

Containing not blaming

Graham Music, consultant child psychotherapist at the Tavistock Clinic, records his thoughts on delivering therapeutic work in schools

This article has grown from the experience of delivering therapeutic services over a decade or so in more than 30 schools in several London Boroughs. I have had to question what the therapeutic worker can offer that is genuinely helpful in a school, and how this differs from what we do in other clinical settings. I have become convinced that therapeutic skills can be harnessed to provide exceptionally useful interventions that make a huge difference not only to the lives of individual pupils but also to teachers, support staff, parents and families, and indeed the institution as a whole. However, there are lots of potential pitfalls, and here I want to focus less on the specific therapeutic interventions and describe a philosophy of how the task can best be approached.

Deconstructing labels and territory...

Inevitably, therapeutic work in schools involves deconstructing labels and discourses, and challenging assumptions about what constitutes a problem. Children can increasingly be excluded from school, and labelled as 'bad', 'unmanageable', 'unstable' or 'dangerous'. Much work consists of containing (ie understanding, bearing and modulating) hard-to-manage affects such as fear, anger, disgust and hurt. It then becomes possible to see a child as sad rather than bad, hurt as well as angry, distressed rather than malevolent, in need of support and help as well as exclusion. We aim to facilitate an atmosphere in which children can be genuinely held in mind, and learn to feel 'at home' in themselves and the institution.

A key government driver recently has been for therapists to move out of clinics into community settings like schools. The aim is to intervene early, and offer help to populations that have hitherto not accessed services. We are asked to engage in multi-agency work, enabling professionals from across agencies to plan interventions together, communicate effectively, and ensure that children get the best overall service, and do not fall into gaps between professional groups. Workers from different backgrounds with different philosophies and cultures must understand each other's languages and expectations. Thus, there are now interesting and new, if difficult, opportunities to make a real impact in school settings.

...and instructing counsellors in a new role

More schools now employ counsellors, some of whom have trained for seven years to work with children, while others have

trained with adults and have maybe done a 'top-up', and some not even that. In my services, I have felt it important for therapeutic workers to have a really good understanding of child development, neuroscience and attachment theory, all of which can be shared and used to help others to make sense of life in school contexts. Therapists need to recognise the kind of presenting issues that are likely to be seen in schools, such as ADHD, autism, childhood depression and PTSD, and what the best ways of working with these issues are. They absolutely need to be *au fait* with issues of risk. In addition, they need to be able to bear complex psychological states in themselves and others, such as infantile dependency, rivalry, envy, hatred and aggression.

When such primitive affects are tolerated and given meaning, this is often surprisingly helpful for school staff. A simple example was of a teacher who had become dispirited and angry when a previously diligent favourite pupil became sullen and withdrawn. This excellent teacher had in turn withdrawn, and simply did not realise how hurt the child was when he had given more attention to a struggling fellow pupil. This realisation alone was enough to soften and improve the atmosphere between them.

Transitions and breaks can stir up powerful feelings in more fragile pupils, particularly those who have had disrupted lives, yet teachers often struggle to recognise this. We can help make sense of children's emotional responses, which in turn allows teachers to view children in a new light. Projective processes are often seen, such as when one pupil belittles another to assuage their own hurt feelings. These need careful handling, and we can help teachers and other staff not only to process their own powerful reactions to what they perceive simply as 'misbehaviour', but also to find some sympathy for a child who arouses distaste or anger. Such understandings form a potent toolbox to take into the world of school.

A particularly successful model is Jackson's¹ use of work discussion groups, whether for senior staff, head teachers or support staff. Such groups enable staff to make sense of feelings and responses that otherwise get enacted or projected. The dynamics of an institution can shift fundamentally when such groups are established for senior staff, and even appear to reduce levels of sickness. With teachers facing increasing demands, targets and monitoring, there is too little room for careful thoughtfulness and much more temptation to act precipitately.

