CONTENTS

Editorial 5

Michael Brearley Teaching And Learning: Bad Seed Or Stony Ground? 7

Helen High The Development Of Educational Therapy and Some Other Applications Of Psychoanalytic Thinking To Education In Great Britain 19

Rebecca Woodhams From Push-Pull To Brave Connection Educational Therapy With A Maternally Deprived Child 40

David Morgan Children As Receptacles Of Parental Violence 53

Ricky Emanuel Thalamic Fear 65

Helen High Jean Estelle Cowen – an appreciation 83

Book Reviews 85

Contributors 89

Notes For Contributors 90
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Editorial

This edition of Educational Therapy and Therapeutic Teaching begins with Michael Brearley’s reflections on the wide range of dynamics that can occur as part of the relationship between teachers and learners. His psychoanalytic insights include examples of his experiences as a cricketer, from both a learning and a teaching perspective. These experiences proved of particular interest in the audience discussion which developed from a version of this paper delivered as a lecture for the Caspari Foundation. Together with the metaphor of his title - Bad Seed or Stony Ground? - they illustrate well Michael Brearley’s attention to the subtleties and complexities brought to the teaching-learning relationship.

The importance of psychoanalytic insights in considering teaching and learning is further emphasised in Helen High’s paper, The Development of Educational Therapy and Some Other Applications of Psychoanalytic Thinking to Education in Great Britain. Helen High provides valuable historical information about how educational therapy came into being. She draws on her rich experience in ways that help to answer that sometimes problematic question: What is educational therapy? Through succinct explanation of seminal theory and illustrative clinical examples, this paper clarifies the distinctiveness of the approach.

A detailed example of such clinical work follows in From Push-Pull to Brave Connection, Rebecca Woodhams’ account of work with a maternally deprived child. She describes the process of the therapy, showing how vital it can be to create and maintain appropriate boundaries for the child. The positive outcome for this particular child’s learning and peer relationships is seen by the wider professional network and provides a foothold for further therapeutic work involving other family members.

In the following paper, however, David Morgan reminds us that therapeutic work is not always so positive, particularly where transgenerational patterns of repeated abuse are concerned. Children as Receptacles of Parental Violence asks questions about society’s and clinicians’ responses to certain kinds of uncontained trauma, and also about the need for concerned containment for therapeutic workers.

Finally, in Thalamic Fear, Ricky Emanuel describes how the developing field of neuroscience has provided him with an additional perspective in framing his understanding of some clinical experiences and material. He shares his understanding of developing concepts with carefully explained examples and diagrams, drawing the reader in and concluding that there are exciting if challenging times ahead.

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Teaching And Learning: Bad Seed Or Stony Ground?

Michael Brearley

INTRODUCTION
There is a reflexivity involved in the writing of this paper. Here am I addressing – not exactly teaching, but trying to interest with ideas and reflections – an audience which includes many experienced teachers, on the topic of teaching. So whatever I say will be open to the same questions that I raise in relation to the teacher/learner relationship and the setbacks and obstacles to it. I tread on thin ice, I think!

I. INFORMAL TEACHING AND LEARNING
The concepts of teaching and learning are central in our lives. Throughout our lifespan, but especially as children, we are all learners, recipients of formal and informal teaching and its near relatives: showing, helping, helping to see, guiding, coaching, training, developing. We all start helpless, needing to learn – mostly from others who have more experience and expertise than we – how to think, how to socialise and manage our feelings, and how to do things. We need ‘education’, that is, as the Latin root implies, to be ‘led out’ of helplessness and not-knowing. Some of the most important teaching dates from an era in our lives that is inaccessible to memory, starting as it does from day one. Good-enough parents help babies and small children to grow, emotionally, physically and intellectually. They are, in an informal sense, teachers too. So in this sense, we are all at times also teachers, being, for good or ill, exemplars for others, telling others how things are, showing them how to do things, or enabling them to do things for themselves.

We also learn from our students, or from those who learn from us, if we have the wit to do so. We learn from their freshness, spontaneity, and insights. In a letter to The Times in 1956, Herbert Read reports Picasso’s remark on visiting an exhibition of children’s drawings: ‘When I was their age I could draw like Raphael, but it took me a lifetime to learn to draw like them.’ In psychoanalysis, patients often express their subliminal perceptions of our states of mind. The Italian psychoanalyst Antonino Ferro (2005) writes of a patient who ‘diagnosed’ his, the analyst’s, absentmindedness in the previous day’s session, which happened at the end of a long day for the analyst. The patient did this by speaking about his having not been able to park his car in the usual space, but in one that was cold, damp, dark and in shadow. In fact, the analyst had been feeling full up at the end of his difficult day’s work, like a ‘soaking baby’s nappy’, as he puts it, though he had done his best to attend to this patient’s communications and involve himself in them. The cold, dark parking place represented the patient’s awareness of the analyst’s unavailability.
In this paper, I wish to think particularly about the nature of informal teaching and learning. I have no special knowledge about university or school teaching, nor is what I have to say likely, I imagine, to figure prominently on a teacher-training course. I will emphasise the way the process of teaching and learning creates *ipso facto* a relationship, which may either be superficial and relatively anonymous, or intimate and powerful. It takes two to tango. And as such it is liable to all the potential pitfalls and possibilities for growth that relationships, and tangos, are prone to. My theme, then, is to consider the teacher/learning relationship, especially in informal contexts. I will also discuss obstacles to its fruitful growth.

2. WHAT IS TAKEN IN WHEN LEARNING OCCURS?

2i). Good teaching can be simply the conveying of necessary information or ideas, a means to a specific end, like passing an exam. This element of teaching may be compared to a conveyor belt, a consumerist version of teaching. There is a product which one person has to give or sell to another. Facts or ideas are organised and presented by someone who knows them, or has access to them, to someone else. This is an important element in teaching and learning.

More interestingly, good teaching can also be a gift, not only in the sense of an inbuilt talent given to the teacher, but also in the teacher’s gift to students, which may be received and made use of in life-enhancing, even life-changing ways. Many people remember with gratitude inspiring teachers. One example is Harold Pinter, whose English teacher at Hackney Grammar School, Joseph Brearley (no relative, I’m afraid), instilled in, or more likely drew out of Pinter an immensely creative engagement with language and writing. Saul Bellow’s late novel *Ravelstein* (2000) gives a portrait of such a teacher. Some teachers, that is, for some pupils, offer formative experiences, opening the door to a passion, and to an independence of mind. Such a gift can reach beyond anything the teacher could imagine. It links up with the capacity of some people to open our eyes. Bellow again: ‘Poets and novelists give new eyes to human beings, inducing them to view the world differently, converting them from fixed modes of experience.’

This range of aims and scope in what teaching and learning can aim at and achieve is paralleled by a remark by E. Schumacher, the author of *Small is Beautiful* (1973). ‘Give a man a fish, and you are helping him a little bit for a very short while; teach him the art of fishing and he can help himself all his life. But teach him to make his own fishing tackle, and you have helped him to become not only self-supporting but also self-reliant and independent.’ Teachers may give the equivalent of a fish to their students, a piece of information, a fact. The contents of the lesson might be summarised in a written form, or on a report form. One might call this the content of the teaching, or perhaps its substance. The student may take it in a piecemeal way. But simultaneously with this, there is a psychological exchange. The teacher impinges on the student, who will, whether individually or as part of a class, impinge on the teacher. And such an interaction is laden with meaning.
and emotional response. Here, what is conveyed is more like form than content. The students are facilitated to find their own way to learn and create for themselves. The art of teaching involves being able to offer both modalities, sequentially and simultaneously. One way of putting it is to say that the teacher may increase the student’s thoughts, and enlarge his thinking; increase the contents of the recipient’s mind, but also enlarge his mindfulness and his capacity to produce ideas and solutions of his own to new problems. The outcome of this is a critical and individual openness to learning; in Shumacher’s words, ‘self-reliance and independence’. The student is given not a detailed or explicit map to a particular area, but the capacity to use maps in general, and to make his own maps.

2ii) Gifts and gifts. When we learn from someone else, a transaction has taken place. We have been helped. We have been guided. We have received a gift. But not all gifts are generous. It is best to fear ‘Greeks bearing gifts’. In German, the word ‘Gift’ means poison. It is, I think, worthwhile to compare teaching with feeding (whether of healthy food or poison). For example, some teachers spoon-feed, some scatter food around leaving the student to pick bits up. Some offer food for thought. Some ask students to provide the food for thought, and help them to reflect on – digest – it. Some force feed, flooding the students with ideas and insisting on their own formulations. Some teachers even poison the minds of those in their care. And of course, looking at this interaction from the other end, it can feel to a student as though the teacher is doing any of these things. The student may feel that he is being starved, controlled, force-fed, invaded, colonised, brainwashed. He may feel that his meagre offerings are scorned and thrown back in his face, or on the other hand he may feel that they are taken in and made much of by a generous teacher. If, as a result of difficult early experiences, a negative template of expectation has formed, powerful forces are likely to be mobilised to prevent anyone else from entering the mind or heart; or the other person and his ideas may be let in briefly, and then rapidly vomited out again. Thus all learning from another is stifled. In this way, teaching is continuous with the earliest forms of interaction, centring on how an infant is fed and cared for, what the parents and others make of his anxieties and communications; and what the infant makes of that feeding and care. The roots of anorexia and bulimia lie in this same area – being to do with how much can be let in of mother’s ‘food’, physical or emotional.

So, the student sees the teacher as exemplifying something or other – whether thoughtfulness, hard work, and freedom to experiment, or bullying, intimidation, paucity and constraint. The student’s conscious or unconscious internal commentary might run: ‘Is the person teaching me worth listening to? Do I feel I am being offered a glut of advice? Is the teacher capacious enough to accommodate my particular point of view? How dare he tell me what to do? He expects too much of me, I’m not good enough to understand or do this.’ And so on. These kinds of comments or doubts about the teacher or the self go on both subliminally and consciously, and have an underlying impact on the way we receive the content of what the teacher actually says. If there is a powerful connection, we as students
may unconsciously identify with something about the teacher’s attitude to his subject or to his students, and this may influence our own way of thinking and approach to the field. Just as a small boy insists on wearing his father’s clothes, and unconsciously imitates his gait, or his way of picking up a bat, or his use of a knife and fork, so students and learners pick up mannerisms and deeper attributes of admired and/or feared teachers. Imitation may of course develop into a more integrated identification (which includes a necessary dis-identification) as we mature.

Equally, the teacher is bound to be in some degree influenced by the attitude or atmosphere of the student or students, as he interprets it, and, like an actor, his teaching performance will vary, along with the audience response to it.

How the information is transmitted, and what sort of life it has in the student, will therefore be partly or largely determined by these conscious or unconscious perceptions or imaginings in both parties to the relationship. Teaching is always a mixture of form and content, of approach and substance, of psychology and information.

Ideally, then, teaching and learning require trust, generosity, tact, and clarity about emotional realities from both parties. There is a need for a generous learner as well as a generous teacher. Such a learner wants passionately to learn, has some trust (often but not always well-earned) in the teacher, has sufficient humility to take things in. He or she is willing to make the best of what is on offer. But such enthusiasm often fails to last. Sometimes it hardly gets off the ground. On the other hand, the relationship can often be more or less taken for granted as satisfactory. But there will always be ongoing, fluctuating, mutual assessing, based both on projection and perception, throughout the process.

3. INSTINCTS TOWARDS LEARNING AND RESISTANCE TO IT

3i). We have a built-in desire to learn. Young children are, on the whole, tremendously keen to learn. In *The Psychoanalysis of Children*, the psychoanalyst Melanie Klein (1984), impressed by this fact through the experience of her work with young children, posited an epistemophilic instinct, that is, an innate drive to learn and understand. There is in children a natural sense of wonder, curiosity and excitement at the world. They want to grow up and take a more active place in the world. They want to impress their parents, and join the adults in conversation and skills. Some people move on from such a start to a passion for understanding and truthfulness. In some cases, this drive to find and make the most of a good model and teacher is very strongly inbuilt. Kipling and Dickens, for instance, both experienced prolonged privation and deprivation, but were able to value and make use of the one person who was able to help them. The psychoanalyst Christopher Bollas (1999) referred once to a patient who had had no experience of and minimal knowledge of psychoanalysis, but who, during her first session, said that she could recognise this situation as one that she had been waiting for all her life. He thought she meant that there was something about the atmosphere of quiet receptivity and thoughtfulness
that she ‘recognised’ despite its having been non-existent, or rare, in her life-experience. A patient I encountered in supervising a therapist recognised and held on tenaciously to the potential offered by the good therapist despite also having to cope with his negative and near-psychotic transference to her based on his experience of a mother who deserted him at the age of five.

3ii). By contrast, it is also true that, as Iris Murdoch (1991) argues in *The Sovereignty of Good*, learning involves submission to realities which do not match what we already know, are not the way we wish them. Learning the irregular verbs of a foreign language means accepting the fact that we simply have to knuckle down and commit them by rote to memory. We have to wrestle with the intransigence of facts. To stick at learning involves giving up our omnipotence and narcissism. It involves work. Since we all feel more or less reluctance at this prospect, it follows that one element in teaching, at all levels, must be coping with the resistances of students. (There is also widespread resistance to being the recipient of help, as the psychoanalyst Wilfred Bion made clear in his remark, quoted by Robert Gosling, that ‘I don’t understand why you are so angry with me. I wasn’t trying to help you.’ I shall return to this later.) Part of the art of being a good teacher is to know when and how far to tend towards empathy with the resistant or struggling student, and when to confront and challenge his or her workshyness, or passivity, or wishful thinking, or whatever. (One element in teaching is, in the Quaker term, a matter of ‘telling truth to power’) We may hate our teachers for their good qualities, of course, and only later, if at all, come to appreciate how important these were. A teacher who is a stickler for accuracy may be merely pedantic; but he or she may also be exemplifying the virtues of honesty and truthfulness in large matters as well as small. A teacher may be relentless in keeping the student up to the mark. Here too the lesson may be the need for unstinting effort. A quite different lesson may come when the teacher helps the student discover in his faltering beginnings the thread of a worthwhile point or insight.

3iii). Teachers too, of course, also need encouragement and a feeling that they are valued. Otherwise even potentially good teachers become cynical, shifting from disappointment to disillusionment. In such cases, he or she is liable to say in despair, ‘I’ve taught you all I know, and you’ve learned nothing’.

4. OBSTACLES ARISING ON THE SIDE OF THE RECIPIENT

As I have already hinted, there are all sorts of ways that the process of learning becomes fruitless or only minimally productive. In this section, I will describe some of the obstacles contributed primarily by those who are (apparently) there to learn. I will put them in three categories: fear, envy, and arrogance.

4i). Fear enters into the learning situation in all sorts of ways, some obvious, others less obvious. First there is the fear of the unfamiliar. We are all liable to this, though in differing degrees. Learning something new is like finding one’s way around in an unfamiliar territory,
where many of our old landmarks are missing. We feel far from home, confused, lost. This is terrifying. We are liable to feel we are out of our depth, that we lack the basics and can never catch up. Some give up in despair. Fear of mathematics often takes this form, and for those who find it relatively easy, it can be hard to appreciate just how alien this terrain feels to others. Early days of doing philosophy were for me particularly disorientating in this way. Similar fears can invade us when we cannot fit a new fact into an old schema; it is a mark of courage and in rare cases of genius (like Freud’s, say, or Einstein’s) to stay with the implications of the new perceptions, and modify the schema to include them.

The teacher cannot be responsible for removing every trace of unease, however. Learners need to be able to tolerate some degree of uncertainty. The poet Keats (1954) spoke of a ‘Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason.’ Those whose self-esteem is low often lack this quality, and are as a result particularly prone to giving up. A patient gave an image of how she feels when I say something that she cannot instantly grasp. This was an image of ‘hanging on to the rail of a luxury liner, and then dropping off into the cold sea’. This illuminated what happened from time to time in the sessions, that this patient cut off, went blank, sometimes fell asleep; she was telling us that she loses the safety of feeling herself to be, or to be in, the luxury liner, where she feels comfortable and full of self-esteem. She is hanging on precariously, and sometimes lets herself go in a sort of suicide into the depths of a dead, cut-off, non-thinking state.

Another source of inhibition is the idea that others will ridicule you if you do anything out of the ordinary. It takes courage for young people from certain social backgrounds to entertain the possibility of university education; they have a sometimes well-founded conviction that they will be alienated from and ridiculed by their friends and families, for whom earning money is a more significant criterion of progress and respect than education. This kind of ridicule may, of course, be founded on envy. Sometimes, we are afraid of doing well, being top of the class, committing ourselves to study, for fear of the envy masquerading as contempt from our peers and/or families.

Success, or rather, fulfilling one’s potential, may also be sabotaged because of the fear of the expectations that go along with it, as well as fear of the efforts to maintain and work at it. My Middlesex and England colleague, Fred Titmus, used to say, ‘It’s hard getting to the top, but even harder staying there.’ The Middlesex fast bowler Simon Hughes used to annoy me when he said complacently that he ‘couldn’t bowl six good balls an over’ – he was I think afraid of the high expectations that would inevitably follow success. One quasi-solution to this problem is not to try: if we never try, we never fully fail. We may opt out of the quest for excellence, or out of passionate endeavours of all kinds, from a preference for a comfortable life, in which disappointment is minimised because desire is dampened, and no-one expects much of us, least of all ourselves. We have a built-in excuse.
The dependence on others that is so often involved in really wanting something can also be hated because of an unconscious awareness of how powerful and primitive the desire, once aroused, feels. For such people to speak of wanting is not to speak of ordinary wanting, in which waiting is bearable, and disappointment manageable. The kind of wanting I'm talking about here is more like that of the young infant, whose needs are imperious, and for whom frustration rapidly feels like total disaster. In such a state, the subject may fly into murderous rages of frustration and possessiveness, and have to deal with terrible anxiety and guilt about these impulses. Thus it feels to some that rather than wage war on want by finding solutions to deprivation, and putting up with disappointment, it is safer to wage war on all wanting; a state akin to death. (‘War on Want’ – the apt name of a national Charity – can have two very different meanings.) I'm reminded of Aesop’s fable of the grapes, retold in Sartre’s Sketch for a Theory of the Emotions (1962). A man is on a long journey by foot, on a hot day. He is thirsty and hungry. Above the path, he sees delicious-looking grapes. He tries hard to reach them, but they are always beyond his grasp. He says to himself: ‘The grapes are unripe and I don’t want them anyway.’ This man transforms his world, his perception, in preference to having to bear disappointment.

Another source of self-limitation or lack of ambition to learn is the anxiety that if one becomes successful one is bound to get over-excited, and show off, gloat and humiliate others. I had a patient whose inability to speak in seminars was based on this fear, which carries for him the unconscious meaning that he would thus be up-staging and displacing his older brother, who was in fact a politician who made frequent public speeches. The fantasy was that all relationships are modelled on a stereotype expressed by the children’s chant of ‘I’m the king of the castle you’re a dirty rascal’ – that is, that one is either on top looking down, or underneath huddled in the mud at the foot of the wall. Some prefer to be dirty rascal at the bottom of the pile, rather than carry the burden of arrogance and superiority of being up in the castle. Such a student may then put the teacher on a pedestal like an idol, and followed uncritically and passively – another outcome that spoils the interaction.

On the other hand, people fear to learn, or to allow themselves to be taught, because of a conviction that the other will triumph over them. We see ordinary examples of this in students – or others – who are extremely touchy about criticism.

In extreme cases, the fear is of a psychological disaster. A patient asked for extra sessions. This meant an admission that she wanted or needed me. Next session, she was in dread; it seemed that the wanting had been partly evacuated, and the image of what she felt like was a shameful abortion, a mess of shit and vomit, without bones or structure. This represented, we came to think, the outcome of the kind of desire that feels almost unbearable; a sort of skinless or mindless chaos. Another example is the anorexic, who may believe that she is liable to be invaded and colonised, forced for example to become a clone of the
parent or the parent substitute. People whose fears are so much matters of life and death may be receptive to learning only if the learning situation is felt to be sufficiently distant from their real selves, which remain utterly vulnerable to any such emotional closeness. And it is often the case that young people suffering from anorexia or bulimia are successful at their studies partly because the intellect is an area where the other is allowed a degree of access, since nothing of it touches their inner selves.

4ii). Envy. For some people, feelings of dependence or actual or perceived inferiority in any department of life arouse powerful inclinations to spoil what the giver has to offer, and undermine any situation or relationship that embodies this scenario. Dependence may, as I have suggested, be associated in their minds with being small, humiliated, abused, or triumphed over. (They may have played the dirty rascal to someone else’s king in the castle.) The situation I am trying to describe here involves people who are unable to tolerate being indebted to another because of envy. They are inclined to spoil what is good rather than allow the other to earn admiration or gratitude. They cannot bear anything good to exist that they feel does not originate in themselves. ‘The patient was angry and I wasn’t even trying to help’.

A patient of mine found fault with everything I said. For some time I assumed I was getting things wrong, being stupid or unthinking or out of touch. But I came to see that I was not always in the wrong, and that, moreover, sometimes his greatest attacks came precisely when I did have something worth saying. I decided to take a stance when I felt I was on fairly sure ground. I maintained my stance over several sessions, in which I tried to show him how he repeatedly preferred to be triumphant and superior to me rather than acknowledge that I might, in this instance as in others, have something to offer him. Towards the end of this period the patient had a dream of two swimming pools; one was full of playful and friendly dolphins, the other full of sharks. I saw this as his realisation of two aspects of his own mind, as well as of the analysis. In one version there was a possibility of friendly relations, in which dolphins can for example help stranded humans. The other version speaks for itself in its picture of his predatory attacks on my ideas.

4iii). Arrogance. Such a state of mind, which is closely related to both previous categories, fear and envy, is another source of difficulty in learning. But it is worth a category of its own, for it is so prevalent, sometimes in open ways, often in hidden ways.

I think that there is a link between arrogance and both envy and fear. The frightened person may come across as arrogant to disguise the fear. The envious person too often adopts a superior attitude, trying to bring down the envied other, including the ‘teacher’. There is also an excitement in the sense of power and triumph that this gives, which accounts for some of the intransigence of arrogance and superiority. There is a lure in such a stance. We rid ourselves of our own feelings of smallness by becoming big and powerful, and making the other person small. We are gratified by puffing ourselves up and gaining the
cheap applause of the gang. This is indeed a kind of gang mentality lying behind some of the hostility to learning and to the feelings of vulnerability that being open to learning or embarking on education can evoke.

