Walking the tightrope: Ego support and exploration with a child with complex trauma

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Abstract:

Children who have experienced complex trauma in early life often fail to develop robust ego functions, such as frustration tolerance and emotion regulation capacities. Often, impairments in these capacities persistently characterise these children's social and emotional development and, as such, prove extremely challenging to the adults who care for them. This paper aims to illustrate different ways in which therapists working with these children in psychodynamic therapy have to find a precarious balance between the need to support developing ego functions, and opportunities to conduct more exploratory work. This balance resembles walking a tightrope. We illustrate this 'balancing act' with case excerpts from the treatment of nine-year-old Laura, growing up in foster care after a range of complex traumatic experiences. This case study seeks to illustrate that psychotherapy with children who have a history of complex trauma may be

most conducive to developmental recovery, if the therapist is able and willing to almost unabatingly walk the tightrope between ego-supportive and exploratory work with the child.

Keywords: trauma; ego support; ego functions; child psychotherapy; case study

Children with complex trauma (Cook et al., 2003) are among the most vulnerable young people seen in psychotherapy. Owing to the severity, complexity, and persistence of their developmental problems (Cook et al., 2003), they are sometimes seen as 'hard to reach' or even unsuitable for psychological treatment (Boston & Szur, 1983). Yet, since Anna Freud's work on broadening the scope of psychoanalytic work from an aim of working with children with neurotic problems, to seeing also children with more severe developmental problems (Freud, 1965), psychodynamic psychotherapeutic frameworks have provided helpful insights to tackle the challenges of working with these children. The most fundamental adaptation in therapeutic approach, according to Anna Freud, involves a focus on ego-supportive work instead of the more traditional focus on exploratory work in children functioning at the neurotic level. Since then, psychotherapists have sought to continuously balance ego-supportive and exploratory work when treating these children, a task that can be challenging (Alvarez, 2012; Boston & Szur, 1983; Hurry 1998/2018).

This paper first discusses the impact of complex traumatic experiences on children's developing ego functions and what this may mean for psychotherapeutic work in terms of balancing ego support and exploration. Next, we illustrate how this 'balancing act' was a key challenge in the psychotherapy with Laura[1], by discussing five

[1] Laura is a pseudonym. The clinical case material has been anonymised and non-essential elements have been omitted or adapted, to ensure confidentiality. Laura's foster carers have

treatment excerpts. In doing so, we aim to contribute to the understanding of this particular challenge in working with children who have experienced complex trauma. We end this paper with some concluding remarks about the precariousness of any developmental attainments in these children, and what this requires from the adults who care for them, including therapists.

Ego functions and complex trauma

Ego functions refer to basic human capacities that are foundational to healthy personality functioning, including perception of the external world, self-awareness, control of motor functions, adaptation to reality, memory, reconciliation of conflicting impulses and ideas, regulation of affect, and problem solving (APA, 2020; Pine, 1990). Ego functions develop gradually during the early years of life and are impacted by the circumstances in which the child grows up. In 'good-enough' caregiving circumstances, early co-regulating interactions between parent and child, and experiences of being treated as a psychological agent (Sharp & Fonagy, 2008), foster the development of adaptive ego functions in children (Midgley et al., 2017). By contrast, children who have experienced complex trauma often show severe impairments in ego functions. In this sense, a subgroup of these children have been doubly hampered in life (Henry, 1974): not only have life circumstances exposed them to experiences that are more difficult to bear and process than children on average need to face; life has also failed to provide them with 'strong shoulders' to cope with these experiences, and with subsequent developmental challenges (Vliegen et al., 2017).

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provided written informed consent for publication of their details in this manuscript. ET was Laura's therapist; NV was the foster carers' therapist; EB has followed Laura's therapy from behind a one-way screen from one year into treatment, until about four years later.

It is precisely this complex combination that makes maintaining a balance between ego-supportive and exploratory work in psychotherapy with children with complex trauma particularly challenging. The basic premise of providing support when necessary (e.g., when dysregulation is imminent) and attempting exploration when possible (e.g., when the child is more capable of reflection) involves a smaller margin of error than with other children. The idea 'nothing ventured, nothing gained' is much less applicable to these children, as exploring too soon or too much may threaten their fragile equilibrium; by contrast, offering too much support at the expense of more exploratory interventions may well keep them regulated in therapy, but does not foster more substantial developmental recovery.