As child psychotherapists and counsellors, we have traditionally viewed ourselves rather like 'moles' burrowing away in private clinical mole holes², rarely coming out into the blinding light of systems, external structures and relationships. The new political agenda requires us to roll up our sleeves and find a way of becoming part of the melee of school life, while at the same time safeguarding our therapeutic stance. This is no easy matter. For one thing, our arrival in schools is often met with considerable ambivalence. We can be welcomed as an idealised solution to all kinds of difficulties, and yet staff may harbour many worries about 'psycho'-anythings. We can subtly be undermined; for example, our room being taken away from us with no notice, or a child we work with being excluded with no warning or consultation, or a teacher barging into a session to give homework. Often the arrival of a therapeutic service is greeted with a glut of referrals, but too often of children everyone else has given up on. Thus, hopelessness can be projected into psychotherapists. We can be placed on a pedestal with an idea that we should take away the most complex children and return them to the fold cured. When we fail, idealisation can quickly transform into denigration.

therapy does not begin and end in a consulting room. In multi-agency meetings, we need to monitor anxieties flying around, and think carefully about how we deport ourselves, neither too 'stand-offish' and therapist-like, nor too involved and concrete. We are not fully part of the school system, and yet we cannot be too far removed or else our stock falls. We must negotiate the complexities of a child seeing their counsellor outside sessions, often after having just unburdened themselves of deeply confidential material. Confidentiality is too complex to be simplified by clear rules and procedures, each case requiring individual thought. For such reasons, the work requires a high degree of skill and experience.

Who is the client? Containing everyone

Therapists trained primarily to do individual work can ironically be hampered by the idea that difficulties reside in individual children and should be dealt with there. Schools too often have the individual child in mind and are less aware of external and family factors. In one school, I was harangued by a head who complained about our wish to engage with parents, and shouted, 'But you are here to help the child – that's your job!' If a child misbehaves, or is unhappy or aggressive, then a conventional understanding is that the problem is 'in the child' and the counsellor will 'sort them out'. However, when working with complex cases, the intervention needs to be at several levels of the system, such as with teachers, parents, and often with wider networks. Trying to work closely with teachers seems vital, but is a challenge when everyone is frantically busy, wanting to get on and teach, and our job, they understandably think, is to sort out these children.

In schools, we can offer an array of interventions, from individual work, detailed observations of children, working with families or parents, thinking with staff and networks, and running groups. In one new service, for a few weeks the therapist had little to do. Soon, several children were referred, and we noticed that mostly they were referred by one teacher. The referrals seemed appropriate on first glance, and each child clearly displayed emotional issues. This sensitive, attuned teacher was not particularly experienced, and it became clear that she was struggling with boundaries and becoming overwhelmed by controlling the class. As gratifying as it would be for our under-used therapist to accept the referrals, the best intervention was to help the school help the teacher. In this instance, mentoring was provided by the deputy head who had taught this class the year before.

A challenging setting

Schools are a unique therapeutic setting. There is usually no luxury of bespoke therapy rooms and we often have to fetch a child ourselves and bring them to a session. Here, referrals are often a swift reaction to an anxiety-provoking event, and we can find ourselves accosted in corridors, staff rooms and on our mobile phones. We are often the lone practitioner, in a setting where people have different agendas to ours. To add to our anxieties, our referrer is present before, during and after sessions, expecting 'results'. Often, important work is done in corridors or by the staffroom kettle. We struggle with how much to be 'inside' the system and how much we can afford to be an outsider. For such reasons, there are good grounds for employing our most experienced therapists to work in schools, particularly as we often see the most complex cases there, those who never make it to clinics. Without the parameters of our normal therapeutic frame (room, session times, waiting areas, saying goodbye for a week), we must rely on having inside us a safe and dependable internal frame, a good internal 'therapist', something that in pressured moments is beyond even the most experienced therapist.

