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In The Best Interests of the Child

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I have Foetal Alcohol Syndrome. I have it because my mother was an alcoholic. My speech, hearing, auditory processing, my heart and stomach were affected I spent a month in intensive care with projectile vomiting, bowel infection and a heart murmur… I am healthy now but the long-lasting effect has been on my brain. My auditory processing is very slow and I also have trouble with my memory…. This means I have trouble at school and with learning." (Jane, aged 17, writing in The Colours, 2008)

Introduction

The aim of this chapter is to create opportunities for a child, from conception onwards, to be offered the appropriate opportunities for emotional, physical and intellectual development. These appropriate opportunities involve being loved, protected, nurtured and understood in ways that help the child use his or her emotional and intellectual capacities throughout the life span. For the sake of convenience, I shall use the pronoun him although I shall be referring to both boys and girls. The chapter will include discussion of the following:

- Some preventative psychosocial health interventions including assessments of parents from the time when the baby is conceived followed by assessments of parent child interactions from the time of the baby's birth until the baby is five years old.
- Assessment criteria for emotional neglect and abuse and treatment programmes for at-risk babies and young children and their parents
- A clinical vignette describing psychotherapeutic work with a mother and her newly adopted young child who has suffered emotional and physical neglect. The father is also involved on a regular basis.

The Unseen Child

Three-year-old Gianni arrived in my consulting room with his adoptive mother. He had dark- brown, curly hair and brown eyes. Gianni was referred because he was severely underweight and barely eating. Gianni had not yet learned to speak and he was not yet toilet-trained because he was terrified to use the loo. Gianni's story is one of emotional and physical neglect. It was not simply that he had a very young sixteen-year-old mother who hadn't wanted to be pregnant with him. It was also that this sixteen-year-old mother also did not have the inner resources to mother him. When Gianni was 2 ½ his mother said she was 'tired of him' so she gave him up for adoption.

But it was not just Gianni's mother who neglected him. There were a series of pediatricians, social workers and nursery teachers who also neglected him. They neglected him by treating his medical symptoms while failing to observe him and get to understand 'his story'. During Gianni's 56 hospitalizations (for epilepsy, bronchitus and failure to eat or develop normally) no professional did more than examine and treat Gianni's physical symptoms and listen to his mother's story of his developmental history. Gianni's "unexamined story" is similar to a large number of children who are 'known too late' by the child's pediatrician, nursery teachers and social services. Some of these children, like "Baby P" who died in London in 2009, were seen by pediatricians and social workers. They are seen but 'not known' because no one takes the time to properly observe the parent-infant relationships of these children. No one seems to try to understand the baby's non-verbal communication of his states of mind.

Getting to Know the Parents stories at the Time of Conception

At University College Hospital in London, assessing the capacities to parent the baby begins from the time of conception. Livia DiCagno in Turino, Massimo Ammanitti in Rome and Peter Fonagy in London have devised reliable methods of assessing the capacity for parenting [1-4]. These assessment methods show which mothers will have difficulty providing appropriate psycho-social care for their babies. An assessment should also include the couple's capacity to work together to provide a good emotional setting for the baby. In the case of a single mother, her support network should be made explicit. For example, at University College Hospital, mothers suffering from alcohol or drug related problems are given the opportunity to withdraw from the drugs or alcohol in a rehabilitation programme and if they are not willing to do this, they are involved in a decision- making process to give their baby up for adoption or fostering. Babies will not thrive in the care of mothers involved in substance abuse nor will they thrive if mothers suffer from severe mental illness.

Groups for parents-to-be to develop a space for developing their parentality have been established in various places including Prato, Italy [5]. Gina Mori and colleagues in Florence in observing parents during the nine months of mother's pregnancy describe how it takes time and space to develop a capacity to think about the new baby and develop the new identity of being a parent [6].

Getting to know the parents' stories at time of conception

Following the birth of the new baby, various preventative

healthcare systems arrange for visits to babies and mothers in their homes, particularly if parents don't come to a baby-clinic. Health visitors are provided in the United Kingdom to observe parent-child interaction and provide ongoing support to the parents.

If a baby presents to a hospital pediatrician with a physical illness requiring hospitalization, Argentinian pediatricians spend at least 15 minutes observing mother-child interaction and think about this in relation to the medical examination which they do subsequently.

Opportunities for the paediatricians to learn infant observation methods and discuss them in a work discussion seminar are provided [7,8]. This means that babies who are emotionally at risk are seen in early childhood and appropriate interventions can be provided.

The cost of providing early intervention schemes can be considerable and in view of this, French Psychoanalyst Didier Houzel has devised a very cost-effective method of intervention providing Applied Esther Bick Infant Observation Seminars for students who visit the infant-at-risks' homes once a week and discuss in the seminar how to support good-enough mother-infant interaction. The observer servers as a support for child-raising [9]. He does this by identifying the sources of suffering, the defence mechanisms, and factors that hinder the child's development. The observer also helps to improve the family's responses in the form of care-giving, observing and containing the baby's anxieties through thinking about the baby's emotional experiences. This method of intervention has been researched as being effective in ameliorating some early onset difficulties. At age three those young children and mothers still shown to require psychological help are subsequently offered psychotherapy.