This difficulty is compounded by the unpredictable fluctuations that are so characteristic of traumatised children's ego functioning. Hence, psychotherapeutic work with a child with complex trauma often resembles walking a tightrope, requiring the therapist to continuously adjust his/her balancing of ego-supportive and exploratory interventions, depending on his/her assessment of what may be most 'therapeutic' (i.e., fostering the child's developmental recovery) at any given moment in a therapy session.

Here, making use of the clinical case study (Savin-Baden & Major, 2013; Willemsen et al., 2017) of nine-year-old Laura, we aim to illustrate how ego-supportive and exploratory work are intertwined as two distinct but complementary perspectives that both need to be held in mind in psychotherapy. By means of vignettes extracted from video-based transcripts of Laura's therapy and the therapist's process notes, we present five treatment excerpts, illustrating moments which required the therapist to balance ego-supportive and exploratory work in different ways. In discussing these excerpts, we aim to share some of the therapist's reflections and considerations

underpinning her interventions, in her continuous efforts to support Laura's ego functions and to help explore the dynamics of her traumatised inner world.

Laura: From being 'everyone's friend' to feeling the perils of attachment

Laura was nine years of age when her foster carers consulted at our outpatient practice centre[2] because of Laura's worrisome interpersonal behaviour. At that time, Laura had been part of their family for a little over one and half year, and the placement was considered long-term, with no prospect of her returning to live with her biological parents.[3] Yet, Laura continued to show disinhibited social behaviour. She would gladly share her life story with a complete stranger after having crawled onto the stranger's lap; and, although she exhibited extreme clinginess towards her foster mother, her foster carers had the impression that Laura would gladly trade them for anyone who would give her attention.

A three-track treatment 'package' was agreed upon, which included psychodynamic play-based direct work with Laura on a once-weekly basis, work with the foster carers every six weeks (or more frequently if needed or on request), and partnerships with other important caregiving adults, such as Laura's foster care worker and staff at her school (network meetings about twice a year). For the purpose of this article, we focus on the direct work with Laura.

Much of the video-based verbatim transcribed material and the therapist's process notes, including the countertransference experience, have been discussed within

[2] The outpatient practice centre associated with the Faculty of Psychology and Educational Sciences at KU Leuven, Belgium is comparable to a CAMHS service in the UK.

[3] Details about Laura's history have been omitted, to ensure confidentiality, but her background can be considered to have been marked by complex traumatic experiences, such as severe neglect at the hands of her biological parents.

the clinical team, as well as with supervisors of the postgraduate training programme in psychodynamic child psychotherapy throughout the years of Laura's treatment. Both the team and the training supervisors have functioned as the indispensable mentalizing team around the therapist (Bevington, 2017). The excerpts have been chosen purposefully to reflect the therapist's thinking – often in hindsight – about the challenge of balancing ego-supportive and exploratory work.

Session 1: The cautionary tale

Upon entering the therapy room in the first session, Laura goes up to the blackboard and writes down 'I like it here, it is the nicest playroom!' Then, she goes up to the box with nursing equipment for dolls, which she explores fleetingly. During the following thirty minutes, Laura rushes around with cookery material; it's all about feeding the therapist excessively. Right at the end of the session, Laura 'needs to just quickly play a puppet show', starting off with a prince and a princess; she quickly utters she 'might marry him [the prince], but I don't know whether he wants that'.

> *Therapist 1: 'So you're the princess who might marry the prince…'*
> *Laura 1 (interrupts): (prince) 'Okay, I'll do that (prince and princess kiss each other). And now we're going to a party! And someone else is coming!'*
> *Therapist 2: 'Someone else is coming. This is all going really fast: first, the princess didn't know whether the prince was going to marry her…'*
> *Laura 2 (interrupts): 'But a bad guy is coming! Here he is, the baddest guy in the whole country!'*
> *Therapist 3: 'The baddest guy in the whole country is coming. I hope that…'*
> *Laura 3 (interrupts): 'And then, it was, the bad guy took us away. Then, he, but actually, we killed him. So he's dead.'*
> *Therapist 4: 'So the bad guy came and…'*
> *Laura 4 (interrupts): 'And then, we could get married, and that was much more fun, and now we're gonna start!' (prince and princess dolls kiss passionately)*
> *Therapist 5: 'So, now they're getting married.'*

Laura 5: 'Yes, and now the princess tells all that she's going to do for them. (princess) I'm going to do everything for you, whatever you want forever. (prince) And I'm going to take care of you and I'm going to give you whatever you want.' (prince and princess kiss again)

Therapist 6: 'What a relief that that bad guy was gone so quickly.'

