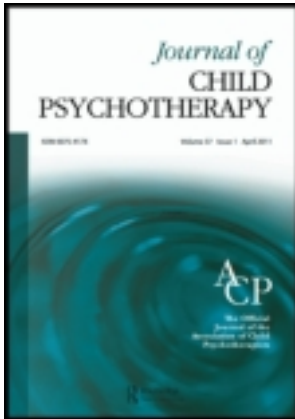


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Relational trauma and its impact on late-adopted children¹

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This paper describes work with two children, placed for late adoption who have suffered relational trauma. The paper explores the long-term consequences of such trauma, which includes problems with affect regulation, difficulties in generalising from one experience to another and shifts between phantasies of omnipotent control and sudden helplessness. Using drawings from one boy's therapy, it is argued that many children adopted at a later age live in two worlds, both internal and external, and internal objects and memories from the past vie with new experiences and representations for ascendancy within the child's mind. Which is more real: the world of the past or the present? The paper describes how these children experienced sudden and troubling shifts in focus as they were catapulted from feeling states belonging to one world to the other. The paper ends with a consideration of how findings from neuroscience may help us to understand these sudden shifts and overall argues for a pulling together of psychoanalytic thinking and child development research findings to support the child in psychotherapy.

Keywords: Neglect; abuse; enactment; affect regulation; changes in attachment representations; substitutive reality; adoption

Loss of the ability to regulate the intensity of feelings is the most far-reaching effect of early relational trauma.

Van der Kolk and Fisler (1994)

Introduction

In England, the average age for adoption is three years and 10 months (British Association for Adoption and Fostering, 2011). Only 2% of children are under the age of one, 70% are aged between one and four and 24% are aged between five and nine, at the time of their adoption. Children placed for adoption at these ages have lived in two hugely different places, and the fact that there is a documented history of why the child had to be removed from their birth family has enormous implications for how we work in the therapy room with them. In every child psychotherapy session the therapist 'experiments' to some extent with the mix of developmental support, transference interpretations and links to the child's experiences outside of the session. The 'mix' of these three aspects is distinctive to every therapist – and possibly to each therapist and child dyad. In my view, every therapy needs to include

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all three of these domains to a varying extent but it is not about one or the other but how we put together all three domains and our thinking *within* ourselves about doing this that makes a triangular thinking space in which new links can be made within the session.

This task, or undertaking, of putting together, is especially pertinent in the therapy of children placed for late adoption. It is always difficult in the therapy of any child to know when to link transference interpretations to other aspects of the child's life and this is especially so with an adopted young child when there is the additional issue of when to refer to the 'adoption story'. In the psychotherapy of adopted children with such adverse beginnings, it is important not to concentrate on the facts of their history, but these realities need to be firmly kept in mind so that 'the memory of the history and geography of the internal world . . . and the emotional colours of these memories, rather than memory of the historical facts' can be explored (Gallo, 2001: 109). Yet having the child's history in mind influences our countertransference and the interpretations we make.

The children who are the subject of this article have two sets of parents – both internal and external. They have sometimes lived more than half their lives in their birth family before moving to foster carers and later adoptive families. Consequently, they can struggle to know which is the true reality – where they live now or from where they came. Which is more real – the traumatising relationships of the past or the new relationships of the present? For many of these children there is a desperate jumble and collapse of the past and the present, as damaged and inadequate internal objects from the past vie with new introjections. This is often experienced by the therapist in a fluctuating transference relationship with the child.

The two children, Paul and Janet, that I write about in this article, had suffered extreme neglect. Both had conscious memories of the kinds of experiences that had led them to be removed from their birth families. Like many children, where there has been a failure of containment, they were reliant on behaviour to communicate their distress and anxiety and found it extremely difficult to verbalise their feeling states. Because of this catastrophic failure of containment, extreme splitting associated with a much earlier phase of development, continued and they veered between fantasies of omnipotence and helplessness. Not only did each child at times exaggerate their capacities, they equally struggled to be more realistic about the extent of their difficulties, amplifying the sense of their limitations or their helplessness. Both children showed controlling behaviour towards their new adoptive parents, as is expected with disorganised attachment. This was because they were terrified of new possibilities of intimacy and preferred to cling to a fantasy of self-reliance, which in turn inhibited a more straightforward development of the new relationships with their adoptive parents. Within their psychotherapy, there was a tendency towards enactment. Janet and Paul also reacted to even small negative triggers with an intensity that sometimes challenged the parameters of everyday family life at home and at school.

Both children can be described as suffering from 'relational trauma' – the care they had received from their birth parents was neglectful in an ongoing and 'cumulative' way and it was this experience of traumatising attachments, rather than a single event, which had led to their considerable problems in affect regulation. Schore (2001) describes how children who have experienced relational trauma struggle in 'maintaining interpersonal relationships, coping with stressful stimuli,

and regulating emotion' (Schoore, 2001: 208). This combination of a reliance on splitting, and problems with affect regulation meant that both children were vulnerable to a sudden falling back to earlier ways of relating, once aroused.

