A psychoanalytic theoretical and clinical exploration of hope and hopelessness

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Abstract

We therapists all find ourselves engaging with recognisable feelings of hope and hopelessness in our work, as do our patients. These feelings were certainly a significant factor in much of the clinical work that I undertook with a traumatised adopted boy whom I saw in three times a week psychotherapy discussed in this thesis. His case included an oscillation between states of hope and hopelessness – a common factor in many if not all cases seen by child psychotherapists. Hope seems to be present when we make contact, and it fades away when we cannot. This thesis aims to understand what is going on, especially unconsciously, from a psychoanalytical perspective. It explores what psychoanalytic ideas we have available to further our understanding of the phenomenon, and it investigates what we can do to transform states of hopelessness into more hopeful ones. To do this, the thesis undertakes a thorough exploration of theory and related literature, as well as qualitative data analysis from an intensive case to ensure the emerging concepts are grounded in clinical experience.

The theory in combination with the analysis of the clinical data shows that hope and hopelessness are complex concepts. These concepts refer not only to routine ups and downs in the moods of both therapist and patient, but also to the trainee therapist's difficulties in working with a challenging first case. The concepts also refer to the substantial issues faced by the patient in developing a coherent sense of himself and a belief that his experience had continuity and some hopeful elements.

Declaration

I hereby declare that the contents of this thesis are entirely my own work; ideas and written work from other sources of information have been identified and referenced throughout. Issues pertaining to confidentiality and research ethics have been comprehensively assessed and considered. This project has received ethics clearance from the University of East London.

All of the information in connection to the clinical case (names, places etc.) has been anonymised to maintain confidentiality.

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Chapter 1: Introduction

1.1 Background to the thesis

My interest in this project first arose through my work with fostered, adopted and kinship care cases, as well as my work with suicidal and difficult-to-engage adolescents. I am particularly fascinated by the moments of connection and disconnection that occur in sessions. Often, the difficult and traumatic beginnings these patients have experienced mean that making contact in a new relationship can be painful. Finding out something about themselves and their internal worlds can be fraught, as they may get closer to very frightening parts of themselves. Contact can bring up feelings of dependency and neediness, which can feel overwhelming. This can cause a rejection of the new relationship and sometimes an early termination of the therapeutic process. I believe states of hope and hopelessness are present and form an important aspect in all therapeutic relationships.

During my review of relevant theory and literature (see Chapter 2), major factors emerged. The first of these was the presence or absence of loved or good internal objects. When such objects are present or can be cultivated, hope also seems to be able to be present. When they have been absent or have undergone too much attack, hopelessness arises. The second factor was in the area of meaning and understanding. Containment can allow integration and hope, although this can also be a painful experience for patients, as it puts them in touch with difficult feelings and can make them aware of earlier deprivation and privation (Kenrick, 2005). They may use defences to ward off these feelings. One area that seemed to have received very little attention in the literature was experiences of hope and hopelessness from the perspective of a trainee child and adolescent psychotherapist, and how these experiences might be understood. Given that trainee child psychotherapists undertake a large amount of the direct work with children in child and adolescent mental health services (CAMHS), it seems vital that we understand these experiences and their effects on both the therapeutic relationship and the development of trainees. It is my belief that both hope and hopelessness are present in every therapeutic experience (and to some extent in every relationship) and are an

important part of the learning process of trainee child and adolescent psychotherapists.

In this thesis, a combination of theory and clinical data analysis will show that hope and hopelessness are complex concepts. They refer not only to routine ups and downs in the moods of both therapist and patient, but also to the trainee therapist's difficulties in working with a challenging first case, as well as to the substantial issues faced by my patient in developing a coherent sense of himself and a belief that his experience had continuity and some hopeful elements.

In this chapter, I will present the aims of the thesis, outline the chapters, and give an overview of the clinical case that I used for my qualitative grounded theory (GT) analysis.

1.2 Aims

In this thesis I attempt to establish the main themes that make up an understanding of hope and hopelessness from a psychoanalytic perspective.

I explore and develop a greater comprehension of how these concepts manifest themselves in the therapeutic clinical setting. I also explore and synthesise the theoretical concepts already established in the literature.

1.3 Structure of the thesis

The **theory and literature review** (Chapter 2) follows this introductory chapter. Here I will explore some of the classical papers, as they provide a fundamental grammar of central psychoanalytic ideas. Their theories have provided a theoretical framework for contemporary writers – including me – to explore the nature of hope and hopelessness. I will then look at papers that were directly written about hope and hopelessness and consider the importance of supervision in the transformation of hopelessness to hope.

Methodology (Chapter 3) will examine the method used to undertake the research. It will consider the use of psychoanalysis itself as a research method. I will explain the use of qualitative research and why I chose GT in particular. I will also explain

how I used an adaptive version of GT. This chapter will include a section on ethical considerations as well as a section to highlight the validity and reflexivity of the thesis.

The **findings** chapter (Chapter 4) presents the findings of the GT data analysis from three different perspectives. Section 4.4 will explore aspects of hope and hopelessness from the patient's perspective. Section 4.5 will look explore hope and hopelessness from the therapist's perspective. It will highlight themes that arose and that are particularly relevant to trainees who are new to the experience of undertaking the work. Lastly, Section 4.6 is titled 'The experience of supervision, and the larger context of the clinical work'. This section will give particular emphasis to the importance of supervision in these cases, the support the trainee needs in order to develop and the importance of parent work.

The **conclusion** (Chapter 5) will firstly remind the reader what the thesis was trying to achieve; secondly, link the clinical findings to the theory and literature; thirdly, consider what the thesis has added to the body of knowledge in child and adolescent psychotherapy; fourthly, briefly reflect on what was missed in the research; fifthly and lastly, consider recommendations for future work.

1.4 Brief background and overview of the case

Nazir is from south-east Asia, as are his aunt and uncle, who adopted him. He moved to the UK when he was five years old. It was reported that Nazir suffered chronic and acute neglect when he was an infant. He was then separated from his birth parents, before repeated separations from his adoptive parents for a number of years. Nazir was six when he was referred for assessment to the service where I worked. At this stage he was very controlling and became dysregulated quickly. He was attacking towards his parents, teachers and other children. He found separation unbearable, did not have a sense of time, seemed to have disordered thinking and could not make sense of his feelings. He did not have any friends. He needed help eating, toileting and getting dressed, and he would not sleep on his own.

After an extended assessment by my team, it was recommended that he would benefit from intensive (thrice weekly) psychoanalytic psychotherapy for a minimum of

two years. His parents were also offered regular meetings alongside this, to help them think about Nazir and their relationship with him. I had just newly joined the team as a trainee psychotherapist, and I was asked to see Nazir as one of my training cases. He was seven by the time I started work with him. Nazir was the first case I ever saw as a trainee psychotherapist. I will go into further detail about his background in the findings chapter.

When we started, Nazir initially used his time in the sessions to systematically destroy the things I had provided for him. He behaved in bizarre and disturbing ways, reacting to imagined things as if they were really there. He often turned his attacks towards me – throwing objects, punching, kicking, spitting, and humiliating me. He would also try to cause as much damage to the room as possible. At other times he could appear cut-off and unreachable. I struggled to find words that would contain his onslaughts. My words often just seemed to provoke him. It was very difficult to think or stay with the difficult emotions brought up in me, such as hopelessness and despair, as well as the thought that I was having no positive impact. Separation and breaks were particularly difficult for him. He did not seem to have a sense of time, and so the present seemed endless to him. He seemed confused, and he was certainly confusing to me. Nazir needed to be in control, and he would defend himself against knowing the terrible truth about his beginnings, as well as against feelings of dependency and smallness.

As the case progressed, there began an oscillation between moments of relative calm and chaos. When I tried to describe what I had observed in him, he seemed to enjoy being understood, but he would often then react with a return to violence or more disturbing behaviours. As time went on, Nazir had fewer and fewer of these reactions, became less defended, and began to make significant developments. He began to draw and be more playful. However, moments of creativity would often turn into what felt like endless repetition. What was meaningful, lively and hopeful was stripped of meaning, turning dull and lifeless and producing states of hopelessness. This was just starting to occur less often as the two-year period of the initial offer was coming to an end. There was a feeling among my team, my intensive case supervisor and me – and in Nazir too – that he should continue. However, his parents had seen significant improvements outside of therapy, and due to the financial pressures that bringing him to therapy put on them, they felt they could not

carry on doing this in the same way. A decision was made to extend the therapy by a term, and to reduce it to two sessions a week for the final term. This will be discussed further in Section 4.6. It was hoped that two terms would be enough to help Nazir think about an ending. As is often the case, Nazir's behaviours from the beginning of the case resurfaced. However, due to his development at this point, he had greater capacity to think about them. Nazir did manage to experience a goodbye, and he could also engage with and think about the sad and painful feelings that were brought up in both of us. I felt that not only was there a great deal of development for Nazir during this period, but it also allowed a great deal of development and change in me.

At the end of the treatment, Nazir could eat, sleep and use the toilet by himself. When not in his sessions, he was not so controlling and was no longer attacking. He managed to stay in a mainstream school, and he made and maintained a friendship with another boy. Emotionally he no longer pushed away or defended against feelings as much, and he was able to recognise and verbalise them a little more. This meant that he did always enact his feelings, which in turn improved the relationships he had with others. Perhaps most significantly, he allowed himself to be cared for by others and showed clear, loving, caring feelings towards others.

Due to these progressions, Nazir also became more conscious of his limitations and was aware of the comparison between himself and other children, whom developmentally he was a good deal behind. This was extremely painful for him. Nazir remained a young boy with significant difficulties who could easily become confused and frightened. He continued to need omnipotent defences to manage the world. Despite this, there was a real feeling of hope for his ongoing development in a more realistic way than had been present at the beginning of the treatment. Not only was he more able to think, but he was also liked by his teacher and some peers. He certainly left an impression on me, as I ended up caring about him very much – even to the point of wanting to continue the work with him in some way through this thesis.

Chapter 2: Theory and literature review

2.1 Introduction

We therapists all find ourselves engaging with recognisable feelings of hope and hopelessness in our work, as do our patients. These feelings were certainly a significant factor in much of the clinical work that I discuss in Chapter 4. It included an oscillation between states of hope and hopelessness, which I think is a common factor in many if not all cases for child psychotherapists. Hope seems to be present when we make contact, and it fades away when we cannot. How can we understand what is going on, especially unconsciously, from a psychoanalytical perspective? What psychoanalytic ideas do we have available to further this understanding? What can we do to transform such states into more hopeful ones? These are the questions that will be explored in this chapter.

The literature explored in this chapter suggests that there are two critical determinants in hope: whether hope is found or maintained, and the overcoming of hopelessness. The first of these two determinants lies in the presence or absence of loved internal objects. Where these exist, can be found or can be nurtured through analysis, hope (of developing, being loved, having capacities etc.) can exist. Where they are absent or are subject to too much destructive attack, hope disappears.

The second critical determinant lies in the domain of meaning and understanding – what Bion refers to as ‘K’. Where meaning can be found, the integration of the destructive and constructive parts of the self – impulses to love and hate – can be achieved. Bion thought that the capacity to find meaning was an innate primary instinct and need, and this is what his theory of containment is about. It includes being in touch with reality, including the aspects of time, space, boundaries, uncertainty and losses.

Thus, the first antithesis around which states of hope and hopelessness revolve is that between love and hate. Although hate can produce a spurious kind of hope, since one’s enemies are destroyed, it is unlikely to prove lasting, since it destroys or mistreats the ‘objects’ on which hope ultimately depends. Secondly, on the meaning side, the antithesis that determines hope and hopelessness is that between K and -K or no-K.

The papers I have selected for this literature review explore the nature of understanding and meaning, making a connection with our patients, the importance of a good loving object for the process of hope, the factors that cause states of hopelessness, and what helps to transform states of hopelessness into hope. I will begin by explaining the method I used to select the papers. I will then explore some seminal papers by Freud, Klein and Bion, and then some further papers that explore the development of meaning and relationships with internal objects. I have decided to begin with Freud, Klein and Bion as they provide a fundamental grammar of central psychoanalytic ideas. Their theories have provided a theoretical framework for contemporary writers – including me – to explore the nature of hope and hopelessness. I will then look at papers that were directly written about hope and hopelessness, and I will consider the importance of supervision in the transformation of hopelessness to hope.

2.2 Methodology for the theory and literature review

In this section, I will explain the method I used to select papers for exploration and review.

2.2.1 Phase 1

Firstly, I wanted to know what was already in the psychoanalytic literature that dealt directly with the subject of hope and hopelessness. I used my Shibboleth account to explore my academic institution's online library database, provided by EBSCO. I used Psychoanalytic Electronic Publishing databases, but I did not limit my searches to these. Although the library offers an extensive range of articles, books and journals, not all publications in the search results were accessible. I also used Google Scholar and Google Search to explore further articles. This search produced over 26,000 articles. I decided only to look at papers that were published in the *Journal of Child Psychotherapy* or the *International Journal of Psychoanalysis*. To narrow the scope further still, I decided to look only at articles that directly engaged with the subject. This narrowed the search down considerably. I then read the abstracts to determine which were relevant, and only then did I read the full articles. Once I had gathered the papers, I gave them a cursory read and awarded each a score out of five for relevance and quality (a score of one indicating low relevance or

quality, and a score of five indicating high relevance or quality). I only further explored papers with a score of 10. This method enabled me to identify and use the most relevant papers for my research. To help me decide what was relevant, I used the themes that had emerged from my clinical data analysis as well as themes that emerged from the literature as I went along. With the chosen articles, I also explored their references lists to see whether my initial search had missed any papers, again using the scoring method to select relevant articles.

2.2.2 Phase 2

As discussed in the introduction to this chapter, I felt it was important to look at some of the classical psychoanalytic theoretical literature. One of the first papers I read that got me interested in this topic, and which I felt implicitly engaged with the topic of hopelessness, was Freud's (1937c) 'Analysis terminable and interminable'. To follow up the themes that emerged from this paper, I reviewed further papers by Freud that dealt with the same themes. I followed the progression of these themes in work by post-Freudian theorists, particularly Klein and Bion, and then by more contemporary writers. I kept my focus on papers that concentrated on the following themes: understanding and meaning in the therapeutic relationship, and what allows therapists to achieve this; love; the good object; what seems to stop the connection, or make the analysis seemingly impossible; where the analyst or therapist feels stuck.

2.2.3 Phase 3

I conducted a literature review of clinical papers pertaining to hope and hopelessness in child and adolescent psychotherapy cases, as the majority of classical theory was written by adult analysts whose writings contained either examples from work with adults or no clinical examples at all. It was vital for me that the theoretical papers should be connectable to clinical experience particularly with respect to psychotherapists working with children. I therefore decided to look at clinical papers written by child and adolescent psychotherapists. From my previous literature reviews, I hypothesised that most if not all clinical papers would have an aspect of hope and hopelessness in them. I decided to review a small selection of papers I knew well and had discussed with my doctoral supervisors. The criteria were that the papers must contain significant clinical material and must describe

cases where either there had been great difficulty in the work, or the therapist felt there had been significant limits or hindrances to the work, or the importance of goodness, love and beauty seemed significant. In the end I decided to look at four papers:

1. Rustin's (2001) 'The therapist with her back against the wall'
2. Canham's (2004) 'Spitting, kicking and stripping: Technical difficulties encountered in the treatment of deprived children'
3. O'Shaughnessy's (2004) 'A projective identification with Frankenstein: Some question about psychic limits'
4. Reid's (1990) 'The importance of beauty in the psychoanalytic experience'

I hoped that an in-depth look at fewer papers was more likely to yield results by adding to what was known by the other reviewed writers as well as possibly confirming what they had discovered.

2.2.4 Phase 4

One of the findings I had discovered from the literature review up to this point, as well as from my own clinical work and supervision, was the role that supervision played in managing states of hopelessness and their possible transformation to more hopeful states by providing a third space. I again felt that a more in-depth analysis of fewer papers would be more helpful. In my initial search, I selected papers that seemed connected to the subject and which I had either read as part of my training to become a service supervisor, found by searching using my Shibboleth account, or had suggested to me by my supervisors. There were relatively few such papers. I read the papers and selected the following as the most relevant to the topic:

1. Lanyado's (2018) 'Transforming despair to hope in the treatment of extreme trauma: A view from the supervisor's chair' (originally written in 2016)
2. Britton's (1989) 'The missing link'
3. Rustin's (1998) 'Observation, understanding and interpretation: The story of a supervision'

4. Searles's (1955) 'The informational value of the supervisor's emotional experience'
5. Ogden's (2005) 'On psychoanalytic supervision'
6. Omand's (2010) 'What makes for good supervision and whose responsibility is it anyway?'

2.2.5 Limitations

One limitation of the selected papers is that they might largely be said to follow a Kleinian or post-Kleinian tradition that would not give a broader perspective on therapists' interactions with children. I believe some balance in this regard is provided by giving the concepts of some papers from other perspectives prominence (e.g. Lanyado, 2018).

Another criticism might be that many papers have been missed – in particular, a vast number of child psychotherapy clinical papers. However, I consider this to be less important, as reviewing all possible papers would not provide as deep an understanding as reviewing a smaller number in greater depth.

2.3 Freud

For Freud, meaning and understanding are always central aspects of psychoanalysis. However, as he notices early on in his clinical work, patients present with many resistances to truly understanding themselves, their ailments, their behaviours and their relationships. He thinks that this difficulty in knowing is because 'life, as we find it, is too hard for us; it brings us too many pains, disappointments and impossible tasks' (Freud, 1930a, p. 12). Freud feels that patients develop various defences that enable them to avoid the painful experience of knowing and understanding. Things that feel too much to know about are repressed into the dynamic unconscious, where they might resurface as a multitude of symptoms. He also notices that some patients mistreat themselves and seem stuck in unpleasant relationships with themselves and others.

Freud thinks that in order to gain meaning and understanding, the task of the analyst is to uncover what is being hidden and bring into consciousness the patient's

repressed thoughts and feelings. This is done through the reconstruction and explanation of unconscious processes. He notes that certain patients are particularly resistant to analysis, including those with ‘narcissistic attitudes’ (Freud, 1914c) as well as melancholics (Freud, 1917e). With regard to melancholia, he implicitly describes patients who feel themselves to be in a hopeless state as they debase themselves, turn away from goodness and become stuck. He thinks this is due to their attempted avoidance of loss. He describes how melancholics go through a process of internalisation of the loved object they feel to be ideal. By identifying with the object, the patient feels the object to be a part of the self and therefore not to be lost. However, the hate that was originally aimed at the object (as part of ordinary ambivalence) then becomes turned upon the self, and ‘thus the shadow of the object fell upon the ego’ (Freud, 1917e, p. 249). This theory offered a new conceptualisation of the internal world as one where unconscious relationships affected one’s external relationships – a conceptualisation that became one of the origins of object relations theory. In a re-examination of Freud’s paper, Roth (2007) suggests that the breakdown in the mourning process leads one to get stuck in a past object relationship. This means one cannot use or make connections with new relationships, causing hopelessness. Cregeen *et al.* (2016) make an excellent development of our understanding of depression, going far beyond Freud’s conception. They identify many other causes of depression, all of which result in states of hopelessness. Using Freud’s concept of depression/ melancholia alone might cause a misunderstanding of the patient’s depression, making it harder for the therapist to help the patient, and increasing the likelihood of a hopeless state.

To return to Freud, in his paper the Ego and the Id, he observes that some patients keep repeating painful experiences, while others react negatively to any gains made – what he calls an ‘anti-therapeutic reaction’ (Freud, 2001 [1923b], p. 49). In beyond the pleasure principle, Freud implicitly describes these patients as ending up feeling hopeless: they feel they are ‘pursued by malignant fate’ (Freud, 1920g), which they feel unable to change – and thus they endlessly repeat painful, unpleasurable, traumatic or even dangerous experiences. Freud, (1937c) also describes how these patients can make their therapists become hopeless insofar as they feel the patients’ difficulties will go on interminably. Freud suggests this is due to a sense guilt in these patients, whose illness actually gives them ‘satisfaction’ in the form of ‘punishment of

suffering' (Freud, 2001, p. 49). He links this guilt to 'bad intentions' towards parental figures, which are internally equated with 'bad actions … and hence comes the sense of guilt and the need for punishment' (Freud, 1930a, p. 128). Any attempt to help the patient understand this will be met with resistance and the thought that it is the treatment that is not working. Ultimately, Freud explains that these patients are in the grip of the death drive.

Freud (2001) argues that the death and life drives are fused together in every living particle. The life drive is a unifying and creative force. Freud believes that thought processes and the activity of thinking are a sublimation of the life drive: the ego is able to keep the id and superego in check by 'interposing a process of thinking' (Freud, 2001, p. 55). When in ascendancy, the death drive causes diffusion and a taking apart, leading to regression and anti-therapeutic reactions, eventually resulting in a state of inertia. In later works, Freud conceptualises love and hate as representations of the life and death drives. For Freud, love and hate have profound effects on the internal object relationship between ego, id and superego. The superego is an internalisation of the parents combined with the id. When the ego encounters an overly harsh and cruel superego, it may respond by giving up 'because it feels itself hated by the super-ego, instead of loved' (Freud, 2001 p.58). For Freud, a loving superego offers 'protection and saving' in the same way that parents look after children. When the ego feels unable to manage danger, it feels abandoned by its protective forces and 'lets itself die' (Freud, 2001, p. 58). Freud links this to the feelings of anxiety that can arise at birth when the baby is separated from the mother. He goes on to state: 'To the ego, therefore, living means the same as being loved – being loved by the super-ego' (Freud, 2001, p. 58).

In 'Analysis terminable and interminable', I believe Freud (1937c) describes an experience of hopelessness due to his patient's anti-therapeutic reactions, which he links to the death drive. He found that explaining the patient's unconscious processes did not have the desired outcome. Freud admits to being at the limits of psychoanalytic thinking when confronted with a force 'which see all our efforts come to nothing' (Freud, 1937c, p. 243). In the face of resistance to analysis, he describes a feeling of hopelessness where he cannot conceive of further development. However, as Quinodoz (2005, p. 129) states, Freud 'could not conceive of analysing this resistance as an integral part of the transference itself'. I believe Freud's

counter-transferential reaction to feeling hopeless was to impose an ending. Although Freud (1910d) first defined the term ‘counter-transference’, he believed it was something to be overcome rather than a tool to use in therapy. It was not until the work of clinicians such as Paula Heimann (1950) that it was developed as a key analytic tool for understanding the patient’s state of mind.

For Freud, then, the abilities to feel loved, create meaning, make links, think and progress are elements of the life drive, while the death drive causes a lack of capacity to link or think, leading to the patient feeling unloved and giving up in a stuck state. Although Freud’s ‘Analysis terminable and interminable’ may have recognised the problem of hopelessness in experience, I do not think he had the concepts to deal with it, either theoretically or in terms of analytic technique. In my view, Freud was also hampered by a narrow conception of love. However, he did lay the foundation for later theories. Klein uses many of Freud’s concepts as the basis of her work, but she develops them much further, as I will now go on to discuss.

2.4 Klein

Klein disagrees with Freud that there is no fear of death in the unconscious. For Klein (1946), fear of death is innate in the unconscious, and it is the cause of anxiety. Anxiety, she states, ‘arises from the operation of the death instinct within the organism, is felt as the fear of annihilation (death) and takes the form of fear of persecution’ (Klein, 1946, p. 4).

For Klein and Freud alike, the death drive is partly directed outwards, but some of it remains inside. However, Klein’s thinking differs from and offers a development of Freud’s. Klein (1958) argues that for Freud, the drive that was directed inwards is then deflected outwards in the form of aggression towards the object. Instead, Klein suggests that the drive is projected outwards and into the object, causing it to be persecutory; the remaining death drive is then turned towards this persecutor in the form of aggression.

For Klein (1946), there is a projection into the object not only of the death drive, but also of the life drive, and this results in the object splitting into good and bad. This is in turn reintrojected into the ego, causing an ego split. This splitting is initially

defensive, as it allows the good to survive; but it also causes feelings of anxiety with regard to the persecutory bad objects. Splitting, omniscience and omnipotence are defences used in the paranoid-schizoid position to ward off this anxiety. For development into the depressive position, there needs to be a process of integration of the good and bad parts. This can leave one with feelings of guilt due to the attacks that were previously made on the object that one experienced as bad but which one now realises also (in good circumstances) provided love and care. Klein accords the utmost importance to the mother's/caregiver's capacity to help the infant manage these persecutory anxieties and destructive feelings. In this way, integration can be in ascendancy through the life drive, and the death drive will not dominate through disintegration and splitting.

In her paper Envy and Gratitude, Klein (1975) develops the concepts of envy, which she feels is a representation of the death drive, and gratitude, which represents the life drive. She goes on to describe how envy, jealousy and greed get in the way of the infant's capacity to have a good relationship with the mother. The infant's belief that its painful experiences are caused by the mother's withholding of gratification – whether keeping it for herself or providing it to others – causes the infant to feel hate and envy towards her. Klein (1975, p. 181) describes envy as 'the angry feeling that another person possesses and enjoys something desirable – the envious impulse being to take it away or to spoil it'. For Klein, this is an aspect of the infant-mother relationship in the paranoid-schizoid position. Later, in a therapeutic situation, this can be recreated by the patient's mistrust of the therapist's interpretations, good attributes and creativity, which the patient sadistically attacks and devalues. This in turn can lead to an anti-therapeutic reaction and states of hopelessness in both patient and therapist. Conversely, she argues, 'hope and trust in the existence of goodness, as can be observed in everyday life, helps people through great adversity, and effectively counteracts persecution' (Klein, 1975, p. 194). She believes in 'the infant's innate feeling that there exists outside him something that will give him all he needs and desires' (Klein, 1975, p. 179).

Klein also further develops and broadens the concept of love. In my view, Freud's idea of love is fairly narrow: he discusses it in terms of pleasure, satisfaction and protection, and it is closer to what is colloquially known as cupboard love. Klein (1952), who is influenced by Abraham (1924), feels that love is present from the

beginning and is directed as much to the object as to what is received from it. For Klein, love develops from gratitude for the life-giving good object. In the paranoid-schizoid position, love is for the split idealised object and is essentially narcissistic. This is an inherently unstable position: when disappointment and frustration inevitably occur, there is a switch to hate for the bad object. In the depressive position there is more stability, as love is for a whole good object that contains good and bad aspects. For Klein (1975, p. 180), this good object, represented by the breast, 'is the prototype of maternal goodness. … It remains the foundation of hope, trust and the belief in goodness'. She adds that in the depressive position, 'hope is based on the growing unconscious knowledge that the internal and external object was not as bad as it was felt to be in its split off aspects' (Klein, 1975, p.196). Like Freud, Klein links love and hate to the life and death drives; but for Klein (1975, p. 176) the death drive is also represented by envy, which 'undermin[es] feelings of love'. The life drive pushes towards integration and linking (Klein, 1952d), while the death drive causes internal disintegration and attacks on linking (Klein, 1946).

Klein also develops and diverges from Freud's concepts of mourning and melancholia. Freud argues that through mourning, one is able to detach from the object; only then can one form new attachments. In melancholia, on the other hand, one is internally stuck with an object that cannot be got rid of. In Klein's (1940) more complex conception, mourning plays a vital part in development. She believes that the mourner can internally restore the lost loved object. This supports the ego in its ability to form new relationships.

As Bott Spillius *et al.* (2011) discuss, Klein feels that in mourning there is a re-emergence of the infant's feeling of loss of the breast through the experience of weaning. For her, this is the first time the infant can link its feelings of hate to the absence of the object. In the paranoid-schizoid position, however, it is not really experienced as loss; instead, it is experienced as the presence of the bad object. In the depressive position, on the other hand, it can genuinely be experienced as the loss of a whole valued object. It is also the loss of the idealised object. In the depressive position, the loss can be mourned in a developmental way:

> While grief is experienced to the full and despair is at its height, the love for the object wells up and the mourner feels more strongly that life inside and

> outside will go on after all, and that the lost loved object can be preserved within. … Mourning results in a deepening of the individual's relation to his inner objects. (Klein, 1940, p. 360)

This welling up of love and the belief that life will go on, I believe, is linked to hope. Klein's concept of mourning is of fundamental importance, enabling later writers to develop theories about the absent object, the survival of pain, the toleration of frustration, and the development of thinking that can arise from these.

So, for Klein, hope resides in a link with a good whole object that has survived hateful attacks. Klein believes that to help patients gain meaning, understand themselves and move towards the depressive position, the therapist's interpretations need to focus on the patients relationships with their objects, the underlying anxieties, and the defences. She also believes that all material is an aspect of transference (both negative and positive). However, as Likierman (2001) points out, Klein did not conceptualise the maturation of the thinking process to any great extent. Bion, whom I will now explore, did develop this and other vital theories.

2.5 Bion and later developments

Both Freud and Klein feel that the life drive joins things together, causing (in Klein's terms) integration. Bion develops this concept much further through his theories about linking, projective identification and containment.

In a divergence from Klein, Bion (1962a) sees projective identification as (among other things) a mechanism of communication between mother and baby which – in the right circumstances – is the first step in the sequence of containment. For Bion, an infant is too immature to be able to process the external or internal world. Instead, the infant concretely projects painful and difficult feelings outwards – for example, through its cry. If there is a parent is able to experience and then think about the infant's needs through what Bion calls 'reverie', they might be able to process some of the infant's feelings on its behalf, so to speak, by being able to feel and think. Alongside this, by receiving loving physical care such as feeding, changing and holding, the infant also gets an experience of being held in mind and cared for. If this is the infant's experience on the whole, then the infant may introject this process and

develop the ability to bear frustration, think thoughts and hold onto good experiences. This process of containment describes the continuing link from experiences to thoughts and from thoughts to words. It is based on the link between nipple and mouth/ penis and vagina as an archetype of how mental objects link (Bott Spillius *et al.*, 2011). Through this model, Bion explores the thinking process and thought itself. He describes a process of mating between a preconception and a realisation that creates something new. Bion calls these links that create thinking 'K'. They go alongside other links, such as loving (L) and hating (H) the object.

However, Bion (1956, 1957, 1959) suggests there can be attacks on this linking process though a variant of projective identification, causing fragmentation and resulting in the 'consciousness of reality' being 'destroyed' (Bion, 1957 p. 50). This fragmentation leaves 'Beta elements' with minute cruel links that create 'bizarre objects' when joined. Bion explores this further (1959, 1962) through the concept of reversible perspective. This is an instrument which distorts the therapeutic relationship. It can result in an analytic impasse because of the evasion of psychic pain, making a dynamic situation static. It has the potential to destroy K or knowledge, creating -K or no-K, and it is one of the attacks on linking. -K is not ignorance but the destruction of a capacity to know. No-K is where a mind is unable to know itself or others.

O'Shaughnessy (1981, p. 183) in her paper 'A commemorative essay on W.R. Bion's Theory of Thinking', adds that in a state of -K or no-K, 'omnipotence replaces thinking and omniscience replaces learning from experience in a disastrously confused, undeveloped and fragile ego'. She believes that -K causes a degenerative 'superiority/inferiority' link between mother and infant, leaving the infant in a state of nameless dread. I believe that one aspect of the emotional experience of nameless dread is hopelessness. O'Shaughnessy (1981, p. 190) goes on to talk of the patient testing the analyst's ability to K them; if the analyst has no such ability, then the patient has 'no hope at all'. O'Shaughnessy also describes the hopeless state of stuckness that arises in analysis if the patient finds it too painful to know or be known, or if the analyst is taking up interpretations in the wrong way, creating misunderstanding. She believes that for Bion, ordinary development occurs when one is able to use emotional experiences to know the object, but also the 'infant needs to be loved and known by his nurturing object' (O'Shaughnessy, 1981, p. 189).

We can see that in Bion's work there is a move away from Freud and Klein as he shifts the understanding from drives and part-object relations to the use of projective identification and counter-transference. This gives centrality to the importance of understanding through the emotional experiences of both patient and therapist as well as the interactions between them. As O'Shaughnessy (1981, p. 181) points out, Bion's theories concentrate on thinking as a 'human link': 'Thinking is an emotional experience of trying to know oneself or someone else'.

To reach the stage of being able to understand and know oneself or someone else is a complicated and sometimes painful process. Using Bion's and Klein's theories to explore the relationship with the absent object, O'Shaughnessy (2016) paper 'the absent object', furthers our understanding of the development of meaning and understanding through relationships. She describes how a lack of containment in the presence of the absent object can cause states of hopelessness through a negative cycle of projecting out and then reintrojecting frightening and unwanted feelings (e.g. fear of death), leaving the child feeing 'overwhelmed by his condition' (O'Shaughnessy, 2016, p 214). This process is exacerbated by feelings of jealousy and envy with the belief that the absent object is attending to someone else.

At the same time, the absent object is vital in allowing the infant to develop the capacity to be in touch with the experience of its own vulnerabilities and to bear frustration. It is also vital in the development of thought: for O'Shaughnessy, one can only 'think about' something that is present, whereas one has to 'think of' something that is absent. This is the theory (shared by Freud, Klein and Bion) that frustration leads to mental development. In good circumstances, time away from the object allows one to gain emotional perspective, appreciate the object and notice the good one retains from it. O'Shaughnessy (2016, p. 216) puts this succinctly: 'The history of the absent object is this: first, it is a bad breast present; second, it is thought of as a bad aspect of the breast: and third, it is thought of as a good breast missing'. In the last stage, the introjection of a lively, sustaining object can be taken in. She believes the sign of this is when 'by himself, the child puts to use his understanding of himself' (O'Shaughnessy, 2016, p. 216).