At the age of 22, I was selected as a young hopeful for the MCC tour of South Africa. I started well enough. Predictably and correctly, I was left out of the test matches, and had to get on with things in the nets. I was bored. But worse than this, I was resistant to learning – though I would have denied it at the time. One day, at Durban, a sallow man in a brown trilby hat, who seemed then very old to me (he was 63), stood behind the nets watching me bat against my colleagues David Brown and Robin Hobbes. At the end, he politely asked if he could have a word with me. My arms and hands, he suggested, were too tense, especially the left arm. I was, on the surface, polite. But I wasn’t really convinced. I was unable to distinguish between relaxation and looseness, and went on as before, becoming less and less effective. The man who had offered this advice was Walter Hammond, one of the greatest batsmen ever, who was at that point, I learned later, dying of cancer. I am almost certain that I knew who he was, either at the time of his intervention or immediately after. This I think was my lowest point, or my most arrogant point; I was like a young violinist refusing a tip from Maxim Vengerov.

In fact, it was only years later that I was able to take this important piece of coaching in, and even then the lesson needed reinforcement from time to time, when my anxiety increased. In 1974, Middlesex played at Birmingham. I scored a pawky 74. When I got out, I went and asked the advice of Tiger Smith, then around 90, and nearly blind. I had it on good authority that he had been an excellent coach. Tiger was sitting in the players’ dining room. He told me to stand as if about to bat, with his walking stick for a bat. He then pointed out to me that I was frowning, and that my hands and arms were gripping the bat tightly. ‘What are you afraid of?’ he asked. ‘You won’t see the ball better for frowning. And you won’t hit it harder for gripping it so tightly. In fact, you won’t hit it anywhere like that. Batting isn’t a matter of strength, it’s timing’. He used almost the same phrase as I had been offered as a schoolboy 18 years before: ‘take your hands through the line of the ball’. This time I did take the lesson to heart, though I needed a top-up five years later, from Ian Botham, in Australia, when I had again become anxious and tense. He showed me his batting gloves, hardly marked by pressure on the bat handle. Here was a man who could hit the ball as hard as any batsman in the game, and he didn’t have to clutch the bat like a murderer with a mallet.

My question is: why did it take me so long to allow house-room in my mind for this simple, but vital, point? Was I arrogant, or suspicious, or frightened of being too loose, or plain stupid? It is difficult to allow in the truth. I was at a partly unconscious level arrogant. I think I believed that no one could really tell me anything. This contrasted with my conscious belief that I was modest and open to advice – which over certain areas was also true. I think I oscillated between two positions, in both of which I was difficult to help. One was
what I have just described – I was above need for help. The other was a state of inferiority, fear and uselessness. In this latter place there was hardly room for a thoughtful or careful piece of advice to be taken in, reflected on, tried out, and either accepted as suitable for me or not. Indeed, the arrogance can be a carapace against allowing anxiety to show. The outcome was these oscillating states of mind, both of which were hostile to learning. There was something extreme about both states. I functioned at times as if new ideas were a threat to me.

One thing I have learned as a result. I can’t take it for granted that when I ask someone to take something in now, he will be altogether different from me.

5. OBSTACLES ON THE SIDE OF THE TEACHER
There are also of course obstacles to the teacher/learner relationship that spring more from the personality and methods of the teacher. I don’t need to spend so much time on this, as these situations are the objective correlates for the negative attitudes in students that I have been discussing; for the teacher may actually be intimidating, contemptuous, superior, inept, or insensitive to the level of the students.

One element in the art of teaching is to know how much to spoon-feed and how much to let students work things out for themselves. Both errors occur. As teachers, we can go too slowly, or too narrowly, when the students need a more substantial meal, and are equipped to use their own minds and resources to find out for themselves or develop their own points of view. Teachers can on the other hand lack discipline themselves, and leave the students at sea; or we may over-estimate their independence or level of capability. In both cases we fail to understand or take into account where the students actually are.

When things go well there is in the teacher a tactful and intuitive sense of how far to push his students. It is important to let them make jumps that they are on the point of being able to do for themselves, so that they feel they own the new knowledge, whether practical or theoretical. In teaching a young child to ride a bike, there comes just the right point to let go of the saddle. I once watched a monkey and her baby in a temple compound in Udaipur, India. The mother went slowly to the end of a branch, her small baby behind her. She stopped, and jumped across to the other tree. The baby looked nervous. He peered down, and across. Mother looked studiously away. He then jumped, to join her. Here, mother could gauge exactly the baby’s capacity. In such situations it is important not to interfere. Busy-bodying around may interfere with the development of Keats’ ‘negative capability’, and destroy a proper confidence and growth of independence.

Teachers can bewilder and confuse by bad timing, packing too much into the last part of a lesson or term (or session, in the case of psychoanalysts). Or they may try to be too radical for the time scale available. On one England cricket tour, I intervened against well-meaning attempts on the part of coach Ken Barrington to change the batting grip of Brian
Rose. I felt it was too radical a change for such a crucial – and brief – moment in this player’s career. That sort of advice would best have been left until the player had a few weeks without cricket in England. Teachers may also confuse by trying to address too many things at once. One coach I knew used to interrupt net practice after every few balls, going down to give the young batsman advice on almost every aspect of batting technique. These poor youngsters were like centipedes being asked to concentrate on each leg before taking a step, and looked bewildered and demoralised. If centipedes had to endure such coaching they would end up helpless on their backs.

A patient of mine suffered from paralysing obsessionality. She felt obliged or compelled to check madly. I patiently tried to help her understand her reasons for this, such as that she was terrified of the damage she might do if she did not watch her every move. But after a long time, I eventually said to her that she had to decide whether she was willing to be courageous, and begin to let go of this source of (distressing) security. The question was whether she was willing to learn to tolerate and live with the risk of anxiety and emptiness involved in not checking. She was at first furious with me. But she then remembered the second driving instructor who had said to her that she really knew how to drive; his question was, would she decide to do so or not? He could not make her. For me as her second analyst, just as for her driving instructor, it was necessary to combine confrontation with patience and understanding. In the end, it’s up to the student whether he or she makes anything of an opportunity or settles back into some less uncomfortable alternative. The psychoanalyst Ronald Fairbairn (1952) wrote of the ‘technique of describing scenes enacted on the stage of inner reality without any significant participation on the part of the central ego either in these scenes or in an effective object-relationship with the analyst’. He continued: ‘One of my patients, who was a past master in this technique, said to me one day. ‘Well, what are you going to do about it?’ By way of reply I explained that the real question was what he himself was going to do about it. This reply proved highly disconcerting to him, as indeed it was intended to be because it faced him abruptly with the real problem of the analysis and of his life.’

6. CONCLUSION
It should be clear from all this that though in many actual cases the process of teaching and learning proceeds in a creative and productive manner, there are other instances or periods of time where there are all sorts of obstacles to the process. I have merely touched the surface of some of these obstacles.

At one end of the spectrum, teaching and love overlap. A mother receives, takes in, her infant’s pain, confusion, fury. She attends to it in a special way, with loving attention, trying to make sense of it, trying to help her baby, enabling the baby to begin to make sense of its own emotional and familial life. Trial and error is part of this, but so too is reflection, or reverie (Bion’s term), in coming to understand her baby’s difficulties. The mother is able to give the panicky or unreflective process that originates in and from the
baby the beginnings of structure and meaning. The baby is thus helped in the long process leading to the capacity to think feelingly, or to feel thinkingly. The creative teacher, and also the psychoanalyst, also give to their charges a form of tough loving attention, which echoes those earliest experiences.

Like the parent, the teacher too needs to contain the student’s anxiety, that is, have some interest in where he is, what his anxieties are, where he comes from, what his level is. He or she also needs to permit and/or provoke anxiety, challenging complacency, and making use of anxiety as a motive for work. Obviously, the larger the group, and the more like an isolated lecture the teaching event is, the less room there is for individual differences. But even here the interactions between teachers and students are part of the teaching process. The emotional valences and attitudes towards the teacher and the teaching situation include primitive group processes that can be deeply hostile to allowing the task to be successful. In other cases, the students may value the truth more, and be able to face obstacles in the task patiently and resourcefully. Good students can also make the best of a bad job, that is of a less than excellent teacher (or analyst), or of a relationship in which there are tensions and struggles. Similarly, good teachers make the best of less than excellent students.

To sum up: To grow crops you need good seed. But you also need fertile ground. And a great deal of time in agriculture is spent in preparing the ground and protecting the growing shoots.

REFERENCES
The Development of Educational Therapy
and Some Other Applications Of Psychoanalytic Thinking
To Education In Great Britain

Helen High

IRENE CASPARI AND THE ROOTS OF EDUCATIONAL THERAPY

Educational Therapy was developed by the late Irene Caspari, in her work as a psychologist in the Department for Children and Parents at the Tavistock Clinic in London, from 1954 until her death in 1976.

Caspari came to England from Germany in the 1930s, at the age of twenty, to escape Nazi persecution. Within a few years of her arrival in England, she trained as a teacher at the Froebel Institute and took up her first teaching post in 1940. After thirteen years of teaching in both primary and secondary schools, she trained as an educational psychologist at the Tavistock Clinic in 1953 and was appointed to the staff there the following year.

Among her wide-ranging interests in the field of learning and teaching, Irene Caspari developed a special interest in children who had specific difficulties in learning, particularly in learning to read. Among the referrals to the Tavistock Clinic, she encountered children who were failing to learn to read although there was no apparent cognitive or perceptual difficulty to account for their failure. In fact some of them, on psychological testing, proved to be above average in intelligence; some had also failed to benefit from skilled specialist teaching methods which had proved helpful to other children of similar ability. These difficulties presented her with a puzzle and a challenge.

PSYCHOANALYTIC INFLUENCES

In attempting to understand these problems, Caspari was open to new ideas. She was influenced by psychoanalytic thinking through her training, her own personal psychoanalysis and through working with colleagues at the Tavistock Clinic. John Bowlby was Chairman of the Tavistock Clinic Department for Children and Parents at the time and a close colleague in the multidisciplinary clinical team there, as well as heading a Child Development Research Team in the sister organisation, the Tavistock Institute of Human Relations. He, together with the research findings and the body of theory, ‘Attachment Theory’, which arose from his work and that of his collaborators, were important influences on Caspari (Bowlby, 1953, 1958 & 1969). She also read other relevant psychoanalytic literature. Stimulated by what she learnt from these sources, she became interested in and began to understand the emotional factors that contribute to learning difficulties.
Psychoanalytic writings that influenced Caspari’s thinking were Sigmund Freud’s works (Freud, S. 1912 & 1926) and Anna Freud’s *The Ego and the Mechanisms of Defence* (Freud, A. 1948). In her particular area of interest, that of learning inhibitions, influential works were James Strachey’s *Some Unconscious Factors in Reading* (Strachey, 1930), Melanie Klein’s *A Contribution to the Theory of Intellectual Inhibition* (Klein, 1931) and Phyllis Blanchard’s *Psychoanalytic Contributions to the Problems of Reading Disabilities* (Blanchard, 1946). These highlighted unconscious conflicts about aggressive impulses and fantasies, particularly sadistic oral, anal and sexual phantasies, as common underlying factors in learning inhibitions in reading.

James Strachey suggests that the activity of reading involves the sublimation of these unconscious trends, but where the sublimation is incomplete or has broken down, ‘the reading will meet with the hindrances which would have been put in the way of the unmodified trends’. That is to say the child may develop a learning inhibition in reading in the same way that the unsublimated aggressive and sadistic impulses would be inhibited. This kind of breakdown in sublimation and its effect on the activity of reading can be thought of in relation to Hannah Segal’s concept of the symbolic equation. She wrote about a schizophrenic patient who felt completely unable to play the violin as, to him, it would be the same as masturbating in public. In his case, the unconscious fantasy associated with violin playing was no longer unconscious, the sublimation had broken down completely and, instead of violin playing symbolising masturbation, the two activities were felt to be identical. Similar “equations” between the activity of reading and activities, impulses or fantasied actions which are felt to be unacceptable can lead to anxiety and inhibition about reading. The ‘forbidden’ impulses and actions are not always fully conscious, however, as they were in the case of Segal’s schizophrenic patient (Segal, 1957).

Strachey suggested that oral components were perhaps predominant in the unconscious background to the activity of reading. He cited as evidence the number of expressions commonly used about reading which involve metaphors of oral and digestive activity. He gave examples of describing a person as ‘a voracious reader’ or ‘an omnivorous reader’ or as ‘devouring’ the pages of a book or ‘browsing in a library’ and talking of books as ‘unwholesome’, ‘stodgy’ or ‘indigestible’.

Caspari found the oral metaphor useful in thinking about the teaching-learning situation. She compared the role of teaching a child to read with that of a mother feeding an infant. Where a baby has feeding difficulties, she suggested, ‘the mother will take special care to see that the food is appropriate and to present it to the child in the way he can take it and at the right time for him’. Similarly, she suggested that, especially for the child who has difficulties in learning to read, with associated anxieties and emotional conflicts, the teaching matter needs to be adapted to the child’s appetite and presented so that he can take it in (Caspari, 1974).
COMBINING TEACHING WITH PSYCHOANALYTIC UNDERSTANDING IN EDUCATIONAL THERAPY

On the basis of her developing understanding, Irene Caspari devised an original therapeutic approach to working with children whose emotional problems interfere with their capacity to learn. She combined specialist remedial teaching skills with insights derived from psychoanalysis, which she applied to the work in a variety of ways:

- Observing the child’s reactions within the teaching-learning situation and noticing the child’s responses to the learning task and to the worker in the teaching role.
- Using the concepts of transference and countertransference to help understand what is going on in the relationship between child and worker.
- Adapting the teaching approach to the child’s emotional needs and difficulties.
- Choosing the subject-matter of the teaching, or of games used as teaching aids, to address a particular preoccupation or emotional conflict of a particular child at a particular time.
- Introducing materials which encourage the use of imagination and self expression (toys, drawing and modelling materials etc.) but using a more structured, task-orientated approach than that used in psychotherapy.
- Considering the child’s self expression as communication within the therapeutic relationship and applying psychoanalytic thinking to the understanding of the child’s communications.
- Finding ways to communicate back to the child an understanding of his/her thoughts, feelings and conflicts. An indirect means of communication is often applied in this kind of work, making use of the child’s own metaphors by talking in displacement about, for example, the feelings of a character in the child’s own drawing or story.

In educational therapy, as in psychotherapy, a child is offered regular individual sessions with a worker and given opportunities for self expression. Unlike psychotherapy, however, part of the child’s session is normally spent on an educational task. While similar materials are provided for self expression as those used in child psychotherapy (toys, equipment for drawing, modelling etc.), a more structured approach, involving what Caspari termed ‘expression work’ is often used. For example, a child may be set a task which involves self expression, like doing a drawing or making up a story (in the case of a child who does not yet have sufficient literacy skills, the child is asked to dictate the story for the worker to write down). Expression work can be thought of as a special adaptation of the subjects in the school curriculum which lend themselves to self expression, such as Art, creative writing in English etc.

In the first place, Caspari introduced this way of working with children into the training of educational psychologists, as a refinement of remedial teaching. Later, she succeeded
in persuading the Local Education Authority to appoint a teacher to work on the staff of the Tavistock Clinic in order to contribute to this work. Muriel Barrett was the teacher appointed to that post. In time, the method of work became known as Educational Therapy.

FAMILY DYNAMICS AND EDUCATIONAL THERAPY
Towards the end of her career, the influence of family dynamics on children’s learning became another focus of interest. In this connection, Caspari was enlightened by studies which looked at patterns of family interaction that were found to inhibit learning, for example, *Reading Disability as a Condition of Family Stability* (Miller & Westman, 1964) and *Fathers of Sons with Primary Learning Inhibition* (Grunebaum et al, 1967). She was also influenced by Minuchin’s techniques in family therapy (Minuchin, 1974) and made use of some of them in piloting a method of educational therapy with families (Caspari & Campbell, in Caspari, 1980, Chapter 10.).

THE IMPORTANCE OF PLAY IN RELATION TO LEARNING
Caspari was very interested in Winnicott’s ideas about the importance of play in the development of the child from infancy onwards. The last paper she presented, at a weekend conference of the Forum for the Advancement of Educational Therapy, was on the subject of Play and Learning. In it, she outlined Winnicott’s concept of play as taking place ‘in the space between inner and external reality’. She went on to mention the stages of play Winnicott described, starting with solitary play in the presence of an adult followed by mutual play. She suggested that mutual play could be divided into two stages. In the first, the adult is careful to fit in with the child’s play, while in the second the adult brings his or her ideas into the play and there is more give and take between child and adult. She suggested that the development through these stages of play could be linked with the extent to which the playing child has to take account of external reality. She also suggested it was necessary for a child to have passed through these stages of play in order to be ready for learning educational skills such as reading, writing and arithmetic. In these activities, the child can only be successful if he or she is ready to go all the way in accepting the reality of the adult conventions for the symbolic representation of language and number. It follows from this that, if a child who is showing learning difficulties has failed to go through these stages of play, it is necessary to provide an opportunity for the child to do so in order to enable him/her to reach the stage of readiness to learn. Play is, therefore, a very important element in educational therapy (Caspari, 1980, Chapter 7).

LEARNING INHIBITION: SYMBOLISM AND DISTURBANCES IN SYMBOLIC THINKING IN RELATION TO INHIBITION OF ORAL AGGRESSIVE FANTASIES
Psychoanalytic writers on the subject of learning difficulties agree that arrest or disturbance in a child’s emotional development can interfere with cognitive functioning. They also agree that a learning difficulty can be a neurotic symptom or ‘learning inhibition’.
Reading and writing are symbolic activities. The written word is in fact a symbol for a symbol, as the written word is a symbol for the spoken word, which is a symbol for the object symbolised. Words, and letters in the words, can take on additional symbolic meanings invested in them by the projections of an individual child’s fantasies.

Phyllis Blanchard gave examples of two children who perceived the letter C as a biting mouth. She saw this as indicating the projection of their fears of retaliation for their oral sadistic fantasies (Blanchard, 1946). Kate Barrows describes a child she encountered, before she trained as a child psychotherapist, when she was working in an Adventure Playground. She described Leroy as “a wild seven-year-old from a violent background who seemed unable to learn to read at school.” She writes: “When we sat down with his reading book, he seemed afraid. I said, ‘You feel frightened?’ He said ‘Miss! Katy! I’m scared! They’re animals. That’s a lion, that’s a tiger, those sharp things are teeth!’ He looked as though he thought the words would jump off the page and bite him.” When encouraged to talk about it he gave a confused and excited account of bad fights his parents had at home and how he was scared. During a few half hour sessions of this kind, in which he poured out his anxieties, with Kate Barrows as an attentive listener, he gradually learnt to read (Barrows, 1984).

In her writings about educational therapy, Caspari illustrates work with children who showed a specific learning block in the phonic synthesis of simple words. She found evidence in some cases that the underlying emotional problems were connected with fantasies about the analytic breaking down of the word into separate letter sounds, which precedes the synthesis. She described a technique that she called ‘the cutting up procedure’ which she devised to use with children who showed this kind of difficulty. She gave an example of a nine-year-old boy, Jack, of above average intelligence, who was treated by a trainee with supervision from Irene Caspari. Jack’s reading age was three years behind his chronological age. He had no difficulty in learning letter sounds, but could only synthesise a word after he had recognised it as a whole word. The educational therapist made some reading apparatus, from blank postcards, to try to tackle this difficulty with Jack. On each card was a three letter word, written underneath a picture which illustrated the word. When asked to sound out and read the words without seeing the pictures, Jack found it very difficult to do so. He was then given the whole cards and asked to say the words. Next he was asked to cut each one up so that the letters were separated from each other and, at the same time, to cut through the drawing so that the picture was in pieces and could be put together again like a jigsaw puzzle. He did so with enjoyment. In the next session he was given several more cards to cut up and greeted the prospect with enthusiasm. When he picked up the first card – dog – he jabbed the point of the scissors at the picture of the dog, making aggressive noises “arrrg” and saying, “there’s blood, lots of blood.” His voice was tense and aggressive and he used the scissors in a violent fashion, as if attacking the dog in the picture, and said, “I’m killing it.” He cut up all the cards in this violent way, continuing to make aggressive noises and talk about blood and at one stage he said, “I’ll cut it all to bits.”
In the next few sessions, Jack’s performance in synthesising letter sounds was more erratic than it had been. The educational therapist supposed that it was his anxiety about the violent fantasied attacks, which he had enacted so vividly in his cutting up of the picture and word cards, that was inhibiting his performance. On the basis of this understanding she reminded him of the way he had cut up the cards. She told him that however much he cut up or slashed the words to bits it would not hurt or destroy the word, as the word could always be put together or built up again after it had been cut up. Jack responded dramatically to this by showing an unprecedented enthusiasm for synthesising words. It was the first time he had been able to synthesise a word he had never seen before and he was delighted to discover that he could read new words by synthesising letter sounds. He ended the session very pleased with himself and a few sessions later could synthesise three letter words reliably (Caspari, 1974 & 1980, Chapter 5).

The use of the cutting up procedure had stimulated the child’s expression of the violently aggressive fantasies associated with his difficulty in synthesising words. Expressing the fantasies, in a way that we might consider symbolic, did not in itself, however, relieve the learning block in relation to phonic synthesis. This suggests that Jack may not have experienced the words and pictures, and the activity of cutting them up, as truly symbolic. It seems that the relationship of the symbols and symbolic activity to the objects symbolised was probably more in the nature of a symbolic equation. This being so, his attacks on the words and pictures were felt to cause damage as irreparable as the damage he felt he had done in his aggressive fantasies of attacks on his parents and/or siblings. The cutting action of the scissors, and the invitation to cut through pictures, including pictures of animals (dog & cat), may well have stimulated oral aggressive fantasies. Biting is a cutting kind of action and the opening and closing of the scissor blades can look like the opening and closing of a biting mouth. By spelling out that the words were undamaged, and showing, by implication, her understanding of Jack’s fantasy that his attacks had damaged them, the therapist helped him to differentiate the symbolic activity of synthesising letter sounds from the vicious attacks represented by this activity in his internal world.