The work is akin to that in a therapeutic community. One never knows when one is doing therapeutic work, when one is on or off duty, and

There are good grounds for employing our most experienced therapists to work in schools, particularly as we often see the most complex cases there, those which never make it to clinics

It also often pays to meet parents, even of adolescents, rather than necessarily succumbing to the pressure to offer individual work too quickly. Shirley, a Year 9 girl, had been a model pupil, but recently had not been doing homework. When questioned by her form tutor she was initially non-committal and then insolent but slightly tearful. A referral for counselling was made, but Shirley was equally disparaging of this. The parents were invited into school, where her upset mother explained that her own mother (Shirley's grandmother) had suffered a stroke. Shirley's mother was away a lot, and when home she was stressed and had little to offer Shirley and her younger brother. The father bravely admitted that he felt neglected and abandoned by his wife, jealous of her preoccupation with her own mother, and awkward as primary carer of his adolescent daughter. Recently, they had been taken aback by Shirley's increasing independence: she was going out on her own, and being less affectionate. Typically for parents of adolescents, both parents felt rejected and unneeded. Couple sessions were offered for several weeks, where attention was given to the tasks facing parents of fledging adolescents, particularly how to allow independence yet remain sufficiently available. Arrangements were made that allowed the mother to be at home more; the couple seemed closer, and they planned special times as a family, something that Shirley balked at, but seemed really to like. Shirley joined the later meetings, but by then seemed to have settled down again, her year tutor no longer being concerned. Interestingly, the work with the parents in Shirley's school had a knock-on effect on her brother's behaviour in primary school, where worrying behaviour had briefly been seen but had returned to normal.

In cases like Shirley's, we aim to contain anxiety, but there are times when our job is to increase the anxiety in a system, such as in alerting people to risk factors. A typical example occurred when a teaching assistant in an art class felt concerned about a student's increasingly bleak pictures, full of images of death and destruction. The art teacher himself had not noticed, being more concerned with her drawing technique. Further exploration with the psychotherapist uncovered a severely depressed adolescent who had already taken one overdose and was at serious enough risk to merit a psychiatric referral. Such scenarios

not only help the specific pupil but also generate sensitivity in staff about such issues. Often teachers worry about the children who put them under pressure, those who get labelled bad and uncontrollable. It is easy then to miss quiet children sitting at the back of classes, who may be cut off, depressed, unconfident, but who do not generate enough anxiety to come to the attention of staff.

No scapegoats

Children who are difficult to manage put huge pressure on staff. It is sometimes easier to see a child as naughty, yet delving below the surface so often reveals emotional pain and circumstances that can soften a teacher's views of even the most challenging child.