In my view, Sue Reid's (1990) idea of the apprehension of beauty, which is influenced by Meltzer and Williams (1988), is also closely related to Bion's ideas

about meaning and understanding. Reid's notion connects with the traditional aesthetic ideas of the beautiful and the sublime. The beautiful is a state of order and harmony, and the pleasure that arises from contact with or awareness of this. The sublime is the experience of being overwhelmed or awed by what lies beyond understanding or comprehension. Travellers' first experiences of the terrifying Alps were taken to represent the sublime. Reid (1990) believes that there is not only a fundamental hope to be understood, but also a hope to be loved and appreciated. Like Rustin (2001), Reid (1990, p. 29) emphasises the importance of a loving good object that sees beauty in the baby: 'Beauty and its linked attributes goodness, hope and truth form the bedrock for mental health in all of us'. For Reid, children experience trauma not only from neglect and abuse, but also from not receiving containment, not being kept in mind or, worse, having 'hostile projections' put into them. They develop powerful defences to survive and can withdraw from life in what is effectively a state of hopelessness. They also make those around them feel hopeless when they continue to use these defences even when they are with new carers in good environments. She describes how the caregivers and therapists of such children find it difficult to love them, find good in them or feel sympathy for them, and may dehumanise them in an attempt to ward off their terrible experiences. Offering containment creates contact and allows one to be in touch with something beautiful in the child, who in turn will notice the appreciation in the 'light in her [the therapist's] eyes' (Reid, 1990, p.39). This will enable them to emerge from their hopeless state. Reid (1990) agrees with Klein (1975) that contact with and hope for a good loving object enables one to overcome great adversity. She also agrees with Winnicott's (1971) notion that a 'good enough mother' is necessary in order for a loving object to be introjected. Reid (1990) suggests that for development to occur, the infant must experience sufficient beauty in the mother's mind, without too much envy and destructiveness being aroused. She makes the case that it is important to interpret not only hate, anger and envy but also hope, love, appreciation, beauty and pleasure. This enables greater curiosity in the world, as one is in touch with good feelings while also getting in touch with pain.

Joseph (1983, para. 3) also uses Klein's and Bion's theories, and she explicitly links understanding and meaning to hope when she states that 'all our patients come to us, we and they hope, to gain understanding, but how they hope to gain it must vary'.

By this she means that the hope for understanding must be viewed differently depending on whether the patient is operating in the depressive position or in the paranoid-schizoid position, where there may be the false appearance of a hope for understanding. Joseph (1983, para. 3.) describes understanding in the depressive position as thinking in a relationship with a whole person alongside one. In the paranoid-schizoid position, due to defences, the therapist can fall into the trap of talking to the 'material but not the patient' – something I often did at the beginning of treatment in the clinical case I will discuss later in this thesis. Joseph (1983) feels this is a misunderstanding whereby there is no contact with the patient, leading to hopeless states. She adds to O'Shaughnessy's, Klein's and Bion's theories by saying that when the child projects unwanted elements outwards, they also project out the understanding of the unwanted experience. She gives the example of a four-year-old boy who mistreats the analyst and ties him up, allowing the boy to experience the distress he had when neglected by his parents. It is important that the therapist does not interpret the content or material of being tied up, but instead uses the counter-transference to experience the suffering and verbalise what was previously 'unverbalisable'. Joseph describes certain kinds of patients who are particularly masochistic: through splitting, they become dominated by the death instinct, while 'life instincts [and] hope' are projected into the analyst. They become excited by the destructive elements and 'will unconsciously attempt constantly and actively to undermine the analyst's hope and drag him down into despair' (Joseph, 1983, para. 22.). For these patients, understanding is not as valued as masochistic pleasure.

Joseph (1982), Searles (1979) and Lemma (2004) extend our understanding in this area by describing how hope itself can be used in a sadistic way. Some patients bring material with the apparent wish to gain understanding, and this creates hope in the therapist. However, when the therapist attempts to provide understanding, the patient responds negatively, dashing the therapist's hope. Joseph (1982, para. 2) states that these patients become 'absorbed by hopelessness' and make their analyst feel hopeless too. Lemma (2004) suggests that this is a recreation of the child's early experiences of trauma. Joseph (1982) and Canham (2004) think it is important to try to work out whether the patient is attempting to communicate hopelessness or is drawing the therapist into a masochistic relationship: a failure to

make the correct interpretation will lead to misunderstanding and an increase of hopelessness.

Rustin (2001), Reid (1990) and Canham (2004) describe the difficult task of making contact with children who have experienced trauma, have powerful defences, and use chaos and very challenging behaviour as a means of communication as their trauma re-emerges in the therapeutic relationship. This presents the therapist with great difficulty in thinking and managing. Rustin (2001) and Canham (2004) describe how the therapist can get into rule-setting to manage such behaviours (something I also did in the clinical case I discuss in this thesis). These patients can find rules threatening rather than containing. Rustin (2001, p. 276) believes this is because they do not have what she calls a 'helpful superego figure'. Rustin (2001), Reid (1990) and Canham (2004) emphasise the importance of experiencing feelings and gaining an understanding of the patient through the counter-transference. Rustin (2001) in particular highlights the hopelessness one can experience. She describes her own feelings with phrases such as 'I felt desperate', 'it was frightening', 'my task seemed terrifying', 'no way out', 'painful disappointments once my hope and interest had been stirred', 'the horror of being trapped in a cycle of traumatic repetition', 'feeling hot, sweaty and absurd', and 'the sense of not being able to escape from this situation which was being projected into me' (Rustin, 2001, pp. 276–278). Understanding can create contact, but as Rustin (2001), Reid (1990), Lemma (2004) and O'Shaughnessy (2016) point out, it is also very painful, as it puts both patient and therapist in touch with feelings of vulnerability and dependency. Kenrick (2005) takes this further by suggesting that for some children, containment itself can be painful, as it puts them in touch with what they were deprived of during their early experiences. Rustin (2001, p. 280) adds that containment is also difficult for such patients due to their 'identification with an object that fails to see truth and turns a blind eye'. This can cause patient and therapist to oscillate as hope is dashed, turns to hopelessness, and then rises again. Rather than emphasise the sadism here – as Searles (1979) and Joseph (1982) do – Rustin (2001) thinks that this oscillation is the recreation of an experience that traumatised children have had: experiencing moments of contact, having their hopes raised, then losing hope again and feeling crushed and overwhelmed. She therefore feels it is vital for the therapist to experience the 'oscillation between hope and despair' in order to gain an

understanding of the patient's experience (Rustin, 2001, p. 279) For Rustin (2001) and Winnicott (1975) alike, there is a hopeful element in these deprived, attacking patients whose acting-out behaviours activate their environment. Rustin (2001) thinks that children who have had insufficient early experience of being thought about have no initial hope to sustain them. These children may become identified with utter worthlessness and unwantedness. Rustin (2001, p. 281) feels that through their own lifelessness, these patients cause mindless states in the therapist – a pull towards 'hopeless re-enactment' and a wish to give up. They often percolate a state of hopelessness in their networks. Rustin (2001), Lemma (2004) and Music (2021) feel that with this type of patient it is important to help them be in touch with anger and aggression about the waste and damage to their life caused by their trauma.

2.6 Papers on hope and hopelessness

In this section I will review papers that explore hope or hopelessness as their main topic. The section is divided into four parts. Firstly, I briefly look at unrealistic hope; secondly, I provide an in-depth discussion of hope; thirdly, I explore the nature and causation of hopelessness; lastly, I discuss transformations from hopelessness to hope.

2.6.1 Unrealistic hope

The writers I reviewed describe unrealistic hope in various ways: as pathological hope, overly optimistic hope, false hope, a perversion of hope, immature hope, idealised hope, etc. This type of hope is essentially seen as defensive. For Potamianou (1997), it defends against the pain of separation, loss of an object, and the ordinary difficulties contained in relationships. For Boris (1976) and Lemma (2004), it is certainty or an idea of how things should be, and it defends against understanding gained through an experience of a relationship in the here and now. Lemma (2004), Cregeen (2012), Miller (1985) and Amati and Argentieri (1989) link it to an idealised rather than a good object. The idealised object is an ever-present, endlessly abundant object that defends against despair and disappointment; as Potamianou (1997) and Durban (2014) put it, it defends against the pain of reality. Durban (2014) adds to this with his idea of what he calls 'mantling', whereby the patient builds up 'false-forms'. This gives the illusion of development and raises the

hope of progress in the therapist/parents, who experience satisfaction as they feel meaning and connection – what Meltzer (1986, p. 205) calls a ‘pallor of meaning’ – are being made. But in reality there is misunderstanding, as the relational distance and lack of contact remain. All the while, the patient is retreating into an autistic withdrawal to fend off catastrophic change. Durban (2014) considers that this is similar to Joseph’s (1982) description of addiction to near-death.

As Lemma (2004) and Boris (1976) write, with these types of hope there is certainty about an unchangeable future. Similarly to Lemma (2004), Searles (1979) talks of an immature version of hope that is ‘pure’ and does not contain any negatives. For him hope can also be destructive – for example, the hope to destroy hated objects. I believe that although hate produces a spurious kind of hope, since one’s enemies are destroyed, such hope is unlikely to prove lasting because it destroys the ‘objects’ on relations with which the hope ultimately depends. All these versions of hope seem to be a defence against the pain of reality, particularly the reality of a whole object relationship. I suggest that this type of hope is held in the paranoid-schizoid position; in fact it is not truly a hope but a cause and aspect of hopelessness. For the purposes of this thesis, I will use the term ‘unrealistic hope’ to discuss this.

2.6.2 Hope

The hope for meaning and understanding through emotional experiences in a relationship – essentially, Bion’s theory of containment and thought formation – is the most common theme in the majority of the papers I reviewed. Although they use different approaches, Cregeen (2012), Lanyado (2018), Waddell (2018), Rustin (1998, 2001), Searles (1979), Durban (2014), Menzies (2001), Lanyado (2018), Music (2021) and Vasquez (2022) all essentially describe the need to be in contact with and truly experience the feelings brought up by the patient, and to recognise these feelings so one can hope to understand them in oneself first, thereby enabling a hope for meaning and understanding in the patient through the relationship.

Cregeen, Waddell and Lanyado in particular choose containment as the central topic of investigation in their papers. Cregeen and Waddell explicitly link the process to Bion’s theory of containment and thought formation; Lanyado implicitly describes the same process. Although there is much overlap between their conceptions, it is helpful to notice the differences.

Cregeen (2012, p. 158) in his paper ‘Innate possibilities: Experiences of hope in child psychotherapy’, states that hope is produced through a ‘mating of a preconception and realisation’ and argues that the condition needed for this arises through what Bion calls the discipline of ‘eschewing memory and desire’. And that ‘hope can only be experienced when there is no state of hoping’ (Cregeen 2012, p. 159). Cregeen emphasises that containment allows a space for the joint creation of a new unexpected experience of hope. The experience of something new through meaning in the context of a relationship is the prototype for more of these experiences. This causes the child/patient not only to be closer to psychic reality and the depressive position, but also to have a feeling that growth and development may be possible through meaning. Being more in touch with reality requires one to recognise that an experience one has is located in time and is therefore transitory; it also requires one to be able to bear dependence, vulnerability and uncertainty. Furthermore, it means being in touch with a creative Oedipal couple. Cregeen (2012) thinks that the condition that allows new understanding is not necessarily gained through interpretations; rather, it is gained in a total transference situation in the here and now. It is in the container-contained relationship that new meaning can arise, and it is through the naming of this process that it can grow and develop. For this to happen, at the very least a small degree of trust must be established which then, as he puts it, ‘holds potential for something worthwhile to occur’ (Cregeen, 2012, p. 160). This allows the child to be brave enough to make contact. As Cregeen (2012, p. 167) states, quoting Alvarez (2010b, p. 220), it involves ‘the baby’s feeling of being potent enough to awaken responses, interest, delight in the care giver’. This last part is similar to Rustin’s (2001) description as well as Reid’s (1990) apprehension of beauty.

Lanyado (2018) in her paper 'Transforming despair to hope in the treatment of extreme trauma. A view from the supervisor’s chair’, emphasises hope for the capacity to experience relational emotional states. Quoting Krystal (1968), she describes hope as a ‘satisfactory human contact’, adding that hope is the ‘need for intimacy and authentic relatedness’ (Lanyado, 2018, p. 134). She poignantly describes a moment of hope arising when someone dares to ‘cry out’ and there is someone to hear and try to help. She notes that due to the awful nature of the traumatised child’s pain and despair, it can be difficult for their feelings to truly get

through and be felt and processed. When the feelings do get through, they can cause great difficulty for the therapist, who may feel vulnerable, ashamed, alone and helpless. If the therapist does not find a way to experience, think about and discuss these feelings (in supervision, for example) but instead stays away from them, the patient can then experience a lack of good enough human contact, causing hope to shut down. This view is shared by Durban (2014), particularly in his description of paucity of contact. Lanyado (2018, p. 133) also feels that hope is the strength of life reasserting itself after a period of bleak 'interpersonal numbing' such as that caused by trauma. She believes hope is linked to 'positive emotional growth and positive internal and external change' (Lanyado 2018, p. 134).

Waddell (2019) in her paper 'All the light we cannot see: Psychoanalytic and poetic reflections on the nature of hope', seems to bridge Cregeen's and Lanyado's respective concepts. Waddell (2019, p. 1413-1414) states: 'Hope [is] that one's own experience, however ordinary or catastrophic, can be held in another's mind in such a way that it can be felt, by the self, to be bearable'. Waddell believes that surviving experiences through containment makes it possible to think and learn from experience. Such containment – for example, of the terror of death – is possible alongside the presence of a beautiful loving object, or what O'Shaughnessy (2016) calls the present good object. In this way, painful psychic realities such as loss can be sustained and even transformed into a state where they are 'dreamable and thinkable' (O'Shaughnessy, 2016, p. 1). This can enable the 'expansion of meaning' through an understanding of oneself and others in relationships, which for O'Shaughnessy (2016, p. 11) is the 'path to hope'. Waddell (2019) believes that hope is at times initially held inside the therapist as a counter-transference reaction to impasse. She describes how in these situations the therapist must keep a fire burning that sustains warmth. By this I think she means the keeping alive of a good object. She also describes the analytic process of therapy as sitting in the dark waiting or hoping for illumination in the form of meaning. She emphasises the transformation that adds meaning to an emotional experience through what Bion theorises as Alpha functioning.

Thus, Cregeen emphasises hope as the outcome of meaningful contact – the creation of a new meaningful experience. Lanyado emphasises hope for a good enough contact and the possibility that someone might take in one's feelings, truly

resonate with them, and not turn away from what might feel overwhelming. For Waddell, it is hope that the object might take in and survive an experience so that there can be a transformation of something meaningless and terrifying into something meaningful – the difference between seeing an object and knowing it.

Although containment also plays a part in hope for Lemma (2004), she emphasises hope for the good object's acceptance, which creates possibilities. She defines what she calls 'mature hope' as a 'state of mind of expectant possibility', the opposite of which is certainty, such as 'the certainty in one's mind that nothing will change' (Lemma, 2004, p. 109). She believes that for hope to exist, one must have an internalised relationship with a good object that is 'tolerant and reflective' (Lemma, 2004, p. 109). By this she means an internalised object that is able to think about and accept one, despite how frightening, disturbing and ugly it and its responses may appear to be. This is similar to Searles's (1979) notion of mature hope, which accepts that hope itself is not pure and that one has destructive as well as loving hopes. For Lemma (2004, p. 109), the object must be able to accept our 'potential for both love and hate'. Menzies (2001) agrees with this perspective, adding that it is one's 'true self' rather than 'false self' that must be known by the other; she suggests hope is only possible if one has had an earlier experience of being known. Lemma (2004, p. 109) differs from this position, arguing that hope is only able to grow if the good object thinks that difficulties can be 'overcome' thanks to repeated experiences of managing 'painful states of mind' caused by our reactions to others and/or our own feelings of aggressiveness. Essentially, Lemma thinks hope is the capacity to bear 'knowing ourselves' in relationship to a good object. In trauma, there is a breakdown in this capacity of hope (Lemma, 2004). It can be reignited through a therapeutic relationship where therapist and patient can think together about less palatable feelings, such as hatred and violent feelings towards those that caused the trauma. She believes hope can only last if we can 'acknowledge the potentially devastating effects of our destructiveness' (Lemma, 2004, p 110). If one is able to face this reality, then there is 'hope that damage can be repaired' (Lemma, 2004, p110). Lemma (2004, p. 110) believes there will only be development in this area if the person experiences trustworthy people who do not conform to the expectations set by the traumatic experiences, as well as reassurance that there is 'goodness out there'. She argues that there must be a process where we are able to trust in our

good internal object and ourselves so that we can ‘invest our future with hopeful expectations’ (Lemma, 2004, p 111).

Following Klein’s theories, Searles (1979) and Durban (2014) suggest that hope is different at different developmental stages. In an earlier (e.g. paranoid-schizoid) phase, hope is more split between good and bad, with these aspects being projected into the therapist. For mature hope, there needs to be greater integration of these aspects. Searles (1979) also talks of opposing hopes, and the necessity in maturity to put aside hopes that are no longer possible due to the achievement of other hopes.

2.6.3 Hopelessness

Hopelessness is sometimes described explicitly in writing, but more often it is implicit in the description of feelings (e.g. Rustin, 2001; Amati and Argentieri, 1989; Durban, 2014; Solomon, 1985; Ruvelson, 1990; Gerrard, 2015; Music, 2021). Most commonly these descriptions speak of inability to change, inertia, giving up, or feeling stuck, helpless, useless or unable to connect etc., although the term ‘despair’ is also used. Hopelessness and despair are closely linked. I define despair as the process of hope being lost or draining away, whereas hopelessness is when there is no hope (of love, acceptance or containment). There are three main factors in the causation of hopeless states: a lack of containment; a relationship with a bad or cruel object; and a negation of time through either stuckness in the past or certainty of the future, both of which avoid the here and now of the present. I will now explore these further.

Lack of containment

Essentially, hopelessness occurs in this instance due to a lack of containment, which causes painful experiences to become unbearable. I have already discussed this above, as the papers I reviewed in the section on hope explore it implicitly and explicitly (e.g. Waddell, 2019; Lanyado, 2018; Cregeen, 2012; Searles, 1979; Vasquez, 2022).

Ruvelson (1990) agrees with these papers, adding that a failure to feel or empathise causes iatrogenic hopelessness. This can happen when a therapist is overly optimistic, causing the patient to feel that their experience of hopelessness has been

minimised. Ruvelson cautions against the erroneous interpretation of anger or rage as yet another misunderstanding of these patients. This very much fits into Bion's (1959, 1962a) and O'Shaughnessy's (1981) concepts of -K and no-K.

Relationship with the object

Some of the papers reviewed above explore the inability to use containment due to an attack on the good object as a cause of hopelessness (e.g. Freud, 1917e; Joseph, 1982, 1983; Canham, 2004; Rustin, 2001; O'Shaughnessy, 2016). This cruel and harsh internal object relationship is discussed in very similar ways by Solomon (1985), Miller (1985) and Durban (2014).

Amati and Argentieri (1989) extend Freud's (1917e) theory of melancholia to describe how hopelessness arises through a breakdown of the mourning process. This happens when the patient imposes what the authors called a 'stereotyped role' on the analyst. In an illusionary way, the patient sees the analyst in the same way as the lost object: the patient keeps trying to get satisfaction of their needs from the analysis as if the latter were the object. This places the therapist and the analysis in the unrealistic position of 'preserving the illusion that unsatisfied needs or lost objects can be supplied and restituted' (Amati and Argentieri, 1989, para. 41). It creates the paradox of coexisting opposites of hopelessness ('I just can't make it') and the hope that 'trying again may fulfil the illusion' (Amati and Argentieri, 1989, para 41).

Similarly, Ruvelson (1990) describes the internalisation of cruel aspects of the parents, but says that this results in a maliferous superego which then cannot look after itself. This also leads to a hopeless belief that no one internally or externally can help. For Ruvelson, hopelessness can arise due to the fear that one's early neediness was destructive and envious, resulting in an avoidance of relationships. Like Brandshaft (1988) and Kohut (1977), Ruvelson (1990, p. 149) also believes that this early failure in a relationship can be caused by the parents reacting to the child's early 'strivings' not with 'love and pride', which would allow a sense of separation, but with 'seductiveness and competitiveness'.

Gerrard (2015) also thinks that hopelessness arises from a feeling of being unloved and the disappointment of needs not being met. However, she adds that hopeless states occur when patients expect their objects (not themselves) to change and are

left in a continual state of ‘disappointment when nothing happens in the way they hope it will’ (Gerrard, 2015, para 6). Like Menzies (2001) and Amati and Argentieri (1989), she wonders whether the early experience of having something good which is then felt to be lost plays an important role in the emergence of hopelessness. She thinks that therapists feel hopeless when they cannot help their patients or use help themselves (for example, in supervision).

Aspect of time in hopelessness

The lack of an experience of time (for example, being stuck or feeling that nothing will change, or alternatively having certainty about the future) is an important aspect in the development of hopelessness.

For Solomon (1985, para 4.), hopelessness is ‘a pervasively felt inability to control life or alter destiny’, and it is both an affect and a symptom. Solomon (1985) believes that hopelessness is bound to the future through a fatalism (‘this will go on forever’) that is similar to Freud’s (1937c) notion of ‘interminable’ analysis. It gets rid of the reality of time, and as Lemma (2004) and Boris (1976) also suggest, it holds a certainty about the future which is itself an illusion. Both Solomon (1985) and Searles (1979) think that hopelessness means feeling bound to a malignant fate.

Amati and Argentieri (1989) suggest that in hope, the aspect of time exists: one can think of how things were or might be. Conversely, in unrealistic hope and hopelessness, there is no time: one is stuck in a past object relationship that cannot be given up, which then permeates the present and future. Like Canham (1999), Amati and Argentieri (1989) believe that when one is in this stuck situation, experiences cannot be put in the past and therefore cannot become ‘history’.

All aspects of hopelessness seem to result in fragmentation, lack of contact, a turning away from relationships, and the need to use powerful defences that can then become stuck even when they are no longer needed. Such states can seem like an impasse, and therapeutic gains made through meaning and understanding can seem to be reacted to negatively. Therapists in this situation can feel hopeless and impotent, and they may experience an urge to give up. It is important to keep in mind that rather than being a reaction against improvement, in some cases these states are the patient’s attempt to communicate experiences of hopelessness and to

give the therapist the patient's own experience of repeated losses of contact. This certainly occurred in the case I will discuss in this thesis.

I will now go on to explore what has been written about the transformation from hopelessness to hope.

2.6.4 Transformation from hopelessness to hope

As we can see from the papers reviewed so far, the main determinants of hope are meaning, understanding through containment, and a relationship with a good object. What allows this to be possible when patients are in such chaotic states, often resistant to contact and using all their means to manage the physical and emotional distance, and when meaning and understanding put the patient in contact with painful feelings such as vulnerability and dependency? To enable a change from hopeless states to more hopeful ones, there needs to be a combination of factors that can allow containment to occur. These include the setting, the therapist's analytic stance and technique, containment through the experience of emotions, a relationship with a good and lively object that can be internalised, and supervision. I will now explore these factors as they appear in the papers I have reviewed.

Firstly, one of the most important factors is the setting and analytic stance. Many of the children seen in therapy have experienced a good deal of trauma and chaotic environments. One needs a setting that is robust, where aggression and chaos can be expressed, where the therapist is not too worried about mess and destruction, and where open and honest relational expressions can be made (Rustin, 1998, 2001; Canham, 2004; Ogden, 2005; Searles, 1955; Omand, 2010; Lanyado, 2018). Always having the same room, day, time and of course therapist is also vital to establish consistency, predictability, reliability and the roots of trust (Canham, 1999; Kenrick, 2005; Omand, 2010; Rustin, 1998). Canham (1999) suggests that the regularity of sessions provides a rhythm that helps children to develop a sense of time. It also gives them a chance to revisit previous experiences of loss and abandonment, but now with a thinking therapist. Returns from regular breaks offer gratification and allow the internalisation of a reliable and predictable object. According to Canham (1999, p. 70.) the patient also has the experience that someone is 'prepared to give his time'. Canham (1999, p. 71) believes that being able to put things in order and have a history and a past enables thinking 'to the

future and wondering, with hope, what lies over the horizon'. Lemma (2004) argues that the best way to become a 'hopeful object' which can then be internalised and used is to try to stay within the analytic stance. In this way one can show that pain caused by knowing and truth can be managed, survived and thought about. The analytic stance involves staying with what Keats (1817) calls negative capabilities, that is, bearing uncertainty and waiting for understanding to develop. It also involves being a willing container and receiving what are at times very unpleasant, confusing and painful experiences with the thought that these experiences are a communication of the unconscious relationship. Many of the papers I reviewed (Cregeen, 2012; Vasquez, 2022; Music, 2021; Lemma, 2004; O'Shaughnessy, 2016; Rustin, 1998, 2001; Reid, 1990) talk of the need for the therapist to be 'lively' in the face of hopelessness. Durban (2014, para 23) describes this as an ability to 'think, feel, integrate and communicate'; I would add being curious and alive to links. Over time, the setting and analytic stance allow the patient to bring and express their anxieties (Rustin, 1998), despair, hopelessness, and all other aspects of their past and present relationships.

This brings us to the most important point made by all the papers I reviewed, from Bion onwards: the therapist must take in, feel, experience and try to think about the emotions that are present in the counter-transference, in order to truly understand the patient's experience. Lanyado (2018) and Rustin (1998) explicitly state that hope arises from the ability to be in contact with and attempt to understand feelings. All the writers I reviewed who write about hopelessness mention the need for the therapist to feel hopeless for any chance of a transformation to more hopeful states. For example, Lanyado (2018, p. 134) says the therapist needs to 'hit rock bottom in an open and honest way', while Rustin's (1998) supervisee felt that she could not go on. Waddell (2019) believes it is imperative that the therapist should survive these states, not only in order to gain understanding but to also show that hopelessness is survivable. Such experiences allow a genuine connection with the patient (Durban, 2014; Lanyado, 2018; Canham, 2004; Wadell, 2018; Music, 2021; Cregeen, 2012). Music (2021, para. 48) believes this can lead to what he calls 'resparking' and a 'capacity for connecting rather than closing down'. Canham (2004) believes one can speak 'with conviction' about one's experiences, including helplessness, and then find a way to describe them. Cregeen (2012, p. 171) suggests that 'through the

connection with another we become more aware of who we are. I think this can include transitory experiences of hope'. He goes on to say that this builds into the thought that there may be more to find out, that one can be 'securely and intimately dependent upon others, and that in discovering more of who we are, we feel more real' (Cregeen, 2012, p. 171). Music (2021) and Ruvelson (1990) consider it important to feel hopelessness while also maintaining the belief that one can help. Gerard (2015, para. 54) suggests it is important to be able to bear what feels unbearable, including for the therapist to experience and (as he puts it) 'dwell with the possibility of not being able to bring about any hope of change'. Ornstein (1988, p. 158) adds the helpful observation that through their ability to experience and unconditionally accept the patient's state of hopelessness, the therapist implicitly 'convey[s] a sense of hope and the conviction that the patient was able to "hear" his empathic responsiveness'. Solomon (1985) argues that one needs to truly experience hopelessness and then later (in supervision, for example) keep a connection with past hopelessness, with the realisation that one has survived and possibly even prospered. He feels that the therapist is a 'stubborn personification of potential' (Solomon, 1985, para. 58) and this eventually helps patients to get in touch with and internalise good creative objects. Amati and Argentieri (1989, para. 7) think that what has shifted their patients is recognition of and agreement about the hopeless state; they give an example where the patient said, 'I can't help it', and the analyst responded, 'I'm afraid I can't help it either'. This is similar to Menzies's (2001, para .2) quoting of Winnicott (1989): 'The only time I felt hope was when you told me you could see no hope, and you continued with the analysis'.

Allowing oneself to be in touch with painful and hopeless feelings is extremely difficult, and a continual lack of contact is draining. I think this places particular extra pressure on one's identity as a therapist, as one of the main aspects of the work is making contact with children. Rustin (2001, para. 5) speaks of the importance of the therapist's keeping alive a 'hopefulness about a human being's capacity for change and development', as it is so hard for patients to do this. For change to occur, it is important for therapists to keep alive a creative flexibility in their work, to be prepared to be brave, and in doing so to model that frightening change is possible for the patient too. Rustin (2001), Reid (1990), Cregeen (2012), Alvarez (1992) and Vasquez (2022) report that change happens when they do not feel stuck to

psychoanalytic dogma or technique but can act in a lively, creative way. Rustin (2001, para. 19) thinks it is important to co-create a language jointly with the child so that they feel they have a part in 'shaping their world' and do not feel so helpless and hopeless. Searles (1979, p. 489) agrees, saying that positive change can only happen when the patient realises that their life is in their 'own hands'.

Rustin (2001) helpfully suggests three factors to enable change. Firstly, the therapist needs to survive the patient's onslaughts by being in touch with external goodness (supervision, theory, colleagues etc.) as well as their own good internal object. The second factor is the time needed for the work to take place, as one is trying to change fundamentals that have been established over time. Thirdly, one must use 'clinical imagination' to find a genuine way to connect and communicate. The process of being able to feel hopeless, resonate, and make contact with the patient allows the possibility of containment. As Waddell (2019, para. 3) states, containment and Alpha functioning mean that 'adverse, painful psychic realities can be sustained and even rendered dreamable and thinkable'. I think that contact and the experience of containment can be very pleasurable: there is an almost magical feeling when a therapist and child truly see each other. This is incredibly sustaining for a therapist who is trudging through the swamp of hopelessness. However, as Rustin (2001), Cregeen (2012), O'Shaughnessy (2016) and Kenrick (2005) point out, containment is not straightforward, as it puts one in touch with vulnerability, dependence, and the pain of what one has either lost or never had. This can cause a period of oscillation: hopelessness is contained, producing moments of hope; the resulting pain is defended against, and there is a return to hopelessness. Patients who have had early experiences of the cruelty of repeated breakdowns in hopeful contact may recreate this in the therapeutic relationship in a masochistic way, and it is important to try to work out whether what they are communicating is a state of hopelessness or this cruel dynamic (Canham, 2004; Joseph, 1982; Searles, 1979). Such oscillation is very much the state I experienced during the clinical work I will discuss in this thesis.

2.7 Role of supervision

I want now to turn to the important role supervision plays in therapists' ability to work with hopeless states. Omand (2010), Lanyado (2018), Ogdon (2005), Rustin (1998)

and Searles (1955) acknowledge to the enormous impact of patients' experiences on supervisees. This impact can leave supervisees overwhelmed, flooded, cut off and unable to think or feel as they become wrapped up and entwined in the patients' disturbances. This amounts to a state of hopelessness for the therapist, who struggles to go on thinking and feeling what the patient is bringing. Through the transference, it is also an experience of hopelessness for the patient in the therapeutic relationship, as there is no one to hear the patient 'cry out', as Lanyado (2018) puts it. Lanyado (2018, p. 133) writes that one of the supervisor's most important roles is to help the supervisee to see the 'glimmers of hope that were present in the midst of therapeutic crises'. As discussed above, hope happens when there is genuine contact. Lanyado (2018) notes that therapists often do not notice these moments if they are caught up in despair and helplessness. In a parallel process, it is also important for supervisors to feel the hopelessness without getting overwhelmed. Supervision can then provide a place where hopelessness and difficult emotions can be experienced, felt and thought about as communications. To enable this, therapists and supervisors need to be able to express themselves openly and honestly as they examine their own relationship in order to inform the patient-therapist relationship. The experience and examination of feelings gives what Lanyado (2018) calls 'clinical indicators', which can produce turning points for patients. The process that can happen in supervision enables a process of recovery that does not change past trauma but allows it to transform into a more symbolic form.

Omand (2010), Lanyado (2018), Ogdon (2005), Rustin (1998) and Searles (1955) agree that to make this process possible, there needs to be consistency in the setting, just as in the therapeutic relationship. This allows trust to develop in the therapist-supervisor relationship and enables the creation of a 'third space' where the supervisor can encourage the supervisee to be in touch with feelings, without too much persecutory judgement being present. As Omand (2010) notes, this is especially hard for therapists who are still undergoing training. Although there is no agreement in terms of whether the understanding gained from supervision should be directly interpreted to the patient (Rustin, 1998) or held back (Lanyado, 2018), in either case the therapist has experienced a process of thinking and feeling which they then bring to the relationship with the patient, and this gives the therapist a

greater capacity to ‘dream’ the patient’s experiences, as Ogden (2005) puts it. Through repeated experiences of this process over time, the therapist can regain their individual capacity to think and make links, thus regaining their hope in their own therapeutic capacities. The patient in turn gets the hopeful experience of being heard and understood, and that their pain can be survived. There is then the hope that they might internalise the creative, thinking therapist-supervisor couple (Britton, 1989) so that they can continue their ability to think and feel beyond their therapeutic experience.

2.8 Conclusion

In this chapter I have looked at some classical papers that explore the development of meaning and understanding, as well as those that look at the relationship with good (loving) and bad objects. I have also reviewed relevant papers that directly explore hope and hopelessness.

As I have shown, there has been a development in our understanding of the nature of meaning and its relationship to our object relations. First, Freud placed importance on reconstructing the past, drive theory, and explanations of unconscious processes; then Klein concentrated on the interpretation of underlying anxiety and defences; then Bion introduced the concept of containment and understanding by experiencing emotional states. All of these writers made immensely valuable contributions to enable us to understand the intricacies of unconscious communications and relationships. These theories laid the foundations for more recent writers to further explore the nature of the hope and hopelessness that so often arise in therapeutic relationships.

Although there are differing approaches regarding what to do with states and feelings of hopelessness in a therapeutic setting, there is universal agreement on the need to experience feelings that arise in the therapist, and to pay close attention to them as a vital means of communication of the patient’s internal world and their internal and external relationships. This is true whether or not the child is expressing themselves as a way to seek understanding. It is important to be able to survive these feelings and try to make sense of them. What is vitally important is the consistency of the setting and the need to create a third space such as can be found

in supervision. This can aid moments of connection and understanding. However, it can in turn also be reacted against with a return to the use of defences, as it also puts the child in touch with pain, vulnerability and dependency. This is what causes the oscillation between hope and hopelessness. Over time, as hopelessness is survived and understood, and with regularity and the creation of bearable new experiences, the child can internalise a more hopeful relationship.

Being able to be in the presence of hopelessness is extremely difficult for experienced clinicians, but even more so for trainees who have just started on their clinical training. Even though preclinical courses teach one to some extent about projection, projective identification, transference, counter-transference, containment etc., and one may even get practical examples of this in spaces such as work discussion seminars, beginning to use these as tools in a therapeutic space as a trainee feels very different. As a therapist, one wants to make contact and help one's patients. Many trainees (including me) start with a great deal of optimism about how this might be done. In general this is a good thing, and it helps one to remain a lively presence. However, it can also drift into an idealisation of the analytic process, or what has been described as unrealistic hope (which also happened to me). Being in the presence of hopelessness is confusing and disarming, and it can leave one feeling helpless, useless and even unsure whether one is up to being a child psychotherapist at all. In this state it is hard to notice that this might be exactly the communication one is meant to have, and one can miss important moments of connection and development that might allow further growth. Supervision is the key to getting through this and understanding it. It is an important part of the trainee's journey to realise that the experience and understanding of hopelessness during the development of a therapeutic relationship is essential to allow hope to develop. I struggled with this as a trainee, and I will elucidate it further in the findings chapter (Chapter 4), where I explore my first case as a trainee.