Assessment of Babies

Getting to know and Assess the At-Risk Infants

It is essential to educate social workers, psychologists, nurses and paediatricians in the art of observing and assessing the non-verbal communication of infants to their mothers. Judges who make important decisions regarding the lives of 'at-risk babies' would also benefit from a short-course in identifying risk factors in mother-infant interactions Developmental assessment tests are not sufficiently adequate for the important task of measuring emotionally at risk infants! It is essential to also observe interactions between mother-babies [10]. These are some of the pathological signs in the infant which indicate the infant-parent interaction is in need of psychological intervention:

- Glazed expression
- Lack of grip on an object with one's eyes
- Unadventurousness
- Lack of emotional responsiveness involving depression or emotionally withdrawn behavior

Feeding Difficulties Including Some of the following:

- Turning away from the nipple
- Closing the mouth to the nipple/teat
- Frequent vomiting of the milk (a concrete example of getting rid of bad emotional or physical experiences)
- Crying and non-stop movement in relation to feeding

Frequent Somatization of Psychic Difficulties through:

- Projectile vomiting
- Frequent constipation
- Exzema
- Colic
- Asthma
- Epilepsy

Dissociation which Involves

- Body becoming limp
- Open mouthed
- Offering no resistance or response to intrusion
- Frequent absence of turning to caregiver when in distress
- Frequent gaze avoidance
- Repetitive overuse of concrete objects or body parts for self
- Soothing used in lieu of crying out or turning to a person or
- Playing in more symbolic way
- Head-banging or hitting of self [11-13].
- Being extremely anxious, distressed and unconsolable much of the time
- Poor physical growth
- Not reaching developmental milestones appropriate for this particular baby

Youell suggests that process-recordings of observations of mother-infant interactions provide good factual evidence which can be presented to the Judge if a baby is at-risk. It is essential not to rely solely on parental reports of the baby and their feelings towards the baby; the baby's behaviour presents a clear non-verbal message about the baby's emotional experience of being in the family while being looked after by the parental couple or a single parent. Pathological attachments may be linked with the baby's genetic predisposition, but they are also a product of parent-infant interactions which include misattunements and separations.

Assessment of Young Children

Jill Hodges and her colleagues have found a way of assessing the impact of maltreatment on young children's inner worlds, using story stem techniques. The Story Stem Assessment Profile is used for evidence in Family Court Care Proceedings and is considered as reliable evidence for young children under eight years who are not yet able to verbalize in detail the nature of their attachments and experiences in their families, foster families and adopted families. The focus of these assessments is on how the child has been affected by adverse experiences within the family, their attachment relationships with parents and indications for therapeutic help.

"The story stems are like a 'play' version of a semi-structured interview, giving the child the beginning of a series of stories, spoken and played out with doll figures, and asking them to "show m and tell me what happens now". There are a range of different scenarios to explore the range of the child's representations. The technique allows nonverbal as well as verbal communication, and works in displacement only, avoiding any direct questions about the child or their family. The child can display in their story completions whatever they imagine happening, reflecting their set of representations and expectations about relationships with attachment figures, based on their own experiences. It can also give indications of some of the defensive manoeuvres the child has developed to cope with difficult experiences and feelings, ranging from forms of avoidance to aggressive and omnipotent revenge fantasies" [14,15].

Assessing Emotional Neglect and/or Emotional Abuse of Young Children.

• Emotionally neglectful or harmful interactions

A basic premise in our society is that children depend on protective, nurturing understanding caregivers to learn the

skills and self-esteem necessary to function effectively in social relationships as well as independentally from the adult care-givers. Emotionally neglectful or emotionally harmful parents have been carefully described by Danya Glasser [16]. These definitions are accepted by the British legal system which requires that children suffering neglect or emotional harm be protected by psychological intervention, assessment of effectiveness of intervention and if that is not adequate or sufficiently protective, the children are protected by removal to foster or adoptive care.

Recent research suggests that those children who are placed for adoption after the age of six fare less well than those who are placed before the age of six; therefore, it is important to make a timed intervention and not let concern for the parents' wishes lead to a too prolonged assessment period for over a year to the detriment of the child who is not being given his/her rights to have "good-enough" family conditions to thrive physically, psychologically and cognitively. "Emotional abuse is the persistent and pervasive emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. Glasser's criteria for emotional neglect and/or abuse include the following:

- Emotional abuse can include subjecting the child to seeing or hearing domestic violence or some serious ill treatment of the other.

- Emotional neglect involves not meeting children's basic needs on a physical, medical, cognitive and emotional level. A rejected or ignored child develops an insecure attachment resulting in a lack of trust and self worth which prompts fear of getting close to anyone and the need to be in control rather than depend on others. Emotional neglect can also involve refusing or delaying required psychological treatment for a child's behavioral, medical or emotional issues.