The challenge of dual belonging: selective literature

The pre-verbal experiences of a child in a good-enough birth family are ordinarily held in mind by the child's parents. Hindle and Shulman (2008) write movingly about how, for the child adopted in infancy, the absence of this internal holding can be experienced as a void. They describe how the child's experience prior to adoption

... may continue to exert a profound influence on the feelings, moods, states of mind and behaviour of the child – as happens with any child – but in the case of the adopted child it is de-coupled from the present and from present attachments. The existence in the mind of something indefinable may be apprehended or sensed, but its shape and meaning are beyond the mental grasp of the individual child alone.

(Hindle and Shulman, 2008: 266)

Rustin (2006) makes a similar point when she comments on how this 'tended to leave the individual struggling with an unassimilated sense of difference and apartness and unconscious feelings of loss or confusion or disconnectedness' (Rustin, 2006: 108).

Most present day adoptions are of older children who have conscious memories of earlier families – and sometimes ongoing contact with members of their birth family. They arrive in their new family already facing pervasive developmental and behavioural difficulties – and of course some of these adoptions do break down. The older the child is at adoption, the greater the likelihood of the adoption breaking down. Rushton and Dance (2006: 7) give the example of a cohort of 99 children placed in middle childhood, at aged seven with four years in care. At 13 years and eight months, the outcomes were as follows: 77% of these adoptions continued and although 48% of this group described adoption as a positive experience, within that group 28% were described as struggling with substantial on-going difficulties. A further 23% of the 99 adoptions were disrupted. Clearly for these children moving on to a better place was far from straightforward.

However high risk adoption may be for some troubled and older children, it does remain for so many of these children their best chance of stability. An important study by Hodges *et al.* (2005), summarised by Steele (2006: 40–1), looked at attachment patterns in non-biologically linked parents and children. Using story stems, they looked at the thoughts and feelings of the children at the beginning of the adoption placement and at one and two years into the placement. The main sample was of 65 children who were 'late placed' – in this study that is understood as being placed between the ages of four and eight years. Another group were children placed before their first birthday but who in the study were at an identical age to the late-placed children. They found that *all* the children from the late-placed sample presented new representations indicating a more secure attachment – but this positive development did not replace or indeed modify prior representations and themes.

Compared to the children who had been adopted within the first 12 months of their lives, the late-adopted, maltreated group showed more of the negative themes

(avoidance and disorganisation). The difference between the two groups, especially in terms of themes of extreme aggression and bizarre/atypical responses, did not diminish over the two-year period.

(Steele, 2006: 41, citing Hodges *et al.*, 2005)

What is clear from these findings is that children do make new positive representations in their minds – attachments based on the new kinds of relationships within their new family. However, the evidence is that the negative representations, catastrophic fantasy and extreme aggression persist and that children ‘fall back’ into this way of thinking as a result of even quite minor stresses. If the negative – ‘hard to extinguish representations *continue to exist alongside* the development of new representations’ (Steele, 2006: 41) and the two attachment systems continue then the relevant issue is . . . *what is the relationship between these two sets of representations?* These findings are also relevant in thinking about the length of treatment these children require for the treatment to really get to grips with the issues they face and in helping parents to understand the far from linear progress of their adopted children.

Psychoanalytic theory

In any therapy or analysis, the developing relationship between the parts of the self is of central significance. Kleinian theory describes this in terms of the move from the paranoid schizoid position to the depressive position where the baby’s hostility can be owned and withstood because of the relationship with her mother. In this emerging shift, there is a lessening of splitting and the beginning of a capacity for ambivalence in which good and bad feelings can be held together with some stability. Although Klein writes about the process in many papers perhaps the most accessible and summarising description is in *Envy and Gratitude* (Klein, 1957). In this paper she also writes, ‘Infants whose capacity for love is strong feel less need for idealisation than those in whom destructive impulses and persecutory anxiety are paramount’ (Klein, 1957: 192). A few paragraphs later, she continues, ‘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, 1957: 194).

With many of these ‘late-placed’ children from disturbed backgrounds, who have relied on splitting to manage overwhelming feelings, the capacity to make links between different parts of their personalities is extremely impaired. Their experiences of often catastrophic failure in containment have limiting consequences for their capacity to have mixed feelings towards another. Klein concluded her key paper writing,

There is no doubt that if the infant was actually exposed to very unfavourable conditions, the retrospective establishing of a good object cannot undo bad early experiences. However, the introjections of the analyst as a good object, if not based on idealisation has, to some extent, the effect of providing an internal good object where it has been largely lacking.

(Klein, 1957: 234)

Over fifty years later, and drawing on attachment theory, Hopkins (2006) is grappling with a similar theme. She has also written about how one new attachment can facilitate another – how the work of therapy in the present can ameliorate the damage of earlier relationships. Obviously, the ultimate aim of therapy with children

is that positive developments in the relationship with the therapist can *extend* beyond the therapy to other, external relationships. Hopkins comments that as yet there is no systematic study of ‘when this transfer begins and what facilitates it’ (Hopkins, 2006: 104). However, she does say that this tends to occur once an attachment to the therapist’s actual qualities can occur.