Chapter 3: Methodology

3.1 Introduction

As discussed in Chapter 1, the aims of my research project were to explore the manifestations and meanings of hope and hopelessness from a psychoanalytic (and therefore unconscious) perspective, clinically and theoretically. Bell (2018) talks of psychoanalysis having three strands: it is a therapeutic method for treating mental health and emotional difficulties, a body of theory, and a way of exploring, looking at and understanding the world. In this light, I wanted my research to explore hope and hopelessness by looking at clinical material as well as by exploring theoretical and clinical papers that might further my understanding of these concepts. It was important for me that the clinical and the theoretical should inform each other, but that the understanding that emerged should be rooted and clearly recognisable in clinical interactions. The case I discuss in this thesis had already been supervised as a clinical case, but the research supervision provided a further level of supervision and thus of triangulation.

This chapter will be divided into the following sections: an argument for psychoanalysis as a legitimate research method; qualitative over quantitative; an argument for single case studies; GT; data; data analysis; ethical considerations; validity and reflexivity; conclusion.

I will argue that the method I selected was the most efficient for gathering the required data, but I will also discuss its limitations.

3.2 An argument for psychoanalysis as a legitimate research method

The status of psychoanalysis as a research method has been strongly disputed in some areas. One notable critique came from Popper (1963), who argued that for a scientific hypothesis to be valid it needed to be tested through a process of ‘falsification’. In this method, scientific hypotheses needed to survive falsifiability through empirical tests. Popper argued this was not possible or even attempted in psychoanalysis. The criticism was continued by Grunbaum (1974, 1993), who felt

that patients could not reliably confirm interpretations (that is, psychoanalytic hypotheses about unconscious processes) due to their suggestibility and the influence of the therapist. The empiricist model of science suggests that the reality of scientific facts exists separately from the influence of human comprehension. Kuhn (1970) challenged the empiricist model by suggesting that scientists create paradigms to define and investigate their own areas of interest, using specific frameworks, rules and theories to do so. As Rustin (2019, p. 19) states, each paradigm 'might capture some slice of reality', and the relation of one paradigm to another is one of 'difference', rather than there being a 'single dominant ideology of science'. In this view, a paradigm is not discarded because some of its theories have been disproved by single experiments. Instead, the paradigm's exponents problem-solve in an attempt to explain anomalies, or else put them to one side until advancements can be made in the area to better understand them (Rustin 2019). Toulmin (1972) felt that the key to understanding advancements in particular scientific areas was that one needed to take into account human 'interest and desires' (Rustin, 2019, p. 22). Rustin (2019) argues that this development in the understanding of the relevance of different methods for advancing scientific knowledge is key to the social sciences, including psychoanalysis. He argues that it allows the development and legitimacy of qualitative research methods, where the subjective meaning of experience is the key to understanding 'social phenomena' (Rustin, 2019, p. 25). Psychoanalysis fits into Kuhn's notion of a paradigm: its area of study is the unconscious and the model of the mind, and it has developed tools to study this (e.g. dreams, transference and counter-transference). As Rustin (2019, p. 26) points out, psychoanalysis – like other sciences – uses 'existing knowledge to understand individual cases', which then allows the development of new concepts and theories to understand and resolve 'anomalies encountered in clinical practice' or to further understand clinical experiences. One such clinical experience is hope and hopelessness, which are commonly felt by both patients and therapists.

Another direction from which psychoanalysis comes under criticism is the empiricist and positivist point of view that only what is observable can be a subject for scientific exploration. From this viewpoint there is a complication, as the unconscious by definition cannot be seen. However, realists point out the limited and minimalist nature of positivists' assumptions. Rustin (1999, p. 52) gives the example of gravity,

which is a force ‘known through its many observable effects but [which] is not identical with any of them’. This is important for psychoanalysis, which on the whole develops theories and ideas on the basis of the unconscious’s observable effects on the conscious. For example, psychoanalysis may be interested to explore deeper internal dimensions, such as the emotional states of which symptoms may be a result, rather than the symptoms themselves.

3.3 Qualitative over quantitative

Due to the exploratory nature of my research, and because I was using a single case study, I chose a qualitative method as the most appropriate methodology. I did not have the resources to undertake a multi-case study, and although the quantitative approach could in theory be used to analyse repetitions and patterns in the sessions of a single case, this is rarely done. GT, which I explain further below, captures repetitions and patterns more informally. Quantitative research is based on the positivist perspective that there is an unbiased, objective method to establish impartial facts. This is very effective for certain kinds of study. However, it is hard to capture the quality and texture of relationships or emotional states such as hope and hopelessness. With my research topic, a positivist approach might tell me how many times I had noted that either I or the patient had felt hope or hopelessness, but it would not tell me why we had felt that way. Qualitative research allows the subjective nature of the researcher to form a key part of the understanding of social phenomena (Rustin, 2019). The researcher has to pay close attention to their own feelings and responses, in a similar way to how a child psychotherapist observes the child while also noting their own emotional responses through the counter-transference. Qualitative research enables the researcher to generate meaning and thus to develop new theories by understanding experiences ‘grounded’ in the material (Rustin, 2019). Although I was coming with some knowledge of psychoanalytic theory, I did not want to approach the material from a hypothetical-deductive perspective. Instead, I hoped to gain an understanding of the complex nature of the therapeutic relationship from the clinical material, in what is termed a ‘bottom-up’ process (Charmaz, 2006).

3.4 An argument for single case studies

The use of case studies as its primary research method is another practice for which psychoanalysis has been criticised (Rustin, 2019). However, Rustin (2019) points out that this is an effective method which generates understanding in areas where the relationships are complex, unique – even if they look similar to others – and change over time. Rustin (2019) notes that case studies do not provide very reliable measures of treatment outcomes, clinical effectiveness or treatment equivalence. In particular, the use of single case studies as a research method has often been criticised, with detractors claiming that the findings they generate cannot be generalised or replicated (Tellis, 1997; Midgley, 2006). However, Welsh and Lyons (2001) and Yin (2009) believe that although single case studies are not statistically generalisable, they can be analytically generalisable: they do not enumerate frequencies, but they do expand and generalise previously developed theories. This allows other practitioners to recognise cases that are similar or notice differences, as part of what Rustin (2019) calls 'normal science'. Polit and Beck (2010, para. 1) suggest that in fact the goal is not to generalise in the statistical sense, but to 'provide a rich, contextualized understanding of some aspect of human experience through the intensive study of particular cases'. Rustin (2019, p. 103) states that a single case may have a wider significance if it gives an example of 'a type of character, or a psychological difficulty, or a transference phenomenon notable for demonstration of a significant psychoanalytic idea'. I believe the phenomena of hope and hopelessness described in this thesis will easily be recognisable by other therapists, and I hope that the thesis will add to our understanding of what is surely a common experience.

There is an ongoing insistence that only randomised controlled trials offer the gold standard of evidence-based practice. But as Rustin (2019, p. 109) states, 'the effect of this belief system is to discount practice-based forms of knowledge, skill and understanding'. It is this 'practice-based' form in which psychoanalysis is engaged.

3.5 Grounded Theory

GT was first developed by sociologists Glaser and Strauss (1967), and then further developed by Strauss and Corbin (1994) and Charmaz (2006, 2008). These authors

suggest that rather than beginning one's research with established ideas and seeking to prove theories, one should develop one's theories from data gathered in the field. In this way, GT is a bottom-up rather than a top-down method.

Rustin (2019, p. 160) describes the method in the following way. GT seeks to examine data that has not been selected beforehand to match pregiven theoretical concepts. It aims to develop theories from this data. Those undertaking the research start with a broad question in relation to their chosen subject, which they hold in mind. By experiencing the situation – by being observers, for example – they gather the data and then begin to formulate theories. Glaser and Strauss originally described the method as purely inductive. Charmaz (2008), a second-generation GT exponent, realised that researchers always bring theoretical presuppositions to their encounters with phenomena (or data), and that they have to take account of this. Rustin (2019) has suggested that C.S. Peirce's notion of abduction fits more closely with Glaser and Strauss's described method. This approach generates more theory, as it takes account of previous theories' ability to aid our understanding of observable experiences. In this way it allows both inductive and deductive thinking. This means that data can be linked to theories and concepts that the researcher may find useful, thereby expanding established areas of knowledge (Rustin, 2019). I have used this adapted version of GT, which I explain in detail below. With the pure version, the theory emerges from the data, which is then coded. Although I still wanted the analysis to have an exploratory element that would allow themes to emerge from the data, I also wanted to develop a coding framework that emerged from the theoretical and literature review chapters of my research project. Rustin (2019, p. 161) states: 'The idea of an "abductive" method of analysis allows for the discovery of both correspondences between observed data and existing conceptual schemes as well as for the development of new concepts and theories'.

GT does not randomly select data in the way that a positivist method might do. Rather, Glaser and Strauss suggest deliberately choosing a method of 'theoretical sampling' to look at unforeseen features that might generate new theories and challenge existing ones (Rustin, 2019). Once data has been collected, the researcher should undertake a line-by-line analysis of sections of the data to create 'codes'. The purpose is to move from the lines of reported data to what Rustin (2019, p. 162) calls a 'higher level of abstraction and generality'. This step-by-step method

is meant to ensure that theories remain ‘grounded’ in the original data collected. A common way of doing this is in table form; this is the method I used, and I will give an example of it below. The choosing and analysis of the data is intended to reach a point of ‘saturation’ where new theories and concepts have been exhausted. Guided by the codes and the saturation process, a researcher may then move onto new areas of data, which might bring out the possibilities of new codes, as there is a back-and-forth between data and coding. This makes GT an iterative approach that requires a strong connection between data and concepts. Adding to this, Glaser and Strauss also suggest using a ‘constant comparative method’ which allows one to notice repetitive patterns and connections in the data. They also suggest ‘memo-writing’ whereby the researcher can interpret the raw data and make links through a process of abduction to further develop and explain concepts. Memo-writing is also a way for researchers to make links with what is already known in their field. GT is particularly suitable for analysing case studies where there is a large quantity of unstructured data in which complicated and subtle social interactions take place, such as those that constitute the main focus of this study. Through a line-by-line analysis of my intensive case process notes, I could ask questions such as: what is going on in the relationship between the therapist and the patient at this precise moment? What is the patient doing to manage being in a relationship with the therapist? How is the therapist responding to this? Does this relate to something that has just happened? Is there a pattern in all this? As Anderson (2006) points out, this is remarkably similar to the way psychotherapists work in sessions: the process notes they write for supervision are the equivalent of raw data in GT, and during the supervision of clinical work one might go through session material line by line, with an additional level of triangulation from the supervision process. Rustin (2019) points to an abduction process also occurring when a supervisor suggests a theoretical reading that connects to the case, with the discussions that take place in supervision being similar to memo-writing. This way of working makes GT a good fit as a method to analyse the data created in child psychotherapy cases. The most original element in the adaptation of GT for child psychotherapy is not the recognition that such analysis nearly always makes use of theoretical presuppositions, but rather our idea that the method can reliably allow the detection and analysis of unconscious phenomena of which many social scientists do not take account. Indeed, for

research purposes, many social scientists may not believe that unconscious phenomena even exist (Rustin, 2019).

Overall, GT offers a strategy to deal with large quantities of unstructured and complex data in a rigorous and methodical way. I believe that it provided the most suitable methodology for this project.

3.5.1 Why not another type of qualitative research?

Interpretative phenomenological analysis (Smith, Flowers and Larkin, 2009) is the alternative method most often used to analyse data derived from child psychotherapy doctoral work at the Tavistock. This would have been the most likely alternative to GT. It is very similar to GT in many ways, although its roots lie in academic psychology rather than in sociology, where GT was developed. Its aim is to gather how humans see their own world and make sense of it and their relationships through the use of symbolism and language. Like GT, it is largely a qualitative method which offers a rigorous system to analyse unstructured data and develop abstract coding in order to discover meaningful patterns. However, as Rustin (2019) points out, psychoanalytic concepts and theories are not just about illuminating the meaning of individuals' unconscious and conscious experiences; such concepts also try to understand mental structures and organisations, such as the Oedipus complex. As Rustin (2019, p. 170) states, 'these [structures] have causal powers distinct from the conscious or unconscious intentions of individuals'. This gives a slight advantage to GT, which can more readily capture these structures and their relation to subjects.

3.5.2 Narrative research

Narrative research in general requires the subject to give a narrative account of their life or an event in it. The researcher gathers the narrative of the subject's life not only directly from the subject, but also from other accounts of it (e.g. by other family members). This is then coded and retold as a narrative. The subjects must also be able to be somewhat reflective about their accounts. Quite apart from the technical challenges of using this form of research for a child psychotherapy case, the subject I chose did not have a clear narrative of his life, and neither did his carers (as is often the case with children who are no longer with their birth parents): he communicated in a chaotic way, and he found being reflective extremely difficult if not impossible. Narrative research was therefore not a suitable method for this case.

3.5.3 Ethnographic research

Although ethnography offers a lot to learn which could be usefully translated into research methods for psychotherapy, on the whole this type of research is designed to capture and illuminate theories and concepts about groups of people, and it is not as well suited to individual case studies.

3.6 Data

The data analysed for this project was the process notes from the clinical sessions, which I wrote as accurately and as soon as possible after each session. In these notes I tried to capture all that had been said, as well as all the things Nazir or I had done. As well as this, I also made notes on my feelings to aid the exploration of the transference and counter-transference that was inevitably present in the sessions. I used these notes as the basis for my weekly supervisions, to further enhance the understanding of the emerging relationship between Nazir and me. The notes taken from these supervisions further added to the data.

Child psychotherapists and psychoanalysts have long been trained to work from session notes written from memory after sessions, and they have developed capabilities to do this. Most of the case reports given in child psychotherapy and psychoanalytic literature derive from such records. Creaser (2015, quoted in Rustin, 2019) compared such session records with transcriptions from audio-recorded sessions. She found that in general only about a quarter of what had been said in sessions was recorded in the notes, that there were often mistakes in the sequences, that there were at times significant omissions, and that the authors often selected material that shaped the narrative to make more sense in relation to what they felt was relevant in the transference. At first glance, this seems shocking in terms of the validity and reliability of the use of such notes for a research project. However, as Rustin (2019) points out, it would be totally impractical to analyse the recorded material in its entirety without making any kind of sampling or selection, due to the sheer amount of data produced. He believes such selection will inevitably occur on the basis of the data's theoretical relevance. On one level, I think it would have been interesting if there had been recordings of the case I explore; it might have been interesting and valuable to see what I had altered in my memory or

forgotten entirely with regard to the relevance of the subject. However, recordings are subject to their own inaccuracies. Child psychotherapists are trained to pick up subtle changes in body movements and expressions that might be missed even in visual recordings. In audio recordings, much of the non-verbal play as well as the meaning of silence would be missed. Recordings would also have limited ability to capture the clinical facts that are part of the transference, counter-transference and interpretation which are so intrinsic to psychoanalytic understanding. Ogden (2005) thinks that written notes do not give good objective accounts of the session but do give good subjective accounts in which one 'dreams' up a patient. He thinks that this is in some ways more useful, as it is an attempt to capture the unconscious dynamics in the relationship. Rustin (2019, p. 107) also points out that recordings would not be able to capture what the therapist had kept in mind but not said, which 'can be as relevant to understanding what is going on in a session as what the analyst puts into words'. As I discussed earlier, it is impossible to take subjectivity completely out of the equation; however, some balance needs to be struck to make the research sound. Some of this happened through the triangulation offered first by the intensive case supervision as part of the case, and then by the doctoral supervision as part of this research project.

3.7 Data analysis

I will now outline the method I used to analyse the data.

In total the case had 262 sessions, with over 100 process notes made in varying detail. Each process note contained roughly 2000–2500 words. To manage such a large amount of data, and to find a way to select the data to analyse while keeping the emerging theoretical themes integrated, I went through the following procedure.

3.7.1 Phase 1: Selecting sessions for GT analysis

Before I began rereading the clinical data, I had some knowledge of the theoretical concepts I had read about in the literature, specifically on hope and hopelessness (e.g. Cregeen, 2012; Lemma, 2004; Waddell, 2019), as well as literature I had read as part of my training course or for my own personal interest. This will have influenced my notes and ongoing sample selections.

To begin with, I reread of all the material, making a note of some themes. What was evident was a far greater oscillation of states of hope and hopelessness than I had initially envisaged. The following is a list of the initial themes gathered:

- Oscillation from feelings of hope to hopelessness, particularly after a moment of contact that seems too much at times
- Therapist often misses small but significant changes where there is contact or an attempt at it
- Therapist feeling overwhelmed
- Therapist feeling stuck
- Therapist reaching for early interpretations, which aggravates the patient
- The need to control is a large aspect (patient pushing me around, but also my virtual fixation with rules)
- Patient expresses himself through attacking, confusion and chaos; hard to know when this is communication or something else
- Simple observations seem to get more connection
- Moments of connection are initially followed by chaos, but as the case evolves they are increasingly tolerated
- Being in touch with the truth (e.g. of the birth story) is alleviating
- The developing feelings of love between patient and therapist seem to be significant
- Therapist feels more hopeless just before and after the breaks, and experiences feelings of inertia for a period after breaks
- For the therapist, feelings of hope are often experienced in the period approaching breaks (but then collapse)

From this initial reading, I wrote a short summary of the case to share in supervision. During doctoral supervisions we discussed the overall shape of the case. I felt there were some significant changes, which I noted as follows:

- Term 1: chaos and aggression until moment of contact before first break, when there seems a connection to separation but then a disconnection, making me feel hopeless
- Term 2: oscillation between hope and hopelessness as experienced by therapist

- Term 3: Nazir is told about his adoption, after which there is a significant drop in his attacking behaviour
- Term 4: Nazir begins to draw and express more symbolically; increase in loving feelings, but connection often lost; end of term, very moving connection between Nazir and me around thinking of missing each other on approach to the break, when he is due to see his birth family
- Term 5: seems to be a real disconnection during the beginning part of the term, until Nazir starts to make some of his own connections
- Term 6: he is told about end of therapy, and there is a return to chaos and aggression, which continues into Term 7
- At the end he seems more connected and able to recognise sadness about the ending, although he still experiences significant difficulties

We discussed the significance of this being my first psychotherapy case, and how talking about my experience as a trainee seemed a particularly relevant and helpful area to explore.

My doctoral supervisors suggested I choose some of the sessions that seemed most relevant to my research topic – sessions that I felt displayed real moments of hope and hopelessness and that were quite different from each other. By different from each other, we meant sessions where there seemed to be more connection, sessions where contact was reacted against, and sessions where there seemed to be little contact.

I chose the following sessions:

- Session 1
- Session 28 (just before first break)
- Session 110 (middle of third term)
- Session 131 (towards beginning of fourth term)
- Session 157 (towards end of fourth term)
- Session 260 (seventh term, two sessions before the end)

I wrote a summary of the sessions, which I then discussed further in doctoral supervisions, making notes to add in the memo section. We discussed what

headings might be used for the GT analysis column grids, and we decided on the following.

- Transcript of sessional material/raw material
- Summary of issues from point of view of therapist/issues arising from therapist's interventions
- Aspects of reports concerning the young person/issues arising from young person's actions
- Notes and memos/reflections arising from these
- Notes from supervision
- Concepts and categories from GT analysis/setting out the concepts and theoretical issues

3.7.2 Phase 2: GT analysis of the selected sessions

Below is an example of one of the analysed sessions. To capture the iterative process, I have used different colours to indicate the following:

- Black: original data input, and my initial abduction, abstraction and coding
- Blue: notes added after doctoral supervision, or after further readings of papers
- Green: notes from original intensive case supervision
- Red: notes from the doctoral supervision

In the following extract from the GT analysis of a session (Table 3.1), just before the extract begins, there had been a lot of chaos and aggression, with an attack on thinking and a difficulty in getting through and connecting to Nazir. Some of this seemed to do with my misunderstanding of what he was bringing, as well as my seeming not to want to really experience his feelings, as I kept getting stuck in content-heavy interpretations or in simply setting rules. I felt I could not go on, and I had to pause the session for two minutes. The extract starts just after I have dropped him back into the waiting room.

Table 3.1: GT analysis extract

Transcript of sessional material/raw material	Summary of issues from point of view of therapist/ issues arising from therapist's interventions	Aspects of reports concerning the young person/ Issues arising from young person's actions	Notes and memos/ reflections arising from these	Notes from supervisors	Concepts and categories from GT analysis/ setting out the concepts and theoretical issues
I go back to the room and sit down, feeling angry and a little bit out of control. Take out the bits of the box that have fallen down my top and calm down a little before going back to the waiting room.	Therapist has a cooling-down period where he assesses his emotions and tries to think and reorder self. Therapist needed break as felt overwhelmed with something too much.		Feelings have been overwhelming. Possibly experienced Bion's nameless dread. It is important I survive this (Waddell, 2019).	I have to know what it is like to be out of control and the small person. He just wants to give me a horrible experience of having a bad time and really being got at.	Importance of feeling chaos.
When I collect him, he goes out of the door quickly and runs back to the room.		Patient wants to get into the room first. Patient is very keen to get on with it.	Patient gets rid of the gap between being with therapist and not being with therapist.	Perhaps feeling of dread is connected to the gap which feels too much. Am reminded of Tustin's (1981) black hole.	Getting rid of separation.
I feel dread that chaos will just continue endlessly.	Therapist feels fear, dread of continuation of chaos that feels stuck. Is feeling a bit hopeless.		Important I can experience feelings (Lanyado, 2018). Ordinary ups and downs of therapy and feelings of hopelessness that experiencing might actually be seen as hopeful.		Therapist is able to feel unwanted feelings. Looking back, this seems to have helped shift things into more

					hopeful state.
When I get in there, he is sitting on my chair. I don't know where to sit for a moment.	Therapist feels lost and unsure.	Patient wants to be in charge of the space. In sitting on therapist's chair, patient is leaving therapist without his space.	Identification with therapist. Wants therapist to be the one that has been thrown out, to move and experience displacement.	Phantasies – why was he the person that had to move? Somewhere there was a baby that was badly treated and then a baby that had to move.	Projection identification as means of communication.
I go to sit on the couch and say, 'Nazir really wants me to know what it's like not to have my place'.	Therapist interprets patient's need for him to experience the loss of his place.		Therapist is acknowledging the need for him to feel what the patient has felt so that he might understand this (Bion, 1962).	Therapist-centred interpretation seems to get more connected (Steiner, 1993)	Understanding through experience. Oscillation back to more hopeful state (Rustin, 2001).
He says, 'Yes, that's right'. He then turns my chair upside down and pushes it to the window.		Patient agrees and builds on interpretation.	Back-and-forth between patient and therapist. There is connection.		Expanding on communication through connection.
I say, 'Nazir wants me to not have my place back so that I have to move and be in a new place and know what that's like'.	Therapist builds on interpretation, adding the need to move and experience feelings.		Therapist is suggesting he needs to experience what the patient has experienced, to feel this too (Bion, 1962). Back-and-forth between patient and therapist.	Yes. Maybe there is also the idea that your chair is where you do all your thinking, which he doesn't always like.	Understanding through experience.
'Yes, that's right', he agrees. He looks out of the window for a while.		Patient agrees with therapist's comment. Patient seems to be thinking or possibly regulating.	Fascination with moving tree branches and leaves in a mesmerising way. Reminds me of Bick's (1968) 'second skin', with the baby looking at the light as a means of managing.		Hopeful connection to knowing something of self. Regulation through 'second skin' defence.

		In the past, the patient has often commented about the tree outside, which seems to represent some sort of good object. Could also be a thought about inside and outside.	Previous comments by therapist seem to get patient closer to truth and understanding/ coherence of himself, but this is hard.		This is possibly needed due to contact and containment feeling too much (Kenrick, 2005).

As can be seen, for this process I decided to use 'therapist' for myself and 'patient' for Nazir. This was an attempt to take one step back and look at the material from another perspective. It was possible that using these terms – which are rather clinical – might take me further away from the emotional element of the work. However, this was not my experience, as while rereading the material I remembered much of the work described, including the emotional experiences. This of course was many years after the event, and there will inevitably have been some alterations in my memory as the 'selecting' process continued.

The first column of Table 3.1 shows the raw material transcribed from the process notes. This is in short sections of either a sentence or two short sentences, equivalent to about a written line on a page. The second column shows the close attention GT pays to the therapist's thoughts, emotions, responses to those, and reactions to the patient, and it is the first level of abstraction. It also tries to capture what might have been going on unconsciously for the therapist at that moment and the therapist's wondering why that might be. The third column is similar to the second column, but from the perspective of the patient. The fourth column is for notes and memos, and it is partly a further level of abstraction, as it includes my thoughts about the dynamic relationship between the patient and therapist or about them as individuals. It also shows the process of abduction, as it includes thoughts that came up linked to a theory or a concept that I would go and explore further. It also includes theories and concepts (in blue) that I had read as part of the literature review and to which I returned to further expand my understanding. The fifth column shows the thinking of my intensive case supervisors (in green) and then additional comments from my doctoral supervisors (red), adding to the abstraction and

abduction process and creating important triangulation. The sixth and last column is a further level of abstraction, and it created the ‘codes’ of GT. The aim was to continue looking at the material until no new significant codes arose. Once this happened, saturation had been achieved, as far as one could tell.

The GT uncovered concepts related to hope and hopelessness that turned out to be quite complex. It revealed a range of concepts – from the routine ups and downs in mood of both therapist and patient, to the therapist’s difficulties in working with a challenging first case, to the patient’s substantial issue with developing a coherent sense of himself and a belief that his experience had continuity and some hopeful elements. These elements will be discussed further in the findings chapter.

While this data analysis phase was ongoing, I simultaneously undertook part of my theory and literature review. This was so I could extend and make additions to the themes that were arising during the GT analysis.

3.7.3 Phase 3

Although the GT analysis exemplified in Table 3.1 was immensely helpful in capturing and identifying themes, one thing with which it did not help was seeing the incremental changes and ups and downs between sessions. On the suggestion of my doctoral supervisors, I undertook a detailed examination of all the sessions. As I have already discussed, given the time constraints it would have been impossible to do a line-by-line analysis. However, I wanted to use GT’s ability to offer a detailed, methodical and systematic approach. I therefore used a similar grid system. Instead analysing the raw data line by line, I edited the sessions, making summaries of the repetitive parts and selected short passages. Thoughts and ideas that provided a version of abstraction and abduction were added in further columns. Although it was not as detailed as GT, this provided a methodical and systematic way of gathering more information and selecting potential extracts to use in the findings chapter as examples of what I had discovered during the GT analysis. At the suggestion of my doctoral supervisors, I added a column that captured the first contact in a session when I collected Nazir from the waiting room, and last contact when I dropped him off. This highlighted patterns that had developed over time and provided salient extra data to be used in the findings chapter. An example can be seen in Appendix 1.

3.8 Ethical considerations

In all areas of this research project, I followed the ethical principles and guidelines set by the Tavistock and Portman National Health Service Foundation Trust and the University of East London.

Although I gained full permission to use the clinical material for this project, I have anonymised the data to ensure it is not traceable to the family concerned. I have not included the signed approval from the family, as it shows their name. However, this document was seen and approved by the university's Research Ethics Committee.

Formal ethical approval for this project was received from the university's Research Ethics Committee (University of East London) on 7 February 2022. A copy of the letter is provided in Appendix 2.

Formal approval of the data management plan was received from the university's Research Ethics Committee (University of East London) on 7 February 2022. This was to ensure all data was stored and shared in a safe and secure way (see Appendix 2).

3.9 Validity and reflexivity

I have no doubt that my own interests and experiences, as well as my personal life, all contributed to my choosing this topic for research. Although I was not adopted, I lived my early life on the border between countries that were at war with each other, and partly for this reason a decision was made to move to the UK, meaning that I was separated from close family members, including a parent. This probably influenced not only my choice of research topic and my selection of this case, but also the team in which I trained (a fostering, adoption and kinship care team), as well as my continuing work with children who have experienced trauma and separation from close family members. My work and continuing experience with this patient group and their families helped to frame the aims of my research. However, I believe I was careful not to get too close to the case or the research in an unhelpful way. I achieved this by undertaking my own psychotherapy during training (a requirement, but also a need) so that I would have a place to take any difficult feelings brought up by this case or others, as well as being able to be in a better position to separate

what was my own emotional state from what was brought up in me by the work. I was also supported during the case by intensive psychotherapy supervision, which provided triangulation – not in the sense of looking at different data sources, but by adding another perspective to increase the objectivity and validity of the research. This was replicated by the doctoral supervision provided in meetings, and in written comments via email.

Another important consideration was that I was working with a boy and family from south-east Asia. While undertaking the clinical and then the research work, I had to think carefully about any cultural assumptions I might be making, consciously or unconsciously. This was again helped by close monitoring of the counter-transference, as well as by having open and frank discussions in supervision.

3.10 Conclusion

I used a qualitative research method – specifically, an adapted version of GT – to gain insights and allow themes to emerge, which then influenced the direction of my ongoing exploration of a relatively unstudied subject. I considered GT to be the most effective method: it provided a rigorous framework while still having the flexibility to allow a psychoanalytically informed interpretation of the data. I used the findings to write the main body of the thesis.

Chapter 4: Findings

4.1 Introduction

This chapter will present the findings gathered from the GT analysis described in the methodology chapter. The combination of theory and data analysis highlighted the importance of hope and hopelessness, not only for the patient but also for the therapist. It also highlighted a particular gap in previous research, namely the effects of hope and hopelessness on the experience and development of trainee child psychotherapists. A vital part of the child psychotherapy training process is ongoing supervision, which supports the trainee to experience and try to understand their clinical relationship with the patient. I believe that hope and hopelessness are major factors in this relationship. Supervision plays a key role in the trainee's ability to understand these factors, enabling hopeless states in both patient and trainee to transform into more hopeful states (Lanyado, 2018).

To explore these areas further, I will begin by outlining the background, assessment and brief description of the boy I call Nazir. Thereafter the chapter is divided into three main sections. The first of these, Section 4.4, explores aspects of hope and hopelessness from the patient's perspective. Section 4.5 then explores hope and hopelessness from the therapist's perspective; it highlights themes that arose that are particularly relevant to trainees who are new to the experience of undertaking this work. Lastly, Section 4.6 is titled 'The experience of supervision, and the larger context of the clinical work'. This section places particular emphasis on the importance of supervision in these cases and the support needed for a trainee to develop. Each of these three sections ends with a conclusion regarding the findings.

4.2 Background and assessment

All of the information that follows (names, places etc.) has been changed to maintain confidentiality.

Nazir is from south-east Asia, as are his adoptive parents, who are his aunt and uncle. His adoptive parents had already moved to the UK when they decided to

adopt because they could not conceive their own children. Nazir was seven years old when I started to see him.

Even before he was born, Nazir reportedly experienced a considerable amount of trauma. His adoptive parents described the environment they believed he had experienced *in utero* and then during the year after his birth. They believe that while pregnant his birth mother had made several abortion attempts, that his birth family had been financially impoverished, and that his birth father had rarely been present. One can imagine the state of mind of his birth mother before Nazir was born. This paints a picture of a hostile environment very different from one where a baby is wanted, thought about, and talked to and about in positive ways. The risk factors and likely outcomes for babies who experience trauma and stress *in utero* are well evidenced (Music, 2017). Once born, Nazir experienced severe neglect, including being left alone for periods, with his basic needs often being unmet for prolonged periods of time. While believable, this early history, which was gathered from Nazir's adoptive family, cannot be considered wholly reliable. This is true of many cases of this kind. However, what I learnt from my therapeutic experience with Nazir seemed consistent with what I had learnt circumstantially about his early life.

Once he had been adopted, Nazir did not only experience separation from his birth family; due to complications with the paperwork, he then also experienced repeated and prolonged separations from his adoptive parents, as he remained in his country of origin while they went back and forth to the UK. Once he had come to the UK, he then had the further separation from his adoptive grandparents, with whom he had been staying in his country of origin.

Soon after he arrived in the UK, Nazir started to attend a mainstream primary school, where there were immediate concerns regarding his mental health. He was referred to the team in which I worked, with concerns about hyperactive behaviour, poor awareness, complex social and emotional difficulties, and heightened aggression towards adults and children, of whom he was very controlling. At school he was very far behind academically; socially, he could not make or maintain any friendships, and he was described as hard to like by teachers and pupils. At home he did not dress himself, wanted help toileting and eating, and would not sleep alone. He was very aggressive towards his adoptive parents, particularly his mother. His adoptive

parents said that he would not sit still for even a minute and would have a tantrum if he was told ’no’. They had maintained the false story to him that they were his birth parents. Both the school and the parents were concerned that if Nazir’s aggression continued, he would need to be institutionalised; they expressed a fear he might kill someone. Despite all these factors, his parents also maintained an unrealistic hope that Nazir would become a ‘big boss’, showing that at times they could not really understand the extent of his difficulties.

Further information was gathered as part of his generic assessment. This included thinking about how Nazir found separation highly difficult and would often draw people close to him through his challenging behaviours. However, the intimacy that ordinary relationships involve was equally challenging. It seemed that he often did not actually see others as separate and would use them as if they were an appendage of himself. Nazir found transitions and any change unbearable. He also did not seem to have any concept of time. He did not know what day of the week it was or have a concept of yesterday, today or tomorrow, and he did not really understand even the basic difference between a short time and a long time. He seemed very confused and confusing.

Nazir underwent a psychiatric assessment as well as a cognitive assessment and assessments for attention deficit hyperactivity disorder (ADHD) and autism syndrome condition (ASC). Although he was close to the thresholds for learning disability, ADHD and ASC, he did not quite meet criteria for any of these conditions. Although the diagnosis was not part of the diagnostic manuals at the time, we would now think his repeated experiences of trauma and loss were sufficient for him to meet a diagnosis of complex post-traumatic stress disorder (complex-PTSD, ICD-11 B641). Complex PTSD that occurs so early in childhood, within family relationships, can be considered ‘developmental trauma’ because of the widespread and cascading impact on a child’s developing brain and body. This can have significant impacts on cognitive development, biological development, emotional regulation, behavioural regulation, attachment and relationships, and self-concept.