- Making very critical, negative misattributions to the child or mocking or terrorizing the child.

- Developmentally inappropriate or inconsistent care. This includes age or developmentally inappropriate expectations being imposed on the child. It also involves leaving a child in a situation in which he is seriously bullied causing him to be frightened or in danger, or exploiting or corrupting child by exposure to emotionally inappropriate situations. In other situations, the parent deliberately or ignorantly overlooks the signs that the child needs comfort or thoughtful consideration. It includes withholding love, rejecting or a child and ignoring the child's basic emotional needs for for protection, nurturance and love.

- Promotion of mis-socialisation through over-protection, limitation of exploration and learning, isolating the child in a room alone for long period and/or preventing the child from participating in normal social interaction with others.

Example of Emotional Neglect:
These are comments by depressed mothers who are emotionally neglectful of their children during this period of their depression:

'In the early days, it's not that I didn't want anything to do with him, but…I almost didn't like him very much. I loved him but I didn't like him, so I found it hard to take an interest in what he did. I did the basics and that was that…I still do find it hard, I mean I feed him when he wakes up, but I still …almost have a dread of that time.'
'It was very routine… I was doing it because I knew that was what I had to do, feeding and changing him. I suppose there was just a distance. I was just going through the motions…I was doing absolutely everything I should do, but I wasn't - We didn't name him until the day before we had to register him. It was something I found incredibly difficult because I hadn't allowed myself to think that I was going to have a baby…I just looked at him and I didn't know who he was.'
'It took me a long, long time. I thought people were lying to me about how he looked. I thought he was a really ugly baby…I let him cry all night. 'I knew he was mine but it didn't really sink in. I thought it was somebody else's…it was obviously a great shock and I didn't quite take to him.' (Rance, ????)

- Physical and emotional abuse: fictitious illness Previously known as "Munchausen's by Proxy", this mother-child interaction involves the mother splitting off her vulnerable, needy infantile self and projecting it into the baby. The mother generally denies her destructive impulses and destructive behavior towards her baby. She secretly harms her baby and repeatedly presents "an ill baby" to the pediatricians. Such harm of the baby can also occur while the baby is being hospitalized; therefore, careful observation of the baby is required [17].

Example: A mother secretly repeatedly administered a dangerously large over dose of salt to her baby while her baby was on the paediatric ward.

The mother, who was extremely deprived and needy herself, denied any wrong-doing. It is not safe to return the child to the care of the parents unless the parents admit responsibility for harming the child, engage in therapeutic work and are assessed as being sufficiently capable of providing adequate care necessary for the baby's emotional, cognitive and physical development.

Common Parental Factors Contributing to Emotional Neglect
Faimberg in "The Telescoping of the Generations" describes how parents difficulties in parenting their child may be linked with intra-generational transmission of trauma [18]. Fraiberg classic paper "Ghosts in the Nursery" describes how parents can fail their child despite having the intention to be good parents [19]. She believes that destructive visitors are from 'the unremembered past of the parents'. She indicates "even among families where the love bonds are stable and strong, the intruders from the parental past may break and the child and parents may find themselves reenacting a moment or a scene from another time with another set of characters" In the most severe circumstances the baby is already in peril "for the baby of the family is burdened by the oppressive past of his parents. The parent is condemned to repeat the tragedy of his childhood with his own baby in terrible and exacting detail."

Research has clearly indicated serious emotional and or physical harm to children created when their parents subject them to severe domestic violence, maternal depression and parental substance abuse including alcohol and drugs. Below are some of the findings.

Domestic Violence
At 18 weeks the foetus reacts to uterine distress and increased secretion of cortisol fostering an over-reactive stress response and lowered capacity to tolerate frustration. This leads to emotional

and behavioral problems in the child. Too high a cortisol level can damage development of brain receptors permanently.

Drug Abuse
Research studies have shown the following problems to be associated with drug abuse:
- Miscarriage or early delivery
- Slow or impaired growth and development
- Heart problems
- Possible neurological damage
- Drug addicted baby who will have drug-withdrawal symptoms at birth

Foetal Alcohol Syndrome [20].
When persistent alcohol abuse occurs during pregnancy the following have been shown to occur:
- Miscarriage
- Low birth weight
- Decreased Intelligence
- Arousal regulation problems
- Increased developmental delays
- Facial abnormalities

Serious Mental Health Problems of the mother
The are various mental health problems in the family which are detrimental to the baby's development. I shall focus on severe post-partum depression [21,22]. Seventy-five per cent of mothers have 'baby blues'for 7 to 10 days and a mild persistent depression for the first year might occur due to all the responsibilities involved in protecting and nurturing a baby. It is definitely emotionally detrimental to babies to be left solely in the care of a mother suffering from severe post-partum depression which might be accompanied by delusions and hallucinations which can endanger the baby both physically and emotionally.