MELANIE KLEIN AND INTELLECTUAL INHIBITION
Irene Caspari’s understanding of these phenomena was informed by the work of Melanie Klein, in particular Klein’s writings on the paranoid schizoid and depressive positions (Klein, 1921-1945) and on intellectual inhibition. In her paper A Contribution to the Theory of Intellectual Inhibition, Klein put forward the idea that curiosity about the mother’s body, its contents and its functioning lies at the root of the desire to learn. She writes:

It is essential for favourable development of the desire for knowledge that the mother’s body should be felt to be well and unharmed. It represents in the unconscious the treasure-house of everything desirable, which can only be got from there.
She suggests that, as a result of angry sadistic attacks in fantasy, the mother’s body is felt to be too badly damaged then it is experienced as too dangerous to learn about. Displacement or projection of these anxieties and fantasies about the mother’s body onto other activities can then lead to learning inhibitions.

Klein gives an example of a seven-year-old boy in psychoanalysis who had difficulty in learning certain French words, as he always confused them with each other. The words were *poulet*, chicken; *poisson*, fish; *glace*, ice. She discovered from the boy’s associations to these words that they were all connected in his mind with fantasied violent attacks on his parents and younger brother. These included fantasies of poisoning them with his urine and faeces and poison was equated to *poisson* in his mind. As the words were all dangerous, and they all meant the same to him because of these similar associations, he was unable to distinguish between them. When Klein had enabled him to make these associations and had analysed the destructive fantasies, which had previously been unconscious, the boy was able to understand how his confusion had arisen. After this, he was able to learn to differentiate the French words without further difficulty (Klein, 1931).

Klein conceived of ‘the depressive position’ as a critical developmental stage. She suggests that, at first, an infant experiences the mother as ‘good’ when feeling good towards her, as after a pleasurable and satisfying feed. When the baby feels bad towards her, however, perhaps frustrated and angry because the mother has not responded to his/her needs, the baby perceives her as an entirely different person, someone ‘bad’. Klein suggests that when, over time, the infant realises that the mother to whom he/she sometimes feels intense hatred and destructive rage is the same mother that he/she loves and needs, feelings of guilt arise. Positive feelings make the child wish to protect the mother from his/her rage and to repair the damage he fears his rage and the fantasied aggressive actions may have done to her. For children whose aggressive impulses feel very intense and damaging, the anxiety arises that the task of reparation may be enormous, or even impossible.

This was Caspari’s, and her supervisee’s, understanding of Jack’s fears about the words he felt were irreparably destroyed when he cut them up or split them up into the separate letter sounds. They understood that in Jack’s mind the words had come to represent his internal objects. Jack’s therapist worked with these anxieties in displacement by talking, in the metaphor, about his feelings about what he had done to the words. This illustrates the difference between Caspari’s method and the psychoanalytic method used by Melanie Klein of direct interpretation of underlying unconscious fantasies of attack on the internal representations of the child’s family members, or in psychoanalytic terminology his ‘internal objects’.

Klein’s patient was receptive to direct interpretation of his feelings and showed relief when the frightening unconscious fantasies underlying his anxieties and learning inhibitions
were understood and made conscious. Some children, however, are resistant to and defensive about discussing their feelings, even conscious feelings, directly, but are able to respond to the opportunity to express and discuss difficult feelings indirectly, at one remove. Elsie Osborne, a psychologist colleague of Irene Caspari’s at the Tavistock Clinic, who succeeded her as Organising Tutor of the Educational Psychology training there, worked with such a child.

At the age of ten this boy was in a very precarious family situation. The family was breaking up and he did not know where he would be living next, or with whom. In his educational therapy sessions during this time, if asked how things were at home, he always said everything was fine. He could not bear to talk about the real situation. In his educational therapy, however, he made up and dictated a serial story, which continued from session to session, about a lonely little donkey. In the story, terrible things kept happening to the poor little donkey. He illustrated the story with drawings and the educational therapist wrote the story down for him. She also talked to him about how difficult it was for the donkey when all these dreadful things were happening to him and they were able to discuss the poor little donkey’s feelings.

Through what Elsie Osborne termed this child’s ‘oblique autobiography’ she was able to empathise with, and show understanding of, his painful feelings through his chosen metaphor of the poor little donkey. He was able to discuss and think about his feelings out there, at some distance from himself, in the character of the little donkey. He had the choice of applying what was said about the donkey’s feelings to himself, if he felt ready to, but if he was not ready to, he could think of the feelings in terms of the donkey, a bit removed from himself.

**LEARNING INHIBITION AND ANAL AGGRESSION**

Anal conflicts can also be associated with learning difficulties. A seven-year-old boy, Robert, with reading difficulties, came into educational therapy with me. A year earlier, his father had been tragically crushed to death in an accident during the course of his work. In one of his sessions, Robert was painting on a large sheet of paper attached to an easel. On a table, near the easel, he mixed several different coloured paints together in a yoghurt pot, which had started off containing water for use with the paints. As inevitably happens when many colours are mixed together, the paint mixture ended up a muddy brown colour. He then modelled a piece of plasticene into a small cup shape. He filled this with brown paint water, then sealed it over with more plasticene so that the paint water was enclosed within a hollow plasticene ball. He threw it at the paper on which he had been painting, saying it was a bomb. He then made more ‘bombs’. I laid paper under the easel to catch any drips or splashes that might run down onto the floor. He threw several more of these plasticene bombs then, finally, he sealed the top of the yoghurt pot containing the rest of the paint water with a layer of plasticene and threw the pot at his painting. Brown paint water ran down the paper in a smeary mess. Robert then went over
to the easel and, by running his finger through the layers of wet paint on the paper, traced out the letters: s-h-i-t. I responded to this by saying, “Oh that’s what it is, is it?” Robert answered, “Yes.” I went on to say, “And I think you want me to clear it all up just like a Mummy clearing up a baby’s nappy.” He replied, “Yes, just like that”. (Direct interpretations like this tend to be used in educational therapy only when the fantasies expressed have become conscious or are at near conscious level.)

Robert then went over to a desk on the opposite side of the room, sat down and made a line drawing, in which he represented himself by a stick figure with the letter R above it. In the picture, he was throwing ‘bombs’ at the easel. The easel was represented in side view by a line running down the page, while immediately behind the easel was another stick figure with my initial above it. Some of the bombs were drawn hitting the easel. Others were drawn in flight, on their way to the easel, while one or two were clearly on their way over the top of the easel and were likely to hit me! This clearly symbolised an attack on me with his faeces, which were felt to be dangerously explosive. I concluded that, in his case, anxieties about anal-sadistic fantasies, as shown in the transference in his drawing of the ‘shit’ bombs, were related to his reading difficulty. Such fantasies are also likely to have caused him additional anxiety and feelings of guilt about his father’s violent death.

**AVOIDANCE OF OEDIPAL CONFLICT**

Another of Caspari’s examples of a child who could not synthesise three letter words was a ten year old boy. In talking about a three letter word he said that the first letter was the father, the last letter the mother and the letter in the middle the child. Caspari writes, ‘His mother reported that he insisted on watching television at night from his bed. This was only possible if the door was left open and the parents put their chairs on either side of the door. In this way, the familiar pattern of the child coming between the parents was repeatedly enacted in the home, and the inability to analyse and synthesise a three letter word seemed to be directly related to this situation.’ (Caspari, 1980, Chapter 5). No doubt the parents’ collusion with his demand to watch television, in a way which let him feel he could come between them, hindered him from coming to terms with the oedipal position of feeling excluded from the parents’ relationship. His non-acceptance of this position entered into his resistance to learning to blend three letter words, as keeping the letter sounds separate represented his determination to keep the parents apart.

**LEARNING INHIBITION, SEXUAL GUILT AND CONFLICT ABOUT COMPETITION**

Molly, a ten year old girl of above average intelligence with a reading difficulty, received child psychotherapy. She told her psychotherapist that the letters in the words on the page seemed like human figures to her. She also revealed that she felt guilty about having indulged in sex play with her younger brother in which their bodies were pressed against each other. Blending letter sounds together to make a word reminded her of the sexualised body
contact between her and her brother, so reading made her feel guilty and she resisted it. When these conflicts had been successfully analysed, her psychotherapist referred her on to me for educational therapy. The therapist mentioned that Molly was anxious about being rivalrous and competitive and this anxiety could also be inhibiting Molly’s learning. She seemed to fear that if she was too successful in competing with her peers, and beat them, she was being destructive to them. As she was highly intelligent and had the potential to beat most of her peers in academic work, this anxiety held her back from the level of achievement of which she was capable.

I addressed this area of conflict by introducing competitive games into Molly’s educational therapy. We played board games involving skill, for example draughts. As Molly was intelligent enough to compete with me on more or less equal terms, she could quite often win without my doing anything to make it easy for her to do so. As time went on she increasingly enjoyed the competition and became more comfortable about winning. I feel sure that the fact I could enjoy her winning, and not feel threatened or upset by her ability to do so, freed her to enjoy being competitive. I think it gave her permission to compete without feeling guilty and to win if possible. In this way she was able to work through her anxieties about competition. The competitive games took up the first half of each session and for the rest of the session she read aloud to me and I helped her only when she got stuck with a word. She was in educational therapy for a year and made rapid progress in reading during this time.

DIFFICULTY IN SYMBOLIC THINKING: FANTASIES OF ORAL AND GENITAL AGGRESSION

A further example of the difficulty in differentiating the symbol from the object symbolised was shown by Nicholas, who had difficulties in both reading and writing. The quality of his handwriting was very variable and he was especially resistant to writing. He used a pencil and plasticene in his educational therapy sessions to express violent fantasies with oral and sexual content. In one session he made a bed from plasticene. The proportions of the bed made it clear that it was a double bed. He decorated the bed cover with flat circular floral shapes then finished the pattern by piercing the centre of each of these shapes with a pencil. This was done with violent jabbing actions, which penetrated right through the bed. Any occupants of a bed treated in that way would certainly be severely lacerated.

In a series of later sessions, he made plasticene heads in which he made holes by stabbing the pencil into them. Each time he did this he said the person had been shot. On one occasion, he made holes in the forehead of one head and holes in the mouth and nose of another. Then he made two more heads, one of which had two fangs, rather like Dracula, while the other had two holes into which he fitted the fangs. This looked like an attack by a vampire. On another occasion, soon after his regular sessions had been interrupted by a holiday break, he made a model of his (male) therapist’s head. He took a pencil and stabbed it into the cheek of the model, he then asked his therapist “Does that hurt?”
When he had expressed these violent fantasies in his sessions, the reading he did in the latter part of the session was noticeably better than usual.

Nicholas’s educational therapist worked with him for a year, then left the clinic. Another therapist worked with him for the following year. I supervised both therapists. The second therapist noticed that Nicholas often had difficulty in reading the words bed, pen and pencil. I remembered, of course, how, with his previous therapist, he had used a pencil in a violent fashion in making a bed. It seemed to me that the words bed and pencil (and pen as linked with pencil) were associated for him with violent fantasies of the kind he had portrayed in the way he stabbed his models with a pencil.

Subsequently, Nicholas’s teacher showed his therapist a piece of written work he had done in class on the set topic of ‘What Goodness Means to Me’. His handwriting was all over the place, varying in size from word to word. It looked as if it was written by someone with very poor co-ordination. The therapist decided to explore the opposite side of the coin in his session with her by asking him to write about ‘What Badness Means to Me’. He was resistant to doing this and seemed anxious about it, but eventually complied. He wrote, ‘Badness is cutting someone’s head off. Badness is cutting someone’s toes off. Badness is squashing someone’s head.’ However, his writing was very neat and even and looked like the product of a well co-ordinated hand. This contrast was very interesting. His writing was bad when he wrote about goodness, but good when he was encouraged, or given permission, to write about badness. It seemed as if his bad feelings had to come out in one way or the other, either in the bad writing or in the content.

Nicholas’s material provides another example of a ‘symbolic equation’. He was in some doubt as to whether the symbolic act of stabbing the symbolic representation of his therapist’s head would hurt the real person. Similarly, I think he found it difficult to separate the use of a pencil as a dangerous weapon, as shown in these fantasied attacks, from its other uses. For him, it seemed to become a dangerous weapon and therefore writing was to be avoided as a potentially dangerous activity.

In one instance, when he enacted the vampire-like attack by one plasticene head on another, the fantasy was clearly of oral aggression. As the ‘fangs’ of the ‘vampire’ fitted into holes in the other head made with a pencil, it seems clear that pencils were equated with sharp teeth in this instance. In using the pencil, ostensibly to decorate the cover of a double bed, but in a way which violently stabbed through the bed, it seems likely that he was enacting a sadistic sexual fantasy of an attack on the parental couple. This was probably a masturbation fantasy in which pencil and penis were equated. His inhibitions about writing, then, could stem from anxieties about the pencil being linked in his mind with both oral and genital sadism.

One of Irene Caspari’s contentions was that inhibition of the expression of aggression was
a major psychological factor underlying emotionally determined reading difficulties. She came to realise that, where a symbolic act was felt to be the same as the real life action symbolised, even the symbolic expression of aggression could feel dangerous. She viewed educational therapy as giving the child an opportunity to discover that aggression could be expressed safely in symbolic form. In some cases, this involves the need to express confusion between fantasy and reality and to work on sorting out the distinction between the two. This was shown in Nicholas’s reality testing with his therapist by asking “does that hurt?”, having “injured” the plasticene effigy of his therapist.

**USE OF STORIES AND GAMES IN EDUCATIONAL THERAPY**

Caspari also made deliberate therapeutic use of stories and games that involve aggressive themes. She stressed that stories which involve aggression used in a good cause can give the message that aggression is not always bad. An example she used was the story of Robin Hood, about an outlaw who lived in the forest with his band of men who robbed the rich to feed the poor and fought against oppressive authorities who discriminated against the poor. She used games in Educational Therapy to make the routine aspects of learning more fun. She selected games, such as hang-the-man, for their aggressive content so that the game gave the child permission to express aggression harmlessly. Hang-the-man is traditionally used as a spelling game, but it can be adapted for use in conjunction with other educational tasks such as reading or arithmetic. Caspari also devised a scoring system whereby the child scores a point for every item in which he succeeds, such as reading a word, while the educational therapist scores a point if the child fails the item. This addresses conflicts about learning which are related to the child’s anxieties and conflicts about competing with others. Failing where his/her peers succeed can feel humiliating to a child and make him/her feel envious and resentful of those who succeed. Equally, a child who is afraid of competing may feel bad about the prospect of outdoing his/her peers, humiliating them and arousing their hostile envy. Some children who are very resistant to being taught by an adult are expressing their aggression in a passive way through the resistance to learning. They defeat the adults’ efforts to teach them, so they could be said to win by failing.

In the scoring system which Irene Caspari devised, the child can only win by succeeding in the learning. If the child fails more than he/she succeeds, the educational therapist wins the game. On the other hand, if the child wins the game he/she is succeeding in the learning task and the educational therapist is, therefore, succeeding in teaching the child, so both win. In this situation the child also knows that the educational therapist will not feel humiliated or resentful about losing the game because he/she is pleased that the child is learning. This puts the child in the position of what Caspari termed ‘a benign double-bind’. The additional element of an aggressive fantasy theme in the game, (e.g. ‘hanging’ the other person in the hang-the-man game by scoring enough points to complete a stage by stage drawing of a ‘hanged’ man within the game) gives the message that the therapist can accept the child’s sublimated aggression.
Games may be used, or invented, to address a particular conflict as it arises in the work with a child. Caspari quotes the example of a 13 year-old boy, Andrew, who was reading quite fluently at an eight to nine year-old level. Unexpectedly, he started to make mistakes in which he reversed common words like ‘on’ and ‘no’ or ‘was’ and ‘saw’, but could correct himself when his mistake was pointed out. He encountered great difficulty, however, when he tried to read the more complicated word ‘empty’ backwards. As the letter ‘y’ in English makes a different sound at the end of a word from its sound at the beginning of a word, he became confused about how to sound it when he tried to read it as if the last letter was the first. In any case, that word would not make any sense read backwards. At this point, the educational therapist stopped the reading and introduced a drawing game of opposites. This decision was based on her understanding that these mistakes were an expression of Andrew’s opposition to her. Reversals had not been characteristic of his reading mistakes in the past so they were clearly not due to perceptual problems. The therapist drew a picture of rain and asked Andrew to draw the opposite. Then Andrew had a turn to draw a picture and she drew the opposite. They continued in this way, taking turns. Gradually, more sophisticated qualities were depicted in the ‘opposites’ portrayed, such as happiness and sadness, building up and destruction by fire.

After this indirect communication from his therapist that she understood his impulse to oppose her, and her giving him an opportunity to express it within a game, Andrew ceased making that type of mistake in his reading. This is a very clear example because of the sudden appearance of the symptom of reversal and its equally quick disappearance in response to the educational therapist’s intervention which addressed the underlying opposition to her (Caspari, 1980, Chapter 5).

**CONCURRENT CONTRIBUTIONS BY CHILD PSYCHOANALYSTS AND CHILD PSYCHOTHERAPISTS TO THE STUDY OF LEARNING DIFFicultIES**

While Irene Caspari was developing her approach to working with children with learning difficulties, there were others in the fields of child psychoanalysis and child psychotherapy in the UK and the USA who were treating children with learning problems and publishing their findings. Psychoanalysts in both countries were also putting forward theoretical ideas about the way learning processes originate during infancy and the conditions that need to be fulfilled before the infant, or child, can develop the capacity to think and to learn. They placed particular emphasis on the importance of the early interaction between infant and mother, including the feeding relationship between baby and breast and the mother’s receptiveness to the infant’s needs: (Isaacs, 1952), (Winnicott, 1958), (Bion, 1962), (Ekstein, 1969).

*The Psychoanalytic Study of the Child*, published in the USA, but with British members on the Editorial Board, produced some relevant articles, including Phyllis Blanchard’s paper, already mentioned as an influence on Irene Caspari. Another was a paper by Marvin
Ack of The Meninger Foundation, Kansas, USA. His paper was entitled: *The Treatment of a Case of Developmental Retardation* (Ack, 1966). In it, he described the psychoanalytic treatment of a 5 year old girl who was retarded, delayed in speech and emotional independence. She was also unable to play or relate to other children. She showed separation anxieties from her mother at the outset of treatment which also appeared strongly in the transference whenever there was an interruption in the therapy.

In interviews with the mother it came out that Julie’s speech had begun to develop normally until twice, at the ages of two and two and a half, she had been left for two days in the care of her very strict non English speaking maternal grandparents, without preparation. From then on, Julie ‘stopped talking and would scream violently whenever her mother tried to talk with her.’ At first, she did not speak at all in her analytic sessions. Through her play with the dolls and doll’s house she enacted fantasies involving a great deal of oral aggression and thinly veiled sexual activity.

In a later phase of the treatment, when much work had been done on her separation problems, she reacted to an interruption in the treatment with excited exhibitionistic behaviour, lifting up her skirt on various pretexts. Her analyst started telling her a story about a fictitious girl patient who lifted up her skirt in front of him to show him something she did not have. Julie joined in the telling of the story by saying it was a penis and the girl was angry. She asked for a repetition of the story and this time said the girl was angry “at her mother.” She used regression and seductive sexualised behaviour as defences when she was anxious, as happened when she was due to transfer from nursery school to kindergarten. She frequently played games of school in which she played a punitive teacher and made her analyst the pupil. However, it became clear through the games that she was capable of many activities expected of kindergarten children.

On the basis of his understanding of Julie’s defensive regression, her analyst liaised with the nursery school teacher, encouraging her to make more demands on Julie and set firmer limits in relation to her use of crying and temper tantrums to get out of doing what the other children did. This proved very successful so that, although Julie was acutely anxious in the period leading up to the school transfer, she settled into the new school after some minor initial difficulties and her behaviour and academic progress there proved excellent. It also emerged that she used her speech difficulties defensively. She reached a stage where she would try hard to converse with her analyst and participate in the treatment, but would become ‘confused, incoherent and rambling when some event occurred which should have aroused sad or angry feelings’. It became clear that this defence was intended to protect her and her analyst against her oral aggressive wishes.

Ack concluded that a learning difficulty which is a neurotic symptom ‘can result from a fixation on any psychosexual level of development’. He commented that ‘the earlier literature implicates the oral phase as the most crucial one for learning’ and added ‘this
case testifies to the accuracy of the analytic maxim that orality serves as the prototype of all later ‘taking in’.

In 1969 a paper on Autistic Processes, by Frances Tustin, a Child Psychotherapist, who had worked with autistic children in both the USA and the UK, was published in the Journal of Child Psychotherapy (Tustin, 1969). In it, she described case material from psychotherapy with an autistic child, which demonstrated how, to protect himself from overwhelming primitive fears, he encased himself within ‘an impenetrable covering which blocked in-going and out-going processes’. Also, in referring to the echolalia of some autistic children, she wrote that they ‘barricade themselves behind a facade of parroted words and phrases. In this state it seems impossible to get in touch with them’. These psychological processes inevitably form a huge barrier to the normal processes of learning, which depend on out-going exploration and self expression and in-going receptivity to communication from others. Three years later, Tustin’s first book, Autism and Childhood Psychosis was published (Tustin, 1972). In it, she gave clinical material to illustrate the terrifying emotional experiences which came up in the psychotherapy of autistic children she treated, as they emerged from their autistic states (Tustin, 1972).

Also in 1972, three of the papers published in the Journal of Child Psychotherapy were case studies of psychotherapy with children with learning difficulties. The first was about work with an intelligent eight year old boy, who had learning inhibitions connected with acute separation anxieties and fear of the consequences of his violent fantasies of oral attack on his mother. These were shown in his use of toys in psychotherapy. For example, the crocodiles ‘devoured’ the mother doll figure. He also had fantasies of omnipotence and self-sufficient omniscience, which acted as defences against feelings of fear, loneliness and helplessness, but militated against his being receptive to learning from others. His psychotherapy was difficult and turbulent, but through it he was helped to work through his conflicts by means of interpretation, via the transference, of his unconscious fears and wishes. He was then able to let go of the defences which restricted his ego functions and this freed him to make progress in learning (Radford, 1972).