It was felt that Nazir might benefit from a specialist psychotherapy assessment. Nazir was assessed by a qualified psychotherapist. Here it was also noted that Nazir found it extremely difficult to recognise or put emotions into words and would often act out

his feelings in a chaotic way. As well as this, it was felt that at times Nazir had disordered thinking and abnormal perceptions. The psychotherapy assessment concluded that Nazir might benefit from intensive (thrice weekly) psychoanalytic psychotherapy, and an initial offer of two years was made and accepted. Alongside this, Nazir's parents were offered weekly work to help them think about their parenting, their relationship with Nazir, and the ways that he communicated. After the assessment, there was an approximately four-month break, during which there continued to be some meetings with the parents to hold the case while the team waited for me to start my post and begin the work.

4.3 Description of Nazir

Nazir was a south-east Asian boy. At the time, he was a little short for his age. Although always dressed in good, clean clothes, he somehow managed to stand out as if not quite belonging or fitting in anywhere. When I first met him, I was struck by his eyes and furtive gaze, which seemed not quite to look at you while at the same time holding you fixed onto him. He had a slightly awkward, clumsy gait, often walking on the tips of his toes. When he started treatment, he had a stutter that gradually faded.

4.4 Findings section 1: Clinical exploration from the perspective of the patient

In this section of the chapter, I will present the findings of the data analysis from Nazir's perspective. This is of course subjective and influenced by my own perspective as well as those of my intensive case supervisor and my doctoral supervisors. However, as can be seen in the example given in the methodology chapter, I have tried to look closely at what Nazir may have been experiencing in the therapeutic relationship with me during his sessions, and the connection to hope and hopelessness. I will present the case in chronological order, dividing it into nine subsections as follows: Term 1 (autumn term): beginnings, approach to the first break; Term 2 (spring term): a container is found, and oscillation sets in; Term 3 (summer term); Term 4 (autumn term); Term 5 (spring term); Term 6 (summer term):

An approach to an ending; Term 7 (autumn term): Ending; Conclusion and summary; After the end.

4.4.1 Term 1 (autumn term): Beginnings

In this section I will describe and explore the first contact with Nazir and how this developed. Although this does highlight the chaos, mess, disturbance and great difficulty in the work that was evident at the beginning of the case, it also shows that there were small moments of contact that seemed hopeful. I will also discuss some of the interventions that were needed for the roots of containment, trust and love to take hold and for hope to develop and grow.

I will begin by looking at the very first session, where some hope could be observed but things on the whole were more chaotic and disturbing.

Session 1

> He puts the sheep and babies in the (toy) cupboard, saying, 'This is what I do', then puts Play-Doh on the outside, wrapping the cupboard, and says, 'The baby animals will die. They will be scared and then will die'. … He gets the Sellotape and tries to cut a bit off but doesn't manage. He asks me for help by holding the Sellotape up, and I automatically respond without much thinking to help him. He wraps it around the cupboard.
>
> In a methodical way he gets the dolls and says, 'This is what I do', then throws them on the wall of the house. He tells me this kills them. He looks at me directly and says, 'I like thinking about killing people'. I feel like this is a test to get a reaction. I say, 'I think you are wondering how I will react'. He takes the grandma doll out and starts to cut the leg. He pauses, looking up at me, worried. 'What will you do if I cut the leg off?' He throws the crocodile on the floor and stamps on it. He looks worried and says, 'The crocodile will bite me'. I ask, 'Why?' He says, 'Because I stamped on it, it is angry. Look, it's looking at us'. The crocodile now seems alive to him. I feel disturbed and worried by this.
>
> He sits on the couch and says, 'That's why I kill the dolls, because at night they come to life and come to bite me in bed'. I say, 'This is frightening'. He says, 'I am not frightened of anything'. He then says, 'There are flies. They

come and suck all your blood out at night. In the day I can hunt them and kill them'. He gets the ruler out and swipes as if swatting flies that are really there. He asks, 'Why am I coming here?' I say, 'Why do you think?' He says, 'I don't know. It's boring'. I say, 'You wonder what I can offer. It's hard getting used to someone and then having to change' [therapist is thinking of assessment therapist]. He says, 'Yes'. He asks, 'When will the next session be?' I say, 'It will be Thursday. So not the next day but the day after'. He nods in approval at this. He returns to talk about the flies and again swats them as if they were really there. I find this very disturbing.

[At the end, while tidying,] he asks me to put the crocodile away.

In the first session we can see Nazir's response to meeting someone new. He projects his fear into the dolls, who become 'scared' and 'die'. To get rid of any sense of vulnerability, he becomes identified with the killer who is scary rather than with the small dolls who are scared. He is momentarily curious about my reaction, but this is quickly overwhelming to him, as he gets rid of the crocodile (me), who then becomes alive with his thought that it will retaliate. This is also true of the flies, which I think represent a needy baby that sucks out all the insides. He kills them off as he kills off his own need. The flies, like the crocodile, are not able to be held symbolically but become concretely real. At this stage it is difficult for him to tell the difference between what is internal and external, what is real and what is phantasy. Nazir also does not have the concept that he can bring things to be understood or to be helped with. Although he does ask me for help – by holding up the Sellotape – this is done as if I am more like an appendage of his than a separate person. Nazir is in a paranoid-schizoid state of mind, where he is using projection to evacuate unpleasant thoughts and feelings as a primitive form of communication (Rosenfeld, 1987). Despite this – although I did not realise it at the time – he does give me a picture of his internal world, where need and vulnerability are not tolerated but got rid of. It is a world of aggression where one attacks and is then attacked in an ongoing battle. There is no sense of another who might make sense of things; rather, things become increasingly disintegrated, as they are pushed out and taken in again as bits. He fills the room with chaos and shows me his state of hopelessness that things might have meaning. This gives a clue to his early object relations, where he did not have much containment and which he is stuck repeating. His capacity to split is at

such a rudimentary phase that he cannot differentiate between good and bad, as everything is a soup of mixed-up feeling and thought particles. He is stuck between his impulses and defences (Segal, 1987).

Despite this, there is a hopeful moment beginning with curiosity ('Why am I coming here?'), and then a connection when he says 'yes' to my suggestion that it is hard to start with someone new. This brief moment of understanding is then got rid of as he returns to kill flies that seem real. It is vital that I can experience feeling disturbed. This may help him to ask me to put the crocodile away at the end, showing a hope that I am someone that might manage aggression. This does suggest that Nazir may have had some good early experiences mixed in with disturbing ones.

What feels hopeless is the state he is in at the beginning of treatment. What feels hopeful is that he is able to express this, and that he has a place to do so and someone who will at least try to make sense of things.

It was not long after the first session that Nazir turned his attacks onto the room and directly towards me. He broke and cut up the toys provided. He smashed up the doll's house. He would try to kick, hit, spit, cough or wipe his snot on me. He would throw hard objects such as the cars and wooden doll's house furniture at me. He used the pens to draw on me, the walls and the furniture. He would use the sink to flood the room as well as throw water onto me. Although I did respond by trying to set rules and boundaries, there were real difficulties in knowing how to manage him to make the work even possible.

It was perhaps inevitable that given the chaos that was created, and due to my inexperience, some communications were missed – a recreation of his early experiences of his needs not being heard. There were also rare moments when I made connections that were tolerated. For example, in Session 9, when I talked of anger at the weekend break, Nazir smiled, and there was a genuine warm feeling. However, after these more hopeful moments there was a swift return to attacking me or the room. Connection seemed intolerable, as it also put him in touch with neediness and vulnerability. However, in me he had found a place to direct his rage and hatred, which was valuable to him, especially as I did not retaliate with violence but instead attempted to think, be curious and understand. Most importantly, I

continued to offer a space and did not give up. This gave him the experience that I could survive what he threw at me (Waddell, 2019).

As sessions progressed, it became clear that he was disturbed by my talking in ways that felt unexpected to him, as it kept highlighting me as a separate person with a separate mind. As a defence against this, he would become controlling to get me to behave in particular ways – such as making me into a rule setter – as can be seen in the next extract.

Session 14

> Nazir steps onto the windowsill, saying, 'I'm all big'. I say, 'Get down', but he stays up. I get up, saying, 'We can't continue the session'. As I walk to the door, Nazir jumps down and sits on my chair with a big smile, looking very pleased with himself. 'I'm controlling you like a puppet'. I feel powerless and humiliated.

With the words 'like a puppet', Nazir showed he could control and force predictable reactions in me and those around him. Although doing so often resulted in a battle, it felt safer for him. It was also one of the only ways he knew to relate to others. As Hopkins (2006) and other writers point out, children who have had so much unpredictability in their early experience can then become very controlling to manage their environments. Nazir needed to feel in charge while I felt helpless and as if things were being done to me without my choice. A child's enjoyment in this sadistic way of relating is described by Canham (2004) and Joseph (1983) as a perverse object relation which does not seek understanding but does give an indication of a cruel object relationship.

Nazir also did very repetitive things, especially at the beginning and end of sessions. These periods tended to be more fraught than the middle section of the session. When I collected him, he would rush ahead of me to the room, and he would often turn all the chairs over, empty the box and spread the contents around, creating chaos, mess and a feeling that there was no gap or separation from the last session. It was as if we were exactly where we were before, and no time had elapsed. He would ask the same question at the beginning: 'Why do I come here? I always miss football'. At the end, he would often barricade the door so that we could not end, before finally covering me in mess and then running ahead to the waiting room. In a

literal as well as metaphorical way, he was leaving me as the messy, helpless one. I also feel that the running to and from the waiting room showed that he was attempting to rid himself of the gap between sessions, so that he could get rid of the sense of waiting and time itself.

As the sessions and time went on, Nazir had an experience of a certain predictability created by the rhythm of the sessions and the setting. For him, the sameness created a certain amount of stability through predictability and a feeling of security and safeness. As Kenrick (2005) and Canham (1999) state, this is key to building the foundations of trust that allow more hopeful states to emerge.

Approach to the first break

In Session 25, when I told Nazir of the first break, he not only destroyed the calendar I provided but also broke the doll's house. In this literal enactment, he showed that rather than being able to hold onto an idea to be thought about, he needed to enact it and therefore get rid of it. At this stage he found separation too much to think or feel, and he needed to just evacuate it out. However, a week later there had been a little development, as the next extract shows.

Session 28

> Nazir tries to throw the teddy out of the window but stops when I say he wouldn't get it back. Instead, he tries to cut its head off with the scissors. I say, 'It would be sad, as it is your teddy'. He instead stabs it in the neck, then mimes it choking and throwing up. He calls it 'the Lee teddy'. He says, 'I have three teddies at home who are all called the Nazir bears. These are all good'. I say, 'Maybe they are angry as the Lee bear couldn't be around to play with them'. Nazir then decides to bury the bear, and he wraps it in the calendar and then puts it in the folder. I say, 'It seems hard to think the Lee bear will stay alive over the holidays'. He takes the bear out of the folder and wants to take the bad stuffing out and put the good stuffing in so it can be a good Nazir bear.
>
> Nazir suddenly asks, 'Where is Dominic?' [the therapist who did the assessment]. He asks about the things he used in the assessment. We talk about all his old things, the drawings of the angry birds he did and his old

doll's house. He asks why he can't have these back. He then says, 'Will you be gone after the holidays? Will I get all new things and a new therapist?' I say, 'I will be here after the holidays, and we will continue'. He calms down and lies on the couch and carries on asking about his pictures. I describe to him some of the pictures, which he seems pleased that I know about.

I believe that Nazir is desperately attempting to deal with feelings connected to separation and loss that are aggravated by the upcoming break. They connect him to his earlier experiences and the feelings of losing his birth family and a sense of being got rid of, which at this point he cannot think about. At the beginning of the extract, Nazir is again identified with the one who throws out, but he manages not to act this out when I connect him to the loss. Instead, he viciously attacks the bear, which represents the vulnerable feelings he projects into me. The three 'good' teddies partly represent the three sessions that he comes to and finds good. By placing them 'at home' and giving them his name, he is able to make a split between bad and good. I believe this all indicates that he is not just evacuating his thoughts and feelings but that he is trying hard to hold onto them and make sense of his painful experiences of separation.

Working in the displacement, and connecting the emotions not to him but to the bear, makes it manageable for Nazir to talk about feelings of anger linked to the missing feeling during the break. This in turn allows him to show his fear of loss as a death, through the burial of the bear in the calendar. But I think he is also trying to preserve the bear in time (the calendar), as he is a little more connected to reality. This is difficult for him to maintain, as he returns to concreteness when he tries to physically take out bad and replace it with good. However, he is able to be in touch with feelings of loss in relation to Dominic (his assessing therapist) and the worry that he might lose me as well. I am able to take this in, think about it and then feed back to him that he will not lose me. This containment results in him feeling calm. He is then able to remember and talk about the past, showing that he is able to keep things in mind and hold onto an internal structure. There is less fragmentation; thoughts are more bearable to be thought about; there is a place for things; therefore, he is more in touch with reality. During this session, there also seem to be warm feelings as Nazir and I enjoy being with each other.

This reveals how understanding can produce warm, positive and hopeful feelings. These could not be achieved without my first experiencing, feeling (Lanyado, 2018) and then surviving the confusion, chaos, aggression and hate in the session (Waddell, 2019). Moments of connection and warmth create a new experience, which gives rise to the hope that these moments might occur again (Cregeen, 2012).

Although I did not see it at the time, and even though they were very small shifts, these were quite remarkable developments considering the level of disturbance Nazir had displayed at the beginning of his treatment. As I look at it now, this seems quite a hopeful development. Interestingly, this is in stark contrast to my feeling at the time, which I will discuss in Section 4.5.

The developments that were evident in the session described above (Session 28), although positive, put Nazir in touch with very painful feelings in connection with separation and feeling unwanted. In reaction to this, he became very stirred up in the remaining sessions before the break, attacking me and the room. He projected his smallness and humiliation into me by covering me in water and then laughing at me. This points to the presence of a sadistic object that laughs at smallness, neediness and vulnerability (Canham, 2004).

In Session 32, a week before the break, Nazir became attacking and dysregulated, as he wanted to show his distress in a concrete, physical way. I returned to rule-setting as we both entered a battle where thinking did not seem possible. Nazir soaked the bear in the sink and then rubbed it in my face. I felt disgusted and momentarily became unresponsive. I believe Nazir felt my withdrawal and became enraged as a means of drawing me back. I think this behaviour actually masked the panic and terror he felt at losing me. When I tried to make any comment or think about what was going on, Nazir responded by attacking me. Eventually he threw the bear out of the window. I believe this indicates how painful thinking and feeling was to Nazir. This was because it put him in touch with his own neediness and vulnerability. Nazir experienced the end of each session, the upcoming break and my disconnection during the session as me getting rid of him as an unwanted, horrible, disgusting baby, which linked to his original trauma of separation from his birth family and the phantasies connected to it. He could not hold onto these thoughts and feelings, and he needed instead to literally throw the bear out of the

window in the same way as he evacuated his feelings. The bear had recently been symbolising not only the vulnerable parts of Nazir but also loving feelings in the session. I also think that in Session 28, Nazir felt connected to and in the presence of the 'good object'. When the session was over, he felt he was not with the absent good object but in the presence of the terrifying bad object (O'Shaughnessy, 2016). I believe that Nazir felt hopeless about his ability to cope with and hold onto thoughts and feelings. He was not able to process them, and he needed me to do so on his behalf. However, this further increased his needy feelings, which were unbearable. I felt there was a particular significance to the bear, and so I asked the building staff to retrieve this toy. I agreed with Nazir that we would bring the bear back when we both felt that he could manage.

As with most development, which does not move in a linear fashion but rather goes back and forth, Nazir was not able to hold onto change, and he reverted to earlier behaviour as the break approached. This continued after the break: a period of oscillation began as he teetered between hope and hopelessness.

4.4.2 Term 2 (spring term): A container is found, and oscillation sets in

In Term 2, the oscillation seen at the end of the first term continued for a long period, echoing Rustin's (2001) paper 'The therapist with her back against the wall'. There were moments where Nazir could be a little calmer and where there was a step towards understanding and containment. He kept approaching feelings but then found them unbearable and pushed away from them. The initially brief moments of contact seemed hopeful. However, there were much longer periods of chaos and aggression when it seemed difficult to make contact and be in touch. These periods seemed to be filled with deadening despair and a draining away of hope. I think this was because we were asking Nazir to do something incredibly difficult. Being connected meant an experience of vulnerability and pain and a realisation of separation. His current way of being, although unhelpful and destructive in our eyes, was for him a necessary and far better way of coping with the world. Echoing Kenrick (2005), even moments when connection and containment were possible were also difficult for Nazir, as they put him in touch with painful feelings connected to earlier experiences of deprivation and privation. Even very simple connections could feel too much for Nazir at times, as can be seen in the next extract.

Session 39

> [Unusually, when I go to collect Nazir, he is reluctant to come to the room.] I say, 'I think you found it hard coming today. Sometimes you want to be here and sometimes you don't'. Nazir comes up close to me and hits me with a closed fist on my chest.

To Nazir, the thinking and linking I was doing felt too much, and he attacked me to make me stop. What I said to him was either too painful or did not make sense.

Around this time, Nazir began to go through a repetitive sequence in which he would empty the box and then forcefully and continuously push the box into me, saying 'I'm boxing you'. Although I did not see it at the time, this was a significant development, showing he had a sense of another he might put something into (a container) – but for him this needed to be forced in a concrete, intrusive way, in reality rather than in phantasy. This was possibly also how he experienced my words going into him. According to my notes from supervision at the time, we discussed how he needed to do this to believe that I would 'really get it'. When I was able to put some of this into words and describe what was going on to him, Nazir would smile and agree with a clear 'yes', as he seemed to really enjoy being understood. However, he would quickly revert to attacking. From Session 59 onwards, he began a period of piling all the mess from the box onto my lap. This showed how his relationship with me as a container was developing. Albeit still in a literal and concrete way, he had found a place for his mess, which he could place on me rather than force into me. This is very significant, as I believe it shows there was a change from an evacuation of feelings to having -if only on a primitive level- a sense that someone might take something in and try to understand. Again, I missed this at the time, and it was only in supervision that I was helped to notice it (Lanyado, 2018). I will say more about this in Section 4.6.

Towards the end of this term, Nazir made a link himself. Up to this point, I had suggested things to which he responded, but he had not added any thoughts verbally himself.

Session 66

> [Nazir says,] ‘I am going to make the room so messy so that no one else will want it, then it will just be mine’. … He goes on to play a game where he wants me to guess what he is thinking about. I interpret that he finds it hard to say how he feels and that it is hard to talk. ‘Yes, sometimes it is really hard to talk’. [Soon after, he begins to attack my watch.]

This was a significant development, as it showed that he had started to make his own links between himself, the room, and potential others who might share the room with me. This gave meaning to his actions and showed how his awareness was increasing. I totally missed this and picked up that he found it hard to talk, although he had been very clear in what he had to say. I think this misunderstanding made him return to bodily and literal expression through his attack.

Looking back, although there continued to be significant difficulties, there were hopeful developments. Nazir continued to develop his sense of himself as a separate person who might have a separate mind, he had found a containing object (even if he used it in a literal way), and he had started to make links. These developments, which I did not really notice in the moment, were in stark contrast to my own feelings of stuckness and hopelessness at the time, which I will discuss further in Section 4.5.

4.4.3 Term 3 (summer term)

Again, the term began with a return to violence and chaos; however, this time it did not last so long. There was also a change in the attacks, which now had more of a focus. Nazir almost exclusively attacked either my head (which he tried to literally pull off) – an attack on my thinking, separate mind – or my watch, in a literal attack on time itself. To use Canham’s (1999, p. 66) words, ‘because he could not face what he felt to be his infantile self being left for an eternity [, h]e wanted to stop time in order to prevent it from happening’. I feel this was actually quite a positive development, as it did not seem like an evacuation of feelings but rather an attack on specific elements which at times he found too much.

Some of the material that came up seemed to be connected to his earlier losses. For example, let us consider Session 87:

> I say, ‘Nazir wants Lee to be the one left with all the horrible messy feelings. He wants Lee to be the messy one’. Nazir becomes less intense. He says, ‘Lee is the one that nobody likes and everybody hates’. I say, ‘Nobody wants Lee’. Nazir says, ‘Yes, and he must be thrown out’. I say, ‘And then what will happen to him?’ Nazir says, ‘He will have to move to a new country’. I feel a surge of sadness and sympathy for him. … Nazir says, ‘He will be put into jail’. I say, ‘I wonder why he will be put into jail?’ Nazir says, ‘Because he is naughty’. I feel incredible sadness. There is a moment of calm as he stands near me, and I lean slightly towards him. [Soon after, he starts to attack my watch and tries to pull my head again.]

This shows how Nazir was able to use the therapist in displacement to explore his own experiences and feelings of being a thrown-out boy. After finding a container during the previous term, he had more of a sense of somewhere to put his sadness. He could get emotionally closer to me and have contact, but this was only bearable for a moment, as he returned to attacking my watch and head. The attack on my head indicated that he did not like the feelings that came from my thinking and connecting and wanted to stop them.

There was also a mismatch in the material where internal truths did not align with his external version of the world, as his parents still had not talked to him about his adoption. It was at this point in the therapy that the parent work helped the parents to talk to him about his adoption. This will be discussed further in Section 4.6. Telling him seemed to have a remarkable effect on Nazir. There seemed to be a change in his sessions after this time: he was calmer, more able both to think and to use the thinking I provided. Although the attacks did not totally stop, they were markedly reduced. I believe that a part of the reason for this was that telling him the truth freed up a part of Nazir’s mind and aligned him more in time. He was not as stuck in a past trauma which was confusing. In being able to place the trauma in the past, he was not so trapped in how things were in his present, allowing him to be more in touch with how things actually were. Having a greater sense of a past and present also allows one to have hope and curiosity about a future (Canham, 1999).

The next extract shows that Nazir had developed a better understanding of time and space and could be a little more curious. I think this was due partly to his being told

the truth about his adoption, but partly also to my consistency in starting sessions by saying where we were in the week, which I had done since quite early in the treatment.

Session 102

> [Throughout this session Nazir keeps better eye contact, and it seems more of a reciprocal conversation between two people.] Nazir springs up from his chair, briefly touching my arm before going out the waiting room and running down the corridor to the room. When I enter, he is sitting on my chair, with the other armchair turned upside down. I sit on the couch and say rhythmically, 'Here we are again, Lee and Nazir, in a room together again, and it is Tuesday'. Nazir says, 'Yes, and it is the middle session of the week'. I say, 'That's right, and we meet on a …'. Nazir interrupts me and while holding my gaze says, 'Monday, a Tuesday and a Friday'. I can't help smiling. He suddenly says, with a curious quality to his voice, 'Do you know what, Lee? After Monday and Tuesday comes Wednesday and Thursday, and I don't come on Wednesday or Thursday. You know, that's sometimes a long time to wait. Do you know what, Lee?' I say, 'What's that, Nazir?' 'After Friday comes Saturday and Sunday, and I don't come here on a Saturday or Sunday, and I don't go to school'. I feel quite emotional and have a great feeling of warmth towards him. It feels like a real milestone. I say, 'Nazir really likes knowing the days of the week'. … He goes to the wall and scratches at some of the dents in it, chipping off a bit of paint. He looks round at me with a smile and says, 'What do you do on the weekend, Lee?' He smiles and keeps on scratching at the wall. I get the urge to tell him to stop but instead ask what he thinks I do on the weekend. He says, 'Lee buys presents'. I say, 'Maybe Nazir is thinking, who do I buy presents for?' He says, 'Yes, that's right', then suddenly, 'No'. I say, 'Nazir wants to know but also doesn't. Nazir does not want to share Lee'. He says, 'It's good Lee buys presents'. I say, 'Nazir wants Lee to look after and be looked after'. Nazir begins to be unsettled but this does not bubble over into aggression, as he seems partly able to hold onto unpleasant feelings. He puts a handful of mess [from the box] on me. I say, 'Too much. Lee needs to hold onto all the messy feelings'. He goes over to the couch, seemingly very calm, and half covers himself with a blanket. He looks up at

> the ceiling and seems to be really thinking. I say, ‘Nazir is really thinking about something’. He says, ‘Yes, I am’. I say, ‘I wonder what Nazir is thinking about?’ He says, ‘I am thinking about something, but I’m not going to tell you. If I don’t tell, you won’t know’. I say, ‘That’s true. … There are some things that Nazir wants to keep private, and he does not want to tell Lee’. He looks and smiles at me. He again asks me what I do on the weekend. I suddenly get a thought that it is more about thinking about each other when not together. I start saying things like, ‘I wonder what Nazir does on the weekend? I wonder what he gets up to? I can think about Nazir when he is not here’. As I’m talking, Nazir smiles broadly and seems to really enjoy this.

Being able to know about the days of the week and therefore the sequence of time was an incredible development. It allowed things to have a structure and a place (past, present and future) which he could sort out, and in so doing he could make more sense of the world. This also put him in touch with emotions such as ‘that’s a long time to wait’. However, by touching my arm and running to the room knowing I would follow, he had a sense that waiting – and the emotional space it created – would not be endless. He managed to keep hold of an idea that he would see me again, even if it felt like a ‘long time’ and meant he lost his place for a time. This highlights how the development of time goes hand in hand with the development of space. He could tolerate his separation from me. This brought frustration (evidenced by the digging into the wall) but also curiosity. Through his curiosity about the weekend and what I did on it, he was displaying the start of being able to think about what O’Shaughnessy (2016, para. 5) calls ‘the missing good breast’. It is also significant that he recognised that he also had a separate mind – that he could share his thoughts with me or not. This thought that I spent time without him and with others brought difficult Oedipal feelings more to the surface. I took this up too directly at this stage, and it unsettled him. I think for him it was important that I cared about and was cared for by others, as I was then preserved as a good object that could also care about him. However, it was also painful and could make him feel left out. Throughout the session, he managed to hold onto these uncomfortable feelings and even turned them into something playful by giving me the experience of not knowing what was going on in his mind, so I was the one who was left out.

The combination of being more curious about others and being able to be in touch with the reality of time meant he noticed more around him. In particular, on one of the days Nazir came, there was another boy who saw a therapist in the room next door. Nazir looked forward to seeing this boy and began to talk about him a lot. He knew that he saw him in the last session of the week and that he needed to wait. It was simultaneously endearing and painful to see his attempts at contact, as both boys would stick their faces partly out of their windows in an attempt to say hello, but they kept missing each other. This allowed us to talk about his wish and hope to make contact and have friends, how hard it was to wait for the day to see 'that boy', as well as how hard it was to make friends. It allowed us to think about his relationships (including our own relationship) in a manageable way.

The freeing of his mind, his increasing ability to verbalise some of his thoughts, and the curiosity about my mind allowed me to further observe the frightening disturbance that was present for him.

The next extract is from just before the first long summer break.

Session 116

> He taps me gently on the head. He says, 'I wonder what kind of brain Lee has. Your brain controls you. … There are good brains, and they make you do good things. Lee has a good brain. … [Pause.] There are evil brains, and they actually come from outer space. … They make you do evil things, like destroy the city. They control you. … Evil brains are black, but they can be different colours as well. They have three legs and red eyes that glow, and they have a tail. You have to watch out for these, Lee'.

Here Nazir is able to express his inner world in a more verbal way. He can let me know about an internal object that is controlling and destructive and sounds terrifying. Nazir is able to split good and bad and show concern for what he thinks is me and my good brain. I think my good brain represents my helpful thinking, which is able to offer some level of containment. However, although he recognises there are separate minds, these are frightening and scary (even the good brain 'makes' you do things). It also shows how concrete his thinking is. It is as if he is saying, 'If you can't see thoughts, how do you know what they are?' What is also evident is how

disturbing his thoughts are, and how they cause him to lose touch with reality as the first summer break approaches.

4.4.4 Term 4 (autumn term)

Apart from a short, intense period at the start of Term 4, there was a marked change in Nazir's behaviour. Although his outbursts continued, and he continued to be very challenging, in general he was far calmer. I no longer had to stop sessions. I think he was getting the sense that although I went away, I also came back. Importantly, through the calendar, he had some sense of when this would happen.

Although he did not talk about his feelings about the break or even mention it, he communicated his feelings very well. At each session he began to run ahead to the room, turn all the furniture over and then sit in my chair. This gave me the experience of being displaced and not having a place. He covered the calendars in water and continued his attack on the clock, in a literal attack on the time in the gap. He covered me in mess, giving me the experience of being disgusting and unwanted. It was vital I could feel these feelings while keeping in mind his early experiences as a baby, a feeling he could not bear himself but needed me to bear. This shows he had found a place to bring his feelings and had a sense that I might experience them too.

Nazir talked of his idea that I had a clever brain that noticed things. When I did make some observations, he reacted in ways that would make me revert to rule-setting, such as tapping my head repeatedly or spreading water. This indicates that at times he hated my 'clever thinking brain' and would enviously attack it (Klein, 1975) so I could not think. For now, he had a place to put feelings, but he did not want too much thinking about them. He talked of himself having a silly brain, which I believe was a way of acknowledging that to some extent he was aware that something was not quite working properly in him. There were also moments when he could show concern towards me, warning me not to get too close to the evil or infected brain so that my brain would not get hurt. He had found something good that he felt needed looking after.

In Session 127, he talked of an idea that he had been small but now he was medium-sized. He told me that he was one of the biggest in his class but that he was due to move to secondary school, where he would be one of the smallest. We talked

about how he was noticing changes in himself and that he had an idea that he could develop further and grow. He enjoyed my observations and being understood; he also enjoyed the fact that he could let me know things. By being in touch with the reality of past and present, he could let me know about his hopes for future growth and development, as well as his worries about feelings of smallness and vulnerability. This was too much for him to hold onto, as he then talked about growing to huge, gigantic proportions – '400 centimetres' – as an ordinary hope changed into an unrealistic hope to get rid of the feelings of smallness.

Due to the reduction of his attacks, and at his request, I agreed to bring back some of his drawing materials. The session when I did this, Session 131, was quite remarkable. Space constraints mean I am not able to reproduce the whole session; below is a condensed version.

Session 131

> When I go to collect him, I notice that he tenderly touches his mother's arm before leaving the waiting room. He says hello to me. He walks to the room slightly behind me, follows me into the room and then sits in his chair. I realise I have forgotten to bring pens and paper, which I had promised. We agree a plan together to pause the session so I can go to get them. I apologise, and Nazir says, 'That's ok, Lee'.
>
> I point out the different way we have managed to get into the room and add that I think that Nazir 'really wants to be here and think about things'. Nazir responds with 'it's not just today, I've liked to come here for a long time'. This makes me feel very affectionate towards him.
>
> Nazir wants to stick pictures up on the wall, and I say, 'You want the room to be a nice place'. He says, 'Yes', smiling. He says he wants to keep the drawings safe, and I agree to bring a new folder.
>
> Nazir goes quiet and seems at first to be thinking, but then seems cut off and lost. I say, 'Nazir has gone, leaving Lee all by himself'. He becomes alive again.
>
> Nazir draws penguins, remembering the first time he came. He is pleased when I tell him I have kept those drawings. Nazir tells me that he is drawing a

‘mummy and daddy’ and then a ‘little baby penguin in a cot’. I say, ‘Nazir is thinking about family’. He says, ‘Yes’. Nazir sees me smiling and says, ‘Lee is smiling’. I say, ‘Yes, I am smiling’. He beams warmly. He continues adding and telling me more about the story of the drawing.

When I say, ‘Five minutes left’, Nazir wants to draw an evil brain. I say, ‘It looks like a very scary monster’, which Nazir agrees with.

At the end, Nazir calmly walks out, staying close to me until the waiting room, where he says goodbye.

This session displays how Nazir has found a good object in me. This allows him to tolerate the frustration at separation from his mother, his position as the child (letting me lead him to the room), and that I have not kept him in mind (forgetting the pens) and therefore am not ideal. All of these frustrations can be felt, survived and jointly thought about in an ordinary way (what to do about the pens). Echoing Reid (1990), I think it is important to Nazir that I have recognised the good feelings to which he then responds. He is clearly showing that he wants to make the room beautiful and that he wants to keep hold of these good feelings (the folder). Even when he does cut off, I am able to remain receptive and draw him back. He is then able to show me a more integrated part of himself through a picture of a family together. My noticing and finding enjoyment in being with him and observing him also increases Nazir’s enjoyment. A benign hopeful cycle is established whereby loving, hopeful feelings enable understanding, which then produces further loving, hopeful feelings. This highlights the utmost importance of the link between good feelings, thinking, and the hope that it produces. Nazir’s experience of my genuine affection towards him gives him the experience that he is wanted and can be loved, which aids his capacity to feel and think (Reid, 1990). As well as being loved, I would add having a capacity to love and knowing one’s love is received are also vital needs. Klein (1937) talks of love as an antidote to hate and a means of reparation. I believe such moments of love will sustain both patient and therapist when things inevitably become harder and will keep alive a hope for goodness.

At the end, Nazir is able to draw something (Figure 4.1) to help us think about an experience that the ending brings up – the experience of more frightening feelings of separation, which can be felt, tolerated and talked about, even if only a little.

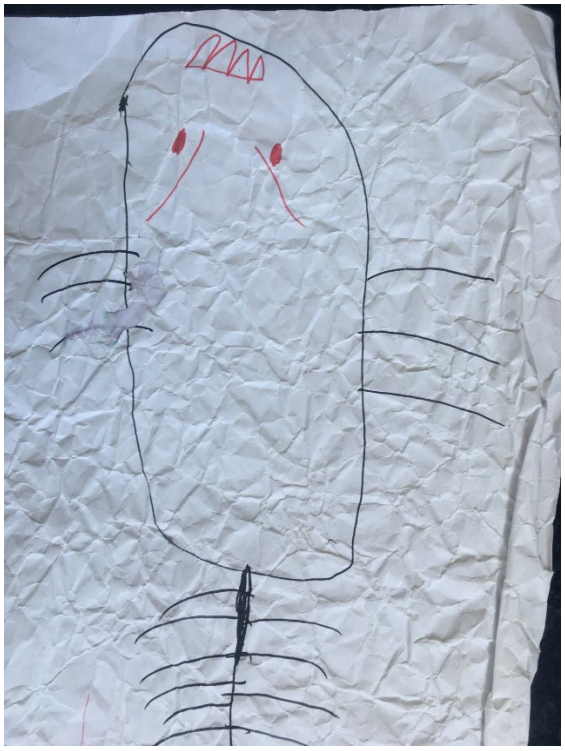

Figure 4.1.