Laura 6: 'And then the princess was crying really loudly because the prince had died.'

Therapist 7: 'Wow! Hold on a bit, how come the prince died so quickly?'

Laura 7: 'Because if he gets a kiss…' Laura almost pushes the puppet show cabinet over '…then he, he dies. And now he's dead.'

Therapist 8: 'You are showing me some really important stuff…'

Laura 8 (interrupts): 'And then the bad guy was back alive!'

Therapist 9: '…people who die, and then all of a sudden bad guys who are alive again… Maybe you could tell me some more about that next time?'

Laura 9: 'And now, and now these two (princess and bad guy) are married!'

Therapist 10: 'Oh, now the princess and the bad guy are…'

Laura 10 (interrupts): (princess) 'No, no, no, no, no!' (princess hitting bad guy)

Therapist 11: 'The princess doesn't want to marry the bad guy…'

Laura 11 (interrupts): 'And now she's really sad. (princess) 'The prince and I are married, but he died. But then a jar came, and, the jar was, actually, the prince came back finally.'

Therapist 12: 'The prince is alive again.'

Laura 12: 'And he jumped out and then they lived happily ever after.'

Therapist 13: 'What a relief that the story had a happy ending. But everything in that story happened really fast too.'

Laura starts this new therapeutic adventure taking a very active stance, working hard to keep 'the good' at the centre in order to keep 'the bad' at bay, particularly in relation to the therapist. In 'the nicest playroom', Laura goes on 'feeding' the therapist during a large part of the session, as if trying to abate the turmoil of negative and difficult feelings that inhabit her inner world. Without understanding a lot of the specific content of Laura's play, the therapist mainly felt unease in the countertransference; unease at – still undeservedly – being on the receiving end of so much good.

Laura succeeds in warding off negativity for almost the entire duration of the session, but in the end, it breaks through: the 'bad guy' enters the scene (Laura 2). At first, the bad seems to get killed off rather quickly (Laura 3), allowing Laura to return to an idealised all-providing – but therefore, all-consuming – dyadic relationship (Laura 4-6). In quick succession, the prince gets kissed to death by his forever love (Laura 7), allowing the bad guy – magically alive again – to take his place in the ideal couple (Laura 8–9); the princess puts up a fight (Laura 10), but eventually needs to be saved by the prince bizarrely coming to life again through a jar (Laura 11–12).

While witnessing this play sequence, but certainly in retrospect, one can see that Laura is already showing myriad meaningful – though as yet to be understood – themes and representations that preoccupy her. However, during this play sequence, which unfolded in the course of a few minutes, the therapist felt quite overwhelmed by the rapid succession of events happening to the play characters, and by the rapid switches between all-good and all-bad representations. As such, the therapist primarily reverted to verbalising Laura's storyline (Therapist 1–5, 10–12), in an attempt to slow Laura down, as well as mirroring something about the importance of Laura's hard work in warding off negativity (Therapist 6–9, 13).

Laura's frantic attempts to split good and bad experiences and feelings in starting the therapeutic endeavour seem to function as a cork that needs to be forcefully kept on a bottle. This makes one wonder what the therapist, and Laura herself, have to be prepared for when the cork pops and 'the genie' is unleashed.

The early phase of treatment: A content to explore, or a process to support?