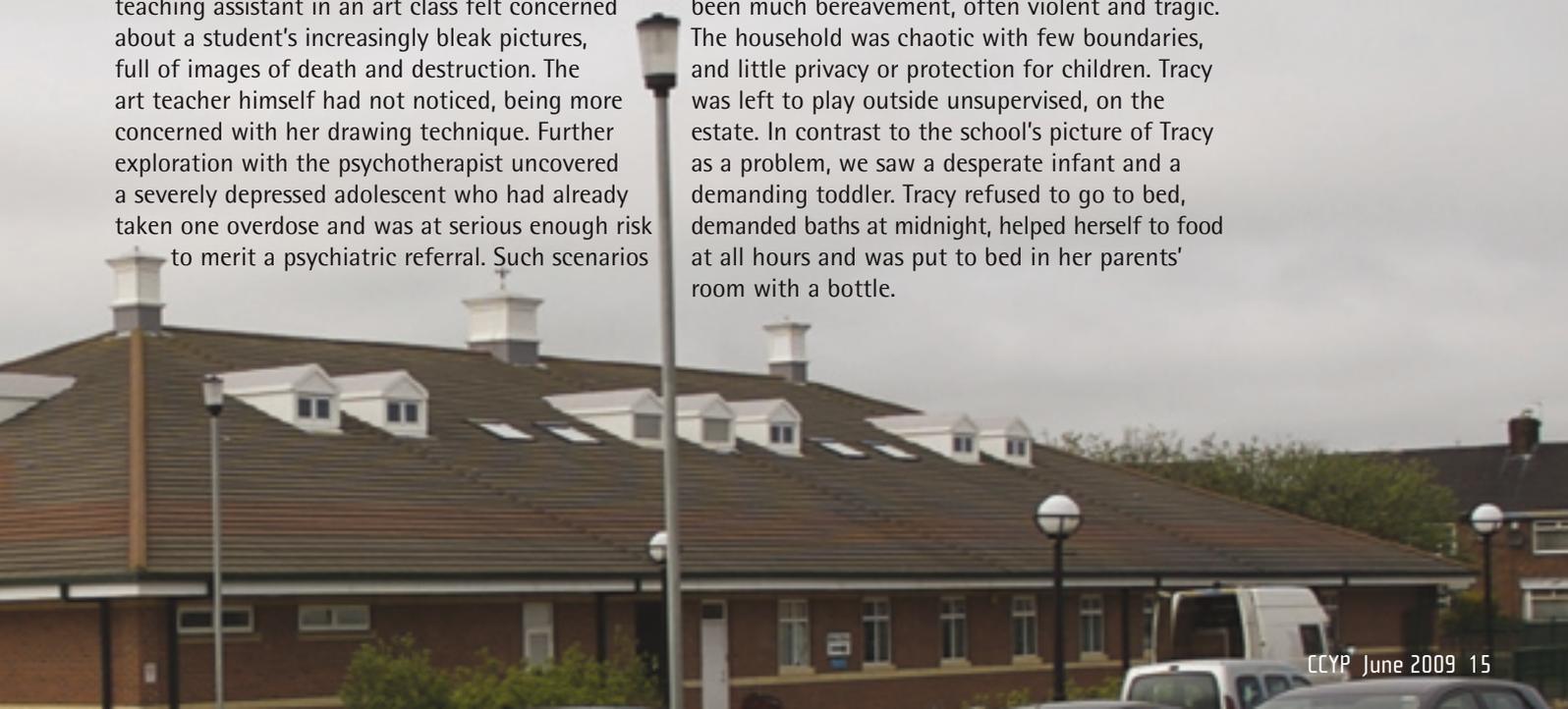
Another service was greeted with several referrals of acting-out children. The first referred boy was permanently excluded before we had even written to his parents. The next child on the list was also excluded, and we soon perceived that there was a pattern. A child might not only be labelled a 'problem', but could be seen as *the* problem in the school. The fantasy was that what was needed was to expunge this alien presence that was contaminating the system. Projections are hung on hooks that tend to fit *somewhat*, and the 'problem' pupils did act out dramatically, had serious emotional issues and generally came from extremely deprived backgrounds. Such children became the school's scapegoats.

The next in line for referral was seven-year-old Tracy. She had tantrums, and cried for her mother during the day. She was described as volatile, was unable to cope with transitions, struggled academically and occasionally hit out at other children. There was some suggestion of sexually precocious behaviour and social services had been involved.

We met her parents, a white couple in their mid-30s, and learned that they lived on the local estate with a large extended family. There had been much bereavement, often violent and tragic. The household was chaotic with few boundaries, and little privacy or protection for children. Tracy was left to play outside unsupervised, on the estate. In contrast to the school's picture of Tracy as a problem, we saw a desperate infant and a demanding toddler. Tracy refused to go to bed, demanded baths at midnight, helped herself to food at all hours and was put to bed in her parents' room with a bottle.



A child might not only be labelled a 'problem', but could be seen as *the* problem in the school. The fantasy was that what was needed was to expunge this alien presence that was contaminating the system



We offered the parents regular support, for themselves, but also to help understand Tracy. We helped mend the link between the family and the school via fortnightly meetings. As often happens, each party had been blaming the other and feeling increasingly alienated and hurt.