The second paper was about the residual effects of an autistic state on a boy’s learning. He had two periods of psychotherapy with the same therapist. The first started when he was 3 years old and in an autistic state. He attended four times weekly for the most part, until he was 8 years old, when treatment was terminated. At the age of 11, he was re-referred and had once weekly psychotherapy until he was 13. During his first prolonged period of psychotherapy, he emerged from his autistic state and in many ways made rapid developmental progress, which helped to make up for his previous arrest in development. However, he still had severe anxieties about attending school. He showed overwhelming fears of experiencing himself as a separate being. Growing away from his mother and growing up felt like the prospect of imminent death. He showed primitive obsessional mechanisms, which kept things in rigidly separate compartments. In school, he developed
an exceptionally good capacity for learning facts, but his comprehension and use of imagination was poor. His parents brought him back for further therapy at the age of 11 because he was acutely unhappy. During this period of once weekly therapy, his psychotherapist could see that he still used obsessional defences, though in a more sophisticated way than before. There were traces of his former rigidity of mental functioning in which his therapist detected sophisticated versions of the stereotypy of the autistic infant. For this reason, when his therapy ended, she felt guarded in her optimism about his future development, although he had clearly come a long way (Hoxter, 1972).

The third paper is about a developmentally delayed borderline psychotic boy, who was referred after the routine medical examination prior to his admission to school at the age of 5. He had been so frightened and negative in behaviour that the doctor could not examine him. He was initially very frightened to be left alone with his psychotherapist. He covered his eyes. Fears of damage to eyes and ears and of dangerous biting teeth featured in his material. He showed fantasies of being merged with his mother, and his therapist in the transference, and fear of becoming a separate person who could attack or be attacked. There were also fantasied murderous attacks on his therapist and her imagined babies. A recurrent theme was shown in play, in which he directed his therapist so that the two of them moved separate trains in parallel on separate railway tracks or pushed around separate cars which never met. His therapist understood this as his defence against the destructiveness which he feared might ensue from close and creative contact in relationships with others. This defence also played a part in his avoidance of learning from others (Newbolt, 1972).

**PUBLICATIONS ABOUT EDUCATIONAL THERAPY SINCE IRENE CASPARI**

Writers about Educational Therapy since Irene Caspari include Muriel Barrett and Jane Trevitt, who wrote, with the help of several other contributory authors, about the importance of children’s experiences of attachment and loss in connection with their behaviour and learning. They introduced the concepts of an ‘educational attachment figure’ and ‘second-chance learning’ as a means to offer a second opportunity to facilitate a child’s capacity to learn where this has been hampered by difficulties in establishing secure early attachment patterns (Barrett, M. & Trevitt, J. 1991). Muriel Barrett also collaborated with Ved Varma in co-editing a book which includes contributions by a number of educational therapists working in clinical and educational settings, as well as teachers who were influenced by educational therapy principles in their work in the classroom (Barrett & Varma, eds. 1996).

Since the first version of this paper was written, a book by Heather Geddes has been published in which she applies Attachment Theory, and her experience as an Educational Therapist, to the understanding of children’s behaviour, relationships and learning in school (Geddes, 2006). Two books have been published consisting of papers which were presented at international conferences on Educational Therapy (Lyche Gomnaes &
Educational Therapists have also contributed articles or chapters about educational therapy to a number of other publications. A sample of these follows.

Journals: Psychoanalytic Psychotherapy; British Journal of Projective Psychology; Psychodynamic Practice; Young Minds Newsletter; The Psychotherapist (magazine of the United Kingdom Council for Psychotherapy).

Books: Clinical Counselling in Schools (Morton, 2000); The Internal and External Worlds of Children & Adolescents: Collaborative Therapeutic Care (Marsden, 2003).

WORK WITH TEACHERS AND INVOLVEMENT IN TEACHER TRAINING

Caspari was keen to share, with teachers, the understanding she had gained from clinical work with children whose emotional problems led to learning difficulties. In the 1960s she started an evening course for teachers entitled “Psychological Aspects in the Treatment of Severe Reading Disability.” The course took the form of a series of Work Discussion Seminars in which, throughout the academic year, each teacher in turn would give a presentation about his/her work. The presentation focussed on the detailed observation of an episode of work featuring an individual child, or group of children, who caused the teacher concern. The teacher’s presentation of work was used as the basis for discussion in the seminar. The seminar leader would bring psychodynamic thinking to bear on trying to understand the live teaching-learning situations and teacher-pupil relationships presented and discussed in the seminars. In 1970, a number of the teachers who had taken these courses approached Irene Caspari to say they wanted to build on what they had learnt from the seminars and would like more of the same kind of input. Her response to this was to suggest that they formed an organisation to further this work by arranging relevant lectures and presentations of work for discussion. This led to the formation, in 1973, of The Forum for the Advancement of Educational Therapy (FAET) of which Irene Caspari was the first Chairperson.

Sadly, Irene Caspari’s untimely death at the age of sixty-two in 1976, prevented her beginning a planned course at the Tavistock Clinic to train educational therapists, but did not prevent her from ensuring that her plans were carried out one way or another. Muriel Barrett, who had been collaborating with her on those plans, carried on with them and ran such a training at the Tavistock for several years. The course ceased on her retirement in 1983. Irene Caspari also left a bequest to FAET with the stipulation in her will that it was to be used, as far as possible, towards training and research in Educational Therapy. When Muriel Barrett’s training came to an end, FAET organised a training which started
in 1986 and has now become an MA course run by the Caspari Foundation and validated by the University of Middlesex.

Child psychotherapists also make a considerable contribution to the application of psychoanalytic thinking in education. Another evening course for teachers held at the Tavistock Clinic, started in the 1960s and organised by child psychotherapists, was originally called Counselling Aspects of Education. It continues with an expanded title, Emotional Factors in Learning and Teaching: Counselling Aspects in Education. The course is staffed mainly by child psychotherapists. Some psychologists are also involved in the teaching. The course takes the form of weekly lectures followed by case discussions in small groups. Each small group has a seminar leader, along with a trainee, usually a trainee child psychotherapist, as assistant. In this way, a built-in training experience in small group work is provided for the trainees. The focus of this course is broader than that of Irene Caspari’s evening course for teachers and the Caspari Foundation courses, as it does not focus specifically on learning difficulties. Isca Salzberger-Wittenberg took over as Organising Tutor after the course had been running for two years. She introduced an experiential element by inviting the teachers, in the lecture on the first evening of the course, to share experiences of how they felt on arrival for a new course in a new building with unfamiliar people. Examining their own experiences in this way helps them to become more aware of, and sensitive to, the emotional impact on their pupils of entry to a new school. Salzberger-Wittenberg also collaborated with two colleagues in writing a book, the content of which is based on their experiences of working with teachers on this course and elsewhere. The theme, and the title, of the book is *The Emotional Experience of Learning and Teaching* (Salzberger-Wittenberg, I., Henry, G. & Osborne, E. 1983).

A number of educational therapists and child psychotherapists have established individual links with schools and offer regular consultation to teachers about their pupils. Some also provide educational therapy or psychotherapy for children in the school setting.

In the 1960s, Irene Caspari undertook some work at the University of Leicester School of Education, where she initiated an experiment in a new method of supervising teaching practice. It was based on the student teachers’ written reports on their lessons. She referred to this as a modified casework method. The experiment was set up as part of the Diploma Course in the Sociology and Psychology of Education at the University School of Education. Each of the Diploma students was paired at random with a final year student of Loughborough Training College and undertook the supervision of the Loughborough student’s teaching practice using the new method. Caspari held seminars with the diploma students to discuss this work. The focus was on understanding the feelings aroused in the student teachers by the pupils they found difficult, and the feelings aroused in the supervisors by their students. In this work, Caspari was influenced by Gerald Caplan’s ideas and methods of mental health consultation in working with various professionals who are
responsible for the welfare of others (Caplan, 1961). This project is written up in some
detail in the collected papers of Irene Caspari (Caspari, 1980, Chapters 3 & 4).

Caspari also wrote a book, aimed at student teachers and practising teachers and
educationalists, called Troublesome Children in Class. It was about behaviour difficulties
which arise in the classroom, ranging from the difficult behaviour of the ordinary
‘naughty’ child to that of children with severe emotional difficulties. In it, she stressed
the importance of understanding the children’s feelings, and the teachers’ feelings in
relation to them, as a key towards reducing the frequency and severity of the troublesome
behaviour (Caspari, 1976).

Gerda Hanko has developed ideas, inspired by Caspari’s work, on the importance for
teachers of reflective observations, thoughts and feelings about lessons, about themselves
and the pupils they work with. She has applied this approach in her current work as an
Educational Consultant with practising teachers (Hanko, 1999 & 2002).

We owe very much to the work of Irene Caspari, whose legacy is the continuing development
of educational therapy and the therapeutic skills still practised in clinics and schools in
the UK and some other countries in Europe. Perhaps it was her own early experience of
Nazi persecution that helped her to seek ways to understand and support vulnerable
children. Whatever the reasons, her work has enabled many children to be helped to
overcome fears and anxieties sufficiently to begin learning. Her work has also enabled the
training of teachers to reflect on the communication children use, seek to understand its
meaning and sensitively respond to the children’s needs by appropriately adapting learning
styles and methods.

ACKNOWLEDGEMENTS
I am grateful to:
Peter Masani and Mary Lacey for permission to use the clinical material from their
work with Nicholas.
The editors of the Argentinian journal E. PSI. B.A. (the journal of the Escuela
Psicopedagogica de Buenos Aires) for their agreement to the publication of this paper, first
published in their journal in a Spanish translation in May 2004 and appearing here in a
new English edition.

REFERENCES
Press.
Tavistock/Routledge.


From Push-Pull To Brave Connection

Educational Therapy With A Maternally Deprived Child

Rebecca Woodhams

INTRODUCTION
Sarah was originally referred to the Child and Family Consultation Service by her primary school. She was at the end of Year 2 and almost eight. The school had concerns about her withdrawn, anxious behaviour and social isolation, features that were affecting her ability to achieve academically. She was ‘sad, frightened and mistrusting and unable to form satisfactory equal relationships’. Often standing alone in the playground, she was unable to become involved in games or activities with other children. The school had worked closely with Sarah’s family and were anxious about her future ability to thrive in the school setting. There were concerns about her physical state also; she often seemed hungry, dirty and unkempt.

A colleague who met with Sarah and her father prior to my involvement described her as ‘depressed and inexpressive’ with ‘poor self-esteem’. During this meeting, however, she was able to engage with drawing activities and connect tentatively with the educational therapist.

At the time of the initial assessment, it was felt that Sarah might benefit from psychotherapy but there was some doubt as to whether the work would be successful as father was unsupportive of this offer. As Sarah’s behaviour was impinging on her educational performance, it was felt that Sarah’s father might find the slightly different focus of educational therapy more palatable.

Sarah therefore began working with an educational therapist and had been doing so for almost a year when, unfortunately, the therapist had to leave. This was a blow to Sarah who had had a history of loss within the family. The relationship with her therapist had been a close one and Sarah had made good use of the sessions. After a period of about six weeks, I introduced myself as a new therapist, in my first meeting with the then 9 year old Sarah and her father. Also present was a co-worker, already known to them both.

Sarah seemed quite shy and anxious at this meeting. She and her father were rather awkward and guarded. Mr C was only forthcoming when telling us about his own interests. It was unsurprising that he was later described by the clinic psychiatrist as having ‘Asperger’ tendencies. Initially, Sarah was unable to show much feeling about re-starting educational therapy sessions with a new person and she could not refer to me by name, just ‘her’ on a couple of occasions. Part way through the meeting Mr C jumped up and excused himself.
from the room rather suddenly. Sarah did not seem unduly anxious to be left in the room with us and continued to play in the dolls’ house, as if accustomed to his rather erratic behaviour. On his return, Mr C stood in the doorway, indicating that he was ready to leave. Before leaving, Sarah recited in rather a babyish voice the time and date of her first session and then my own name.

**FAMILY BACKGROUND**

Sarah had two siblings: Susannah, two years older, and Mary, four years younger. The family background was chaotic. The girls’ mother had died of a tumour, soon after giving birth to Mary in a mother and baby unit, when Sarah was four. Mother had had learning difficulties and had attended a boarding school for pupils with special needs. In later life, she had developed a drink problem and inevitably displayed erratic behaviour with very poor parenting skills. Susannah was born with Foetal Alcohol Syndrome and at the time of Sarah’s treatment with myself was attending a local school for pupils with moderate learning difficulties. Mary demonstrated quite extreme behaviour problems at school, which eventually culminated in her being referred to the Child and Family Consultation Service when Sarah was about to end her treatment there.

Sarah was reported by school to have been closer to her mother than the other two girls. She had been mum’s ‘helper’ and after mum’s death continued in that role. It seemed that she was the sibling with the most normal development and it must have been difficult for her to have one sister with brain damage and another who exhibited very disturbed behaviour.

The children had been on and off the Child Protection Register for neglect and physical abuse while mother was alive. Mr C had not lived permanently with the family, but after mother died he was assessed by social services and found to provide ‘good enough parenting’. There were, however, concerns about his poor communication with the children.

**EDUCATIONAL THERAPY ASSESSMENT**

I worked with Sarah weekly for a little over two years. She was brought by the clinic escort during her school lunch hour. The timing of the session was split into two. In the first half, I provided a learning task or creative activity and the second half was Sarah’s choosing time.

Sarah arrived for her first session seeming hopeful. She spent some time looking at things in the room, saying that she thought the bed, the teddy and the new pens were ‘nice’. She talked in a rather babyish voice as if trying to appear pleasing and acceptable. She seemed, on the ‘outside’, ready to connect with me, and when decorating her new exercise book made sure she put both our names on the front as if it was ‘our’ book.
Initially, she was rather anxious when I asked her to do a reading comprehension exercise as part of my assessment of her skills. Here, she had to choose the correct word to complete the sentence. Although she knew the correct answers, she was unable to write them without checking with me first. She seemed unsure of her own abilities and worried about getting things right. When asked to copy some drawings into her book, she used a ruler, carefully but rather rigidly trying to replicate the drawings exactly.

Sarah seemed quite pre-occupied with ‘me’ at this early stage and commented on my appearance; my clothes and my silver bracelet. She wanted to know whether it was a present from a husband or boyfriend and also whether I had any children. She was extremely persistent with her questioning. I found myself straight away having to set boundaries around talking about my life but acknowledged her need to know what kind of a person I really was.

In our second meeting, Sarah came to the session already with a few complaints; she did not like the chair she had to sit on, she would rather have had mine which looked much more comfortable. She also did not like having her lunch early with the reception class so that she could come to the clinic. My feelings were that the real complaint may have been about me; that I was not her previous educational therapist, whom she might be missing. Later on during an activity she seemed to get quite upset saying that she must have hurt her eye by accident. At this stage, it seemed very important to acknowledge Sarah’s disappointment in me and her feelings of loss of the other therapist.

During this session, we played our first game of Squiggles, the rules of which Sarah informed me she knew well because she had played before. She made my Squiggle into what looked like an angry face, tracing over the exposed teeth. The next Squiggle she made into an alien shouting ‘Attack, Attack’ (Fig.1). When I acknowledged that the alien, like the face, seemed very angry, she immediately agreed but defensively stated that the alien was not like herself. I asked her who it wanted to attack and she wrote, ‘I want to attack you!’ As the session progressed, Sarah’s behaviour became more overtly angry and threatening towards me. During her choosing time, she chose the game ‘Guess Who’ but tricked and lied her way to winning, laughing in quite a persecutory manner at my confusion at the end. When I commented on the fact that she seemed to be trying to make me feel as bad and stupid as possible, she agreed, laughed again and threatened repeatedly to hit me, getting closer and closer to my face. When I put up my arm to stop her, she blew raspberries and showered me in spittle.

This display of feeling was to appear in sessions to follow. Sarah often arrived angrily. She would initially resist the task I had chosen or would surreptitiously try to manipulate her own choice of activity during my time. I felt it was important to keep to my agenda but would always acknowledge Sarah’s need to feel in control. I felt that her general feelings of deprivation resulted in her need to have everything her way. By the end of the assessment
period, it seemed as though Sarah, although having some very difficult feelings, had engaged in the work with me and was able to express herself. It seemed appropriate to continue the sessions as we had started.

**CONTINUATION OF FIRST TERM (SUMMER)**

The focus of our relationship, as mentioned, was set up very early on. After a two week break during the first term, Sarah came back in a very bossy and domineering mood. During an activity, she marked her face with pen by mistake. She got up to rub this off, looking in the mirror. As I watched her do this, she suddenly got very angry with me and began shouting at me not to watch her. It was as if she felt I was judging her. When she had finished, she came back from the table and began criticising me, my shoes and calling me ‘fatty’.

Later on in the session, before she was due to leave, Sarah returned to the dolls’ house to put the furniture in order. It was as if sorting out the inside of the house was making good the damage she may have felt she had done to me during the earlier tirade. Melanie Klein named the innate desire of every child to want to explore and learn about the world the ‘epistemophilic instinct’. Klein felt that this curiosity begins with the mother’s body: “...it is essential for a favourable development of the desire for knowledge the mother’s body should be felt to be well and unharmed. It represents in the unconscious the treasure-
house of everything desirable which can only be got from there...” (Klein, 1931). Conversely, if the child feels his phantasised attacks have damaged the mother’s body, he may be in danger of turning away from her and from the consequent exploration which leads to learning. The dolls’ house for Sarah may have been symbolic. She may have been trying to repair imagined damage to my insides after verbally attacking me. This would originate from her needing to know that her mother’s insides were intact for exploration and for learning to happen. I felt that as this happened at the end of our sessions, it was an important indicator that Sarah needed to sense that reparation had occurred in order for her to feel more contained until our next session.

Towards the end of term, I planned to contact the school to check on Sarah’s progress. When I mentioned my intentions to Sarah, she became very upset and begged me not to go into her school. She became very distressed, scribbled on the remaining pages of her exercise book and eventually escaped the room for the toilet. I had not quite anticipated such strength of feeling so I decided to telephone the school to talk to her class teacher rather than visiting. Sarah tolerated this. A brief talk with her teacher confirmed Sarah’s withdrawn behaviour and sadness and that, although quite able, she did not try because she did not want to be noticed.

Sarah seemed genuinely upset about leaving for the summer holiday and was able to acknowledge difficult feelings about the break and it seemed as if we had got to a place where a connection was possible.

SECOND TERM (AUTUMN)
Sarah was late for her first session. She appeared with a rather pained, anxious expression looking pale and thinner. Despite some confusion, she seemed quite excited to have a new, male teacher, who, she said, had rewarded her for her writing. She did, however, seem very resistant to my reading task and had to escape to the toilet. On her return, she was very pre-occupied with her appearance and was particularly obsessed with her teeth and hair, having to check these out with me – did I think she looked okay? I responded by acknowledging her anxiety about her acceptability. This seemed to aggravate her. She reacted by calling me by her old therapist’s name and teasing me. During her choosing time, she was very controlling. At the end of the session, she complained bitterly that someone else had messed up the dolls’ house again. Sarah’s need for reassurance was difficult to resist. Quite often, if I stayed in a therapeutic role I seemed to reinforce Sarah’s feelings of abandonment and she would be very angry towards me. Later on, I could acknowledge her need for a mother figure to check out her anxieties, without necessarily becoming such a figure, but the whole process was often quite painful for Sarah and left me feeling that I might be repeating her experiences of an avoidant parental figure, like her father.

Sarah began to complain that I set tasks that were too easy. Once, she seemed offended by an exercise I had given her to do that she felt was for younger children. This seemed to
bring up the question for Sarah of whether I really knew her or was tuned into her capabilities. During this term, she continued to ask me about personal things and compared herself to me. Near her birthday, she made the first mention of her mum, saying that she wished she were still alive.

Sarah’s tenth birthday coincided with a session day. She came equipped with a choice of her own books. She seemed extremely disappointed with my card, wanting a present instead, at one point tracing over it and designing her own much bigger and more elaborate card, like her mum’s old friend Sally had given her the year before. She chose to read during this session but screeched the dialogue out in an inaudible manner, holding her book up to her face so that I could not be included. During this session, she spent some time enviously admiring some of my clothes but criticising other items of mine. She tried to make me feel envious of her by telling me about the clothes that her dad was going to buy her for her birthday. On that day, I had brought in an activity that she had done before with her other educational therapist. This led her to claim that the other therapist had bought her a birthday present, unlike me. Before getting up to go, Sarah preened herself in her usual fashion in front of the mirror, singing, ‘I’m an ugly mug’, a few times. She then proceeded to tell me that she was going out that evening to a disco and was going to wear a special outfit with lots of make-up. She seemed to be in conflict about whether she was someone to be desired or rejected.

The following week, Sarah came in angrily complaining about her class teacher, saying that he did not like her any more and kept telling her off because her work was not good enough. At the same time, she started to complain about the room we were working in and wishing that she had her ‘old room’ back (probably with her old therapist). For the first time while working with me, she tried to steal something from the session, something which I knew she had done several times in the early days with her previous therapist.

The week after half term, Sarah was taken away on a holiday with her sisters, by Sally. The session before the break, Sarah wanted to talk about preparing for the holiday and packing etc. She was very angry with me when I did not directly help her choose clothes to take to Spain. My withholding of advice seemed to provoke her into an angry outburst. There followed an episode where she tried to frighten me by threatening to be violent then making a series of kicks. She was again very pre-occupied with her appearance and seemingly worried about how she would look in Spain. Sarah then spontaneously pretended to be a teacher, making me into a pupil whom she proceeded to punish.

After the two week break, Sarah returned but was unwilling to talk about her holiday. Again, at the end, she tried to steal from the session. Although she had been taken on holiday, she seemed very in touch with feelings of deprivation at that time. I could only guess that the holiday had been something of a disappointment for her. Again, she was very angry with me in the session and quite insulting towards me. She suggested that I might be pregnant, insinuating that I had been ‘up to something’ while she was away. She
may have been pre-occupied with the fear that other children could easily replace her. The separation seemed very difficult for her. However, the week after this, she was very compliant. There was no struggle with my agenda and she seemed engrossed in appropriate reading material. She actually made me a gift out of playdough, although she assumed that I did not want it. Contrarily, she left me with messy playdough to clear up and teasingly called me by the old therapist’s name again. At the end of the session, she went to steal but changed her mind.

The next week, she seemed quite keen to read. During her choosing time, she played with the puppets and performed a very angry role play, playing out the part of mother and daughter where the mother was ostensibly loving but seemed to hate her child. At one point in the session, Sarah was so incensed she actually smacked me.

During that week, I learnt from school that there had been problems at home. Sarah had come into school with marks on her face and with a story about dad shutting the door violently on her. School was concerned and reported this incident to social services.