In the next sessions, Laura's play is characterised by a level of turmoil, as if the cork has popped. In the ninth therapy session, Laura comes in with her jacket on, stating that she is 'not feeling cold though', and immediately walks over to the trunk containing

the dress-up material and starts looking through it. The atmosphere is restless, almost agitated. Laura refers to ‘protection’; the therapist responds: ‘You seem to be needing some protection today, I wonder who or what you need protection from’. After ten minutes or so, Laura starts throwing all the material back into the trunk. The therapist ponders aloud: ‘You know, the thing about protection is that people can’t look in that well because you’re kind of hidden, but then again, you can’t look out that well either’. Following that, Laura decides to take her jacket off and uses a cape to dress up as a bat. She moves around and speaks at a very fast pace. Laura’s play narrative twists and turns rapidly as she takes on multiple and suddenly switching roles of a bat, a witch and a princess, inciting the therapist to follow her lead.

In the next session, Laura continues this kind of play. After displaying the near-invincible powers of her fiery bat-breath, Laura suddenly introduces ‘a baby that needs to be born soon’.

> *Laura 1: ‘And now we’re getting the baby out, but you can’t see it or else you’re going to faint. No, you have to do it, otherwise I’ll faint. You had to try, because I’m not supposed to see’. Laura distances herself from the baby and turns away. ‘You have to get it out. But you didn’t know that I wasn’t supposed to see it.’ Then, she pretends to faint.*
> *Therapist 1: ‘Are you all right? You suddenly fainted?’*
> *Laura 2: ‘And then, suddenly like this’. She pretends to faint again. ‘Because there was still blood, but you didn’t know that’. She gets back up and says ‘Go and wash him’.*
> *Therapist 2: ‘Ah, it is hard to bear the sight of blood. I’ll wash the baby.’*
> *Laura 3 (angrily): ‘You you you are not taking good care! You should know that I can’t bear the sight of blood.’*
> *The therapist pretends to wash the blood off properly, but Laura ‘faints’ for a third time.*

In the early phase of treatment, Laura explores the therapy room as well as the relationship with the therapist. This culminates at the start of the ninth session, in the

exchange about Laura's jacket. Laura seems to be at the threshold of exploring her inner world using the dress-up material, yet is doubtful about giving up her protective jacket. A communication and a shared understanding about the function as well as the potential downside of this 'protection' helps her decide to let her guard down. The therapist's intervention functions as a clear sign that she is not afraid of what is hidden inside the protective jacket and that she is willing to bear and explore together with Laura whatever contents may emerge.

In the play sequence that follows, we begin to understand that Laura's 'protection' is as much about protecting herself as it is an attempt to protect (the relationship with) the therapist from her own intense and sometimes destructive inner forces. The quickly switching characters of a bat, a witch and a princess can be understood as different aspects of an unintegrated sense of self that Laura attempts to hold together in her jacket, which serves as a 'second skin' (Bick, 1968). At the same time, the 'bat-witch-princess' symbolises her inner representation of her powers, experienced as so intense and potentially so destructive as to prove too much for adults to bear.

One might wonder whether this content could have been subject to an exploratory intervention by the therapist. However, the level of arousal and the confusion in the countertransference can be seen as indications of Laura's urge to rid herself of inner turmoil without being able to make sense of the content of her own play. Hence, although the therapist attempts to facilitate the unfolding of Laura's play, it is clear that she needs to keep an eye on imminent dysregulation and, when warranted, prioritise support above more exploratory interventions.

Bion's (1962) concept of 'containment' refers to the caregiver's (here, the therapist's) willingness and capacity to receive, bear, and give meaning to unbearable

mental content, which can then be returned to the child in a more manageable form (Bott Spillius et al., 2011). In the vignette above, this may mean that the therapist attempts to prevent Laura's play narrative from becoming too arousal-provoking, confusing and overwhelming. During the session, the therapist became entangled in the rapid twists and turns of Laura's storyline, anxiously attempting to 'understand' the content and its meaning. It may have been more helpful in terms of containment for the therapist to return something to Laura about the process: 'Wow, lots of things happening to and around this baby! So confusing!' In this way, the therapist could have contained some of the confusion and chaos, as well as communicating something about the meaningfulness of the images in Laura's play, of which the precise meaning was yet to be 'uncovered' and understood.

Session 11: The first signs of explicit negativity in the therapeutic relationship

In the following session, when the therapist goes to fetch Laura from the waiting room, her foster mother relays that Laura doesn't feel like coming in today 'because [the therapist] always asks difficult questions'. Once in the therapy room, Laura chooses to craft a 'fake gift-masterpiece for her foster mother'. When the therapist reminds her that normally all craft works are kept in her personal box and are not taken home, the first direct and explicit signs of negativity appear in the therapeutic relationship.