Some weeks later, individual sessions started, but the situation had deteriorated. Her behaviour was increasingly violent as she attacked staff and trashed rooms. She was frequently excluded and staff groaned at the mention of her name, expressing pity for the therapist. The little girl who cried up to five times a day for her mother became in their minds a threatening, dangerous figure.

Individual work was never going to be enough with such a chaotic home life and the particularities of this school. A central intervention was to keep open connections between the agencies involved and to work with school staff to help understand the impact on Tracy of her traumatic past and her family life.

The parents felt that Tracy had been abandoned by the school and they felt abandoned themselves. We called a network meeting, which was attended by her parents, the social worker, the head teacher, the reading recovery programme, the local authority inclusion service, and the parents' support worker. This was a pivotal moment, providing a space to think about the emotional complexity of the case. The impact was almost immediate, Tracy managed a full week in school, her parents attended their meetings and school invited us to contribute to their application for a statement. We were working together and the splitting and projection abated for a while. Tracy gradually built a growing trust and confidence in her therapist. She was getting closer to being able to tolerate her neediness and dependency, and to process some basic affects. This helped her in other aspects of school life too. Tracy seemed to hold on to and internalise good, trusting feelings from therapy. Much work was done with her new teacher and support staff after the summer holidays. In the next period, she settled well and made touching emotional developments. Her teacher commented on her acquisition of an emotional language and her parents joked that she now 'counselled' them at home. She had an expectation of being in people's minds and that her therapist and other professionals could really think about her. The chaos of the outside world intruded less on her therapy and life. She processed her acute sense of deprivation via games, such as of being a destitute orphan or a wartime evacuee.

The therapist's availability to staff proved to be a vital element of the work. Informal conversations with the learning mentor and checking in with the teacher encouraged staff to keep in mind Tracy's vulnerability, providing containment and lessening anxieties. While the sessional material remained confidential, it seemed essential that we conveyed

some understanding of Tracy to staff. Tracy's parents on occasion met the therapist, using her as a containing presence and a link between them and the school.

We are sure that Tracy took something very important from her therapy. Yet the individual work would have been meaningless without engaging the parents, teachers and other professionals. Individual therapy alone might have led to Tracy becoming another victim of scapegoating and evacuation from the system. Instead, she had begun to be thought about and understood in a way that allowed her to be seen not just as bad and difficult, but also as hurting, confused and terrified, and in many ways a victim of her circumstances. Deconstructing descriptions for children such as Tracy is the result of tough emotional work, a painstaking effort to believe in the possibilities for change, to bear anger, hatred and all manner of difficult affects in the belief that real emotional understanding in itself breeds change.

Conclusions

Obholzer³ has suggested that, just as the NHS is burdened with the projection of being an institution for 'keeping-death-at bay', educational institutions carry the community's hopes that our children will be equipped to live in the society of the future. Teachers and school professionals are committed to this ideal, but it can feel sometimes as if their commitment is spat back in their faces in the form of difficult and challenging behaviour. Despondency then can set in, and even a retaliatory rage against some children. For many such children, individual therapy is not sufficient. The therapeutic worker has to harness core clinical skills, honed originally in the consulting room, personal therapy and training, and apply them in the less safe setting of school life. Therapy cannot solve social issues of which an unhappy child is the symptom, but nonetheless the skills of a psychotherapist or counsellor can certainly help to change how children feel, and how parents, school staff and other professionals experience and perceive the children in their care.

The children referred to us often stir up powerful emotions in the adults around them, of uselessness, of rage, of fear, of hurt, and this can lead to a culture of blaming and splitting. A major part of our job is to try to disrupt this cycle of blame and offer some hope. We can help to understand the meaning of children's behaviour, to contain the complex feelings they evoke, which in turn can provide relief and diminish an acting-out cycle. As Derrida⁴ pointed out, 'The word hospitality derives from the Latin *hospes*, which is formed from *hostis*, which originally meant a "stranger" and came to take on the meaning of "the enemy" or "hostile stranger".'