I found this drawing of a brain terrifying, and it gave me the feeling of my skin crawling. Nazir told me how it would get inside people and control them to do bad things. I think that as he felt safer in the sessions, he could find a way to express the more disturbing and psychotic parts of himself and his inner world, both verbally and pictorially. Importantly, I could feel this and put it into words that felt ok to him.

Nazir continued to oscillate between being able to think and reverting to manic defences. For example, in subsequent sessions, after drawing more very similar brains, he would then become scared of them and attack them as if they were real. This was like the flies at the beginning, although it did not have the same quality of hallucination, as Nazir was able to keep one hand holding onto reality.

Nazir began to draw and say the same things again and again. Often what felt meaningful to begin with – a hope to understand something – would then become meaningless and hopeless in a -K defence (Bion, 1959, 1962a) as he destroyed time through what felt like endless repetition. I would get sleepy at these points, finding it very hard to think, as I believed I was in the presence of something quite deadly.

I believe that a part of Nazir's difficulty was that although he had begun to develop what Bion (1962a) calls an 'apparatus for thinking', his apparatus was not only

damaged but also had limited ability to hold onto things. I think this is captured in the next drawing (Figure 4.2).

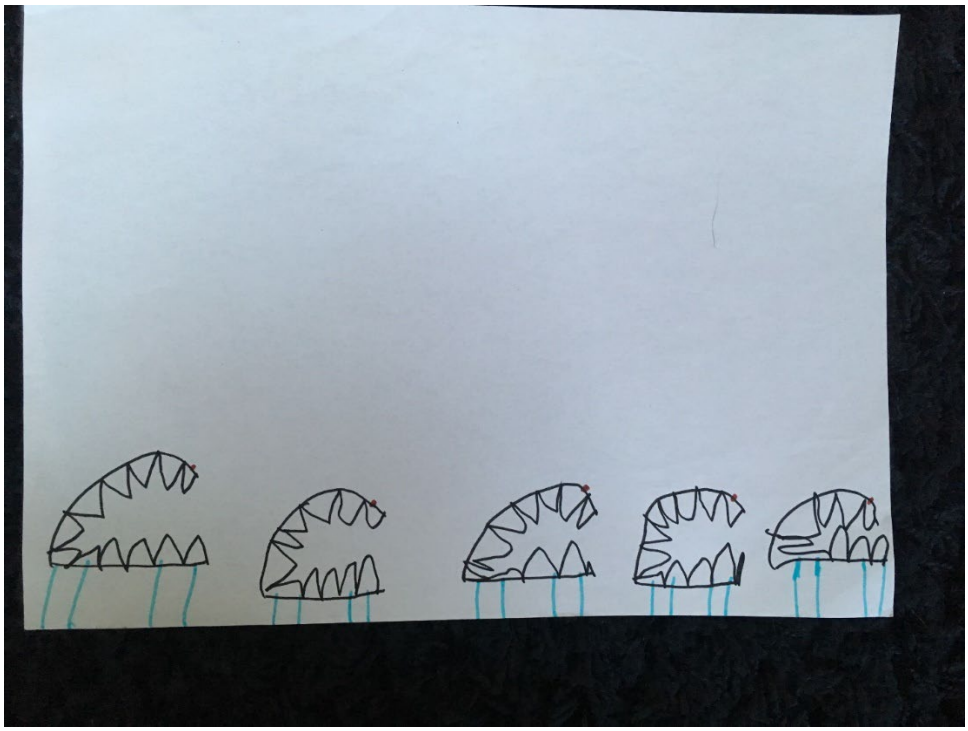

Figure 4.2.

This shows a group of mouths full of teeth, with legs and small red eyes. I understood this to represent a part object and primitive sensory apparatus where mouth and eyes are stuck together. I think it expressed a devouring impulse to bite and take in, without the necessary parts (such as a stomach and mind) to process what had gone in. This echoes Nazir's early experiences, when he probably did not have anyone to help him develop a capacity to keep hold of, understand or process emotions. Unlike in his past, in his sessions (and at home with his adoptive parents and the rest of his network) he did now have someone to try to make sense of things. Through drawing he displayed that a part of him did have a hope that I would understand and make sense. However, although this shows that things could be placed in a more symbolic sphere, he also quickly reverted to concrete thinking and acting out. There were times when he could bear and use my thinking, but equally times when this was not possible.

At Nazir's request, I brought the teddy back. This was a very emotional session as he hugged the teddy, saying that he had missed it. Symbolically, for Nazir it represented a reconnection with a loving object. He was able to think about the

damage he had caused it through his attacks with the scissors, and he asked for help fixing it. Nazir could see that not only did the teddy survive the hate and attacks, but also so did I and our relationship. I believe this also gave him hope that other parts of him could survive too. In subsequent sessions, we were able to talk further about a wish to get rid of the feelings he did not like so that he could just have good feelings. For the first time he could tell me 'I'm angry with you' without resorting to hitting me.

As the winter break approached, Nazir's family informed me that they planned to go back to visit their country of origin. There was a plan for Nazir to see his birth mother. In the sessions, Nazir played very repetitive games that seemed to strip everything of meaning. He drew cobras that increased to immeasurable proportions. I believe he was trying to express how overwhelmed he was and how terrifying this all was for him. Poignantly, he drew a hydra and told me that if you cut one head off, more would grow – showing me that he was attempting to stop thinking, but that this was not working.

In the last session before the break (Session 159), Nazir became very confused and confusing as he spoke about many very mad-sounding characters which he called Nixels and Mixels. He mostly rejected my ideas, and I became increasingly drowsy and found it difficult to think. I think this was a defensive move, as the feelings that he had started to feel about separation became too much the closer we got to the break. If I could provide him with understanding, he might miss me more. I believe Nazir was identified with what Bion (1962b) calls a 'wilfully misunderstanding object' due to his early experience when there was someone that either could not or would not make sense of things for him. Nazir could not make sense of this break. My trying to make sense of things felt too much, and he had to reject it. In Tustin's (1981, p. 202) words, there was 'bewilderment felt by the small child who is surrounded by a sea of meaning, which, by its meaninglessness for him, has threatened to overwhelm him'. When I used my counter-transference feelings to talk to him about 'being all confused' and there being 'too much thinking', he seemed relieved; he calmed down and again talked in a more ordinary and straightforward way. At the end of this session, he talked about 'living with all his family in an ice fortress full of treasure'. This was an unrealistic hope of a cold, indestructible place where he could take everyone away with him so that he would not need to feel a

separation. A fortress also represented a defensive place to protect him from the unbearable feelings of the break and the possibility of meeting his birth parents, which he found too much to think about.

4.4.5 Term 5 (spring term)

As with previous breaks, Nazir returned with no acknowledgement of the break or separation. He did not directly mention anything about the trip he had been on. He continued drawing the Nixels and Mixels.

Figure 4.3.

As can be seen in Figure 4.3, they now looked more human and were not so frightening as in previous drawings. Nazir told me very confusing stories about these pictures that made me sleepy. I think Nazir was evacuating his experience of the trip, which he had found confusing, overwhelming and maddening, by projecting fragmented thoughts into me. I responded to this by uttering quite confusing interpretations that went over his head. Helpfully, Nazir began responding to what I said by telling me I had made a mistake. Movingly, he was also able to tell me that ‘it hurts to hear some things’. This developed so that when I said something, he would respond with a loud ‘eh-err’ noise, holding his hands in front of himself in the shape of a cross to signify that I had got something totally wrong. I think the cross was also a physical representation of barring entry to some of my words and ideas. Over time Nazir added ‘oh’ for things that were mostly wrong but a bit right, ‘oooh’ for things that were bit wrong and bit right, and ‘eee’ accompanied by a ticking motion for things that were completely right. I think he was creatively finding his own way to try to sort things out and make sense of things, similarly to an infant who experiences

sensations and begins to put sounds to them. We were also able to use his sounds to develop our own language to talk to each other – a significant step.

As the term continued, most things I said continued to be ‘eh-err’ mistakes. I was able to talk to him about how mistakes seemed to be filling up the room. In my mind I thought about his early experience of neglect and not being wanted, but I did not talk about this. After some time, he himself wondered whether ‘children are mistakes’, and then movingly, after some thinking, he said, ‘Maybe I am a mistake’. I think he had a fundamental hope that I would be able to think about this for him – which I did. This helped him come to a connection: the terrible thought and feeling about being an unwanted baby. I think he could get to this not only because of the containment I offered, but also by having the experience of being cared for, wanted and loved despite his less pleasant behaviours, an experience he was now also able to feel (Lemma, 2004). He was then able to make a link himself and take in a truth, even if it was a very painful one. I believe this ability reflect and make his own links is an example of a transformation from disintegrated Beta elements to thoughts through Alpha functioning (Bion, 1962a)

As this term went on, Nazir was increasingly able to orientate himself in time. He seemed to really grasp the structure of the sessions and the week. From his perspective, this made the world less confusing and caused him to feel more settled. It shows that fundamentally he was better able to bear the frustrations caused by separation and waiting. He could have times when he could think about the thing he wanted in its absence, which allowed more thinking and linking. He even began to express this verbally, telling me about an upcoming break, ‘I don’t like it, and I don’t want you to go away on Monday’. I was moved to tears. He could imagine us not being together, feel a missing feeling, bear it, and then tell me about it without trying to control me. He could express his vulnerabilities and need, knowing I would try to help him with them. He took great pleasure from understanding and being understood.

In Session 181 he drew a picture, explaining that parts on it were his ‘special powers to overcome obstacles’, which he called ‘Cronos’. Here he tried to describe – albeit in a concrete and quite controlling way – his defensive structures and some quite complicated unconscious process. These included the ability to ‘see from afar’, ‘see

in the dark', 'complex strategies' and the 'strongest one that helps you to think smartly'. He let me know that 'sometimes they are not helpful', and he explained why, telling me that by seeing more he could end up feeling 'scared', which then felt 'too much'. Here he was letting me know how thinking and being more connected to reality could be painful. However, connecting and thinking also gave him great pleasure, as is evident in the next extract.

Session 181

> I say, 'Hey, Nazir, I just thought, your Cronos that is the strongest and makes you think smartly makes me think about my name – a "smart Lee" that helps you think'. He says, 'Yes, that's right!' and laughs with joy and a genuine pleasure which is infectious.

His increased orientation in time and space (the fundamentals of reality) and his ability to understand more meant that Nazir had a better idea about the upcoming break. However, he still found it confusing, as he did not really understand why we would have a break. As it approached, he again turned to filling the sessions with confusing things.

In a review towards the end of this term, the parents decided that despite the gains Nazir was making, they could not guarantee to continue bringing him. This meant that we agreed an end date. We would have two more terms, but in the last term after the summer break we would reduce to two sessions a week. I will discuss this decision in more detail in the next two subsections of the findings.

4.4.6 Term 6 (summer term): An approach to an ending

On our return from the break, there was again no mention of the gap, as Nazir returned with confusing characters similar to those from the end of the previous term. Three weeks into the term, I let him know about the plan to end. Although he only reacted with an 'oh, ok', the material in his sessions changed significantly. Although he walked to the room alongside me, he would enter first and then sit in my chair, giving me an experience of being displaced. He also began to play a game where he would build a rocket in the room with the furniture and then pretend to fly into space with me and the teddy on his lap. On return to earth, the rocket would have a very bumpy or crash landing. I spoke about how this was one version of an ending and

that we would have to be careful to land safely. In response to this he added an ‘emergency stop’ button to the game, which he would suddenly press. I suggested that he felt that the ending just came out of nowhere and seemed very sudden. I think now, however, he was telling me that he wanted any idea of an ending to stop. Although at times he tolerated me talking about the ending, most of the time it just felt too much. At these points he would fill the sessions with strange, scary and very confusing characters, he would try to lie on top of me as he struggled to know how to be close, and he would bully and be very controlling as he tried to force me to do things. There were also times when he was able think and showed he had begun to have some understanding about the ways he used to cope, as this next extract from midway through the summer term shows.

Session 218

> The session begins with a fair amount of chaos and confusion. He struggles to sit in my chair. I talk about needing to feel bullied and pushed around, which calms him down, and he seems more reflective. …
>
> Coming closer and talking through teddy, he says, ‘Hi, Lee’. I say, ‘Hi, teddy. There seems to be a lot going on today’. He says through teddy, ‘Yes, I find it all really confusing’. I feel quite emotional when he says this. I say, ‘Things are really mixed up and confusing’. ‘Yes’, he agrees. He goes and sits on the couch quite calmly now. He says, ‘Lee, do you know about nindrills and stone warriors?’ I say, ‘Tell me about them’. He starts to tell me, and I notice that I zone out. My mind completely slips away. ‘Hey, wake up, Lee’, he says, suddenly bringing me out of my daydream. I say, ‘Maybe just now you were letting me know what it’s like to be in a daydream’. ‘Yes, it’s kind of like that’, he says, almost in surprise, and then adds, ‘I’m in daydream a lot’. I feel very emotional. I say, ‘Maybe sometimes the daydream is because things are too much. No thinking?’ ‘Yes, that’s it!’ he says. He comes closer to me and says, ‘I don’t know if sometimes this is a daydream or real. Is it real now?’ I feel a mixture of emotions and say, ‘Yes, this is real’. He says, ‘I’m not always in a daydream, you know, Lee, sometimes I know it’s real. It’s very confusing’. He says, ‘I don’t want to be in the real world right now, I want to go back to my imaginary world’. He lies down on the couch and pulls his hood over his head.

> He says, ‘I’m in my imaginary world. I’m skiing down the mountain. I like the snow. I like the ice’. I say, ‘But in your imaginary world it is cold, no feelings, and you are alone. Not in the room with me’. He sits up and suddenly takes his hood off. I say, ‘Maybe when we’re near the end and it’s time to say goodbye, it feels too much, and you want to go to your imaginary world’. He says, ‘Yes, I don’t like the real world sometimes’. I say, ‘Maybe it’s sometimes my job to say, “wake up, Nazir”’. He laughs at this.

I think the struggle for the chair represents a struggle with reality (what is what, who is who, and what goes where). Nazir realises that he is in a ‘real’ relationship with me, but then that means we will say a ‘real’ goodbye. He lets me know that some real things just feel too painful and are too much to think about – for example, finding it just too painful to say goodbye. He can tell me about his struggles about feeling confused. I think with this he is talking in a general way about how he finds life and the world around him confusing, but he is also talking about a confusion as to why we are ending. These are multilayered and complicated feelings that he has begun to try to feel and think about. He also communicates this to me in a more subtle way as I ‘feel emotional’. I think I use this word in the notes as I find it hard to distinguish exactly what I am feeling other than intense feelings. This may also be how he experiences his feelings at this stage. When I zone out, he projects into me his experience of his defensive escape, in a way that recalls Steiner’s (1993) psychic retreat for dealing with overwhelming feelings. I take this in, feel it in the counter-transference and then talk about the ‘daydream’ defence. He can recognise this and link it to his confusion. Being able to think does not stop him using his defences, as he fluctuates and again escapes to his imaginary world, which is exciting and fun; but as I point out, it is also devoid of a relationship. He really enjoys my link to myself as an object that pulls him towards life. This sequence shows that Nazir not only has a hope of understanding and being understood, but also realises to some extent that this is found in a relationship and in working together in what Winnicott (1953) describes as a transitional space between therapist and patient, mother and baby, or internal and external. It is hopeful that even though his capacity to think fluctuates, he is able to find a way to sort things out occasionally. The realisation does not stop the defences, but it does – in Rustin (2001, p. 489) terms – put ‘life’ in Nazir’s ‘own

hands', as he can recognise his ways of being and therefore have greater choice in how he interacts.

As the term continued, Nazir continued to fluctuate between confusion, chaos and being able to think and know a little bit more about himself and the goodbye. This can be seen in the next extract. Just before the start of the extract, he had been talking about very confusing characters, making me feel confused and all over the place.

Session 223

> I say, 'It is so hard to think right now. All in a mess. The ending feels too soon, and you don't want it'. He seems to calm remarkably. I say, 'It might feel sad to end, as we will then not see each other again'. He says, 'But I will still have Lee's voice in my head'. I feel sad but also a great feeling of warmth towards him. He then hugs me in a genuine way, seeming to seek comfort from the sad feelings and to show his care for me. He then talks in a calm and remarkably ordinary way about how he is not doing well academically at school, especially in maths. He talks of how others are on a higher-level maths book, yet he is not on any level maths, adding, 'I am not very clever'.

My offering containment through experiencing then naming the feelings of sadness and the wish not to end connects to the reality of relationships where there is sadness as well as love. It also offers a platform for further understanding, as his (thinking and feeling) mind is able to function more ably. We can see that to some extent he has internalised a version of me – 'Lee's voice in my head'. He seeks and wishes to give comfort. Through the talk about maths, he not only shows connection to his limitations and that he is different from his peers, but I think he is also letting me know about how he feels – we have only got so far. There would be many levels still to explore if we had time to continue. The ending is confusing to him and just does not add up. His increased capacity to understand himself and his world in combination with a better internal object is hopeful; however, the link to all this remains very fragile, especially given the time constraints. This feels tragic and very sad – probably more so as it feels that Nazir's connection to thinking and feeling is possible but only momentarily, and a lot of help is still needed for this to be achieved.

As we get closer to the last break, a new character called ‘Lord Almorak’ emerges who seems to be a controlling despot. I think Nazir needs this omnipotent character to identify with, as the pain and frustration caused by the contact with loss and absence become too much. I and the thinking I provide are retreated from as they are too painful.

4.4.7 Term 7: Ending

At the start of the last term of therapy, there was initially a return to some of the mess-making that had been seen in the first term. I think to Nazir an ending felt like a mess and was just very confusing. To make it bearable, he needed me rather than himself to be the messy, unwanted one that was thrown away. Nazir kept struggling to know what to do with or how to manage his feelings related to the ending.

In Session 247, he showed a way of getting rid of sadness and goodbyes through an unrealistic hope: ‘He says, “I want to keep coming till until [the year] 5000”. I say, “Then we would not say goodbye and would not feel sad”. “Yes”, he agrees. I say, “You have had a lot of goodbyes”’. This had quite an effect, as he sat and spent the rest of the session in a calm and ordered way, telling me about the separation from his grandparents when he had moved to the UK, and the many separations from his parents before that as he had waited to get a visa. He seemed to enjoy making observations and connections. He said about the therapy:

> ‘I was small when I first came here, but I have grown a little. … When I first came, I just wanted to wreck the room, but now I am not so naughty. … When I first came, I ripped all the calendars in the first year, but I kept the rest’. I say, ‘It is important that I have also survived’. He says with real feeling and tears in his eyes, ‘Do you know, Lee, that I will really miss you when we end’. I feel sad and say, ‘I will miss you too’.

Highlighting his defence against the sadness of separation, and linking to his past in a bearable way, seemed to create order in his mind to such an extent that he could talk about his history for the first time. This connected us to not only his past but also our present sadness, which we were both able to experience, bear and therefore understand. After these quite lucid moments, Nazir would drift to talking about ‘Lord Almorak’ and ‘the mask of ultimate power’ which allowed him to control everything, as he drifted between his unrealistic wish to control and his realisation that he could

not. When he felt connected, things seemed hopeful, but this quickly changed when he flipped the other way. I do not think this was the same as the link between hope and sadism suggested by Searles (1979), Joseph (1982) and Lemma (2004); rather, it was more about the reality of how difficult it was to keep a hopeful fire burning, as Waddell (2019) puts it. In his being able to talk about his past, there was a hope that he would also retain a good memory of me and the work. Yet this hope was very precarious, as Nazir seemed on a precipice from which he could fall into an omnipotent world of timelessness where there were no separations, gaps or difficult feelings, and where he could quickly and easily lose touch with good feelings and reality.

For a period of about six weeks, Nazir returned to intense attacks similar to those seen at the start of treatment. I think that for Nazir it was too much to feel and think about the ending, and he returned to defences that had served him well in the past. As well as the ending, Nazir was further stirred up because I broke my thumb and it needed to be in a cast. I believe on one level he felt he had hurt and damaged me, and my broken thumb confirmed this. He therefore felt that he was too much for me or anyone else, and that this was one of the reasons he was being got rid of.

Once he had settled again, he seemed to be able to acknowledge some of his destructive behaviours.

Session 260

> He says, ‘In 2013 I was very little. In 2014 I threw water on the room and on Lee and on me. I would wreck the room. In March 2016 I had emergency stop. I am a bit smarter now and a bit more responsible’. … He says, ‘And Lee is a little different too. He is a little stricter and a little bit more friendly’. … [Later] he says, ‘2017 will be the year that I don’t see Lee’. He draws a line under this year and writes ‘no Lee’ [see Figure 4.4]. He draws 2018, 2019 etc. Under each he writes ‘no Lee’. I feel very sad. I say, ‘You’re thinking about all the years that you will not see Lee’. He fills the page with years of no Lee. This feels heartbreaking. No Lee follows no Lee. I say, ‘This feels very sad’. He looks up at me directly, saying, ‘Yes, Lee, it is sad. Why are we ending?’ I don’t know what to say. … He says, ‘You know something, Lee? I think about Lee all the time’.

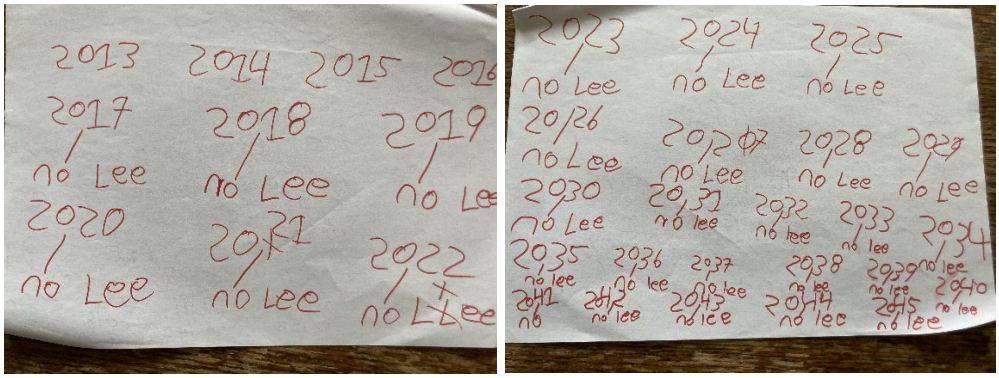

Figure 4.4.

I had talked to Nazir about the fact that we were ending, as he was better able to think and feel things. This was difficult, as I felt he clearly wanted and needed more.

The extract above shows that Nazir had some idea of past, present and future. This structure – which was a long way from the chaos of the beginning – allowed him space in his mind to be curious, notice, and link things a little more, which he enjoyed doing. Through describing himself as smarter and more responsible, he was letting me know that he could manage a little bit. This seemed a little more based in reality. He noticed that things had developed not only for him but for me too. I think he was saying that although there had been some change, he felt the ending had come too soon, an ‘emergency stop’. He linked this emergency to 2016, which was when the decision to end had been made. As can be seen in the drawing (Figure 4.4), to him the time we had had felt very little, just a drop in the ocean, and it was surrounded by ‘no Lee’. He did not understand why there was an ending, and he was telling me he had not had enough, that he wanted more and that there was more to do. The ‘no Lee’ is complicated. On one hand, through the repetition, Nazir rendered it meaningless as he tried to cover up and get rid of any gaps. In another way, to Nazir the ‘no Lee’ was not the rejection of a relationship but a regret and sadness about one that he would no longer have. He wanted the ‘strict Lee’ to stand up for the sessions so that the friendly feelings could continue. I also think the ‘strict Lee’ was a representation of a good, paternal figure that until then had kept boundaries and structure and helped to prevent the enmeshment seen at the start. Being more in touch allowed us both to experience the ‘heartbreaking’ feelings, as we both felt that he was not ready to leave.

In the last session (Session 262), Nazir began by trying to get away from the feelings connected to the ending by wanting to dance, spin around and have a party with me. He became controlling and quite stirred up. In the last 10 minutes, we were able to connect to something far more hopeful:

> I say, ‘It is so hard to stay with the sad feelings’. He stops and says, ‘The no Lee’. I say, ‘That makes me think that not only is there a no Lee, but also that you do know Lee, and Lee knows you and thinks about you’. He sits down and hugs teddy close to him, looking sad. I say, ‘I need to let you know that there are 10 minutes left’. He looks up at me and says, ‘Why are we ending? Was it because I was naughty? I’m not so naughty now. Maybe Lee is just fed up with me’. I feel that this is heartbreaking. I say, ‘No, we are ending because actually you have done very well, and that’s why are going to end’. He says, ‘Why?’ I say, ‘There’s been a lot of changes. We have been talking about how you are thinking and feeling a lot more now’. ‘Oh, ok’, he says, a little surprised, ‘is that why?’ He seems pleased. He says, ‘Will I come back one day?’ I say, ‘Some children do, but we are not sure. I think you are wondering if I will have a place in my mind for you’. He says, ‘But will you also have a place in your heart for me?’ I say, ‘Yes, I will have a place in my heart for you’. He says, ‘And what about the other children that you have seen? Do you have a place in your heart for them as well? Are they special?’ I say, ‘Yes, but you have a special place in my heart’. ‘That’s good’, he says.

I think what helped Nazir to be more in touch with his thoughts and feelings was drawing him to think that we had been in a relationship that mattered to us both. This extract shows that even though we had been talking about why we were ending for a while, he still thought I was getting rid of him because he had done something wrong/ naughty or was unwanted. I think I struggled at the end and said something a little generic about keeping each other in mind. Nazir was the one that was able to draw us to our feelings for each other by talking about my heart. I found this incredibly moving. I think this shows he could be in touch with the feelings of a goodbye. He was able to know somewhat the difference between the mind and the heart, thought and feeling. For Nazir, it was important that I could also love other children, as then he would know I could genuinely love him and keep a place for him. Through the experience and development over time of knowing each other, I think he

had a real sense of my affection towards him – that he had been loved and wanted as a whole (his good and bad bits) and that I was not just throwing him away. To get to a stage where love could emerge, I needed to understand through feeling and to get hold of the hopelessness, hate and aggression that were there at the start. To some extent he could see me as I am, rather than through the perspective of a past object that was abandoning and cruel. This allowed to him to establish a different object relation. He was able to understand things a little more and put some of his thoughts and feelings into words. To do this he had to have internalised a containing function. This allowed us to be able to bear a little more how sad it was to end.

4.4.8 Conclusion and summary

At the start of treatment, Nazir had such significant difficulties that his parents, school, general practitioner and others in his network felt that things could not continue as they were. There was a rather hopeless outlook for him, as it was felt that he might end up in an institution to prevent him from severely hurting others. His parents seemed to go from one extreme, where their phantasy was that he might end up murdering someone, to the other extreme of an unrealistic hope that he could be a ‘big boss’. What was agreed was that he felt stuck, there was no real development, and the support offered by ordinary structures (parents, school etc.) was not helping. Things were in a hopeless state, but there was a hope that intensive psychotherapy three times a week might help.

I do not believe that Nazir himself had much of a conscious concept of hope or hopelessness at the start. As I have shown in this section, at the beginning of therapy he was a young boy who was extremely frightened and confused. This was due to his early and sustained experience of repeated trauma and his relationship with his adoptive parents – who at the start of treatment were struggling to support him – as well as something that was more constitutional. These three factors merged with and exacerbated each other, causing extreme difficulties in his ordinary development and his ability to relate to himself and others. The following seemed present for him:

- He had not been able to develop a thinking apparatus that could take in, process and make sense of thoughts and feelings.

- He had little concept of time. This added to his confusion but also meant that things felt endless.
- His world (conscious and unconscious) was full of hating and hated objects.
- There was not much sense of a good object.
- There was little differentiation between internal and external. This resulted in a confusing world where it was hard to find where things went.
- The boundary between self and other was difficult for him to recognise, causing greater confusion between what was him and what was not.
- He had little capacity to split. This caused confusion between what was bad and what was good, which in turn made ordering and making sense of things very difficult.
- He had little sense or concept of a container or containing object. Rather, he seemed to evacuate unbearable feelings and then become frightened of what he then felt to be around him.
- He had an inability to hold on to things, and he needed to evacuate unbearable thoughts and feelings.
- He kept away from understanding what contact with a new person was like, finding it far too overwhelming. Instead, to him, everyone felt the same and was responded to accordingly.
- Any change was felt to be catastrophic.

These difficulties caused Nazir to constantly be in a heightened, confused state where his fear and anxiety could not be felt, let alone thought about or processed. Instead, he reacted to things in a confusing, impulsive way that looked like aggression but was actually the way he evacuated his unbearable sensations. This kept him and others in what felt like an endless battle where things did not change. It also meant that he was frozen in a state more akin to that of someone in their first year of life, as he needed help feeding, toileting and dressing and found any separation intolerable. This state of confusion was probably added to by his not being told about his past. He was in a state of Bion's (1962) -K and no-K that kept things static. His defences, which had been vital for survival early on, kept him in a stuck loop where development was almost non-existent and contact with others was fraught and held little pleasure. This, I believe, describes a virtually hopeless state.

Despite the hopelessness present, there was also hope. Right from the beginning, Nazir wanted to know my response to his cutting up and pulling apart: ‘What will you do?’ He also displayed an unconscious hope that he had found someone that might be able to manage his scarier parts by asking me to tidy the crocodile away. This suggests that what Bion described as an expectation of a thinking breast was not completely lost but was very hard to keep hold of.

From the beginning and in ongoing sessions, Nazir was able to communicate his pain and confusion and the chaos of his world to me in a visceral way. He quickly seemed to realise that he had found a place to bring these things. It took him time (understandably, and in a necessary process) to realise that I would not retaliate and would try to think about what he brought. This resulted in a stop to his hitting others in school, and apart from some outbursts at home too. By the end of the first term, he was also displaying a rudimentary form of splitting and had found a good connection. This allowed him to make a little more sense and create a little more order in his world, enabling a little contact with reality. For Nazir, being in touch caused great difficulties, as it also put him in touch with very painful feelings in connection to separation and feeling unwanted, as well as what he had missed out on early in life. This began a period of oscillation where brief moments of hopeful contact and understanding were reacted to with chaos or aggression, creating a return to hopelessness. The moments of contact did allow development, and my survival of the chaos and aggression provided a model where these states were bearable. A pattern can be seen where the moments of connection were more evident towards the latter third of each term, before a break was mentioned. Then there would be more of a return to chaos on the approach to and after the break. It can also be seen that the periods where connection was possible slowly increased.

The most marked change happened after his parents told Nazir his birth story in Term 3. He was much calmer. This contact with the truth, which aligned more with his internal and external experience, also seemed to free up his mind and allow him to make a little more use of what I was offering in his sessions. As time went on, he was able to show some of his vulnerabilities, he was more orientated in time and space, he found in me a container, and he was able to verbalise his feelings a little more and be a little more curious. In Terms 4 and 5 he began to show concern towards me and others, became increasingly aware of his difficulties, could

symbolise more (e.g. through drawing), increased his ability to see a whole object, had an increase in loving feelings, could be more ordered, and started to make more links himself. The latter shows he had begun to internalise a thinking, feeling mind. In the last two terms, he showed the following: he had a better recognition of his own defences, especially his escapes from reality; his struggle with reality (what is what, who is who, and what goes where) seemed a little more conscious; he had an increased understanding of a relationship; he had some realisation of internalisation ('Lee's voice in my head'); he had a greater realisation about his own capacities (e.g. academically) and how far behind he was compared with his peers; he sought and wished to give comfort; he had a better capacity to love and be loved; he showed evidence of better internal object relations. At the end, he had some capacity to explore the difference between the mind and the heart, thought and feeling. He showed a better sense of time (past, present and future), but this also caused him a lot of pain.

The end was very difficult, as although there were clear developments, it was also clear that Nazir needed more. He and I both knew this. For him it was therefore confusing why we would end. There was great uncertainty and concern regarding what would happen next. This was at least based in the reality of the significant ongoing difficulties Nazir experienced and of which he had become more aware. I think he was able to feel sadness at the loss of the relationship, but he still needed defences to manage this (the mask of control, and an identification with a powerful despot).

4.4.9 After the end

The case was closed soon after the last session. The parents were made aware that if they felt they needed help in the future, they could contact the team again through their general practitioner or through Nazir's school. About a year after the ending, not long after he started secondary school, the parents did request a new referral through his new school. Although Nazir was not offered further individual work, they were offered work together in family therapy.

4.5 Findings section 2: The therapist's perspective

4.5.1 Introduction

This section will predominantly focus on the therapist's experience of undertaking this work. I will explore the case in chronological order by dividing it into eight subsections as follows: Before starting; Term 1 (autumn term): Beginning; Term 2 (spring term); Term 3 (summer term); Term 4 (autumn term); Term 5 (spring term); Terms 6 and 7 (summer and autumn terms): Ending; Conclusion and summary.

As already stated, hope and hopelessness are states of mind one experiences to some degree in every therapeutic intervention. It is therefore remarkable that in the theory and literature I reviewed, I found very little written about this from a trainee's perspective. This is despite the fact that a large proportion of the work of child psychotherapists in CAMHS is undertaken by trainee child psychotherapists. I will argue that hope and hopelessness are not only present but also necessary aspects for trainees to experience, understand and manage as a part of their training.

4.5.2 Before starting

Soon after being accepted onto the team where I would start my four-year placement, but before I officially started, I was asked if I would come in to discuss my placement as well as the possibility of starting a case. I readily accepted, and I met with my new supervisor. They asked me if I would consider starting with an intensive case soon after I began my contract. They explained that they had just assessed a case they felt needed intensive work. I remember feeling enthusiastic as well as a little apprehensive, as it felt like jumping in at the deep end. Up to that point, my only experience of psychotherapy cases had been reading about them in clinical and theoretical papers. However, I did have a lot of previous experience of working in different settings with children, some of whom had been complex and hard to reach. For example, just before starting the training I had worked on an inpatient psychiatric ward for children and adolescents.