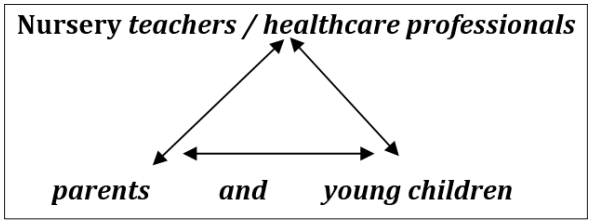
The baby may identify with the mother's depression and become withdrawn and depressed. Alternatively, the baby may attempt to avoid the mother's depression by emotionally withdrawing and avoiding eye-contact with the mother. William's described this phenomena in her paper on no-entry defences. In these situations of withdrawal from the mother the baby may use 'omnipotent control' and overuse of objects and body parts to comfort the self rather than turning to the mother for comfort as a way of trying to manage by himself Bick. Another way of counteracting mother's depression is for the baby to use over-activity to counteract mother's the deadness created by the mother's depression. Such a baby may be described as lively or hyperactive as he responds to the sense of being rejected by his depressed mother. There is some possibility that attention-deficit disorder may also have some link with living with a depressed mother as an infant.

Treatment
There are various treatment approaches which have been found to be effective in transforming parent-young child interactions. All programmes have some key interventions in common. These include:
- Working towards protection of the child
- Informing social services in order that they can assess the child's situation. Arnon Bentovim's Core Assessment Guidelines are helpful for professionals working with the family system [23].
- Providing support improving life context and therapeutically engaging both parents
- Helping parents to observe and modify inappropriate reaction to the baby or young child
- Helping the parents accept responsibility for getting to know their individual child and meeting his particular needs
- Describing and/or modeling helpful interactions with the baby facilitating the parents' capacity to respond similarly
- Providing temporary foster care if necessary for a time-limited period
- Creating a time-limit for treatment and assessment in order the child is not subjected to adverse conditions or fostering situations for an unnecessarily long period of time [24].
- The assessment of a successful intervention would involve helping the parents, particularly the mother to assist the baby in forming a secure attachment to a mother upon whom he can depend. During the first year of life this would include helping

The Mother Until She can do the following:
- Reliably and consistently respond to the child
- Respond to child's indications of discomfort
- Show the ability to comfort the child
- Initiate positive interactions with the child, including touching and holding
- Show an interest in attuned face to face contact with the child
- Respond to the child's different vocalizations appropriately
- Receive the child's feelings and lending meaning to them through thinking about the child's physical and emotional needs

Specific Parents and Infant Intervention Programmes
Wait, Watch and Wonder Approach
Rance and her colleagues approached doctors' surgeries and located infants who were at-risk because their mothers and/or fathers were very depressed (2005). They did a brief intervention of five sessions applying the 'Watch Wait and Wonder' approach. The aim of this psychoanalytically informed 'Watch Wait and Wonder' approach is to enhance the parents' sensitivity and responsiveness to the infant (and hence the infant's attachment security), by helping them to observe and reflect upon the infant's spontaneous activity and communications. It focuses both on the observable interaction between parent and infant and on the parents' conscious and unconscious representations of the infant and of their relationship with the infant.

Tempo-Lineare Trialogue Longer Term Approach [28].
The emotional life of very young children and their parents can be most cost-effectively met on a longer-term basis through the Trialogue Approach in a Nursery Setting. The TempoLineare Trialogue Approach is designed to improve the quality of the emotional relationships existing with the triangular mental space created between these three bodies:



Parents and Young Children
In a book entitled, The Family and The School, by Emilia Dowling and Elsie Osborne, Tavistock Clinic based research was described suggesting that facilitating a trialogue collaboration between home and school is the mainstay of a successful approach in helping children develop cognitively, socially and emotionally. They suggest that there should be a requirement for schools to create a joint problem-solving effort between parents, teachers

and children. This Trialogue Tempo Lineare effort in Rome, Italy involves ongoing commitment of the family and the school staff to help children from birth to six years to improve both their quality of their emotional life and their cognitive development.

Selma Fraiberg's approach involves the hypothesis that access to the parents' childhood pain becomes a powerful deterrent against repetition in parenting, while repression and isolation of painful affect from the parents' childhood provide the psychological requirements for identification withthebetrayers and the aggressors. She tries to open up the unremembered past of young mothers who were repeating their childhood trauma of deprivation and abuse upon their own infant. She discovered that however disturbed the mother might seem to be, if she could be helped to remember her own past experience of abuse, she was more able to give up the unconsciously inflicted abuse upon her child. The disturbed mother who had repressed her abuse and cut herself of from her pain by denying any feeling was more likely to identify with the original aggressor and harm her child. The capacity to remember and feel again the original trauma opened up the possibility of changing the abusive legacy of the nursery. Dilys Daws' book *Through the Night* describes how she works using Fraiberg's approach with babies and their parents in the general practitioner's surgery. Her approach is basically a preventative health approach for less severe difficulties in the parent-child interaction. She helps parents make sense of their own lives and how that might influence their interaction with the baby [29,30].