The following week, Sarah arrived angrily. She had not wanted to come to her session, as she had to miss a Christmas activity at school. When she went out to the toilet, the escort came into the room to warn me that Sarah had come armed with hairbrushes hidden up her sleeve. Although rather bizarre, it seemed that the hairbrushes were more to do with Sarah’s obsession with her looks again and, on her return, she took the hairbrushes out and began obsessively brushing. She was, however, violent towards me so, for the first time, I stopped her session and she was taken back to school early. The following week, Sarah was apprehensive on arrival. She seemed to be making some kind of reparation between us by decorating her new book again with both our names on. That week, unfortunately for the process of the work with Sarah, I was suddenly taken ill and had to go into hospital to have an operation.

THIRD TERM (SPRING)
We had a late start to this term because of my illness, but Sarah settled in surprisingly well and was increasingly able to comply with my agenda. Despite some possible fears that I would not return she was able to process my absence with the use of stories about hospitals and operations. Other stories about conflict also seemed to interest her. I felt that through these she was thinking about her own conflictual experiences in her family, which may have been very current for her because of the re-referral to social services.

Issues of sibling rivalry seemed to crop up this term. During one session, she chose to read ‘Let’s Have a Baby’. When she saw a picture of the older children watching the mother breast-feeding, she seemed angry and said that it was a private thing between the mum and the baby, demonstrating some rivalrous feelings towards other children. As sessions progressed, these feelings were expressed towards other children she imagined I might be
working with. She regularly barged into the therapy room on arrival to see if I was ready, as though she was trying to catch me out, perhaps to see who I might have been with. During this time, we were able to talk about her feelings when her sister Mary used to barge in at the end of her own sessions. This seemed to help, as well as discussing feelings she may have had about sharing me.

Shortly afterwards, the children were put back on the Child Protection Register. Mary was found wandering alone in the street at night while dad was in the pub. Sarah blamed her younger sister for following her dad. She found it very difficult to blame dad for his inadequacies and seemed to fear saying anything which might have endangered their relationship. Sarah was tentatively able to draw some of her angry feelings at this stage, which was a progression from acting them out violently towards me. The first person she drew turned out to be smiling, indicating how she perhaps had to hide her own anger behind a weak smile at school. Then a second, smaller figure was able to say how it felt in a speech bubble (Fig 2). Sarah more often during this phase used role-play to express herself. She continued to play the part of the very strict teacher. The punitive nature of her teacher character depicted the heavy demands she probably felt put upon her by some of the adults around her. I was often made out to be the ‘failing’ pupil, which enabled me to feel her experience of under-achieving at school. But if we were doing an activity during these role-plays, Sarah could suddenly become very involved and able to ‘drop’ the acting, immersing herself in the activity with me, in a sharing way.

Pre-occupation with her appearance continued. She insisted on having some point in the session where she obsessively brushed, styled and re-styled her hair. I had to put some kind of time boundary around her doing this, as it felt never-ending. She later talked about being ‘fat’ and during her choosing time in three sessions did some form of physical exercise. This sometimes felt exploratory and sometimes obsessive.
FOURTH TERM (SUMMER)

Unfortunately, this term began with Sarah being bullied at school. She seemed reluctant to come to her sessions. Sarah was actually being taunted by younger children but seemed very helpless, as if these younger children had really 'got to her'. At times I found it difficult to stay with Sarah's distress, which may have added to her feelings of hopelessness, and perhaps her resistance to coming. She showed her angry feeling towards me with criticism or taunting, sometimes talking over me or clumsily splashing me with paint.

Her self-consciousness continued to some extent during this term, with initial intense anxiety about returning to school after her session. She felt very conscious about going into her P.E. lesson late and thought that the rest of the class was staring at her and judging her, thinking that she looked fat in her kit. She also felt that her teacher thought that it was her fault for being late, as if she had some control over her session time. Despite Sarah's intense anger towards me for not changing her session time on demand, after we explored some of her anxieties, she was eventually able to initiate a conversation at school with her class teacher and expressed some of her worries. This showed a big shift for Sarah, who previously kept her feelings hidden at school.

Much of this time was also spent thinking about an oncoming clinic reorganisation, which was due to happen at half term. She might have been feeling quite out of control, not knowing what to expect. She regularly acted the part of the punitive teacher keeping me in line. Some of Sarah’s anxiety was defused after the reorganisation. The new, spacious educational therapy room was full of exciting new equipment and materials and Sarah expressed positive feelings about the room, almost as if it was a personal gift to her. This seemed to tie in with her feelings of deprivation and she may have had the phantasy that I had provided her with her very own classroom/playroom full of treats. In a later conversation, when we talked about other people using the room, she said, ‘Yes, but it’s our room really.’ Despite difficult feelings, Sarah was now increasingly willing to tackle tasks presented to her in the session. She enjoyed writing about good experiences she had with her sisters. She was happy designing posters and leaflets, reflecting an aspect of the curriculum that had meaning for her. The new fixed white board installed in the room seemed to have provided Sarah with a further vehicle for expression. She often checked in by writing on it at the beginning of the session and used it in her role-play. She also used it to leave me messages as she left the sessions, or a mess on the board, which she expected me to clean off, just as she cleared up after her sisters at home.

Sarah used the modelling clay extensively during this term. She was quite greedy with it and was able to make a couple of pots and a flat figure, which she called the ‘Paper Boy’. She seemed to have found a new niche for her creativity and was for the first time able to become engrossed in making something to be proud of. During the last session this term, while we were talking about the summer break, she proposed that she would make a model with wood on her return in September. She then checked to see if the
right equipment was available and wanted me to think about how we could make a propeller during the holiday. This seemed to signify her ability to feel safe enough to express a desire to come back in September, to anticipate beginning another ongoing piece of work, and to sense that I might think about her over the holiday.

**FIFTH TERM (AUTUMN)**

Sarah came back to the clinic with enthusiasm. She had remembered the planned model-making activity and was keen to begin. She seemed very determined to do it alone, although she found it very challenging. But she persevered despite frustrations, whereas she might have given up before.

Sarah seemed increasingly more able to communicate her feelings directly. She also continued to demonstrate the ability to be expressive through activities such as writing stories and plays. During our second session of this term, Sarah wrote a play based on a fantasy of her birthday. The writing involved her gathering important adults in her life around her to celebrate, with her being the centre of attention, something that part of her would very much have liked to happen in reality. (See figs 3&4 - below and overleaf)

(Fig.3)

![Girl's Adventure](image)

Lots of people at Sarah's party.
Rebecca: Someone at the door, should I go and answer it?
Sue: Oh would you?
Rebecca: Yes of course I will.
Sarah: Thank you.
Sue walks in.

Sue: Hi it's me sue, I've got a birthday cake here for Sarah where should I put it?
Rebecca: Whatever you like or how are my name is Rebecca.
Sue: Oh that's a nice name, my name's Sue. I've heard a lot about you, it's nice to meet you.
Rebecca: You too, Sarah's told me a lot about you too.

During a session the day before her birthday, Sarah expressed a desire to have the whole time for her own choice. This seemed to tie in with her feelings of deprivation. This also seemed to be closely connected to her strong feelings of anxiety and fear about being out of control at that time. Underlying this was the uncertainty around her future, as these feelings coincided with her application for a secondary school. Sarah appeared to be very
anxious when I asked her to think about her earlier life in the form of a Time-Line activity. I wanted us to think about events in her life and review our work with a view to looking forward to her secondary transfer. Many central events in her time-line revolved around school and her sisters, whereas she left out important events like the death of her mother. A little later on, we were able to add this event and Sarah mentioned some sadness around it, saying that soon her dad would take her and her sisters to her mum’s grave. This felt like an important milestone. The following session, she brought in some photographs of her mother to show me.

Sarah seemed to enjoy word games like hangman and types of word association games. At one point, she even initiated writing lists of common words or words with common spelling patterns. She focused on words sounding like ‘witch and bitch’ (directed at me) during a particularly angry session! Games involving number skills, such as mental calculations, seemed attractive. She had latched onto a new game of Pick-Up-Sticks and requested the game at the end of several sessions. She enjoyed adding up scores to end with, but only wanted to do this if there was a chance that she had won! She was ‘fiercely’ competitive this term and could not really bear to lose. Despite this, she began to show good enough ego strengths to restrain herself from cheating.

Sarah continued to struggle with the idea that I was someone either to be envied or ‘rubbished’. Quite often during this time, there were parallel conflicts running between Sarah and the clinic escort, feelings about which she brought into our sessions. This was a useful indicator of the way in which Sarah related to important figures in her life.
She alternated between leaving me her ‘mess’ to clear up at the end of sessions or being
over enthusiastic about clearing up herself. The latter was done particularly if she feared
she may have ‘hurt’ me in some way during our session. During such times she often left
me messages like, ‘Goodbye Rebecca Darling, love you!’ The limits of the sessions,
especially with regards to time, meant Sarah often felt let down by me, in what I was able
to offer her emotionally. She was sometimes left hoping for more; for example she often
hinted that she would have liked our relationship to be more than just a therapeutic one.

Attending a case conference at this time enabled me to learn more about her family history
and helped me to understand more of Sarah’s mother’s influence on her behaviour. An
area of great progress or shift this term seemed to be Sarah’s feelings about me liaising
with school and taking a larger role in the ‘thinking’ around the family issues. For the first
time, I was able to go into school and talk about her academic progress. The school’s
opinion was that she was very bright and of high ability. They thought that she was capable
of achieving above average marks in her KS2 SATs. Sarah still, however, was having trouble
being vocal, and only doing enough work to ‘get by’. She may also have felt rather frightened
that if she did achieve success she might evoke envy in her two sisters who were hampered
in their own learning.

SIXTH TERM (SPRING)
Sarah seemed comfortable engaging with activities. She enjoyed games, as usual, and in
‘All About Me’ she was very keen to offer information, and let me know about her feelings,
without being too preoccupied with mine. She completed the sentence, ‘I feel different
to other people’ with ‘because I don’t have any one to play with’. This brave admission
showed that her trust continued to grow and she was more able to face difficult aspects
of her life and share them with me. In later weeks, she was able to express the desire for
change in her relationships and even mentioned that other children were starting to ask
her to play with them, which showed a real shift for her. In a later session, she talked about
being the centre of attention with two groups of girls ‘fighting’ over her. Although this
may have been said to arouse some feelings of envy in myself, or to counteract her initial
admission of not having friends, it seemed a positive sign that she could even allow herself
to phantasise about this scenario. Her choice of reading material at this time centred
around potential teenage dilemmas.

She continued to write messages to me on the white board and was able to express herself
using expletives to make her point when she could not say them. In this case, Sarah was
secure in the knowledge that I got the message and that all could be erased at the end of the
session, which may have meant there was no lasting damage done. During a session before
our mid-term break, she wrote ‘Fuck off’ several times on the board, which once I had read
it, she disguised in a drawing of some fruit, so hiding her hostility, similar perhaps to rubbing
it off. Later on, for the first time, she appeared as a more benevolent teacher figure, who
planned nice events in the timetable such as games, art and quizzes. She also seemed to have
been able to let go of some of her preoccupations with our relationship and focus more on
the tasks. She still had phases of measuring herself against me but was able to do this in a
more positive light, such as trying to find our similarities as opposed to our differences. She
talked of us wearing the same clothes and the fact that she wanted to be a teacher when
she grew up. She seemed to be more confident and growing more independent.

Helping Sarah reflect upon her growing up process was important for her, particularly in
preparing for secondary transfer. Here, we talked about her academic strengths supporting
her, her growing ability to relate to people and her greater willingness to be part of things.
Finally, we also talked about the ending of our work together, which was to be at the
end of this academic year and we began preparing for this.

SEVENTH TERM (SUMMER) THE ENDING
Sarah began the summer term with some anxiety again. She seemed rather babyish in her
behaviour as if she had regressed somewhat. She agreed to do Squiggles quite enthusiastically
and then part way through the game told me that she had started her periods. She seemed
very alarmed and rather disgusted by it all, and asked me, ‘When will they stop? .....it’s
been seven days now’. At this stage I was confident that she had had some help with
this from the family social worker. I also wondered if the rather babyish way of talking
might be connected to some fear around becoming a woman.

During this final stage in her educational therapy, I regularly put out old work that Sarah
had done with me. At first, she found some things hard to look at. She rejected a model
that she had made the year before and did not recognise it. She did the same with a drawing
of a girl and said, ‘I refuse to believe that I did that!’ This might have been to do with
rejecting a part of herself that she felt she had left behind.

Love songs and love stories featured quite a lot. During a session after half term, Sarah
wrote a story called ‘The Heartbreaking Death’.

One day I got a phone call. It wasn’t any ordinary phone call. It was
a scary and upsetting heartbreaking story. My dear loving husband
has died a horrible, disgusting death. Somebody or someone had
murdered him to death with kitchen knife (spelled krave). How
could I survive? I couldn’t that was the answer. I couldn’t and didn’t
want to live without him in my loving happy life.’

My feeling was that the death was about our ending, which probably reminded Sarah
of the death of her mother. Sarah was able to think about this in the session. She went
on purposefully to work out how the character in the story would ‘cope’. This seemed
to be about her anxiety about whether she had the resources to cope. Through the metaphor
of her stories and songs we were able to think about the separation and how she could
manage challenges ahead. We spent a lot of time talking about how her academic abilities and her new ability to tentatively connect with other children would help her at her new school. She seemed reassured about this.

Sarah became increasingly able to talk with a new found maturity and when reading *Badger's Parting Gifts* she was able to stay with the sad feelings of the badger’s death. I felt that this was very brave for a child who had experienced such a great loss and was unsure of her future but a sure sign of the progress she had made throughout her time in educational therapy.

She managed her final session very well. She arrived unusually early but, unfortunately, a tube strike meant I was late. Despite her angry feelings, which she expressed in a contained way, Sarah busied herself reading books and we did puzzles together.

**CONCLUSION**

At the beginning of the following term, after her start at secondary school, Sarah accompanied her younger sister, Mary, for a psychotherapy assessment at the clinic. Father was also present. Sarah was apparently very poised and expressive in the interview. She was able to talk about her own anxieties about starting a new school, which enabled Mary to express some of her worries. During a recent social services case conference, the headteacher of Sarah’s primary school made the comment, ‘I glow when I think about how that girl has turned around.’ One of the last conversations I had with this head was very positive with regards to the progress she had made in gaining good SATs results and in her social relationships. The head also mentioned that during her last few weeks at school, Sarah had been seen running around the playground regularly, fully involved in a game, which had been previously unheard of. The team of LSA’s had stopped and watched in amazement!

It seemed as if educational therapy had given Sarah the space to process and express some of the difficult feelings which were inhibiting her learning and interaction with peers. I look back to how I sometimes used to wait for Sarah with a sense of dread. I never knew what to expect and her volatile temper could be frightening, leaving me feeling very attacked afterwards. I feel that in terms of attachment theory, Sarah had an insecure ambivalent attachment pattern (Ainsworth and Wittig 1969) as initially she was anxious, unable to engage with activities but very preoccupied with our relationship. Separations and breaks were very difficult for her. Half way through working with Sarah, she trusted me enough to let me liaise further with school and social services. This involvement enabled me to work more effectively as it deepened my understanding of her situation and informed me more of what she needed from me and in her sessions. Later on, Sarah became increasingly able to express her own needs. As time went on, our attachment grew and there were shared moments of intimacy within the session, where Sarah allowed me to acknowledge her loss of a mother and her desire for me to be something of a replacement.
Despite Sarah’s adversities in her home situation, our work ended with me feeling confident in the network of teachers and social workers around her, and that she had gained a lot of self knowledge and had enough ego strength to make a good start at secondary school. I hope that I provided her with an experience of a reliable adult, who could withstand her hostility, set limits and help her to make use of her assets.

REFERENCES
Children As Receptacles Of Parental Violence

David Morgan

SOCIETY’S RESPONSES
A destructive attack on a young woman, in front of her small baby, by a man who clearly has murderous intentions toward her, once again fills our papers. Commentators again ask the perennial question: Why? Pious politicians trot out worn out clichés about mental health and various members of the health service make noises about the loss of the big asylums, the neglect imposed upon our most vulnerable members of society by the so-called ‘Care in the Community’ policies. This cynical, money-making exercise by successive governments, dressed up as enlightened treatment of the mentally ill, saves money – but the cost can be a person killed accidentally by a psychotic patient. This is not so cheap, but continuing disregard for the vulnerable who, after all, are not themselves economically viable, lies at the heart of many of the disturbing headlines that we are forced to digest.

In the absence of a more thinking response from society, it is often the next generation that is used as a receptacle. The man who attacks a young woman with a young child present could be seen to be reversing his own experiences of abuse and violence by creating unconsciously a situation where the child experiencing the abuse and violence towards their own mother by a murderous man is somebody else. The perpetrator, through a process of reversal, relieves himself of his own violent primal scene by evacuating it into the mind of the other.

Another example would be the apparently motiveless murder of Jamie Bulger by two young boys. A child who is abducted and killed a long way from anyone who could possibly intervene and save him is a chilling communication, albeit an unconscious one, forcing itself into the mind of society. A child dying where no help is available is surely also the story of the two killers, whose psychic death in cruel, negative environments led to this enactment. It is a dreadful irony that the two boys who perpetrated this crime have probably received better help and education than they would have done had they been left in their respective homes and environments. ‘I write my story on the minds and bodies of my victims’ as one young man I saw so eloquently put it.

A CLINICAL RESPONSE
In a less dramatic and violent way, a woman writes her history on her unborn baby. She gets pregnant by an unreliable boyfriend and is then left abandoned by him and comes into treatment following an abortion. She is shocked to discover that she has unwittingly enacted her own early life experience. Her father having impregnated her mother with her then abandons the family to work abroad, ironically helping repatriate families. She does not
see him again until she is twelve. This concrete enactment of her own experience is an attempt at one level to gain mastery over an experience. The victim, in this case the girl, endeavour to create a new life, the foetus. She becomes the mother and the father is played by the abandoning boyfriend. The denouement in this case is that the child who has been created has been aborted and the patient's own experience and abandonment has been enacted and projected into the now dead foetus. This of course could suggest a suicidal wish towards oneself, as if one had never been born, or perhaps an enactment of the reality of this patient's early life and the ambivalence around her own birth. It was a feature of this patient's early analysis that she frequently attempted to leave for work abroad with children, an attempt to leave me holding the baby of analysis that we had started.

Cases of this kind demonstrate how, after years of neglect, the acted-on child, adolescent and adult eventually enact their own abuse and neglect by abusing and neglecting another. This reversal and projective identification of their own experience is an attempt to evacuate into others unbearable experiences that they have felt evacuated into them.

**HUMAN CAPACITIES**

The capacity to feel deeply with another human being and for this feeling to be reciprocated is one of the most profound experiences that any of us can expect. As we know, this capacity for deep involvement with significant others depends on our earliest experiences. How I experience you, and within that experience the emotional relationship we have, affects how I feel about myself. My knowledge of myself reflects how I feel known by the other.

One of the things we might get to know about ourselves if we are fortunate is that all of us have a capacity for destruction. No one is without this pleasure in destruction. It is only our capacity for getting help to bear this aspect of ourselves, and realistically valuing the achievement of loving intercourse, that can modify it. It is generally agreed that the excess of pleasure in human destructiveness may be in direct proportion to the weakness of love of human commitment.

But what about those for whom there has been little exposure to the power of a loving intercourse? Those who have been exposed to violence and corruption at the hands of their caretakers; violent couples and parental figures who appear to use their children from the foetus onwards as receptacles for their own psychosis? What hope is there for them and those that work to help them modify their behaviour in some way, when the basic requirement for parental containment has been reversed so that, in one generation after another, infants become receptacles for their parents?

**EXTREMES OF DESTRUCTIVENESS**

Over the years, as I have had contact with severely ill patients at the Portman, I have come up against silent, deadly, self-destructive forces in some of the people I see and hear about which are antithetical to any change or help. These are patients in whom it seems the
pleasure of physical or emotional annihilation takes over from fear of death. As we know, the sense of right and wrong, good and bad, develops very early on, laying the foundations for subsequent, more elaborate judgements of good and evil and rightness and guilt. My experience of Kleinian theory has helped me to understand the dichotomy of good and evil, so that the problem of guilt as a consequence of innate destructiveness tends to assume a strongly expiatory significance, that is, healing comes to be seen as substantially coinciding with reparation for the damage done to the object.

The assumption here, however, is that the love object can be placed in a position of ideal goodness. This perspective appears to disregard the offences emanating from the object and tends to undervalue defensive, life-giving, vital hate. Hate is a way of keeping something alive. This has exercised me somewhat over the years. A colleague working with much abused children, in the process of her analysis was asked in response to her understandably disturbing material, ‘Yes, but what about the abuser in you?’ This, unfortunately or fortunately, led her to leave her analysis.

I believe the awareness of one’s own destructiveness is important but there does seem to be a need for recognition of the reality of our patients’ profound trauma, or the trans-generational transmission of trauma.

In all the patients I am talking about in this paper, the idea that one can repair damage done to an internal object is sometimes rather far fetched. The great disadvantage for our severely abused patients is that they have the right to hold a grievance with their objects for the rest of their lives.

**CONSEQUENT CHALLENGES TO THE THERAPIST**

This thought was disturbing for me working at the Portman Clinic with perverse and violent patients, and at Chelsea and Westminster Hospital with borderline and psychotic patients. Was it just an omnipotence to engage with such disturbed patients and was I kidding myself that anything can be done? I still do not know the answer but ‘having a go’ seems to be one possible way of countering some of the hopelessness that surrounds these cases. I have also been very surprised that the chance to think with someone, once weekly, has sometimes led to quite remarkable changes in some people.

I have been helped in this by my reading of Gianna Williams’s book *Internal Landscapes and Foreign Bodies* (1997) which I recommend to you. I think she provides a way of thinking about traumatised patients that is helpful. In a chapter entitled ‘Reversal of Container/Contained’, she redresses the emphasis in psychoanalytic theory, particularly Kleinian theory, on the adult as a container for the child. When describing children exposed to use as a receptacle of massive projections, she says it is often the vulnerable adult who should have provided the function of containment had she or he been fit to do so, who projects into the child or the baby – or indeed, I would say, the foetus.
One of the great difficulties of working with psychotic or borderline patients, or perverse or criminal patients who enact their psychosis on the minds and bodies of others, is that for a great deal of the time, one has to bear the experience of sharing one’s mental space with someone whose communications can at first feel quite mad, and may do so for some time. I am only writing now because I have sat with a few of these patients, and listening to them and suffering this experience seems to have led to some understanding that has helped them.