Soon after starting my contract, I met with the psychotherapist who had undertaken the assessment. He showed me the pictures Nazir had drawn in the assessment, and he talked about how he felt this was a boy that might 'get in your face'. He gave me an example, asking me what I might do if he snapped a pencil right in my face or

if he became aggressive. I was not sure what to say. He suggested talking about the need to keep him, the room and me safe. This made me feel curious, although quite apprehensive and a little frightened as to what I was about to begin. I truly feel that the assessing therapist was trying to be containing (and he succeeded to some extent) and put me more in touch with the realities of the case. As with the birth of a new baby, there was excitement and joy but also fear. Looking back, I also wonder if some of the disturbance of the case was impossible for the team to digest and think about, and it was given instead to the newest and most junior member. I want to be clear that I did not feel I had just been left with this disturbance, and I always felt supported and appreciative of my chance to learn through this case. However, it is also true that inevitably there are mixed feelings when a new trainee joins a team. In my experience – again, as with a newborn – there is excitement, joy, and relief at someone taking patients off the waiting list. But there is also some rivalry, worry about an increase in workload (it is a lot of effort to support and contain a trainee, especially when they first start), worries about whether they will fit in well enough with the supervisor and the team, and perhaps a little resentment and envy that they will be the one to do the intensive work that clinicians generally enjoy. Although I experienced the assessing therapist as kindly, thoughtful and helpful, the fright and apprehension he also made me feel might have been a mixture of passing on the uncontained disturbance of the case and a certain amount of comradely *Schadenfreude* – not unlike an experienced parent smiling and joking to an expecting parent about sleepless nights.

Before starting the case, I also met with my intensive case supervisor. I will discuss this further in Section 4.6.

As the first session approached, I felt a mixture of excitement and nerves, as well as a certain amount of therapeutic zeal as to how I might have an impact on this case in a positive way or even cure the patient. I do not mention this now to admonish my younger self. I believe the enthusiasm and energy most trainees bring to their cases is vital. However, it can tip into what I now see as unrealistic hope, which for me manifested in ideas about how I might have an impact on Nazir. I think such unrealistic hopes are common at the start of many treatments – a defence against being connected to actual emotional experiences and the losses the patient has experienced.

Most aspects of development for Nazir and me occurred so incrementally that it was hard to notice them on a session-by-session basis. For me at times, this caused a feeling of hopelessness through a false belief in a lack of change. I think that despite my own experiences of being in analysis, at the beginning of this case (and the beginning of my experience of being a therapist) I felt that therapy involved epiphanic moments where one would realise something and convey it to the patient, with a moment of understanding followed by a significant shift. Although I think that such experiences do occasionally happen, they are quite rare. It was vital for me to gain experience through this case and others so that I could realise that it is through the hard work done in the sessions, repetition with slight changes, the consistency of the sessions and unplanned moments of inconsistency, the loss and regaining of contact, repetitive attempts to understand – in short, through the experience of a relationship – that containment slowly becomes possible and change occurs in a slow and oscillating way.

I will now go on to discuss the case from my perspective.

4.5.3 Term 1 (autumn term): Beginning

The following is an extract from the first session.

Session 1

> He puts the sheep and babies in the (toy) cupboard, saying, ‘This is what I do’, then puts Play-Doh on the outside, wrapping the cupboard, and says, ‘The baby animals will die. They will be scared and then will die’. …
>
> In a methodical way he gets the dolls and says, ‘This is what I do’, then throws them on the wall of the house. He tells me this kills them. He looks at me directly and says, ‘I like thinking about killing people’. I feel like this is a test to get a reaction. I say, ‘I think you are wondering how I will react’. He takes the grandma doll out and starts to cut the leg. He pauses, looking up at me, worried. ‘What will you do if I cut the leg off?’ He throws the crocodile on the floor and stamps on it. He looks worried and says, ‘The crocodile will bite me’. I ask, ‘Why?’ He says, ‘Because I stamped on it, it is angry. Look, it’s looking at us’. The crocodile now seems alive to him. I feel disturbed and worried by this.

> He sits on the couch and says, ‘That’s why I kill the dolls, because at night they come to life and come to bite me in bed’. I say, ‘This is frightening’. He says, ‘I am not frightened of anything’. He then says, ‘There are flies. They come and suck all your blood out at night. In the day I can hunt them and kill them’. He gets the ruler out and swipes as if swatting flies that are really there. He asks, ‘Why am I coming here?’ I say, ‘Why do you think?’ He says, ‘I don’t know. It’s boring’. I say, ‘You wonder what I can offer. It’s hard getting used to someone and then having to change’ [therapist is thinking of assessment therapist]. He says, ‘Yes’. He asks, ‘When will the next session be?’ I say, ‘It will be Thursday. So not the next day but the day after’. He nods in approval at this. He returns to talk about the flies and again swats them as if they were really there. I find this very disturbing.
>
> [At the end, while tidying,] he asks me to put the crocodile away.

In our very first meeting I felt confused, overwhelmed, disturbed and frightened. I found it hard to make sense of anything, as Nazir seemed to jump from one thing to another. In particular, I found what appeared to be Nazir hallucinating flies to be very disturbing. Although I had read about counter-transference, it was a very different matter to experience and try to think about it in a room with a patient doing what felt like very bizarre things. I could not connect the feelings I was having with any relevance to starting a new relationship with a traumatised young boy. Instead, I thought that my service had made a mistake and I had somehow got onto the training by mistake. Although I did not realise it at the time (it was the first session, after all), I think it was vital that I could feel disjointed and experience chaos as a means of understanding Nazir’s internal world. I would need supervision and time to help me see this.

There were two points in the session when I did try to connect to and understand his feelings and the experience of meeting someone new: firstly, when I said, ‘This is frightening’; and secondly, when I said, ‘It must be hard after getting used to someone and then having to change [therapist is thinking of assessment therapist]’. He responded to the first comment by displaying what I felt was even more disturbing behaviour and appeared to hallucinate flies, which greatly unsettled me. Although the second comment did seem to connect him to the structure of the

session for a moment, this did not last, and he returned to the flies. I felt totally thrown. I felt I had said things that from my perspective were innocuous. I had not realised how sensitive he would be to any connections being made or any mention of feelings (‘frightening’) or change (to a new therapist). Writing the process notes was also difficult: I struggled to remember, and the bits I did remember did not make much sense. I also felt pressure from one side to be a good therapist for Nazir, but also a wish to present something good to my supervisor, whom I did not want to think my work was awful. I was relieved during the first supervision to be met not with harshness but with a supervisor who talked about how hard it was to make sense of things or know what was going on. I will talk about this more in Section 4.6.

In these beginning sessions, there were some very brief moments where I did understand some things and there was some contact – for example, in Session 4, when Nazir Sellotaped me to my chair: ‘I say, “You want to trap me here so I will always be here for you”. He says, “Yes, and then you can never go home”. He seems calmer for a moment but then gets increasingly distressed’. But in general, it mostly felt like things were in a chaotic mess.

Although I found it hard to think, in the moments when I could do so I felt flooded with thoughts about what I thought I knew or imagined about Nazir’s horrific history. I thought I had to make links between the material and his history – for example, between the babies in the cupboard and the abortion attempts, or between the attacks and his experience of being mistreated and abandoned. Unsurprisingly, when I did this, it greatly unsettled him and increased what I saw as aggressive, destructive and disturbing behaviours. I now think I did this because I felt powerless, which in turn made me feel hopeless and desperate to find a way to make an impact. I also had an idea of the things a therapist ‘should’ say. Although I did not realise it at the time, I now think I was acting out Nazir’s defensive system – making ‘pseudo-sense of the incomprehensible’ (Joseph, 1985, parra. 6) instead of making contact with Nazir’s experience of living in a world that did not make sense. Joseph (1985, para. 6) suggests therapists do this because it feels like a better position if one believes one understands the material instead of ‘liv[ing] out a role of a mother who cannot understand the infant/patient’. I also believe that to some extent it was my own defence against feeling something that was overwhelming. Because I was stuck in Nazir’s past, I missed a lot of what he was trying to communicate to me in the

present. Supervision helped me to concentrate on simpler observations which did seem to make a connection. This was hard for me to maintain as what I saw as aggression turned more towards me. I struggled even more and felt as if I did not know what I was doing, as can be seen in this next extract.

Session 10

> He starts throwing one thing after another from the box, and all I can do is to try and deflect. He then grabs hold of my jumper and at the same time pulls at me as well as trying to get on top of me. Hitting and pushing, pushing and hitting. I think I try to say 'stop', but he ignores me. It feels endless.

This sort of behaviour could sometimes last for a whole session. As can be seen in the extract, there was no pause, no gap, no thinking or containment. In my notes on this session, I described feeling 'overwhelmed, hopeless and ineffectual'. At the time I could only see this behaviour as aggression rather than as his evacuation of something unbearable. I could not see how through this behaviour he got rid of the space between us as we became enmeshed in a timeless place where things felt 'endless'. My inability to see this is not surprising. Even therapists with a lot of experience would find it hard to manage and to remain thinking in such chaotic circumstances. If one is to really understand projective identifications such as chaos and hopelessness, it is important to just go through experiences like I did and truly feel chaotic and hopeless.

As a reaction to the feelings of hopelessness and despair, I began to impose rules: 'no hitting', 'no spitting', 'no touching', 'no being on the windowsill'. I also began to stop sessions when things felt out of control and overwhelming. This would often just cause a battle.

Hamish Canham (2004, para. 15) gives a helpful perspective on this issue:

> The danger of working with children when such violent projective identifications are taking place is that the risks of enactment are huge. It is not possible to sit and examine your counter-transference if a child is throwing things or attacking you; you do have to respond and the minute you begin to respond in this way there is a likelihood of 'acting-in'. By this I mean that the therapist gets pulled into actually being some figure in the patient's internal

> world or some aspect of the patient's self. … When these experiences enter into the transference they can lead to a complicated set of feelings in the therapist: a desire to protect oneself and not hear, to protect the room, to fight back when under attack overwhelming feeling states of rage, sadness and despair.

Canham highlights the importance of rules and boundaries but suggests that these can become part of a recreation of an internal aspect. It was important for me to be able to say no and to stop sessions when they felt too much. However, looking back now, I think that I sometimes did this too soon – thus becoming what Canham calls an 'abuser' – and at other times I let things go on too long, becoming 'abused'. I think my lack of experience also did not help with the way I stopped the sessions. I gave quite concrete reasons: 'I will stop the session if you hit me', or 'if you don't get down from the window, we will have to stop'. I think I was trying to keep some level of control. I did not make a link – for example, I did not try to say that we were stopping because we could not think when this was going on. I think in such cases it is an inevitable part of the process that some 'acting-in' will happen, especially for a trainee who needs to experience what acting-in even is.

The next extract shows a slight development in how I connected.

Session 14

> We get into the room, and he immediately kicks the plastic sheeting, saying, 'What is the good of this? Can I play with the water?' I say that he can only play with the water if he wears the apron and uses the sheeting. Nazir says, 'No, that's not the rules'. I say, 'The rules are really annoying. Nazir wants to be the one in charge'. Nazir looks up at me, smiling, and says, 'Yes, and I want to control you like a puppet'. With this he goes to the window and climbs onto the windowsill. I say, 'Maybe you want me to be the person telling you no and always talking about the rules'. I become a 'no Lee'. Nazir looks back at me and smiles.
>
> Nazir steps onto the windowsill, saying, 'I'm all big'. I tell him to get down, but he stays up. I get up, saying that we can't continue the session. As I walk to the door, Nazir jumps down and sits on my chair with a big smile, looking very

> pleased with himself. ‘I’m controlling you like a puppet’. I feel powerless and humiliated.

Although I still tried to maintain boundaries, I was able to think about the feelings this brought up in him by recognising that it was ‘really annoying’. He in turn was able to expand on this and bring in his wish to control me. When he again broke one of the established rules by getting on the windowsill (which terrified me), instead of saying ‘no’ I was able to use what was closer to a process interpretation: I observed and said what kind of person he was pushing me to be (a ‘no Lee’), while he was the one in control, doing rather than being done to. This gave Nazir an experience of containment and being understood, and it was clear he enjoyed this when he smiled. The connection also made me feel good. As discussed in Section 4.4, experiencing containment was not straightforward for Nazir, as it put him in touch with feeling powerless and humiliated. When he projected this into me, I felt the good contact had been snatched away. I quickly reverted to rule-setting and the threat of stopping. In this way I miss the communication he tried to give me of being displaced (by sitting in my chair) and feeling powerless.

The feelings of humiliation and hopelessness continued in the subsequent weeks, when he began a period where he would create mess in the room, throw water at me, open the door, and then point and laugh at me when someone walked past. Looking back now, I see that this allowed me to understand something about a very cruel, humiliating and sadomasochistic internal object that seemed to get pleasure when I lost control and felt humiliated. However, it was hard for me to notice this or to know what to do with it when I did. At the time I felt utterly dejected. I would walk into the trainee room covered in mess, worried about what other trainees would think and feeling as if I could not go on.

I sometimes exacerbated the situation when I tried to make what seem to have been almost formulaic interpretations linked to theory which either went over his head or aggravated him. This can be seen in the next extract, which is from a session after a weekend.

Session 16

> Nazir gets some Play-Doh with some hair on it and tries to feed it to me, saying that it is cake, forcing it onto my mouth. He says, ‘It was your birthday

> yesterday, you need to eat the cake'. I say, 'Maybe you are interested in me and what I do over the weekend, when you don't see me and when you think my birthday is'. He puts the Play-Doh down my top, saying, 'I want to make you look silly'. I try to stop him as he keeps trying to sit on me. I stand up so I am not pushing him off, and the Play-Doh falls out. Nazir picks it up. I say, 'Maybe you think it's poo, and you are trying to make me take in poo so that I feel that I have something bad and pooy inside'. He laughs a lot.

I grasped at an interpretation linked to the weekend. I said things I felt I 'should' say but that did not feel very genuine to me. This intellectualising kept me away from feeling desperate and not knowing what to do, and from a wish to push him away.

Time in sessions around this period (Sessions 14–24) felt endless, and I began to dread Nazir's sessions. I found my negative feelings of disgust and dislike towards Nazir hard to manage. I would also dread taking some sessions to supervision, where I felt again as if I was exposing my failures and ineptitudes. It is interesting to note that my unrealistic hope and expectation of making a big impact at the beginning was so quickly lost when I experienced how frightening it can be to meet such powerful and confusing feelings.

However, there were also glimmers of hope when I did manage to make contact for brief moments which momentarily seemed to calm him. Through supervision (which I discuss further in Section 4.6), I was helped to say things in a simpler way and to notice the things that helped with contact. Through this I began to adjust my technique in the hope of grounding him a little more. My supervisor also suggested that I keep a change of clothes at the clinic, and that 'perhaps Nazir needs to make mess'. This simple change made quite an impact on me. I did not worry as much about getting into a mess myself, and I relaxed a little bit more when Nazir was making mess. I made sure that I left time afterwards to clear up. This all seemed to help free up and create more space in my mind. I think Nazir picked up that I was a little less tense, which also helped him. Nazir began to respond to some of my simpler comments (e.g. 'all too much') by looking directly at me, smiling warmly and giving an enthusiastic and pleased 'yes' of agreement. These moments of understanding and connection in turn created feelings of genuine warmth between us. It made me feel that I could make contact and be effective. This in turn gave me

sustenance for the times when things were more difficult. These more enjoyable states of mind where there was warmth and affection between us were vital for both Nazir and me to have hope that the hate could be survived and that further moments of warmth might arise again.

Not long before the first break, we scheduled the first review with Nazir's parents. My supervisor had suggested that I be honest about how much I was struggling with Nazir. Although I was apprehensive about this, when I described during the review how I often got pushed around by Nazir, felt that I did not know the right thing to do and felt that I was often getting things wrong, the parents seemed to feel enormous relief. They recognised the Nazir I described; they felt I was getting the same experience that they had, and therefore that I was understanding their difficulties. I was equally relieved to hear that Nazir had stopped his aggression at school and – apart from some angry outbursts – at home too. This felt like very significant progress of which I had seen little or no sign (from my perspective) in the sessions. It made me feel hopeful and that something worthwhile was indeed going on through the therapy. It seemed that in therapy Nazir had found a place to bring his anger and pain. His giving me an experience of his chaos and confusion in life seemed to be allowing something to change. It also allowed me to trust a little more my supervisor's view that surviving the initial part of therapy was a stage one needed to get through. As with many other aspects of the work, it was one thing to read or be told about it and another to experience it. I believe this highlights an interesting phenomenon which is common in psychoanalytic child psychotherapy cases: the transference allows anxieties to be expressed during the sessions, while in the outside world of school and home things are better.

Just before the break (in Session 32), when Nazir threw the bear out of the window, I felt a 'crushing hopelessness'. I felt bereft. It had felt as if we had made progress, and I did not understand how that had been lost so easily. I think it was important for Nazir to let me feel as if all the good work we had done had been thrown out and lost – like the bear – and I genuinely did feel this. In Section 4.6 I will say more about how supervision helped me to think about communications like this.

4.5.4 Term 2 (spring term)

Over the break, I held onto hope for some of the connections and changes that had seemed to be around at the end of the first term. On return from the break, Nazir initially seemed pleased to see me. At first, I was able to think and make links which seemed to connect with Nazir. This did not last very long, as there was then a stark escalation of violence where I felt forced to stop most of the sessions, and I felt real desperation, demoralisation and hopelessness. I think I felt an unrealistic hope that I would receive a warm welcome after the break, like a parent returning from a trip. However, as many parents can testify, this is not always the experience, as one is made to feel rejected and rubbish for a period. I found it very hard to connect to Nazir. I was often left unsure of what I was doing and as if I was getting things wrong. I felt we had become stuck and there was no development. Looking back, I think perhaps that my feelings of hopelessness were accentuated by my unrealistic hope at the start combined with the feeling that some relatively quick development that had occurred in the previous term had now been lost. I felt a little like Sisyphus pushing a huge, potentially crushing boulder up an endless hill. There were a few moments when, by talking simply and describing the experience, I did manage to connect. This produced small pockets of hopeful feeling in me, which in turn created good feelings of closeness. Yet this hope was often quickly dashed as there was a return to the more predictable chaos. I found these repeated losses very hard and confusing, never knowing how things were going to be.

My feelings of hopelessness and that things were stuck were not mirrored in what was occurring for Nazir, who was making slow progress. Due to my state of hopelessness, I was not able to notice these advances. Interestingly, the data analysis (cf. Lanyado, 2018) subsequently revealed that after particularly bad periods when I felt hopeless and stuck, something more hopeful would then emerge for Nazir in the following session before oscillating back. Looking back, I wonder if – as well as letting me know in a visceral way about the chaotic experience of meeting and saying goodbye, separation and contact in the present – Nazir was also conveying to me the experience he had gone through with his repeated separations from his adoptive parents before he joined them in the UK – the feelings of crushed hope every time they had come and gone again – or earlier, when as a baby he had experienced neglect, and the hope of his needs being met had been repeatedly

dashed, leaving him in a hopeless state. This suggests that my feeling hopeless at the lost connection was vital for me to experience as part of his communication and development in finding a containing object. Roth (2007) talks of the necessary process of the therapist mourning repeated lost connections on behalf of the patient, which needs to occur to allow the patient to relinquish their object. This process allows the patient to see the therapist as they are, rather through the 'shadow of the object', as Freud (1917e, p. 249) calls it. I am unsure if it is possible to 'relinquish' one's objects, but I do think that a relationship with a containing object can help in the process of mourning. It increases the likelihood of the patient developing the capacity to internally restore the lost loved object, which in turn supports the ego in its ability to form new relationships (Klein, 1940).

Nazir often mentioned the lost bear. From this material, as well as from many other examples up to this point, I often tried to pick up the common theme of vulnerable, mistreated and abandoned babies. This seemed to aggravate rather than calm him and so was far from containing. As well as this being my misunderstanding (Joseph, 1983, 1985), as I look at this now I wonder if I was also partly responding to his attacks with a violent attack of my own in the form of an interpretation. I think I was struggling to deal with powerful, negative unconscious emotions of hate I held towards him. It is hard to tell how much of the hate was projected into me by Nazir and how much was my own feelings. Regardless, I felt a certain amount of guilt for these feelings when I did notice them, and I found them difficult to acknowledge. I was helped with this when I read Winnicott's (1949) paper 'Hate in the counter-transference', which I discussed with my supervisor. Among many helpful points in the paper – including the analyst's (and mother's) ordinary hatred towards the patient/baby – it suggests that genuine love cannot come forth and be felt and expressed until the hate also does so. Hating Nazir, or any child I was working with, was not how I wanted to see myself, whether it was a reality or not. It was an important part of the process that I could be helped to see and tolerate my hatred towards Nazir, and to see and tolerate that I could be experienced as cruel and torturing by Nazir. My supervisor delicately helped me do this without making me feel like a bad therapist. This in turn enabled me to talk more openly about hate in the sessions (for example, 'Lee needs to be the hated one that no one likes'), which seemed to calm Nazir further. As well as this, I also described good feelings – for

example, ‘You really like coming and Lee today’. This added greater clarity, helping to untangle Nazir’s mixed-up feelings.

As the term progressed, my supervisor and I felt that Nazir’s not having been told about his early history of adoption was adding to his confusion. We felt that there was a lot of material connected to it which kept coming up in sessions. I felt a stuck, hopeless feeling as to how any further development in the therapy would be possible unless Nazir was told. I felt that I was trying to help him with unconscious material that did not align with what was known consciously. I will discuss this further in Section 4.6 in order to show how through supervision and then through the parent work, the parents were helped to tell Nazir.

4.5.5 Term 3 (summer term)

Again, the term started with what I felt was chaotic, confusing and aggressive behaviour. As I had experienced this before, and as I was increasingly able to see it as a communication of Nazir’s distress in connection to separation and the break, I did not feel quite so demoralised. It still had a significant impact on me, and I did begin to feel hopeless under what felt like relentless attacks, although I could hold onto a hope that this would pass.

Partway into the term, Nazir’s parents told him his birth story (explored in Section 4.4 and 4.6). After this he was much calmer overall. As I did not feel under constant attack, my mind was able to function a little better, and I felt I had more time to think. This meant that when there were more chaotic and messy moments, I could comment on them in a more observational way – for example, in Session 98 I said simply, ‘Things feel all messy today’. This helped him to stay calmer. Although I still maintained the boundaries, I seemed more able to do so in a balanced way that kept the session moving and did not get us into a battle. This also enabled the sessions to be a little calmer, which in turn helped my capacity to think, as an increasingly benign cycle of interactions was possible.

Nazir began to tolerate a little more the moments when I did not time things exactly right or did not quite say the right things. This relaxed me a little further, as I did not feel so on edge. The experience of having more time and space to think enabled me to scan and try to notice the transference/counter-transference a little more. This in turn added to my understanding of Nazir and our relationship. Increasingly, I was

able to comment on this in ways that seemed bearable to Nazir, as could be seen in Session 98:

> Nazir calls me ‘stupid’ and ‘ugly’. I feel humiliation and sadness, but also compassion towards him. I say, ‘Lee needs to feel the silly and lonely one, with no friends, even though I want them’. He says, ‘I think Lee would feel sad’. We smile at each other.

The ‘I need to feel’ phrase came from a suggestion during a supervision some time before. This indicates that I had begun to create a third space in my head where I could think about the comments from my supervisor and the theory I had read in order to understand Nazir and my relationship with him a little better. Through this containment, he himself was then able make a remarkable link to sadness. This created more loving and hopeful feelings.

Our ever-growing ability to connect and think with each other again raised my hopes for ongoing development as well as for my own capacities as a therapist. This changed again when Nazir returned to being very dysregulated and aggressive in the three weeks before the first summer break. I struggled, as I felt constantly on the defensive as well as feeling that I had again lost the ability to connect with Nazir. In my frustration and desperation, I returned to rule-setting and saying things in far too intellectualising a way. It was hard for me to keep hold of chaos and mess as a communication, and I felt that Nazir was being aggressive. This shows that the gains made in my own development as well as Nazir’s felt quite fragile.

4.5.6 Term 4 (autumn term)

Again, the term started with (what I perceived as) aggression. Although it only lasted for four sessions this time, I still found it very difficult. I really felt that the gains and connections we had made had been lost, and I feared they would not be regained. After this initial return to hopelessness, where to some extent I somehow lost the significance of a long break, I began to manage a little more through the connections made in supervision.

As the term developed, I noticed in myself that where there had previously been only momentary feelings of warmth towards Nazir, there were now more consistent positive and loving feelings towards him. I was surprised to realise that I no longer

dreaded upcoming sessions but actually looked forward to them. I also felt Nazir's affection towards me, which he could now put into words: 'I've liked to come here for a long time' (Session 131). These positive emotions only increased when Nazir started to draw. I felt a different kind of interest in the drawings, similar to therapists' descriptions of when patients bring dreams. I think Nazir noticed my interest and the importance I gave to the drawings and then did more of them. This initially continued the benign cycle. However, Nazir would repeat the same drawing again and again. For example, for many sessions he drew pictures of cobras and wanted to play a game he called 'cobra attack' where there were more and more cobras in what felt like endless repetition. What started off as symbolic, as the snakes possibly represented endless children and overwhelming feelings – what Tustin (1986) refers to as a nest of vipers – became sterile and boring. I did not look forward to yet another game, and I did not want to play. I found this draining and would get sleepy, and I found it very hard to think as I started to feel hopeless again. I believe this was my response to Nazir's stripping away of meaning or his -K attack on my linking, thinking mind, which at times he found overwhelming (Bion, 1962). For me, the experience of the stripping of meaning felt as if it was sucking the life out of any goodness. I now believe the sleepiness was my way of shutting off from something deathly. At the time, however, I would feel guilty and as if I was unable to stay with what he was trying to bring, and I more readily linked the sleepiness to something external to the sessions (e.g. a bad night's sleep). The data analysis later showed that although I had continued to exacerbate things when I tried to pick up the material in too literal a way – for example, by connecting it to Nazir's past – I was also able to stay in the present a little more. This can be seen in Session 151, which was close to the winter break when there was a plan for Nazir to visit his birth family.

Session 151

> Nazir says, 'It is a family of cobras'. I say, 'It makes me think about Nazir's family in south-east Asia'. 'Yes', he says, 'that's right'. I say, 'So Nazir's family in Asia feels like a family of cobras that is getting bigger and bigger'. 'No', he says, 'it is Lee's family'. … [He becomes more frenetic for a period, then changes to the cobra family breaking apart and Lee needing to leave the family.] He says, 'Lee wanted to leave'. I ask, 'What was that like for Lee to leave his family?' Nazir says, 'He was sad'. I feel close to tears. He seems to

> be quite emotional too. He continues to play in an increasingly frantic way. I feel on the verge of tears. … He again starts desperately fighting off the cobras, with a tear coming down his face. I say, ‘Maybe these cobras have become feelings of sadness and hurt, stinging-type feelings. Nazir is really trying to fight these off so that he can be left with just happy feelings at the end’. He looks at me directly again and says, ‘Yes, that is exactly right, Lee’.

I think that after weeks of playing the same game again and again, I felt worn down and desperate to make links that might get us to move on. I also felt full of worry about his meeting his birth family. Looking back now, I think I was struggling with the emotions and disturbance brought up in me in the here and now of the sessions, and I wanted to distance myself from them and put them in Nazir’s past rather than in the present relationship. It was difficult for me to feel that I mattered to him and that our separation might also cause him pain. This all meant that at times Nazir and I were working at cross purposes, as can be seen above in my wish to think about the past and his wish to think about the present. In this case it made Nazir more frenetic and a little more aggressive, as he did not feel contained or understood. This time, though, I did realise I was being too much for him. By working in the displacement and talking of me losing my family, I took in some of the sadness of loss, making it a little more bearable. I was then able to feel sad in a genuine way and could understand something about the wish to fend off these sad feelings and not have them. Movingly, this enabled Nazir to feel the sadness which he had been trying to fight off and get rid of. He cried, which was very rare for him. When I was able to verbalise this, he was able to recognise his feelings consciously and agree rather than reject the thought. I believe that before this process, Nazir’s feelings and thoughts were maddening to him. To counteract this, he needed the defence of flooding and overwhelming everything in order not to think. This is similar to an autistic defence against psychosis (Robertson, 2015). I was given an experience of this through the constant repetition of the cobra game. It was important for me to receive this over a period of time so I could understand how feelings, including sadness, just felt too much. My going through and understanding this experience and then finding a way to talk about that was manageable for Nazir is what Bion (1962a) meant by containment.

In subsequent sessions, I continued to use myself and the bear (which I had brought back) in displacement to further explore Nazir's experience, being careful not to link things too closely to him. The containment that occurred seemed to produce positive and loving feelings towards him. This also produced feelings of hope, not only for my own capacities as a therapist but also my hope that others could find Nazir loving and make connections with him. During a review soon after this, I had this hope confirmed. I found out that outside the sessions Nazir was becoming increasingly calm, and he had begun to accept help from others rather than demanding and ordering them. Most importantly, I think, those around him (including teachers) had begun to talk about him in more pleasant ways.

In the last session before the break, due to the confusing material Nazir was presenting about strange characters called Nixles and Mixles (see Section 4.4), I again felt sleepy. It was hard for me not to become overwhelmed, and I disconnected from what felt like too much. When I did try to make connections, Nazir kept telling me that I was wrong and making mistakes. I believe I had to feel that I was myself wrong and unwanted.

I felt particularly worried about him over this break, as he was going back to his country of origin. The plan was for him to see his birth parents. I was able to hold onto some hope that he would be able to retain the good aspects from his sessions, but this felt very fragile, as I also feared that there might be a psychical collapse.

4.5.7 Term 5 (spring term)

On return from the break, Nazir continued talking about the mad characters and refused any attempted thinking about the break. I felt very confused and found it hard to make contact. I was not really able to think about the confusion, or even to link it in my own mind to the confusion he might have experienced during the break or on return from it. Nazir told me that most things I said at this time were mistakes. I again became too caught up in the content rather than the process, as I kept trying to explore and make sense of the Nixles and Mixles. With hindsight, I think that trying to use and think about content in this way is a bit like talking to a mad person about their delusions: you just get stuck in the madness. It was an unrealistic hope of making a connection, not one based in reality. I therefore kept missing the emotional element of the sessions in the here and now. I became increasingly sleepy during

sessions. To me, the sessions felt like trying to walk endlessly through very thick, deep mud. I now find it interesting that I felt so hopeless at this point, as Nazir was attempting to communicate with me and was not in a hopeless state himself (as discussed in Section 4.4). I am unsure whether I was identified at this point with what Bion (1962b, p. 117) calls a ‘projective-identification-refusing-object’ – meaning that I was not able to take in what Nazir was trying to communicate to me – or if Nazir had projected into me all his hopelessness, with which I then identified, allowing him to function but leaving me with little capacity to think. It is also possible that my own emotional state unconnected to the case might have been playing a role to an extent. It could be that as I became sleepy and unable to communicate as much, I was identified with a depressed object, and it was Nazir that remained a little livelier and more hopeful. It was certainly he who told me to ‘wake up, Lee’ when I became very sleepy, which shows that he was connected to something good and did want to communicate.

As the term went on, I became less sleepy and increasingly regained my capacity to think and make sense of things. In supervision, we thought about the link between the sleepiness and the impact on Nazir of his trip to his homeland and meeting his birth mother. Although this was not discussed with him directly, it seemed to greatly free up my mind. In Section 4.6 I will talk further about the importance of supervision in helping me at this point. This process did give me a better understanding of the defensive uses of not thinking – what Bion (1962) terms -K. Through supervision I was able to hold onto a more curious position, rather than trying to make sense of everything, which was just not realistic. My mind functioned better and seemed freer to make links. This in turn contributed to Nazir flourishing in sessions as he continued to develop.

I went into the review at the end of this term with the presumption that the parents would just agree to an extension of the therapy. This was not the case. Due to the significant developments Nazir was making outside the sessions, the parents felt it was the right time to end. Looking back now, I think that thanks to the support they had gained during the parent work, the parents felt better able to contain Nazir and had a far better relationship with him. However, I also feel that the parent work had put Nazir’s parents in touch with things they found overwhelming and did not want to think about. I was upset about ending and felt we should continue. I also felt angry

with my team for somehow allowing this, and powerless in my position as a trainee to do anything different. However, the parent worker (who was also the care coordinator and therefore clinically responsible for the case) felt differently. Although she also thought it would be helpful to continue, she felt this would only be the case if the family were on board. From her perspective she could see the whole family system. Bringing Nazir to sessions restricted his parents' capacity to work, particularly his mother's. They had a low income and needed the money. His mother also needed time for herself to enable her to do what she wanted to do in life. The parent worker thought that if she put more pressure on the parents, they might possibly continue; however, she also thought there would then be a risk of the case breaking down without a planned ending. The parents had talked of continuing and seeing 'how it goes' and then ending if it felt too much. This did not seem very secure. The parent worker thought that allowing them to end in a planned way, with their genuine agreement to the plan, would give a better chance 'for them to come back in the future if needed'. We agreed to extend the treatment by one term, and in the final term to drop to two sessions per week.

At the end of the term, although there was some chaos, Nazir also told me (regarding the upcoming break), 'I don't like it, and I don't want you to go away on Monday'. I felt a paternal glow of pride and was moved to tears thinking about how far he had come – so much so that I wanted to tell all my fellow trainees.

4.5.8 Terms 6 and 7 (summer and autumn terms): Ending

Even though this was not going to be my first ending with a patient, it was going to be the first ending with an intensive patient – and my first intensive patient at that. Over time I had grown to be very fond of Nazir, and so I had not only to help him manage his feelings about the ending but also to manage my own sadness about it.

As discussed in Section 4.4, on the return from the break Nazir again brought very confusing characters to talk about. This again made me feel sleepy, but this time I held onto the concept of the sleepiness as a communication and managed to put this into words. This in turn helped him be more connected. It shows that I had been able to develop my understanding and technique as well as finding an individual way of working with Nazir. However, I felt that there just was not enough time and that I had only just started to realise how to work with him. This felt tragic and very sad – even

more so because I felt that although connection to thinking and feeling was possible for him, he needed a lot of support to be able to do this, and it did not last long.

The approach to the last break again brought out controlling and (as I saw them) aggressive behaviours. Although I understood these in the context of the break and the ending, I felt lost regarding what to do or how to communicate these thoughts to Nazir in a way that would get through. I can look back now and think about the importance of not necessarily saying something in this way, but of enduring and surviving.