In an attempt to flexibly negotiate the boundaries of the therapeutic frame and relationship, the therapist suggests that they talk about this and find a solution they can both agree on. Yet, this does not address the difficult and conflicted aspects of the caregiving representations Laura is communicating. She starts to act depreciatively towards many of the materials in the playroom, and even towards her own work, with her first creations ending up in the rubbish bin. Laura tries to control what the therapist can or cannot do, by making her guess what she will do next or, instead, by hushing her.

In exploring and using the materials in the therapy room, Laura actually needs the therapist's guidance and structuring for things not to escalate (e.g., using cookery material to mix paint), but also as something she can attack in order to show how she experiences herself as an 'unpredictable' and thus 'hard-to-care-for' child:

> *Laura 1*: *'Now, I'm gonna do something special, look. I've added a lot of water to the paint and now, I'll pour it into this cup. You have to guess what I'm going to do.' In looking for something to mix the paint and water, Laura cracks a stick. The therapist startles, thinking it was a paint brush. 'You never know what I'm doing, do you?'*
> *Therapist 1: 'Indeed, sometimes I know and sometimes I don't.'*
> *Laura 2: 'That's why I have to be careful.'*
> *Therapist 2: 'That's why you have to be careful?'*

Laura's reluctance, at this point, to further engage in therapy probably stems from her feeling that the process brings her in touch with intense and powerful feelings. At the start of this session, unbeknown to the therapist, the theme of being cared for badly is already to the fore, triggered by the foster mother having to leave later that evening (see below). The 'fake gift-masterpiece' that Laura wants to craft for her foster mother will prove to be an exemplar of her strong ambivalence about caregiving relationships, maybe even of a more profound cynicism about how a real mother has been substituted by 'fake caregivers'. Subsequently, when Laura's idea of wanting to take the gift home to her foster mother is thwarted by the therapist, the therapeutic relationship is drawn into the 'bad-care' corner immediately and forcefully through the transference.

Rather than making a transference interpretation, the therapist – regardless of the fact that she does not yet fully understand what is going on – feels that it would be helpful to Laura, in her near-dysregulated state of mind, to contain her projections of bad care and her need to control the relationship, as well as support her to stay sufficiently regulated. To this end, the therapist steps in by physically moving some of

the contested craft material out of Laura's reach and helping her to clean up.

Following this, Laura is able to express – with some humour – feelings about being an overwhelming and hard-to-hold child (Laura 1). Being able to express the fact that she feels the need to take care to not overwhelm others (Laura 2) helps her to stop being too careful in therapy. Then, Laura can first talk about her foster mother's 'bad' care (by leaving that evening for a parent–teacher meeting at school) and, following that, about not wanting to come to therapy anymore.

Laura 3: 'I told Mum I don't want to come in anymore, that's because...' (looks at the therapist hesitantly)
Therapist 3: 'But now, you seem to doubt whether to tell me.'
Laura 4: 'No, I don't want to tell you.'
Therapist 4: 'What do you imagine would happen if you were to tell me?'
Laura 5: 'Something not cool. You guess.'
Therapist 5: 'You don't have to tell me, but I do wonder how come you don't want to. Children always have a good reason not to tell something; sometimes it's because they're afraid that the other person might get angry.'
Laura 6: 'Angry? More like disappointed.'
Therapist 6: 'That seems to worry you.'
Laura 7: 'Obviously.' (continues to say something about the paint they're cleaning up together)
Therapist 7: 'Would that be bad for you if I was disappointed?'
Laura 8: 'Yes. That's why I don't want to tell.'
Therapist 8: 'I would like you to know that I wouldn't mind being disappointed, that's not a bad thing; sometimes, it happens that one person disappoints someone else.' Laura doesn't respond but glances at the clock.
Therapist 9: 'We still have 10 minutes or so today.'
Laura 9: 'Yes, I know, I got it.'
Therapist 10: 'Yes, I saw that you were looking at the time. So, do you know what you want to do with your work (referring to the gift for the foster mother)?'
Laura 10: 'Show it to Mum, and then put it back. That's okay for me. If that's okay for you.'