Therapeutic Work

A Young Deprived Child and His Adoptive Mother

I shall now describe psychotherapeutic work with a newly adopted child, Juan, aged three, who suffered extreme emotional neglect during from birth to 2½ years. I have chosen to present Gianni because he displays a multitude of symptoms of a child who has been subjected to prolonged emotional neglect.

Child Psychotherapy allows an emotionally and physically child to move from sensory experiences of pain, anger and dissociation to communicating without words the story of that which has been stored in the soul.

In psychotherapy the mature part of the child tells the story of the implicit memories of the vulnerable baby self-awakened in the infantile transference at that present moment with the psychotherapist. Here is one story:

The first time I met him, 3 ½ year old Gianni didn't want to separate from his mother so I let his adoptive mother join him in the psychotherapy session. I had placed a set of family dolls and a few wild and farm animals beside a box filled with toys reserved specially for him. I suggested that mother quietly observed Gianni while he played. Blond hair, blue eyed Gianni became complete obsessed with trying to get into a set of locked cupboards. He gave up and discovered some white string in his box. Gianni became completely fascinated by the ball of string which he rolled out till he spread string in a strangling web covering the room. Gianni tangled the string round my feet. Then he was so enmeshed by the string that he had difficulty getting himself out and it was necessary for me to help him.

Gianni didn't touch the toys until his mother gave him the mother doll on the table. He held onto the doll for much of the session. He tried to wrap the doll with a string, but he was unsuccessful in doing this so I helped him. He then ran around the room with the mother doll on a long piece of string that trailed behind him. There was string from one end of the room to the other. He then very forcefully threw the mother doll on the floor. I said, "Goodbye mum" in a loud, quick and somewhat harsh way which was attuned to the quality of his throwing away the mummy doll.

Gianni picked up the doll and threw her down many times. I varied the pitch, loudness and quality of my voice to echo the different emotions with which he was throwing the doll and picking her up.

I accompanied his various movements with "Go away, mum." "Come back, mum." "Here you are, mum."

"Hi, mum," I said as he gently put the doll on his mother's lap.

After a while as Gianni continued his throwing of the doll, I slightly varied the content of what I was saying by adding: "Gianni keeps thinking, "The mummy is coming to be with me," but then he thinks, "the mummy-therapist" just goes away.

Later I spoke to him in second person:" You can't stop thinking of the mummy therapist just going away. Gianni is afraid that this new mummy therapist will leave. Gianni is still afraid his own new mummy will just go away like his old mummy!"

After a while Gianni went to the sink. He put the plug in the hole and filled the sink with water. The presence of water in the room seemed essential as part of the play equipment for him. Gianni emptied the sink and refilled the sink repeatedly. I once again echoed the emotional expressions and gestures of his face, his hands and his body. I used my tone of voice, loud or soft, the pitch of my voice, high or low, the emotion in my voice, angry, and strong, sad, excited, frightened…to meet him, greet his emotional state, make a nonverbal comment reaching his limbic system about how I was attuned to his emotional experience. At times I spoke as though I was wanting to be in control of a never-ending mummy- therapist, never ending like the water.

Sometimes then, depending on his mood, I spoke as though I was the water…."oh, oh, I am falling, I am falling, I am falling…help me! At times, I felt it was important to speak directly to Gianni. "Hello, water. Hello, Gianni. Goodbye. Water. Help, help, I'm falling. Were am I going? Hello, water. Hello, Gianni.

Then Gianni left the water and found the father doll which he stuck next to the mother doll resting in his mother's lap. Subsequently he then picked up two tiny stuffed animals…a friendly furry animal and a tiger. He held them each in one hand and then brought them to himself and hugged them. "Love you mummy and daddy," I say. Then they fall from his hands. Somehow Gianni had dropped then almost inadvertently and then he glanced looked at me and smiled. I sensed he took some pleasure in secretly dropping the pair.

When I said it was time to say goodbye, Gianni began crying in a painful, moaning way. He didn't want to leave, but instead of expressing more a more hostile response, he managed to get his feet all tangled up in the string until he seemed completely stuck in my room.

Discussion

Now I will discuss Gianni and the way with which I worked in his psychoanalytic psychotherapy session. To give you a feel of what I do I shall quote: from A meeting of two eye to eye, face to face And when you are near I will tear your eyes out and place

them instead of mine, and you will tear my eyes out and place them instead of yours, then I will look at you with your eyes and you will look at me with mine.

Jacob Moreno (1914)

Gianni is a 3 ½ year old emotionally neglected and physically abused adopted Columbian boy, Gianni. His suffering was expressed through asthma, exzema, epilepsy and difficulties in sleeping and toileting himself. His mouth was shut to sound as well as to food. He had been referred for not-eating and speech therapy had already been recommended for his inability to make sounds or speak. I instinctively felt that it was something "before words" that was needed within mute Gianni. He had not been "mothered" for 3 ½ years and lacked an inner experience of his infantile terrors being mitigated by the presence of an attuned mother and father. The collaborative presence of his new adoptive mother silently working alongside me compassionately observing and thinking about him in the psychotherapeutic process enabled Gianni to evacuate distress and gradually use symbolic play, drawings and then words for his emotional experiences.

