6. Psychological Perspective: Psychological accompaniment of a child at risk

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With this chapter I intend to share a personal reflection based on my practice as psychotherapist. In recent years I have followed several patients who have been involved in the legal processes of Promotion and Protection as described in the earlier chapters. These patients are neglected, abandoned and abused children and adolescents, who are victims of disorganized families. These young patients, often lacking in affection, seem to be lost in an inner world characterized by a fusion of love and anger. From this inner space they try to orient themselves in a chaotic and threatening external reality in which it becomes difficult to trust anyone.

When a clinical psychologist begins therapy with a child or a young person who has had a traumatic personal history, which is very difficult to talk about (*to talk*, meaning to look back and re-live their bad experiences), the psychologist tries to understand the suffering, but often finds barriers. These barriers block access to the possibility of dealing with these early affective and traumatic experiences. Usually, despite all the abandonments a certain love for the parental figures remains in most children. These parental figures often become idealized. Children split the world of relationships into good and evil, which enables him/her to keep certain good feelings for those he/she loves.

I have followed many young patients who had been removed from their families by the Commission for the Promotion and Protection of Children and Youth or teams connected to the Courts. These teams deal daily with people who have their childhood and personal development disrupted by the lack of a caring adult who accompanies and organizes their life and growth. I believe that the impact of Promotion and Protection measures on the child's life can be a source of conflict for the social services workers. I personally have worked on a Commission for the Promotion and Protection of Children and Youth, and always felt a split between an individual intervention and one that is done through working with the family, with the community and one done through the Justice system. At the time (and even now), I felt that the *horizon of justice* and the horizon *of experienced life out there* were quite different from the child's experienced *internal time*. The child and the social justice system see things very differently. For the protection of the young person, the Court may sometimes impose drastic measures, but these measures are not seen by the youngster as necessary or as promoters of adequate living experiences. Often, the child who is placed in an institution tries to keep alive and intact the memory of his / her parents (idealized

and guarded internally as good people) and projects the blame for the estrangement of the family onto the social workers and the Court. The social workers and the Court are the *bad* figures who may be seen as objects of their hatred and anger, an anger that has been displaced from the real abusers.

These are the young patients who sometimes arrive at my office, sent by the Commission for the Promotion and Protection of Children and Youth or teams connected to the Courts, who are seeking to ensure for the youngsters a psychological treatment which will lead to the *overcoming* of experienced traumas, violence and abandonment. These are difficult cases, where the integration of relationship experiences has been disrupted by the primacy of hatred over love, the absence of affection over companionship, and of indifference over caring attention.

The intervention of the clinical psychologist who treats one of these children begins with presenting himself/herself as a figure embodying a caring relationship and as a trusted adult. Can this *heal* that suffering? Could it be true that what one suffers in the traumas of life can be treated and overcome by a positive caring relationship? I think it can but the pain, perhaps, will never be entirely forgotten nor disappear.

I will frame my thoughts with reference to an author, a psychoanalyst and English pediatrician, whose ideas have echoed in me and have guided my clinical practice. Donald Woods Winnicott was born in 1896 into a wealthy family in Plymouth, Devon, England. He studied medicine, specialized in Pediatrics and worked for 40 years at Queens Hospital for Children and at Paddington Green Children's Hospital (Grolick, 1993; Masud Khan, 1993). After reading a work by Freud, he became interested in Psychoanalysis, and decided to undergo a personal analysis. Masud Khan (1993), his disciple and patient writes, "… he was a soul both jovial and disturbed; and he fully explored both these aspects in his life and work "(p.10).

Winnicott worked on the theory of Object Relations and was often considered an environmentalist (in the sense of psychological development), since he essentially studied the preponderant influence of environment on healthy emotional development.

It is also my understanding that the mother-child relationship, the baby's first relationship, is an essential pillar of healthy emotional development. Mother-child relationship has been approached from several perspectives. However, they all agree that, "…it is essential for the mental health of the child that the infant and the young child should experience a warm, intimate and continuous relationship with the mother . . . in which both find satisfaction and pleasure" (Bowlby 1981, p. 13).

Winnicott (1956, 1970) formulated a very beautiful concept, the *primary maternal preoccupation* for defining a psychological state that allows the mother to be able to be essentially child-oriented for a given period of time. According to this concept, the biological mother at the end of her pregnancy acquires an