Therapist 11: 'I think that's a good agreement, then, we both have what we want: you can show it, and I want to keep it here. You want something, I want something else. It's like that sometimes between people, that they need to find a compromise.'

It is thus the therapist's verbally and physically supportive interventions that allow Laura to explicitly express negative feelings in the context of the therapeutic relationship (Laura 3). In doing so, she clearly still needs a lot of support from the therapist to be able to talk about this topic, for instance, by validation (Therapist 3, 6) as well as by exploring her defence (Therapist 4–5). Only then is gentle and preliminary exploration of the topic possible (Therapist 7–8). Although this topic obviously cannot be explored fully in this session, this exchange does allow Laura to accept the compromise solution for the foster mother's gift, rather than continuing her struggle for power and control (Laura 10).

In this sequence, and also in the previous vignette, the therapist walks the tightrope between ego-supportive and exploratory work, and experiences the difficulty of them not being mutually exclusive techniques, about which the therapist can decide rationally – whether to use the one or the other. Rather, it is precisely this feeling – the immersion in a situation of turmoil, the not knowing what to ask or say precisely while attempting to remain genuinely curious about what is happening – that forms part of the containment processes (Bion, 1962), which enable subsequent exploratory work on content. When working with children with complex trauma, the therapist is often confronted with their fragile ego functioning, which may elicit a certain wariness not to make too many potentially destabilising interventions. As such, ego-supportive work may move to the foreground, while exploratory work can be pushed to the background or even discarded as potentially too dysregulating for traumatised children. However, exclusively resorting to 'reassuring' interventions (e.g., 'Of course, you can keep your jacket on if you need to' (in Session 9) or 'You do not have to tell me if you don't want

to' (in Session 11)) may have kept Laura – as well as the therapist – well regulated but might also have shut down the therapeutic process. Being mindful of and seizing opportunities to explore the process, so as to support the child to engage in exploration of content, is thus also an important part of the therapist's task in psychotherapy with traumatised children.

The middle phase of treatment: Exploring the perils of attachment

In the following sessions, the therapy seems to be at a turning point, as Laura is more able to accept the boundaries of the therapeutic frame and thus to draw support from it, as she eagerly plunges into exploration of some core themes. In these sessions, the topic of Laura's 'magic powers' is at the centre of the therapeutic work. She shows magic tricks and wins card games with much display, in testing whether the therapeutic relationship will survive her powers and forces. In this phase, the therapy offers her a much-needed stage to display her power and to explore different aspects of it (e.g., what happens when she doesn't win: Laura feels as if she 'would die', when her power is 'resting'…), and also to contain her powers when they seem to overwhelm and dysregulate her.

About nine months into her therapy, following the first six-week summer break, Laura immediately asks whether the therapist knows that she recently had her tenth birthday. Upon the therapist's response that she does know, Laura quickly discards the topic as 'being over'. Yet, encouraged by the therapist to revisit how her birthday celebration went, she talks about what she did, and the presents she received; the therapist explores with her what it means to not get what or as much as she wants. Laura likes to get loads and loads of presents, as she strongly believes that not getting an almost infinite amount equates to not being loved. Afterwards, Laura discovers a large hand puppet and, encouraged by the therapist's joining in, starts a role-play about

cooking for five-year-old ‘Louise’ and the therapist. After a while, she also introduces a ‘limp’ little baby into the play, saying that ‘actually, a limp little baby is much easier to take care of’:

Laura 1: ‘She’s only one year old, she’ll be two tomorrow.
Therapist 1: ‘Oh, so, it’s her birthday tomorrow.’
Laura 2: ‘We’re celebrating her birthday today though.’
Therapist 2: ‘So, the baby will be two tomorrow, but we’re celebrating her birthday today.’
Laura 3: ‘Yes. Tomorrow, we won’t be here, so, we’re celebrating today.’
Therapist 3: ‘Yes, sometimes it is like that; you also celebrated your birthday at home on another day than your actual birthday, didn’t you? Because you were leaving for camp?’
Laura 4: ‘Yes, I left on the 21st. (about the baby) She’s going to sleep some more, she’s still a bit tired. Wait, here’s her cot; dummy, come on dummy (putting the dummy into the baby’s mouth)’.
Therapist 4 (struck by Laura gently putting the baby to bed): ‘It’s good that the baby is so well taken care of.’
Laura returns to making soup. When the soup is finally ready, she states that Louise ‘needs to taste too, although she might not like it’, but before long Louise is throwing up. Laura puts Louise – still vomiting – aside, and returns to the kitchen to cook more food.
Laura 5: ‘Actually, I was kind of a witch with this, make-believe.’
Therapist 5: ‘A witch with what?’
Laura 6: ‘With making this, because actually, that was a magic potion that makes you sick.’
Therapist 6: ‘Oops! And I thought we all got good food and drinks here, but now...’
Laura 7: ‘But you didn’t know that yet.’
Therapist 7: ‘No, now you’re suddenly saying that you were actually a witch...’
Laura 8 (interrupts): ‘Sshh! You didn’t know that.’
Therapist 8: ‘Indeed, in playing I don’t know, but you just told me. Can we do something to make sure we don’t get sick?’
Laura 9: ‘You can, but... everything will be fine anyway.’
Laura goes on to confirm that she, as a witch, cannot get sick by drinking the magic potion. The therapist has to remind her to ‘just pretend-taste, otherwise you

might really get sick' (it's actually a mixture of water and soap). Afterwards, Mum-Laura turns to making 'lots of pills' for Louise:
'She needs to drink all of them, make-believe.'
Therapist 9: 'And will she get sicker or will it help her to stop throwing up?'
Laura 10: 'It seems sick, but actually, it's not.'
Therapist 10: 'Ah, there are many things here that aren't what they seem: good food turns out to be a magic potion that makes you sick, and then pills that seem to make you sick but actually make you better.'

In the middle phase of treatment, when a basic level of safety has been established, Laura is able to explore what will prove to be at the core of her difficulties. Enhanced presumably by the six-week break in therapy, the theme of her recent birthday celebration immediately brings to the fore the underlying core issue of not being loved, and wanting to get 'loads of presents' as a way of warding off this unbearable feeling. This issue can be symbolised and elaborated in Laura's subsequent play through the therapist's continuing support (Therapist 1–2). In unfolding her storyline, Laura plays out the real-life scene of a birthday celebrated sooner than the actual date (Laura 3). At this point, Laura is in a state of mind that is well enough regulated to allow the therapist to relate her play back to her real life (Therapist 3).

Looking back on this material, one could wonder whether we could also have related this to the therapeutic relationship. Your therapist enjoying her summer break when it's your birthday inevitably triggers what is most at stake in Laura's inner world. Her opening question after this break – 'did you remember it was my birthday' – is, after all, an important and emotionally charged question directed towards the therapist. The entangled dynamics of longing to feel loved yet fearing to be forgotten, as is at play in her real life, also starts to colour the transferential relationship.

In the session, something else seems to be in need of being played out, as Laura returns to the baby, but only to put her to bed (Laura 4). In the sequence that follows,

she shows her prevailing representations of being cared for as a child: care can be good or bad, the child needs to take it in regardless, and good care can suddenly turn out to be bad care that makes you sick (Laura 5–6). Laura seems to attempt to self-regulate by saying out loud that it's just 'make-believe', which the therapist supports by confirming the boundary between internal and external reality as well as by helping Laura to evoke more positive caregiving representations (Therapist 8). Laura quickly responds to this by reassuring herself and the therapist that 'everything will be fine' (Laura 9). However, attesting to the fact that this is only an external structure that is yet to be internalised by Laura, there is subsequently her need for the therapist to prevent her from really ingesting soapy water, and her recapitulation of her main issue that in care 'what you see is not what you get' (Laura 10).

In the following sessions, it is possible to continue this exploratory work with Laura, with only minor 'hiccups' of imminent dysregulation: Laura is able to talk about the prospect of her pregnant teacher 'leaving' her, and her foster mother being ill and needing to stay in hospital for a few days, while playing at being baby Louise's mum who needs to find just the right pills to cure her child. Exploration through talking and playing about these important themes regarding early caregiving representations culminates in Session 27. Laura is, again, playing at being Louise's mum, who will be celebrating her third birthday tomorrow, while brewing – with some agitation – something with water, glue, soap, and paint.

