helplessness. At the stage of the earliest and most rudimentary phantasies there is no discrimination of external reality. Experience is governed by 'all or none' responses. The absence of satisfaction is not felt as a 'nothing' but as a positive attack. When the hunger persists and is not satisfied by hallucinating the breast, sooner or later the hallucination breaks down and a measure of adaptation to real external conditions takes place, for example, the infant makes demands on the external world by crying loudly. This is the beginning of adjustment to reality and of the development of perception of the external world (Isaacs, 1948:108)

In the 1950s Bion developed Freud's and Klein's ideas and also combined them in a new way which formed the foundation for his 'theory of thinking' (1967). This is helpful in understanding the importance of symbolism to making sense of internal and external reality. Bion suggests 'thoughts' may be classified according to their developmental history, beginning with pre-conceptions, leading to conceptions and finally concepts. The joining of a pre-conception with its realization forms a conception. Psychoanalytically, the theory that the infant has an innate disposition corresponding to an expectation of a breast can be used as an example. When the pre-conception of a breast meets the reality that approximates to it (mother's

breast), the mental outcome is a conception. Conceptions therefore will be expected to be constantly con-joined with an emotional experience of satisfaction. Bion limits the term 'thought' to the mating of a pre-conception with a frustration. For example, if the expectation of a breast is met with no realization, a 'no-breast'. The capacity for tolerating frustration is crucial to what happens next. Bion argues that if there is sufficient tolerance for frustration the 'no breast' becomes a thought and an apparatus for thinking it develops. Bion argues that, 'thinking has to be called into existence to cope with thoughts' (Bion, 1967:111).

This capacity for thinking bridges the gulf of frustration between the moment a want is felt and the moment action is taken to satisfy it. A capacity for tolerating frustration thus enables the psyche to develop thought as a means by which the frustration that is tolerated is itself made more tolerable. On the other hand, 'Inability to tolerate frustration can obstruct the development of thoughts and a capacity to think' (Bion, 1967:113)

Bion (1967) describes how, in healthy development, the infant splits off and projects sense data that he cannot manage, for example a feeling he is dying, into his mother. In healthy relationships her thinking transforms the infant's feelings into a known and tolerated experience with what Bion calls 'reverie'. He sees this as a mother's capacity to think about her infant, to pay attention, to try to understand and to know about the infant's feelings. In this way, the infant's feelings can be returned in a form suitable for thinking. He calls this process alpha function. If the mother cannot tolerate the projections of the infant the feelings return to him in a more frightening form, stripped of meaning. In the previous example, the infant reintrojects, not a fear of dying made tolerable, but a 'nameless dread' (Bion, 1967:116). This results in the infant trying harder, more forcefully and more often to evacuate the unmanageable sensations. This affects the foundations for primitive thought and thinking.

Isaacs (1948) argues that, infants' spontaneous make-believe play creates and fosters the first forms of 'as if' thinking. She describes how the child can

select elements from past situations and recreate them in the present to match the current emotional or intellectual need. She discusses how imaginative play arising from unconscious phantasies creates practical situations which call for knowledge of the external world.   In these terms, infant play can be seen as an attempt to adapt to reality and an active means of expressing phantasy. Isaacs explains:

> The make believe and manipulative play of young children exemplify those various mental processes first noted by Freud in the dream life of adults and in their neurotic symptoms. In the child's relationship to the analyst, as with the adult's, the phantasies arising in the earliest situations of life are repeated and acted out in the clearest and most dramatic manner, with a wealth of vivid detail. (Isaacs, 1948:78)

Both Klein (1932) and Anna Freud (1927) developed methods of understanding children based upon their play. The essence of this analytic understanding rested on the belief that in play, children expressed what was in their internal phantasies. Part of the medium for expressing phantasy is through symbolization which will be explored further below.

Symbolization

There is much disagreement about what constitutes symbolization but Klein tried to show that children's play is a symbolic expression of anxieties and wishes. Segal (1957) writes that in 1930 Klein raised the problem of inhibition in symbol formation. Klein described an autistic little boy of four, Dick, who could not talk or play. His analysis revealed that he was terrified of his aggression towards his mother's body which he felt had turned bad because of his attacks on it. This impacted on his capacity to endow the world with any symbolic meaning and Klein came to the conclusion that if symbolization does not occur, the whole development of the ego is arrested.

Segal (1957) suggests that in the analytical view, the child's interest in the external world is determined by a series of displacements of affect from the earliest to ever new objects. She describes symbol formation as an activity of the ego attempting to deal with the anxieties stirred up by its relation to its

object. That is primarily the fear of bad objects and the fear of loss of good objects. Disturbances in the ego's relation to objects are reflected in disturbances of symbol formation. In particular, disturbances in differentiation between ego and object lead to disturbances in differentiation between the symbol and the object symbolized and therefore to concrete thinking.

A child's capacity for symbolization can thus be compromised by trauma. Biddy Youell (2001) examines links between trauma and inconsistencies in one child's capacity for symbolization when she describes the experience of a young boy, Jamie, who was rushed to hospital at ten days old with bacterial meningitis. He was seriously ill in hospital for four weeks and was not expected to survive. This left his parents with feelings of terror, helplessness and desperation. Jamie survived but he became a floppy, passive baby who was slow to crawl, stand and talk. At the age of three years Jamie was referred for child psychotherapy treatment as his parents described him as 'out of control', calm one minute and lashing out at another. The focus of the therapy became differentiation between real and pretend and Youell was interested throughout the work in issues related to symbolism. Jamie arrived in the therapy room with two small dolls. One was a floppy rag doll, the other a muscle bound, Popeye doll. It appeared these represented his two choices, to be the passive, victim baby or a strutting, macho man. What became apparent in sessions was a lack of continuity with no sense of cause and effect and it became obvious that this was a reflection of the world he inhabited. He was both bombarded by external stimuli and taken over by internal impulses in a truly chaotic way. In his play, Youell describes how Jamie would put the animals inside fences but be concretely worried that they would walk out of them. For him, the carpet on the floor was not a representation of grass, it actually was grass and he expected the animals to eat it. Youell describes how sometimes, Jamie did know the difference between what was real and what was pretend but lost contact with this knowledge whenever he was anxious. His symbolization was intermittent and liable to collapse into concrete thinking due to his early trauma.

Segal (1957:393) explains that, under stress, there may be a regression from symbolic functioning to symbolic equation. She describes how the early symbols are not felt by the ego to be symbols or substitutes, but to be the original object itself. She describes a non differentiation between the thing symbolized and the symbol: they are felt and treated as though they are identical.

Hopkins (1986) describes the psychotherapy treatment of two different children and how they used monsters as a way of mastering anxieties associated with trauma. She says that for both children, monsters appeared to represent a compromise between their terrors of real aggressive assaults and terrors related to their own aggressive impulses. The details of monsters, she suggests, can often provide clues to the people or events which have aroused the terror and rage which the monsters represent.

For example, one of the children Hopkins describes had a hereditary blood disease and underwent life saving but distressing medical treatments. His monsters aimed to deceive their prey by appearing friendly and then attacking. This was like the kind doctors with their horrible treatments. For the second child described, taking on the role of a monster allowed the enactment of aggressive attacks on her therapist and play in which the child imagined herself to be attacked by different monsters. Hopkins suggests that this allowed localization and control of the child's terror of being attacked. By recognising the traumas which the monsters represented, both children were helped towards recognition of their underlying trauma.

According to Segal (1957), in healthy development, after repeated experiences of loss, recovery and re-creation, a good object is securely established in the ego. The ego's reality sense is affected by changes in relation to the object. There is an increasing awareness of ambivalence, a lessening of intensity in projections and a greater differentiation between self and object. This enables a growing sense of reality both internal and external. The internal world becomes differentiated from the external world. Earlier omnipotent thinking gradually gives way to more realistic thinking and at the

same time, primary instinctual aims become modified. Rather than wishing to totally possess the good object or annihilate the bad object, there is recognition that the good and bad are within one object. The ego is increasingly concerned with saving the object from its aggression and possessiveness. This, Segal suggests, implies a certain degree of inhibition of the direct instinctual aims, both aggressive and libidinal.

This move towards the depressive position and the capacity to symbolize helps in dealing with conflict and unresolved earlier conflicts. References to wolves and fierce creatures appear in the data in this study and I was interested in Bettelheim's (1976) ideas about fairy tales with their rich symbolism of early anxieties and wishes. As a survivor of Dachau concentration camp, Bettelheim worked with disturbed children as an educator and therapist and was struck by their positive response to fairy tales. He describes how they confront the child with basic human predicaments such as, parental death, usurping power, dealing with good and evil, punishment and fear. By presenting them in symbolic form, he argues, the child is helped to manage potentially frightening thoughts in a safe way. Bettelheim explains that children know the fairy tale characters are imaginary so they can afford to recognize what motivates them without owning the motivations themselves. Children can become familiar with how the characters respond to, for example, frustration, jealousy, wanting mother all to themselves, being powerless and small, and can come to recognize parallel reactions in themselves. The child can self regulate between thinking 'This is true, that's how I act and react' and 'It's not true, it's just a story', depending on how ready he is to recognize these processes in himself. Bettelheim points out that the fantastic exaggerations of fairy stories make reactions plausible and acceptable in a way that presenting a situation realistically would not. He illustrates this with the example of a parent's absence: to a child, mother's absence may feel like an eternity, a hundred years, a feeling that would remain unaffected by a truthful explanation that mother was gone for only half an hour because the adult's understanding of time is different from a child's. As Isaacs explains:

When the infant misses his mother and behaves 'as if he were never going to see her again', it does not mean that he then has discriminative notions of time, but that the pain of loss is an absolute experience, with a quality of sheer 'neverness' about it- until mental development and the experience of time, as a slowly built up external reality, have brought discriminative perceptions and images. (Isaacs, 1948:97)

Similarly, symbols present situations in an accessible form: giants symbolize parental power and authority. The fact that giants can be outwitted and slain in fairy stories, as in, Jack and the Beanstalk, is appealing to a child's unconscious phantasies whilst keeping the real parents safe.

With regard to the Oedipal struggle, Bettelheim describes how the knight in shining armour and the damsel in distress are useful symbols to employ. A young boy may resent his father for standing in the way of his exclusivity to mother and want his father out of the way. This idea then creates anxiety about who will protect and care for him, the danger of father finding out and father's retaliation. The fairy tale offers stories of dragon slaying, riddle solving, freeing beautiful princesses and living 'happily ever after' (unlike the Oedipal myth which ends badly). In this way, fairy tales imply it is not father whose jealousy prevents the child from having mother all to himself but an evil dragon, so that what the child perceives he really has in mind is slaying a dragon and not his father.

I include the following quotation from Bettelheim (1976) which describes how hunters in fairy tales are often symbolic of strong, protective, rescuing male, father figures, because of its resonance with Freud's ideas about taming our instinctual aggression:

Hence the hunter of fairy tales is not a figure who kills friendly creatures but one who dominates, controls, and subdues wild, ferocious beasts. On a deeper level, he represents the subjugation of the animal, asocial, violent tendencies in man. Since he seeks out, tracks down, and defeats what are viewed as lower aspects of man - the wolf - the hunter is an eminently protective figure who can and does save us from the dangers of our violent emotions and those of others. (Bettelheim, 1976:205)

Conclusion

The psychoanalytic literature reviewed in this chapter provided a theoretical framework to support this study's investigation into potential links between intimacy and violence in the transference relationship during intensive psychotherapy. The child in the research witnessed violence between his parents as an infant and re-enacted violence in the therapy room. In the literature there is some disagreement about whether aggression is innate or resulting from an inclement environment but little disagreement that it appears very early in infantile life. The literature describes how innate aggression can escalate to violence in a failing environment and how violence can be a way of ensuring survival in extreme circumstances. Current thought appears to be that anger and aggression are naturally occurring, healthy phenomena and that a caring environment will allow the individual to have self control over his anger. In this way it could be argued that violence can signal a failure in the child's environment to mitigate his innate anger and aggression (Fonagy, 2008). What appears to be crucial is the socialization that enables self regulatory control and inhibition of violence with intent to harm others.

The theory of the core complex by Glasser (1979) describes a vicious circle where the two concepts of intimacy and violence are linked. This theory appears highly relevant to this study. Glasser explains how a longing for a 'blissful union' and a subsequent fear of annihilation leads to the need for distance which can provoke violence as a way to achieve it.

Kleinian concepts about early oral phantasies and accompanying defences against the anxiety they produce helped to develop a framework for thinking about the stage of development of the child in this study. Ideas about working through the paranoid schizoid position to the depressive position, hand-in-hand with the Oedipal situation, were crucial to understanding some of the internal workings of the developing infant mind. It was helpful to think about the movement between a paranoid schizoid state of mind and a depressive position way of thinking, in relation to the data. Especially, in thinking about the way in which the child's level of anxiety impacted upon his thinking about internal and external realities.

The importance of the Oedipus complex and the extra difficulties facing fostered and adopted children have been discussed. The challenge of having, at least, two sets of parental figures to internalise during the work of negotiating the Oedipal situation was explored. Also, the potential for additional difficulties in developmental deficit due to environmental failures was explored.

The literature on fostering and adoption was highly relevant to this research as the child in question experienced the loss of his birth parents as he moved to foster care and from there to adoption, before the age of four years.   Also pertinent to this study, was an understanding from the literature about the importance of maternal containment as part of the 'good enough' environment that helps a child regulate his emotions The impact of the lack of maternal containment and consequent helplessness in the face of overwhelming stimuli has been discussed.

The importance of fathers in developing a capacity in their children to see a benign parental relationship to develop a thinking 'space' outside of the mother-infant dyad to observe the self has been described. The father of the child in this study was absent from his life by the time the child was twelve months old due to the violence he directed towards the child's mother.

The impact of failures in the infant's environment has also been considered in the context of early trauma. The literature describes how trauma can overwhelm existing functioning mental apparatus, either temporarily or permanently. The child in this study was removed from his home environment due to neglect, witnessing domestic violence and drug abuse. It appears that early trauma not only threatens to overwhelm the infant with feelings of helplessness it threatens to alter the apparatus he has for dealing with the feelings of helplessness. This ultimately impacts on thinking and symbolization, and differentiation between internal and external reality. In less than 'good enough' conditions, adaptations can be made which aid psychic survival but at the expense of good mental health. One such adaptation is the

transformation of affect whereby pain becomes pleasurable. This led to discussion of Glasser's (1979) ideas about aggression and sadism. He describes the unremitting demand of aggression to achieve its aim of negating the object, due to fear, because of the threat to psychic homeostasis. This is in contrast to sadism where the aim is to preserve the object and enjoy being in control of the pain and suffering.

The rich phantasy life of infants that Freud discovered and Klein elaborated on has been discussed, leading (in healthy development) to the capacity for symbolization and the facilitation of thinking and learning. The importance of the relationship between infant and mother has also been explored in relation to its impact on the capacity to symbolize. The importance of play is noted, the essence of analytic understanding resting on the belief that in play, children express their phantasies through symbol formation. This enables a passive experience to become active and where a past event has been out of the child's control it can be symbolized in the present and some measure of control felt to be regained. A developing capacity for symbolization was noticed in the child in this study.

This chapter reviewed some of the psychoanalytic ideas that have been deepened and expanded upon, leading to current thinking about the themes that are relevant to this study. Aggression has been described as innate and in need of taming or modifying by maternal containment to inhibit intentional violence. The importance of the Oedipus complex and the particular difficulties it poses for adopted children aids the thinking about the theme of intimacy. Oedipal issues also impact on the need for control, in the context of 'not allowing thinking' and the terror about the therapist's thinking when it is perceived as a separate 'third position'. The chapter examined the impact of trauma on infant development, describing the necessity of being understood by another. The changes to brain structure were described from studies in neuroscience. Sadism was discussed as this was present, at times, in the therapy room. The importance of symbolization and the impact of trauma on a child's capacity for this were discussed. The following chapter describes the research methods that were employed in this study.

Chapter 3. Methodology

Introduction

In the previous Chapter, existing research and literature in the field relating to the research question were critically examined and the major theoretical debates about theory and research were considered. In this chapter I intend to show how the chosen research design for this study relates to the theoretical framework described in the 'Literature review'. I discuss why I made certain choices of method and why they are most suited to my study. This chapter is concerned with how the research was carried out. It begins with a description of how the research question evolved from the foreshadowed problem, described in the 'Introduction to the Thesis', to the form that eventually came to be used. The chapter then describes my choice between the use of qualitative and quantative methodologies. The choice of methodology led naturally to decisions about the method best suited to the purpose of this research. The section following this describes how the data were gathered, some of the problems encountered and their solutions. I describe how the decision was made as to how to select data for this research and how to mitigate against a potential criticism of selecting evidence to fit a hypothesis. The chapter explores the most appropriate way of organising and analysing the data and some of the criticisms levelled at the Grounded Theory method. This chapter outlines and considers the ethical issues to which this kind of research needs to attend. Finally in this chapter, I consider what might be termed the trustworthiness of the research and attempts made to counter bias.

Developing the research question

The research question evolved from counter transference feelings experienced in the consulting room in response to potentially overwhelming, annihilating violence, with an intensive psychotherapy patient. Over time, I began to notice that these experiences happened after moments of emotional warmth and began to link the incidences in my mind. I started to wonder whether intimacy and violence were enmeshed in the child's mind and whether the transference relationship would allow some examination of this. I

wondered about the connection between the child's early experiences of witnessing inter-generational domestic violence and his current feelings in the 'here and now' relationship with me, as his therapist, in the consulting room.

In trying to gain some understanding of this through a theoretical framework I was particularly interested in Winnicott's belief that, at origin aggression is part of the primitive expression of love (Winnicott,1958:204-205). I was also influenced by Winnicott's ideas (1958) about the roots of aggressive intention, as discussed in detail in the Literature Review. He describes how, with the growth of the inner world, the infant becomes concerned about the effect of his actions on his mother, and can feel guilt at this stage.

This made me curious about the impact on the developing mind of witnessing actual attacks on the mother's body (by another). I wondered about the impact on the child in my study when he saw his mother attacked by his father at crucial stages of his emotional development where he may have been making imaginary attacks himself on mother's body. I questioned whether he would feel responsible for the actual violent attacks by his father. And, what if this experience was accompanied by excitement? I wondered about love, violence and excitement becoming linked in his mind. Further questions ensued; did he come to understand violence as a way to create intimacy? Or, vice versa, did he come to understand that intimacy leads to violence? I wondered about whether gaining insight into unconscious conflict could help ameliorate violence in the treatment of this three year old boy.

These questions led me to consider whether I could investigate, in detail, the context of the times when violence and intimacy were interconnected in the transference relationship and whether I could understand more about the link.

Consequently, the research question became:

> *When are intimacy and violence linked in the transference relationship during intensive psychotherapy of a three year old boy?*

Methodological approach

Psychoanalytic research has existed from the beginning of the discipline, pre empted by Freud (1927:256) as he states, 'it was impossible to treat a patient without learning something new'. Nevertheless, there is considerable debate about the most appropriate and meaningful methods of research in Child Psychotherapy and, in the current political climate, it seems important for the profession to be seen to be undertaking rigorous research.

Empirical research, which is concerned with data that may be obtained through observation, measurement and questioning, tends to be categorized according not only to the ways in which data are gathered and analysed but also to the ways in which interpretations are validated so that they are considered to be 'truthful'. Social Science researchers often make a distinction between quantitative and qualitative research. Within the social sciences there is a long tradition of qualitative research through ethnographic fieldwork and case studies. One example of this is the work of the influential American anthropologist Margaret Mead who added greatly to public knowledge of cultures and traditions in developing countries. She undertook extensive fieldwork throughout the 1920s and 1930s with her husband, British anthropologist Gregory Bateson. They pioneered the use of film and still photography as a resource for anthropological research. Mead observed and studied cultures as a determinant of personality following in the footsteps of Alfred Adler in psychology and Ruth Benedict in anthropology. Mead was a prolific writer and broadcaster but despite her fame and influence, her research attracted some criticism that it was not scientific and relied too much on observation.

From the 1930s to the 1980s more positivist, quantitative models of research became popular as beliefs in scientific logic, objectivity and 'absolute truth' were valued. These supported and legitimised the reduction of the qualities of human experience to quantifiable variables. Kazdin (1982) noted a shift that was reflected in journal publications of the 1930s, from small sample studies to larger sample studies utilising statistical analyses. The popularity of the case study diminished at this time.

However, Midgely (2004) describes how over the last twenty years the dominance of statistical methods has begun to be challenged within the research field. The randomised control trial, sometimes referred to as the 'Gold Standard' for clinical research, epitomises the group focused, quantitative analyses but, according to Midgely, there has been increasing dissatisfaction with a sole reliance on this approach (McLeod, 2001). Other researchers argue the legitimacy of the qualitative single case study method within social science research (Stake 1995, Yin 1994, Bromley 1986, Kazdin 1982). They argue that single case studies are often the most relevant way of studying causal influences and mechanisms and that they are a good basis on which to build theory from clinical evidence.

Rustin (1997) argues that psychoanalysis has always had its own distinctive research methods. He advocates investigating a particular aspect of a relationship or interaction by close observation under controlled conditions in the consulting room. There are critics of this way of researching who argue that there is too little distinction between empirical observations, process material and the theoretical inferences that are based on them.

Fonagy (2003:131) questioned Rustin's belief that psychoanalysis could be considered to have an alternative epistemology to that of scientific research on the grounds that this placed psychoanalysis in an inferior position. Fonagy wanted child psychotherapist researchers to avoid the criticism of being anecdotal by gathering data in the same way as social scientists in order to give child psychotherapy more scientific validity. He felt changes to the research method were needed.

Rustin, on the other hand, felt there was no need for change as the consulting room, considered as the primary laboratory in which psychoanalytic research takes place, is the best available method for investigating the unique subject of psychoanalysis, the unconscious and the inner world. He argues that when something works this well it does not need to change.

Both Rustin and Fonagy agree that, for psychoanalytic research, there are problems with both more general empirical research approaches and the more specific consulting room research approaches. Fonagy concedes that the complexity of a human being's inner world does not easily fit into a '100 point scale'. Rustin concedes that the consulting room model leaves the profession open to criticism and misunderstanding. Rustin argues for a plurality of approaches and that child psychotherapist researchers are exploring individual and appropriate ways of capturing the complex processes of the consulting room through qualitative research methods.

One difficulty seems to be about what constitutes 'truth' or 'clinical fact'. Although psychoanalysts and therapists believe they are giving a 'true account' of their sessions in detailed recorded notes, O'Shaughnessy (1994) questions what status can be given to the facts of a case as reported in this way. She asks whether there is such a thing as a 'clinical fact' in the real world or only a construct within the therapist's mind. She also identified what she thought were 'clinical facts' in the consulting room in terms of object relations. Facts and figures fit more readily with quantitative research methods such as measurement, questionnaires, surveys and interviews which can be highly systematic and mathematical in their record keeping, for example, about certain types of behaviour or events. However, these methods are not very useful for capturing minute changes in personality or internal states of mind that child psychoanalysis is uniquely designed to do.

In determining the most suitable research methodology for the study I wished to undertake I required an approach that would allow the detailed study of transference and counter transference phenomena. I needed an approach that allowed this to be analysed in some way in order to link with underpinning psychoanalytic theory. This would enable me to understand the meanings that this particular situation had for those involved in it. From reading about other studies in the field, a qualitative approach seemed a natural choice with its tendency towards observational methods in natural settings. As already noted, there are questions and criticisms about the subjectivity of this methodological approach and whether it can be classed as truly scientific. It

has been argued that quantitative research has a place in the child psychotherapy profession and Fonagy (1993) states that the advantages of quantification are clear:

> numerical representations of data provide access to statistical techniques and reduce the complexity of observations to a relatively small number of indicators. Quantitative data are also easier to inspect in searching for patterns of relationships or finding a useful format for presentation. (Fonagy and Moran, 1993:69)

However, quantitative methods are associated with an experimental design methodology involving measurement under conditions of systematic control of different features of research settings or with a survey methodology, involving, questionnaires or interviews with large samples of a defined population. Neither of these methodologies, with their concomitant methods, would be appropriate to use for the subject I wished to research. Consequently my study used the qualitative research method of the single case study and the grounded theory approach for analysing the data.

Method

The capacity for the unique capturing of an individual's internal world is the reason why the case study holds such a central place in child psychotherapy training. It has an illustrious history as the very first work in the field of child psychoanalysis with Freud's case study of Little Hans in 1909. Klein followed with case studies of 'Richard' in 'Narrative of a Child Analysis' (1961) and Winnicott with 'The Piggle' (1977), to name but a few.   These case studies developed an in-depth understanding of children's' individual internal and external struggles. Rustin (2003) holds up the single case study as the best method we have for finding out about the child's inner world. In a special issue of the Journal of Child Psychotherapy, dedicated to research, he states:

> the consulting room must be considered the primary 'laboratory' in which psychoanalytic research takes place, indeed that it is the only method of inquiry that is suited to the unique subject of psychoanalysis: if the object of study is the child's inner world or, in other words, the unconscious this can best be accessed where it manifests itself spontaneously- and most richly and informatively- within the transference relationship. (Rustin, 2003:137-145)

In the wider field of social science research however, the single case study has been widely criticised as an approach that lacks rigour, that is too subjective, that the collection and analysis of data is biased by the subjectivity of the researchers and that the results are not properly generalisable. I will therefore, examine both the benefits and drawbacks of using the single case study method for my research. The drawbacks, as Midgely (2006:122) explains, are in three main areas: the data problem, the data analysis problem and the generalisability problem.

The data problem:

My data were derived from process notes. Process notes are detailed written accounts of therapy sessions, made as soon as possible afterwards, based on the therapist's memory of what happened and capturing any counter transference feelings, thoughts and actions. The following is a description by Klein of her note taking:

> I took fairly extensive notes, but I could of course not always be sure of the sequence, nor quote literally the patient's associations and my interpretations. This difficulty is one of a general nature in reporting on case material. To give verbatim accounts could only be done if the analyst were to take notes during the session; this would disturb the patient considerably and break the unhindered flow of associations, as well as divert the analyst's attention from the course of the analysis ... for all these reasons I am sure that notes taken as soon as possible after each session provide the best picture of the day-to-day happenings in the analysis. Hence I believe that- allowing for all the limitations I have enumerated- I am giving in this book a true account of my technique and of the material. (Klein, 1961:11)

This kind of process note taking can enhance the context of a therapy session by having observed events leading up to the session and immediately afterwards; for example, how the child takes leave of their carer in the waiting room and how he is reunited with them, whether they have waited a while before the session or just arrived before being collected by the therapist, whether there has been an unsettling event like a fall, or maybe seeing the therapist with another child. The state of mind of the child entering the room is useful for the therapist to note.