His attacks continued into the start of the last term. However, I was able to help him a little, as can be seen in the next extract.

Session 240

> I say, 'I think it feels really messy and angry that we are going to end'. Nazir stops suddenly and says, 'Yes, why are we going to end? I don't want to end'. I feel sad. He looks very sad and as if he is about to cry, but then gets up and hits me. I say, 'I think what just happened there was that you started to feel sad, you didn't like this and wanted to get rid of it'. He says in a pained way, 'I don't like it, I don't like it'.

Here Nazir seemed to be right on the edge of being able to have feelings about the upcoming separation. He projected the sadness into me and then attacked me as the embodiment of the feeling, which he was clear he did not like. When I gave a process interpretation (Kenrick, 2005), he was then able to verbalise his dislike while feeling the genuine pain. I could see that rather than aggression, the hitting was a communication of his feeling overwhelmed. This growth in my capacity was due to a combination of factors, including previous experiences of breaks and term starts, an internalisation of the supervision process, and my better understanding of the experience of the transference situation and how to use it. As well as this, I felt more settled in my post and role, as well as in my own personal experience of attending analysis.

As the term progressed, we began to explore a little more the feelings about the upcoming ending.

Session 247

> He looks up at me and says with seriousness and feeling, ‘Lee, it is hard to say goodbye’. I suddenly feel very emotional. He says, ‘We could just carry on’. I say, ‘It’s really sad to say goodbye’. He looks up at me sadly and puts his hand on my arm in a tender way. I feel again like I’m about to cry as we look at each other. I say, ‘You have had a lot of goodbyes’.

I think this shows that although I was able to connect him with the sadness of the goodbye, I was also struggling with my own feelings of sadness about the ending and the thought that we should continue. This is partly evident in the extract when I reference his past goodbyes and separations. Although these were relevant, they also took us away from the pain and sadness of thinking of our own goodbye in the present.

Soon after this session, Nazir returned to attacking behaviours, at a level I had not seen since the beginning of treatment. Although I had been told in supervision that endings in treatment were similar to beginnings, and I had read about it in clinical papers, this had not quite captured the emotional experience of the phenomenon itself. To me it did not feel like ‘another chance to work through’, as is often said, but more like things were falling apart. I found it hard to hold onto this as part of a process of ending for him while I was in the thick of it, and I feared that any progress we had made was lost. Supervision at this point remained vital in helping me to understand these feelings; however, we had moved to monthly meetings, and so there were periods when I felt very alone with the case.

During this period, Nazir brought material about having what he called the ‘mask of ultimate power’. This would give him anything he wanted. He also talked about ‘the grocery gang’, which was full of characters of unwanted, rotting food (such as putrid pizza) and to which he said I belonged. I talked to him about how he felt he did not need me and my thinking, as he had all he needed. I described to him how he bullied me and that it was his choice how to use the ending sessions. I kept in mind but did not talk about feeling like a rotten, unwanted, putrid baby. I also thought that what I was trying to offer him meant being in touch with sadness, which did not sound appealing.

When Nazir did settle again, it was a relief to me. I was able to help him think further about the sadness of the goodbye. I found this an incredibly painful and sad experience. It was difficult to be in touch with – and help Nazir to also be in touch with – very painful feelings, especially when I did not really believe that ending was the right thing to do. I believe that Nazir unconsciously sensed this to some extent. When he told me in Session 254 that his favourite YouTuber, JANGBRiCKS, had said ‘nothing in life is perfect, and you just have to get on with it’, I think he was unconsciously reassuring me that he could be connected to a good object.

At times, thinking about the ending felt almost unbearable to me. I found the session near the end (described in Section 4.4) when he showed me the calendar with all the years we would not meet extremely sad. Similarly to my attempts at the beginning to link too much to his early trauma, at the end I sometimes strayed into linking too much to the ending, missing the here and now of the session. I believe it was important that I could hold onto both positive and negative experiences of me as well as respecting his space, as can be seen in the penultimate session.

Session 261

> We start playing catch. Most of the throws are to me, but some are at my head. I say after a while, ‘Sometimes you want to play friendly with me, but sometimes you are also angry with me’. The next time he throws it hard, he says, ‘It is a dirty ball’. I say, ‘As we get close to the end, you want me to be a dirty Lee. It’s a bit easier to say goodbye to a dirty, yucky Lee’. For the remainder of the session [10 minutes], we pass the ball back and forth to each other. It feels sad but also a good experience. When I go to say something about this, he says, ‘Shh, Lee’. I respect this and just play ball.

I think that holding onto both good and bad perspectives allowed the experience at the end of the session, which seemed full of feeling. We both knew about the end, but it was important not to push it down his throat and to respect that he needed a simpler back-and-forth. I think the ball also showed that Nazir wanted to keep something going between us.

In the last session, I was not sure what to really expect. I did harbour an unrealistic hope that I could somehow tie things up neatly. For some weeks before the end, Nazir had been talking about having a party at the end. In the last session, he made

balloons out of screwed-up paper. I felt disappointed, as I unrealistically wanted him to use the paper to draw something profound about an ending. I think here I was to some degree identified with his parents' wish for him to be a 'big boss', as well as my own hubris. This was my own defence against the end, with which I was struggling. Despite this, I think we did manage to connect in a genuine, moving way in the last session. I think I learnt a lot from Nazir when he rightly talked about keeping each other in our hearts rather than our minds (discussed in Section 4.4).

The following extract describes the very end, when we said goodbye in the waiting room.

Last session

> His parents say goodbye to the receptionist. As they are doing this, Nazir comes up to me and holds my arm; it feels very tender. They all go, saying goodbye again. Nazir does not look at me. Just at the last second, he pops back into the door and gives a beaming smile, waving happily. 'Bye', he says, 'bye, Lee, bye', and then is gone.

This last contact felt like a moving and genuine goodbye. Being able to say goodbye in such a way, I feel was an unconscious gift to me: he did not need to say 'thank you', as I felt his gratitude and what we had meant to each other.

At the end, I did feel Nazir was more in touch with both internal *and* external reality, including the goodbye. Through the experience and development over time of our knowing each other, I think he had a real sense of my affection towards him – that he had been loved and wanted, and that I was not just throwing him away. At times, he was therefore able to be in touch with and hold onto a good object. However, despite these developments, I remained deeply worried about him at the end. It is hard to know how much he might have continued to progress if we had carried on, and it is likely that some of his developments were linked to having an ending. Despite this, I still felt that we had not gone as far as I would have liked. I felt that he still oscillated between thinking, feeling and his powerful defences that kept him away from feelings and contact with others. Although I had a hope that being in touch with an internal good object would help his development, I also felt that Nazir was on the edge of a precipice where he could fall into an omnipotent world of timelessness with no separation, gap or feelings.

4.5.9 Conclusion and summary

At the start of the case, I felt unrealistically hopeful, as I thought I could make a big impact on Nazir. This quickly changed, as I then often felt overwhelmed and confused. I did not realise that this was part of the communication Nazir was trying to get across to me, as I did not understand what counter-transference really was other than theoretically. I was preoccupied with linking things to the past, as my mind seemed infused with Nazir's past trauma. This meant that I missed much of what was going on in the present. I wanted to know and kept trying to say clever things that ended up rather formulaic or theoretical and went over Nazir's head, resulting in Nazir and me missing each other. In this way I acted out his defensive structure of misunderstanding, which kept away from experiencing and understanding feelings. I tried to impose rules, which just got us into a battle and drew us together in an unpleasant way. When I did manage to make contact, this sometimes seemed painful and too much. The conglomeration of all this left me feeling utterly powerless, ineffectual and eventually hopeless. This all describes the negative cycle of which O'Shaughnessy (2016) talks, where there is no one to take in, join things together and make sense, and where there is fragmentation. In this process it is fragmented elements that are reinternalised, and a hopeless state pervades. I believe that it is vital to experience this part of the therapeutic process. By truly feeling hopeless, one can get a clue as to earlier object relationships – and more importantly, the patient's present object relations.

As the case went on, I noticed how small connections – although at times painful – also created good feelings between Nazir and me. I found it very hard when there was oscillation and the connection seemed lost. It was vital that when the good aspects were inevitably attacked or there was a stripping of meaning, I could again feel hopeless. This meant I could experience what it was like to lose a connection and therefore lose the good object. It was important to survive these moments and keep going. I discovered that understanding seemed to create space and time, which then enabled me to think and recognise my feelings more, which in turn allowed further understanding. This enabled a more hopeful cycle to develop. It also took time for me to stop trying to understand everything, which took the pressure off and further helped free my mind. Another important aspect of this cycle was the ability to experience hate and negative feelings towards Nazir. Previously, I had not found the

concept of a patient hating me particularly difficult. I think that until this case I had been somewhat defended against my own feelings of hate towards patients. Being able to recognise this seemed to free up my mind and meant I did not feel too guilty. Recognising that negative feelings were combined with my being able to connect more seemed to help with my growing loving feelings towards Nazir. This gave him an experience of being in the presence of someone who he could tell genuinely cared for and appreciated him. At the end of the treatment, I had some hope about Nazir's ongoing development. I felt his capacity to orientate himself in time and his better relationships with parents, teachers and peers were all good signs. I recognised his need for the 'mask of control' to manage, and – like O'Shaughnessy (2004) in her paper 'A projective identification with Frankenstein: Some questions about psychic limits' – I needed to accept the 'psychic limits' Nazir had perhaps reached at this point. Despite this, I also had a lot of worries, as the understanding and linking he was able to do seemed transitory and fragile. I found it hard to have an idea that we would not keep in contact and I would not know how he was getting on. I also had a hope that as his parents had had a good experience with the team and did not feel to pushed by us to continue, they might bring him back if needed.

I do not think the developments highlighted above would have been possible without my experiencing periods of hopelessness and trying to work out how to feel and how to connect. Due to my inexperience as a new trainee, some of the ways I tried to be with Nazir accentuated the negative cycle described above and my own feelings of hopelessness. My initial feelings of unrealistic hope about the impact I could have on Nazir added to this. I needed to learn how to let go of how I thought therapy 'should be' in order to be able to connect and understand the relationship I was actually in with Nazir. It is hard for a trainee to comprehend that feeling that one is not managing might be an important part of the therapeutic process. I think there is also added pressure on trainees, who inevitably perceive expectations on them from the training course and the supervisors that represent the course, who can at times turn into harsh superego figures. At times I dreaded taking some things to supervision that I felt embarrassed about, ashamed of, or felt I kept getting wrong, despite having already talked to my supervisor about them. When I did go, it was always a relief to be met either with patience or with my supervisor not batting an eyelid at what I felt was deeply embarrassing. Supervision and one's personal analysis are key to one's

ability to survive. This then also gives the patient an experience that terrible things, including hopelessness, are survivable. I will expand on this and the importance of the structures around the case (including the reviews) in Section 4.6.

I believe that experiencing states of hopelessness is therefore a crucial part of the learning process for a trainee. Firstly, it is important to get an experience of the ordinary ups and downs, hope and hopelessness that are part of every case. The breaks often highlight these, but they happen throughout. The need to experience these processes is vital, especially for a trainee, who previously might have only read about them in clinical and theoretical papers. Secondly, if hopelessness is an aspect of most if not all patients' internal worlds, then having an experience of this while receiving supervision to help to recognise these feelings and their importance is crucial to a trainee's development for working with future cases. There will inevitably be missed opportunities and repetition as part of this learning process. This is also true of more experienced clinicians, as not only is it a matter of technique but there is also a process of learning how to be with and talk to a particular patient, which takes time and many missteps. I think that when one does manage to find a common language and a way of talking that is unique to that particular patient, hope also develops.

4.6 Findings section 3: The experience of supervision, and the larger context of the clinical work

4.6.1 Introduction

This section will present the findings and explore in more detail the impact of the intensive case supervision and its connection to hope and hopelessness. Supervision has always been a significant factor in supporting a therapist's development, in particular a trainee's. What emerged during the GT analysis of the clinical data were the effects of supervision not only on my ability to develop as a trainee undertaking a first case, but also on my states of hope and hopelessness, and through this on Nazir's states of hope and hopelessness too. The theory and literature review chapter also highlighted the importance of supervision and the structures around a case for enabling transitions from hopelessness to hope (Lanyado, 2018; Rustin, 1998). I will also give space to the vital role of the ongoing

parent work and termly reviews, the role that personal analysis plays in the development of trainees and briefly reflect on the support given by fellow trainees. Unlike in the previous two sections, I will not look at the case chronologically, as this would involve too much repetition of previous material. Instead, I will divide this section into the following areas: developing a setting; supervision's role in surviving and helping to keep going; noticing the small changes; ending; parent work; personal analysis; support from fellow trainees. I will end with a conclusion to this section.

4.6.2 Developing a setting

One of the vital aspects of the training where supervision is invaluable is learning how to create a setting where work is possible. This includes not only the room but also one's own attitude to the work. When one is a new trainee, I think it is hard to know how to position oneself. On a cognitive level, I knew I was supposed to try to understand the patient and offer containment, but the reality of how to do this felt difficult. This is especially true with patients like Nazir who present additional challenges in managing the basics of keeping the patient, room and therapist safe.

As discussed in Section 4.5, the emotional impact of beginning the case was considerable. I often felt lost, incapable and caught up in the chaos. I tried in a desperate way to make sense of the material, and I found it difficult to comprehend and make sense of what was being thrust at me. I brought all of this to supervision. Initially my supervisor commented on how difficult it was to understand. This helped me feel contained. I found it helpful when my supervisor said, 'I don't know what this is about, it's very confusing', as it made me feel that I did not have to understand everything and that being confused was ok. My supervisor encouraged me not to come to conclusions too soon, and also pointed out that I was saying things with a little too much certainty. I feel that the supervision gave me a lot of space to be who I was and find my own voice.

When Nazir turned his attacks towards me, my supervisor did become a little more active for a period. On one side, I needed help with simply knowing how to manage the attacks, the chaos, and his at times very physical contact. My supervisor suggested speaking to Nazir in straightforward, simple ways, while also helping me think about the meaning that might be present in his actions. For example, with Session 9 my supervisor suggested that I say, 'You can sit next to me, not on top of

me', as well as discussing how he was struggling to find a way to be close and that perhaps even the concept of us being separate people was hard for Nazir to understand. This type of thinking not only helped me to start to build up the boundaries of a setting that would promote understanding, but also added meaning to what seemed like an unintelligible soup of mixed-up happenings. My supervisor helped me perceive the world a little more from Nazir's perspective, and not to make assumptions from my own expectations and how I saw things. For example, when my supervisor said that Nazir 'has no idea of space or time' (Session 11), it helped me understand how little sense it made to him when I said 'I will see you on Thursday'.

Joseph (1998) and Hoxter (1981) speak of the importance of creating a setting in both the room and the therapist's mind where one is not too preoccupied with the effects of the mess. This is to enable the difficult task of experiencing chaos, mess and what is flung at you (literally and metaphorically), and to think about what this might indicate about the child's inner word and relationships. My supervisor also talked of how 'it's important he has a place where he can make mess' (Session 11). My supervisor emphasised the importance not only of letting this happen but also of feeling that it enabled me to understand Nazir. The supervision helped me think about ways to make this possible, given that the room was shared with other therapists and that I also had to make sure Nazir did not get too messy. My supervisor suggested using plastic sheeting in the room to stop the furniture getting too wet, getting Nazir to use an apron so that he would also not get too wet, and having a spare change of clothes so that I did not have to worry too much about getting messy myself. Although these were physical changes, they also helped to change my emotional attitude, as I was able to feel slightly more relaxed, not feel that I had to impose rules all the time, and try to concentrate on what my emotional experience was.

My supervisor helped me notice that I was thinking far too symbolically about the content of Nazir's material, and that this was not how he was communicating at this stage. When I tried to connect to the material, it provoked him. I think he felt I had not really seen him but was talking past him or over his head. At these times I wonder if he had the experience of a misunderstanding object (Joseph 1983 and 1985). We discussed how it was more important to think about the process of what I

was experiencing in the sessions and the feelings that then arose in me as the communication. My supervisor also showed me that I was trying to say and do too much, and that I should simplify the way I said things, as Nazir was only able to take in and comprehend a very little. She suggested shortening my sentences and putting things in a way that was more digestible. She suggested I read Anne Alvarez (1992), and we spoke about how she structured her interpretations and how I might try something similar. For example, instead of saying ‘you are worried that I will forget you when you are not here’, (Session 18), I tried ‘it’s important I remember you’ (Session 19). My supervisor encouraged me to observe in a similar way as I had done in infant observations, and to make simple, short descriptions of what was going on. Instead of saying ‘every time you come, you want us to be in a fight, and then I am the one that does not know what to do and can’t think’ (Session 25), I tried ‘in a battle again’ or ‘you want to be the boss’ (Session 26). I often had to make subtle adjustments to phrases, and I made many missteps, as it took quite some time to find the right language and a way to talk with Nazir.

Due to the feeling that Nazir did not have a sense of time, my supervisor suggested that I start marking the days of the week. I put into words the rhythm of the week, saying, ‘It’s Monday, the first session of the week, we meet on a Monday, Thursday and Friday’. Nazir seemed to enjoy me saying this at the beginning of the sessions, and he began expecting me to say it. This created a predictability and a boundary to the sessions, which seemed to ground him slightly. This meant I was able to observe and think a little more. I realised that using ‘you’ and ‘I’ aggravated him. I think it was because it highlighted the separation between us, which he felt was unbearable. Instead, I began to use the names Nazir and Lee more, which seemed more tolerable.

Supervision thus provided me with quite active and practical ways of managing the session while maintaining a link to the meaning they held, which I believe was very important at this early stage of my training. This helped to contain some of my anxieties. It also helped me to create a setting where Nazir was given the message that this was a place where he could bring his chaos and mess and not just be told ‘no’. More than this, supervision helped me to see that through experiencing the chaos and mess, I could get a genuine understanding of Nazir. In retrospect, there may also have been a parallel process going on whereby counter-transference from

the case was being transferred to the supervision (Searles, 1955). In the same way that I was trying to manage through rules, my supervisor was trying to help by initially being more directive.

4.6.3 Supervision's role in surviving and keeping going

The raw impact of starting the case was difficult to manage. However, I also struggled with the ordinary grind of the ongoing work, as Nazir began to oscillate between brief moments of contact and longer periods where he was attacking and chaotic. I felt hopeless a lot of the time. I brought long, detailed accounts of what just felt like constant attacks which felt endless, and I found hard to make sense of. I found this draining, as if I were being put through the mill, and I did not look forward to sessions. Supervision was key in helping me to just keep going during these periods. It was vital to have a place to bring my hopelessness. My supervisor just acknowledged the difficulty, sharing my confusion and being alongside me so that I did not feel alone, and this made continuing feel possible. The most important way of helping me to survive and keep going was by providing some meaning and understanding when I felt there was none or very little, as can be seen in the next extract.

Session 39

> [Prior to this extract Nazir has spread mess everywhere, thrown water on the chairs and kept trying to put his hands in my pockets.]
>
> Nazir leans over the chair so he is lying over my lap and twists round to look up at me. He says, 'I am going to make you look angry'. He uses a finger to push the side of my eye, elongating the skin. Nazir starts to laugh manically, pointing at me with his other finger, saying, 'You look so funny'. He brings his face right up to mine, laughing loudly. I feel like my personal space is being so intruded upon and like I want to withdraw but feel trapped. … [At the end of the session] he kicks the broken bits of the phone out of the room.

During the session itself, I struggled to think or make sense of anything and felt useless and humiliated. During the supervision, I wondered about his possible projection of anger into me to make me the one that felt anger about the break. However, my supervisor thought that it was not to be formulated or made clear so

easily, and she encouraged me not to rush to a conclusion. The supervision helped me think about how thinking itself was difficult in the session. My supervisor suggested that Nazir seemed to be wanting to 'get inside you so that you are one person and not separate'. My supervisor helped me concentrate on my feelings of being 'trapped' and 'intruded upon', suggesting this was an indication through the counter-transference of how Nazir could not bear feelings. This gave me an understanding through experiencing the process of projective identification as a primitive form of communication. My supervisor also added that at the end of the session it felt as if 'he needs to feel like he is the one doing the kicking out. … It's too much for him to feel like he's a kicked-out boy'. We could then discuss how intolerable feelings of separation might be for him in the present, while keeping in mind his past experiences. This made me feel hopeful, as some sense could be made of what had seemed incomprehensible to me. My supervisor could keep alive a hope for meaningful communication by creating a third space between the clinical material presented (including my own feelings) and her thinking, clinical experience and theoretical knowledge.

4.6.4 Noticing the small changes

I often felt hopeless when I experienced Nazir and I as stuck and not getting anywhere. However, due to my supervisor's experience, and as she was one step removed from the intensity of the sessions, she could notice vital moments of connection and development that were occurring and which I could not see during the sessions. I think I was waiting for a huge change to happen, and I therefore missed the subtle nuggets of connection, as the next extract shows.

Session 44

> Nazir opens the box and takes out the Play-Doh pot. He throws this at my head, saying, 'This won't work'. He gets one thing after another, aiming at my head as I hold my hands up to protect myself. I start to feel helpless and overwhelmed. He then gets out the fire engine and throws it at my head. I deflect both with my hand. Nazir says, 'No, you must keep your hand down'. He gets out the saucer and throws that, and I again deflect. Nazir again says, 'No, you must keep your hand down'. I say, 'Maybe it's annoying that Lee keeps his hands up when Nazir wants to hit him. Doesn't he know Nazir wants

to hit him?' He smiles at this. Suddenly he stands on the table, towering over me. I say, 'Nazir is big, Lee is small'. He says, 'Yes, Lee, that's right!' He gets down and sits next to me. There is a moment of calm, and then he starts throwing things at my head again.

To me this just felt like aggression with no meaning. In supervision, my supervisor pointed out that his attacks did not seem random but were focused on my head. My supervisor thought this was a real development, as at that moment he was seeing me as a separate person with a thinking mind that he did not like. My supervisor pointed out that it was important that I should be able to feel overwhelmed, as I got 'his emotional experience of being in a world where he feels small, helpless, and where things are just flung at him'. My supervisor felt that this was not just an evacuation but that 'he is trying to get something into you'. My supervisor also pointed out that I had managed to find a way to talk to him about what was going on. As this was in the midst of what felt like senseless chaos, I had completely missed that I had managed to connect and that Nazir had felt heard, if only for a moment. My supervisor highlighted Nazir's smile when this happened, saying 'he enjoys it when you get him'. We discussed how it captured the here-and-now experience in the room in a way that felt manageable to Nazir. My supervisor's pointing out these moments helped me to keep going and helped my hope to not completely fade. Over time, these connections gave Nazir an experience of being understood and helped him to become a little more settled. This in turn allowed me to have some moments in the sessions when I could think a little and then recall what had been discussed in supervision, or make my own links and then comment on these to Nazir. This shows that I had begun to internalise some of the triangulation that went on during supervision. Although there were times when connecting still felt intolerable to Nazir, it was also clear that he was beginning to enjoy being understood, as can be seen in the next extract from my supervision notes.

Session 57

Nazir says, 'That's a good idea'. My supervisor pointed out in this instance, 'Nazir thinks this is a place of good ideas, and he is taking something in'. Later she added, 'It is very moving when he comes to see the therapy and his relationship with you as a place where good ideas can happen – that there is

even such a thing as a good idea (with the potential for coming together in a creative way). It feels to me in these moments he is really able to latch on'.

Although I had missed the significance of Nazir's words during this session with him, the supervision allowed me to see that he was able to take something in of me and that there had been a shift in our relationship. This was further evidenced in Session 59, a particularly difficult session during which (among other things) he threw things at me, covered me in water and generally created chaos. I noticed, however, that he was able for the first time to look directly at me for sustained periods (something he mostly continued to do from this session onwards). My supervisor pointed out that he was allowing himself to see me and take something in. Perhaps helped by splitting, at the end of the same session, Nazir tipped the rest of the messy contents of the box onto my lap. My notes state that I felt 'utterly dejected and hopeless'. However, my supervisor felt this was a very significant moment, saying 'He has found a container for his mess and messy feelings'. Although seemingly small, this was an enormous shift in Nazir's way of relating, as it showed he had a hope that he could have a place and someone to bring things to who would try to understand, even if this was not always possible. When one is starting out as a trainee, it is hard to notice and/or realise the significance of what may seem like small developments. This means that these moments of hopefulness can get lost. Although not all of them can get picked up in supervision, it is vital that enough of these moments are captured to keep the trainee going and in a hopeful enough state (Lanyado, 2018).

4.6.5 Ending

Supervision was vital in the ending process too. It not only continued to offer a thinking space but also helped me hold a more realistic perspective regarding where things were. As the ending approached, difficulties and behaviours present at the beginning resurfaced. At times I drifted into a hopeless state, thinking that all the precious work and gains we had made were lost. My supervisor spoke to me about how this re-emergence of behaviours was not only fairly common during endings but also provided a chance to think from a different perspective about what had been communicated at the start. Nazir was far more able to think and feel, and so this did feel like an opportunity. At other times I think I concentrated on the developments Nazir had made a little too much, putting me in a state of unrealistic hopefulness. My

supervisor again kept me grounded and helped me to see that this might be my own defence to deal with the sadness of the goodbye and the reality that Nazir still needed a lot of help. Nazir also struggled to be in touch with the sadness of the goodbye. In sessions in the last term, he frequently talked of wanting to have a ‘Mixel party’ and would sing ‘everybody rock’ (Session 223). He made sad looking balloons out of screwed-up paper for this party. In supervision we discussed how the balloons might have represented deflated, lifeless, or fragile breasts. This is one perspective of how Nazir, in phantasy, experienced the therapy and me at the end as spent and no longer sustaining. The supervision helped me see how in a manic way he just wanted to think about good feelings at the end and did not want to be connected to the sadness of the goodbye.

I will now look at Session 260 (two sessions before the end) in order to think about how supervision helped me help Nazir with the ending. I previously discussed this session in Section 4.4. Here I will give a brief summary of the session but then concentrate on the supervision notes.

Session 260 summary

> At the beginning of the session, Nazir seems quite dysregulated. With help he manages to settle, and then he draws a calendar, noting all the years he has come and those when he will not come, marking each of the latter with ‘no Lee’ (see figure 4.4).
>
> Nazir talks about some of the developments he thinks he has made, such as being a ‘bit smarter’ and not ‘wrecking things’. Nazir also thinks I have changed to being a stricter but also a friendlier Lee. As he highlights all the years he will not come, there is a great feeling of sadness. When feelings seem to get too much, he reverts to talking about the ‘mask of ultimate power’ which gives him control over everything. After this he again draws more years when he will no longer come, filling up the page. I try to talk to him about a time before he came (2013) when he didn’t know me, and then the experience of getting to know me over time, so that he can think about me after we end. He says, ‘I think about Lee all the time’.

My supervisor suggests, ‘Nazir is really trying to think about the separation and ending, but it is a real struggle for him. He is trying to figure out what it might be like without you when you are not going to see each other again’. We discuss whether Nazir is really in touch with the ending as a final goodbye. At times he is (e.g. when there is an experience of sadness). At other times, the endless years in the calendar are keeping me present but as a ‘no Lee’. My supervisor says, ‘All the years you and Nazir have been meeting for are to him just a drop in the ocean and do not feel enough. The mask of control, as well as being an illusion of power/control, is perhaps his attempt to gather up all the strength and help he needs to manage the “no Lee”’. We discuss how the mask is an illusion of control. Nazir feels like the ‘no’ is a really big no. How does Nazir show feelings, and is the ‘no’ another way of saying no to feelings? My supervisor suggests, ‘The no Lee is very strict and [like the mask] an ultimate no. Perhaps there is an idea that there are different Lees – a strict Lee, a friendly Lee and a no Lee?’ We discussed that despite there being a no Lee, there is a strict Lee who stands up for the boundaries, and who is therefore a friendly Lee. This is a significant change in how he is experiencing boundaries. My supervisor says, ‘You lose it a little bit when you talk about going back to 2013. This is perhaps because it is also overwhelming for you to say goodbye. All the “no Lees” in the calendar are just overwhelming, they are too much’. My supervisor says, ‘Nazir has come to a place where things have then changed, but he is not sure why they have. He feels you have understood something about him which might have helped with this change’. We discuss how Nazir is aware of some of the changes. My supervisor says, ‘When he says a “bit smarter and more responsible”, he is in a way saying that he might manage the ending a bit. There seems to be an implicit question of “why are we stopping?” I think you should say to him there is more to be done, or you feel you have not had enough, or you want more’.

We discuss how Nazir seems to think I am just getting rid of him because he is too much or that he is unwanted. My supervisor suggests that I should point out that part of the reason we are finishing is because he has developed and done well. She suggests telling him that ‘he can say more of what he thinks

and feels'. We discuss that this is something he can hold onto even when he is not with me.

My supervisor says, 'It's so hard not knowing how things will be after the ending. We can't be sure or know. But you have both had an experience of knowing each other. This seems really important'.

In this supervision there is a palpable feeling of sadness at times, and I remember being quite tearful at the end of the supervision. Before the supervision I think I was caught up in my own sadness and anger that we were ending which kept me away from experiencing and therefore understanding too much about it. Supervision helped me to sort out what feelings belonged to me and what belonged to Nazir which made things less confusing. I think I wanted a simple idea of an end as just sad or angry, rather than the experience of an ending having many different dimensions and components. Supervision helped me think about the complex nature of Nazir's and my respective experiences of the goodbye. A good example of this is all the different and changeable meanings of the 'no lee'. This started as an attempt to understand and be connected to sadness and feelings of missing, however these feelings were too much for Nazir. By filling the page with 'no lee' what started of as meaningful changed to something mindless. A change from an attempt to think about the good object that was not present to being in the presence of the absent object (O'Shaughnessy 2016). My supervisor helped me to see that Nazir had an experience of me even when I was not with him. It was also hard for me to notice how both Nazir's and my own ability to understand and think about the end seemed to happen in oscillating waves where emotions could be approached but also defended against. My supervisor pointed out that when Nazir was able to think, he could notice more things about himself, including changes and developments. This seemed a hopeful development which my supervisor felt needed to be highlighted. The supervision helped me to be in touch with uncertainty about the future, which felt painful. Most of all, I think that my supervisor helped me see the significance for Nazir and me of our knowing each other. This is something that seems very hopeful, although I think I did not truly comprehend it until now. It emphasises the importance of the experience of understanding by being in a relationship and enabling oneself to be in touch with all that comes up within a relationship. I believe this is the cornerstone of hopefulness.

I was very thankful to my supervisor for offering me a supervision after the last session. This of course could not have had an impact on Nazir, but it was really helpful to me. We could discuss how much Nazir had changed as well as remaining realistic about his significant difficulties. It was also a place where I could bring my own sadness about the ending to someone who I felt not only knew Nazir but also knew me as a clinician.

4.6.6 Parent work

Throughout the case, I discussed Nazir with the parent workers, one of whom was also the case coordinator. They provided a vital function throughout the case. They contained and supported the parents to think about Nazir and the meaning of the way he behaved, and they helped them to understand their relationship with him and how he effected their relationship with each other as parents. They also spoke to and maintained a link with Nazir's school, helping the school to think about the meaning of his behaviours and his ways of relating to peers and staff. The parent workers provided me with a link to his world outside of therapy, and I could give them an indication of how my supervisor and I were understanding his internal world. By attending network meetings and meeting the parents, the parent workers provided a framework for the case, which offered a protective barrier to enable me to focus on the clinical work.

I would now like to focus on the connection between the clinical work and the parent work, which helped to contain the parents and through this Nazir. From the middle part, towards the end of Term 2 and the start of Term 3, there was an increasing theme of unwanted, thrown-out, messy babies. My supervisor and I felt that this was linked to Nazir's past experiences of separation. She felt there was a mismatch between the external story, where adoption was not talked about, and the internal one, where there was an experience of abandonment. She encouraged me to think with the parent workers about whether it would be helpful for the parents to talk to Nazir about his past. Looking back, I can see that the meeting and link between the parent workers and me, and the subsequent work they did with the parents, was one of the most impactful moments of the case. The parent workers and I discussed how in Nazir's parents' minds they were attempting to spare him the pain of knowing about his early losses. However, we felt this produced an opposite effect: it was

confusing and literally maddening to him, as his external and internal worlds were not aligning, making containment difficult. The parent workers agreed to talk to the parents about telling Nazir the truth about the adoption and his past. In the parent work sessions, Nazir's parents were able to talk about their catastrophic fears regarding the effect that telling him might have. They were helped to think that instead of being catastrophic, the truth could not only be survived but might actually be helpful and liberating for Nazir. They were given a space to think carefully and find a way to talk to him. The parents described how when they told Nazir, he cried – an extremely rare occurrence for him. He then sought comfort from his mother, whom he hugged and allowed to hug him in return; this seeking and receiving of comfort was also rare. Nazir had a hope that his sadness and pain could be managed and held by his parents, and in return his mother could offer him the support he needed in that moment through a loving hug. An important process had occurred which I believe made deep and lasting hope of change possible for Nazir. His parents were contained in the parent work and were able to confront a truth. They in turn could contain and help Nazir face this truth in a way that was manageable for him. It was important that this process, which I think would have been too much to take up in the therapy, could be held by the parents. This did not have the feared effects of disintegration; rather, they were able to make a more loving connection (through the tears and embrace). Although it caused sadness, Nazir was able to understand a little more about himself. This in turn had significant developmental effects on him, as discussed in Section 4.4. I think it also increased the parents' hope in their own capacity to parent Nazir.