The therapist’s training enables her or him, as far as possible, to avoid joining the dance of attack and rejection, helplessness and humiliation. This means that children become able to see beyond their attempts at enactment and to discover that alternative attachment possibilities are less threatening, than they supposed. A new attachment – that is, an attachment responsive to the therapist’s actual qualities – can begin. And, importantly, this can happen without the need to reconstruct trauma or consciously revisit the past. Before the past can be confronted, a sufficient sense of self, a capacity to mentalise, and an attachment secure enough to hold the pain are all needed.

(Hopkins, 2006: 105)

Moreover, it seems that these two attachment systems exist in the child’s mind separately from one another. Bowlby (1980) described the phenomena as ‘segregated systems’, which children developed to cope with the maltreatment by their carers on whom they were dependent.

Attachment behaviour, feelings and thoughts become disconnected from consciousness and from each other but continue on occasion to break through in fragmented, irrational and unpredictable ways. In order to maintain their defensive strategies, these children become hyper-vigilant; any sudden or unpredictable change is liable to trigger behaviour that may seem totally disproportionate and irrational.

(Hopkins, 2006: 97)

Work with Paul – ‘different places, same time’

Paul, aged eight years, was referred because of his extreme rage states, difficulties sleeping at night and his considerable inability to be alone even for very short periods. He struggled to concentrate at school and he had no friends. His therapy lasted for three years and I think the predominant theme was facilitating the integration in his mind of the two very different places where he has lived.

Paul was six years old when he was removed from his birth family and went to live with his new adoptive parents after a two-year period in foster care. His weekly psychotherapy began soon after he came to live in his new adoptive family. Paul regularly drew pictures, which conveyed his conflicts with some poignancy (Figures 1 and 2).

The first of the two drawings, which were made very near the start of his therapy, show that Paul was in no doubt as to the kind of experiences that had messed up his mind and contributed to his present difficulties. The first picture – to which he gave the title of ‘born brain’ – has a pleasing sense of something unspoilt and full of potential. There is a small rectangle to the right hand side of the drawing that looks like a tab – ready for attachment.

In contrast, the second drawing, which Paul angrily told me was a picture of *my* brain, is of a messed up mind. The drawing is done in swirling different colours and he indicated, almost like a key to a map, what each colour represented. He explained one colour was for ‘skin’, one was for ‘bottomness’ and one was for ‘poo’. Amidst the swirling colours is a depiction of a woman’s body with breasts and, inside of her, a disconnected penis – a phallus. It seemed to represent the making of a baby as a

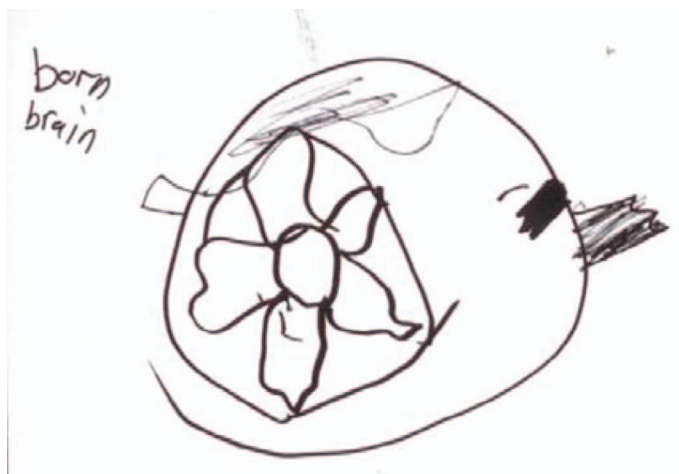


Figure 1. 'Born brain'.



Figure 2. Messed up mind.

result of a violent intrusion rather than a loving relationship, which serves as a model for an internal representation of linking. Paul would often angrily shout at me about how revolting I was – therapy gave him the opportunity to explore in a projected form his fears and worries about what kind of baby he was and the kind of parents, both internal and external, with whom he had to struggle. Clearly, this was a much safer endeavour than trying to explore these issues with his new parents.

The third drawing (Figure 3), done by Paul several months later, but still in the first year of therapy, illustrates directly his preoccupation with living in two



Figure 3. 'Different places, same time'.

worlds both internally and externally. He gave the picture the poetic and thought-provoking title of 'Different places, same time'. The picture began with a line drawn with a ruler. On the right hand side is a sort of register, a differentiation between past and present, something quite organised, albeit very rigid and with the ticks upside down. We thought about this in relation to reliably going to school and having a bedtime, getting up in the morning and having a packed lunch – the sorts of things which were unreliable in Paul's earlier experiences. (In a previous drawing of a house he had described how this was a place where night became day, and where the family ate upstairs and went to bed downstairs.) On the left hand side is a picture of an entirely different kind, something more chaotic and undifferentiated. But within the swirling lines (as with the previous drawing above of 'Maggie's brain'), it is just possible to see a form – perhaps a mother bending down to her child? It may be that the drawing also represented the struggle between everything happening at the same time because of a lack of containment and organisation, and the beginnings of differentiation achieved through a greater experience of containment. This then allowed for the past and the present to be held more distinctly rather than as substitutive realities vying for ascendancy.