Critics claim that these types of data are unreliable. They suggest that the use of a therapist's own process notes as primary data is open to question due to their subjectivity. Furthermore they can be seen as too anecdotal and non scientific. Although the therapist believes she is giving a true account of the session, it can only be the truth as she sees it and different individuals will all give their own differing 'truth' through the lens of their individual experiences and personality. In other words, it provides only one person's impressionistic view of the material.

Fonagy (2003:134) called for data to go beyond the anecdotal but the difficulty remains that unconscious reactions to another human being's internal state are not easily recordable on a scientific scale or point scoring system and written recording of impressions remains the best way of capturing these phenomena. I think a useful analogy is Chomsky's (1996) consideration of a rose. He says, 'once we start to describe the pulse and flow of nutrients or the oxygen-carbon dioxide cycle- the rose, in all its apparent beauty, seems to disappear in the flux of chemical processes.' (Chomsky, 1996:33). In other words, the subtleties of the interactions, the relationships between them and their meanings are neither easily reduced to discrete components nor understood in their full complexity.

One way of countering the criticism of the subjectivity, for research purposes, of process notes is already in use. This is to have an experienced child psychotherapist involved in supervision. This gives triangulation by having a third person offering a different perspective on the work, through the sharing of process notes; another perspective as an outsider looking in on the interaction of the dyad in the consulting room. This also helps link theory to clinical aspects of the work and the difficult question around what constitutes a clinical fact.

Establishing clinical facts is one of the problems with subjectivity in this type of research. It is impossible for the participant observer who is also the clinician to hold exact speech in mind over a fifty minute session in order to write up

after the event. There is a range of possible ways of enhancing the capturing of data in the consulting room. Tape recordings, for example, could help by providing the researcher with verbatim accounts of what was said, by whom and capturing the tone of voice. Video recordings could minutely track gaze or eye contact, actions, facial expressions and body language in an objective way. Similarly, another observer could view sessions through a one way screen and take notes. The problem with these 'solutions' is that they do not convey other important information that process notes are uniquely placed to do in this type of research. Process notes capture the feelings, the absence of them or the incongruence of them as experienced in the interaction in the 'here and now' of the room.

There may be ways to use process notes and make them more helpful to a research study by complementing them with the addition of recorded material as suggested above. This would allow the analyst's commentary to be separated from clinical material. Patient and analyst's use of language could also be separated and examined. Non verbal behaviour and affect could also be recorded separately from speech. The analyst could make a separate record of their own thoughts and counter transference feelings.

If all these were used in addition to traditional process notes then psychoanalytic sessions may be less open to the criticism of subjectivity for research processes.   However, the less 'disturbance' there is to the natural situation that is being researched, the less likelihood there is of 'reactivity'. Such additional methods as described create the possibility of intrusion into the nature of the session itself and thereby create their own influence on the research process. That is why, in this study I decided to use data from process notes written shortly after the completion of the session that were subsequently discussed in supervision.

The Data Analysis problem:

Having discussed the question of subjectivity relating to process notes, a major difficulty with the clinical case study is that connected with the 'truth' or

otherwise of interpretations and the validity in the analysis of the data. There is criticism levelled at this method in that it allows the researcher to pick data to fit her hypothesis.

As Midgely (2006) explains, 'many case studies are written in such a way as to persuade others of the validity of a particular point of view. The process by which the case study is constructed, in the form of a narrative that gives a compelling and persuasive account, reflects this aim.' (Midgely, 2006:122). Midgely cites Tuckett to illustrate the difficulties with this in research terms:

> the more a narrative is intellectually, emotionally and aesthetically satisfying, the better it incorporates clinical events into rich and sophisticated patterns, the less space is left to the audience to notice alternative patterns and to elaborate alternative narratives. (Tuckett, 1993:1183)

In other words, sessions which fit the story the researcher wishes to tell are selected at the expense of contradictory evidence. 'Validity' is a complex and contested concept. How can others judge the plausibility and credibility of the evidence presented to support the claims of a research account? As the quote above suggests, understanding both the descriptive and the explanatory aspects of accounts involves the linking together of definitions of concepts, the nature of the descriptions and the strength of the explanations (including the theoretical assumptions involved and the fit of those explanations offered in relation to the data, compared with possible alternatives).

Qualitative researchers attempt to deal with these criticisms by developing transparent, systematic and rigorous ways of analysing their data. Midgley (2006:133) describes a number of suitable methods that could be used to analyse data. He cites the example of Varvin and Stiles, who developed the 'intensive qualitative case study' as a method of deepening their understanding of the assimilation of problematic experiences in the treatment of traumatised patients. They suggest tabular displays and graphs may be used to manage and present qualitative data without destroying the meaning of the data through intensive coding which shows movement through levels of assimilation of data from being dissociated or unwanted to being understood

and integrated. There are a number of other recognised qualitative research methods from the social sciences which highlight a particular aspect of the clinical encounter and are appropriate for exploring certain aspects of the therapeutic process, for example, conversational analysis (Perakyla, 2004) and narrative analysis (for example, Mcleod and Balamoutsou, 1996). Discourse analysis is a qualitative approach used in psychology (Potter and Wetherell in Smith et al. 1995, Chapter 6). Others have developed methods specifically for the qualitative study of psychotherapy sessions, such as Phelps' 'process charts' used in the study of the process of therapy with children in foster care (Phelps, 2003). Each of these methods highlights a particular aspect of the clinical encounter and may be appropriate to explore different aspects of the therapeutic process. For example, Perakyla (2004) used conversational analysis to explore how psychoanalysts use language to construct certain kinds of interpretations, in particular those linking two different domains such as past experience and the 'here and now' of the transference. This highly detailed study deepens understanding of a particular process.

Psychologists developed Interpretative Phenomenological Analysis (IPA) as a research method which helped researchers gain a deeper understanding of psychological processes. These methods can be employed in approaches ranging from highly interpretive to structured positivist analyses. The interpretive tradition relies on developing analyses from the point of view of the experiencing person, aiming to capture their thoughts, feelings and actions. Interviews are commonly used and questions are exploratory and as the researcher begins to develop an understanding of the phenomenon, more informed questions can begin to be asked. Researchers study what is said and how it is said. IPA usually involves groups of people experiencing the same phenomenon, for example, a particular illness.

I chose not to use these methods because the child in my study was three years old when he commenced treatment and his primary communication was action based. The grounded theory approach has been used in research studies that use process notes and analyse the data in a systematic and

explicit way. This approach seemed to be ideally suited to analyse, in a rigorous way, the emotional interaction, co-operation and conflicts inherent within the data from the psychotherapy sessions in this particular research study.

Corroboration could be sought from other sources of data besides the clinical material, such as educational psychology assessments, interviews with parents, speech and language assessments, all of which would provide further evidence. For this study, corroboration was not used due to the retrospective nature of the case, the birth parents unknown whereabouts and the child's age at the time of data collection.

The Generalisability Problem

Researchers ultimately want to be able to generalise to a wider population than that involved in a particular study and a criticism of the single case study is that it is of limited value because it cannot generalise beyond the particular case. But single cases *have* been used to develop theory, for example, 'Dora' in Freud's case studies of hysteria (1895) which is typically praised for the scientific empiricism of his methods.

Midgely (2006) argues that questions of generalisability apply not only to individual
case studies but 'trouble group design as much, if not more, than individual case studies'. It may also be useful to remember that generalisation is not always the purpose of a single case study. It may not tell researchers what is common but what is possible. Thinking about Popper's (1962) term of 'falsification', a single case study can be equally helpful in understanding aspects of an original study's findings that are *not* transferable. An approach sometimes referred to as 'aggregated single-case study' has a long history within psychoanalysis where a theory is built up from understanding a series of case studies. Phelps (2003) sees this as a highly appropriate approach for psychoanalytic researchers and equates it with the development, in the

judiciary of 'case law' in which the comparison of successive cases leads to refinement and reformulation (Stake,2005; Phelps,2003; Bromley, 1986).

Whilst being mindful of the criticism aimed at the single case study, on balance it still seemed the best way to capture the internal struggles I wanted to examine between intimacy and violence. I felt that it was the method best suited for this type of research as it gives the opportunity to observe closely the developing relationship between an individual child and child psychotherapist. The detailed observation of the transference relationship gives a unique insight to the child's way of relating to another by describing thoughts, feelings and actions and capturing the use the child makes of the therapist. For these reasons the single case study is my method of choice.

Data Source

The data for this research were gathered from the process notes of fifteen supervised sessions which I selected to analyse. Process notes were taken after intensive psychotherapy sessions which took place three times each week for just over two years. Supervision of the psychotherapy took place weekly which brought a different perspective to the work. I selected supervised sessions in order to have the benefit of the supervisor's thoughts. The individual child in the case study was in the care of the local authority for the first six months of intensive psychotherapy and I selected five supervised sessions from a period before he received news about potential adoptive parents. The next six sessions were selected from an eight month period from the day after his move to his new parents in a pre adoptive stage of his life. This was a rich source of material as familiar foster carers and unfamiliar new parents were involved in the child's care at the beginning of this period, effectively giving the child two sets of caregivers. This situation came with accompanying conflicting loyalties pertaining to the imminent loss of foster carers, the past loss of birth family and the hopes and expectations of a successful outcome from the new parents and the professional network surrounding them and the child. Alongside this was a shift in the transference relationship between the child and his therapist, who by then was a more

familiar figure to the child than the strangers called mummy and daddy. The last four sessions were selected from a three month period after the adoption was finalised.

Within these parameters, sessions were selected where violence or intimacy or both of these together featured prominently. This selective sampling has the advantage of focusing on the data most relevant to my study of when intimacy and violence were linked in the transference relationship. However, the selective sampling leaves my research vulnerable to criticism that process notes were selected in a subjective manner primarily to fit the story I wanted to tell and putting this material together in a narrative form that persuades the reader of a particular interpretation. As noted earlier, to respond to this criticism I needed a systematic and rigorous method of analysing the data and the grounded theory approach seemed most appropriate.

Analysing the data

Having looked at the arguments for and against the single case study, its strengths, weaknesses and limitations, I decided it was still the best method available for investigating my research question. I then needed to think about how to organise and
analyse large amounts of data systematically and with rigour. Within the field of child psychotherapy, researchers such as Reid (2003) and Anderson (2003) have made use of the grounded theory approach to develop research studies that collect data from clinical sessions and analyse the texts in a systematic and explicit way. The hall mark of grounded theory studies consists of the researcher deriving analytic categories directly from the data, not from preconceived concepts or hypotheses.

Historically, qualitative research has been challenged by advocates of quantitative research as not being theoretical enough or of being too impressionistic. Whereas quantitative researchers made great strides in producing accurate evidence and translating theoretical concepts into research operations, sociologists Glaser and Strauss (1967:15) argue that

qualitative research became relegated to preliminary, exploratory work to get surveys started. However, qualitative methods were still the only way to obtain data on many areas of social life not amenable to the techniques for collecting quantitative data.

Grounded theory, as propounded by Glaser and Strauss (1967), has a contribution to make to research in child psychotherapy and psychoanalysis in that it has offered a clear set of written guidelines for conducting qualitative research and challenged the prevailing criticisms about subjectivity and 'making the data fit the theory'. It does this by using a coding system that develops from the data. It gives child psychotherapy researchers a way of transforming raw data about emotions, actions, interactions and behaviour from sessions into something that can be analysed systematically and rigorously and linked to theoretical concepts. It is a qualitative method of data analysis suitable for studying single cases but it has been criticised and not just by quantitative researchers. Charmaz (1995) explains how critics from narrative analysis and postmodernists argue that the grounded theory emphasis on breaking up the data to define their analytic properties does not allow sufficient attention to the individual (for example, Conrad 1990; Riessman, 1990). There is conflict in sociological circles about overemphasis on the verification of theory and resulting de-emphasis on the prior step of discovering what concepts and hypotheses are relevant for the area of research. Glaser and Strauss state that generating theory goes hand in hand with verifying it but argue that many sociologists have been diverted from this truism in their zeal to test existing theories or a theory they have barely started to generate.

I understood that I needed to adapt the grounded theory method as devised by Glaser and Strauss (1967) because their method creates categories early in a research project that shape subsequent data collection and as my study was retrospective the data were already collected in the form of process notes. I was also bringing psychoanalytic thinking to bear on the data analysis and the development of theoretical codes. Anderson (2006) says, 'It could be argued that the use of Grounded Theory together with a

psychoanalytic approach is an adaptation of the Grounded Theory methodology' (Anderson, 2006:334). Anderson argues that it is acceptable for an interface to occur between the psychoanalytic researcher-clinician, bringing a mind trained to see in a certain way, and the object of study. I continue to use the term 'adapted' Grounded Theory as my data collection was not shaped by earlier created categories and the data were coded using a psychoanalytic perspective at the stage of conceptual coding..

A brief history of grounded theory methods

Charmaz (1995:27) describes how the development of systematic sampling and coding by Glaser and Strauss helped to refute the charges that qualitative research only produced descriptive case studies rather than theory development. Glaser and Strauss articulated explicit analytic procedures and research strategies that previously had remained implicit among qualitative researchers. Glaser and Strauss changed the oral tradition of mentoring and field experience by offering a clear set of written guidelines for conducting qualitative research. Grounded theory offered a systematic approach for discovering aspects of human experience that remained inaccessible with traditional verification methods. Grounded theory methods enabled social scientists to study the development, maintenance and change of individual and interpersonal processes. The grounded theory idea means starting with an individual case and developing progressively more abstract concepts to make sense of and identify patterns within. It is a systematic procedure for shaping and handling material that is rich in qualitative information.

How it works

Initial coding of the sessions uses a line by line analysis of actions or events which helps to develop codes of a more focused nature without the inputting of the researcher's own motives or hypotheses. That said, this study does not aim to provide evidence to support or refute a hypothesis. It aims to be useful in a context of discovery to reach a deeper understanding of a process.

The use of focused coding helps the researcher sift through large amounts of data as categories that keep reappearing can be focused into conceptual categories. This allows theoretical concepts to emerge and be captured directly from the data. The conceptual coding can then be developed into an analytic framework which can be compared with literature in the field of study, in this case, psychoanalytic literature.

I include an example of a coded session (appendix 1) to illustrate the adapted grounded theory method I used. The session is recorded sentence by sentence and then analysed in adjacent columns. The initial column identifies the main communications about states of mind in the room, minute by minute as the session progresses. As shown in the example session 22 (appendix 1) the initial column records the child's state of mind: anxiety about his carer leaving with another baby in her mind. This is termed initial coding. The second column takes the initial coding and translates it into something more focused towards theory. In the example, the child's anxiety is recorded as an anxious and uncertain transference to an object who might not return. This is the focused code. The third column relates to a smaller number of broader concepts that were chosen from categories that kept re appearing in the focused coding. In the example given these concepts were anxiety and separation. This is termed conceptual coding and allows large amounts of data to be captured in a systematic and manageable way.

A further example may illustrate this more clearly. Where the session notes recorded that the child was bossily demanding that the therapist do something, the initial coding stated 'trying to be in charge'. The focused coding stated, 'controlling environment'. The conceptual coding stated 'control as defence'. In another moment, the child's communication is that he has noticed something under the sofa, the focused code is 'constantly alert to intrusion' and the conceptual code, 'hyper vigilance'. In this way the states of mind in evidence in the room can be managed analytically for the purpose of investigation.

From the conceptual coding several over arching themes became evident. These were, violence, intimacy, Oedipal issues, control, difficulty with regulating affect and a sub theme of sadism and perversity.

After identifying these over arching themes in the data, I was aware that some good examples of the identified themes were in sessions that had not been selected because they lacked the violence and intimacy I was focusing on. Six more sessions were thus selected and coded to add to the available data.

Ethics

Ethical considerations are an important part of any research so that the interests of the research participants are adequately protected. When using clinical material from a young child who cannot give informed consent there are several ethical issues to consider. The possibility of using the material for this study only arose after treatment was complete and was, in the first instance, discussed at a follow up review with parents some months after treatment had ended. Parents were given time to reflect on whether they would consider consenting to use of clinical material from their child's clinical sessions for research purposes and to come back to discuss more fully and answer any questions they might have at a later date. This removed any pressure to consent that they may potentially have experienced if they thought their child's treatment would in any way be compromised by their refusal. Parents gave verbal consent readily as they saw this as a way of helping other parents in their understanding of their own children. Verbal consent was followed up with written consent to use the clinical material, gathered from their child's psychotherapy treatment, for this piece of research. This was with the understanding that anonymity would be respected, real names of people, places and events would be changed and no identifying features of the child and family would be used. The family were aware that the data would be stored securely by the researcher whether in written or electronic form. The research is registered with the research and development team within the NHS Foundation Trust where the material originated. Ethical approval for the research was gained through the Tavistock protocol with Camden and Islington Research Ethics Committee for single case studies. Subsequent

approval was given by the University of East London Research Ethics Committee. A copy of this is contained in Appendix 2. Findings from the investigation of this particular young child's experience may contribute in a small way, to the body of professional knowledge about links between intimacy and violence when a developing mind is exposed to domestic abuse and neglect.

The trustworthiness of the study

I recognise that there are limitations to the study. Many of these have been discussed throughout the Chapter, such as the inherent problems of the case study approach and the implications for 'objectivity' in the generation and analysis of data. Clearly, my own role as the researcher in the study has to be considered. Such things as the presence, the effect and the biases and selections of the researcher cannot be removed but need to be recognised and discussed. In this study, the data were gathered during the course of my professional activity and only selected later for inclusion in this research study. This meant that there was less 'disturbance' to the situation that came to be studied. Similarly, as the researcher for the study I was also the therapist for the child. This, however, has its advantages, in that a psychotherapist may detect nuances missed by another researcher in a fast-moving environment such as the consulting room. As Charmaz says: 'what you define in the data also relies in part upon the perspectives the researcher brings to it.' (Charmaz, 1995:38) She suggests that rather than seeing your perspectives as truth, trying to see them as one perspective among many. It was beyond the scope of this study to link with perspectives outside the realm of psychoanalysis.

Conclusion

This chapter has described the lively controversy and debate about the most appropriate methodologies and methods to use when researching questions of a psychoanalytic nature. Robust research can only benefit the profession of child psychotherapy. It appears that no one method will be suitable for all cases and part of the researcher's task is to find the research methods best suited to their area of study. My study investigated when intimacy and

violence appeared to be linked in the psychotherapy of a young boy who had experienced domestic violence. My task was to find research methods that could capture the clinical data I had amassed and organise it into something manageable in order to systematically examine it. I started by reading about ways that other researchers in the field had managed their task and taking into consideration the strengths and weaknesses of the most commonly used methods, I then made choices about how to go about my research.

This began with choosing qualitative methodology and the single case study method.
Despite many of the criticisms levelled at the single case study as a method of psychoanalytic research, I hope this chapter has shown that it still serves as the best method researchers currently have to capture what is uniquely psychoanalytic, namely the unconscious and the inner world.

The subjectivity of the data to be studied has been recognised and I hope to have mitigated against criticism about this by choosing a robust, systematic qualitative method of data analysis, the grounded theory approach, adapted to take account of the psychoanalytic theories being brought to bear on the data. 'Grounded Theory' as developed by Glaser and Strauss (1967) has been discussed and I have described how this approach has been used to systematically, rigorously and explicitly analyse aspects of human experience. I have included a sample session (appendix 1) to illustrate how the coding system was used and was mindful during this process that I brought my own perspective to the work along with the perspective of my supervisor.

Research needs always to be mindful too of ethical constraints. Using clinical material from a child too young to give informed consent gave rise to thoughtful consideration about what was in the best interest of the child. Consent was sought from the child's parents after treatment was complete. Approval was sought and gained from the originating NHS Foundation Trust and Camden and Islington Research Ethics Committee.

Having described the rationale for the selection of the methodology employed for this Study, the techniques used and the problems encountered, the next chapter considers the findings of this study.

Chapter 4. Presentation of findings

Introduction

This chapter begins with an overview of the external world events in the life of the child I have called 'Sam' who is the focus of this study. The study is an investigation into a link between intimacy and violence in the transference relationship during intensive psychotherapy. The overview omits much of the detail surrounding Sam's life events to preserve anonymity. Following the general overview, the chapter describes how Sam became known to Child and Adolescent Mental Health Services (CAMHS). After this, I describe my first meeting with Sam prior to his assessment. This is followed by the main themes of the assessment with the outcome and recommendations for treatment. Next, there is an explanation of how the chapter is organised into three sections to aid continuity and coherence. During the first section Sam was living with foster carers. The second section covers the time of transition from living with foster carers to living with prospective adopters. The third section covers the time from when Sam was legally adopted. In each of the three sections, examples of the overarching themes, emerging from the data, are presented. The overarching themes were: violence, Oedipal issues, intimacy, control and difficulties with regulating affect. These themes emerged from the intensive psychotherapy sessions that were examined for this study after treatment was completed. Sam's intensive psychotherapy covered a period of almost three years. The data were taken from the first two years of treatment as this period provided rich material for the focus of this study.

Chronology of events:

Events	*Age*
Child Protection Conference decide to recommend Pre-birth assessment	unborn
Mother and unborn baby accommodated in mother and baby unit	unborn
Sam born in hospital and returned with mother to mother and baby unit	new-born
Mother moved to own home with Sam	8 months

Domestic abuse incidents towards mother from Sam's father, police involvement, incidents of drug use and several house moves.	8 months
Father in prison re domestic abuse towards mother. No further contact with Sam.	12 months
Sam living with mother, witnessing further domestic abuse between grand parents, drug use, police involvement. Several house moves.	12-22 months
Placed in care of local authority foster carers. Sam's 7th house move.	22 months
Referral to CAMHS by Social Worker. Discussions with network, including foster carers.	26 months
Mother gives consent for adoption	2 years 8 months
Assessment for psychotherapy including nursery observation	3 years 1 month
Intensive psychotherapy commences	3 years 3 months
Final contact with birth mother	3 years 4 months
Adoptive family identified	3 years 11 months
Move to new family	3 years 11 months
Starts school	4 years 3 months
Legally adopted	4 years 9 months
End of therapy	5 years 11 months

How Sam became known to CAMHS

Sam was just over two years old when he was referred by his social worker via the family court to the CAMHS clinic where I was undertaking clinical training for Child Psychotherapy. Court requested an assessment of his level of functioning, his suitability for adoption and the identification of any therapeutic interventions required. This was requested because of Sam's excessive, impulsive, violent behaviour with no identifiable triggers. He was described as aggressive towards other children at nursery school with unprovoked angry, violent outbursts.

Social Care colleagues informed our understanding about Sam who had been removed from his birth parents at twenty two months old due to neglect. He had witnessed domestic violence between his parents and between his paternal grandfather and his partner. His young father was, at time of referral, serving a custodial sentence for actual bodily harm towards Sam's young mother.

At referral, Sam had been with the same short term foster carers for twelve months, since his removal into care. There was much uncertainty about his future there because of his behaviour. An appointment was arranged to meet with Sam and his foster carers to assess what use he could make of psychotherapy.

Assessment

First Meeting

I first met Sam with a senior, more experienced colleague to assess how we should proceed. Sam came to the clinic with his female foster carer, Sue. Although I had found it useful to have information from Social Care colleagues about Sam's early life, it did make me wonder what kind of wild, un-boundaried child I would encounter. When I went to the waiting room to collect Sam and Sue I observed a large, care worn woman and a small boy who was playing in a large, wooden cube, representing a car. He was trying to fit a cylindrical peg into a square hole. Sam looked up as I entered and I thought he did not look wild at all, in fact rather ordinary and unremarkable. He was of average height and build, had short mousey hair, his clothes looked rather worn and he seemed blank and unsmiling. After introductions, Sue mentioned that her husband, Paul was unable to attend due to work commitments. As I invited them through I noticed that Sue did not attempt to hold Sam's hand in this strange new place, even though I had a strong desire to do so. As we turned a corner Sam silently concentrated on his feet and made a kind of hopping, skipping step that seemed to absorb him. He followed closely behind Sue, not looking around or saying anything. We went

together to a small, consulting room where my colleague was waiting for us. Sam looked briefly at a box of toys on the floor and then clambered, wordlessly, onto a big armchair. A moment later he slid off it and knelt down to look at some vehicles in the box of toys. Sue sank into the nearest chair. Like a dam that suddenly burst forth, she told us how in all her years of fostering she had never come across 'one like this'. She told us in a rush that there was no way she could be expected to carry on looking after this child if 'they' did not find somewhere else for him to go soon, and if they were thinking about another six months with her, they could forget it. She described how she experienced Sam just doing things for no reason, how he wore her out, saying, in exasperation, 'it's like he can't attach to anything'. She used a sharp, quite loud and didactic tone. She wanted us to know about her struggle with Sam's draining, exhausting and unfathomable behaviour.

The outcome of this first appointment was an agreement to undertake three assessment sessions to see if psychotherapy could be helpful to Sam. Parallel work was offered to his carers, to think about what it was like looking after Sam. As part of the assessment we agreed to include an observation of Sam at his nursery school to aid our thinking about his relationships with staff and other children.

Main themes of the assessment

Control or pseudo independence

Sam's self reliance was evident during the assessment. He came willingly to the play room betraying little anxiety about separating from Sue, yet greeted her warmly when he returned at the end of his sessions. He neither expected nor sought help and engendered a sense of being able to manage anything all by himself. This suggested that in his internal world there was no idea that help might be available to him. His firm assurance, 'I can do it myself' became a familiar refrain. This evoked strong feelings in the therapist of not being needed, of feeling invisible and rejected.

Blank expression

What was most striking during the sessions was the difficulty in perceiving any emotion in Sam's expression. It appeared blank and my counter transference feelings were ones of confusion and helplessness. My feeling of 'not being needed', of being invisible and of feeling rejected, were similarly reported by his foster carers. There was a shift in this by the third assessment session when a more proactive approach was used and an animated interaction followed.

Confusion about emotions

I often had the feeling that although I knew what Sam had been *doing* throughout each session I had no idea what he had been *feeling.* I began to see that it was not just that the emotion was not visible on his face it was more that he was not in touch with any emotion. My sense was that if he did not know how he was feeling, he could not let anyone else know. I wondered if this explained my confusion, frustration and feelings of incompetence during sessions; that these feelings were also Sam's and they were being split off and projected into me by the process described by Klein as projective identification (1975:8).