Gianni was the child of an 16-year-old girl who kept him although she had wanted to abort him. It was unclear to her as to who the biological father was. At birth Gianni suffered some brain damage due to lack of oxygen. Also he had eczema, asthma, epilepsy, global neurological delay and attention deficit disorder. He was functioning two years below his chronological age according to the Griffith Scale. Until the age of 2½ years, he was left alone for six hours each day to fend for himself in a dirty, dusty room with dogs, cats and birds. His mother left him while working all day in the supermarket. Finding him "a boring burden", she finally abandoned Gianni completely while he was being hospitalized for an epileptic seizure. Columbian born Gianni was adopted by the couple who brought him for therapy. They had no idea that they had such a damaged child for the Columbian social services had evaded giving a truthful picture for fear that Gianni would not be adopted. Social services did say that Gianni was "a pleasant child" thus misinterpreting his signs of giving up, which included not making the usual baby sounds and not crying or protesting about anything, developing dissociative autistic features.

The First Session
I shall now talk about the theory and technique of interpretation in the initial sessions:

As Gianni's psychotherapist I am feeling myself to be inside the feeling of his bodily and physical movements and those of the objects being handled. I am trying to attune to him like 'a good mother' as described by Daniel Stern in the *Interpersonal World of the Infant.* I acknowledge as precisely as possible the nature of feeling present in each gesture Gianni makes. I also personify the objects with which he is playing stating what it would feel like if the object were a person in relation to Gianni. I am entering his dream world in which phantasies underly each of his gestures. In my mind I am naming the objects as the internalized mother, the internalised father, the internalised unborn siblings and Gianni himself. Gianni has very few words. He basically exists as a mute child verbally, but nonverbally he is filled with conversation about his mental life!

How do I think about the meaning of the Psychotherapeutic Encounter with Gianni?
I have been influenced by the work of Dr. Henri Rey who wrote *Universals of Psychoanalysis* [31]. I am thinking about the feelings inside me and the feelings which might be inside Gianni. These are countertransference/transference feelings from one to the other. Aspects of Gianni internal world and aspects of my internal world interact with one another. These are questions which I try to answer during each psychotherapy encounter to understand Gianni more fully.

- *Who is Gianni in relation to his primary internalised objects… the mother, the father, his baby-self?*
- He is showing a sense of wanting to be enmeshed with the object…but then he is showing some abandonment, some pleasure, before moving to controlling the object with the water play. He has quickly transferred his maternal object onto me.

- *In what states of mind is Gianni?*

- Gianni is often the controlling figure…abandoning, dropping, making the water flow continuously.

- *What phantasies are connected to his actions?*

- **The String Play:** he seems to want to make a connection with me, but then he gets enmeshed.

- **The Cabinets:** he wants to intrude into the object with the key, in control of the door shutting him away from mother, from the contents inside the mother, from what he wanted and is curious about seeing.

- **The Doll Dropping**
  He feels overwhelmed with abandonment feelings which he controls by identification with the aggressor…the abandoning one and the other can feel the abandonment

- **The Water Play**
  He says"I have my own water (symbolizing the breast-mother) and make it come and go as I please. I will have as much water as I want. There is a never-ending supply of the breast-milk. I will make the milk-water return when I want it to come back..as tho he is "inside the breast" and controlling its flow, rather than separate from it. This is primitive omnipotence.

- **The Protest at the End**
  Gianni has loved the experience of being attuned to in a psycho-biological way and he has become rather enmeshed. Separation feels as though he is "torn off" me and he moans.

4.What phantasies underlie his actions?
Gianni seems to lack a sense of separateness…he likes the object; he gets right inside. For example, in the water play he wants to possess and control the object…this is a way of "not-thinking" of evading the anxiety of abandonment which he depicted in the doll play. In the doll-play he evaded the anxiety of abandonment by being the abandoning figure.

There is a subtlety to his emotions and it is important to link the feeling qualities of his eye movements coupled with his mouth and his hand movements. For example, I can see that he is gentle when he hugs the furry animal and tiger. I feel his friendliness to the object. But then he is being thoughtless and dropping them (out of sight, out of mind I think) and then I realize he is obtaining some secret pleasure when he drops the animals, looks at me and smiles. At this point there is a cruel abandoning figure with whom he is identifying. He is projecting the pain and despair into the

animals as he did to the doll he dropped to the floor.

5.What object is influenced by Gianni actions?
Continually I am focusing on Gianni's internalized mother representing nurturing, understanding, physical caretaking and his internalized father representing rulemaking and providing the limits to the mother's maternal caregiving, understanding, and nurturing.