ability to identify with her baby, so that when he/ she is born, the now *devoted* mother can anticipate his/ her needs. This anticipation is essential for the child to be satisfied. For example, when the child is hungry, he/ she cries and is fed immediately. This makes the child, through the relationship with the other, feel recognized and loved, protected, contained and integrated. The author speaks of the three functions of a mother. She is an imperfect mother, but according to Winnicott she is a *good-enough* mother because, at a certain point, she is also capable of failing when she realizes that the child can endure some frustration. Maternal roles include *holding* capacity, which is the mother's lap, the physical restraint that helps contain and integrate the often intense anguish of the child. Frustration, as Winnicott put it, is necessary for psychic integration. In the early days, when the baby cries (and makes that special cry which seems very disharmonious), he/ she will calm down when nestled in the lap ... the lap is a physical restraint that helps the disorganized emotion suddenly make sense and become bearable and organized. A *good-enough* mother is one who, in providing the holding space for the child, allows self-integration and enables a progressive capacity to deal with negative feelings. Another maternal function is *handlin*g, which is the way the mother picks up the baby and changes his clothes and his diaper. *Handling* allows the baby to perceive that he/ she is a separate being from the mother, gradually defining the limits of the Self and the Other, leading to the separation between the inner child and the external world. The third function of the *good-enough* mother, according to Winnicott, is a very beautiful function because it concerns how life is presented to the child. The author called it *object presenting*. This function is found in the maternal task of presenting holding, handling and presenting the breast (at the time of breastfeeding) and in the expressions of her face and her gaze. We can associate this task with the mirror function of the mother's face. At the earliest stages of development, when the baby looks at the mother's face he sees himself, full of affection (Winnicott, 1975).

These maternal qualities are not amenable to being taught, nor do they depend on the mother's intellectual or cultural level. But it is critical that the mother be healthy, both for attaining this state and to recover from it (*primary maternal preoccupation*) as soon as the child's growth and autonomy allow (Winnicott, 1958).

The early mother-infant relationship, "... allows the baby, in the relationship with his mother ... to understand that he is not alone, through the reading that he makes of his mother's eyes" (Sá, 1995, p. 43). Moreover, the *good enough mother* is one who "...intimately knows the baby because she guesses the child's needs and intuits his feelings, letting himself guess and try to know her." (Sá, 1995, p. 100).

But what happens when, due to different circumstances, this mother is absent from the child's life? We know today that disturbances in the early mother-infant relationship will disturb normal psychic

structuring, conditioning the emergence of vulnerability and possible disturbances in the ability to repair later relationships (Castelo, 2001). They may also be causes of separation anxiety and difficulties of individuation, as well as lead to the emergence of various psychogenic diseases in the child (Spitz, 1998). Maternal psychopathology and mother-child separation are both important causes of environmental failure. However, even when the stages of early development have been satisfactory, a firm and stable environment remains important for a long time, since only the cumulative effect of pleasurable experiences and a friendly environment around the child, allows the installation of the feeling of trust in the outside world (Winnicott, 1941, 1990).

In addition, I would like to point out that, even when we are abandoned or abused by our parents or people very close to us in our early childhood, their images remain engraved inside us, they are internalized and we identify with them…but often what is inside are figures internalized with aggression. It then becomes very difficult to relate to the world in any other way than an aggression-themed one. And so, these patients seek the help of the clinical psychologist. As therapists, we wish to be there for them and become a new model for experiencing relationships, a person who is there and pays attention, cares for and accepts, contains unresolved anxieties, and reflects the patient's thoughts so that they can be better understood. In brief, be a person that does not abandon him or her.

With this brief framework in mind, I will proceed to the presentation of a specific patient's case, which illustrates the problems related to psychological growth in a context of deprivation and absence of an organized family and an *ordinary devoted mother* (Winnicott, 1956). When the mother is no longer there (or perhaps she was never there for him/ her), the child experiences the absence of everything that we have been describing (security, love, etc.), and difficulties arise in the integration of anguish and in the quest for autonomy in the process of growth. Difficulties also arise in dealing with the frustration of not feeling loved and therefore also of not being able to love.

My patient (we will call him Alexander[57]), who is now 15 years old, does not live with his parents. His mother became pregnant with him as a teenager one year after giving birth to a daughter, Alexander's sister. Both children were the result of unplanned pregnancies from a violent relationship.

This mother belonged to a protective family, a family with some limitations at the relational level but with functional ideas about education. Despite some financial difficulties, they worked hard to provide their daughter with a privileged private school education, trying to do well as parents.

Their daughter first became pregnant at the age of 15, and then again one year later with her second child,

[57] We ensure that the patient knows and authorizes the written presentation of his life story

Alexander. The mother's partner was also young but a little bit older than her. Her partner was extremely violent and abusive. After the birth of the two children they all lived in the home of Alexander's maternal grandparents, who were able to protect their daughter and grandchildren. Soon Alexander's father abandoned the family, becoming absent and visiting them very seldom thereafter. After their father left the home, the two children continued living with their grandparents and their mother. Alexander recalls this period as a very important one in establishing an affective bond between him and his mother. He felt loved by her, in this "phase in which she lived for her children and devoted herself to us ... when she received her paycheck, she spent the money on us first" (reported by the patient in a therapeutic session). I feel that in this period of his life, this child managed to experience a relatively satisfying and organized mother-infant relationship, fundamental for the later structuring of his personality, both affective and empathic, although sometimes explosive and violent.