His confusion about feelings was clear from his reaction when he noticed emotions in others. For example, the following incidents were recorded from the nursery school observation that formed part of the assessment. This was undertaken prior to three assessment sessions in the clinic. Sam was aged 3 years 1 month:

> *He looked interested but not in the least concerned when another child cried loudly after accidentally bumping her head.*

> *Sam held up a toy boat, showing it to another boy and said, 'Me going on a boat'. The boy laughed in a friendly way and Sam looked at him curiously and asked, 'What?' in a tone of 'why are you laughing?' or 'Are you laughing at me?'*

There seemed to be complete incomprehension about what might be in another's mind in regard to emotions. There was some curiosity nevertheless and this felt hopeful, in that at least the capacity to be interested in emotions was there.

His ability to evoke strong feelings in others

Feelings of irritation, helplessness and exhaustion were evoked in the therapist and corroborated by carers and nursery staff when his behavior appeared to be random and destructive, for example, heaping sand on an armchair, making water overflow onto other equipment.

His ability to hold on to his carers in his mind

Sam mentioned his carer at least once in each session, reassuring himself of her whereabouts. This showed his anxiety and vigilance but also some capacity for linking up with another.

Assessment outcome

Information from the assessment was used as a springboard for a discussion with the professionals involved, including his foster carers, about plans for Sam's future. Questions were asked about whether adoption was the best way forward; could a family wishing to nurture a young child bear the emotional impact of this child who rejected nurturing? It was agreed that the biggest difficulty for any family adopting Sam was going to be with the feelings he evoked of weariness, frustration and the empty feeling of 'getting nothing back' in emotional terms.   Sue sobbed during this discussion and spoke of her relief that at last someone understood her struggle with this damaged little boy and that she no longer felt alone with it.

There was optimism about Sam's capacity to make use of what psychotherapy had to offer but the timing of any therapeutic intervention was crucial and needed to be thought about in terms of how it would impact on prospective adopters.   There were questions about whether they would perceive CAMHS involvement with such a young child as evidence of how damaged he was or whether they would be encouraged that he was getting the help he needed.

The foster parents' opinion was sought as to whether they felt able to support Sam through a therapeutic intervention considering Sue's strong feelings at the beginning of the assessment.   It did not seem a good idea to begin

therapy if his placement was going to be disrupted. However Sue said that she would stay on board until prospective adopters could be found if that was going to help Sam. It was evident that there was already a shift in the way she thought and felt about this little boy and further evidence of the strong emotions he could arouse in people. With this encouraging news it was felt that the time was right for intensive psychotherapy to start. The prospect of an adoptive family being found was discussed with the hope that they could become involved with the thinking around Sam's complex presentation and be included in the therapeutic work. Sam was offered intensive psychotherapy, three times weekly, for an initial period of at least 12 months. Alongside this, therapeutic work was offered to his foster carers with the thought of prospective adoptive parents being offered this in the future.

In the event, prospective adopters were identified ten months into the therapy. They worked in parallel with a different psychotherapist to think about Sam's struggles and his impact on them whilst they were in the pre-adoptive stage of proceedings. Sam was then legally adopted and parents continued to bring Sam for his psychotherapy and attend monthly appointments themselves. In all Sam's psychotherapy lasted almost three years.

In this Chapter the findings have been presented in chronological order to provide greater coherence. For clarity, the over arching themes and relevant examples are presented in three sections. These are:

Section 1: When Sam is in foster care. (This section covers the first ten months of intensive psychotherapy, sessions 1-91)

Section 2: When Sam makes the transition from foster carers to prospective adopters and in the pre-adoptive stage.
(This section covers the next ten months of intensive psychotherapy, sessions 92-167)

Section 3: When Sam is legally adopted.
(This section covers the next five months of intensive psychotherapy, sessions 168-214)

The over arching themes identified in the data are:

Violence
Oedipal issues
Intimacy
Control
Difficulties regulating affect

Section 1: When Sam is in Foster Care

Theme: Violence

I have included anger and aggression in this theme, the threat of violence and actual violence. This is what I found:

Example 1

In the early days of Sam's therapy, sirens featured in almost every session. A busy, main road ran at right angles to the clinic window and emergency vehicles passed regularly, often with blue lights flashing and horns blaring. Sam would hear them before I did, taking me by surprise as he shot straight to the window like an arrow to catch a glimpse of them. They stirred great upset in him and I came to dread them as they heralded Sam's confusion of emotions and their projection into me. For example, at times he would hit me or kick and shout at the ambulance to 'Go away, you!' Then at other times he might spit at the window or run his toy police car wildly over the glass. It seemed that in Sam's mind, shocking things happened when there was a siren. I found myself becoming highly alert to the sirens too and, with this raised awareness, realised that Sam was on constant high alert, *always* listening out for them, waiting for danger to appear. In this excerpt, he was looking out of the therapy room window towards the main road where the emergency vehicles passed. He wanted me to look too:

> *Session 17*
> *He wrapped his arm around my neck tightly almost in a headlock so that we were looking out at the busy road together. He called out in a big voice every time a bus passed. Then there was a siren and he screamed out excitedly, 'ambulance!' He let go of me and threw the first thing that came to hand, a plastic cow that bounced off my head. I moved away and put my arm up to shield my face and head as items glanced off me, one after another in quick succession. I said that*

someone gets hurt when there's an ambulance. He bounced off the table onto the couch where I was sitting and I said that he looked very cross. He grabbed my hair with both hands either side of my face and pulled it hard. I told Sam that he was hurting me. He grabbed my face hard with both hands, (either side of my chin) and squeezed. It was a good place to grab because it did not hurt but I could see his face clearly and his look of contorted rage made me think 'what has this child seen?' Then he opened his mouth wide and tried to bite my lower arm but he got a mouthful of fluff from my sleeve and spat it out. 'You not naughty any more' he said and curled up on the couch as if he was going to sleep. There was a feeling of violence and tremendous sadness in the room.

This suggests that when Sam saw an ambulance there was no coherence of events in his mind, it was as if the ambulance signified someone getting hurt, someone being angry and everything becoming overwhelmingly chaotic. There seemed to be no sequence of events, no space for thought but rather that everything happened all at once. The look of rage on his face seems to place him in identification with a terrifying object. His violence escalates, culminating in an attempt to bite. He then collapses into a foetal position suggesting his feelings have become too much for him to manage.

Example 2

To place this session in context, it took place two months after commencement of intensive psychotherapy when Sam had been living with his foster carers for just over eighteen months. It is a clear example of sudden, unpredictable violence that appeared to come from nowhere.

Session 22
Much later in the session I knelt down to retrieve a vehicle that Sam was pushing to me under the couch. Out of the blue, I was struck by a sudden shock of pain on my jawbone and saw Sam's trainer out of the corner of my eye. For a moment I didn't know what had happened and I couldn't speak. I realised Sam had kicked me very hard in the face.

This shows the striking level of violence of which Sam was capable and its unpredictable nature with no apparent triggers. There was a lack of any counter transference feelings associated with the kick. No anger, hate or frustration, only the question: what just happened? Sam did not appear to be in touch with any anger, it seemed he was not planning to be violent; he was directly provoked into action and not able to hold any feeling in mind. I was

worried about the consequences of him doing anything like this at home with new parents and questioned whether people would give up on him. However, a fuller version of this session (session 22) appears in the next section because with closer examination, the attack cannot be separated from the oedipal issues that, potentially, provoked it.

Example 3

The following excerpt is a good example of the fury Sam could direct towards me. The session took place in the context of his carers being away for one week on a long planned holiday. Careful arrangements had been made for Sam to be collected by Social Care support workers so that he could attend his three sessions with me. Placement support failed to bring Sam to any of his sessions despite phone calls from me and assurances from them that he would be brought. The absence of Sam's carers and this unplanned break from therapy resulted in frustration and upset on all sides. Sam's nursery reported deteriorating behaviour, Sue struggled to manage him on her return and I was met with Sam's fury in the following session when we were re-united:

Session 30
He deliberately tipped water all over the floor. I said things had got 'all in a mess'. He got the stacking beakers, ran cold water to fill each one, drank out of them spitting the contents onto the floor. 'Spoiling things, like things have been spoiled for you', I said. Sam told me to move and knocked all the beakers onto the floor which made a loud clatter. He kicked them around crossly and I repeated things had got all messed up. 'You naughty, he said and hit me on the arm. He then curled up on the sofa and went to 'sleep' he covered himself in the blanket and asked me to wake him up. 'Wake up' I said, lightly and he yelled at me, 'Shut up when I'm trying to sleep.' I said he wanted to yell at me because he was so cross with me about not coming. He then went into a silent fury with me. He pinched the skin on my arm, bit my arm and rolled up my sleeve to look if it had left a mark (he had not hurt me). I said he was furious with me for not making sure he got here. He then thumped, hit, pummelled my arms with his face contorted with the effort before saying, with upset rage, 'I wanted to come'. This felt heartbreaking. I said I wanted him to come too but nobody had managed to get him here. We heard a siren outside. Sam ran to the window but the vehicle had gone. He told me, in an accusatory tone that I had not run fast enough. Then he got the emergency vehicles out of his box and I wondered aloud what

the emergency was; was someone hurt? 'You' Sam said clearly, 'you get hurt 'cos you hurt Sam'.

This suggests that Sam could not tolerate the inconsistency of the unplanned break in sessions. He experienced me as dangerously unreliable and disturbing. His internal state of emergency and foreboding of danger seemed to make the sound of the siren become connected to him and me in the present. There is confusion about who has hurt whom. Sam has a thought that I am naughty, he is clearly angry and wants to hurt me. After a direct attack on me, he collapses into a foetal position as in a previous session (17). There appears to be a pattern emerging of retreat into a place of psychic safety when things become too much for him. The feelings that the sirens usually triggered in our sessions seemed to be heightened in this session as they resonated with his ongoing confusion about violence, hurt, anger and someone being naughty. By making me the one who is naughty, hurt and 'not fast enough' Sam can get rid of his own anxious feelings that sessions did not take place because he was naughty or 'not fast enough'. Any hurt feelings about not coming could also reside in me.

Example 4

The session was in the context of returning from a Christmas holiday break (this was two weeks after his return). The fact that the breaks were imposed by the therapist put Sam in touch with the reality that he was not in control of when sessions took place. When he arrived for this session, his carer made it clear that Sam had been in trouble at nursery. She told him, as he came with me, something along the lines of, 'go and be good, not like you've been at nursery'. She shook her head, raised her eyes to heaven and did not smile as Sam ran over to her to say goodbye. This was a session where I felt there may be a link between violence and intimacy:

Session 47
Sam sat on the floor and put fine, dry sand in his hair and over his shoulders. He asked if I would brush it off for him and presented his back to me so I could brush the sand off. He turned around and touched his cheeks with both hands, telling me, 'sand'. I commented that the sand was on his face and Sam asked me to get it off. As I brushed the sand off his face he held my gaze for a long time, neither of us saying

anything but I felt there was some emotional warmth. Then he dashed off and climbed up on the table. I stood nearby, for safety, watching Sam who shouted, 'get off' as though I was too close. When I said I was not going to let him hurt himself he shouted at me to 'go away'. He jumped onto the sofa laughing and proudly told me how he could do it by himself.(The tone being, 'I don't need you'.) He climbed down and went to sort through the contents of his box. He carefully handed me the lid and placed some old paintings gently on the table. I put the lid down and sat on the armchair at the other end of the room. Then he threw a hard edged book right at me and I put up my arm to protect myself. I said that I always needed to be ready for something bad to happen.
Next, a hard, round, blue paint block came whizzing over and caught the bone of my wrist as I tried to catch it before it hit me. My eyes smarted with sudden pain and Sam came over and put his arms round me saying, 'don't cry, I'll make it better.'

This session made me question whether Sam's feelings of emotional warmth felt dangerous to him and he had to distance himself from them before they became unmanageable. He becomes furious with me after I brush the sand from his face and the long held gaze. Then he seems shocked by his own actions and perhaps worried about his potential to become dangerous and harm me. He appears to project his vulnerability into me when he becomes parental and wants to look after me. His internal situation will be discussed in greater detail in the discussion of findings chapter.

Theme: Oedipal issues

Example 1

A short excerpt of this session has been included under the heading of violence but it is repeated within this longer excerpt as it illustrates the theme of Oedipal issues.

Session 22
He spied something under the couch. He flattened himself on the floor to retrieve it. It was a little empty jar of poster paint the last child in the room had left un-noticed.
'What's this?' Sam demanded like a lover discovering evidence of an affair. I found myself explaining that someone else had left it in the room. I said that it was hard to think about other children using the room. 'My room' Sam said firmly.
Much later in the session I knelt down to retrieve a vehicle that Sam was pushing to me under the couch. Out of the blue, I was struck by a sudden shock of pain on my jawbone and saw Sam's trainer out of the corner of my eye. For a moment I didn't know what had happened and I

couldn't speak. I realised Sam had kicked me very hard in the face. I was very still and shocked for a moment and my eyes watered. Sam came over, looked into my face and seemed interested as he asked calmly, 'Shall I kick the other side?' as though that would make things better. I said no, not to kick the other side because it hurt and Sam responded, 'Shall I bite it?'
He wanted to bite the other side of my face to somehow even things up. When I said no, he was not to bite my face he bit my leg, but not hard, almost like an animal mouthing something or trying to make something better. It felt very confusing.
'Me want to go sleep' Sam said, reverting to more babyish talk and climbing up on the sofa.

When I caught Sam's eye as we looked under the sofa, there was a moment of emotional warmth or connectedness and this added to the shock of the attack. It was this closeness, followed by violence that made me wonder about whether the two were linked. With more careful analysis of the whole session it appears that a potential trigger for the violence could be the evidence of a third person in the room, coming between him and me. It seemed that Sam's oedipal passions of rivalry and possessiveness ran deep and tolerating the ordinary frustration of knowing someone else had been in the room was unbearable. He resorts to sleep.

Example 2

The excerpt is from a session that happened in the context of building work being undertaken in the clinic and a new receptionist bringing Sam to use the toilets near the therapy room as the waiting room toilets were out of order. She was about to usher Sam into the therapy room as I was cleaning it up from a previous session. I asked if Sam could be taken back to the waiting room and I would collect him at his usual time. Sam had a familiar pattern of entry into the therapy room that he routinely used to feel in control of the start of his session. First he would point to the vacant or engaged sign on the door and tell me in a stern voice that I had not left it on 'engaged' as he wanted me to. Then when he entered the room, he would check to see if the sand in the tray had been raked, move over to check his therapy box and cast his eyes over the bean bag and sofa. Events on this day had put his routine under threat and I have included the following example to illustrate how this heightened his anxiety about intruders in the room.

'Scuse me' he said, 'this has marks on it'. Sam produced the red play-do cake from his last session and carried it over to show me. I acknowledged he'd noticed some marks. He handed me the cake, asking who had done them. He sounded curious rather than accusing. When I wondered with him about who could have made the marks when there was only him and me in the room, he questioned whether I had made them. I commented that even though it could only have been me or him, he still couldn't be sure that no one else had done it.
He ran at me and flung his arms around my neck but I felt wary, as though I was going to be hit. He looked at me and my arm was poised to protect myself from a slap that did not happen. I said it was so hard to think about others coming in the room.

This excerpt shows Sam's vigilance about intruders to the room. A simple indentation in the Play-do that he made himself in a previous session becomes a threat. He wants to think that I made the marks on the Play-do but he cannot feel secure in this belief. It also illustrates how my counter-transference feelings of imminent violence come about when intruders are being thought about.

Example 3

This excerpt is a good example of the passionate attachments of which Sam was capable. The session took place during the time he was with his familiar foster carers and developing more positive relationships with them whilst simultaneously being aware that a 'forever family' was being sought, so his future was uncertain. When Sue, his foster carer, brought him to the following session Sam seemed very subdued when I went to collect him. Sue said nothing to enlighten me and I wondered if she had just told him off or something had happened at nursery. He took my hand when I offered it and barely looked at me. This is what happened when we got into the therapy room:

Session 60
Sam stood silently, leaning on the sofa with his coat on, looking as though he had been chastised. I waited to hear his first thoughts. 'Have you got a mirror?' Sam asked, to my surprise. His tone was urgent, making me feel I needed to find one quickly. 'In the book!' Sam said and we found the book in his box which had a mirror on the last page. He took the book in his left hand and with his right hand pulled gently at the

hair of his short fringe, peering into the mirror. 'Sue pulled my hair' he said and started to cry. I said that he was checking it looked the same because it felt damaged. 'Sue hurt me' he sobbed. I said that he was very upset Sue had hurt him. 'She naughty, Sue' he cried. I said no one was allowed to hurt him on purpose. He stopped crying, looked at me very seriously and threw the book on the floor. Then he leaned over, (I was sitting on the sofa next to him) and pulled my hair at the front, looking into my eyes. I said he wanted me to feel what it was like for him, it was horrid. He took his coat off and went over to the sand tray and patted it. He asked me why I had not raked it and I was curious about this because it was obvious that it had been raked. 'You think the sand's different?' I asked. Sam did not reply but tipped the whole tray upside down so there was a heap of sand on the floor. He got the water tray and tipped the contents onto the sand making a soggy mess on the floor. He pulled his shoes and socks off and stomped around in it. Then he turned on me, suddenly shouting accusingly, 'You had that boy with spiky hair, you (name).' My mind raced, trying to think who he meant. I remembered that weeks ago a child I saw weekly had come at a different time for a psychiatric appointment and as I let Sam into the room the other child had called out my name to say 'hi' taking us both by surprise. I said, 'You're very angry about someone else being with me.' He threw wet sand at my body, at the door, the sofa and put a spadeful on the armchair. 'Really furious' I said, frowning, 'You want me to be just for you'.

This shows how painful it was for Sam to be reminded of a time, weeks before, when he felt excluded from his exclusive relationship with me by a spiky haired intruder. Sam's description of the boy's 'spiky hair' suggests sharp, painful feelings. Although he minded about the boy there was no sense of thinking about relationships, there was just a violent, messy, trashing response. In a similar way, it was apparent that he minded very much about losing Sue and her family but was currently unable to make any sense of this. After the session, I followed up the question of the pulled hair with his carer. She was surprised and explained how she had accidentally caught his hair in the hood of his coat as she removed it from his face at nursery but he had not appeared upset by this at the time. The pulled hair potentially put him in touch with the emotional pain of Sue abandoning him to an unfamiliar 'forever family'. It appeared that Sam could only begin to communicate something about physical pain to me, i.e. by pulling my hair. He had no words to communicate his emotional pain.

Theme: Intimacy

Example 1

This session was the third one back after a Christmas break of two weeks. Sam was with his foster carers and plans for his future were undecided. His carer seemed agitated in the waiting room and was anxious to get back to another infant she fostered who was sleeping in the car. She said a hasty good bye to Sam as she left the building.

At this stage in the therapy Sam could notice sirens from the road outside without ensuing chaos. However, if difficult or painful feelings threatened to intrude, he had ways of avoiding the emotional experience. He could turn things that hurt into something good. For example, he accidentally banged his head against the wall and when I exclaimed that it must have hurt, he laughed and said he liked it. I commented that when things hurt he did not know what to feel. He could laugh at frightening things, for instance the sirens which became something that he laughed at. He once tasted some soap and told me it was nice, he liked it. This seemed necessary to avoid feelings of his own vulnerability. It illustrated his inability to recognise and empathise with his own feelings. The following session was soon after a Christmas break:

He had come into the session in a lively way and wanted to control things. He screwed up the calendar that was a reminder of the holiday and put it in the bin. The session was very active, full of battles for control and pushing boundaries. The following excerpt is from about halfway through:

> *Session 44*
> *Sam peered into the stair well in the doll's house that led up to the attic and said it was dark up there. He threw open the roof to let light in and then laughed giddily, slamming the roof shut with a loud bang. He got his emergency vehicles and made them drive up two flights of stairs to the attic. I wondered aloud if that made it feel safe in the darkness, as if you never knew when you might need them. Sam nodded seriously. Then there was a siren outside and Sam asked which way it was going. He answered himself, 'It's going the way we come to see (my name), to see you' he said this whilst looking me in the eye. Then he looked down, concentrating on putting some sand in the toy cement mixer and said,*

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very quietly and clearly, 'If you went in hospital I would be all on my own.'

Sirens, as I have mentioned previously, were a prominent feature of early sessions. They passed regularly but there were days when I noticed them (having become vigilant about the upset they could evoke) and Sam did not. He was more likely to notice them when angry or upset, i.e. in a heightened state. Where previously he would violently attack, thus taking omnipotent control of the danger, in this session the quality of the transference was different. He seemed to have a damaged object in mind in the transference, one who could collapse and abandon him. His concern was about how this would affect him and it appeared to be connected more to anxiety about his own survival than feeling concern for me. Despite this, however, there was the beginning of a sense that he had imagined my absence and it might have an impact on him.

Example 2

Serious moments were few and far between in the early months of therapy. Sam could charismatically turn things into a game and it was not clear whether this was to protect me from something painful, that he thought I could not bear, or to protect himself or both of these. It was difficult to stay with the seriousness of anything, making me think about what terrifying primitive phantasies he needed to keep at bay. Sam had learned a way of surviving psychically by shutting anything painful out of his conscious mind.   What I started to notice, however, was a kind of junction, a critical point at which he could go either of two ways. He could either make a game of something or, if I refused to collude with him, there was just a chance of staying with a more authentic feeling. The following is a good example of where I felt intimacy and violence were linked:

> *Session 51*
> *He threw himself onto the sofa laughing. He pretended to whine in a funny, baby-like voice, inviting laughter. He covered himself with the blanket and began peeping over the edge of it, smiling. I recognised a familiar stage where if I did not remain deadly serious he would find a way to make this a game. He seemed to unconsciously assess if I could*

bear it. From under the blanket I heard him say, 'Mummy, there's nasty scary wolves coming with their ears'. He sat up. I looked very solemn. He leaned over to look under the couch. He looked right into my eyes and brought his face so close to mine that his cheek touched my cheek. 'Scary wolves come and bite' he said and opened his mouth. It appeared playful at first but then he bit my cheek and I moved my hand to stop him. He looked worried then and I said I would not let him hurt me but he was showing me something very bitey and scary. He held my gaze and told me, 'Once I was in bed in my 'jamas and a scary wolf did come and get my ears'. I said that something had happened and he was very scared. 'Need a poo' Sam said suddenly and I felt he needed to get rid of these scary feelings.

It was five months into the therapy before these serious moments were shared. The feelings of intimacy that could be evoked, for example Sam's cheek touching mine, were powerful. The way that this was closely followed by an unexpected bite made me link the violence with intimacy but on closer examination, the scary wolf could have been the beginning of symbolising violence without acting it out. The symbolism is quickly lost however as Sam identifies with an attacking figure and actually bites. This potential attempt to distance himself from very primitive feelings by symbolic representation, the function of the wolf and the value of the symbolism in fairy tales will be explored in the discussion of findings chapter.

Example 3

The following took place in the context of the introduction of a calendar in the session to think about an upcoming Easter break.

Session 54
Sam pulled the blanket over his head and arranged it over my head so that we were, he said, 'in something together'. It was warm under the blanket, he sat very close and there was a frisson of excitement in hiding together from 'Spiderman'. Sam whispered that we needed a toy and came back with a police car which he gave to me. Sam went off again and returned with the ambulance for himself. 'Hide it, he ordered, still whispering and pressing the ambulance between his legs. 'Hide yours too'. Then he said, 'Switch the light off'. It was early afternoon so still quite light. This felt very intimate and Sam said he wanted his shoes off. He crossed his legs and told me to do the same. I said I was a grown up and my legs stayed where they were on the floor. My hair was falling over the side of my face but I could see Sam looking at the small, wooden ambulance in his hands. He reached over and very gently,

stroked the hair from my eye. This felt very intimate and Sam suddenly said he needed the toilet. Sam made a comment about the toilet roll holder 'having a bit missing'.

It is evident that Sam is capable of intimacy without violence towards me, in this session, but the violence is not absent, merely located outside our relationship, in Spiderman. As with the scary wolf (in session 51 above) there is the beginning of symbolism that soon collapses as we acted out hiding from what felt like a real person. Sam appears to want fusion rather than separateness with the inside place he creates for him and me. When he is put in touch with the reality that I am not the same as him, that we are not merged and his omnipotence is also challenged, his gaze moves to the ambulance in his hands. He then appears to look after me, taking on a parental role as he gently strokes the hair away from my eyes. In this way he can rid himself of feelings of his own vulnerability. His need to leave the room for the toilet suggests there were feelings he wanted to evacuate. The comment about 'having a bit missing' seemed to resonate with thoughts of the ambulance and an internal damaged object but he says this when we are in a place where we cannot think about it.

Example 4

There follows a good example of counter transference feelings I regularly experienced within sessions. My feelings of warmth were often followed by feelings of imminent violence which led me to think the two were linked:

Session 77
We sat with the blanket over both our heads and there was a constant feeling in me that I was about to get hit, especially when Sam's face came close to mine. I kept thinking about the wooden ambulance in his hand and feeling 'any minute now' it will be smashed on my head. Violence felt never far away when there was intimacy. I commented on there being something dangerous around that seemed to be about feeling too close. 'What time is it?' he asked, immediately, anxiously. 'How much time left?' I echoed. He hit me hard on the arm and I said, 'Such hard feelings all mixed up. You hurt me, you want to get away but you don't want to go all at the same time.' 'I want three hours.' he said.

There seems to be a complex interplay between the ambulance representing hurt and danger, Sam's precarious position in not wanting to be separate as a

session comes to a close and his violence.   With closer examination, it appears that the violence could be linked to losing possession of me at the end of a session rather than linked to intimacy. He does not appear to have the capacity for symbolism in this session and my sense that violence would occur appears linked to his increasingly intolerable feelings about the loss of his object.

Theme: Control

The theme of control is interwoven with the other themes of violence, oedipal issues, intimacy and difficulties regulating affect. As control emerged as a theme through initial coding of sessions it appeared that much of Sam's energy was used to retain control in sessions. I thought about this in terms of defending against the terror of feeling out of control, powerless, small and vulnerable.

Sam often began sessions by being cross that I had not left the engaged sign on the door to the therapy room as he instructed me to do. He had begun a ritualistic check of the room when he first entered, checking that the sand tray was raked over and his box was exactly as he left it. Then for a while he would follow a certain routine in the session, playing with the sand, then the water, then blow some bubbles and throw the ball before doing anything else. He was constantly vigilant about evidence of intrusion to the room.