Substitutive experiences –two worlds thinking

At the beginning of therapy, Paul conveyed an experience of himself as a child whom no one could love. He drew these pictures, and many others, in a great hurry but mostly he rushed around the room, laughing wildly; he turned things upside down, repeatedly banged the window or the door open and shut, he turned on and off the light switch. He squirmed on the floor pulling his trousers down, threw toys about the room or out of the window. Sometimes he would sellotape me to the chair – ‘handcuffing’ he called it, whilst the dolls and animals would then behave violently and sexually to one another. In the countertransference, I felt I had to be the mother who knew things that should not be happening were happening but did not get out of my chair to find out what was going on. I had to be the mother therapist who turned a blind eye, or a deaf ear. I talked to him about his worry that I wouldn’t get out of my chair, wouldn’t be interested in understanding what had happened to him, nor in the more troubling places in his own mind.

One particular day, in the second year of therapy, we could hear horses’ hooves outside in the street. Paul rushed to the window to look and there were a number of police horses being ridden down the hill. He told me he liked horses and that he had been riding in the summer. He opened the window a little to get a better look. Then suddenly the whole atmosphere changed and he told me that he had fallen out of a window. He started to laugh in his wild way and said it didn’t matter. I asked him what had happened, what he meant and he said he and his sister had been playing upstairs and he fell out of the window. I talked to him about how he had gone from one world to another; he was telling me about living in a family where there was a summer holiday and horse riding and then suddenly in a family where children fall out of bedroom windows and no one is worried if he has hurt himself. All the feelings of shock of this sudden shift were accommodated in me and I was struck by the speed at which he, and I, were catapulted from one world to another. The sudden memory, was almost like a flashback, but obviously was not. I felt again and again in sessions that I was meant to feel the shock of what had happened to him and the way in which it *erupted* in his mind like a substitutive reality or parallel universe. Paul needed to know that I was interested in understanding how he could be catapulted from one world to another in his thinking. It was important that I constantly kept both worlds in mind.

‘Paul is good all the time’

It may be in the therapy of many children of late adoption that there comes a point when they need to feel that their therapist is interested in what has actually happened to them in their external world. This does not mean that ‘facts’ have to be explored in some forensic sense, rather there needs to be a *thinking about* the way in which the child may feel terrified of being in more contact with thoughts and feelings and memories from the past. Otherwise the events of their life, for instance the trauma of domestic violence, the experience of being the child of drug-addicted parents, the child of a prostitute or the child of a mother who was murdered, remain like a nameless dread (Bion, 1967: 116) in the mind and something that is felt to be impossible to bear or look at, or think about with another human being. Obviously, aspects of this work, such as life-story work, can be done by other professionals alongside the child’s psychotherapy sessions, but it is important that

the child's life-story does not become too split from the here and now of the therapy. I am not advocating a search for and a consideration of facts but rather being with the child in a way that expresses *interest* in their experiences. This is usually more important than making interpretations, which may imply that we feel we know what is in their minds. So in the above example when Paul is watching the horses go by, but ends up way back in the past, I think what was helpful were my comments about how I think he wanted me to know how shocking it is, how upsetting it is to be suddenly back in the past, and his worry that this overwhelming process will never stop.

In the fourth drawing from the second year of therapy (Figure 4), Paul showed again this sense of two worlds and his extreme difficulty in finding a relationship between them. The drawing started with Paul carefully writing a song that he was singing with the words, 'Paul is good all the time'. There is joined up writing, which is a new skill for him as he had missed a great deal of schooling. There is a sense of progress and onwardness too as the writing covered the page. And then his writing tails off, he cannot maintain his effort. No one can keep up being good all the time, nor manage the strain of this pressure or level of splitting. Next, Paul drew the 'underneath' of this picture, which is a representation of the kind of object world he



Figure 4. Two worlds.

falls back into. He drew parts of his body and labelled them. He is scattered, in bits and this frightening fragmented world is far from the world of joined up writing. At the top of this part of the drawing, there is a building like a fortress which he has labelled 'work' and right at the bottom of the picture a small stick figure labelled with the name of his adoptive mother.

Ordinarily, I would most likely interpret this in terms of his need of Maggie to be big enough and strong enough to gather and hold all these different parts of Paul. I would also address his worries that I was not up to the job and his fear that he could not get through to me as I inhabit this fortress called 'work'. However, by this point in the therapy I had realised that if I put myself and his mother together in the interpretation, Paul seemed far more interested in what I had to say.

Could it be that this putting together of the therapist as the transference object and the child's adoptive parent helps the child with thinking about the relationship between the different parts of themselves and the different experiences of their lives? After all the new relationship in which Paul was primarily interested was the new relationship with his adoptive mother which at the outset of therapy was only a comparatively recent relationship. The drawing shows that despite appearances (the joined up writing), Paul still fundamentally struggles to join or link together the objects in his mind. It was also my experience of working with him, that he struggled to *generalise* from the transference relationship with me to any thought about his new mother and father. He needed me actively to make the link between the relationship as it was unfolding between him and me, and his experiences of his new adoptive mother.