Soon after Alexander's father left, his mother found another partner who then came to live in his maternal grandparents' house along with Alexander and his sister. Three more children were born, all the result of consecutive unplanned pregnancies. This new partner became the male figure present in Alexander's life and, to some degree, affectively invested. Although he would sometimes "beat and punish him, but without much violence" (reported by the patient in a therapeutic session), he was a paternal figure, who accommodated Alexander's need for identification with a man, adult and present. The grandparents took their daughter and grandchildren in for a long time. They may have sensed their vulnerability and sought to keep the daughter close, perhaps to control her performance as a mother.

This second partner was welcomed, even though he frequently assaulted Alexander´s mother but "very lightly" in Alexander's memory, especially in comparison to the violence he remembered she suffered at the hands of his biological father.

This stepfather was very important to the young man. Alexander told me this beautiful story in a session: "When I went to school, I was very scared. I did not like being in school because I was away from the family and I was scared. One day I had a stomach ache and told the teacher that my stomach hurt. It was close to 3 o'clock in the afternoon and school ended at 3:30 p.m. The teacher told me to go have some tea and that if the pain did not go away, she would then call my caretaker to come get me" (reported by the patient at a therapeutic session). The stomach pain did not pass and his stepfather, who was in charge of the children's education and responsible for picking up Alexander as well as his sister who left school half an hour later than him on a daily basis, was called. On that day, "that half hour was wonderful because I was alone with him. We walked around the school, and we talked. Every day from then on, I had a stomach ache" (reported by the patient in a therapeutic session).

This stepfather, who at a certain point had appeared in the life of this young man, showed Alexander a relationship model that he had not previously known and somehow this allowed Alexander to identify with this male figure, who was both caring and available. Unfortunately, this man has also now disappeared from Alexander's life. After some time this "father" (whom he spontaneously began to treat as such) separated from his mother. Alexander was told, "He is not your father. Do not call him father again. He will not come back to visit you because he is not your father" (reported by the patient in a therapeutic session).

This example shows us how in this case, love was never properly valued (and maintained) as necessary for promoting healthy growth. In the life of this (or any) child, it is important to establish a bond of love, a bond that is experienced as permanent and a symbol of solidity and indestructibility.

After a while, this woman got another companion. This man was terribly violent, much more than Alexander's own father. The new partner took them out of the grandparent's house and away from their control. From then on, beginning at the age of ten, Alexander lived (for about a year and a half) with his mother, stepfather and sister, in successively different places, changing houses and schools several times. This man was extremely violent. He beat them a lot, leaving deep marks, although never on the face. He held an obsessive control over the stepchildren. He punished them if they were late when they returned home from school, did not clean their room and the house, did not have good grades at school or dared to verbalize any negative opinions about their daily lives.

Alexander is a young man with many internal resources, one being able, in the therapeutic relationship, to look at his life experiences in detail, with attention, almost with love, as if he intuitively perceived the importance of reviewing all these experiences and thus re-organizing them. In the first session, he was able to tell me, with precision, about his life during this time of *escape*, the episodes of physical and psychological violence, and the perverse model of family relationships with which he had to compromise. In this sense, he himself now states, he successfully learned to hide his feelings and to maintain the image that everything was all right (despite being immersed in intense suffering) in the schools where he and his sister were at this time. No one ever realized that they were victims of abuse and ill treatment. In the summer of 2014 they came to spend their holidays with their maternal grandparents, and fearing the prospect of returning to their violent home, they were able to reveal their situation. The grandparents reported the situation to the police, and their relationship with the child protection services began. From that moment on, contact between the mother and the children was cut.

The two siblings went to live with their grandparents and Alexander began psychotherapy with me. Our mutual admiration was automatic. Despite his early experiences in an unreliable environment, he had

developed a capacity for entering an intimate relational space, which has now helped him establish other affective relationships.

However, in his daily life, Alexander still experiences the consequences of the failures of continuity in his early relationships and the sudden loss of love from the Other, conditions brought about by the recurrent abandonments and the various experiences of family/caretaker instability through which he passed, namely the instability of father, stepfather, friends, grandparents and, lastly, his mother.

Affective relations were so unstable in Alexander's life, that he conditioned himself to channel his anger toward the outside world. It seems as if he is testing, to the extremes, the firmness of those who surround him, trying to prove that, finally, whoever is with him will not abandon him. Sometimes, in intense conflicts with the grandparents, the hidden message is a plea for their support, as if he wants them to say, "even though you behave so badly, I will not abandon you - you will not be alone any more, my love for you remains".

As a therapist, I understand this call. At this stage, our path towards repairing his suffering continues. Together, we look at what has already happened, feeling our way into the present by sharing fears, tackling the challenges of abrupt changes, affective storms and threats to his stability. Our therapeutic relationship has been the only constant in Alexander's life in recent years. This is the one *area* in which he is not alone.

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