Example 1

The following session was the third one back after a Christmas break which highlighted the reality that Sam was not in control of when he came to the clinic. His carer had dropped him off and gone to attend to another foster child, a baby asleep in the car. This meant she was not waiting in the waiting room for Sam as she usually did and may have left him feeling more vulnerable and prey to oedipal anxieties. On his entrance to the therapy room he noticed the sand was not how he had left it, (another child had made it wet). This is a good example of Sam attempting several strategies to regain control. The first excerpt shows how he reacted to the wet sand:

Session 44
I said he had noticed something different about the sand today. He went over to his box, took the lid off and handed it to me carefully. Then he took the empty plastic paint palette and threw it viciously to the floor. 'Sam's cross about something', I said, seriously.

He shows his fury about the presence of an intruder in the room and his lack of control over this. Later in the session he came across the calendar with our holiday marked on it and reacted thus:

> *He came and sat very close beside me on the sofa with it (the calendar showing the holiday break) in his hands. He put it on the sofa, smoothed it out with one hand and asked, with a shake of his head, 'we don't need it now do we not?'*
> *'You think we don't need it now the holiday's over and we're back together,' I said.*
> *'Put it in the bin?' Sam asked. 'You want it in the bin so we don't have to have feelings about it' I said. Sam screwed it up and threw it away.*

The calendar serves as a reminder that I am in charge of the comings and goings from the room, we are not the same, we have separate minds and we went our separate ways during the holiday. He uses his charisma and charm in an effort to regain feelings of control by persuading himself that getting rid of something that causes difficult feelings is the answer. What happens next is this:

> *He came back over to the sofa with an angry expression and hit me hard on the back of my shoulder telling me I was naughty. I said that he thought I was naughty for making him feel sad about the holiday. 'You not naughty really' he said, shaking his head again.*

His wish to rid himself of the feelings associated with the calendar appears not to have worked. He seems to become worried about damaging me after he has hit me when he changes his statement about me being naughty. He then picks up the clock in the room:

> *He picked it up, turned it over and moved the dial that works the hands of the clock. I said that we needed to know the time and wondered if Sam wanted time to go fast so he could get out of the room or if he wanted it to go slow so he could stay. He appeared not to listen and carried on twiddling with the dial and turning the clock over to look at its face. Then I said perhaps it was a bit of both things.*

He took the battery out and I said that would stop the time, perhaps
he felt sometimes he wanted to stay here for ever and ever.

These examples show Sam's efforts to regain a feeling of control using a repertoire of strategies. The final example shows how Sam uses omnipotence to control time and impose his own structure on reality. His phantasy is that if he can control time he can then control the beginning and ending of sessions and the timing of breaks.

Theme: Difficulties with regulating affect

Example 1

Parts of this session have been used earlier to give examples of unpredictable violence and oedipal issues but I have used this excerpt as an example of Sam's difficulties recognizing emotions and his confusion about them. This is immediately after a violent kick to my jaw that left me speechless and shocked:

Session 22
'Shall I kick the other side?' (Sam asked) as though that would make
things better. I said no, not to kick the other side because it hurt and
Sam responded, 'Shall I bite it?'
He wanted to bite the other side of my face to somehow even things
up. When I said no, he was not to bite my face he bit my leg, but not
hard, almost like an animal mouthing something or trying to make
something better. It felt very confusing.
'Me want to go sleep' Sam said, reverting to more babyish talk and
climbing up on the sofa.

Sam appeared not to understand what had just happened. I think he was confused about his impulse to attack and his anxiety about the damage he was able to cause to me. He had little or no capacity in this session to reflect on his feelings and no symbolic thinking to enable him to moderate them. Sam's need to sleep suggests a way of escaping the potential conflicting emotions of rage and fear because of the perceived threat to his survival.

Example 2

This session was the third session back after a Christmas break and Sam was more unsettled than usual as his carer was not present in the waiting room as she had hastily left him, promising to be back before he finished, so that she could attend to a sleeping baby in the car. Towards the end of the session he had clambered onto the sofa and exclaimed, 'Ow!' and then smiled. I had said it sounded like something hurt yet Sam smiled and this excerpt followed:

Session 44
I said that I was interested in this because I had noticed that Sam laughed when he banged his head and he smiled when he sat in cold water and none of those things would be funny to me, I would think it was horrible. Sam looked at me with interest and told me, 'You bang your head'
I said that he wondered what I would feel if I did.
'Bang it!' he ordered.
I said that I would pretend to and tipped my head back in the same movement he used to bang his head purposefully against the wall. Then I looked serious and said it did not make me smile, it hurt. Sam came right up to me, looking into my serious face and said in a concerned voice, 'Don't cry, you not naughty'
I said there was a big mix up of feelings about people being naughty and who gets hurt.
Sam then moved over to the other side of the room and ran at me screaming, his face contorted with rage. 'I'm a scary, nasty wolf, I bite you' and he showed me how he would bite, rather than actually biting my hard shoulder.
'You've got feelings like a scary wolf who bites people' I said.
He did the same thing again, the muscles of his small face taut with fury as he screamed and ran fast towards me. Then, as if scared of what damage he might have done to me he said, 'Not really'. I said I knew it was Sam and that he was trying to show me something really scary and nasty and biting.
'Can the wolf go in the cupboard?' he asked. I said that I wondered if the wolf felt safer in there.

Sam appears confused about his own feelings but can be interested in seeing what my feelings look like. Looking at my feelings of being hurt is less threatening than looking at his own but does lead him on to directly exploring his own feelings. Instead, he shows the beginnings of some capacity for symbolism as he just manages not to bite whilst showing me how the wolf would bite. This gives me the opportunity to talk to Sam about his feelings

rather than be given a direct experience of them. In this session Sam explores feelings of hurt and vulnerability in me, in a context that is precariously symbolic.

Example 3

This is an example of Sam's difficulty in managing to regulate his confusing feelings about intimacy and violence. It is in the context of him finding out about a family who wanted to adopt him. He had been shown pictures of a new mummy and daddy. I had the experience of feeling wrong-footed as a cleaner at the clinic casually said to me, as I went to collect Sam from the waiting room, 'He's told me his good news'. Then his carer suggested to Sam, 'Tell Julie what a special day it is.' The following extract is from the session that followed:

> *Session 81*
> *Sam could not reach the 'engaged' sign and I slid it over which made Sam so furious that he was close to tears because he wanted to do it. He stormed into the room, threw his coat into the water tray on the floor and told me that he was not going to tip the water up. He then did exactly that. I felt tricked, lied to and wondered if Sam was showing me something of his experience of the 'news'. Was it a trick or a lie? He threw sand around the room in what felt like an anxious, excited muddle. He moved the table and the couch and very soon everything in the room was in the wrong place, a new different place, the room looked unfamiliar, all messed up with sand, water, blankets and cushions on the floor. I was left wondering what was going to happen next. There was chaos, dread, terror and mess all mixed up together. Then there was calm for a few minutes and the building bricks were made into a base that Sam called, 'New house'. He managed to build a tower of bricks which he proceeded to smash into the corner of the room. He started to throw the bricks out of the window and I felt despairing. He stopped abruptly when he noticed a tiny fly on the wall. I said he noticed something very small and helpless. He came very close to me, touched my cheek with his cheek and then slapped me expressionlessly. I felt desperately sad as though the slap came from a complete overload of feelings and he did not know what to do with himself. I felt horrible. 'What to do?' I asked, adding, 'but not to hurt me.'*

This shows Sam's internal chaos about something called a mummy and daddy that threatened to change everything he knew. Although everyone around him seemed happy and expected him to be excited too he had no idea what he felt about this news. It seemed that there were many conflicting

feelings around including hope that something new could be built and concern that it was all a trick. Despair and sadness appeared to be located in me as I held on to thoughts about Sam losing his current carers and birth parents. Sam notices the fly on the wall but it seems that being put in touch with something both vulnerable and intrusive was too much to bear. Without any real sense about relationships, there was a violent, messy trashing response to it and then the slap. I reflected afterwards that I had entered the room feeling intruded upon by the unexpected news and the pressure to collude with only a positive feeling about it with no sense of the loss it represented to Sam. Although I knew that there was a search for an adoptive family, this felt very sudden and the muddle and mess of the session seemed to reflect my own internal state as well as that of Sam.

Section 2: When Sam is in transition from foster carers to prospective adopters and the 'pre-adoptive' stage

The news of prospective adopters, ten months after we first met Sam, evoked great excitement in the professional network. It seemed as if a collection of unconscious forces joined together to produce an overwhelmingly positive view of how things would unfold, almost willing a happy ending for Sam. This, in effect, denied the loss that the new family represented, the loss of Sam's birth parents and foster parents. It was felt that regular network meetings needed to be planned to hold the emotional containment for all the professionals linked with the case. This would include his adoptive parents and foster carers. It was vital for me not to lose sight of Sam's internal state at this time as there was an almost overwhelming pull to join in with what the network needed to believe, that is, 'everything will be fine now'. As plans firmed up, a senior colleague and I met the prospective parents, a young, professional couple, to discuss what we had learned about Sam in the time we had known him and to gather their thoughts and feelings about psychotherapy and how we could work together. We were very fortunate to have an adoption link worker who felt very positive about our involvement and it felt as though the prospective parents were very eager to fit in with whatever was required in order for them to progress through the adoption process to have a child of their own. Social Care had drawn up a structured plan, of three

weeks duration, for foster carers and prospective parents to work together with first meetings, outings and familiarisation of daily routines. Sam's three times weekly psychotherapy appointments were incorporated in the plan.

Theme: Violence

Example 1

At this time, first meetings with prospective parents were taking place and the beginning of Sam's transition from foster care to a potential lifelong home. One very painful issue that kept coming back in the therapy was Sam questioning why I was not choosing to be his 'mummy' when someone else was. On the day that Sam met his new parents for the first time in the morning, he had an appointment with me in the afternoon:

> *Session 85*
> *In the room he put his head down on the sofa and closed his eyes for a couple of seconds then opened them and looked at me and I thought he was going to hit me but he didn't. He said his carer was not at work and I knew this was a big day for everyone involved. It felt like Sam didn't know what to do with himself and sleep would be a good escape. He said he wanted the toilet. I said we could do some thinking when we came back rather than try to do our thinking in the toilets. When we got to the toilets Sam said, 'You've got a little boy haven't you?' his tone was bold and forthright as though this was what he had decided rather than a question. I said he seemed to have worked out why I did not want him to be my little boy, it could only be because I already had one but this was not the place to think.*
> *Back in the room, Sam sat on the end of the sofa. He looked deeply into my eyes and suddenly grabbed the top of my ear between his forefinger and thumb and squeezed so hard with his nails that I thought he was going to pierce it. His face was screwed up to use all his strength to make me hurt and I wondered about the very real experience he was giving me of something painful. 'Something really hurts' I said. He tipped up the water tray, lost his footing and ended up sitting on his bottom in the water. His shorts were soaked and I felt completely at a loss as though the mess, confusion and pain reflected his internal state. Sam said, 'I'll bring my Spiderman watch in here.' I felt churned up inside.*

Something too painfully truthful came in the wrong place where we could not think about it. He may have heard my comments as confirmation that I did not want him that left him with a painfully rejecting object in the transference. The painful truth was that I was not the mummy who wanted to adopt him. He

gave me a physically painful experience to communicate his internal pain. Thoughts of Spiderman came to his rescue, making him feel omnipotent to overcome his vulnerable feelings.

Example 2

I use this next session to illustrate Sam's difficult feelings about his struggle to manage his prospective parents, his ex foster carers and me. The session took place within the three week period of introduction and familiarisation with his new parents before he moved in to live with them. It is a good example of his resort to violence:

> *Session 86*
> *Dad gave him a cup of water to bring with him as he came to the room. Sam carried it so carefully all the way I imagined him thinking, 'if I spill it daddy might disappear.' Inside the room he bit my hand hard and wanted to see the mark it had left. I said that there were hard, biting feelings that he wanted to make sure I knew about but that it was not OK to bite me. Sam mentioned that his mummy and daddy were in the waiting room, adding, 'I don't like mummy and daddy.' He spat a mouthful of water out onto the floor. 'You don't like them' I echoed, 'Spit something out' Moving to the train track, he named the carriages using his foster carer's names, my name and their daughter's name. He moved them round and round the circular track. I felt he wanted things to stay the same, he felt safe with familiar people. Beside this, he attached two straight pieces to another curved one and made me think of the new couple and him in the middle; the mummy, Sam and daddy arrangement. They were outside the safe circle.*

The hard bite seemed to be the only way Sam could communicate the intensity and emotional pain of his situation. His situation was complex, simultaneously having to manage his familiar foster carers being happy about letting him go to some strangers called mummy and daddy, perhaps having earlier memories of loss of his birth mother, knowing I was not the mummy who wanted to adopt him. He wanted what was familiar to him; his home and his developing relationships and his psychotherapist. The fact that he was expected to be as happy as all the adults around him seemed to think he should be, appeared to compound his internal confusion.

Example 3, the threat of violence in the counter transference

This session took place when Sam had been living with his prospective parents for three weeks. He was going to miss the session after this one because of a mandatory training day for me and he had missed ten minutes of this session due to arriving late.

> *Session 97*
> *He asked, about the water tray, Why was there not so much in this week?*
> *I echoed this back with words along the lines of, 'You think there was less water available today? Less water and less time.'*
> *Sam asked if the water was cold and said, 'I want it warm mummy.'*
> *I said I was like a therapy mummy and Sam insisted I was his mummy. I put it to him that he wondered why I couldn't be his mummy. He didn't reply but sat on the sofa calmly as I sat on the armchair opposite. 'Did I be late?' He asked.*
> *I replied that the traffic made him miss 10 minutes.*
> *He asked if I had been here at 3 o'clock,(the start of his session) I said he was really trying to work something out in his head about whether I was here waiting for him He persisted, 'Did you get here when I got here?'*
> *I said again that he was trying to work out something about Sam and Julie, 'you and me'. I work here all day and Sam comes at 3 o'clock to see me.'*
> *'Then do you go home?' Sam checked. I told him that at the end of the day I went home.*
> *'Have you got a boy … and a girl at your house?' He enquired.*
> *I said he was thinking whether there was room for Sam at Julie's house or why won't Julie take me to her house and be my mummy? I said that was the really hard thing, I was not his mummy, I saw him and then it was time to go and then he comes back again.*
> *He looked at me calmly, steadily and said, 'You've got new earrings.' (Tiny ones no-one else had noticed). He came over and touched them carefully. I became very alert because I felt at any moment he might grab one to pull out of my ear but he looked very gently into my eyes and I felt emotionally close to him. He said he wanted one in his ear.*

The lack of water in the tray seems to mirror Sam's feeling that he is being deprived of something. This is perhaps linked with a feeling of being deprived and left out by the late start of the session and the cancelled session.   He has a wish for the water to be warm which could suggest that at that moment, he experiences me as a cold and distant object when he wishes for more warmth and intimacy.   This idea is strengthened when he calls me 'mummy'. What

happens next is that he wants to know about where I was at 3 o'clock and whether I was waiting for him and I point out the reality about not being his 'mummy' and that I am in charge of when he comes and goes. At this point my counter transference feelings are of fear and trepidation yet Sam appears to want intimacy. This kind of experience, over time, led me to think about Sam's intimacy with me being linked to his violence.

Example 4

This example is from a session that took place two weeks before the summer holiday break when Sam had been living with his prospective parents for two months. At this time in his therapy Sam was finding separations in the room hard to tolerate. For example, he would correct a gap in the curtains or a gap between two cushions on the couch made him feel the need to push them together. A gap in our thinking was denied by Sam who would say things like, 'We don't like that do we not?' or, 'We saw ambulance didn't we?' During one session he lay on his back and tried to put each of his legs up the inside of my trouser legs so it was hard to see where I stopped and Sam began, as if we were not separate. On the day of this excerpt, he had found it difficult to leave his parents in the waiting room to come with me. The session began with Sam trying to tell me about something which I struggled to understand:

> *Session 112*
> *He started trying to tell me about water going everywhere, he made arm gestures and talked quickly. He was not very clear or coherent. I thought he was talking about last time when water went all over the floor but his face clouded over when I said this and he looked thunderously at me as I struggled to make sense of what he said. 'NO' he shouted, as I was obviously getting it wrong and he smacked my arm as hard as he could. I said I had not understood about the water and he broke up the train track by kicking it, picked up a piece of train track and gave me a whack on the bridge of my nose. I was shocked and shaken but not annoyed in the way I had felt previously about being kicked. Sam watched my face, calmly unmoved.*

Sam appears to find the idea of two separate minds intolerable. I was more shocked by his lack of affect than I was by the violence and took a few moments to gather myself before commenting that he did not seem to have noticed what just happened between us. The reality of our separateness and

his hostility might have been as much of a shock to him as it was for me. The fact that my mind was not in his possession and that I could have different thoughts from him evoked fury. The fury resulted in a sudden, vicious attack. The loss of control over the upcoming break could have been pertinent in the sudden eruption of his feelings. There is no evidence here of his previous, tentative attempts at symbolisation. After hurting me, with potentially more to be anxious about, Sam appears to be defensively disconnected with his feelings and manages to carry on as though nothing happened.

Theme: Oedipal issues

Example 1

This example comes from the session that took place the day before Sam's move to his new parents. He had been gradually introduced to them over the last three weeks and on the day of this session his new parents had picked him up from nursery and brought him to his appointment with me for the first time by themselves. He hid his face between his new father's knees when I went to collect him from the waiting room. The excerpt is from towards the end of the session:

> *Session 91*
> *Sam told me thoughtfully about going to McDonald's with his mummy and daddy. He expressed a concern that they might go without him and that he would have to walk there on his own. When I acknowledged that going on his own was a worry, he denied this, telling me that he would go with me, adding after a few moments, 'you and mummy and daddy'. I reminded Sam that my job was in the room to think with him. He asked why and when I said something along the lines of 'you and me in the room and you and mummy and daddy at McDonald's, Sam said, 'Lets just sit here shall we?' We sat in a novel silence together.*

This shows how anxious Sam feels about a mummy and daddy being able to hold him in mind and still be waiting for him when we finish. He appears anxious that he will be left out of the couple, that there would be no place for him with them. He then pairs himself with me and challenges my statement that I will not go with him.

Example 2

At this point, Sam had been with his new parents for eight months. This session was the third one after a fortnight's break for Christmas. His new mother had been unwell just before Christmas which could have left him feeling anxious about whether he was the cause, given that, in previous sessions he had showed anxiety about the damage he could do to his object. This is a good example of Sam's need for no separation of minds.

> *Session 167*
> *In the room he stood in front of the doll's house and started to tell me that 'it' had to go along the garden path and down and round and back up towards the pond. His finger followed the line of the path painted on the doll's house garden. 'You do it Julie,' he said and I thought he wanted me to run my finger along the path like him. He got very cross and frustrated with me, saying, 'No! Not like that.'*
> *I said I did not understand what he meant and he looked furious and said he would go and get the train track and started to lay it down along the garden path. I said, 'I was supposed to know about the train track when you didn't tell me about that.' The path was straight and the track was curved so he could not make it go where he wanted and got increasingly frustrated with it. He tried a different way and used straight track on the straight part of the path and a curved piece on the bend but the angle was different and I commented that it would just not do what he wanted. He shook the track so the links fell apart and threw a piece furiously at the wall with such force that I thought it was going to break (it didn't). He repeated this with more pieces and I was about to stop him, fearing they would get broken when one bounced back and hit him on the chest and he stopped himself. I said that it felt like the track was attacking him. Then, quick as a flash, he threw the plastic stairs from the doll's house hard against the wall and some bits flew off. I gathered them up and told him I was not going to let him destroy things that were for everybody to use.*

This shows that his expectation was that I would know what he meant by 'it' because *he* knew what he meant. When I did not know, the reality of separateness seemed painful for Sam. He became furious when faced with the reality that there is no merging of minds; we are not in perfect union. This fury quickly turned to violence when his feelings could not be managed. I think in this example, my mind represented a third position outside of the couple of him and me.

Theme: Intimacy

Example 1

This session took place the day before Sam's move to his new parents. It was the first time his new parents had picked him up from nursery to bring him to CAMHS. He had also missed the previous session because of a Bank Holiday.

In the waiting room with his new parents, Sam had hidden from me when I arrived to collect him. I acknowledged that they knew he did not want to leave them and Sam walked with me until we were out of their sight and then he fell slowly to the floor asking to be carried 'like a baby'. This excerpt is from when we got into the therapy room:

> *Session 91*
> *Sam climbed on to my knee, telling me it was ok to just sit down together today and that we didn't have to do anything. Although it was a statement his tone was questioning. I put it back to him that he just wanted us to sit together being 'you and me'.*
> *We sat in silence, Sam on my knee, in my arms like a baby and I felt a strange mixture of amazement at this changed behaviour, intrigue, hopefulness and warmth. It felt very different from anything that had happened between us before.*

There were several examples in this session of moments where softness and vulnerability were in evidence:

> *He asked again if we should just sit here and we sat in a novel silence together.*
> *As we sat, he slowly 'fell' over onto me and I thought he said, 'I'm tired' because he closed his eyes and lay still across my lap, his head on my arm.*
> *I said softly that he was a tired boy. Sam did not move but opened his eyes and looked at me to make sure I heard him properly this time. 'No, fired.' He said.*
> *I was puzzled. Sam insisted, 'yes, you fireman, I've died' he said.*
> *His eyes were closed and he looked blissful. The phrase 'died in my arms' came to mind and as I said this, Sam cheerily said, 'No, you save me' as though this was a story with a happy ending. I felt very connected to him.*

There appears to be some deep anxiety here for Sam about life and death when I am left holding him with the sense of keeping him alive. The talk about

fire perhaps represents his feelings in turmoil. He seems to be in a more collapsed state than I had ever experienced him being in before as his turmoil did not enrage him.

Later in same session:

> *We sat, side by side, on the sofa watching the clock and it no longer felt excruciating but more like time just being together and I started to feel very sad as though there was something about to change in the therapeutic relationship. There was a sense of a moment in time that we might never have again. I called it, 'you and me time'. We sat in silence, very still, very close. The hands on the clock jumped to 'ten to' and I asked Sam if he was going to hold my hand to go and find mummy and daddy because it was time to go. 'Yes, hold hands' he said in a matter-of-fact tone.*

Sam links up with the therapist to return to his parents. There was evidence of emotional warmth without any sense of violence. There was no sense of separation either. He appeared suspended in the moment, having no awareness of separation or loss to provoke him.

Theme: Control

Example 1

The following session was sixteen days before a summer holiday break when Sam had been with his prospective parents for two months. The holiday breaks highlight the reality of Sam's lack of control in regard to his contact with me. Earlier in this session he had hit me hard and asked would I tell mummy and daddy and would they be very cross? He had taken his socks off and said to himself, 'tuck them in my shoes or mummy and daddy will be very cross with me.' The excerpt that follows is a good example of him trying to regain control with bossy, verbal demands being used as a defence against vulnerable feelings.

> *Session 112*
> *I said he was worried they (his parents) might be cross with him about his socks not being tucked in or he might still be worried they would be cross about hitting me.*
> *'Shut up!' he said crossly, glaring at me.*

He got down off the chair and lay momentarily on the sofa. He then wanted the fleecy blanket swapping with an ordinary blanket on the sofa so that he could be wrapped in it.
He wanted me to ask him if he wanted breakfast and told me bossily to draw the curtains in the room.
I drew the curtains and Sam demanded, 'Make 'Golden Nugs' and a glass of milk and a spoon'. Then, Sam made my imaginary breakfast.
I was on the armchair. He said something along the lines of, 'Pretend you're scared Julie. It's thunder, you shout for me, Sam, Sam, like that.' He pretended to be asleep.

Sam appears to need control, perhaps in order to manage unpredictability, including the unpredictable nature of his own feelings and actions. His play is equivalent to a symbolic equation, as if he has concretely moved into the therapy room. His phantasy is that we can stay together overnight in the room and have breakfast. At the end of the sequence he projects his scared feelings into me and takes on an identification with a parent.

Theme: Difficulties regulating affect

The following examples show Sam's difficulties with recognising and understanding emotions but also his curiosity about them. They illustrate how he goes about investigating them and how his curiosity may help his capacity for change.

Example 1

This session took place twelve days before a break for the summer. Sam had been with his prospective adoptive parents for just over two months.

It was the third session after a violent attack on the therapist after which he acted as though nothing had happened. Sam was aware that his parents were meeting with a separate worker that day to support them. He had entered the session flinging things to the floor in frustration before asking, much to my surprise, if my nose was all right. He then asked whether there would be a bruise. This seemed to be a concern about evidence that his mother and father might notice. His paranoid schizoid concern is for himself

rather than his object. The main theme of the session had been about investigating pain:

> *Session 115*
> *Then he pinched the skin on the inside of my forearm, twisted it and pulled the hairs on my arm and scratched hard. I watched him watching me and pulled my arm away telling him he was hurting me. His face was screwed up with the effort of scratching and he did not seem to understand that he was causing pain.*
> *Sam told me he was scratching an itch on my arm I explained that it was not itching and he was hurting me which was not allowed. I had moved my arm so the scratching had stopped and he stared at me. I said that we could think about what he was trying to find out about how someone feels. He asked if we should think by lying down on the bed, meaning the sofa in the room.*
> *I repeated back to him, 'You think it will be easier to think if you lie on the bed'*
> *'And you. And the blanket' Sam said.*
> *He lay down his head on the pillow on the sofa and pulled the blanket up over his head. My head was also covered with the blanket and my feet were on the floor.*
> *Sam looked towards me and then gave orders for me to 'turn away'. He made a rule that I had to turn back to look at him and then he had to look away. After a few repetitions of this I said it felt like a game he was playing with me to keep us not looking at each other for too long, to keep things safe.*
> *He seemed to be listening and was calm so I said I had noticed he did not seem to care when he hurt me I said when he got so angry it was like thunder, as he had mentioned thunder in a previous session in connection with anger*
> *He seemed interested in this idea, 'Like thunder?' I said the way it came all of a sudden.*
> *He started to sit up and pushed the sofa cushions off the frame with his feet. Then he heard a siren, jumped up and rushed to the window, looking out on to the road.*
> *'Ambulance' he informed me, 'did you see it?'*
> *I said I had missed it, that I did not always see just what he saw.*
> *'You did see it didn't you?' he said, nodding his head for emphasis.*
> *I said it was hard to think that we weren't seeing the same thing, adding that he always seemed to notice the sirens when he was angry. He did not respond to this verbally but with his toes on the edge of the table, swaying, he asked me, 'Does this make you worried Julie?' I said he wanted me to worry about him.*

Sam shows his inability to recognize or acknowledge my feelings of pain but he is able to recognize that his actions had an impact on me. I did not act as though nothing had happened (as he could) and his actions made me talk about pain. This led me to believe that Sam was interested in finding out

about feelings, including pain, by watching what I did with feelings. Development of empathy is explored further in the discussion of findings chapter. Sam plays with 'gaze' when he wants me to look at him and vice versa but he needs to make strict rules to feel in control of when to turn away. This made me think about an earlier stage of infant development when the infant turns away from mother's gaze to regulate his own emotions. Talking about Sam's anger appears to heighten his alertness to the sirens outside. He then places himself in a rather precarious position on the edge of the table evoking a sense of danger that seems to be associated with the ambulance and his thunderous anger.