Enactment and symbolic thinking

The following extracts from two sessions, both from the third year of Paul's therapy, clearly illustrate how damaged internal objects compete with the introjection of new experiences. The use of the analyst as the template for new good internal objects, as suggested by Klein, was far from straightforward for Paul. He experienced the associated conflict at a level of intensity that caused him a great deal of distress and interfered with the consolidation of new experiences and memories. Prior to the sessions I will describe, Paul had made progress at home and school and there had been a period of relative stability. But this was compromised by the long summer break and letterbox contact with his birth mother. These sessions occurred after a challenging break in which Paul's adoptive parents struggled to manage his behaviour, which had been aggressive and especially controlling towards his adoptive mother. Under the pressure of the anxiety about these recent experiences at home, and the break from his psychotherapy, the sense of a relationship between different parts of himself had collapsed. Instead, there was a dread that the trauma of the past would take over and obliterate all that was far more positive in Paul's life both internally and externally.

In the first session, Paul mistreated me, attempted to knock over furniture and then shouted orders and made roaring noises from behind the window blind, which he had pulled down. We had been talking about how sometimes he is a boy behind the blind, where things happen that should not happen. Recently we had also talked about how he is the one who likes to go behind the blind and he can be the one mistreating me and how he finds that exciting. Behind the blind, Paul does a drawing and he then holds the picture against the blind so it shows through. It is a picture of a

deformed face made up of the letters of his name. I talk about the anguish in this picture and about life behind this blind. I talk about his worries about what shows through and how there is meant to be a boundary between the past and the present. I elaborate his worry that there isn't really and that the bad things that happened break through and flood his mind.

In the second session, which I will quote at some length, Paul conveyed again some of his despair about the possibility of change.

Paul walks into the room and immediately turns his back on me, crouched in the furthest corner. He then goes behind the blind. I say that he goes behind the blind today because he thinks that I think he is too ugly, too messed up to be seen. He comes out from behind the blind and empties his entire box onto the floor. I say something about him wanting to show me about things being in a terrible mess. I then say that I think he is wondering if I or his mum will just get cross or will I and his mum be able to understand why Paul can feel that a part of him feels so messed up? He starts to rummage through the toys on the floor and collects the toy fences. "Make toy fences", he says to me and we both start to put together fences. He rummages some more and picks up the crocodiles and puts them into the enclosure we've made and says "so they can't get out". I talk about there having to be a place for these crocodile feelings so that they don't get out all of the time. He responds, "They will get out". I say perhaps they might but there is more of a feeling today that we are making a place together where crocodiles can live without getting out all the time and going everywhere and taking over. I comment that crocodiles too need to have a place to live. There is now once more a sense of containment in the session, which seems to allow for symbolic play again.

Paul takes the lid of the box and sellotapes it to a toy car. He puts a lion and a lamb on the lid, and then two gorillas and starts to drive the car pulling the lid. He says, "The family are moving". I comment on all the family moving together. I also comment on the animals being like different feelings. He continues to drive the lid around like a younger child. I say that there is a bit more of a feeling today that there can be a place for different sorts of feelings – for the gentler, kinder lamb feelings but also the angry roaring feelings – perhaps more of a feeling today that there is a home in my mind for all of these feelings. He drives the lid up to me. I comment on Paul now being a bit less worried that the angry feelings are going to get out and take over. He says, "We need more fences". He starts to put more fences together and says, "You make something as well" and again we make an enclosure together. He puts the gorillas in one enclosure and the lions in another. He moves all the sheep and lambs together to make a family group. Suddenly the gorillas break out of their enclosure and start to menace the lions, and then the lamb family. Paul is growling and roaring – now in the play but in a way he often does directly at me. I talk about how the gentler feelings and the fierce feelings quickly get mixed up. One of the lambs goes over to the horse family whilst the lamb's parents, the sheep, fight with the gorillas. He then rearranges the fences so there is one big enclosure and he gets the tiny pieces of paper he has from last week's session and scatters them over the animals singing strangely. I talk about how something always comes and messes things up – today it is the end of our session and the feeling that I don't want to be with him. He continues to scatter the pieces of paper and he is getting quite frantic. He knocks over every animal in the enclosure. I talk about his worry that these feelings of being messed up sometimes feel the strongest and knock everything else over and his worry is that I or his mum won't be able to hold onto the good feelings; we'll be knocked over too.

This calms the atmosphere a little. Paul then gets a big lump of plasticine, and goes to the window and leans out with his arm as far as he can (window locks permitting!) and sticks the lump onto the outside windowsill. He then writes his name on a piece of paper and sellotapes it onto the outside of the window. He says that it has to stay there until next week and I reply 'When will Maggie get the message that Paul just wants this to be his room, his Maggie and no one else should come and Maggie shouldn't see anyone else. If I didn't see anyone else or go anywhere, if mum didn't speak to anyone else, it would be easier for Paul to believe he did have a place in Maggie's mind and mum's mind'.

I think the extract from the session shows directly how an experience of containment helps Paul move from being overwhelmed and reliant on a behavioural acting out in his relationship with me, to a place where the same thoughts and feelings can be safely explored through play. The inclusion of an occasional link between myself and Paul's mum also helped. It is marvellous moment in any session when this shift occurs and a great relief when a toy animal is toppled rather than a piece of furniture!

Janet – Cinderella and having it all

This theme of the struggle between the different parts of the self, and the sudden unbidden and traumatic eruption of the past into the present was also a significant feature in the therapy of Janet.