Within this one session I see many aspects of the life of his infantile self. Gianni is a boy who gets all enmeshed with the object, wants to intrude into the object, feels abandoned cruelly by the object and then basically stays in a state of primitive omnipotence which means it is very hard to explore, to get to know to bear his sense of not knowing. He says, "I'm the boss. I am in control. I don't need a mummy. I can take care of myself." Gianni has to feel "*power ul*, in control" to survive psychically without good internalized maternal and paternal figures. You can understand how difficult it must have been for Gianni to have to survive as an infant alone with the birds and the dog for most of his early childhood.

It is difficult for him to depend on "the mother", instead uses non-stop movement "to hold himself together psychically", the adhesive identification described by Esther Bick, and like "the daddy" he intrudes, takes control of the supplies of the mother. This is another method of protecting himself from feelings of a lonely, helpless, vulnerable, abandoned baby. It is also a way of protecting himself from depending on unreliable figures like grandmother, mother and father. As a psychotherapist or parent, the tendency is to feel disregarded and devalued. as useless.

5.What is the consequence of Gianni's turning away from the mother to the material objects for comfort?

Gianni's adoptive mother and father feel continually rejected. So, do I. It looks like Gianni doesn't want a relationship much of the time. It is a dangerous situation unless I and his parents realize his use of identification with the aggressor and intrusion into the object, a form of projective identification) which involves massively projecting parts of himself into me. I should feel I don't count, that he doesn't want me, that I am the abandoned baby. I need to understand that these protective mechanisms have protect him from the terrible pain of wanting intimacy with an unreliable mother. Gianni has turned to material objects for comfort because he can control them. Meanwhile, he has lost track of his vulnerable infantile self to such an extent that he gave up crying and barely talks…for who has there been to ask for help? Gianni plays repetitiously with objects and this repetitious, hypnotic action blocks access to his infantile self that desperately needs love in an intimate trustworthy relationship. He needs intimacy with me, with his mother. He needs a mother and father, a mummy-therapist to whom he can attach himself, upon whom he can depend; however, no one hears his cries, not even him!

Initially Gianni responds to my behaviour in the session, but he very quickly imbues me with qualities of the internalised objects (the parents filled with the child's projections of love and hate). As his psychotherapist I was required to have certain attitudes which could not be counterfeited. Gianni knew if I was tired, depressed, happy and was anxious when will there was falsity present in the required attitudes of receptiveness, capacity to modulate emotions through mentalisation and above interest in understanding all his feelings, both loving and hate, hope and despair. Gianni projected feelings into me and I was expected to understand the emotions present in the room at that very moment in the here and now.

Gradually Gianni came to know that I was reliably present at the correct time every Monday and Wednesday and a deeper transference evolved. The endings of the sessions gradually look different from the beginning of the sessions for all young children. For example, the child might want to stay in the session longer, or leave the session before the time says it is time to leave, or stop being connected to the therapist before the ending of the session, or run out to see the parent in the waiting room before the session is ended. All of these are defences against the "father's role" of saying that there is a limit to the "mummy-therapist's" time for "the baby".

Ex: I say it will be time to say goodbye in five minutes. Hearing this, Gianni takes out two toy cars and starts playing with them in the doll house.

Gianni's response to ending the session and his response to returning to the next session are always a focus of my interpretations. The interpretation is designed to "gather the transference to the therapist" by this I mean I collect the feelings in the here and now in relation to Gianni and I meeting, in relation to his breaking contact, his feeling understood, his not feeling understood. I am looking at how he held eye contact, helps the toys, dropped eye contact, dropped the toys, used the toys, didn't use the toys. There are many phantasies which are embedded in the way any speech, gesture or movement occurs.

Ex: Throwing a pencil on the floor is accompanied by the possibility of an aggressive phantasy, whereas gently putting to pencils together on the floor might be symbolizing a friendly reunion between two people.

Gianni had been severely emotionally neglected during his first two ½ years of life, so his responses to dependency are more marked than those of some children in more favourable circumstances; however, all children will generally show an oscillation between beginning to depend on the therapist's receptivity and understanding and using primitive omnipotence to "look after oneself " and try to barricade the infantile self from having a trusting relationship with the therapist.

How did I involve the Parents?
After all, good therapy is simply using the essence of good intimate contact with primitive emotions present in the parent-child relationship. It seemed important that I work as collaboratively as possible with mother as a participant observer in the session. She was virtually silent in the session, except on those occasions when Gianni approaches her directly or when I asked her questions to help me understand Gianni's mood or sounds; however, when we have our telephone appointment, she is invited to review the session and what she thought was happening inside Gianni and between Gianni and me.