Example 2

In this example Sam had been with his new parents for five months, though still legally in a pre adoptive stage. He had started school the previous month. Sam was with his new father in the waiting room when I went to collect him and he did not want to be parted from him. His father handed him over to me.

> *Session 143*
> *As I carried him away down the corridor he was cross with me and thumped my back with his fists and kicked my legs. I said that it was very hard to leave daddy and he was very cross with me for taking him away and daddy knew Sam did not want to leave him.*

Later in the same session:

> *He went over to the sand, took my hand and placed it in the sand to make a print. Then he put his own palm inside it leaving his smaller print inside mine. I said, 'like your hand inside my hand.' Then he tipped up the tray so that the sand was all at one end and threw handfuls at me. This felt horrible and I said I thought he was getting rid of the idea of 'his hand in mine' and not allowing it. Then he tipped it all out on the floor and flung the sand tray under the table. He swept some of the sand up and threw some more at me from off the dust pan.*

Sam appears to have confusing and difficult feelings about a small hand inside an adult one. He furiously throws the hard, gritty sand at me which could be thought about in quite concrete terms of rejecting me as someone who did not choose to adopt him or as someone who took him away from

daddy to bring him to the room. It could also be thought about in the sense of anger about the loss of a maternal object (birth mother, foster carer).   He appears to struggle with simultaneously wanting to have his hand inside another's hand and not wanting the accompanying painful and difficult feelings that he cannot make sense of. He starts to sweep up the scattered sand as though he wants to repair something but cannot maintain these feelings as he contemptuously attacks again.

Section 3: Sam is legally adopted

Theme: Violence

Example 1

This session took place after a missed session because Sam's new father had been unable to bring him due to being unwell. Sam had been legally adopted for three months. It is a good example of violence and its impact on the counter transference.

Sam had arrived with both parents for this session as they were going to meet separately with a colleague to think about their experience of caring for Sam. Sam was half asleep on his father's shoulder when the family arrived. In the therapy room Sam had threatened to urinate on the floor and I took him to the toilet. This is what happened when we got back:

> *Session 208*
> *When we got back, he wandered over to the stacking beakers by the water tray and picked up the whole stack. One by one he threw them from one end of the room to the other with great force. He looked determined and I felt that, although they were not aimed at me they were meant to hurt me in some way. I also felt some anger was being communicated that connected with not being allowed to wee in the room. With the few remaining beakers he tried to turn his actions into a game of 'catch'. These were thrown directly to me but in a safe way. I said I wondered if he wanted to hurt me with the beakers but playing a game made it feel safe. Immediately, Sam said brightly, 'Let's play hide and seek'. I said I wouldn't play hide and seek with him today because, like the wee-ing, it wasn't actually helping us to think about anything important, like I had at first thought, but it was stopping us thinking about something important. He picked up the stacking beakers and moved back to the table at the far end of the*

room. He threw them at me with full force and I moved off the armchair and protected my eyes from the flying beakers. Then as they hurtled towards me in quick succession I had a feeling of being absolutely terrified. I felt I was going to be annihilated or overwhelmed by the violence. I screwed up my eyes and covered my face. I felt I was cowering in the room almost overcome with a feeling that I could be wiped out (by a plastic beaker).

Sam has an interesting response to my comment about wanting to hurt me with the beakers in a way that felt safe by making it into a game. He first suggests another game: hide and seek which could have seemed like a way to link up with me. However, in the past few sessions the repeated use of 'Hide and Seek' had become a safe retreat into something that felt habitual and mindless. It was something that had been discussed in supervision and on this occasion I refuse to engage with the game. Sam angrily throws the beakers and I experience powerful counter-transference feelings. It was as if he managed to deflect the direct expression of his aggression with the game of throwing beakers to catch but my comment enabled his impulse to gain strength and force. Perhaps what he heard was something along the lines of an invitation: 'I wonder if you want to hurt me with the beakers by playing a game?' I felt I learned something useful about the terrifying force of Sam's feelings. My thoughts went to Sam as a baby, witnessing domestic violence towards his young mother and neither of them knowing what to do with overwhelming feelings of annihilation. I felt that the beakers could kill me. The session showed how powerfully Sam could project his feelings. It is another example of how separateness evokes fury when I refuse to do as he wishes. Also, I wondered if he was investigating whether it was safe to hate me.

Example 2

This is an example of Sam using violence in a session that was full of investigations about being close and being kicked away. Sam's new father had brought him to the appointment and they both appeared to be in a cheerful mood.

Prior to this excerpt, I was standing at the sink and had turned the tap off after Sam started splashing water over a fabric covered armchair. This had made him angry.

> *Session 214*
> *I sat back on the armchair and he grabbed my hair at the back of my head and yanked my head backwards so hard I felt I could be about to get my face kicked in, even though his feet were nowhere near my face, I felt terribly vulnerable. When he got two fistfuls of hair I removed his hands and said I was not going to let him hurt me like this. It was a struggle to remove his small hands but when I did he smiled and asked if I wanted a Polo mint. I said that he was worried now that I would be angry with him so he needed to give me something sweet to sweeten me up.*

When I put a stop to him messing up and spoiling the room, evidencing a separate mind from his, Sam responds with fury and violence. Then when I gather my counter transference of feeling vulnerable and assert myself, he smiles. This may have been a way to avoid retaliation or invite my collusion with pretending nothing had happened.

Theme: Oedipal Issues

Example 1

This is a good example of Sam being alert to my being with another child. At the time of this session Sam had been legally adopted for ten weeks. He had arrived early for his session and saw me with another young female client in the waiting room. I told Sam that I would see him at his usual time and he ignored me, carrying on playing with cars with his adoptive mother. He had a red nose painted on with face paint and was wearing jeans, red socks and red T-shirt instead of school uniform, for a fund raising event in school.

The excerpt is from close to the end of the session:

> *Session 187*
> *He asked why I did not have jeans on and a red nose. I said I thought if I had a red nose and jeans on he might think I was a different person.*

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> *'I wouldn't' he told me. He shut his eyes and pretended to sleep on the chair then he opened his eyes and said, suddenly, 'Why were you with that Dora?' (The female client he saw me with) I commented that he wondered what I was doing with her when he thought I should only be with him.*
> *'This is my plan' he said, as he jumped off the chair, wide awake now. He scooped sand out of the tray with a spade and threw it over the room.*

He does not appear to be able to think about his possessive feelings, about seeing me with another child, but enacts a plan to spoil the room. In this way the room is spoiled for any other intruders when he feels he cannot possess the therapist and the room solely for himself.

Example 2

This is an example of Sam's curiosity about how I spent my time when not with him. The feeling it evoked was one of possessiveness. The excerpt comes ten minutes before the end of the session:

> *Session 214*
> *He asked what time it was when there were ten more minutes. In a very grown up tone he asked me, 'What will you do when you get home?' It felt like someone asking for a date. I said he was wondering about what I did when I got home and whether there was a Mr Trice?' Sam laughed, 'Yes'.*
> *'Have you got children?' He asked directly. I said he was curious about what I got up to with Mr Trice.*
> *'I think it's on the dot now' Sam said, meaning the minute hand on the clock had reached our finishing time and I said he was right it was time to end.*

This shows his interest and curiosity about my family and my husband although he deflects this and changes it to thinking about any children I might have. His phantasies about my life outside the therapy room are very alive, showing he is allowing thoughts of separation and the possibility of me having a separate life from him (without resorting to violence),

Theme: Intimacy

Example 1

The following excerpt is from a session which was shortly after a two week break for Easter. Sam had been with his adoptive parents for a year and at this point he had been legally adopted for two months.

When I came to collect him he was with his dad and was desperate for him to know that it was his dad that he wanted to be with and not me. He was angry with me about the recent break and wanted to be self reliant; attacking and rejecting me because I deprived him of his sessions. In the therapy room he became distracted by hearing a siren from the road outside. He walked over to the window and opened it. This is what followed:

> *Session 200*
> *He shouted loudly through the window, 'Get away stinky wolf.'*
> *I said he wanted to get rid of the stinky wolf feelings to show he wasn't scared of them. Sam spoke warily as he told me to shut the window and not talk or 'they' would hear me. It felt as though something scary was about to come into the room and Sam started whispering, telling me to close the curtains and put the lights on.*
> *Sam came to stand close by me as I was still in the armchair and he very gently started stroking an imaginary creature on his shoulder. I thought he said, 'little owl' (it was unclear) but I had an image of a baby bird or some delicate creature as he said, 'Come on little darling, (cupping his hands gently round whatever it was and bringing it closer to his ear) then suddenly, he exclaimed, 'Ow! It bit my ear!'*

This suggests how turbulent his emotions are about intimacy and violence. What felt different in this session, was Sam's capacity for symbolisation rather than acting out. His aggression is located in the wolf which in phantasy is put out of the room. The little creature that nuzzles in and then bites is like him, in that it is intimate and becomes violent, but is distanced from him. It appears that some internal changes have been made and he can symbolise some feelings rather than express them directly as an attack on me.   In this example, his symbolisation does not collapse. The fusion of violence and intimacy is located in the little owl and Sam manages intimacy without violence.

Theme: control

Example 1

I selected this example to show how Sam uses various ways to feel in control when externally there was so much he could not control. The context of the session was that Sam's class teacher had recently brought her new baby into school to show the class (Sam was reported to have had a face like thunder). Sam had asked his adoptive father a question about his birth dad and had been told about his dad going to prison for hurting his birth mum. Adoptive father had then been away from the family for a few days with work commitments. Sam arrived early with his adoptive mother and saw me in the waiting room with another client.

Session 187
When I went back to collect Sam, he took off the fleece he was wearing to give to his mother and told her he wanted to 'put this on' as he tugged at a thin, shower-proof, jacket she was carrying. It had a hood which he put over his head so that it looked like a Superman cape. He walked to the room in this. With his hood still covering his head he put the 'engaged' sign on the door. Once inside the room he sat on the armchair that I usually sit in and crossed his legs. I noticed with him that he was putting himself in my place today.

Towards the end of the session:

He stood on the draining board facing the wall with his back to me. His feet were at the height of my waist as I stood behind him so that he did not fall. Then, he leaned slowly backwards until his face was on my shoulder with his cheek touching my cheek. He started to walk his legs up the wall and on to the shelf above the sink so that I was supporting all of his body weight on my shoulder. If I had moved he would have fallen so, in effect, I couldn't move. Sam said that he liked it like this. I commented that he thought it felt nice because I couldn't go anywhere and it was just me and him but also how hard that was because it could only be me and him until 'ten to' when it was time to go.

Sam seems to need more resources than usual to sustain him. The super hero cape helps him make the transition to the therapy room. He puts himself in charge of putting the sign on the door and then puts himself in the adult's chair. At the end of the session when he knows he will be 'sent away' it is interesting that he finds a way of balancing himself (that he states he likes)

whereby his body is placed in a position that is close but dangerous. He appears to be expressing a dependency and trust but by doing it in this way, he leans too heavily and is not on his 'own two feet'. It has the feeling of a precarious holding on in an adhesive way which defensively avoids the pain of separation.

Theme: Difficulties regulating affect

Example 1

This is an example of a session with difficult emotions arising from it. The summer holidays were six weeks away and had not yet been mentioned in the sessions. Sam had arrived at the clinic in a cheerful mood with his adoptive father. Just as they entered the waiting room from outside I came in from the inside (to see if they had arrived) and they both laughed spontaneously at the timing. Sam shouted 'Bye, dad' and walked to the therapy room with me. He kept his eyes on my face all the way, telling me how funny it was that I opened the door just as they did. This is what happened next:

> *Session 214*
> *Once in the room, Sam hung around by the sofa as I sat in the armchair. As soon as I sat down he climbed up the armchair like a ladder, sat on the draining board next to me and dangled one of his legs behind my back, telling me he would not put his foot there if I sat forwards. I said he was trying out a trick like he had done before; I sit back and get his foot in my back. He asked if I wanted a polo mint and I said I would keep it for later and perhaps he thought I needed something to sweeten me up if I was thinking about his tricks. He had one himself and crunched it noisily. He forced his foot behind my back. This felt like a way of establishing contact with me; getting close. I expected some kind of violent kick to follow. I felt he could not wait to try out more violence on me both to explore it but also at some level to be excited by it. He started kicking my back, not too hard and hitting the back of my head. I moved off the armchair onto the sofa, telling him he was hurting me and he was not allowed to do that. I said he was interested in what was inside him (his feelings) and inside me, something so confusing and hard to understand. He sat in the armchair and looked at me sitting opposite him on the sofa. I said he was very interested in what kicks did to me and to him. I commented that he got close but then he kicked me away but then he wanted to get close again.*

He slid off the armchair and he aimed a series of kicks viciously at my shin. 'it seems to come from nowhere' I said, getting a pillow to protect my shins. He asked if that had hurt me. I said it did. (Whilst being prepared to think about this with him I was also prepared to stop the session if he continued to hurt me as things appeared to be escalating)

He moved over to his therapy box on the table and the contents of it came hurtling towards me. The hard cardboard book caught my wrist. I said I was trying to understand what he was showing me about wanting to hurt me. Sharp, angry feelings could feel like things being thrown at you because they hurt so much. I felt increasingly helpless and confused as it seemed my comments were making things worse. He threw the spade and rake out of the sand bucket at me and put the empty bucket under the tap saying he wanted a drink. I was wary of getting a bucketful of water all over me and moved closer ready to turn taps off if necessary. He took a sip, tipped the rest down the sink and refilled the bucket.

Later in the same session:

… he used a deep, gruff voice I have never heard before and chanted, 'Fee-fi-fo-fum, I smell the blood of an Englishman, be he alive or be he dead, I'll grind his bones to make my bread.' He took another polo mint out of his trouser pocket and crunched it with his teeth. I said it felt like a giant was in here crunching bones. I said perhaps he had big giant feelings inside him and he lay along the table saying he was the giant; he was as big as the giant. His feet touched one end and his head was at the other and I was struck by the contrast of the image of the giant and the vulnerability of him lying down.

In this session the violence seemed to become exacerbated by my comment that he was hurting me. Sadism appeared to be present which was different from other sessions and this difference could have impacted on my feelings of confusion and helplessness as I was still thinking about the investigative nature of his hurting me rather than him getting enjoyment from hurting me. Previously, violence had been followed by anxiety about self preservation or the damage he could cause. The way that sado-masochism can be used as a way to maintain proximity to the object will be explored in the discussion of findings chapter. With the gruff voice and mention of the giant, he attempts to symbolise his feelings but with limited success as he actually becomes the giant in his mind. He is identified with a giant, dangerously violent adult in a concrete way.

Conclusion

From Sam's early life history it can be argued that basic needs of reliability and responsiveness were not met. His experiences left him struggling with his emotions in a way that made it difficult for others to care for him. His relationship with his foster carers was almost at breaking point when we met, as he so exhausted and bewildered them. The assessment showed that he evoked his powerful emotions in *other* people, impacting negatively on them but split off from him. He appeared unable to make any sense of his own feelings, much less the feelings and responses of others. However, he did appear to have the capacity to make use of what was on offer when it arose which suggests that maybe someone in his early life was emotionally present *some* of the time, however inconsistently. The blank, expressionless face that Sam presented to the world and concerned the professional network around him belied the passionate feelings that he could not name or understand. Intensive psychotherapy helped with this understanding and themes emerged which have formed the basis of this study.

The themes of violence, oedipal issues, intimacy, control and difficulties with regulating affect were interwoven throughout the work. A sub theme of sadism also emerged and the way that sadism can be used as a way to maintain proximity to the object will be explored in the following chapter. Although an adapted form of grounded theory made it possible to capture separate themes it remained difficult to present themes separately without losing coherence. Within the 'here and now' of the sessions the themes were interconnected. For example, violence that was experienced within the session as 'out of the blue', with closer examination in this study, reveals it may have been triggered earlier in the session by an internal threat connected to Oedipal issues.

Initial analysis of the powerful emotions in the sessions into themes, shows that there does not appear to be a straight forward link between intimacy and violence as I first thought. Intimacy and violence seemed interconnected in that Sam's violence could be triggered by the fear of losing intimate

possession of his object or losing control of his object. This makes it easier to understand Sam's powerful reactions to the threat of intrusion by others. In other words, when a third position comes between the couple (by way of evidence of intrusion into the room) he fears the loss of his object and that provokes violence. This will be discussed more fully in the next Chapter, 'Discussion of findings'.

Chapter 5. Discussion of findings

Introduction

The previous chapter presented the findings from an analysis of the data. This chapter provides the opportunity to discuss the findings of my study in the light of earlier psychoanalytic research. In it I will:

Restate the study's main purpose and research question.

Relate my own findings to the Literature and work of earlier researchers, showing how my results fit with relevant literature in the field of child psychotherapy.

Describe the study's modest contribution to the field.

Endeavour to explain any unexpected findings.

The main purpose of my study is to examine links between intimacy and violence in the transference relationship with a three year old boy during intensive psychotherapy. Although there is a wealth of psychoanalytic literature about violence, there appears to be less written about links between intimacy and violence in children. This study confirms the importance of various concepts identified by others but also makes a modest contribution to the understanding of the triggers of violence in an intimate relationship. It offers a way of understanding the presenting behaviour of the child in the study including the potential for its transformation.

The research question is:

> *When are intimacy and violence linked in the transference relationship during the intensive psychotherapy of a three year old boy?*

The data findings show that there is no straight forward link between intimacy and violence as I first thought. Initially my perception was that violent attacks occurred in the therapy room after moments of emotional warmth as a way of distancing the self from uncomfortable feelings of intimacy. This resonated with Glasser's core complex theory (1979) in terms of feeling 'taken over' or engulfed by intimacy.

However, the findings from my data did not support evidence that feeling engulfed by 'too much' intimacy triggered violence. The central idea in this chapter is that although intimacy and violence are interconnected it appears that it is fear of losing intimate possession of the object or losing control of the object that triggers violence.

The chapter teases out this central thesis in more detail. Sam, the child in my study, has powerful reactions to the threat of intrusion by others. 'Others' could even include a thinking part of me, as described by Britton (1989) when he referred to a 'thinking third' liable to come between a couple. For clarity, the chapter is divided into five sections following the themes identified by the data which are: violence, intimacy, Oedipal issues, control and difficulties regulating affect.

The chapter begins with the theme of violence. Freud recognised that the intrusion of a third provoked violence. This was the central theme underlying the Oedipus myth that Freud used to develop his theories about the Oedipus complex. My findings are discussed in the light of work by earlier researchers such as, Winnicott (1958) and Bowlby (1958) on innate aggression and later Glasser's (1979) research on the theory of the core complex. Sam was born into an environment of violence and neglect, the impact of which is discussed with reference to studies by Emanuel (1996) and Fonagy (2008) who studied the impact of early trauma on attachment and a child's capacity to symbolise and to think. Research by Klein (1932), Isaacs (1948), Segal (1957) and Youell, (2001) is drawn upon for discussion about symbolism with a comparison between their findings and the findings of this study. My data suggest that Sam's violence lessened as his capacity for symbolization grew. At times, there was a sadistic aspect to Sam's violence. The presence of sadism within the transference relationship is discussed in the section on violence.

The second section of the chapter addresses the theme of intimacy. Intimacy in Glasser's (1979) core complex terms is described as a longing for 'one-ness' with no separation, no gaps and the idea of merging into a 'blissful

union'. Separateness, according to Glasser's theory, appears to threaten existence. This is discussed in relation to my findings with Sam, especially the particular difficulties in working through the Oedipus complex whilst core complex, annihilation terrors are in play. The discussion continues by highlighting the unexpected complexity of the interweaving themes. Intimacy, violence, Oedipal issues, control and Sam's difficulties with regulating his emotions are all pertinent to the central thread of my argument that the threat of losing intimate possession of the object of intimacy appears to provoke violence.

Section three discusses Oedipal issues, the foundations being Freud's (1917) and Klein's (1932) beliefs that the Oedipus complex is central to infant development. I explore Klein's ideas about a combined object in relation to my argument about the impact of losing an object of intimacy. Klein's thoughts about aggression in an early stage of the Oedipus complex being directed towards the primary object are especially helpful in thinking about my findings. Bion's (1962) theories about containment are referred to in this section. I make use of Bowlby's work (1988) on the difficulties arising when an infant has not established a securely based maternal object, to consider the child in my study. Bartram (2003) and Canham (2003) highlight the additional difficulties fostered and adopted children experience when negotiating the Oedipus complex as they need to accommodate more than one set of internal parental figures.

In section four, the theme of control is discussed with points of agreement in relation to others' research findings and the findings of this study. This is with particular reference to Klein's (1932) theories about omnipotence as a paranoid schizoid defence. It includes Fonagy's (2008) ideas about the impact of early trauma and how this links to an increased need for control. The increased need is in light of the threat of loss of an object and the accompanying annihilation terrors in relation to separateness. The discussion about control in this section is linked to Oedipal issues because of the inevitability of the challenge to the complete possession of the object within the Oedipal triangle. The explosive nature of Sam's feelings at times when

control is perceived to be lost or under threat is discussed in this section. In the 'here and now' of the sessions there was no apparent trigger to sudden violence but analysis of the data reveals an accumulation of anxieties which culminate in violence.

The fifth and final section, 'Difficulties regulating affect', begins with reference to work by Klein (1932) Bowlby (1988), Winnicott (1963), Bion (1962) and Sorensen (1997) about maternal containment. Research by Emanuel (1996) which examined attachment theories around trauma and resilience is considered. Fonagy's (2008) work linking early childhood maltreatment with changes in brain structure is thought about in relation to the data in my study. There is discussion about the complexity emerging from my data due to interlinking processes developing or having failed to develop because of inadequate care-giving. Theories about the precarious nature of Sam's internalised maternal object add evidence to the central idea that it is the threat of loss of the object of intimacy that provokes his violence.

Section 1. Violence

The major thinkers in the psychoanalytic field believe in innate aggression. Freud (1917) believed that humans are born violent and need to be tamed by love. He wrote about the death instinct showing itself through aggressive impulses directed outwards or against the self and later (1920) saw aggression in terms of maintaining a balance between life and death instincts. Klein's (1946) views expanded on Freud's ideas and she thought about deflection of the aggressive impulses on to the object in order that the death instinct did not lead to self destruction. This linked to Klein's theories about early splitting and projection. Klein argued that aggression towards a loved object was modified by concern and guilt as the infant progressed towards the depressive position. Winnicott (1958) believed that innate aggression was a source of energy and part of a primitive expression of love (1958:204-205). He too believed that aggression was modified by concern and guilt which came later with healthy development. Winnicott understood the resort to violence as a sign that healthy care giving had been lacking.

In a similar way, Fonagy's (2008) research found that early mother-child relationships affect how naturally occurring aggression is socialized by self control and symbolization. Where aggression was high in early childhood he argued, this signalled a failure of normal developmental processes to process and regulate innate aggression.

In my study, Sam is known to have suffered severe neglect and to have lived in an atmosphere of domestic violence and drug misuse before being removed from his parents. In psychotherapy, frightening or frightened objects were recreated in the transference relationship thus creating additional anxieties for Sam. At times, he needed to 'identify with the aggressor' as described by Anna Freud (1936) to become the frightening object and project the terror he could not manage into me, making me the frightened one.

Sam's early life experiences fit the profile whereby innate aggression has not been modified by adequate parental care and concern. In my work with Sam, the intensity of his violence at times focused my mind so completely on him that anyone and everything else was excluded. Whilst I was dodging missiles being thrown at me or protecting myself from kicks, my mind was not on another, not even another thinking part of myself, referred to by Britton (1989) as a 'thinking third'.

At these times of violence, Sam had a ubiquitous possession of me by obliterating my thinking mind for a few moments and it made me wonder whether, for Sam, this was felt as a kind of intimacy. By regaining complete possession of his intimate object he would remove the immediate threat of loss which would fit with my thoughts that it is the threat of loss of intimacy that makes Sam violent.

Before I started to analyse the data, there were times, for example, after a holiday break when Sam would hit me and my counter-transference feelings were those of trying to re-establish a connection. This added to my thoughts about Sam's violence as a kind of intimacy given his lack of capacity to

symbolize through words. I wondered if Sam experienced intimacy as giving rise to violence, as I did, for instance when there appeared to be moments of emotional warmth before an attack on me.

I was interested in the way Glasser's research (1979) could help me understand the data in my study as he viewed aggression and intimacy as integral elements of his theory of the core complex. The core complex theory explains how violence can be seen as a form of self preservation in extreme circumstances. In the vicious circle of core complex anxieties, intimacy amounts to a desire for being 'as one' with another, with no separateness. If this longed for state of union is not modified by adequate care giving, the 'one-ness' can begin to feel too close and be experienced as a disappearance of the individual's separate existence. Among the defensive reactions to this anxiety is flight to a safe emotional distance by defensively attacking the other in an attempt to feel completely separate. This retreat though, brings the danger of painful feelings of isolation, abandonment and annihilation. The only way to relieve these painful feelings is to merge again with the object and the circle continues.

A careful analysis of my data helped me consider whether Glasser's theory could explain Sam's violence and its link to intimacy if it was being experienced by Sam as a threat to his existence. Studying the data revealed a more subtle and cumulative train of events, starting much sooner than I had realised in the 'here and now' of the sessions. Violence was the explosive and highly visible culmination of these events and because intimacy was often the penultimate link in the train it was this that I connected with Sam's violence. What I had failed to realise at the time was the internal impact on Sam of what would be seen by most as ordinary, everyday events. For instance, the sessions containing violence seem to start with some extra anxiety, such as a holiday break, or Sam's carer being with another baby. This might be followed by a loud noise, a siren, an unfamiliar object being found in the room or me having a different opinion to Sam. To Sam, it appears this is experienced as evidence of intrusion by 'another'. That is, when there is evidence that my mind is separate from his mind he

experiences the 'thinking part' of me as an intruder coming between him and his object. The threat of intrusion (or actual intrusion) is typically followed by Sam's attempt to regain a sense of omnipotent control. This would function as a defence against the threat to his existence that is, losing his object. If his omnipotence fails, violence ensues. At other times the perceived threat is acted upon with immediate violence and he appears to have no capacity to defend against his anxieties or manage them through symbolism or thought.