Janet was adopted at the age of five and as well as having the advantage of being adopted at a younger age than Paul, she also had the advantage of being offered intensive psychotherapy. Janet was referred because of 'attachment issues', difficulties settling at night and controlling behaviour. She was the youngest child in her mixed-race birth family, where several older siblings had already been taken into care. In her adoptive family (also mixed-race), she was an only child.

For her, as with Paul, there was also a sense of how the different realities and internal objects vied with each other and a similar experience of the sudden substitution of one reality with another, with a 'falling back' to a previous way of relating – as the following clinical material illustrates. This next extract, from a session in the early months of her therapy, shows how her attempts to be in the here and now with her new adoptive parents would suddenly collapse and catapult her back to the past. Because of her anxiety, Janet protected herself against the anxiety of being dropped again by imagining complete possession of the new parent.

In the waiting room Janet and mum greet with me with enthusiasm – but mum looks very tired. Janet tells me she has mum's special bag – mum has let her have it. As we walk down the corridor, Janet holds my hand and looks at me. "We're wearing the same cardigan" she says (I'm wearing a new cardigan and she isn't). She then puts the bag handle in her mouth and carries it. In the room she proudly tells me again that it is mum's special bag. She shows me the contents of the bag and she is becoming increasingly aggressive saying, "My tissues" with great emphasis. As she is talking, she is preening herself and pretending to put on lipstick. Janet gets two teacups from the box. She asks, very sweetly, if I would like a cup of water. I talk to her about how she wants to have everything and in a way it doesn't matter to her whether Maggie is there or not (this is in the context of it being a Friday session before the weekend and there being a recent change of session time), almost like she is saying, "who do you think you are Maggie, thinking you're important when it is Janet who has got it all!". I talk about being a poor Cinderella-Maggie who has to like water when everyone else is having a fantastic time at the ball. Suddenly the mood of the session changes and Janet shouts at me to get the teapot. When I don't jump to it, she yells, "Get off your backside" but it doesn't sound like her voice. Then, said with shocking venom, "Get off your backside – or I'll kill you".

I think this session shows just how difficult it is for Janet to depend on me; any experience of dependence and then separation, for instance when I change the time of the session, threatens her sense of self and survival and she wants to kill me. She defends herself by 'having it all', projecting all the deprived feelings into me. But it is a 'catch-22' because when she feels she is the only one with all the resources, she has lost the concept of there being an important place for her, and a psychotherapist who

can keep her in mind. Sometimes it is just too hard for her to feel she is remembered when I am not there at the weekend, or have a new cardigan. This pushes her to an identification with a very frightening mother, she becomes her birth mother's daughter and there is no getting away from it. *At this point, when there is a loss of an experience of containment, the here and now of her present world collapses and she is catapulted back to the world she came from.* This catapulting is the sudden shift from being persecuted to an abrupt identification with the persecuting internal object as a way of gaining control and defending the self against any experience of helplessness. It may also be that the gains of living within her new adoptive family are experienced as a betrayal of her birth mother. This makes Janet feel so guilty that it causes her to feel such intense anxiety that it is experienced as a threat to her sense of self. This phenomenon of being in thrall, or tied, to a damaged object is described by Fairbairn (1952).

As Janet's therapy progressed there began to be a fragile feeling that she could protect her good internal objects from the bad as the session below from the second year of therapy indicates.

Janet is playing with the dolls house . . . She starts to put toy animals into the house and a couple of the small dolls. She starts to take off the clothes of the dolls and puts them onto her fingers and onto the animals. Very soon every doll and animal is bumping into the others. She tells me that the lioness is piglet's daddy. Janet is now red in the face and laughing harshly. She makes the doll wriggle and squirm face down on the table. "She is sexing", says Janet. Then she says, "That hurt". I feel the sense of shock, outrage and disgust being projected into me – these are the feelings that Janet wants me to feel. I talk to her about how she wants me to know how things can get mixed up, not in the right place, and how there isn't a mummy or daddy in this game to help a little girl, to keep her safe so that things that shouldn't happen don't. Then she gets the girl doll and says, "Got no trousers on – he's the daddy". She picks up the male lion and makes him roar. Then she puts him in a plastic bag. She then gets the crocodile and rhino and they go in the bag too. I comment that those animals have got to stay in that bag . . . Janet doesn't want any wild feelings here today. "Yes they mustn't come out" says Janet. She then takes piglet and kisses him. She gets the doll and holds the bigger baby doll against her like a baby being comforted. She says to me, "Can you find her a bed?" This is different, she is asking me for help, seeing me as someone cooperative, not ordering me to do something. She gets the blankets and the pillows, "all the soft things", she says and this has a delicate feel to it. Then she says, "Baby is cold" and wraps the baby and says "Baby you don't have to be cold any more". The settling of the baby continues and I talk to Janet about feeling warm and safe when she has her sessions and when she feels that we can look after all of her feelings here. She gives me the baby to hold and I comment on the monster feelings and how she needs help with these, needs to find somewhere to put them. I say that babies and small children need to feel safe and have some protection from all the wild feelings – pointing at the plastic bag. Janet then takes the baby from me and sits in the chair. Suddenly she says urgently, "I want my tickets – get me my tickets" and I get her the folder. (She has torn up pieces of paper to make these tickets in a previous session.) She sits in the chair clutching her 'tickets' with one hand and gently rocking the baby with the other. Is this a six year old's picture of adoption I wonder to myself?