**THE PATIENT’S EXPERIENCES AS REAL AND CONCRETE**

My first experiences of thinking about apparently mad things were at the Maudsley hospital. I sat with two patients. The first was a writer who was admitted to hospital for standing on top of the Ministry of Defence and shouting down to the people in the street that the second ice age was coming. She also later told me that she spent a part of her life listening to the shipping forecast on Radio 4 because at some point there would be a specific message indicating to her that the second ice age was coming. Her response to this would be to cut her wrists and it would be her blood that would save the world. She told me this in a voice that seemed reasonably normal. There was some element of hysteria but the rest of her life seemed normal and she was married, with three successful children.

Sitting listening to these kinds of communications, the first thing one feels is a pressure to make sense of them but they are communicated in such a way as to suggest that they are real. This is not symbolic territory, where I am being told a story. The patient feels it is real and expects me to understand her, not start suggesting that the defences are hers; for example, that the ice is her own destructiveness, that she is frightened it will destroy her world. To do this would seem to threaten, would suggest that my reality is sane and hers wrong. The transference therefore seems to be of one person with a very concrete sense of reality, whilst another person is in a state of confusion, trying to understand rather concrete thoughts which disorientate their own sense of reality. Thus, the first sensation one is forced to feel in these situations is anxiety and a sense that one should know how to communicate something meaningful. But this is very difficult, for whatever reason, not least the patient’s certainty that they are right.

**CLINICAL EXAMPLES**

Another patient of mine, a manic depressive doctor, had been admitted because he was feeling driven to jump out of the ten storey window of the research centre where he worked. He could not bear doing his job anymore. It soon became clear that everything this man had ever done in his life, he felt he had been made to do. He had never made a decision of his own. He had become a doctor to please his father. He had married because his wife had told him she would leave him if he did not. He had been wearing the same pair of shoes with holes in because he could not go to a shoe shop and choose a pair for himself. His father would sometimes take him out shopping and buy him clothes which he would choose for his son.
His plea to me was, ‘Please tell me what I can do to stop feeling so awful.’ It felt very cruel not to tell him what to do. In these situations, some awful catastrophe is being communicated but the only response to begin with may be to feel pressure and anxiety to say something – but what? With both patients, it seems to me to be important to resist grasping at apparent answers and to bear being with very concrete experiences that, to begin with, seem to lack meaning. What is being communicated to the therapist is something very powerful: an experience of trying to find understanding in a world that lacks symbolism.

Another patient I heard about is a south London gangster, a hard man who has probably had a few people murdered. He is admitted because he is being driven mad by a persistent auditory hallucination from radiators in his home or the pub. The music has the sound of a dulcimer and it is driving him mad. Clearly, something is being broadcast by the radiator. If these were all dreams, we could probably have some understanding but the problem here is they are not. We might understand that the gangster has placed his gentleness, his goodness, the music of his soul, into the radiator, a thing of warmth, and it is now persecuting him. But what good does this do the patient who seems to be locked in a world where there is no symbolic meaning? It is real.

A trans-sexual man tells me he wants to cut off his old man. When I suggest this might have something to do with his castrating father, he feels attacked and threatened, calling me a mind fucker. I say it seems that I cannot change his mind but it is all right for him to mutilate his body. I am confronted by the spectacle of a man changing into a woman, oblivious to what he is doing. The only person who might have some feelings about his losing his old man seems to be me.

THE OBVERSE OF CONTAINMENT

In these cases, there has been the introjection of an object performing the obverse of containment. In most of us, the introjection of an object that loves and protects the self and is loved and protected by the self is the basis of our security. Bion developed Klein’s theory, stressing the function of this introjected object – to make things thinkable, understandable and tolerable. He described the process of projective identification whereby a child can have a parent into whom they can project feelings, good and bad, for parental understanding. It is the parent who can name things and make sense of these sensations for the child, using their own experience of having been understood, as in container/contained. Bion described these early proto-thoughts from the child as beta elements and the mother’s function of processing them as alpha function. The parent must have the capacity to bear the psychic pain the child cannot tolerate. Repeated experience of this process leads to an internalisation of a thoughtful object which gradually enables the child to deal with anxiety himself. I do not want to idealise this process. We can all be thoughtless at times. On a recent sailing holiday, I was struggling to reef a sail in a strong wind and my 15 year old son was on the helm doing, I have to say, a sterling job. However, in my struggles, I shouted at him to keep us on course. He replied, ‘OK, dad, but when you don’t
know what you are doing, please don’t put your anxiety into me.’ This, I think, was a small episode of my using my child as a container for my own anxiety and his reply suggests he has a good enough object inside him – probably his mum – to allow him to deal with my anxiety.

My most important experience of this was with Dr L. She was a patient with a long history of hospital admissions. They began as a result of having to be involved in abortions as part of her obstetrics and gynaecology training. In response to this, she developed a persistent hallucination of her mother telling her she should kill herself because she was evil. She had received ECT at some point and seeing me was her first experience of psychotherapy. This is not unusual. A number of young patients I have seen are often enacting serious psychic conflict but they are responded to at a physical level. Concrete communication is responded to in a concrete way.

At some point in the psychotherapy, Dr. L became pregnant. She was assailed by violent feelings towards herself and her baby. The feelings were strong but another part of her resisted them. The experience of being with her in this conflict was almost unbearable for me. To feel responsible for an adult was one thing. To feel responsible for an unborn child was another. I have written about the management of this patient elsewhere (Morgan, 2001). Dr L was communicating in a profoundly confused way something that was completely unconscious to her. As I helped her, and she became more able to think, it was not surprising to discover that Dr L’s own mother had been the youngest survivor of seven children, all of whom, barring the eldest, had died after their birth, due to blood group complications. The eldest had then died in the war.

I gradually realised that, despite having no knowledge of her family history, even in the volumes of psychiatric notes and files, through analytic work with this patient it had become possible to be in a position to understand her apparently mad communications. They contained the profound impact of a traumatised mother on her baby. The mother of Dr L felt unable to face the awful experience and the possibility of dead babies – or dead patients – she had been forced to experience. This was mirrored in my own counter-transference feelings, in that my inability to feel able to help Dr L was a reflection of a mother’s inability to give life to her children. Due to her own history, Dr. L’s mother felt ill equipped to deal with her own child’s aggression, which then erupted in Dr. L. when she had to participate in an abortion. She felt she was left in a world accused of the original crime and probably persecuted by her mother’s own unbearable survivor guilt.

Dr L’s feelings of culpability were an example of her attacks on a mother who, due to her own pain and guilt, was experienced as unable to detoxify her first child’s aggressive impulses. Instead, she returned them to her child in a persecutory way. In enacting the abortion, Dr. L was in fantasy becoming what her mother may have felt herself to be: you are a bad, murderous person who kills off other children and you deserve to die for...
your attacks on life. It was only very gradually, through a process of discovering whether I corresponded to this projection, that is, that I would hate her for what she had done, that the beginning of some other form of object relation began to develop.

**THE CONTINUING SEARCH FOR CONTAINMENT**

Bion described this process where the object is impervious to the child’s projections. They are not acceptable to the object and are returned unprocessed into the child and appear as a nameless dread. Williams describes this process where the child is used as a receptacle for the parents’ return of the projections into the child. As in the example of Dr. L, these are still projections looking for containment but they are unlikely to be understood by the child, anymore than the mother’s mother, in this case, could comprehend them.

As Gianna Williams (1997) says, this involves the introjection of an object which is not only impervious but is also overflowing with its own projections, looking for a place to be understood. This then comes to reside in the mind of the infant. I think this a profoundly important addition to our work with severely abused and traumatised children and adults. As she goes on to say, just as the introjection of the alpha function is helpful in establishing links in organising a structure, the introjection of the omega function has the opposite effect, disrupting and fragmenting the development of personality. Williams links this helpfully with current attachment theory and disorganised, disorientated, secure, ambivalent and avoidant attachment. The attachment theorists suggest the attachment figures of children who have been traumatised have themselves experienced severe trauma.

I have survived seeing several adolescent patients who had been victims of serious violence and sexual abuse as children. This was at the Portman Clinic and more recently in my private practice as a psychoanalyst. I was lucky enough to get funding from an NHS Trust to see two patients in intensive analysis. They were both suicidal and had exhausted all other avenues. They were at the end of the line, hence their referral to me, sitting at the end of that line.

**CLINICAL EXAMPLE**

Ms D was a concern to her parents because she was failing at school. Having been somewhat successful, she had become increasingly withdrawn. In our first meeting, she sat opposite me, a young girl with glasses. I asked her to tell me about herself. In the beginning, she was able to tell me about her parents sending her but then lapsed into a silent look of beseechment which felt extremely uncomfortable.

I felt rather trapped with this silent, beseeching patient who had stopped talking. This continued until the end of the session. I felt confused and rather irritated when I brought the session to a close. I saw her for three months, trying to establish some contact, and each session was occasioned by this behaviour. She would sit opposite me and move as if she was going to speak, then fall back in her chair, defeated, looking at me with this beseeching
expression. I found myself egging her on to say something, to let it out, or I would scramble around in my own counter-transference, trying to find something coherent to say.

Of course, I now realise it was the incoherence I was being expected to bear. I was able to say something about her fear of the effect the words she wanted to say might have on me. But each session was the same, over and over, until I began to dread seeing her. I would hope that she would not come but she did, relentlessly on time to every session, bringing the same repetitive behaviour. I would pick her up from the waiting room, where she sat with a hopeful expression, whilst I was feeling apprehensive about the next fifty minutes I would have to endure. Obviously, I knew something was being communicated or that I was being incompetent. As each session came and went, it added to the sense of cumulative dread and disappointment. I thought of bringing the sessions to a close or suggesting I bring in paper or pencils which might relieve her need to put things into words but she shook her head and seemed to indicate that she needed me to bear this endless enactment.

For six months we continued with this endless, silent behaviour. My rather formulaic interpretation also continued, despite the fact that I was fed up with using it and had little belief that it would have any effect. Then, one day, she responded. I had said yet again that she was showing me what it felt like to be with someone who creates a feeling that something is about to happen, only to be disappointed; that this might actually have been her experience, or her fear of what might happen here, if she was able to speak. She whispered, ‘Yes.’ I felt anxious that the moment might be lost so I just responded with another yes, said in as unthreatening a way as possible. Then, in a very quiet voice, she told me about how her father had been visiting her room over the years but not since she had started coming here. He would masturbate her and himself.

Suddenly, because she could put into words her experience, the behaviour I had been living through over six months seemed clearer. I said that this had felt very difficult to put into words with me and up until now she had been showing me what had happened to her through her actions in the sessions. In some ways, she had to see if I could bear it before she could put this experience into words. She again whispered, ‘Yes.’

CLINICAL AND ETHICAL DILEMMAS
I had the usual anxieties that what was being communicated was a fantasy or, indeed, a communication more about what was happening between us – who was exciting who? But her real need to begin to think about her real experience impressed itself upon me far more powerfully.

Of course, the enactment continued because I was now in the same position that she was in, with the knowledge of her abuse in my head. I had to know what to do about it. Should I remain silent as she had done? Assume that the abuse had stopped, which it may not have done? Or use the information she had given me in confidence to bring awareness
of what had happened to the notice of the services? Her dilemma of when to speak or not now became mine. I explored this with her, how it seemed I was now really able to understand her dilemma while she was watching me very carefully to see what care I had to give her at this moment. Her father had left her with the confusing problem of what to do with an adult who does not know the difference between hurting his daughter and taking care of her. She had now shared that difficulty with me and I think she was wondering if I, as an adult, had any other way of dealing with it than keeping it quiet, as she had done.

She agreed. She said she did not want to hurt her father by getting him into trouble but she did not want what he was doing to continue. She was frightened because she felt it had only stopped because he was afraid that she would tell me. We were able to think about this together. Just as she wanted to share this problem with an adult, she was also aware that adults were not to be trusted and she was afraid I would do something with the information she had given me or, conversely, not do anything.

The question seemed to be: how could we help an adult who dealt with his own muddle about his own sexuality by putting it into her, and making her muddled about her own feelings? What seemed very important at this time was that I did not add to her muddle and we could decide on a course of action together. It seemed that she was very frightened of my reaction to her revelation and I had at first had to relive the experience with her to gain her trust. When someone has been enacted on mindlessly, it seems it is necessary to bear this experience long enough before any symbolic representation of the experience can be communicated. I find this work exhausting and my mind is full of admiration for anyone who works with this client group full time.

If a child has been the repository of cruel acts, however mitigated by circumstances, the intra-psychic equivalent of 'we were only following orders', is there any hope of reparation? Is there any possibility of repair?

Anna Freud felt that evil was reparable. Working with victims of the second world war, she felt that only love could mitigate hate. Indeed, whatever school of thought we come from, the whole therapeutic process is sustained by love in that it is our belief that its expression through human and relational elements modifies cruelty. However, this ideal in our very disturbed patients has not proven to be true. Contrary to these theories, real destructiveness is difficult to solve.

**SURVIVAL THROUGH PERVERSION**
The sexual perversions I have witnessed in the patients I have seen seem to be a distorted development of the entire personality and mental structure. Sexualisation and violence become a mental state which is used to withdraw from reality and the need to relate to the world. Unlike Freud's view of a development of infantile polymorphous perversity, a withdrawal into sexualised mental states means that any humanising influences that
may occur in that person's life have to be attacked. These sexualised states of mind obliterate the need for human relationships in such a way that human relationships play no part.

The quite understandable problem is how to help the patient benefit from this effort as it all appears in the beginning to be the analyst who must breach impenetrable barriers. Sometimes, the patients we see have to resist the powerful forces of humanisation, love and concern, and the importance of ethical right and truth, because these things we might consider to be life forces are the very thing that are likely to make them aware of the paucity of their existence. Thus, what we think is life-giving to our patients is in fact perceived as a horrendous threat. A patient I see told me that if she believed what I gave her in the sessions was what she needed, she feared she would become a feral child, unable to control her needs, which would either destroy me or leave her to gorge herself on food until she killed herself with obesity. It is useful for her and me to imagine a part of her holding a ham roll to her head saying, ‘If you get any closer I’ll kill myself with this.” At one level, she is terrified of her destructiveness towards me and the object. On the other hand, she is also aware that after a lengthy period of neglect at the hands of a seemingly very mad mother (she had been excommunicated from her mother at the age of 11) she is justified in questioning if she has done anything so awful to her mother.

Another patient I saw at the Portman was a young man who had come into treatment because he was unable to sustain a relationship. He was heavily into sado-masochistic practice. He did not want help with this part of his life. He just wanted help to meet someone who would participate. He told me that it was his sado-masochism that had saved his life. He and two of his friends had been arrested after political unrest in his country of origin. They had been imprisoned and tortured. Both his friends had died in captivity but he had survived and flourished in jail and had even gained the admiration of his captors for his capacity to bear the pain inflicted upon him. It was his interest in sado-masochism preceding his capture, he said, that had sustained him. The others had missed their families. He had learnt to love his cruel persecutors. One could see why finding a partner might be difficult but one had to sympathise with his view. Do these perversions therefore have a survival remit?

In many of his writings, Andre Green (2005) considers the destructive drive to be aimed at destroying the meaning of everything, that good has to be rendered meaningless. Real destructiveness, or what he terms evil, is not the opposite of love but coldness and absence of love are. Destructiveness is, then, an attack on the emotions and any relationship between human objects. No understanding is possible because understanding is attacked. As one of my patients is fond of saying, ‘I can understand what you say but I cannot feel anything about it.’

These attacks are occasioned by a particular form of pleasure which makes destructiveness preferable to any good. It involves a desire from which any respect for or understanding
of the other’s needs and existence is banished. In its most primitive form, as seen I believe in sado-masochistic patients at the Portman, it is the fascination of absolute destructiveness and domination of the helpless victim which gives rise to pleasure. The more extreme end is what might be called identification with the aggressor. But it involves an attempt to rid oneself of all awareness of goodness.

EFFECTS ON THERAPEUTIC WORKERS
At times, I have felt sickened, rejecting, some hatred for what such patients are putting me through, hopelessness. At other times I have felt hope. I have often had to live with the guilt that if they did not attend again I would be relieved. The latter is a hard one to achieve. I have had to overcome profound pessimism about my own capacities as a human being and as a therapist. The need for patients to have a bad object in these cases is paramount.

It is important to highlight the role of the therapeutic worker who in my view is often at the end of an evolutionary line of enactment. In this position, we are being asked to bear the unbearable. The experiences that we are being asked to know about can seem to be black holes in the psyche, passed down from one generation to the next. I remember a rather confusing time for me at the clinic when Valerie Sinason was working there, so we were all rather sensitised to the whole issue of satanic abuse. We had a succession of cases referred to us of people from extremely abusive backgrounds. One after the other came from a particular area and I can remember somebody in the clinic group saying there must be a black cloud over this place. The next week, on Desert Island Discs, a bishop was saying that his ministry had a dark element to it, that he sometimes thought there were real areas of his diocese that were full of evil. He mentioned this place. So often with these patients, we are being asked to bear a great deal of accumulated badness.

I am full of admiration for those working in residential homes, such as the one I used to consult to five years ago, now closed. Every week, I would hear about impossible cases of abused children forced to bear witness to their parents’ violence and cruelty. It was as if they lived in a world of action where thought was unavailable. It was the staff’s lot to have to withstand a barrage of relentless acting out. Indeed, I was originally asked to attend their meetings after a resident had bitten a member of staff on the breast so badly and traumatically that she had required several weeks off.

CONCLUSION
So this is the question: What do we workers do with the communication of this trans-generative transmission of trauma? My task in the children’s home seemed to be to just listen to the catalogue of abuses that the staff had to suffer at the hands of the children they looked after, as well as from those who were supposed to manage them. As Lanyado et al (1999) have said: ‘It is the cumulative traumatisation that can take place within the worker’s mind if we are not adequately supported that requires thought.’
BIBLIOGRAPHY


Thalamic Fear

Ricky Emanuel

ABSTRACT
This paper suggests that some neuroscience concepts particularly concerned with brain pathways in trauma and fear, as well as the neurobiology of emotion, provide an additional vertex to the psychoanalytic understanding of patients’ material. The role of the body has been neglected in psychoanalytic thought and formulations in favour of purely ‘mental’ experience. The paper attempts to show how neuro-psychoanalytic understanding, which is conveyed to patients through interpretation, can increase their depth of understanding. Different types of memory are delineated and the paper describes a simplified schema of emotional processing, drawing on Damasio’s distinction between emotion as an instinctual body based experience and its mental representation as feeling. Clinical examples are used to illustrate the usefulness of the distinction. The concept of emotional regulation is discussed as well as showing how its failure is associated with the appearance of persecutory superego structures.

Keywords: Neuroscience, child psychotherapy, psychoanalysis, trauma, fear, emotional regulation, feeling, persecutory superego

INTRODUCTION
In this paper, I attempt to describe how my reading of neuroscience and my links with neuro-developmental paediatrics provide an additional vertex to understanding patients’ material and informing my interventions. There is a danger of oversimplification when one tries to describe extremely complex and, as yet, partially understood brain processes, with only a limited lay knowledge. Nonetheless, I believe this vertex has enabled me to understand phenomena in the consulting room in a different way and has helped me frame interpretations differently. I have also noticed that patients seem to feel more fully understood by those interventions which are informed by both psychoanalytic and neuroscientific perspectives. I begin by describing an incident with a traumatised child which I think will be familiar to many therapists working with children.

MICHAEL
Michael is an 11 year old boy who was, allegedly, brutally sexually and physically abused by his father and other men over a prolonged period. After an initial honeymoon period, he was quite provocative with me. He would try and test to see what sort of a man I was and to discover what he needed to do to make me behave in the way he expected...
men to do. We had spoken a lot about this and he was able to vent a great deal of rage at his father and what he had done. Sometimes, he threw tiny bits of plasticine at me, waiting for my response. It was all done in a conscious and premeditated way. In one session, near to the start of his therapy, he started kicking at the soft arm chair in the room, trying to wreck it. He was doing it in a manner that suggested he was trying to wind me up. He was laughing as he did so and began to simulate anger as if he was kicking someone who was down. When I did not respond to his provocation, other than talking to him about it, which he mocked, he began throwing things at me. His behaviour was clearly intended to annoy. He then, rather surprisingly for him, threw the wooden father doll quite hard at me, grazing my head slightly. He thought he had hurt me and I saw his expression change. In an instant, he seemed to lose all the colour from his face. His eyes widened and he was breathing fast. I tried to talk to him about what had happened and how frightened he had become although I felt he had become unreachable, seeming to be in the midst of a state of panic. He rushed out of the door and barged into the room where he knew his mother was with her worker. I followed him to the room and explained to his mother that Michael had become very frightened with me. Michael, head buried into his mother, was crying uncontrollably. I said that it seemed as if he could not manage more today and that I would see them next week.

I found myself dreading the next session so was rather surprised when Michael greeted me in a friendly manner. He came easily to the room. I said that we needed to try and understand what had happened last week. Did he have any thoughts about it? He did not reply but rummaged in his box, taking out the cardboard box which had originally contained the dolls, including the one he had thrown at me the previous week. He then took out some correction fluid and drew a figure over the picture of the father-doll on the box. The figure, of another man, looked like a ghost and made me think that the father figure looked possessed.

I was amazed by this activity as it seemed such an articulate representation of how his internal father had been projectively identified with me so that he perceived me as changed, a different person, to whom he reacted. The quality of it was so concrete that it seemed different from an ordinary sort of transference. I was experienced as a different person, who produced terror in him. He was not able to discuss it much with me but I felt that it did not need much discussion at this stage as he had managed to convey non-verbally what had happened. Over the following weeks we sometimes came back to it, usually with me bringing it up and him seeming hardly to remember it.

But what actually had happened? We can understand it psychoanalytically with theories of transference and enactment, but his reaction to me, and the speed of his terrified response, can be thought about more deeply in the context of an understanding of neurobiological responses to trauma. A small external event had triggered a fear pathway, which mobilised Michael’s fight/flight system and he had no choice but to run. When
he returned, he could not speak about it, ‘declare’ it, but showed me procedurally what had happened through his drawing.