An example of this train of events occurs in session 22 (appendix 1). I experienced Sam's sudden violence as unpredictable and explosive. At the time of the session, I had briefly wondered about the intimate eye contact that was exchanged and the emotional warmth I had noted immediately before the attack as Sam and I sent toy trucks backwards and forwards under the sofa to one another. With careful examination of the data however, the attack no longer seems to be 'out of the blue' but gradually escalates into violence. It begins with Sam's state of heightened anxiety because his carer is not in the waiting room as usual but sitting with a younger child in the car outside the clinic. Sam could experience this as his object being preoccupied with another. He reaches the therapy room and is cross that the 'engaged' sign is not on (as he always requested at the end of his sessions at that time) which may put Sam in touch with the reality that others are allowed to use the room. He tries using a bossy tone of voice to regain a sense of omnipotent control but his internal state is revealed (in hindsight) when he notices a brown felt tip mark on the ball in his box and comments that it 'has a bruise'. By this, he implies someone has been in the room to bruise it. He then finds actual evidence of intrusion by a 'third', when he finds an empty paint pot discarded under the sofa. He becomes demanding, accusing and claims the room as 'his'. He notices something broken (by him) but says someone else has been in and broken it. He becomes aggressive, attempting to re-assert his control then in some brief symbolic play makes himself the boss over the therapist. When he cannot sustain this he wants to go back to being a baby and curling up on the sofa brings two toy trucks together by holding them close. He then uses verbal aggression in his quest for control. He re-establishes contact by investigating the idea of 'two together' under the sofa and this is mixed with

something hitting and crashing. He has another attempt at regaining control by insisting precisely how things are done. Then he has the experience of mutual eye contact with his object, both seeing the same thing, and having some emotional warmth. He hits the toy truck hard against the wood of the sofa, close to me. Then, as I look for the truck under the sofa (in the same place that the evidence of the intruder was found) he falls from view. When his object looks away, Sam's feelings appear to threaten to overwhelm him and the result is violence. The violence connects Sam and his object in a way in which Sam is in control.

The data show links with intimacy but indicate that the trigger to violence is not the engulfing intimacy described in the core complex. The trigger appears to be the threat of loss of intimacy as this equates to Sam's sense of loss of a coherent self. This leads to violence whether the function is to destroy his object in order to preserve the self or to regain possession of his object to preserve the self.

The core complex theory helps with understanding the function of Sam's violence as self preservation under threat but my study does not fit with a hypothesis that it is intimacy that is the threat. I think Sam would perpetuate his unconscious phantasy of being merged with his object without feeling disturbed by it and it is the threat to this phantasy that underpins his violence.

A different understanding of a patient's violence was described by Canham (2004). He treated a young boy, Peter, who used omnipotent possessiveness as a defence against his terror of abandonment and collapse around holiday breaks in his therapy. As Peter's treatment progressed and the illusion of complete possession of the therapist was disturbed by the reality of breaks, separations and interpretations, Peter increasingly resorted to violent attacks on the room and on his therapist. Canham describes how he came to understand the violence as a way of Peter warding off the knowledge that he was Canham's patient rather than his child as this made him feel small and dependent and as he had been abused, this situation was felt to be dangerous.

There are some similarities between findings in my study and in Canham's study but my understanding of the trigger to violence is slightly different. I too, found that many of Sam's attacks took place in the weeks leading up to, or in the few weeks after a holiday break. Canham discusses his patient's wish to be his child which is disrupted by the reality of holiday breaks. I think that Sam may be at an earlier stage in his development where more primitive, internal phantasies of merging are in danger of being interrupted by holiday breaks and this underpins his violence due to a dangerous threat of self-annihilation.

My findings fit more easily with Bartram's (2003) who found that her thinking, as the therapist, could feel dangerous to the child and could not be tolerated. Bartram suggests that the child's difficulty with allowing the therapist to have a separate mind lies in the way it is experienced as a third party, excluding the child from the 'here and now' of an action oriented exchange between child and therapist. (Bartram, 2003:23).

Sadism

Sometimes, Sam's violence appeared to be sadistic. There was evidence in my data of times when Sam smiles and shows enjoyment following an act of violence towards me. Freud (1926) recognised sadistic instincts in infants linked to libidinal frustration, anxiety and rage. Klein (1932) expanded on his ideas with her theories about sadism in early development and its links to the Oedipus complex. Klein's theories are helpful in thinking about my data in terms of Sam's aggression, his sadistic impulses and their links with Oedipal issues.

Klein (1932:135) states that Freud has repeatedly pointed out that hatred precedes the development of love. She cites Freud in Civilisation and its Discontents (1930) saying 'It [aggressiveness] forms the basis of every relation of affection and love among people' before stating her own view:

My own view that the Oedipus conflict starts under the primacy of sadism seems to me to supplement what Freud says, since it gives another reason why hatred should be the basis of object-relationships in the fact that the child forms its relation with its parents – a relation that is so fundamental and so decisive for all its future object-relationships- during the time when its sadistic trends are at their height. The ambivalence it feels towards its mother's breast as its first object becomes strengthened by the increasing oral frustration it undergoes and by the onset of its Oedipus conflict, until it grows into fully-developed sadism.

(Klein, 1932:135)

Klein (1932) hypothesises that the infant's oral frustration arouses unconscious knowledge that parents enjoy mutual sexual pleasures and a belief at first that these are oral in nature. The reaction to this phantasy is one of envy of the parents, reinforcing feelings of hatred. Oral envy is a motive force making infants of both sexes want to push their way into mother's body and which arouses desire for knowledge about the mother's body. Klein (1932:123-148) describes how the increasing oral frustration leads to oral sadistic phantasies, closely allied to urethral sadistic phantasies as a reaction to being deprived of fluid (milk) by the mother and are ultimately directed against mother's breast. The predominant phantasy is to rob the mother's body of its contents and destroy it by such means as enormous quantities of urine flooding, soaking, drowning, burning or poisoning. Destructive impulses soon cease to be only towards mother and become extended to father because in phantasy his penis is incorporated by mother during oral copulation and remains inside her so that attacks on her body are also levelled at his penis inside it. Sadistic impulses against his father and mother copulating together lead the child to expect punishment jointly from both parents. Anxiety serves to intensify his sadism and to increase the impulse to destroy the dangerous object so that he brings still more sadistic and destructive wishes to bear upon his combined parents and is correspondingly more afraid of them as a hostile entity. For Klein, these early genital impulses and phantasies which set in during the phase dominated by sadism, constitute the early stages of the Oedipus conflict. Although pre-genital impulses may be predominant, the child begins to feel, in addition to oral, urethral and anal desires, genital desires for the parent of the opposite sex and jealousy and

hatred of the parent of the same sex and to experience a conflict between his love and his hatred of the latter.

The conflict between love and hatred in this context may fit with links between intimacy and violence in my study. Klein (1932) believes that at an early stage of the Oedipus situation the infant's relations to its objects are confused and vague. The infant's emotional experience with his care givers becomes incorporated into his internal objects and often the bulk of his anxiety and hatred is directed towards these objects. I believe this to be relevant to my findings. Sam is at a stage in his development where his objects are not fully differentiated as separate objects but are in the confused and vague state described by Klein. In the transference situation, I appear to represent these internal objects that are indistinctly separated from one another and from Sam himself.

Glasser (1979) considers sadism to be an adaptation of aggression which can occur under extreme circumstances. He suggests that the ego attempts to resolve the anxieties of the core complex by the use of widespread sexualization which transforms aggression into sadism. He argues that in this way maternal function is maintained rather than destroyed by aggression. The difference is explained by Parsons (2008) who states,

> someone who uses self-preservative violence feels his psychic survival is in mortal danger and he has to destroy the source of the danger to save himself. Sado-masochistic violence involves no wish to destroy the other person- instead there is a desperate need to engage the other in a very particular kind of relationship built on control and sadistic interaction. (Parsons, 2008:362)

In this way, the sadistic act can be seen to cause suffering whilst preserving the object whereas the aggressive act destroys the object. Preserving rather than eliminating the object is accompanied by excitement and pleasure. Sam's preservation of the maternal object supports the thread of my argument that it is the loss of the object that he fears most.

In my study, Sam's sadistic impulses fit Klein's descriptions of early child development and negotiation of the Oedipal situation. My data show how

perversity presented in session 167 as a defence against painful feelings exacerbated by a recent holiday break and evidence of my separateness when I did not immediately understand something he said. A half smile played on Sam's lips and he seemed excited as he asked with some charm if I wanted a hug. His mouth was full of cold water as he ran over to me with his arms open and placed his mouth on my shoulder letting the cold water out of his mouth to dribble through my jumper which felt icy and horrible.

Parsons (2008:363) describes sado-masochism as a style of relating, as a desperate solution used to defend against core complex anxieties. In the impossible situation of feeling either too close and being engulfed or too distant and being abandoned the sado-masochist tries to keep the other within his control and at a safe distance. In core complex terms, sado-masochism can be used as a way to maintain proximity to the object.

Although I do not think Sam fears engulfment in core complex terms, the elements of control, sado-masochism and maintaining proximity in Parson's description fit with certain material captured by data in my study.   For example, in session 214 where   Sam's violent behaviour towards me appears to become exacerbated by my comment that he is hurting me and he aims a series of vicious kicks at my shin, asking whether it hurts.   I felt Sam was getting enjoyment and pleasure from hurting me. The emergence of Sam's sadistic impulses impacted on the transference relationship. A careful study of my counter transference feelings reveals a corresponding sadism in that I wanted to show him how angry I felt towards him and end the session prematurely to protect myself from feelings of exasperation, helplessness and humiliation.

Canham (2004) explored how one might understand the difference in therapy between communicative aspects of violence, and more perverse elements, through paying close attention to the counter transference feelings evoked in the therapist. In this way an attempt can be made to distinguish between allowing the expression of primitive feelings in the transference and the danger of slipping into something collusive or masochistic on the part of the

therapist. If this distinction can be made it allows the therapist to take a firm stance on what is and what is not permitted in sessions. Canham argues that the perverse use of violence feels very different in the counter transference from violence used to communicate feelings about an experience. To illustrate this he describes his young patient Eddie, who he has come to understand uses violence in different ways. Sometimes Eddie feels it is a way of controlling the world, sometimes he uses violence to ward off unwanted knowledge which he feels would disrupt this control, and sometimes there is a perverse satisfaction derived from it. Canham describes how there seems to be a part of Eddie that enjoys the violence and becomes excited by it. Canham describes what happens when aggression goes on too long, how his counter transference moved from one of fear and despair to anger and feelings of exploitation.

The emergence of Sam's sadistic impulses impacted on the transference relationship in my study. In trying to create a space where communication and understanding could take place it was hard to maintain what Canham (2004) terms, 'an analytic stance'. I needed to decide whether to end a session, if thinking was not possible, without being drawn into acting out a sado-masochistic relationship by being overly harsh and ending sessions too early. It was hard not to respond in an angry way towards Sam when his sadism was acted out in the room. Without supervision, I would not have been able to keep trying to understand his sadistic pleasure without becoming alienated from those parts of him in need of support.

In my study, given Sam's age and stage of development his sadism appears to fit more with Klein's theories about the earliest stages of the Oedipus complex than with Glasser's core complex theory which is helpful for thinking about adults in a primitive state of mind. However, Glasser's theory is helpful in understanding the fear, sense of abandonment, isolation and terror surrounding the threat of annihilation that would equate with loss of his object.

Symbolization

I have included symbolization in the section about violence because my data is evidence to support the view that Sam's violence lessened as his capacity for symbolization grew.

Likierman (2001:144) describes Klein's theories about mental life emerging gradually out of primordial chaos in which life-enhancing and destructive tendencies initially mingle and cohere to form the paranoid-schizoid position. Essential to Klein's view is her belief that any stability achieved by the infant is temporary and threatened by external and internal sources as well as intense instinctual activity that begins at birth. Between states of fragmentation and states of integration is a bewildering chaos lacking a coherent order. Early object relationships, in Klein's view are characterized by the importance of phantasy. Interplay between the child's unconscious phantasies and his real experience gradually develops a more realistic relation to his external objects. Isaacs (1948) concurs that phantasies arising in early development are repeated and acted out in the child's play as an active means of expressing them and attempting to adapt to reality. The earliest phantasies are bound up with oral impulses and bodily sensations and Isaacs describes how, as development progresses beyond the somatic, the distinction between inner and outer worlds becomes clearer but the phantasies remain in the unconscious, influencing feelings, behaviour, character and personality.

Isaacs (1948) citing Klein, states, 'She showed, by means of illuminating clinical material, how the primary symbolic function of external objects enables phantasy to be elaborated by the ego, allows sublimations to develop in play and manipulation and builds a bridge from the inner world to interest in the outer world and knowledge of physical objects and events.' Klein's view is that through play the child gives rise to the process of symbol formation which is bound up with the child's early phantasies. As Isaacs says, 'Spontaneous make-believe play creates and fosters the first forms of 'as if' thinking.' (Isaacs, 1948:111)

Klein (1930) has shown how early environmental failure can impact on a child's capacity for symbol formation. My findings provide examples of times when Sam begins to show a capacity for symbolization but cannot maintain it and times when he manages to represent violence symbolically without resorting to actual violence. My data are compared and contrasted with two different case studies, one by Youell (2001) and one by Hopkins (1986) who researched the impact of early trauma on the capacity for symbolization.

Youell's (2001) case study explored links between trauma and inconsistencies in capacity for symbolic thought. Her patient, 'Jamie' was three and a half years old when undertaking intensive psychotherapy. He began a process of experimenting with different identities in pretend play. At first it was thought that Jamie had no notion of what was real and what was pretend but it was found that he did know the difference but lost contact with that knowledge whenever he was anxious. His symbolization was intermittent and faulty. Youell felt it was his early trauma which rendered him unable to make use of the capacities he possessed. As his therapist, Youell felt that a function she fulfilled was of an auxiliary ego, encouraging him to get in touch with the capacities she believed were there. With the beginnings of pretend play, a new character, a monster appeared. Jamie had an idea about the monster coming into the room and he and his therapist hiding from it and he would ask his therapist to be the monster but Jamie had difficulty in 'being the monster' himself. Youell came to understand this as his fear that the monster would move in and take over, for ever. This highlights the precarious nature of symbolism in its early stages and the tendency for symbolization to collapse and for the child's play to lose its 'as if' quality and become real. In Jamie's case, he feared his symbolism would collapse and he would actually become the monster. The loss of contact with internal and external objects links to a loss of capacity for symbol formation.

In my study, Sam does risk being a monster figure himself in his play. In his words, (session 44) he is a 'nasty scary wolf'. In the role of the wolf, rather than actually biting me Sam shows me how he *would* bite me. The quality of behaving 'as if' he is the wolf without actually being the wolf shows the

beginnings of a capacity to symbolise. Sam appeared to use this symbolization as a way to investigate and think about the terrors that related to his own aggressive impulses rather than act them out. That is not to say that his capacity was consistent and with too many simultaneous stressors his symbolism appeared to lessen or collapse which fits with Youell's findings.

In Hopkin's (1986) study, she describes the psychotherapy of two children from different families who had been subjected to recurrent traumas from their earliest years. They both had learning difficulties and were both preoccupied with monsters to the exclusion of all other interests. Hopkins describes their very different response to trauma. One child, Adam aged eight years, retained knowledge of the traumas but had no awareness of the suffering they caused. The other child, Sylvia aged six years, retained no conscious knowledge of the trauma but remained overwhelmed by the emotions her distress caused.

Hopkins described how Adam openly identified with savage monsters seeking revenge in his play. He was frightened at first, of expressing his anger openly to her as his therapist or at home but slowly took courage to do so with his parents. Sylvia, like Adam was obsessed with monsters. She constantly talked of them and dramatized attacks both on them and by them. In therapy, Sylvia enacted attacking her therapist in the role of a monster and also enacted being attacked herself by other monsters. As treatment progressed she demanded that her therapist should act the part of the monsters pursuing her with roars and threatening to eat her up. Hopkins understood this as a way of localizing and controlling her terror of being attacked. Over time, Sylvia began to voice more memories of her own.

Hopkins theorises that for both Adam and Sylvia, monsters appeared to represent a compromise between their terrors of real aggressive assaults and terrors related to their own aggressive impulses. Hopkins states that 'This is likely to be the case whenever a repetitive preoccupation with monsters is concerned. In practice it means that details of monsters can often give us clues to the people or events which have aroused the terror and rage which

the monsters represent'. (Hopkins, 1986:65)   Hopkins considered that if aggressive feelings towards a mother who fails to protect had to be given up because of the internal conflict they caused, then the desire to attack could be expressed safely within a scary monster.

Hopkin's findings appear to fit with my findings in that, although Sam is not preoccupied by monsters, he appears to locate his own aggressive impulses safely in a 'nasty, scary wolf' in order to investigate them. I wonder about Hopkin's view that details of the monsters can provide clues to the people or events which have aroused terror and rage, when thinking about the significance Sam attaches to 'ears'. 'Ears' are evident in the data in several different sessions in connection with hurt and scared feelings. Sam mentions the nasty scary wolves coming 'with their ears' and tells how once he was in bed when 'a scary wolf did come and get my ears' (session 51). In session 85, Sam actually hurts my ear rather than using symbolism and in session 97, Sam carefully touches my ears but my counter transference feelings are of imminent violence. It seems there is a mix of tenderness with the threat of viciousness. These examples lacked symbolization and Sam may have been re-enacting conflicts rather than resolving them.

The mention of 'ears' in several sessions made me wonder about Sam's early phantasies being bound up with bodily sensations as Klein describes. Given his early years in an environment of domestic violence, 'ears' that physically hurt could represent psychically an entry point into the body for an experience of trauma intruding into him. If ears present access into the body but also present as a barrier, Sam may be attacking my ears because of this. Later in treatment, (session 200) Sam uses a symbolic creature and says it 'bites his ear' but he does not use actual violence.   The symbolic use of hurt ears could build a bridge between his inner and outer reality, thus helping him resolve rather than re-enact earlier conflicts.

If so, this would fit with Segal's (1957) belief that an important task performed by the ego in the depressive position is that of dealing with unresolved earlier conflicts by symbolizing them and that the capacity to symbolize lessens

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anxiety. Segal found that when the capacity to symbolize is developed, it is not irreversible. She says that if the anxieties are too strong, a regression to a paranoid-schizoid position can occur at any stage of the individual's development and projective identification may be resorted to as a defence against anxiety. Then symbols revert to concrete symbolic equations. This is mainly due to the fact that in massive projective identification the ego becomes again confused with the object, the symbol becomes confused with the thing symbolised and therefore turns into a symbolic equation.

My findings evidence a session (51) where Sam starts symbolizing wolves biting me, in what appears to be a playful way, later loses the symbolism and the biting becomes real as internal and external reality become blurred. This supports both Youell's theory that the capacity for symbolism can be present but collapse in times of increased anxiety and Segal's ideas that this capacity is not irreversible. Further on in treatment and after Sam had evidenced his capacity for symbolizing, there is a session (112) where Sam's anxiety is heightened by his recent move to his adoptive parents, an upcoming planned holiday break, and the fact that he had physically hurt me earlier in the session and was worried about his parents seeing a bruise. During this session, Sam demands that I make his breakfast. He goes on to provide breakfast for himself in a concrete way and the 'as if' quality is lost.

Despite such regressions, the data from my study supports evidence that Sam's capacity for symbolization increases over time. As in the following example, (session 200) when Sam hears a siren and instead of resorting to chaotic violence he shouts loudly through the window for the 'stinky wolf' to go away. Then he is able to symbolise a small bird on his shoulder that he brings close to his ear and exclaims that it has bitten his ear. There is a hurt ear and violent imagery but no actual violence. The threat of violence is located in the stinky wolf and the bird that has both tender and vicious qualities. Containment may have facilitated his use of his capacity to symbolize rather than act immediately on physiological triggers. Understanding the difference between real and pretend seems to have helped him to interpose a moment of thought between impulse and action.

It is interesting that the 'wolf' is mentioned in relation to the danger inherent in the noise of the siren. This fits Bettelheim's (1976) theory that the wolf symbolizes the savage qualities in man.

Segal (1957) suggests that in favourable circumstances of normal development, after repeated experiences of loss, recovery, and recreation, a good object is securely established in the ego. With an increased awareness of ambivalence, the lessening of the intensity of projection, and the growing differentiation between self and object, there is a growing sense of reality both internal and external. Omnipotent thinking gradually gives way to more realistic thinking. Simultaneously, and as part of the same process, there is a certain modification of the primary instinctual aims. Earlier on, the aim was to possess the object totally if it was felt as good, or to annihilate it totally if it was felt as bad. With the recognition that the good and the bad objects are one, both these instinctual aims are gradually modified.

In my study, later in Sam's treatment and when he was with his adoptive parents (session 143) he told me that he had earache and daddy drove one hundred miles an hour to get him to the doctor. I wondered if this different experience of how hurting ears can be thought about, cared for and managed, would help to develop the beginnings of Sam's capacity to internalise a good object.

Summary

The data in my study suggests that over the time of treatment, the intensity of Sam's violence lessened when it became symbolised but at times when symbolism collapsed or was non-existent the violence maintained its intensity. There was however, a decrease in the frequency of attacks over time. In Kleinian thinking, it has become increasingly evident that the capacity to comprehend and relate to reality is contingent on working through the depressive position, the period of integration and recognition of external and internal reality and the relationship between them. Klein emphasized that the Oedipus complex develops hand in hand with these developments. It

appears that during Sam's treatment he was negotiating his way through the Oedipal situation towards the depressive position and at times regressing back to the psychical safety of the paranoid-schizoid position. When Sam first began treatment, sirens from emergency vehicles outside the room signalled imminent chaos inside the therapy room. There was no space for thought and Sam appeared to be in identification with a terrifying object. There was oral aggression by biting and collapse at times into a foetal position when he could not manage his feelings any other way. As his capacity to symbolize grew his propensity for violence lessened but was not completely gone. And, as research by Segal (1979) showed, the developmental stage that achieves the capacity to symbolise is not irreversible and at times of high anxiety or when several stressors are present at the same time regression can occur. For Sam, there were times of high anxiety, for example, when he moved from familiar carers to adoptive parents. The data show that the times of high anxiety are the times when violence is most likely to occur. The trigger for violence appears to be when Sam finds evidence of a separation between himself and the object with whom he feels intimacy. It seems that it is his fear of the loss of his object that provokes his violence. At times when violence occurs, Sam appears to be at a stage in his development where he needs to feel he is in absolute possession of his object to feel emotionally safe. Anything that disrupts the phantasy of being merged as one is perceived by Sam as a dangerous threat. For instance, when I do not immediately understand what Sam is trying to tell me, he has some awareness that we are separate which gives rise, at times, to violence towards me. Studying the data revealed that at times, Sam's violence had aspects of perverse enjoyment or excitement as a defence against painful feelings. Sadism would preserve rather than destroy his object and fits with a hypothesis that loss of his object is what he fears most. Intimate possession of the object is discussed in the following section.

Section 2. Intimacy

Klein's (1926) belief is that the crucial foundation for a child's mental health lies in loving, qualitative parental attention, especially the maternal emotional attitude the individual encounters during infancy.

Winnicott (1958) speaks about love and aggression when he says:

> We can say that in the primitive love impulse we shall always be able to detect reactive aggression, since in practice there is no such thing as a complete id satisfaction. (Winnicott 1958:210)

Winnicott describes the love expressed by mother in physical terms by holding (in the womb or in her arms) and through knowing how to adapt to ego needs as conditions under which the individual may start to exist.

This fits with Sorensen (1997) when she says, 'with the birth of her own baby suddenly every tiny detail of the baby's physical being becomes the focus of the mother's riveted attention … This is how a mother comes to begin to know her baby and how in turn he begins to experience himself.' (Sorensen, 1997:113) I return to this theme in the last section, 'Difficulties regulating affect.'

Bion (1962) introduced the concept of container-contained into his model of the mind as an apparatus for generating thoughts which could be used for thinking. Sorensen, using Bion's (1962) frame of reference of L, H and K links, suggests that mother is not only interested in her baby's physical being but also his psychic being. She states:

> Once he arrives, she becomes the scientist. She learns through all her senses the intricate details of his sucking, breathing, sleeping, visual preferences, responsiveness to sound and movement. She transforms these observations in the context of Love and Knowledge into the feeling which grows as time passes that she understands her baby much of the time. (Sorensen, 1997:115)

Sorensen (1997) views containment as an active 'containing process' rather than viewing it as a passive receptacle. Sorenson suggests that the

containing process represents an active integration of observation, clarification and emotional resonance. The mother's intimate understanding of her infant resonates with the aims of the psychotherapeutic alliance in my study, to observe, clarify and transform observations into understanding that can be internalised by Sam and increase his capacity to understand himself.

Bowlby's (1958) theories suggest that the quality of instinctual and affectionate attachment between mother and child are an important factor in the development of a secure base from which the child can explore and return to when needing safety or comfort. Bowlby viewed anger as the natural response to the expected security not being there. The idea of something lacking, fits with Fonagy's (2008) belief that violence signals a failure of social experience to tame innate destructiveness.

It seems that when all goes well, there is nothing to remark upon. It is only when something is missing that its function is revealed. The function of maternal containment appears to have been missing for Sam and its function is revealed by his un-modified violence.

In my study, intimacy was an integral part of the therapeutic alliance but it was more difficult to capture in the data than the external acts of violence. However, it was the presence of violence that revealed the intimacy within the transference relationship and the depth of feeling surrounding the early Oedipal situation. Without intimacy there would be no fear of loss of the object and therefore no accompanying annihilating threat requiring aggression to survive. This brings Freud's words to mind when he says about aggressiveness: 'It forms the basis of every relation of affection and love among people' (Freud, 1930:113)

At times, intimacy was experienced by me as Sam's need to possess his object and there was no tolerance of others, even within my mind. I was interested in the sense that Sam's violence appeared to link with intimate possession of my mind as my mind   so completely focused on him when I was under attack. Careful analysis of the data revealed that when attacks

were triggered it was at a moment when Sam became aware that he was not in total possession of me as his maternal object in the transference. For instance, when we had a different thought, when there was evidence of intrusion by others or when he became aware my attention was not wholly focused on him. That is not to say that there were not times when he could tolerate these things but at times of heightened anxiety, for example around holiday breaks, these were the triggers to explosive violence.