I feel that this session, which has many themes, is primarily about how Janet does not want these wild animal feelings to interfere with the baby being looked after. There is an attempt at differentiation of feelings; once there is a greater experience of containment, the dolls and toys become more reliably masculine or feminine, there is a greater distinction between hard and soft, past and present, good and bad, what should happen and what should not. But gone is the inalienable right to a parent – she has to have a ticket into a new family. Not only does she feel the pain of

separation from the birth parent but also the overwhelming worry, and shame, of not being good enough to love, nor to sustain new relationships either with me in the session, or of course with her new adoptive parents.

Canham (2003) points out that many fostered and adopted children not only face the ordinary work of the oedipal situation but they have to face too the fact that they were hated, abandoned, abused or all three. This inhibits the capacity to create in the mind an oedipal triangle, which depends on being able to imagine a link between the mother and father as well as the link between mother and child. Britton (1989) emphasises how within the oedipal triangle there is space to think, to pay attention to oneself, and to others in a reflective way. For many of the children who are placed in late adoption this capacity is severely impaired. In addition, these children often attack the new links they are trying to make in their minds between themselves and others, or the imagined links between different people in their minds.

Kenrick (2005) writes about the experience of closeness for adopted children, although longed for, it may be overwhelming and quite possibly persecuting. She emphasises that it is only when the therapist can include 'the anger at the deprivation within the transference, that the positive can be held once more' (2005: 31). As a consequence of these phenomena, the work of introjection of new experiences and objects is far from straightforward for the child from a neglected background. This sense of new links being attacked interferes with the process of internalising the new experiences – making it difficult for the new experiences to be held with persistent stability in the mind and so restricting the experience of internalising a new containing object. Because of this difficulty in internalising a containing object, Janet's capacity to *generalise* from this new experience was impaired. So like the dialysis patient dependent on the machine to process the blood, Janet was dependent on me to process her experience, even though she seemed aware that this is what happened in the sessions. Over time, Janet's capacity to contain her own feelings did increase, but it was often threatened by new experiences and so remained precarious.

Sudden shifts – neglect and the brain

One 'solution' to feeling so confused in circumstances of chaotic flux, when nothing stays the same, when deprivation is such that one does not have anything, is magically to possess everything. This movement between these two positions, which emerged as sudden shifts, characterised many of Janet's sessions of the first year. It is an acting out of the Cinderella myth, the girl who has nothing becomes the girl with everything and then of course there are the ugly, persecuting and envious stepsisters, and step-mother (me!), useful receptacles for the projections of violent and hostile feelings.

These sudden shifts were a hallmark of Janet's therapy – and of Paul's. Janet changed from living in a friendly world with a thoughtful adoptive mummy and daddy to a child living in a harrowing world, in which she had nothing and felt herself to be a monstrous child, hated but also full of hate – someone no one could love. (I was describing a similar change when Paul was watching the horses from the open window.) These sudden shifts interfere with the building up of a stable sense of the self, and appear to be just one of the many consequences of experiencing inconsistent and neglectful care giving. Schore (2001) writes about the impact of neglect on the developing brain. He describes how in the first 18 months or so of life it is the right hemisphere of the brain that develops and that severe neglect can lead

to right hemisphere dysfunction. He writes that the consequences of this dysfunction are experienced as a fragmentation of the self, a lack of wholeness and an inability to integrate the positive and negative aspects of the self and the external world. This lack of coherence is emphasised too as a hallmark of ‘disorganised attachment’ – found in about 80% of maltreated children. And as we know, more than 90% of adults who eventually are diagnosed with borderline personality disorder report neglect in their childhood. In the DSM IV, the borderline syndrome is described as a ‘persistently unstable sense of self – with difficulty in holding on to a stable self-image, ‘marked reactivity of mood’, and very negative reactions/affects even in response to low level stimuli’ (APA, 1994: 654).

Corpus callosum

If the infant has remained in a frightening environment, then the part of the brain that keeps being reactivated again and again, is the right hemisphere, which is organised around survival, negative affect, rage, anger, irritability and recognising fear. This is the part of the brain that triggers the fight or flight response – or, in much younger children and babies, the freeze mechanism. There is no volitional aspect to this response. In their paper ‘Integrating neurological findings into psychodynamic psychotherapy training and practice’, Divino and Moore (2010) write,

Only the right hemisphere is fully functional at birth; it remains dominant for the first two to three years of life, thus, infants develop patterns of emotional communication prior to developing left-hemisphere-based verbal skills when that hemisphere becomes fully functional around the third year.