After a month I invited the mother to make a little diary with drawings for Gianni. I asked her to think each day with Gianni about both a good moment and a difficult/conflictual moment for Gianni and put in Gianni's little diary book a drawing which Gianni could understand followed by a very simple sentence which she read to him and in time he could read or memorize. Every day Mother sat Gianni near her and told him what she was drawing and writing for him. In time Gianni felt he could make a line on a drawing and later in his therapy he could say one word that indicated what was important about his day. I also invited mother to make a daily journal for her work with me to use as a reminder of what observations of her interaction with Gianni she felt would

be useful to share with me. In time Gianni contributed more to what she wrote. When mother and Gianni returned for the next weekly session, I invited mother to show Gianni one or two of the weekly events in the "feeling diary" and describe aloud to him and me those moments which they had shared. I then commented directly to mother and Gianni restating or amplifying some emotion present in their shared experience. As adoptive parents, the mother and father were very appreciative of this collaboration, feeling they too were essential to helping Gianni develop through psychotherapy. I should add that every four months the adoptive parents, the social worker involved, the nursery teacher and speech therapist met together with the Consultant Child Psychiatrist and me to review our work with Gianni. While we were together we also thought about contributions to further our mutual understanding of what Gianni's current predominant anxieties were and any change in his development. We also each described countertransference experiences and how we could use them to facilitate understanding of how to help Gianni with some of the feelings which remained obstacles to his normal development.

What Aims did I have in Psychotherapy with Gianni?

For Gianni it was important:

- To have a feeling
- To hold it consciously
- To communicate the feeling through movements, facial expressions, play, words
- To lessen the severity of the cruel superego so that he is able to integrate different aspects of his personality, such as aggression, which is split off and projected.
- To help him move from being a "placating, compliant child to have the courage of "being himself" without the fear of a repeat of being hit or abandoned if he isn't good, or interesting. (At beginning of therapy, he hit himself rather than cross with his mother. I helped him to symbolize anger. He couldn't express it to his adoptive mother yet because a lack of development of a secure trustworthy adoptive mother and his terror being attacked by a cruel superego or actual parent who might hurt or him).
- To develop the capacity to think about his emotional experiences, painful, loving, hating, hopeful, angry, sad… all of them.
- And in time, hopefully, to develop a sense of loving concern for both himself and others.
- To develop a sense of agency base on introjection of good internal parents with whom he identifies, thus he can be resilient rather than omnipotent

What is Healing in Psychotherapy?

The self is healed in therapy by bringing the infantile conflicts and pleasures back together in their existence inside the relationship with the therapist. Estranged parts of right and left hand brain are integrated in this way. In other words, the right hand of the brain, the sensory motor cortex which encodes implicit experience of physical experiences can then be brought back together through the hippocampal processing in therapy with the left hand part of the brain which has explicit declarative memories. Enactment through play and action in therapy can bring back the story of the self overwhelmed by subjective states which were never given words or thoughts by the self, but were instead avoided by emotional numbing and avoidance through not thinking (ie dissociation and splitting off of this part).

Summary

All Gianni's methods of closing the mind, the body, the rectum the mouth are to avoid psychic pain pouring out of him. He used me, his therapist, to massively project into me all the hated, unbearable, painful parts of his experience. I am becoming established as a person who can bear unbearable pain.

One of the problems with 3 ½ year old Gianni was that he was mute and did not eat.

Let us just take contemplate his mouth. Gianni has not had a good experience using his mouth:

- He cried for hours, but there were no replies to his cries.
- When hungry at times no one was present to feed him, for his was left alone for hours in a room.
- When fed, he had a bottle propped up on a pillow, but there was no mother dedicated to him while he was feeding. Mother was bored with him.

Gianni found the mouth to be a useless tool for achieving security, attunement, comfort, pleasure.

The Mouth is the Bridge to the mother…but his Experience of Emotional Neglect had Broken the Bridge. His Mouth Ceased to function as a Receptor. He Closed it tight to hold a Mass of Confused Feelings which Threatened to Spill Out and Overwhelm Him.

Once Gianni projected bad experiences into me, his therapist, and found the "good me" who followed him with my mind, with my eyes, with my words, my heart…he found he could trust me to be with him. He had a wish to use his mouth to communicate with me. He spoke to share his thoughts
with me.

Simultaneously, he began chewing food, staying at the table and eating a whole meal. Within one year of psychotherapy, he was only seven months behind in his capacity to use vocabulary to express his feelings. He began joining two words together and asking for help. He also opened his ears, rather than "being deaf" this was shown when at home he began listening to stories for the first time.

In other words, Gianni's mind, ears and mouth had been "shut down"to block out traumatic experiences which left him even more helpless and vulnerable. Now he was being born in relation to his new adoptive parents upon whom he could now risk depending.

Concluding Remarks

The aim of this chapter has been to emphasize the need for serving the best interests of the baby by assessing parents' capacity to parent at the time the baby is conceived and by following this with observations and assessments of the mother-baby relationship. When the infant is at-risk, fathers and mothers should be jointly involved in the work of understanding the parent-infant relationship in the context of the couple's relationship Barrows. The therapeutic process should mobilize both parents' capacities to wonder about the infant's emotional as well as physical experience of the world, so that they come to perceive him as a thinking, feeling person Rance. This chapter is concluded with a clinical vignette describing the aims and methods of psychoanalytic psychotherapy with a severely emotionally and physically deprived adopted boy and his parents [32-38].

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