Glasser (1979) describes the longed for intimacy within his core complex theory as a pervasive longing for closeness to another. He speaks of a desire to merge into a state of 'blissful union' and 'one-ness'. This type of intimacy implies a wish for absolute security against any dangers of deprivation or obliteration and mitigates against the need for a reliable process of containment because of the phantasy of fusion with the object. Destructive feelings are obliterated if there is a phantasy of having no separation from the object.

The phantasy of no separation fits with data in my study (session 115) when Sam appears to want no gaps between us as he lies on his back on the floor of the therapy room with each of his legs slotted up inside the bottom of both my trouser legs as I sit on my chair. This makes it difficult to see where he ends and I begin. There is a sense of being merged as one and there is a look of blissful contentment on Sam's face. Initially, I thought Glasser's description of flight to a safe distance fit with how I had experienced Sam's violence after moments of intimacy if he felt the 'merging' was going to cause his incorporation into the object and thus his annihilation. However, detailed study of the data revealed something different. Sam appeared blissfully content with a state of 'one-ness' and it seems it was the disruption of this phantasy that gave rise to violence rather than feelings of being taken over by the object. Glasser's theory was therefore useful in thinking about the function of violence in my study (self preservation under threat of annihilation) but the trigger for Sam's violence is different. It appears that it is not too much intimacy that threatens Sam's existence but the threat of loss of intimacy.

Over time, my data show moments of greater vulnerability and intimacy. For example, session 54, in which Sam covered both our heads with a blanket and whispered with some urgency that we needed to hide together from 'Spider-man'. His actions had the quality of us hiding from real danger. Sam's aggression was thus projected into an imagined other. Although there was no actual violence, hiding together was accompanied by counter transference feelings of imminent threat of violence. Sam may have a phantasy of a paternal presence that could attack him because of his intimacy with me. This could be seen as a development in terms of his capacity to perceive a third position.

My data show other moments of intimacy in the transference, without actual violence but with counter transference feelings of danger at times. For example, when Sam gently brushes a strand of hair from my face or notices tiny changes in my appearance or my voice. On one occasion Sam noticed the smell of my perfume and at the time this felt as intimate as a baby noticing the smell associated with a mother. However, by studying Canham's (2003) research, another perspective was given to my data.

Canham (2003) describes how his patient Peter sniffs and smells him, leading to interpretations that Peter is looking for the smells of other people his therapist has been with when not with him; the people he feels get into his box, and spoil the illusion of Peter and his therapist being joined up, with no gaps. If in my study, Sam has a perception that there are 'others' who may attack him because of his intimacy with me, this would fit with my feelings of danger in the counter transference.

Sam appears to experience separateness as a threat of the loss of the other and equivalent to the annihilation of the self. The juxtaposition of separateness and dangerousness is demonstrated in the data. In session 187 Sam places himself in a position of intimate closeness that also has the potential to be dangerous, because if I move, he will fall. This appears to embody the link between a need to feel 'not separate' and the dangers of intimacy in that it may collapse.

Summary

Over time, there were moments of intimacy without violence or the threat of violence in the counter transference. There were longer intervals between episodes of violence. This may, in part have been due to Sam's increasing capacity for symbolism in that he could begin to think about his aggression rather than enact it. A capacity for symbolism could have enabled a state of mind that was able to begin to recognize a third position, so that evidence of this would no longer threaten the cohesion of himself in quite the same way. At times, feelings of violence were still obliterated by defensively phantasizing a merged state of one-ness. The complex links between a third person, intimacy and violence in connection with Oedipal issues are explored in the next section.

Section 3. Oedipal Issues

Oedipus and violent feelings are inextricably linked in the ancient Greek myth. Freud (1905) and later Klein (1932) considered the Oedipus complex to be central to infant development. Klein's view, as described by Segal (1973) is that the Oedipus complex begins to develop as an infant's development progresses towards the depressive position and is an integral part of it. The infant begins to see mother as a whole object rather than part objects and with this his perception of the world changes. In particular the infant becomes aware of a link between father and mother. When the infant senses the libidinal link between his parents he projects in to them his own libidinal and aggressive desires (Segal, 1973:103). When the infant perceives his parents in terms of his own projections this causes feelings of deprivation, jealousy and envy which in turn give rise to increasingly aggressive feelings and phantasies. To defend against these feelings, splitting, introjection and projection become very active mental mechanisms at this stage. As Segal states: 'the child turns to his mother's body all his libidinal desires but because of frustration, envy and hatred, also all his destructiveness' (Segal, 1973:5)

Klein's (1932) ideas about the early Oedipus complex and the important role played by the phantasy of the combined object are helpful in thinking about the findings in my study. Klein suggested that the phantasy of a combined parental object appears first when the infant becomes aware of his mother as a whole object but does not fully differentiate the father from her. The infant phantasises the father as being part of mother and his idealization of her makes the infant see her as the container of everything he desires. Envious attacks and projections can then make this phantasised figure into a terrifying, threatening persecutor.

Britton's research (1989) found that insufficient security in the internalised maternal object presented subsequent difficulties in working through the Oedipus complex. He suggested that if mother's position is already precarious in the child's mind, thinking about exclusion from a parental couple could feel disastrous because 'in the phantasised tragic version of the Oedipus complex the discovery of the Oedipal triangle is felt to be the death of the couple: the nursing couple or the parental couple. In this phantasy the arrival of the notion of a third always murders the dyadic relationship.' (Britton, 1989:100)

Supporting Britton's view, Bartram (2003) believes that the negotiation of the Oedipus complex is more difficult for fostered and adopted children because of the likelihood of an initial lack of maternal containment leading to the precarious status of the 'goodness' of mother in their minds. This is discussed further with reference to Bion (1959) and his concept of 'container-contained' in the section 'Difficulties regulating affect'.

My data suggest that, given Sam's severe neglect, it is inevitable that he lacks a securely based internalised maternal object. This will increase his fear and anxiety about knowing about his object and her availability. The further threat of acknowledging mother's relationship with father is felt as disastrous. Accepting Britton's (1989) view that the notion of a third always murders the dyadic relationship, from Sam's perspective, losing his object equates with death. This gives weight to an argument that to prevent himself becoming overwhelmed psychically, he would deploy defences against 'knowing' about

the parental couple. Klein's concept of the combined parental figure is one of the phantasy formations characteristic of the earliest stages of the Oedipus complex as the infant approaches the depressive position. Sam could be utilising this as a defence against such 'knowing'.

Knowing about, or having the capacity to envisage a benign parental relationship helps develop what Britton (1989) calls a 'triangular space'; a space outside of the self that can then be observed. This includes the possibility of being excluded from a couple as well as being part of a couple with either parent and observed by the excluded parent. This provides the basis for a belief in a secure and stable world.   Britton believed that initially this parental link was conceived in primitive part object terms and in the modes of the infant's own oral, anal and genital desires.

If Sam is operating at the part object level Britton describes, it supports the thread of my argument that he is not at a stage where internal objects are fully differentiated or whole. This may approximate to the stage Klein (1932:133) describes where the child's internal objects are 'confused and vague', possibly somewhere fluctuating between part objects and vaguely formed but not fully differentiated whole objects. The implications of this for my study are that in the early stages of treatment, Sam is potentially at a stage in his development where he is beginning to become aware, in some primitive or partial form, of the parental relationship. In healthy development the capacity to tolerate an awareness of the link between the parental couple provides a prototype for an object relationship of a third kind in which the child is a witness rather than a participant. It appears from my data that Sam may have a growing awareness of times when his object is not wholly un-separated from him but he cannot yet tolerate an awareness of parental objects as whole or fully separate objects. Thus he is beyond an awareness of a link between the parental figures and the potential for exclusion from that couple. The difficulty is that the Oedipal situation discloses itself in phantasy and the parental relationship needs to be denied and defended against. Britton (1989) conceptualised an Oedipal illusion as a defence against knowing about the parental link because of its intolerable nature (equating with death). The

implications for my study, supported by my data are that threats to Sam's defences against knowing are defended against with a force of violence commensurate with the danger he perceives.

In Klein's view, the combined parental figure can be used omnipotently to deny knowing that the parental relationship exists and defend against jealousy and envy. In my study, Sam appears to have regressed to an earlier stage of development to defend against knowing about the libidinal parental link. Sam is always on the look out for evidence of perceived threats to the loss of his intimate object. The data show that when Sam finds such evidence, violence is often triggered. Rage, especially when his awareness of separation from the object intrudes, is directed towards the object with whom he is desperately trying to establish intimacy. Sam's rage is perhaps directed at me when in phantasy I represent a combined object rather than a whole differentiated maternal object. That is, Sam is at a stage in his development or has regressed to a stage in his development where he does not yet have a fully formed idea of a separate third object, but has developed an awareness of some separation at times when the object of intimacy is not wholly focused on him. His violence could be a response to the terror of losing his object, brought about by his awareness of a separation. As the object in phantasy is combined, the rage is directed towards me (as the maternal object containing the paternal object) rather than towards a fully differentiated paternal object. In contrast, in the Oedipus myth, Oedipus' rage is directed towards his father when he murders him at the crossroads and not at his mother.

Over the course of Sam's therapy, I tried to communicate my understanding of his point of view moment to moment in the sessions and at first he would often tell me to shut up, or say, in frustrated tones, 'for fuck's sake' if he found my thinking intolerable. This changed over the course of treatment as Sam began to think about his own feelings and could name some of them. For example, one time he exclaimed in response to a sudden noise, 'That made me worried.'

Over time, the data show a decrease in violent attacks on me as his capacity for symbolism grows. This fits with Britton's theory (1989) of developing a triangular space that enabled him to hold a third position. There was greater tolerance of the frustrations and deprivations of the Oedipus complex and more time for thought although this situation could regress with too many stressors presenting, internally and externally, simultaneously.

Summary

The data in my study suggest that Oedipal issues link inseparably with the violence that erupts from Sam. Intruders are a constant source of anxiety and evidence of them is sought out in a vigilant fashion. Finding such evidence triggers violence. The violence can be thought about in terms of a growing awareness of the Oedipus complex and a third position. Sam may have a growing awareness of separation between objects but as yet, is not aware of fully differentiated ones. Perhaps, due to defences brought into play as an infant with a drug using mother, he has developed a heightened awareness of when the mind of another is not fully focused on him. The data show that evidence of my having a separate mind from his mind seems to feel unbearable to him and can provoke violence, as though separation of minds equates with a serious threat to self.

Sam's violence is directed towards the object of intimacy rather than an intruder or rival third. Klein's idea about a phantasised combined object has been helpful in thinking about why this should be so. One way of understanding Sam's violent attacks is to suggest Sam has regressed on the continuum between the paranoid schizoid and depressive positions, as a defence against being psychically overwhelmed. If, in a more paranoid schizoid state of mind, he dis-allows thinking about separate objects (to defend against fragmentation and annihilation) and experiences me as a combined object in omnipotent phantasy, I could then be perceived as containing everything desirable to him. Envious attacks on the combined object would present me as a threatening persecutor, likely to retaliate. This could explain Sam's attacks on me.

My study suggests that the violence is directed towards me in the context that I represent a combined object to Sam when he is at the earliest stages of the Oedipus complex, unable to wholly differentiate separate objects but able to sense when I am not wholly focused on him. I suggest it is this that provokes his violence as a response to the terror of separation and subsequent loss of his object.

Section 4. Control

Sam's need for control in the context of fear of knowing about his precariously internalised object is absolute. Klein's (1932) views about omnipotent control as a defence against anxiety in the paranoid-schizoid position are helpful in understanding this. Klein believed that denial of psychic reality could be maintained by the strengthening of omnipotence and, of particular interest to this study, omnipotent control of the object. Klein's view was that this was a defence against valuing and depending on the object, and fear of loss. She describes control as a way of denying dependence, and yet of compelling the object to fulfil a need for dependence since an object that is wholly controlled is one that can be depended upon. In moving towards the depressive position, she argues, the infant is discovering his dependence on his object which he increasingly perceives as independent and liable to go away. This increases the need to possess the object and links with a fluctuating position back towards the paranoid schizoid state.

Klein suggests that developing awareness of the mother as a whole object discloses the existence of the Oedipus complex in the unconscious. This challenges the goodness of the mother in every child's development as the perfect breast of earliest infancy is perceived as lost through oral aggression and eventually when the depressive position is reached, replaced by the reality of a whole mother with frustrating limitations. The fully recognized mother is not experienced as an adequate substitute for the phantasy of the blissful union of the early feeding relationship. In the place of lost, archaic bliss, the whole object introduces a reality of pain and ambivalent conflict.

Sam was already anxious about any growing knowledge of his object because of her existing precarious status in his mind, the further threat of acknowledging her relationship with father could have been felt to be disastrous. The rage and hostility aroused by this discovery is felt to threaten his belief in a world where good objects can exist. The hostile force that was thought to attack his original link with his mother is now equated with the Oedipal father, and the link between parents is felt to reconstitute her as the non-receptive deadly mother. The child's original link with a good maternal object is felt to be the source of life and when threatened, life is felt to be threatened.

According to Likierman (2001:114), Klein felt that the aggression mobilized in the infant by the sense of a flawed mother is used partly to attack her in phantasy but also to attack the depressive states themselves. Aggression thus mobilizes psychic defences. Instead of feeling abandoned by a lost, loved object, Sam becomes defensive and denying, reversing a bereft state into an omnipotent phantasy of control over the object. The reality of the autonomy of the object which would present a threat, is kept at bay through psychic denial and an accompanying dictatorial omnipotence towards it.

The data in my study reveal how Sam uses omnipotence in the earlier sessions of his treatment which are characterised by his need for control. For example in session 44, following several unsuccessful attempts to regain a feeling of control in the wake of evidence about holidays and separation Sam employs an omnipotent defence by removing the batteries from the clock in the therapy room to impose his own structure on reality. His phantasy appears to be that he can control time and thus control the beginning and ending of sessions and the timing of breaks.

My study shows how Sam's need for control is manifest in the way he attempts to control the clinic environment, the therapy room and me. For example, Sam developed a ritual for completing the transition between waiting room and therapy room that consisted of walking to a certain point, running across an open space and stopping to say the same thing when he arrived at the therapy room door. This appeared to make an anxiety provoking situation

manageable by becoming predictable to him and within his control. Once inside the room, he undertook an orderly check that everything in the room was 'as it should be'. Sam was hyper vigilant to changes in the room or in me, for example, he would ask why the sand was not raked or why my voice was tired.

An increased need for control was noted by Fonagy (2008) in his research into response to early trauma. He found that the impact of feeling overwhelmed by helpless powerlessness strengthened the need to feel in control in what appeared to be an attempt to predict a volatile or chaotic world.

Whilst Sam was in treatment, the data show how I found myself checking that the sand was raked and everything in the room was 'ready for inspection' before Sam arrived for his sessions. Clinical supervision helped me reflect on my counter transference feelings of being controlled by Sam because I wanted to prevent upset and ensuing violence. By studying the data for this research I had additional thoughts about Sam's checks on the room. Although they constituted a ritual that may have made Sam feel more in control by way of predictability, they could also be viewed as a way of checking for intrusion by others. For example, by asking why the sand was not how he left it, he was not only following a predictable pattern but also questioning whether anyone else had been in the room. By asking why my voice was tired he could have been checking to whom else I had been talking.

Findings from my data suggest that the function of checking for intruders is in part related to a wish to control and defend against his awareness of the Oedipus complex. Sam remained hyper vigilant; scanning the therapy room for visual, olfactory and auditory evidence of intrusion. Perceived evidence could be in the form of sirens, voices, loud noises, unexpected or new objects in the room or perceived changes to familiar objects, for example, his comment, 'the ball has got a bruise'. His hyper-aroused state allowed him to be constantly on guard against intrusion and the accompanying unbearable feelings of fear and anxiety that it could bring about.

At times in my study, for example in session 187, external realities caused Sam to bring extra defences into play to keep these unbearable feelings shut out. Sam had recently been faced with the reality of his class teacher's new baby when she visited school, after asking his adoptive father about his birth dad Sam found out that his dad was in prison for hurting his mother. Sam's adoptive father had then been away from the family home for a few days due to work commitments and when Sam arrived early with his adoptive mother he saw me with another client. Sam resorted to using a super-hero cape to make the transition to the therapy room and once inside the room, sat in the adult's chair. At the end of the session he effectively (albeit momentarily) prevents me from leaving by having placed himself in such a position that if I move he will fall. Whilst appearing to be expressing a dependency and trust by using me in the way he does, he leans too heavily and it felt like a precarious holding on which defensively avoids the pain of separation.

Summary

My data evidence Sam's need to feel he is in control. It was helpful for my understanding of Sam's need to exercise omnipotent control, to think about it in terms of his need to disallow thinking about the Oedipus complex. Loss of control appeared to put Sam in touch with helpless feelings of powerlessness and his violence could erupt in a sudden, seemingly unpredictable manner.

As Fonagy (2008) described, feeling in control helps with managing unpredictability. In my study, Sam was faced with the unpredictable nature of his own internal state and his subsequent actions. He also had to manage unpredictable external realities which included, loss of familiar care-givers, adoption by unfamiliar care-givers, holiday breaks and separations from therapy.

The data in this study show Sam had developed defences to help him feel in control when externally there was so much he could not control. There were times when Sam

appeared to need more resources than usual to sustain him and the super hero cape was utilised as well as a possessive 'holding on' to his object.

Over time, the data evidence that both Sam's need for control and his violence lessened as his capacity for symbolism and thought grew.

Section 5. Difficulties regulating affect

According to Likierman (2001) Klein insisted that infants were acutely at the mercy of impulsive fluctuations which could swamp the mind with anxieties, rages and passions. Children were therefore emotionally dependent on adults for the regulation of their emotional states.

In the context of describing Klein's struggle to articulate elements of unconscious life that elude language, Likierman illustrates the complexity of the simultaneous processes in mental functioning by saying:

> In the primordial chaos of the unconscious mind, anarchic mental phenomena overlap, refuse to fall into a coherent temporal sequence and defy the whole notion of developmental stages. (Likierman, 2001:112)

In my study, the primordial chaos of Sam's internal state at the start of treatment was evident through his behaviour. He had little or no understanding about emotions, his own or those of others. I struggled to understand what he was trying to communicate in the therapy room and his carers were exhausted by their struggles to understand a child who betrayed no emotion except anger towards other children and the adults who were trying to help him. My clinical supervision from highly experienced child psychotherapists was crucial in dealing with this aspect of the work. As my research progressed, I became increasingly interested in the role played by a lack of maternal containment in understanding Sam's lack of capacity to know about his emotions in order to develop his capacity to begin to regulate them.

Bion (1962) used the term 'reverie' to describe the process by which the mother receives and responds to her infant's primitive communications. He

describes how repeated experiences of this gradually help the infant begin to develop the capacity to think about his own emotional experience. When there is a lack of 'maternal reverie' there is a negative impact on this crucial relationship.

Emanuel (1996) in his study of a drug using mother, explored the cumulative effects of trauma linked with the ongoing lack of an available, receptive, containing parent. He discusses how a lack of containment in infancy can have profound effects on the child's ability to process his emotional experiences in any meaningful way. He argues that with trauma in early infancy, the psychic structures which might provide some resilience against the trauma are not yet in place and they may fail to develop because of the trauma. Emanuel suggests that trauma exists in a situation where the potential containing parent not only fails to contain but projects into the infant, for example when the baby is faced with a parent behaving in strange and frightening ways.

This fits with my study, in that Sam's early trauma is one of witnessing domestic violence and his ongoing neglect. Emanuel (1996) cites research on chaotic attachment patterns (Main and Hesse,1992) which describes a situation where a mother perceived by her baby as preoccupied and unavailable may seem frightened or frightening to the baby. The baby may infer it is the source of mother's alarm and then has two conflicting systems of behaviour mobilized simultaneously: a wish to withdraw from the frightening object and a wish to approach the object as an attachment figure for protection. A chaotic behaviour pattern emerges. Main linked this to frozen or trance like states seen in some babies and later in traumatized children. Data in my study evidence Sam's blank expression and apparent lack of affect during his assessment before his treatment commenced.

This fits with Fraiberg's (1981) research which showed that under stressful situations such as ongoing neglect or witnessing violence towards mother, infants developed pathological defences. One such defence was avoidance of gaze. The babies in her study rarely sought eye contact or exchanged

gazes with their mothers, rarely smiled or vocalized. This was viewed as a response to fear, upset and anxiety when there was no reliable other to help them regulate themselves, and activated to ward off painful affect.

Although in my study Sam rarely smiled at the start of treatment he did not avoid my gaze. However, in hindsight, a careful analysis of the data reveals a series of games that he initiated which seem to have the function of exploring gaze in a way that he can control. For example, early in his therapy, Sam developed a game where he would tell me to shut my eyes and he would shout very loudly to wake me up. In session 82 he repeated the familiar pattern but added an extra element by reversing the pattern so that he shut his eyes and I woke him up. By session 115 Sam started a game where he covered our heads with a blanket and the rules he stated were that if he looked at me I had to turn away and if I looked at him he had to look away. This resonated with Stern's (1974:121) description in 'Mis-steps in the dance' of a mother and baby learning together about regulating their levels of stimulation and coming to know how to be with another human being.

There is further evidence in my study of Sam's difficulty with understanding about how other humans feel. In session 143, Sam seemed to have conflicting emotions about a small hand inside an adult one as it appeared in the sand. This was thought about in terms of his anger about the loss of a maternal object due to adoption and the accompanying sense of loss of his birth mother and his foster carer. The data show how Sam appeared to struggle with simultaneous feelings of wanting to have his hand inside another's hand and not wanting the painful and difficult feelings that went with it. It seemed that he could not make sense of his feelings, neither recognising or able to regulate them and lashes out by throwing sand at me.

Research by Fonagy et al. (1994) investigated factors that developed some resilience to such painful and difficult feelings as anxiety, fear and upset. They explain how the care-giver's capacity to reflect upon the child's psychological experience provides him with part of the mental equipment necessary to establish his own reflective self.

Without reflection, the data show Sam's struggle to understand and know about his own emotions in order to begin to regulate them. A greater understanding his own emotions could potentially develop his capacity for recognising emotion in others and with this, a greater understanding and the beginnings of empathy. Data in session 115 show how Sam did not recognize or acknowledge my feelings of pain but he had the capacity to see that his actions had an impact on me and made me talk about pain. I believed that Sam was interested in finding out about feelings by watching what *I* did with feelings. If he could begin to recognize the emotions he evoked in me and experience them being thought about with him in the therapy room, perhaps he could begin to experience his own emotions in a more manageable way.

Parsons (2008) suggests that a mother's active attunement to her baby's emotional and physical needs helps him to develop a capacity to be attuned to his own internal states. She explains how, over time the infant will begin to recognise and tolerate his needs and to differentiate between graduations of feeling so that not every internal state has the same urgency. Parsons suggests this allows a space to develop for thought and reflection. She suggests a lack of early nurturing can leave the child constantly on guard but ill equipped to manage danger because he does not recognize anxiety as a useful danger signal but instead, any threat triggers fight or flight defences. This makes attacks on another appear confusing and without meaning because the externalised attack originates from an internal threat.

Data from my study support this view. Sam was constantly on guard for the danger of intrusion and his attacks were experienced by me as unpredictable and explosive. In the early months of therapy, he responded physiologically to internal threats without the reflective space necessary for thought. Over the course of treatment in a containing space, there appeared to be some development in Sam's capacity for a reflective space in his mind. This appeared to help him towards a greater understanding of his own emotions.

Summary

The data from my study show how interlinking themes from a lack of maternal containment could have impacted on Sam's early development. Without the benefit of maternal reverie Sam struggled to understand and regulate his own emotions. His innate violence was not modified by concern or guilt about damaging his maternal object (Klein, 1932). A lack of capacity to think about emotions increases the overwhelming nature of them which in turn increases anxiety and increases the need for omnipotent control. It appears that at the start of Sam's treatment, without any understanding of his own feelings Sam can neither begin to regulate his emotions nor understand those of others. The data evidence fear, hyper-arousal and hyper-vigilance which are at their height in the early stages of his psychotherapy. As treatment progressed, Sam was able to verbalise anger rather than act it out, for example, when Sam was able to say, 'I be a bit cross with you' instead of hitting me. Later in his psychotherapy Sam allowed some vulnerability without immediately rejecting it. The experience of containment appeared to help him develop his capacity for a greater understanding of affect.

Conclusion

The chapter began with a discussion about Sam's violence which seemed to be evoked by his feelings of losing control of intimate possession of his object and the ensuing fight to regain control. Finding I had a separate mind from him made him furious. Evidence of 'another' in the room made him furious. Feeling vulnerable made him reject these feelings and he appeared to identify with an aggressive object in order to become frightening rather than frightened. However, destruction of his object could evoke terror that he would be left isolated, abandoned and ultimately killed off whereas sadistic attacks would preserve his object. Over time, Sam's capacity to symbolize grew and he was on occasion able to verbalise his aggression rather than act it out.

Intimacy was discussed in the context of maternal containment and the lack of maternal containment was discussed in the context of its links to violence.

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Intimacy and violence are linked throughout this study as the violence occurs within the intimacy of the therapeutic relationship. Intimacy itself though, was not the trigger for violence as I first thought. This concept was explored using the theory of the core complex (Glasser, 1979) which I thought was the key to understanding Sam's resort to violence as self preservation. With careful analysis however, the data revealed that it was not an engulfing, suffocating intimacy that Sam feared. It was the loss of intimacy that was experienced as terrifying and annihilating, thus triggering violence to destroy the threat in order to preserve the self.

Sam's aggression and sadism in the earliest stages of the Oedipus complex were discussed in the context of Klein's (1932) thinking about them being directed towards the maternal object or combined object. A precarious internalised object leads to difficulties in working through the Oedipus complex and the annihilation terrors associated with the core complex increase the potential for violence and also sadism in an effort to preserve rather than destroy the object.

Omnipotent control was discussed as a defence against knowing about the Oedipal situation and its accompanying, annihilating terrors in relation to separateness.

Regulation of affect was discussed in the context of maternal containment. The impact of early trauma caused by a lack of the protective function of containment was explored.   Psychotherapy seemed to offer Sam an experience of containment that allowed him to explore feelings and give some of them a name which lessened his anxiety and fear about them. Less fear and anxiety appeared to require less rigid defences about his need to control. As Sam's capacity for symbolising grew he was able to make space in his mind to reflect rather than to rely on immediate action. This space appeared to help him to regulate his emotions more reliably. This capacity was precarious and at times he resorted to more rigid defences. The final Chapter draws together the various threads of this study into a concise overview of the thesis.