**TYPES OF MEMORY**

I shall draw heavily on Regina Pally’s book, *The Mind-Brain Relationship* (2000), in the following discussion about the neuro-scientific understanding of traumatic responses. This is an excellent summary of the relationship between neuroscience and psychoanalysis. I shall also refer to the emotions in general, and I shall make particular reference to one emotion, fear. I shall also be referring to Antonio Damasio’s works, *The Feeling of What Happens* (1999) and *Looking for Spinoza* (2003). I will not be acknowledging each quote as it will become tedious.

Twenty years before I came across the field of neuroscience and its application to psychoanalysis, I remember reading *Bion in New York and Sao Paulo* (Bion, 1980). A particular phrase stuck in my mind which took me a long time to locate but which contributes to the title of this paper. Of the developing foetus, Bion wrote:

> When do the auditory or optic pits become functional? When is there some kind of primordial sight or hearing? By the time there is an autonomic or sympathetic nervous system – a ‘thalamic’ brain – the embryo may be experiencing something which one day might be called ‘hate’ or ‘fear’; contemporaneously an impulse to fight or run away. The thalamus and limbic nuclei will one day be the origins of fear and aggression, dancing and combat. For convenience we can describe this briefly as ‘sub-thalamic behaviour’…One day the remnants of that [anomalous] response can emerge with a force that disconcerts both patient and analyst’. (Bion, 1980: 22)

How useful is this concept of sub-thalamic behaviour? It struck me as a suggestion of a primitive level of response which suddenly surprises, as if coming from nowhere in particular, and is not part of higher brain function. Michael’s response seemed to fit this description more accurately than the theory of transference. The fear response has been extensively investigated – from early Pavlovian studies on conditioned fear to modern neuroscientific studies of the central role of the deep, reptilian, midbrain, sub-cortical structures, like the amygdala. In order to deepen the understanding of Michael’s responses to me, it is necessary to explore different types of memory and to consider the distinction between emotion and feeling.

**DECLARATIVE OR EXPLICIT MEMORY**

Declarative memory refers to the conscious recollection of a previous experience; facts, thoughts or words which can be described or declared. Re-membering, as the word suggests, refers to the fact that experience is reassembled from its constituent parts, including sensory experience, each time a memory is evoked. Memory is not laid down
exactly like a CD, always sounding the same each time it is played, but has to be reconstructed each time. The hippocampus plays an important role in declarative memory as it is a kind of index to the relevant information and helps hold it in an activated state. It also provides the spatial context, the where something happened. For example, consider the familiar experience of remembering something and needing to find it. One finds oneself in another room with no recollection of what one is looking for. One needs to return to the room where the thought of needing to find something first occurred, in order to re-evolve the spatial context in the hippocampus. The when of the experience is provided at cortical level by the prefrontal cortex.

Emotional arousal increases the likelihood of encoding and it is mediated by the stress hormones which activate the amygdala. The amygdala signals when the information is emotionally significant. I will return to this later. In traumatic situations, a highly emotionally aroused state is itself encoded with the event remembered.

**NON DECLARATIVE MEMORY (IMPLICIT MEMORY)**

This refers to the aspects of an experience that are non-consciously processed, and it includes both what is known as emotional memory and procedural memory.

Emotional memory refers to the conditioned learning of an emotional response to a situation and is mediated by the amygdala. The amygdala activates the visceral changes of the autonomic nervous system that accompany emotion, for example, changes in the heart rate, vasodilatation and gastric motility. The memory representation of these changes is stored separately from the factual details of the experience. Procedural memory refers to the learning of tasks such as walking or riding and the coding of experiences which cannot be stated, only ‘demonstrated’. Children’s play and drawing call on this type of memory.

In traumatic situations, the high level of emotional arousal impairs memory and the hippocampus can atrophy with large quantities of the stress hormone cortisol. This damage accounts for some of the memory difficulties of trauma victims who are able to retain the physical and emotional aspects of the experience, the encoded body changes of emotional memory, but cannot recall the actual details of the event. Flashbacks are memories of the sensual aspects of the event without the location and ‘temporal signature’ (Patty, 2000) of hippocampal processing that places the event in the past rather than the here and now.

If we return then to Michael, his primitive sub-thalamic behaviour included the mobilisation of his fight/flight system in a situation where he had lost the ‘location and temporal signature’ of the traumatic event. This meant that the non-declarative emotional memory of past traumatic events, including body changes – his draining of facial colour, widening of his eyes and presumably increased heart rate amongst other things – meant...
he was again, in the here-and-now, in the presence of a dangerous man. He was unable to verbalise the experience drawing on declarative memory, but instead could only express it non-declaratively through his drawing. I was the dangerous father. The danger was happening in the present moment. My work with him, in later sessions, to name the experience, with emotion recollected in tranquillity so to speak, facilitated explicit and declarative processing of the experience and the potential of locating its place and time. My hope was that, through the work, any future environmental inducement of the emotional states connected with his trauma, would merely activate past memory transformed into declarative form. Is this the meaning of working through? Does it add another dimension to our understanding? It certainly justifies the naming and containing aspects of our work with traumatised children. Klein wrote that acute anxiety in children forces them to employ a less direct form of representation than speech in the form of ‘primary archaic modes of representation by means of toys and action’ (Klein, 1932: 14). Fortunately, children’s play and our use of the countertransference enables us to get access to non-declarative aspects of memory.

**WHAT IS AN EMOTION?**

I intend now to explore in more depth the neuroscientific understanding of emotional experience, particularly the nature of one of the so-called primary emotions, fear. In doing so, I hope to show that an understanding of the substrate of emotional experience can inform our work with patients and deepen our appreciation of such responses as Michael’s.

Emotions are linked to human survival. They are part of our basic system of homeostatic regulation and organise the organism’s sustained response to rewarding or aversive stimuli. A key point is that emotions link mind and body. Damasio (1999) wrote that twentieth century science left out the body (including psychoanalysis, even though Freud spoke of the first ego as a body ego) and ‘moved emotions back to the brain but relegated it to the lower or neural strata associated with the ancestors whom no one worshipped’ (Damasio, 1999: 39). Damasio re-adopts the concept of organism within an evolutionary perspective, so that the brain does not just get associated with mind but with the whole organism, thus bringing the body back into its central place in our lives. He convincingly shows how reason is underpinned by emotion and that emotional experience, as Bion and others have written, is at the heart of the matter. Emotion is processed outside conscious awareness in the midbrain and brain stem rather than at cortical level. Damasio draws a distinction between emotions and feelings:

> Emotions are complicated collections of chemical and neural responses forming a pattern; all emotions have some kind of regulatory role to play, leading in one way or another to the creation of circumstances advantageous to the organism exhibiting the phenomenon; emotions are about the life of the organism, its body to be precise, and their role is to assist the organism in maintaining life. ...Emotions are biologically
determined processes depending on innately set brain devices laid down by a long evolutionary history. The devices which produce emotions occupy a fairly restricted ensemble of subcortical regions... the devices are part of a set of structures that both regulate and represent body states... The devices are engaged automatically without conscious deliberation... All emotions use the body as their theatre ... but also affect the operation of numerous brain circuits. The variety of the emotional responses is responsible for profound changes in both the body landscape and the brain landscape. The collection of these changes constitute the substrate for the neural patterns which eventually become feelings of emotion. (Damasio, 1999: 51-52).

He proposes that the term ‘feeling’ should be reserved for the private mental experience of the emotion, the representation of the biophysical state of the emotion, while the term ‘emotion’ should be used to designate the collection of responses, many of which are publicly observable, like facial expressions. One can observe a feeling in oneself but not in another person. One can only observe an emotion in others. This begs the question about how feeling is transmitted from one person to another through processes like projective identification. Schore (2000) has written about projective identification as a right brain function which is observable. This remains to be seen. However, there is no doubt that emotions are the means by which body and mind interact. Recent work cited by Damasio on ‘mirror neurones’, may help elucidate the neurobiology. These structures ‘...represent, in an individual’s brain, the movements that very brain sees in another individual, and produces signals towards sensorimotor structures so that the corresponding movements are either ‘previewed’, in simulation mode or actually executed’ (Damasio, 2003: 115-116). These link one individual’s bodily/emotional responses to another.

Damasio makes another psychoanalytically fascinating statement: ‘Another important consequence of the pervasiveness of emotions is that virtually every image, actually perceived or recalled is accompanied by some reaction from the apparatus of emotion’ (Damasio, 1999: 58). Perhaps this provides a route for understanding the primary place of unconscious phantasy in our lives.

EMOTIONAL PROCESSING

Pally (2000) gives a clear exposition of what is known about emotional processing in Chapter 4 of her book. I shall summarise what is already a highly condensed and extremely complex subject and again am mindful of what can be lost in translation.

Any stimulus from without or within, including a memory for example, is appraised for its relevance to the organism (Figure 1). The pleasure principle is the central mechanism here for deciding whether the stimulus is rewarding or aversive. The brain and body change as a result of these appraisals which are entirely non-conscious and extremely
The thalamus routes the inputs and the amygdala makes simple, innately programmed kinds of appraisals: good/bad, familiar/unfamiliar, safe/dangerous. The orbito-frontal cortex, a higher brain cortical function, reacts to complex situations and may also be brought into action to evaluate the stimulus, using past experience. The orbito-frontal cortex, is highly involved in attachment behaviour. There are rich interconnections between these structures. The amygdala/orbito-frontal cortex appraisals send messages to the hypothalamus and brain stem which activate brain and body changes. These include endocrine production, autonomic nervous system responses and muscoskeletal behaviours.

<table>
<thead>
<tr>
<th>Sympathetic nervous system (the 'fight or flight' system)</th>
<th>Parasympathetic nervous system (the 'rest and digest' system)</th>
</tr>
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<tbody>
<tr>
<td>• eye – dilate pupil</td>
<td>• eye – constrict pupil</td>
</tr>
<tr>
<td>• lung – increase respiration</td>
<td>• lung – slow respiration</td>
</tr>
<tr>
<td>• heart – increase heart rate</td>
<td>• heart – slow heart rate</td>
</tr>
<tr>
<td>• salivary gland – inhibit salivation</td>
<td>• salivary gland – stimulate salivation</td>
</tr>
<tr>
<td>• intestine – inhibit digestion</td>
<td>• intestine – stimulate digestion</td>
</tr>
<tr>
<td>• andrenal medulla – release adrenalin</td>
<td></td>
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</tbody>
</table>

The autonomic nervous system (Figure 2) consists of the sympathetic nervous system, or flight/fight system, and the parasympathetic nervous system or rest/digest system. Both sides of the autonomic system innervate each organ. The muscoskeletal system is innervated and emotional behaviour, such as Michael’s, occurs. His appraisal of the situation through the amygdala gave the signal that he was in danger. His autonomic sympathetic nervous system made his pupils dilate, his breathing rate increase, and...
presumably his heart rate increase. His flight from the room seemed to suggest an
adrenalin rush. All these processes are in a feed back loop to the brain, which represents
the experience and gives rise to a feeling which may or may not become conscious.

Damasio states : ‘Emotion as the word indicates is about movement ( motion), about
externalised behaviour, about certain orchestrations of reactions to a given cause within
a given environment’ ( Damasio, 1999:70). ‘A pattern of activation within the body
and the brain represents within the brain a particular emotion as a neural “object”.’
(Damasio, 1999:79). This change in the body and brain landscape is sensed as a feeling.
The resulting collection of neural patterns becomes images in the mind which he terms
a ‘movie in the mind’. The whole relation of these processes to the understanding of
consciousness is a huge and fascinating subject and well worth reading.

Before moving to one specific primary emotion, fear, I should like to consider some of
the implications of all this. I find the distinction between emotion and feeling clinically
very useful. Further, the idea that emotions are largely bodily experiences puts the body
back at the centre of experience and has changed the way I speak to patients.

A CLINICAL ILLUSTRATION
An adult patient was talking about a weekend workshop she was due to attend. She
said she was extremely anxious about one part of the weekend which involved going
naked except for underwear into a ‘sweat lodge’ where there was an open fire in a pitch
dark tent and rose oil was poured onto the fire. Each person had to say what animal
best represented him or her. When I explored what the patient was afraid of, she talked
about feeling exposed. She did not think she would be able to do it. She said it reminded
her of losing her dancing shoe when she was on stage as a little girl. She said she was
worried I would think she was pathetic worrying about it. I commented that she feared
a scathing response from me and that I would look down on her for not managing it.
I then talked about her body being exposed and a fear that people would be able to see
how panicked she was from her body signals. I suggested that she was worried
she would not be able to control her panic, that it would come from a part of her that
she could not stop and, knowing what it feels like in her body, she was afraid others
would see her ‘sweating it out and panicking too’. She agreed with me in a feeling
way and spoke of her helplessness and shame in this kind of situation. I then worked
with her trying to name the elements of her body experience so that she could recognise
them as belonging to a primitive kind of panic response. We talked about how, when
she felt the feelings in her body, she might be able to give them a name and so know
what was happening to her. In passing, I want to draw attention to the fear of being
seen and a superego response in this kind of material as I think it is worthy of further
study. I shall return to it later. I doubt that I would have worked this way with this kind
of material in the past, speaking directly about bodily experience, but I am fairly convinced
my patient felt better understood because I did so.
CONDITIONED FEAR

The pathways for fear have been worked out in most detail, especially in studies on conditioning such as linking noises to shocks in rat experiments. The sub cortical structure, the amygdala, which I mentioned several times before, has a central role in fear. It has been found that there are two routes in a fear response; a shorter, rapid, subcortical route directly through the amygdala, by-passing any cortical or hippocampal functions, and a longer one which involves these structures (Figure 3).

Each route has the identical output, a fear response, but arising from different reactions to the stimulus information. The shorter route reacts to simple cues devoid of contextual information whilst the longer thalamus-cortex-hippocampus-amygdala route takes more time to trigger. This longer route involves some kind of thought as we know it whilst the shorter route seems automatic, almost a stimulus-response, but it is not a reflex action. The shorter route is likely to produce an immediate fight/flight or dissociative response or a kind of second skin defence such as freezing. The cortical route can inhibit the fear response triggered by the sub-cortical route. There is greater sensory discrimination and awareness of context. So although the fear response may be evoked, for example in traumatic reminders, conscious awareness of what is happening may help diminish the response. This is the link I tried to make in the ‘sweat lodge’ material above. The contextual information provided by the hippocampus can help the organism avoid the source of the danger, as in avoidant behaviour following a trauma. Similar locations or sensory information can trigger the fear response and so these are avoided in Post Traumatic Stress Disorder (PTSD). The cortex also plays a crucial role in emotional regulation or containment of anxiety. It is known to be involved in the inhibition of cortisol production, which as I mentioned above can lead in excess to an atrophy of the hippocampus and consequent loss of contextual information.

The cortex, particularly the pre-frontal cortex, can shift from the automatic responses of the amygdala to decisions and choices about what response is indicated, based on
prior experience and learning. Memory is available so that choices can be weighed up. This is clearly profoundly relevant to psychotherapeutic work, especially in connection with the role of emotional regulation and containment, which allows development of the ability to think about emotional experience and to make choices. In the shorter, direct amygdala based route, no stimulus need be evident to trigger the fear response. It might have been conditioned before with a different stimulus, but is now generalised to a wide variety of situations, so that the current stimulus may be quite obscure. With Michael, I could see what set him off. However, sometimes people react to situations with an immediate fear response without knowing what it is that sets them off. If there is no contextual information provided from the hippocampus, the response can escalate into panic. As we know, the symptoms of anxiety are themselves represented as potential inducers of a fear response; panic about panicking. It also means, as Bion suggested (Bion, 1980: 22), that primitive infantile or even prenatal fears can re-emerge because they have been retained in emotional, non-declarative memory.

**AN ILLUSTRATION OF THE IMPLICATIONS FOR PSYCHOTHERAPEUTIC WORK**

I am particularly mindful of the different routes of the fear response, the shorter direct amygdala route and the longer cortical/hippocampal route. Panksepp (1998), a neuroscientist who has studied the varieties of emotional systems in the brain, states: ‘To be overwhelmed by an emotional experience means the intensity is such that other brain mechanisms, such as higher rational processes are disrupted because of the spontaneous behavioural and affective dictates of the more primitive brain control systems.’ Panksepp (1998)

A 41-year-old woman came into intensive psychotherapy with me because she was often overwhelmed by panic states and was unable to have any physical intimate relationships. Early in the therapy, I would greet her at the door and she would squirm, looking pale and terrified. As she hesitated, I never knew if she would make it up to the room. She was far too terrified to lie on the couch, as the proximity to me, as a man, would precipitate sheer panic and she would need to run away. She would sit in her chair often covering her eyes and squirming. She could hardly talk to me. I remember in an early assessment session I asked her to tell me a little about her family. She managed to tell me in a strangulated whisper that she had two sisters. I asked her their names. At this, she sprang out of her chair, eyes wide with terror, and shot out the room. I had no idea what detail elicited this flight response but what was observable was her emotional state. I had no access to her feelings. She, too, could hardly observe her own emotional states and so be able to transform them into feelings for herself. They happened too rapidly.

After some time, we gradually began to talk about her body responses and she began to be able to describe how she would get electric shock feelings right through her body.
Her shoulders and neck would be rigid with fear and the bodily manifestations of her ‘embarrassment’. She felt flooded with helplessness by these kinds of responses that she could do nothing to prevent.

We tried to unpack what this ‘embarrassment’ actually meant and to what it referred. It seemed to link to an acute sense of shyness and shame. She felt ‘stupid’ not being able to relate to people properly. The thought of any sexual contact filled her with dread. She was convinced that she was anatomically malformed and said if she was penetrated her vagina would shatter into a thousand pieces. Any sexual approach brought on a full-blown panic. She began to recognise the bodily symptoms of her panic states, particularly as we were able to name them in the session as they occurred in the work with me. She feared my ‘penetrating’ questions which included asking the names of her sisters. The fact I was a man set off the panic responses at the thought of lying on the couch in close proximity to me. There was, however, little or no contextual information available to her. I was a man, any man. There was no time signature (Pally, 2000) as there was no idea of past bad experiences. They were happening in the present moment. The content of the panic was less important than the ability to name the bodily elements of it and to develop a capacity to recognise the kind of situations that set it off. This naming process seemed to be a kind of slower, cortical activity where the activation patterns of her emotional panic states were first observed by me, then became observable by her. There are clearly interesting links here to the role of identification processes. One may speculate that her identification with me as the one who named her observable emotional states, enabled her to do so for herself, activating cortical activity.

After about four years of work, for the first time in her life she began a sexual relationship. It still proved very problematic for her. Every time her boyfriend was due to visit her and to bring with him the threat of sexual contact, she automatically felt filled with panic and dread. My neuroscience-informed interpretations were framed in terms of the speed with which she felt the fear coming on, noticing the bodily feelings associated with it and starting to see if she could bring evidence to bear to support her dread-filled premonitions. She was, by then, able to remember that she did not break into a thousand pieces during intercourse or when questions entered her mind in the sessions. When she felt the activation of her flight system, she could resist it and manage to stay in the session. She was also using the couch and was able to tolerate the physical proximity to me. She began to be able to feel the two speeds of her responses to threat; the immediate, automatic evocation of body-based terror and dread, and the slower, evidence-based thought. The automatic responses could be seen as ‘prejudices’ but were so much more believable because they were rooted in the body, apparently ‘not learnt’. She could see how the learnt, evidence-based responses could attenuate the prejudices, although they still persisted to some extent. She had to choose to ignore what her body informed her and fight against the urge to run away or shut down.
I often imagined she would need a body-based therapy to release the grip her body information had on her. She spoke about how she needed to be face to face with her boyfriend in order to experience any sexual pleasure but it was ‘excruciating’ looking into his eyes or being looked at. She felt so shy, and felt she would look fat, ugly or ridiculous having an orgasm. She could not look into a camera or have her photo taken and had always felt like that. If people spoke to her she would blush and be filled with horrible feelings in her body. The feelings blocked out desire and any anticipation of pleasure. She often dreamt of sitting tenants who had been there a long time and were hard to get out of her flat. It was hard for her to assimilate the changed internal situation and her ‘sitting tenant’ responses.

The only anticipation she had was of these shy, excruciating feelings. She knew it was not about a fear of penetration but more to do with this kind of shyness. I spoke to her about a hardwired, immediate automatic response which filled her up. However, she could see that the old way removed her from her current experience and the pleasurable sensory information derived from the actual pleasure of her sexual relating. This knowledge seemed to feel harder to come by and felt less convincing. She would say that if her body could speak, it would say something like, ‘I know I am right’ (a declarative statement) when she also felt she ‘knew’ it was not right. A dream she reported shows these processes in action.

I had cancelled the two sessions following this one and she had had a long period of notice from me about this. We had been talking a lot about the fact I was not under her control; I had cancelled the sessions without her permission.

She reported a dream as follows:

_I wanted to paint a pine door screening off the kitchen from the living room. I could not paint over one part of the door because there was varnish there and I tried to strip it off so the paint would go onto the door but the varnish would not come off._

In her associations to the dream, she spoke about how the pine was an old style and did not match the new maple doors in the kitchen. She also felt that if she painted the pine and wanted to change it back she would not be able to get it to how it was before. I commented that she wanted to change an old way of doing things like the pine, but that there were hard to remove defences against doing so; as hard to remove as the varnish. A part of her, like the varnish, resisted change and protected the old ways. Originally, it had served a purpose but now that time had gone. She agreed with me. I also wondered about pine, and pining over the loss of the next two sessions. I suggested that she was afraid to pine, as for her it meant something catastrophic. She responded by talking about her mother threatening to leave the family all the time. Whenever she did, she remembered, as a child, the electric shock...
feelings all over her body, her heart pounding and her dry mouth. She often wished her mother would go and get it over with, but she never did. I said that the varnish would be like a way to not have all those feelings in her body, for example, not to suffer panic about loss. She managed herself like the varnish, feeling she could protect and harden herself. If she stripped away this way of managing, she feared it would leave her exposed and she would be changed forever. Like the door, she would not be able to return to the original state.