Therapy cannot solve social issues of which an unhappy child is the symptom, but the skills of a counsellor can help to change how parents, school staff and other professionals experience and perceive the children

What we hope is that children who might otherwise be seen as enemies or alien presences can find a home not only in the institution, but in the minds of the adults who care for them, and hopefully in society in general, and also feel more at home in themselves. The result can be that children are contained, in part at least through us providing help to their teachers, parents and other professionals. Particularly for acting-out, externalising children, such an approach offers a chance to escape the projection of being the 'bad' and the 'unmanageable', the ones needing exclusion. In the school environment, just as in work with therapeutic communities, our aim is to create a safe external and internal 'dwelling place' for clients, school colleagues and for ourselves, to combat the sense of being 'disarticulated from personal belonging'⁵. ■

Graham Music works as a consultant child psychotherapist at the Tavistock Clinic in London where he is an associate clinical director of the Child and Family Department. He teaches and supervises on the Tavistock child psychotherapy training and on various other courses in England, Italy and Turkey. He has had a particular interest clinically in both developing services in community settings such as schools, and in working with looked-after and adopted children. He is on the editorial board of the Journal of Child Psychotherapy and has published widely, particularly on the interface of developmental research and therapeutic practice. He is currently developing a training for counsellors originally trained to work with adults who do, or would like to, work with children, young people and families. gmusic@tavi-port.nhs.uk (For details of Tavistock courses, see page 40.)

References

- 1 Jackson E. The development of work discussion groups in educational settings. *Journal of Child Psychotherapy*. 2008; 34(1):21.
- 2 Music G. A mole leaves his hole. *Psychoanalytic Psychotherapy*. 2004; 18(3):285-304.
- 3 Obholzer A, Roberts V. *The unconscious at work*. London: Routledge; 1994.
- 4 Derrida J. *Deconstruction in a nutshell: a conversation with Jacques Derrida*. New York: Fordham University Press; 1997.
- 5 Cooper R, Friedman J, Gans S et al. *Thresholds: papers from the Philadelphia Association*, 37. London: FAB; 1989.

ClassroomLink 2: Mary's anxiety

Continuing our new series, Marie Delaney offers therapists the chance to think about how their knowledge might help teachers with difficult-to-teach young people

Mary is a 12-year-old pupil who is driving her teachers to distraction. She came to secondary from a small primary school where the staff were able to give her much individual attention. She has no specific learning difficulties but has some SEN time as she finds it difficult to focus on her work and finish tasks. Despite this help, Mary continually seeks more attention from staff. She usually jumps up when the teacher enters the room, offering to give out the books and write the date on the board, insisting even when other pupils have been assigned to the task. She constantly interrupts the teacher, asking questions, saying she does not understand, calling them over to her desk, trying to engage them in personal conversation. If she is not acknowledged immediately, she gets angry and sulky, shouts at the teacher or runs out, saying no one cares. She spends so much time trying to attract individual attention from the teacher that she rarely finishes work and is often in detention for non-completion of homework. She seems to enjoy this. She spends most of break and lunchtimes outside the staffroom door, insisting that she needs to talk to her form tutor or head of year. Her form tutor says, 'I find Mary's constant demands for my time and attention wearying. I often find myself snapping at her and then feeling guilty because I also feel sorry for her.'

Space for reflection

What is your immediate reaction to this account of Mary and her behaviour?

What extra information would you like?

What underlying defence mechanisms might be in operation?

What might be the attachment pattern?

What needs might Mary be trying to fulfil?

How could her actions be re-framed with a positive intention?

What needs to happen to maintain a focus on learning and teaching?