Chapter 6. Conclusion of thesis

To bring this thesis to its conclusion, I revisit the area that has been investigated and the original aim of the research. The methodology is described briefly. The findings from the study are summarised and I describe my interpretation of them. There follows an acknowledgment of the limitations of the study and an examination of its trustworthiness. There are implications for professional practice which are discussed in this chapter. Finally, some possibilities for further research arising from this study are considered.

Purpose of the Study

The purpose of this study was to investigate when intimacy and violence were linked in the transference relationship with a three year old boy during intensive psychotherapy. The study aimed to be useful in the context of reaching a deeper understanding of a professional process rather than proving or disproving a hypothesis. Greater understanding would, in turn, help other child psychotherapists dealing with violence in their clinical practice.

Methodology

A qualitative methodology was chosen as most suitable because of the observational nature of this research. My study used the qualitative research method of the single case study having first considered the benefits and explored the criticisms of subjectivity, lack of rigour and generalisability. I used an adapted form of the qualitative method of data analysis, Grounded Theory, as propounded by Glaser and Strauss (1967). This allowed me to organise and analyse the data from clinical sessions systematically and derive psychoanalytical concepts directly from the data. These were then linked with underpinning psychoanalytic theory.

A summary of the Findings

The data in my research evidence times when violence occurs and it is linked with intimacy. There are also times when intimacy occurs and violence does not. Detailed analysis of the data revealed an unexpected complexity to the eruption of violence in the room. Parsons (2008:362) states that violence is the most primitive and physical response to a perceived threat to the integrity of the psychological self. She argues that the feelings of helplessness brought about by overwhelming unprocessed trauma in the absence of a protective other, bring about terror of annihilation. Someone who uses self-preservative violence feels his psychic survival is in mortal danger and he has to destroy the source of the danger to save himself.

Parson's concepts and Likierman's description of primordial chaos (2001:112) were helpful to me in thinking about the source of the perceived threat to the integrity of Sam's psychological self. I wondered about the threat of intimacy if it was perceived as engulfing. The concept of intimacy as a threat fit with Glasser's (1979) theory of the core complex.

With close analysis, however, the findings in my data show that for Sam, it is not intimacy itself that is the perceived threat that triggers self-preservative violence. He appears blissfully content with a phantasised state of being merged. Violence appears to be linked to the threat of loss of absolute possession of the object. In my study it is the threat of separateness from the object that is the trigger for violence not the threat of intimacy (fear of being engulfed or taken over by the object as is the case in the core complex). However, if Sam experienced separateness as imminent annihilation then the function of his violence would be the same as in the core complex: that is, to destroy the source of danger to protect the self in order to survive. The source of danger in Sam's case is separateness. The source of danger in the core complex theory is the engulfing object which would be destroyed to preserve the self.

My data suggest that the function of violence appears to be survival which is achieved by obliterating the threat of separateness through a phantasy of

merging with the object. When the reality of separation threatens, a combined object is perceived which is attacked. In addition, Sam's violence keeps his object totally focused on him, creating intimately close contact which preserves the object and maintains a phantasy of possession of the object. Parsons (2008:362) described sado-masochistic violence, whereby some individuals have a desperate need to engage the other in a very particular kind of relationship built on control and sadistic interaction. In my study, although sadism was sometimes present, it was not a major theme. I understand this in terms of the early stages of Sam's development, that is, on the cusp of the depressive position, when sadism is at its height.

In my study, Sam is potentially at a stage in his development where he is progressing towards the depressive position and assimilating Oedipus complex phantasies. With this he would potentially have a growing awareness of a whole maternal object and whole paternal object rather than part objects. However his growing awareness of the libidinal link between his parental objects is felt to be disastrous for his own self because of the precariousness of his internalised maternal object The overwhelming nature of these feelings activates defence mechanisms. By regressing more towards the paranoid schizoid position and the refuge of a combined parental object, Sam prevents himself from 'knowing' about the parental couple from which he is excluded.

Sam was presented with multiple, simultaneous stressors with his internal Oedipal struggles and the external realities of adoption. With adoption, Sam was facing the loss of his birth family and the life he would have had with them, whatever that may have been like. He was leaving familiar foster carers with whom he had developed relationships to live with people he did not yet know and who did not know him. The data show that his feelings of loss and sadness conflicted with the joyful expectations of most of the adults around him due to finding a 'forever family' wanting to adopt him. Given Sam's early trauma of a failing environment and concomitant damage to the apparatus needed to tolerate the anxieties of that trauma, Sam was in danger of being psychically overwhelmed by his emotions. Regression towards a more paranoid schizoid position served as a defence against this.

I suggest that Sam regressed to the relative safety of a paranoid schizoid state of mind whilst oscillating on the cusp of the earliest stages of the Oedipus complex and the depressive position. Sam's violence could be understood by supposing that he is at a stage in his development whereby internal objects are not completely differentiated and he has an incomplete awareness of the 'wholeness' or separateness of his objects. He may have growing awareness that his maternal object is not wholly focused on him and become hyper-alert to this. The terror of loss of his (already precarious) object could provoke violence to destroy the perceived threat to his survival; his separateness from his object. In his regressed state, the violence is directed towards a phantasised combined object rather than an intruding third. He cannot allow an awareness of a third because this would mean death in Britton's (1989) terms: the notion of a third always murders the dyadic relationship. The function of the violence towards the phantasized combined object is, therefore, to obliterate separateness by focusing the object completely on the self thus gaining total possession and preservation of it.

An interpretation of my findings.

Intimacy and violence are linked when there is evidence of a separation between self and the object of intimacy. This evidence triggers violence towards the perceived threat, in order to preserve the self. The perceived threat is separation and, ultimately, loss of the object which would equate with death. The violent rage is at times, directed towards the object of intimacy (phantasized as a combined object) rather than the rival third as an awareness of a third cannot be tolerated as it could overwhelm immature psychic defences.

I believe knowledge gained in this study may add, albeit in a small way, to the body of knowledge in this field and offers further understanding into the links between violence and intimacy in human relationships.

Limitations of the Study

I recognise that there are limitations to this study. For example, the use of a single case study design that describes a unique relationship between one particular child and one particular therapist does not allow for generalisation of findings to other cases. However, it both confirms and challenges the importance of concepts identified by earlier research and offers fresh insight by linking the concepts in a particular way.

As the researcher for this study and also the therapist for the child, I am aware of the inherent problem of the implications for 'objectivity' in the generation and analysis of data and my expectations from the research. Although this is recognised, there are advantages that Charmaz (1995:38) points out. She argues that in a fast-moving environment such as the consulting room, a psychotherapist may detect nuances that would be missed by another researcher. I acknowledge the presence of unconscious bias and although it cannot be removed, I believe it can be mitigated against. For example, in this study the criticism about subjectivity of interpretations is mitigated against by supervision. The triangulation of supervision with a highly experienced clinical supervisor took place during the time of the child's treatment. The criticisms levelled at single case studies for making the data fit the theory are countered by the argument that the data were gathered during the course of my professional activity and only later was used for this research. Potentially, this created less disturbance to the situation that came to be studied. The grounded theory method of data analysis allowed theoretical concepts to emerge directly from the data. For my research, grounded theory was the most suitable method for transforming raw data about emotions, actions, interactions and behaviour into manageable data categories that could be linked to theoretical concepts.

Implications for professional practice

The work undertaken in this study has given me greater insight to the fear and anxiety underpinning the use of aggression and violence by children inside and outside the therapy room. It made me more aware of the importance of thinking about technique for child psychotherapists working therapeutically with children prone to violence. There are also implications for sharing information within the wider network of professionals and carers who work with children who have suffered early trauma from a failing environment. For example, social workers, school teachers, nurses, foster carers and parents.

For child psychotherapists, clinical work requires allowing the child's anxieties to enter the therapy room. The findings from my study and my experience with Sam have made me more alert to the inherent dangers of touching on the child's internal vulnerabilities. In child psychotherapy, emotions are evoked that have the life or death quality of primitive fears. What I have learned from this study is that being constantly alert to internal processes and potential triggers for violence places professionals in a better position to think how best to work with particular clients. I have learned to be more aware of seemingly ordinary upset and potential triggers for violence. For example, the holiday breaks in therapy which put the child in touch with the reality that they are not in control. Any evidence of the reality that the therapist has a separate mind can trigger violence, such as having a thought that is different from the child. Evidence of other children using the room or seeing the therapist with another client can trigger extreme primitive emotions. I have a greater understanding of a child's anxiety and the extremes of passion associated with growing awareness of the Oedipus complex which will inform my professional practice and can be shared with other practitioners.

Understanding about the early environmental failures that can lead to children becoming prone to violence can be shared with colleagues and allied professionals in health, social care and educational settings. This could be especially useful in the realm of fostered and adopted children or where early trauma or neglect has been experienced by the child. In situations where a

child's violence is experienced by the adults around him as mindless, deliberately defiant, unacceptable or unmanageable it could be helpful to provide a framework of understanding whereby the behaviour is seen as a reaction to the impact of early trauma. A greater understanding could be brought about that ordinary upset, for some children, can trigger humiliation or life threatening anxieties. For example, foster carers feeling that they cannot continue to care for a child whose behaviour becomes out of control when he returns home following contact sessions with siblings. Or a child becoming distressed by something as seemingly innocuous as driving a different way home. Unfathomable behaviour can generate feelings of helplessness and hopelessness in the child's carers. Some of these feelings could be alleviated by greater understanding of core complex terrors such as annihilation, isolation, abandonment or being controlled or trapped. Understanding in professional networks can change responses towards the child and the family they live within. This, in turn, can facilitate different interactions and lessening of violence over time.

Possible further research arising from this study

Taking into consideration the psychoanalytic literature I have studied to undertake this piece of research, much has been made of 'the good enough mother' and lack of maternal care and containment. There is a possibility for further research in the area of 'the good enough father' and the importance of paternal care, especially in the way fathers may help to structure the child's internal world. A question was raised at the ACP Conference held at Bath University in 2015 about what happens when paternal function is missing or is violent.

Further research could build on Campbell's work (1999) describing 'the good enough father'. Campbell views paternal function as providing vital experience of a benign other between the mother-child dyad which helps develop the child's perception of himself outside of the couple. This in turn could perhaps enhance development of a capacity for self reflective function.

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Target and Fonagy (1995) note in 'The Importance of fathers' that generalisations about the role of the father appear in psychoanalytic literature but remain poorly integrated with the observations of individual fathers with individual children in their care. Further research could build on the three psychoanalytic theoretical frameworks they consider, within which the role of fathers has typically been thought about. These are: the Oedipal father, the father who enables separation from the mother and the role of the father as originator of triadic psychic capacities- specifically symbolic function.

Conclusion

This research aimed to investigate when intimacy and violence were linked in the transference relationship with a three year old boy in intensive psychotherapy. He was born into an environment of domestic violence and neglect and came to the attention of child mental health services via the court arena because of the violence he directed towards other children and adults. My interest in this research was sparked by his violence towards me in the intimacy of the therapeutic relationship that developed during our clinical work together. The detailed process notes that were recorded and discussed in supervision provided the primary data for the study. By analysing the data into theoretical codes they could be studied with the application of psychoanalytic thinking. The thinking was underpinned by relevant psychoanalytic literature from earlier researchers. I believe the findings from this study succeed in their aim to show when intimacy and violence were linked in this case. Although on a small scale, I suggest that my research offers a contribution to professional practice and knowledge in this field.

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Appendix 1. Sample of a coded session			
Session 22	**Initial coding**	**Focussed coding**	**Conceptual coding**
Sue said that the baby was asleep in the car so she was going to wait there but would be back in the waiting room before Sam came out. Sam got a book from the box in the waiting room and checked with Sue, 'You be back here?' Sue promised that she would. Sam watched her leave and waved as she turned back to wave to him.	quality of the separation, another baby in carer's mind, anxious leave taking holding onto book both questioning and anxiously anticipating carer's return	anxious and uncertain about an object that might not return holding on in a concrete way	anxiety separation
As we walked down the corridor Sam held my hand and looked into any offices with open doors as we passed. He commented on other engaged signs and when we reached the playroom door he looked up at me crossly saying I had not left it 'on'. I said that Sam noticed this every week and I thought it was hard to not be in control of things. He gave me a look that made me think he was thinking about what I'd said.	holding on to hand looking for other babies what is going on behind closed doors? other babies in mind I have left the sign vacant so others can use the room passionate and wanting possession of the room to the exclusion of others	holding on in a concrete way controlling his environment	Oedipal possessiveness

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Sam noticed the sand was raked and got the small spade and ran it along the bottom of the tray so the sand heaped up in one corner. Everything felt very calm and he went over to the water tray and picked it up by himself. I had put less water in this week thinking there might be less to mop up afterwards, and Sam managed to carry it himself to the sand tray. I commented that he was carrying it all by himself and he looked pleased.	therapist's fear of 'not getting it right' calm state	intimidation in counter transference 'calm before the storm' in countertransference	Omnipotence as defence
'All of it' he said as he poured all the water on the sand. He handed me the tray and I said, 'You're giving me the empty tray to put away?'	bossy, wanting all the water, not leaving room for or sharing with anyone else/ not enough to go round.	controlling environment	control as defence
'Over there' Sam said pointing bossily and I commented that he seemed to want to be in charge of me today. He looked at me but said nothing. He dug in the wet sand and let one spade-ful dribble down the wall.	trying to be in charge spoiling the room	control potential for provoking anger	anger as a potential link to intimacy
Then he left the sand and went to inspect his box. He seemed to be looking for something and I thought he might be checking if I had put a pen in there because he said he wanted one last time, but he pulled out the ball. He pointed to a small brown mark on it and said, 'bruise'. I acknowledged he thought the ball has a bruise. He put it back in the box and then on his way to the sofa Sam spied something under it.	moves away from mess therapist feels he is checking up has someone been in the room to make bruises? notices something under the sofa	intimidation in counter transference Fear of intrusion Fear of something damaging, is it him? constantly alert to intrusion	intimidation fear projected onto 'damaging room' hypervigilance hypervigilance

He flattened himself on ,the floor to retrieve it. It was a little empty jar of poster paint from the last child in the room that I had missed tidying up.	uses effort to retrieve evidence of intrusion	hypervigilance in the transference relationship	controlling environment
'What's this?' Sam demanded like a lover discovering evidence of an affair. I found myself explaining that it was an empty jar that someone else had left in the room.	questioning, demanding, accusing Therapist anxious, justifying presence of object	needing control cannot bear not knowing	verbal aggression
I said that it was hard to think about other children using the room. 'My room' Sam said firmly. 'Sam would like it to be his room' I said. He looked cross and I commented on this.	needs the room to be 'his' cross when reminded it is not his room Close inspection, vigilant	need to be in control intolerance of therapist acting independently of him	controlling environment verbal aggression
He went to the train track and threw, in a very controlled way, one by one, the 3 wooden buildings, rooftops and trees into the wet sand	throwing something away something damaged/ hurt		confusion Violence
I said that he was throwing the other children who used this room into the poo. He walked over to his box and tipped the contents out onto the sofa.	mess, confusion, something gets thrown out	Confusion about emotions, primitive feelings	paranoid schizoid state
Finding his fire engine he pointed to where he had previously broken off the ladder. 'Aw, someone else has been in and broke me fire engine' he whined. I said that other children used the room but no one	how intruded upon he feels fear of others and connects to something broken, scanning for evidence of others.. therapist feels need to	curious, wary of intrusion intolerance of others	vigilance jealousy possession,Oedipal

could use Sam's box. That was just for him and I kept it safe in a cupboard	remind him of something just for him being kept safe. therapist feels need to fix something broken with him unbearable for it to stay broken		
I pointed out the ladder in the heap of things on the sofa and said we could fix the fire engine. Sam picked it up and clicked it back in place.		Intimidation in the countertransference	countertransference
Then he threw the fire engine across the room into the wet sand, looking cross again. He found the ambulance and police car and walked over to put them in the wet sand too. Then he calmly got the spade and buried all the objects in the sand.	anger, aggression, re-asserting his control

throwing out fear and intrusion of others | anger and violence linked to fear of losing control/ intrusion | anger

violence

control |
| I said that I thought he was getting rid of all the other children who came in my room.
'My room' Sam asserted.
'Sam wants it to be his room' I reminded him. | needing control, being in charge Intolerance of therapist acting independently | controlling environment | control as defence |
| Next, he got 3 builder figures and tried to fit one of them into a tipper truck. It was too big and he said that that was 'him' and I was the 'others' and he was the boss and I had to go to work.
I said that it sounded like Sam wanted very much to be in charge today. He asked me if sand went into the cement mixer and I said that it could if he wanted. He didn't bother with this though and pushed the tipper truck along the floor. | wants to be 'the boss' in charge of therapist and manages this in symbolic play | someone being in charge in play | symbolising, potential developmental progress |
| 'Want to be baby again' he said and swept the contents of his box off the sofa | wants to go back to being a baby | revisit baby like feelings | |
| to put the two trucks on the pillow there. He curled up | two things together being | | regression |

with them and asked to be 'covered up' which I did. He lay quietly and I wondered aloud if he had gone to sleep.	held close	possession	symbolising
'Shut up you' he shouted from under the blanket and I said it seemed important not to wake him up with talking. 'Shut up!' he said again and I did, thinking he may need me to just be quiet with him for a while rather than letting me know about something else.	verbal aggression need for control need for therapist to be quiet so he can think	verbal aggression controlling environment	aggression control as defence
We were silent for a minute or two. Then Sam threw the covers back and took the two trucks to the far end of the room by the door. He started rolling one under the sofa to hit the skirting board at the far end of the room with a bang. He laughed and I asked if that was funny because Sam was laughing.	silence re-establishing contact by investigating the idea of 'two' under the sofa mixed with something hitting and banging. laughs at loud noise	crashing as a way to establish contact something potentially scary is laughed at	investigating intimacy contempt of vulnerability
He carried on sending the trucks under the sofa, retrieving them and sometimes they went in a straight line across the room and sometimes they crashed into a sofa leg or the table leg and he would laugh. It all seemed very ordinary 3year old play and I was wondering if he would start to include me in a to-ing and fro-ing with the trucks.	unpredictable crashing and not crashing with laughter when there is a hard hit	something loud and crashing is laughed at	contempt of vulnerability as defence against vulnerable feelings
Sam then said that he wanted the blanket on the floor for the trucks. He wanted it under the sofa and together we spread it out and Sam insisted it was done 'properly' i.e. flat and straightened out.	control, need for it to be exactly as he wants it.	controlling environment	control as defence

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Sam rolled a truck over the blanket under the sofa and it hit the far skirting board. I caught his eye, both of us looking under the sofa to see where the truck went. He was at one end and I was at the side of the sofa. He sent the cement mixer truck across the blanket on the floor and it turned to hit the sofa leg by me.	eye contact, both seeing same thing, emotional warmth, intimate moment	intimate eye contact	intimacy, emotional warmth
	hits something hard close to therapist		
		connection of two objects	connection
I leaned forward to pick it up to send back to Sam and my hair fell across my face, momentarily blocking my view of Sam.	he falls from view loss of eye contact	lose eye contact	loss of intimacy
Out of the blue, I was struck by a sudden shock of pain on my jawbone and saw Sam's trainer out of the corner of my eye. For a moment I didn't know what had happened and I couldn't speak. I realized Sam had kicked me very hard in the face. I was very still and shocked for a moment and my eyes were watering.	sudden violent contact between foot and hard edge of jaw, therapist's shock, pain, confusion, bewilderment, loss of 'innocence', lack of words to communicate what just happened.	sudden, uncontrollable violence	violence difficulty regulating emotions
	An experience that connected therapist with Sam that he was in control of.	control	control through violence as defence against lost intimacy
Sam came over, looked into my face and seemed concerned as he asked, 'Shall I kick the other side' as though that would make things better. I said no, not to kick the other side, I was hurt, and Sam responded with, 'Shall I bite it?'	interest, curiosity, unemotional state, confusion	curiosity, lack of empathy.	actions not linked to emotions difficulty regulating emotions
		Not recognising emotions	
He wanted to bite the other side of my face to somehow	confusion about emotions		

even things up. When I said no, I didn't want him to bite my face he bit my leg, but not hard, almost like an animal mouthing something or trying to make something better. It felt very confusing.	and lack of affect		difficulty with affect
I was left wondering if something had got too intimate between Sam and me playing with the trucks or was he simply furious that other children had been in the room. Something about 'getting it wrong' prevented me from commenting on what had occurred.	therapist's fear of getting it wrong	fear in counter transference	counter transference
'Me want to go sleep' Sam said reverting to more babyish talk and climbing up on the sofa. 'Cover me up' he demanded as he helped himself to the soft pillow. I did cover him up and he lay quietly for a few moments and then started making small 'getting comfortable' movements and gurgling.	wanting to sleep, baby talk 'as if nothing has happened', it can't be spoken about, no linking up what has happened to his actions	regression, shutting out thinking	regression
I said that it sounded like you are getting ready for a good sleep Sam. He responded by becoming very still and I wondered aloud if he had gone to sleep. Sam answered playfully, 'Not asleep' and sat up throwing the blanket off his face and smiling.	drawing therapist into pretence that nothing has happened with playful, endearing qualities and smiles	using charm to control environment	control by charm
He got up and pushed one of the trucks towards the door, as he went to retrieve it he ran out of the room. I waited a moment quite confident that he would come back but then I heard him come very close to the door and run off again screaming loudly and excitedly. He ran up and down the corridor once shouting at the top	Sam feeling something cannot be contained demanding containment, wanting to be held together	lack of containment	difficulty regulating emotions need for containment

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of his voice so I went out to retrieve him.		needing containment	containment
As his hand was on the connecting door to go further away from the playroom I picked him up and carried him, scooped up, back to the playroom. He accepted this calmly and when we were back inside I said that I wanted to be able to think about him and I couldn't do that if he was not here.	calm when 'claimed'	accepting need for containment	
I put him down and he said that he wanted to play with the train track now. I was surprised that he felt calm enough to do that after the noisy outburst from the room. He put the magnetic carriages on the engine and pushed it around the track a couple of times, over the bridge and round then under the bridge. Then he put them one by one in the sand and left them.	re connecting something

then disconnects them | wanting connection

but

rejecting connection | intimacy versus distance

tension between wanting closeness and fearing closeness |
| 'Want toilet' he said next, 'Pink toilets' (these are the furthest away, opposite waiting room and the only ones Sam will use because the others 'stink')
I said that we had 10 more minutes so we had time to go to the pink toilets and come back again. | then needs to leave the room | creates distance | |
| 'Come back?' Sam checked and seemed pleased with this.
I took Sam to the toilet and he washed his hands without using the lavatory. I said that I wondered if Sam just wanted to get out of the room for a bit and he said yes.
 I said that we still had some time left so we would go | appears pleased to be allowed back in the room | wants less distance | temperature and distance regulation |

back to the playroom for a few minutes.			
On the way back he shouted 'Hello!' at another staff member	taking charge using charm, and directness	control of environment	control
When she replied with 'hello' Sam said 'Come over 'ere' I said that Sam wanted to make people do what he said as if he could be in charge of them. He looked at me and said nothing.		verbal control	control
Back in the playroom Sam threw his shoes and socks off, saying he was going into bed. Then he climbed down and got the blanket from off the floor asking me to cover him up and doing it properly. (So the edges were straight)	bed-time to manage the remaining time in the room, shut out thoughts controlling minutiae of blanket edges	shut out thinking control	not thinking control environment
I said that it would be time to go soon and I knew Sam sometimes found that hard and we would have to put his shoes back on in a minute.	anticipating difficulty with ending	anxiety about being separate	anxious separation
Sam said sadly that he wanted to stay here all the time. I said sympathetically that he wanted to stay here ALL the time but he knew that he couldn't and that was very hard.	voices what he wants and allows some sadness at the same time wants the room all to himself	allows vulnerability but at the same time wants control exclusion of others	vulnerability sadness possession
He let me put his shoes and socks on without any fuss and then he got the two trucks and tucked them up in bed, on the pillow, covered by the blanket. 'You leave them there,' he said with a hint of it being a question. I told him that I knew he wanted me to leave them there but I couldn't leave them there. Then I felt I had to add	verbally trying to control environment by leaving his things in the room therapist feels need to placate	control to keep others out	control as defence

that they will be there next week. As we left he wanted picking up to slide the sign over to vacant and then firmly back to engaged. He told me, 'and you leave it on'. I didn't but I said that he really, really wanted it to stay like that. We walked back to find his carer who was standing near the door, apparently eager to get back to the sleeping baby in the car. Sam greeted her warmly and we said our good-byes.	verbally trying to control environment, possession of the room greets carer with warmth	intimidation in counter transference bossy, verbal control emotional warmth	control control environment including therapist shows emotion

Appendix 2 Letter from UEL

SCHOOL OF HEALTH, SPORT AND BIOSCIENCE
Dean: Professor Neville Punchard PhD FIBMS FHEA
uel.ac.uk/hsb

School Office

UEL
University of
East London

Ms Julie Trice

23d Lindle Lane
Hutton
Preston
Lancs
PR4 4AQ

03 December 2014

Dear Ms Trice

University of East London/The Tavistock and Portman NHS Foundation Trust: research ethics

Study Title: *Tracking the states of mind when intimacy and violence appeared to be fused in a three year old looked after child, who witnessed multi generational domestic violence within his birth family, and the progression to intimacy without violence, by examining the transference relationship in intensive psychotherapy*

I am writing to inform you that the University Research Ethics Committee (UREC) has received your Tavistock M80 approval letter, which you submitted to the Chair of UREC, Professor Neville Punchard. Please take this letter as written confirmation that had you applied for ethical clearance from our UREC at the appropriate time; it is likely it would have been granted. However, this does not place you in exactly the same position you would have been in had clearance been obtained in advance. Therefore, when responding to any questioning regarding the ethical aspects of your research, you must of course make reference to and explain these developments in an open and transparent way.

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POSITIVE ABOUT DISABLED PEOPLE

INVESTOR IN PEOPLE

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

Yours sincerely

For and on behalf of
Professor Neville Punchard

c.c.   Mr Malcolm Allen, Dean of Postgraduate Studies, Tavistock and Portman NHS Foundation Trust
Mr Will Bannister, Associate Director, Education and Training, Tavistock and Portman NHS Foundation Trust
Professor John J Joughin, Vice-Chancellor, University of East London
Mr David G Woodhouse, Associate Head of Governance and Legal Services