In the second year of treatment, we learnt through the parent work that the family had a plan to return to south-east Asia to visit Nazir's birth parents during the holiday break at the end of the autumn term (Term 4). We wondered together whether this plan perhaps made no sense to Nazir and if he might find it overwhelming. In a meeting with the parent workers, we discussed how Nazir was becoming increasingly anxious and that we were unsure if the parents realised the extent to which the upcoming trip was effecting him. The parents reported to the parent workers that they had noticed that Nazir was 'misbehaving' more recently, but they had not connected it to seeing his birth family. The parent workers helped them to think what the trip might be like from Nazir's perspective and how he might be

frightened, overwhelmed and confused. The parent workers suggested telling Nazir explicitly that the plan was for him to return with them to the UK and that he would not be left there. After they had done this, the parents reported that Nazir seemed a little calmer, which I also noticed in his sessions, where he seemed more open to thinking about our upcoming separation. The parents seemed surprised by how anxious Nazir was about the trip, as they had previously only seen it as something positive. Their ability to contain him with the help of the parent work not only connected them more closely to Nazir but also allowed them to trust the parent work a little more. They seemed more open to thinking further. Previously, they had intended to stay with his birth mother for a number of days. The parent workers helped them to think what this might be like from Nazir's point of view and how he might find this overwhelming. In the end they decided to stay not with his birth mother but instead somewhere close by. They also only visited for short periods, and on their return they described having been mindful that when Nazir began 'misbehaving' he was actually showing he was feeling overwhelmed. Rather than telling him off or imposing rules on him (as I was also drawn to do in sessions), they could then react more sensitively, offering comfort and realising that he had had enough for that visit. This shows that they had internalised some of the understanding from the parent work. The link from the therapy to the parent work, to the parents and back again created a hopeful web of support where Nazir and his needs could be better understood.

4.6.7 Personal analysis

This section will briefly consider the manifestations of hope and hopelessness in relation to personal analysis undertaken by trainee child and adolescent psychotherapists.

It is a requirement of all child and adolescent psychotherapy trainees to undergo personal analysis with an approved analyst for a minimum of four times per week whilst undertaking their training. When I undertook my training, it was also a requirement to enter into three times per week analysis for at least a year before starting the training.

As described in section 4.5 the stresses of starting the training are immense. Many trainees have left jobs where they have a good understanding of their role and how to do it. Some have left positions of seniority and management to step into a more junior position as a trainee. New trainees have to place themselves in situations clinically and in teams where they have little experience and where they have not yet developed their technique or identity as a therapist. At the same time, they are starting the training where they have to develop relationships with teaching staff, supervisors and fellow trainees, many of whom they have been in intense competition with for limited places on the course and training posts. This unsettling time of transition can be a rife ground for states of hopelessness to take hold. It is therefore vital to have a place in analysis to share feelings of doubt, fear and pain that are an inevitable part of the training experience. Analysis gives trainee's vital support to weather the considerable impact that the course and working with disturbances puts them in touch with. It is a place to explore the projections a trainee receives and gives out, to consider their own defences, how they function in different kinds of relationships, and provides a place to begin sorting out what is theirs and what is not. It is also an essential experiential learning of the therapeutic process from a patient's perspective. In my view this is an invaluable part of the training to be a child psychotherapist as well essential to their own personal development and growth.

In analysis trainees can have an experience where, what feel like, intolerable feelings can be survived, understood and essentially contained. It helps if they can realise that sometimes it is just important to survive painful and difficult experiences whilst also experiencing an analyst who is attempting to remain curious. Through this hope can arise. These hopeful experiences not only allow for the hope of further hopeful experiences but over time, through this process, a trainee can begin to internalise a curious, thinking, feeling and containing object. Like the relationship with the supervisor, the experiences of hope through containment in analysis can help a trainee remain curious and thoughtful to what their patients bring, making it more likely that they can offer their own patients hope through containment.

At times, a trainee may imbue their analysis with unrealistic hopes. For example, the trainee may think that analysis is a place of explanations. Here there is an unrealistic hope that the analyst has all the answers. A belief that you take something to

analysis with an expectation that your analyst will just tell you what's going on, rather than experiencing unwanted feelings and then exploring the meaning of these feelings together as they relate to the analytic relationship.

I believe it is an essential part of the analytic experiences that trainees can feel the inevitable moments of disconnection and hopelessness in their own analysis to know that these are a part of the analytic experience and that they can be survived tolerated and thought about.

4.6.8 Support from fellow trainees

In addition to the support a trainee gets in supervision and analysis is the support they receive from their fellow trainees. I found that sharing disturbing and hopeless experiences immediately after a particularly difficult session was immensely helpful. For me, it was important to hear from trainees and colleagues that had gone through or were currently experiencing similar situations of feeling hopeless. In addition to having an experience of not feeling alone in my experiences, sharing them also allowed me to see that these states could not only be survived but also that development and change can occur even when one feels utterly stuck. I have noticed similar comments made by parents in parent groups that I have facilitated post training when hearing other parents who have at one time felt hopeless.

4.6.9 Conclusion

This section has highlighted how supervision played a vital role at the beginning of the case in helping me to create a setting (physically and psychically) where thinking could begin to happen, so as to help me not rush into finding meaning too early. My supervisor also helped me to develop a language and way of talking that could get through to Nazir. Supervision provided a space to see things from Nazir's perspective a little more. These factors all created the foundations from which hope could grow.

Supervision helped me to survive and keep going in what felt like impossible situations at times. Having a place and someone with whom to share my

experiences meant that I was not overtaken by chaos, despair and hopelessness but in fact began to see these as communications. My being able to survive and bear these states meant that Nazir too could have the experience that they could be survived. It was especially important for me as a trainee to be helped to discover through clinical work how vital it is to experience emotions as an important means of understanding the patient's communications. Supervision also highlighted the importance of having a place to sort out emotions that are complex and multidimensional at the best of times. This is a critical factor in the meaning-making process, which as discussed in previous chapters is one of the main components of hope.

This section has also demonstrated that when I felt stuck (as most clinicians do at some point) and hopeless and as if I was getting nowhere, my supervisor could see the small, subtle changes that were occurring for Nazir which I could not see. She was helped by having experienced hopeless states in other cases, and she knew that sometimes this was something one just had to experience and get through. Vitally, this meant that she could hold onto hope when I could not. This in turn meant that I could experience the hopelessness I needed to experience so that Nazir could feel truly understood. My supervisor could then pass hope on to me by pointing out moments where I was actually making contact and Nazir was progressing.

As I have shown, my supervisor brought different theories into the sessions as well as suggesting literature for me to read. I believe this helped me greatly in terms of my technique and my understanding of the case. This raises what I consider an interesting question regarding the extent to which theory should be brought into supervision – and I am sure there will be different views on this. It also raises a question about how we learn: it is important to learn from experience, but this needs to be balanced by the ability to develop a helpful framework by using theory to understand the work we are doing and develop our ideas. My supervisor always treated the emotional experience of the sessions as paramount to understanding, but I think she struck a helpful balance by bringing external thinking into the case through theory and literature.

This section has also indicated the importance of knowing and being known through a relationship. I think this was one of the most important hopeful factors that enabled

change, both for me in the supervision and for Nazir in the therapy. Being known and accepted for oneself as a whole (good and bad) is a vital component of hope (Lemma, 2004), but one which I believe only comes through understanding.

Another pivotal factor which this section has highlighted is the role of parent work and the link between this work and my clinical work. This offered containment, an understanding of Nazir, and hope for the parents in their own capacity to parent. It also protected the clinical work so that I could concentrate on getting to know Nazir.

This section also highlighted the important role personal analysis plays in supporting the development of trainees. It provides trainees with an essential experiential learning of the therapeutic process from a patient's perspective as well as providing a space for containment and personal development.

This section also briefly reflects on the importance of support gained from fellow trainees.

This section has shown that over a long period of time, I could begin to internalise the ways of thinking in supervision, which provided a triangular space. To some degree this also seemed to enable Nazir to internalise a thinking object and tolerate a third a little more (for example, his therapist seeing and having a space in my heart for other children). This nurtured the hope that he might take something away from the sessions that he could use after we had finished. Supervision also supplied a place to manage and be in touch with the difficult feelings that came up as the ending approached. This offered a hopeful model where such feelings could be tolerated. Importantly, during the last phase of the treatment, the supervision kept me and Nazir grounded in a more realistic place where hopeful signs of development were noted but not used defensively, and to manage an ending that felt premature and where it was likely that Nazir would continue to have many difficulties.

Chapter 5: Conclusions

This chapter will be divided into five subsections sections as follows: What has the thesis tried to achieve?; Summary of findings; What has the thesis added to the body of knowledge?; What has been missed in the thesis?; Recommendations for future work.

5.1 What has the thesis tried to achieve?

In this thesis I have attempted to establish the main themes that make up an understanding of unconscious hope and hopelessness. I have tried to explore and develop a greater apprehension of how these concepts manifest themselves in the therapeutic clinical setting. The aim was to enable insight into subtle changes between the two positions, and through this into the therapeutic process itself. I felt that hope and hopelessness were common and recognisable experiences in the therapeutic setting that many writers discuss implicitly. However, there was relatively little in the literature that explored the topic explicitly, particularly with regard to work with children and adolescents. I therefore also wanted to make a synthesis of the theory and literature in order to better understand the differing perspectives on the topic. To do so, I made a thorough exploration of the theory and related literature, as well as conducting a qualitative data analysis of an intensive case to ensure that the emerging concepts were grounded in clinical experience.

5.2 Summary of findings

This section will summarise the thesis' findings of unrealistic hope, hopelessness and hope, and consider what is needed for the transformation of hopelessness to hope.

Unrealistic hope

- Unrealistic hope (see e.g. Cregeen, 2012; Lemma, 2004; Boris, 1976) is an illusion of an idealistic hope. It is a phantasy of an experience, what you wish things to be like rather than a reality of what they are truly like. Unrealistic hopes can also be a defence against knowing and understanding through a relationship.
- Unrealistic hope can reside in the parents of looked-after and adopted children, who sometimes hold an ideal of how they wish their family to be, rather than seeing what it currently is. It was certainly true that Nazir's parents – through their thought that he might become a 'big boss' – had unrealistic hopes for his future and were therefore not connected to the extent of his difficulties.
- Unrealistic hope can also occur when there is a fundamental misunderstanding of the psychoanalytic therapeutic process, through a belief that change comes through epiphanic moments of understanding rather than the slow process of knowing and being known through a relationship.
- Unrealistic hopes seem more likely (perhaps inevitable) to occur for a trainee due to their lack of experience.

Hopelessness

- Hopelessness occurs when there is a loss of hope that someone might provide containment by adding meaning and understanding to make sense the world. It is likely this happens when there is a paucity of containment during in infancy.
- Hopelessness occurs when knowing about yourself and others is far too painful; it is what Freud (1930a) calls an 'impossible task'. In this circumstance, powerful defences can be used to keep away from feelings like vulnerability, dependency, separation, loss, or being unwanted. To manage, these intolerable feelings can be projected out, in ways described by Klein (1946). Projective identification can be used as a means of evacuating out these unbearable thoughts and feelings (Bion 1962a). As Joseph (1983)

describes, this type of evacuation also means getting rid of any possibility of understanding these feelings and those using evacuation may not therefore have a conscious concept of their feelings. For example, I don't believe Nazir felt hopeless, but he did make those close to him (his parents and school) feel hopeless about their ability to help him, triggering the referral to the team in which I worked. Bion (1962a) and Rosenfeld (1987) describe how these types of projections are concrete and therefore once evacuated can be felt as a real and frightening presence. An example of this can be seen in the first session, when Nazir swiped at flies, which he seemed to believe were really there in the room.

- Being in the constant presence of the absent object (O'Shaughnessy 2016) and lacking containment can result in a negative cycle of projecting outwards and then reintrojecting the frightening and unwanted feelings. This causes an internal state of hopelessness.
- Hopelessness also occurs when there is a loss of a sense of time. It is often experienced as a feeling of being stuck and there can be a reliving of traumatic past relationships (Canham, 1999). In this instance a therapist might find it hard to see things in the present relationship and too readily make links to the patient's past, causing further misunderstandings and negative reactions. One can also enter into an illusionary certainty or fatalism of a malignant future. This can be experienced as thoughts such as 'nothing will ever change' or 'this will go on forever'.
- Hopelessness is compounded by continued experiences of being misunderstood. For example, I initially saw Nazir's behaviour as aggression, anti-therapeutic reactions, or even as something linked to the death drive (Freud, 2001). It took a long time (a necessary part of the process) for me to realise that Nazir was evacuating his feelings and experiences. This was not communication in a symbolic way but was a particularly powerful form of projective identification as a communication.
- Hopelessness is linked to the paranoid schizoid position where objects are ideal or utterly bad.

Hope

- Hope is the hope for meaning and understanding through emotional experiences in a relationship – essentially, Bion's (1962a, 1962b) theory of containment and thought formation.
- Hope occurs as an outcome of the following: meaningful contact which holds the creation of possibilities of new meaningful experiences (Cregeen, 2012); Good enough contact and the possibility that someone might take in one's feelings, truly resonate with them, and not turn away from what might feel overwhelming (Lanyado, 2018); when the object takes in and survives an experience so that there can be a transformation of something meaningless and terrifying into something meaningful – the difference between seeing an object and knowing it (Waddell, 2018).
- For hope to exist there must be a toleration of uncertainty. This includes not knowing what will happen in the future.
- Hope occurs when there is a capacity to bear 'knowing ourselves' in relationship to a good object which one hopes will accept the self despite how frightening, disturbing and ugly it is, and its responses may appear to be (Lemma, 2004). It is important for one's connection to hope that one should be accepted as a whole (of good and bad parts) by one's objects, which in turn enables an internalisation of the whole object. I think, to some degree, an example of this can be seen when Nazir showed he had managed to internalise a good aspect of me when he talked of having 'Lee's voice in my head'. Hope is therefore linked with the depressive position, where one can accept that one's objects are both good and bad.
- For the possibility of what is sometimes called mature hope, one must put aside hopes that are no longer possible due to the achievement of other hopes (Searles, 1979)

Transformation from hopelessness to hope

- The therapist needs to be in contact with and truly experience the feelings brought up by the patient, including hopelessness. They need to recognise

these feelings so they can hope to understand them in themselves first, thereby enabling the possibility of hope for meaning and understanding in the patient through their relationship. Over time, my experiencing states such as his hopelessness, surviving them, and finding simple ways of connecting did allow Nazir to start to feel understood, creating new hopeful experiences (Cregeen, 2012).

- Hope, therefore, should not be actively promoted as a therapeutic aim. This can lead to a disconnection from the current relational experiences promoting unrealistic hope related, for example, to the therapist 'expecting' hopeful development. Instead, it is vital to allow oneself as a therapist to experience and truly feel hopeless as a means of understanding the patient, their internal world and ongoing experiences. One must allow for a suspended state of hopelessness where one can think, 'I am unable to help the patient, make contact, I am useless, or the wrong person to do the work', whilst at the same time remaining curious to these experiences. It is vital that these states of hopelessness are survived and not acted out on (e.g. by ending the therapy, changing therapist etc).
- Curiosity is therefore key in the transformation of hopeless states into more hopeful ones. If one can remain curious and alive to states of hopelessness, then there is a possibility of understanding them. Sometimes curiosity is only possible after a session, in supervision, during a write up or in discussion with colleagues.

- It is essential to realise that containment can be experienced as very painful to patients who did not receive sufficient containment earlier on, as it can get them in touch with what they missed out on (Kenrick, 2005). In line with Rustin (2001), containment can in turn create an oscillation between hopeful states where contact and understanding seem possible, and hopeless states where connection seems difficult. It is also important to note that a containing object can also arouse envious feelings (Klein, 1975), which can result in an attack on linking and thinking (Bion, 1959), causing a return to hopeless states. Therapists are likely to find the routine ups and downs of hope and hopelessness that this produces recognisable in most, if not all, of their cases.

It was through this research project that I was able to realise that the oscillations back to more hopeless states and the disconnections they caused were not so much anti-therapeutic reactions as they were a communication of past moments of hopelessness, disconnection and the experience of losing a good object – which all needed to be understood to enable the possibility of hope.

- For the transformation of hopelessness into hope it is essential that the therapist can tolerate hate in themselves and in the patient (Winnicott, 1949). Surviving the early onslaughts (Waddell, 2019), that can be a feature in some treatments, enables one to get hold of hopelessness more robustly and allows for genuine feelings of love to emerge between the therapist and patient. The therapist tolerating hate and frustration also enables the patient to see that such feelings can be survived. In the analysed case, my greater apprehension and toleration of not only Nazir's hate, but also my own, allowed me to then be in touch with Nazir's good and beautiful aspects. This in turn helped to establish periods where a benign, hopeful cycle – as described by O'Shaughnessy (2016) and Reid (1990) – could be established. This was where love and hopeful feelings combined with understanding to produce more loving, hopeful feelings and further understanding. I think that this shows that to some extent Nazir was able to go through the process of mourning that Klein (1940) describes, enabling him to restore, to some degree, his lost loved object.
- Containment and being in touch with a good object can, over time, result in an increased capacity to tolerate hate and unwanted feelings, as well as allow for a process of internalisation of a good thinking object. Being able to tolerate frustration also means that the patient can begin to experience the therapist as a good object even when not present (O'Shaughnessy, 2016) – as could be seen when Nazir told me, 'I think of Lee all the time'. The internalisation of a thinking, linking object enables patients to make their own links and know something about their feelings. This was certainly true of Nazir when he could sometimes put his feelings into words and make connections as to why he thought they were occurring. This seemed very hopeful.

- The development of a sense of time is key. If there is no sense of a past, it is impossible to conceptualise - for example - an end to pain. If there is no sense of future it is impossible to conceptualise a change to one's current position. Without a sense of time, one feels endlessly stuck in a never-ending present. The development of a sense of time is helped through the regularity and consistency of sessions, setting and the therapist.

I will now briefly highlight factors in the analysed case which were essential in allowing the transformation of hopelessness into hope.

Setting

- A regular and consistent setting was needed where the patient could bring and evacuate his chaos, rage, mess and hopelessness. It was therefore vital that the clinic where I worked and the room where the therapy took place could also tolerate high levels of disturbance, chaos and mess.

- An analytic stance was needed where I could remain lively and curious to the meaning of all that was brought. This included remaining curious to feelings of not wishing to go on and the feelings of being stuck and hopeless. I believe that these in themselves were important communications in the countertransference.

- Time was needed for the work to take place. Learning how to be with and talk to a particular patient takes time and can include many missteps. I think that when I managed to find a common language and a way of talking that was unique to myself and Nazir's relationship, hope also developed.

Technique

- Interpretations at the start of the case were more effective if they remained shorter, were descriptive and observational (e.g. Nazir is opening the

window), avoided the use of ‘you’, ‘me’ or ‘I’ and also remained in a positive tense. E.G. Nazir is opening the window to let fresh air in rather than you are opening the window because it feels claustrophobic in here.

- Patient centred interpretations were less likely to make contact at the beginning of the case.
- Therapist centred interpretations were more likely to make contact at the start of the case, especially if they remained short and simple e.g. Lee is the small one.
- Working in the displacement (e.g. talking about the teddy as a means of exploring what might be going on for the patient) at the start of the case seemed more likely to make tolerable contact.

Structures around the case

- Supervision and analysis were essential for helping me to keep going when things felt hopeless. This was key in allowing me to have an experience of surviving what, in the moment, did not seem possible to survive.
- During the hopeless periods that I experienced, it was vital that – as Lanyado (2018) suggests – I could be helped in supervision to see moments of hope and development which I was missing. For example, one of the more significant and hopeful developments that supervision helped me to see was when Nazir started to experience me more as a containing object. My supervisor highlighted Nazir placing the mess on my lap (something I had not seen as significant in the moment). This was important, as it revealed that Nazir was not just evacuating his unbearable thoughts and feelings but increasingly directed them at me with a sense that I might understand and give meaning to them (Bion, 1962a). This was of course not a linear development, and there were still times when Nazir – like most people – needed to evacuate.
- Supervision and analysis offered me containment and therefore created hopeful moments for me. This allowed me to keep connected to a good thinking object which I could then over time internalise. This increased my capacity to have more hopeful moments with Nazir.

- Parent work was vital to help contain Nazir's parents and keep them both in a more hopeful state. It also supported his parents through the inevitable ups and downs that occurred in the therapy.

5.3 What has the thesis added to the body of knowledge?

Firstly, I believe the thesis has presented a useful synthesis of explicit and implicit texts on hope and hopelessness. It has highlighted the complicated and subtle nature of both hope and hopelessness from different perspectives. In this way it has expanded and explored the meaning of hope and hopelessness in the relationships between patient and therapist, therapist and supervisor, and parent worker and parent.

Secondly, as mentioned in the methodology chapter, because this is a single case study, its findings are not statistically generalisable, but they are analytically generalisable. This is because the thesis has expanded on and added to the theory and literature on this subject. It has added a substantial child psychotherapy case study to the literature. Through this, it has given clinical examples of what Geertz (1974) calls 'experience-near concepts'. These are concepts that an ordinary person or patient might easily recognise and use to describe what they or those close to them feel, think, imagine, see etc. They would also easily understand the same concepts if used by someone else. Conversely, what Geertz calls 'experience-distant concepts' are those used by specialists (such as analysts) to advance their scientific objectives. Geertz (1974, p. 57) states: '"Love" is an experience-near concept, "object cathexis" is an experience-distant one'. In the same way, 'hope' can be seen as experience-near, and the 'good object' as experience-distant. Geertz (1974, p. 57) also points out that this is a matter of degree, with 'fear being experience-nearer than phobia and phobia being experience-nearer than ego dystonic'. In the same vein, hopelessness could be seen to be 'experience-nearer' than 'absent object', and 'absent object' is experience-nearer than 'no-K'. I believe that linking experience-near and experience-distant concepts furthers not only our understanding but also the clinical application of theoretical concepts. This thesis has done that.

Thirdly, I believe this thesis has added a useful new perspective on manifestations of hope and hopelessness in a child and adolescent psychotherapy trainee's experience during clinical training. I will now expand on this point.

In my original conceptualisation of the project, I concentrated on the aspects of hope and hopelessness from the perspective of the patient. Although I recognised my own experiences in the case – in particular, my experiences of hopelessness – I did not at the time give enough relevance to these experiences as factors in the understanding of hope and hopelessness as they manifest clinically. As I analysed the clinical data, and through the doctoral supervision, what emerged was the central importance of hope and hopelessness in the experience and development of child psychotherapy trainees during their training. To capture this, I added an additional section to the findings chapter to explore this further. Although Maher (2016) does discuss despair as part of his clinical experience as a trainee, this is not one of his main areas of investigation. I believe the explicit foregrounding and prominent exploration of this factor is unique to this thesis.

As I have already stated, I believe that all cases have aspects of hope and hopelessness. However, hopelessness is more likely to be a feature in certain cases, such as those with a history of significant trauma – like the case I undertook with Nazir. The literature I reviewed included complex clinical cases where hopelessness was a prominent feature for the therapist – for example, Rustin's (2001) 'The therapist with her back against the wall', Canham's (2004) 'Spitting, kicking and stripping: Technical difficulties encountered in the treatment of deprived children', and others. However, these cases were all undertaken by qualified and highly experienced therapists. As a trainee, one simply has not undertaken as many cases and therefore does not have as many cases to draw on for one's clinical experience. As this thesis has shown, an important part of the trainee's experience is to understand that hopelessness is something one has to simply get through and try to understand. Not having gone through many such experiences, I believe, leaves trainees prone to enter into states of hopelessness as well as unrealistic hope.

A part of the reason that trainees are more likely to experience hopelessness is their lack of clinical experience. A prominent part of a trainee's learning experience is to understand how unconscious emotional communications are related, including hope

and hopelessness. Reading about transference or projective identification as a means of evacuation is one thing, but experiencing it is quite another. I believe this is particularly true if the patient has had a past experience of hating, hateful, neglectful or mad objects. It is hard for even seasoned clinicians to manage the powerful but subtle emotional experiences that can arise from such past relationships. As a trainee, I had not imagined the complex nature of unconscious communications. I thought they might be a little more straightforward – for example, a patient might feel angry and then make me feel angry, which I could then talk about. Joseph (1998, 1989) talks of how a patient 'nudges' the therapist into certain positions where 'acting-in' is inevitable (e.g. the therapist being too harsh) – which is actually part of the process. The important point is not to consciously avoid this 'acting-in', but to try to notice when it happens as a piece of clinical information regarding the child's internal world and object relations. However, trainees can instead end up feeling hopeless and feeling that they keep making mistakes. As a trainee, I sometimes thought 'these feelings are *just* projected into me' or 'these are *just* my feelings', rather than seeing them as a complex mix that needed careful consideration. This was particularly hard when Nazir did not give me an opportunity to think, or when I had less pleasant emotions (such as hate) towards him. When I did recognise my feelings, it was then hard to know what (if anything) I was supposed to do with them. There seem to be a multitude of ways to interpret one's feelings, and different views about whether one should indeed interpret them or not, which can be quite confusing. A therapist needs to be constantly aware and make subtle adjustments in how they are with a particular patient. This is particularly difficult for a trainee who is still developing their own style and way of being, which can only really be done with practice. Although developing this is a lifelong task, it is particularly raw for trainees.

I found that when I was so unsure about things, it was hard not to reach for an explanation – for example, in abstract theory, or in the patient's past. Doing this can cause misunderstanding, which is ripe ground for hopelessness. I also found certain communications easy to misunderstand. For example, when I got hit, I thought Nazir was just being aggressive. This created a full stop in my exploration of the meaning of his anger, and indeed of whether it was even anger rather than an evacuation of unbearable feelings such as fear, vulnerability and dependency. When I did make a connection, it was hard to hold onto the ephemeral nature of meaning: what was

right at one moment could become a misunderstanding the next (what Bell (2019) describes as an ‘idealised fact’). Such an oscillation of connections is difficult for a trainee who has not experienced the normal ups and downs of the therapeutic process, and who has not understood that the oscillation itself might be a communication of past experiences of lost and regained communications. These experiences manifest themselves in feelings of hope and hopelessness.

Fourthly, this thesis has expanded on the evidence in relation to the importance of supervision. Supervision is vital in helping the therapist to notice and untangle, not only what their feelings are, but who -therapist or patient- they belong to and then think about the significance of those feelings for their relationship with the patient. This is a complex process that is not always possible but the endeavour of which is essential. I think it is particularly easy for trainees to miss hopeful developments. I was often waiting for something huge to happen, and in doing so missed the small but very significant hopeful developments. This was where supervision was key: by helping me to notice the small changes, it enabled me to avoid getting caught up in hopelessness, and it kept my hope alive – not only for the patient, but also for my own capacities as a therapist. Supervision is also vital in just keeping one going and getting one through the especially difficult periods of treatment that inevitably happen. It is important that trainees gain the experience of surviving so that they can carry this experience with them for future cases. However, supervision can also be a difficult experience for trainees when they feel that they are getting things wrong. Their supervisors (or the course) can represent harsh superego figures. Although it is vital to do so, in this situation it may be hard to take the more difficult aspects of a case, including feelings towards one’s supervisor, to supervision. However, if these aspects are not brought to supervision hopelessness is more likely to arise. Over time, supervision allows the trainee to internalise containment, which enables them in turn to be more containing for their patients. Again, containment is only possible if one has experience of being contained. This in itself enables one of the trainee’s main learning experiences, that is, the development of a different kind of object relation. When the trainee can do this, they can help their patients to do the same, and this allows the patient to take something away with them that enables them to be hopeful about their future development.

Fifthly, as with supervision, this thesis has also provided further evidence regarding the key role the parent work plays in maintaining more hopeful aspects of a case. Parent work keeps the therapist connected with the patient's external world and at the same time protects the therapist so that they can get on with their work, as well as offering containment to the parents.

Lastly, this thesis has provided an alternative (although not unique) perspective on the anti-therapeutic reaction. If one takes hopelessness into consideration, this reaction may be seen not as a destructive element linked to the death drive, as Freud (1937c) suggests, but rather as a communication of past moments of hopelessness through the disconnection or loss of an object, which is then repeated in the present therapeutic relationship.

5.4 What has been missed in the thesis?

I believe that a regrettable omission in the findings arises from my limited knowledge of what happened next for Nazir and his family. There has been no follow-up of the case. This is often the case with children and families who are seen for psychoanalytic psychotherapy. It means that it is impossible to know how much Nazir was able to hold onto more hopeful aspects such as his abilities to link, think, form relationships, to like and be liked. The absence of outcome data means it is hard to know how effective intensive case therapy is for long term outcomes. I will say more about this in the next section. It was my feeling that Nazir's therapy finished too soon. Considering where he had started, and the good use he had made of the therapy up until the ending, I would have liked to continue working with him for a good while longer.

5.5 Recommendations for future work

Firstly, I believe it is vital that more evidence is gathered to measure the long-term impact of psychoanalytic work with children. Cregeen *et al.* (2017) and Trowell *et al.* (2007) have gathered good evidence of what is known as the 'sleeper effect'. This refers to the continuing benefits of therapy after the treatment has ended. In Trowell *et al.* (2007), 100% of the participants were no longer considered to be clinically

depressed at the six-month follow-up. This is a remarkable statistic that might be interpreted as evidence of the internalisation of the good object. The research was undertaken with children aged between nine and 15 years, and it involved them attending once a week psychotherapy for up to 30 sessions. It would be important to see the evidence of long-term effects from intensive work such as the work I undertook with Nazir. The review of routine outcome-monitoring measures at six months and a year after treatment would provide interesting data on the long-term effects of intensive psychoanalytic psychotherapy. Such evidence might provide salient evidence to commissioners and services, which might support an increase in offering psychotherapy as a form of treatment. I have mentioned previously, the vast majority of intensive work is undertaken by trainees during their clinical training. Positive evidence of the efficacy of treatment might make it more likely that therapists would be enabled to undertake intensive work after qualification, which currently is not often possible in National Health Service practice.

Secondly, I think further research could be undertaken into different states of hopelessness, including how it might manifest itself in different age groups, e.g. among adolescents.

Lastly, given the findings of this thesis, I believe it would be helpful for the phenomena of hope and hopelessness to be explored more explicitly with clinicians – in particular, trainees and their supervisors – who are undertaking work with children. I believe this would mean fewer misunderstandings of clinical situations, a better understanding of trainees' experiences, and a reduction in trainees' anxieties while undertaking the work.

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Appendix 1

Session number	Coming and goings (picking up and going back)	Session summary	Use of therapist	Therapist's response	Key themes	Any other comments /memo
223	Goes to kiss his mum, before leaving waiting room but stops and waves at her and says, "Bye mum bye". Runs ahead of therapist to the room and looks back at him just as he enters. Walk back together at end of session and says goodbye and that he will see me at the next session.	The patient starts by sitting in therapists chair and saying, 'It is the second time we meet in the week'. (even though they did not meet on the previous session). The patient notices the calendar. The patient and therapist go through the times of the remaining sessions before the summer break and also the ones remaining after the summer break until the end. The patient asks why they are reducing to two sessions. The patient asks, 'what will happen at the end?' The therapist explains again that they will then not see each other after this point. The therapist feels very sad. The patient talks of wanting a party at the	The patient needs the therapist to be the one feeling sad as it is too much for him. The patient struggles to stay in touch with reality of time (he says it is the 2nd time we meet when it isn't). The blank clock represents an illusion of time. The Patient wants the therapist to make sense of things for him. The patient is confused about the rules the adults make like reducing sessions and the ending. The room, in a concrete way,	The therapist is able to feel sad on behalf of the patient and can think about the transferenc e/ countertran sference communica tions a little bit more.	There are sad and angry feelings at the ending. This feels too much. To deal with these feelings the patient uses a defence of mad 'mixel' characters in an attempt to just have good feelings. The patient is trying to grapple with reality of ending but this is very difficult. The patient has a difficulty in holding onto the reality of time. He sometimes thinks the ending is tomorrow. The patient wants to change the room into an idyllic place so he can have all the things he wants and therefore not be deprived. The patient is more able to regulate interactions whilst drawing.	There is hope for developme nt but a realisation about the difficulties in achieving this and the lack of time to do so. This feels tragic and very sad. Probably more so as it feels that connection to thinking and feeling is possible even if only for a moment.

		end and inviting everyone that has been involved in the case as well as his mum but then changes it to just him, the therapist, the teddy and the room. The therapist talks of patients wish to have good feelings at end rather than sad feelings. The patient agrees singing and dancing a song about the party, 'everybody rock'. The patient asks for extra time at the end and draws a blank clock. The therapist links the drawing with the patients wish to have longer but also his wish not to feel sad at end. The patient talks of being able to keep a 'lee's voice in my head'. The therapist feels affectionate towards the patient. The patient sings again but this time in a sad way. The patient talks about struggling at school with maths and noticing others	becomes a character. The Patient is letting the therapist know that a lot of things have not got better and that he is still struggling.		The patient communicates internalisation of a version of the therapist "lees voice in my head". The patient has hope/ wish for development but knows (on some level) his difficulty in doing so.	

		getting ahead when he does not. He says, ‘At school they have I can do maths on Monday, but I can’t do maths”. He then says, “I am not very clever.” The therapist talks of patients wish/ hope of doing better and being bigger. The patient agrees but says he can’t do it. The therapist feels sad and angry and says, ‘It’s really annoying when you want to do something, but you can’t’. The patient says, ‘Yes’. The patient does not want to finish at end and asks to extend the session time.				

Appendix 2

University of East London
Pioneering Futures Since 1898

26th September 2024

Dear Lee,

Project Title:	**A psychoanalytic theoretical and clinical exploration of hope and hopelessness.**
Researcher:	**Lee Snowden**
Principal Investigator:	**Professor Michael Rustin**
Amendment reference number:	**EISC2425-01**
UREC reference no of original approved application:	**EISC2122-02**

I am writing to confirm that the application for an amendment to the research study has now received ethical approval on behalf of Ethics and Integrity Subcommittee (EISC) - former URES.

Should you wish to make any further changes in connection with your research project, this must be reported immediately to EISC. A Notification of Amendment form should be submitted for approval, accompanied by any additional or amended documents:
Ethics and Integrity (sharepoint.com)

Approved Research Site

I am pleased to confirm that the approval of the proposed research applies to the following research site:

Research Site	Principal Investigator / Local Collaborator
The treatment was undertaken at the Tavistock and Portman NHS foundation trust	Professor Michael Rustin

Summary of Amendments
Change of title

University of East London

Pioneering Futures Since 1898

Old title: Hope and hopelessness in the psychoanalytic context.

New title: A psychoanalytic theoretical and clinical exploration of hope and hopelessness.

Ethical approval for the original study was granted on 7th February 2022.

Approval is given on the understanding that the UEL Code of Good Practice in Research is adhered to.

With the Committee's best wishes for the success of this project.

Please ensure you retain this letter, as in the future you may be asked to provide evidence of ethical approval for the changes made to your study.

Yours sincerely,

Fernanda da Silva Hendriks

Fernanda Da Silva Hendriks
Research Ethics Support Officer
Ethics and Integrity Subcommittee (EISC)
Email: researchethics@uel.ac.uk