Her main way of managing was maintaining the belief she did control me, and could make me come and go; the missed sessions, without her permission, were threatening this belief. She then remembered falling off a ladder in the garden and needing help and comfort from her mother, but all she got was a telling off. She then said sheepishly, she supposed that the area in the garden where the ladder was, was the same place where she used to trap flies in a bottle and not let them go. This was a familiar story to us and refers to the ruthlessness of her control over her objects. I said she was so afraid to let go of the old ways of managing in case they ushered in a return of those body feelings, including a feeling of helplessness, which had a ‘never want to experience them again’ quality. She said she hated those feelings, just as she hated not being able to speak in public, like she used to be here, wanting to run away and hide. She said even now when she went out with her boyfriend she had to fight against those feelings that stopped her from speaking to other people and not wanting to go to places. I then said that there did seem to be some wish to move on, like with the new maple kitchen in the dream, but it was such a struggle. Pining over loss was a different way of dealing with things from the idea that loss is always under her control.

**EMOTIONAL REGULATION**

The patient’s ladder material and her superego response to distress leads me to the part played by the presence or absence of emotional regulation in the fear response, and the consequences of being overwhelmed by an emotional experience. I have always found Bion’s definition of anxiety as a premonition of emotion, a very helpful concept (Bion, 1963:74). Neuroscience theory gives this an added explanatory power. It has strong links to Freud’s (1926) concept of signal anxiety as it refers to the possibility of an anticipated instinctual tension which can overwhelm the organism. The anxiety is felt as an increase in bodily or mental tension. The signal that the organism receives allows it the possibility of taking defensive action toward the perceived danger. This premonition can travel along either fear pathway and instigate action. Freud (1926) spoke of “automatic” anxiety as underlying signal anxiety. Automatic anxiety relates to a traumatic experience of total disintegration; the threat of annihilation consequent on being flooded by overwhelming quantities of (bodily based) instinctual tension experienced as helplessness. Automatic anxiety denotes a spontaneous type of reaction, as illustrated by some of the patients I have described.
above. It implies no capacity to judge or perceive the origin of the overwhelming stimuli. Signal anxiety serves as a warning about the potential emergence of automatic anxiety (Emanuel, 2000).

The capacity to cope with anxiety in a growth-enhancing manner depends, as we know, on whether the anxiety can be contained or regulated. We need others to help regulate anxiety as Attachment Theory or Bion’s concept container/contained implies (Bion, 1962). In a situation of stress, with an increase in cortisol production, we turn to others to regulate our emotional state. In the absence of a containing experience, perceived as emotional dysregulation, there is the danger of autonomic over-arousal which may correspond to the automatic anxiety described above. The attachment system, which is associated with the orbito-frontal cortex, is the basis of this biophysical regulation. Separation responses are known to be mediated by the amygdala in a similar manner to other fear responses. The orbito-frontal cortex has access to the representations of bodily responses to earlier situations. These body responses influence how the individual will respond to the current situation if they are brought into play. A state of dysregulation is itself an inducer of fear. The possibility of being in a dysregulated state can be the basis of shyness for example, as seen in my patient who studiously avoided situations likely to produce the body responses she so feared.

Unmodulated emotion or overload, while fear inducing in itself, seems also frequently to evoke a second order type of fear, a powerful superego-like response. Bion linked the emergence of what he called ‘super’ ego to the introjection of a minus, a failure of containment, sometimes manifesting as ‘nameless dread’ (Bion, 1962: 96-98). This superego finds fault with everything in a morally superior way. A destructive superego also emerges in some situations which Bion describes as ‘attacks on linking’. This too is associated with a failure of containment. Perhaps, then, in some states of emotional dysregulation, where there is little inhibiting activity by the cortex (something we call containment in other language), a primitive fear emerges which we can recognise as fear of a superego response. Certainly Michael and the adult patients I described all feared some very critical or punitive responses; either retaliatory attack in Michael’s case or, in the adults’, terror of being seen, feeling stupid, or fearing very harsh criticism. Interestingly, Bion, in Curiosity, Arrogance and Stupidity (1967) also associates manifestations of stupidity with failures of containment.

**CASE EXAMPLE: LESLIE**

I want to give a more detailed example of work with an 8 year old child, Leslie, about whom I heard in supervision. (I am grateful to Janet Sherrard for allowing me to use this material.)

Leslie was a severely deprived child who lived with his chronically depressed single
mother. She had not mourned a stillborn child born a year before Leslie. Mother had become pregnant immediately after this death and Leslie, as replacement child, had suffered a serious lack of containment. Failures of containment, with acute persecutory and chronic states of confusion and chaos, relentlessly projected into his therapist, were hallmarks of Leslie’s behaviour in sessions. He was very volatile, although there could be moments of poignant tenderness as well. He had, by the time of this session, some two years into the work, managed to recognise signal anxiety, a premonition of emotion. Nonetheless, he could not manage the emotional storm that ensued and became overwhelmed or flooded. It was in this state of panicstricken dysregulation that a cruel superego figure emerged with whom he identified, in order to give his therapist an experience of being on the receiving end of this type of bad object. Once again, it was done non-declaratively. The therapist’s attempts to modify this state through containment, and to make it more tolerable for Leslie so that he could reflect and use more declarative language, are striking. These are the therapist’s session notes with some of my comments in italics:

He arrives tense and rigidly controlling. He insists that he keep his jacket on. He pauses and says in a resigned voice, ‘It’s the holiday game again.’ *(This refers to a game he has invented where he is in control of who is left and who stays, much like the adult patient I described earlier. Once more, we are in the realm of attachment behaviour.)*

He seems to be trying to stay calm and cheerful. I speak quietly about the lucky ones who are in the warmth of their families over the holidays, compared with the unlucky ones who are left out in the cold, and that he fears I’m just dropping him out into the cold, hence his need for his jacket. ‘It’s getting colder...colder,’ he says in warning tones. *(Signal anxiety).* He tries to put the scissors, which he describes as a bird that is pecking and biting at the animals, into a cage which he’s making out of the fences. When his hands wobble and knock some of them over, he roars, ‘See what you’ve made me do. It’s all your fault!’ The atmosphere is saturated with emotion: panic and fury. *(He is finding it more and more difficult to tolerate the growing storm inside him. His capacity to contain himself with the symbolic play is breaking down. The scissor bird is a destructive link breaker that he is trying to keep under control so that his feared emotional state does not emerge. It may also stand for the destructive superego itself as it does seem to be emerging now in nearly full force as he relentlessly finds fault and accuses).*

While I sit silent, on tenterhooks, anxious for him and myself should he lose control, he tries repeatedly to join the fences. *(The therapist is the recipient of terror, potentially at the mercy of this cruel superego figure).*
‘Quiet!’ he snaps as he tries to control himself even though I am not saying a word. He tries to use the fences to make a roof so the scissor-bird can’t get out. (*Although it seems to be getting out already*). The truth is, they are not big enough, consequently his construction keeps collapsing. ‘Shut it!’ he snaps menacingly again, even though I’m still silent. ‘See what you made me do!’ he accuses. The whole atmosphere is one of imminent explosion. ‘They’re useless...why did you buy these!’ he roars. ‘They don’t work!...I’m getting angry!’ (He is able to name his feeling state here). He seems close to smashing his almost completed construction into bits. Instead, he throws the fences in my direction, yelling, ‘Don’t say one word!...I’m angry!’ By now, the atmosphere can be cut with a knife. (*The therapist is now really at the receiving end of this cruel object. He is also starting to act out, although the throwing may be a concrete form of projection*). After a long pause, I very quietly reply, ‘Yes.’

He goes to the sand tray. After another long pause he asks me to pass the animals from his tray. As I do so I suggest that he’s checking whether I’ll still be kind and want to help him. Once again, he complains that, ‘this stuff is no good.’ I comment on his disappointment in me, but he’s apparently engrossed in his play. After a period of quiet in which the explosive tension ebbs away, he gives me a running commentary, ‘There’s been a flood, ..it’s flooded everywhere...all the animals have died.’ (I think this accurately represents, symbolically, the catastrophic emotional flooding or being overwhelmed, that he feared happening, that kills off all his capacities to manage. Panksepp (1998), quoted earlier, mentions that the intensity of an emotional experience is such that other higher brain processes are disrupted by the more primitive brain control systems. Leslie, however, through the therapist’s capacity to take in his distressed state and to feel for him the fear of catastrophe as she sat on tenterhooks, did manage to declare and name it).

By this time I’m back in my chair feeling sad and anxious. I suggest that he’s worried that no one can survive such a flood. He continues, ‘It was a great wave... it covered them all...’ He stops, pauses and in an ordinary voice asks curiously, ‘Survive?...that’s go on living?’ I reply that he’s right. My heart lifts slightly; the atmosphere is both tender and painful. Very quietly, I speak almost to myself about his fear that his flood of feelings kills off or scares away everyone, including me, and that no one can survive them. Slowly, from the bleak desolation in the sand tray, he uncovers a baby piglet. As he walks it across the sand, Leslie says, ‘He’s all alone...he can’t find his family...they’ve all died...he’s sad...’ The atmosphere is heavy. I repeat, ‘Sad and alone.’
My adult patient did not want to be seen in the same kind of state as Leslie. Eye contact can be particularly persecuting, as we know from work with children in this state who scream not to look at them or hide themselves or their eyes. Leslie would often scream at his therapist not to look at him. The role of eye contact in emotional regulation is a separate subject on which Schore and others have written extensively. They describe the relationship between eye contact and right brain to right brain interpersonal communication (Schore, 2000). This work has profound implications for the use of the couch with some adult patients. Space does not allow me to explore this further here, other than to note how frequently persecutory anxiety about eye contact appears in situations of emotional dysregulation.

CONCLUSION
Does it help to know that the patient is in a dysregulated state or fears it (signal anxiety), and may be responding along the short, direct amygdala route of the conditioned fear response? Since this route involves no cortical intervention, and therefore no containment, it could subsequently be represented as an experience of dysregulation. In such circumstances, does the emergence of fear of a superego response make more sense? Is this enterprise merely one of translation from one language or conceptual system into another? Is it like transposing a Beethoven sonata into sound frequencies?

My own view is that there are rich possibilities of a fruitful coming together of these conceptual systems enhancing the binocular vision that Bion encourages us to have about the phenomena of the consulting room (Bion, 1967:119). Perhaps we are now in a better position to understand the emergence of sub-thalamic behaviour in our patients. However, we have to face the challenge that some of our psychoanalytical formulations about how the mind works and how we practise may be considered wrong if they cannot be supported by the scientific facts laid bare by neuroscience. This is an exciting and challenging time for us all and we need courage to face up to its implications and possible consequences.

REFERENCES

ACKNOWLEDGEMENT
The editors are grateful for permission to reprint this paper, first published in *Journal Of Child Psychotherapy* Vol.30 No.1. April 2004
AN APPRECIATION
by Helen High

Jean Estelle Cowen
(1924 – 2003)

Jean Cowen, who was a leading founder member of the Forum for the Advancement of Educational Therapy and very actively involved in its affairs for many years, died peacefully on November 11th 2003 (her own mother’s birthday) due to a severe stroke and chest problems.

I first met Jean when, as part of an Advanced Course for Educational Psychologists, I sat in on a course of work discussion seminars for teachers taken by Irene Caspari at the Tavistock Clinic. Jean was an enthusiastic member of that seminar group and Rosemary Mallard, another teacher, remembers Jean as:

A very kind and understanding person and also great fun to be with.

A most helpful source of information on phonics, which was emphasised in the course, both as an important way of teaching reading skills and as revealing very interesting psychological factors in some children who failed to learn to read. The emotional significance of “breaking down” a word into its component sounds and then blending the sounds to put the word together again was discussed in an analytic manner. Jean held firmly to the view that teachers were well placed to help children psychologically through enabling them to learn to read and she became deeply interested in the methods of Educational Therapy.

Gerda Hanko remembers Jean as very welcoming and helpful to new members of FAET, including herself. This eventually led to Gerda becoming Honorary Secretary of FAET.

Jean contributed an article to Vol. 3 No. 1 of The Journal of Educational Therapy of May 1990. It was entitled “From Remedial Teaching to Educational Therapy”. In it, she described her own sensitive work with four individual children and outlined how she experienced herself as making the transition from teacher to Educational Therapist.

In 1972, a working party was set up with Jean as a member, and that led on to the formation of The Forum for the Advancement of Educational Therapy. Jean was a very active
Committee member and served at least two terms of office as Chair of the Committee, one in the mid 1970s and one from 1981 – 1983.

When Rosemary Mallard became Honorary Secretary of FAET in 1975, she came to know Jean as an enthusiastic and committed member of the FAET committee, continuing to speak for teachers while also strenuously striving for the establishment of a recognised training in Educational Therapy.

Jean was the Executor of Irene Caspari’s will. Much of Irene’s money was left to FAET to be used as far as possible towards training and research in Educational Therapy. At this time, I was the Chair of the FAET Committee responsible for using the bequest and we had many long meetings, both of the Committee and of the Trustees. Jean generously contributed time and energy to these in order to advance Educational Therapy.

Jean was a warm person and always a lively and forceful committee member with strongly held views. She was very dedicated to the development of Educational Therapy and very loyal to Irene Caspari in trying to ensure that we used the bequest in the way Irene would have wished. She was also very thorough and conscientious in exploring the rules of the Charity Commission.

Muriel Barrett and Irene Caspari, before her death, had planned a training in Educational Therapy at the Tavistock Clinic. When Muriel retired in 1984 and that course ended, it gave us a sense of urgency to fill that gap. Jean and I again served together on the sub-committee which planned the Educational Therapy training which started in 1986 and has now grown into the Caspari Foundation’s MA/Diploma training in Educational Therapy.

Despite failing health and strength, Jean was keen to remain a member and was always very interested to hear of the exciting developments that were taking place, such as our acquisition of Caspari House and the training’s validation as an M.A. course. It was clearly a satisfaction to her to know she had played an important part in laying the foundations for these developments.

Jean, therefore, played a seminal part in the series of developments, from the founding of FAET to the setting up of the training course in Educational Therapy, which took us on the journey to where we have arrived today as the Caspari Foundation.
BOOK REVIEW

by Sarah Adams

**tweens**

What to expect from – and how to survive – your child’s pre-teen years

by Andrea Clifford-Poston

Published by Oneworld (2005)

ISBN 1-85168-380-1

‘For the tween, sometimes just knowing that someone is trying to understand, is taking their feelings seriously, and is trying to make sense of their chaos, is enough to deter them from even more rash behaviour.’ p.86

When we decide to have a child we do so for many reasons including, as Clifford-Poston suggests, because we think it will be ‘fun’. We are delighted when our beautiful little boy or girl arrives and often as not embrace the challenge of parenting with enthusiasm as well as a desire to do our very best for our child. The delight of first words and first steps might give way to something of a rough ride when said toddler reaches the ‘terrible two’s’. But, we come through this and perhaps relax a little to enjoy the journey of our child through the early school years and on to secondary school. The onset of the teenage years and adolescence might bring its own trials but between two and thirteen there is plenty of time to enjoy their curiosity and wonder at discovering new things, new people and the wider world.

It is not surprising then that we are thrown when we discover that our youngster has become a ‘teenager at ten’. It is quite probable that we did not experience the myriad of feelings and emotions that today’s ‘tween’ experiences. We are no longer the absolute authority in their life. They are bombarded with ways of doing things that we could not have anticipated and the impact of cyberspace and mobile phones may well have left us feeling vulnerable and distant from our once compliant and accessible youngster. Talking to other parents can help but more often than not they are as confused as we are.

Clifford-Poston’s book on what has become known as the ‘tween’ years (the period before becoming a teenager) is a welcome resource for helping us to understand this very vulnerable age group. This is a dynamic and enlightening book that can help us to understand and make sense of the painful situations in which parents and *tweens* can
find themselves. In a world that sees ‘reaction’ as the norm it is refreshing to find a book that challenges us to be reflective and to think about the underlying messages that a child may be communicating.

What I like about this book is the way in which Clifford-Poston approaches her subject. In particular, her style is lively and engaging. Covering just about every subject that might be of concern to parents today, the book offers many suggestions as to how a parent might approach or think about a posing difficulty.

A particularly successful device in this book is its use of very real case study material. This brings the book to life and the reader will quickly identify with many of the comments made by both parents and children. How she then reflects on these is both informative and creative. It suddenly seems possible to find ways through a particular difficulty. The reader is left feeling empowered not patronised.

Though intended for parents, this is a book that teachers and therapists will also find immensely useful. The chapters on bullying, homework, friendships, and, in particular, chapter eight, which deals with eating disorders, stealing, smoking, drugs and alcohol, will help teachers.

The danger of any book like this is that it becomes focused on the white, middle-class, two-parent family. It is therefore reassuring to see that Clifford-Poston deals with the different constitutions that families consist of, such as single parent families, reconstructed families, and the arrival of a new baby. In these final sections, she reassures the reader that the remainder of the book is relevant to such families whilst drawing out some of the particular differences that may be evident.

I recommend this book highly. It is much needed and will provide parents and professionals alike with wise and sane insights. It is down to earth and reassuring in its affirmation that, at the end of the day, parents know their tweens best and have the resources within themselves to help their children.
BOOK REVIEW
by Patricia Reid

Therapeutic Storywriting
A Practical Guide To Developing Emotional Literacy In Primary Schools

by Tricia Waters
Published by David Fulton (2004)
ISBN 1-84312-116-6

Establishing any kind of therapeutic intervention for troubled children can be difficult in a school setting. Teachers, operating more in the behaviourist mode of dos and don’ts, may think that work labelled therapeutic is unstructured and mysterious, and will fit only uneasily into the school day.

Therapeutic storywriting, however, as comprehensively explained in Trisha Waters’ book and training programme, provides a wonderful opportunity to bridge the divide between the two disciplines of teaching and therapy. It uses teachers’ established skills, pays attention to the national curriculum, and also provides an opportunity for children to experience a different kind of understanding of their difficulties.

Anya, a six year old selective mute, is the book’s first case example. The way in which the opportunity to learn to participate in a storywriting group helped her find her voice, is explained with effortless clarity. Anya had probably witnessed domestic violence. She had no language, either spoken or written, with which to communicate the feelings associated with this trauma. When overwhelmed, kicking, screaming and sobbing were her only means of expressing herself. At first, Anya found it impossible to join in the writing task presented to the group – they were writing their own versions of well-known fairy tales. However, over the weeks, she was allowed the opportunity just to be with the group. She could listen to the other children’s stories, experience these being accepted without rigid judgements and choose to write or not as she wished. This gradually paved the way for her first words to be written. Over the weeks, Anya’s output increased and she was able to put the stories she had written into her own book.

The supportive structure of the group provided opportunities for ‘playing on paper’ and the thoughtful acceptance of her writings helped Anya find expression for her troubled mind. Having begun by communicating on paper, Anya eventually began to speak more in class and her outbursts of unmanageable behaviour decreased. This
‘playing on paper’ is discussed as a development from a child’s physical play. Anya’s play with imagery and metaphor helped her find expression for her troubled inner world.

Trisha Waters provides some accessible introductory explanations of psychoanalytic theory which are a useful springboard for individuals interested in pursuing training or professional development in therapeutic work. She moves step by step through training sessions which offer challenging questions and tasks. Because these ask teachers to draw on their own personal experiences of story writing, and of working with children and with children’s stories, they are not discouragingly de-skilling.

Children’s writings are very personal. When produced within the restrictions of the curriculum, they are often received by the teacher as needing comment and correction with a red pen. However, when professionals learn to receive children’s stories differently, children can play uninhibitedly with language and images. In a setting removed from the classroom, opportunities to think about responses to hard to reach children can be opened up.

This book is a good resource for anyone considering a different intervention. Although therapeutic storywriting is described in terms of primary school children, it could be effectively offered to children in Year 7, to help with aspects of secondary transfer.
Teachers can find it a hard task to work with apparently learning-refusing children. Such refusal may range from open defiance of even the most well-meant efforts at involvement – ‘I don’t care’ – to masked despair arising from the belief that they were ‘born stupid’ and therefore are unable to learn. Attempts at praising them may make them feel ‘cheered down’ and even more depressed. Instead of feeling valued, they feel ‘nobody likes me’. Some may overcompensate in order to gain a sense of acceptance – ‘I have to be bad to feel important’.

With the evidence provided by well-known practitioners like Bion, Bowlby and Winnicott, teachers can now be helped to understand how children with problem behaviour are experiencing feelings they find difficult to bear. Children’s behaviour is more likely to be ‘managed’ where there are attempts by the adults involved with them to understand those feelings. Alerting teachers to such evidence can thus have a dramatic effect on both teacher and pupil.

In her book, Heather Geddes highlights the special significance of John Bowlby’s influential attachment theory for teachers, who can be enabled to use their teaching skills therapeutically. With her extensive experience as a teacher in a range of educational settings, as an educational therapist, researcher and consultant to teachers, the author is singularly well equipped for this task.

The book is divided into two parts. Part I shows that:

- ‘behaviour has meaning’, indicating a relationship between pupil, teacher and learning task.
- behaviour is linked with early attachment experiences, subsequent learning experiences, emotional development and emotional expression.
- there are patterns of attachment behaviour which influence a child’s responses in the classroom to the teacher and to the educational task.
Part II further deepens awareness of these links and shows:

- HOW children’s habitual responses to new learning experiences at school may be linked to their early attachment experiences as they are transferred to new settings. (cf. also the earlier outline by Barrett and Trevitt (1991)).
- how psychodynamically informed interventions within the learning and teaching framework, by a thus ‘therapeutically’ informed teacher, can enable children to experience the classroom as a ‘secure base’ in which it is ‘SAFE TO LEARN’.
- crucially, how within-school professional development, through group discussion methods, can enable teachers to transform their classrooms and the climate of a school itself into a place where it is ‘SAFE TO TEACH’.

This book will be a godsend to any staff committed to meeting the needs of all their pupils and parents. Similarly, it supports the needs of fellow professionals within and across schools and school services, with whom it is vital to share understanding, as the new children agenda now urges us all to ensure that ‘every child matters’.

**RELATED READING**
Contributors

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EDUCATIONAL THERAPY AND THERAPEUTIC TEACHING is an annual publication of the Caspari Foundation. It publishes articles and papers concerning the role of emotions in education and methods of helping children with emotional blocks to learning, whether through educational therapy or other therapies, or by expanding the psychological insight of teachers.

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PERIODICALS – Author(s) surname followed by initials; year of publication; title of paper; title of journal (italicised); volume number; page reference; country of publication. Finish all elements with a full-stop. e.g: Geddes, H. (1999). Attachment behaviour and learning: implications for the pupil, the teacher and the task. Educational Therapy and Therapeutic Teaching (8). 20-34. U.K.

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