(Divino and Moore, 2010: 5)

However, if the infant remains in a frightening environment there is less opportunity for this thinking part of the brain – the left hemisphere – to develop. Also the left hemisphere is slower; thinking takes longer than these neurological responses, which take nanoseconds. Connection between the left and right hemispheres is achieved through the corpus callosum. Once the child is in a situation without trauma, this allows the child to recognise non-traumatic situations. In the left hemisphere, this recognition takes place, and then rather than the infant simply being reactive, a corpus callosum ‘highway’ begins to develop further. Children in an abusive situation do not have an open highway to think about experience and therefore are more vulnerable to this substitutive way of thinking, which impairs the capacity to generalise, to build on experience through reflection. Since the corpus callosum is not so developed in them, these children cannot use thought to mediate their arousal levels. The hallmark of traumatic attachment is hyperarousal and a hypervigilant monitoring of every second. *In this state of mind, the baby or young child can’t generalise. Generalisation is a consequence of a secure attachment.*

Educationalists have also commented on this latter finding resulting from difficulties with self-regulation – or executive functioning as the phenomenon is sometimes called. In Learnet, an online tutorial for teachers included in the list of symptoms are: ‘Difficulty learning a skill in one setting or context and transferring it to another’ and ‘difficulty shifting flexibly from one thought to another or from one activity to another’. Schore is making a similar point when he writes, ‘... there is also a pernicious long-term consequence of relational trauma- an enduring deficit at later

points of the life-span in the individual's capacity to assimilate novel (and thus stressful) emotional experiences' (Shore, 2001: 210).

Divino and Moore discuss the implications of this understanding for clinical work where there is an impairment in being able to use the left hemisphere 'in modulating overwhelming affective experience'. They write,

... if a therapist carefully holds in mind cognitive, narrative, planning and affective processes as the patient is relating information, the therapist, may, in a sensitive, timely manner, bring in aspects of the communication that have been omitted by the patient. Thus, affect is inquired about when cognition is dominating: cognition is inquired about when affect threatens to overwhelm. Prefrontal processes are called on to plan for the future as well as to give a context for previous behaviour and interactions.

(Divino and Moore, 2010: 20)

An optimistic sense of integration

Towards the end of her treatment after three years, Janet was able to put together the different parts of herself in a more benign way – rather than relying on a segregated system as Bowlby (1980) has described, or being terrified that she would not be able to protect the momentum of progress.

In one of the closing sessions, Janet was playing with twin dolls in the dolls house. She had given one the name Janet, the name given her by her adoptive parents and the other doll had the name given by her birth parents. In the play the mother doll standing for Janet's adoptive mother, goes upstairs and kisses each doll goodnight. This was a very moving moment – and, as I'm indicating, in my experience quite a rare moment of integration when a child puts together, or holds together in their mind, the two very different worlds in which they have lived – both internal and external.

But perhaps more importantly the play shows *that Janet has internalised* the sense of an adoptive mother who can also hold together the different worlds of her adoptive child and that this internalisation had achieved a measure of stability. Janet can imagine that the adoptive mother can be loving and sympathetic to the different aspects of the child's personality, including the more damaged aspects, and as such has developed a 'mentalising capacity'.

The importance of parent work and engaging with school

Progress for each of these children was slow. However, a striking aspect of their treatment is that they were each very committed to attending their psychotherapy sessions. Paul and Janet and their respective adoptive parents had an investment in the work we were doing together despite numerous setbacks. Often gains made over a period of weeks would be compromised by experiences at school or at home which demanded a complexity of relating with which each child struggled. As such there was a constant 'under-tow' to their move towards living in a better place psychologically. Because of the sense of slow progress, the parent work that accompanied the individual work was an especially crucial aspect of working towards change for these children. Frequently parents questioned their child's progress and the frequent occurrence of setbacks. One parent said progress was like writing in the sand ... it was constantly being erased by the daily tide. The parents of Paul and Janet needed a great deal of support to understand this falling back and why it kept occurring despite the new environment.

It was essential that some of the insights gained in the individual therapy could be shared with the parent worker who could then think about this understanding with the parents. Similarly, it was important that events in the child's life and their experiences within the family and at school could be shared with the individual therapist via the parent worker and in the context of frequent review meetings. The parents of children placed for adoption at a later age need a great deal of support and explanation derived from a number of different perspectives in order to understand the specific difficulties of their children. Similarly it is helpful when the parent worker and sometimes the therapist too are in regular contact with the school to hear their perspective, to try and help explain the child's difficulties and to take part in the thinking about strategies that will help both academically and socially.

Conclusion

In this paper, I have explored the experiences of two children placed for late adoption (aged five and eight years respectively) because of their experience of relational trauma within their birth families. I have particularly highlighted the complexity of the underlying reasons for their vulnerability to repeated setbacks, which slowed down their progress. An understanding of the experience of living in two worlds, 'same time, different places' as Paul said, helped to explain why late adopted children find it so hard to generalise from their new experiences to allow them to move forward to a better place in their minds and to be more connected to the loving feelings on offer in their new families. Substantial progress was made by both children, with warmer and more accepting relationships between the children and their adoptive parents, fewer acute incidents at home and at school and a quicker recovery from these more extreme states of mind and setbacks. In my view, the opportunity to bring together the psychoanalytic understanding of transference and countertransference, together with an understanding from neurobiology, and a keeping in mind of the child's life-story, allowed for a creative approach in which the extreme affective states that these children brought to psychotherapy could be thought about, withstood and contained.

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