> *Laura 1: 'Relax! This is very good for her, a purple pill.'*
> *Therapist 1: 'What does a purple pill do?'*
> *Laura 2: 'It's for her headache!'*
> *Therapist 2: 'Oh, so, today she has a headache too (referring to the last time Laura played about this)?'*
> *Laura whistles as she mixes the red and blue paint in the plastic cups, stating that it is actually blood to help Louise with the stomach ache she also has.*

Laura 3 (turning to the therapist): 'Everything will be fine. It's a very special pill, a very very special pill.' Laura starts mixing even more paint together, and soap, requiring the therapist to uphold structure and limits.

Therapist 3: 'So, what are all these pills for?'

Laura 4: (referring to the different cups) 'That's for a headache, that's for a stomach ache, sore throat.'

Therapist 4: 'And Louise, she's so sick right before her third birthday?'

Laura doesn't respond and keeps mixing 'pills'.

Therapist 5: 'You have lots of work getting those pills just right.'

Laura 5 (in a motherly tone to Louise): 'Good morning!' (bottle feeds Louise the pills).

Therapist 6: 'Louise is just waking up and she needs to be fed immediately. Does she like it?'

Laura 6 (speaking to Louise): 'You need to have some more.'

Therapist 7: 'She doesn't like it, but she needs to have some more, it will make her feel better.'

Laura 7 (to the therapist): 'Look, she has a little wound here.'

Therapist 8: 'So, the pills aren't just for taking in, they're also for wounds. How did she get those wounds?'

Laura 8: 'She hurt herself.' Laura becomes frustrated as the substance is not running out of the bottle fast enough. After having tried for a while, she says: 'You know what I'm going to do? I'll put everything on her plate, and she has to drink it. She doesn't want to, but she has to swallow it, because mummy says so!'

Therapist 9: 'You're saying she has to drink it all.'

Laura 9: 'Yes, otherwise she won't get better.'

Therapist 10: 'When kids are sick, they need to listen to their mum in order to get better. I wonder whether mums sometimes could be mistaken?'

Laura 10: 'No, because I'm a doctor.'

Therapist 11: 'So, you're a doctor-mum. You know what's best for your baby.'

Laura 11 (whispering): 'She needs to drink it all. It's a very special pill. Then, her brain will work again.'

Therapist 12: 'You're saying her brain will work again.'

Laura 12 (referring to what she's doing): 'We need to shake, shake, shake.'

Therapist 13 (referring to the spoon with paint that Laura had dropped on the floor): 'I'm just going to pick up the spoon, otherwise we might step on it and get paint all over the floor. And we'll need to clean up for today (referring to the approaching end of the session).'

Laura asks the therapist to help clean up, as she wants to finish feeding Louise the pills.
Laura 13: 'She doesn't have a headache anymore, no more stomach ache, good girl, right?'
Therapist 14: 'Yes, good girl, and good mum, because you made sure she no longer aches.'
Laura 14: 'Yes, smart mummy.'
Therapist 14: 'Very smart mum, because with a brain that doesn't work well, we can't go through life that easily, can we? We like to have a brain that works well, otherwise it's tough sometimes, isn't it?'
After having said goodbye to Louise, ready to leave the session, Laura says: 'I think mummy (referring to her foster mother) is waiting for me.'

In Session 27, Laura, in her role of Louise's mother, shows us what being a sick, wounded, and brain-damaged child means to her: never being sure whether the maternal care she receives will make her feel better or will be forced upon her in an almost sadistic way.

For this play sequence to be able to unfold as it did required the therapist – attuning to Laura's fluctuating state of mind – to structure and set limits to how the materials in the therapy room can or cannot be used in play and to be genuinely curious (Therapist 1, 3, 4, 8), and, in doing so, sometimes challenging (Therapist 6, 10). It sometimes meant 'just' affirming Laura's storyline (Therapist 5, 7, 9, 11, 12). This enables Laura, by the end of the session, to hold on to 'the good' in relationships: being able to ask the therapist for help with cleaning up while she finishes her play, letting the child in her play be cured by the mother (Laura 13) and, finally, also being able to let the image of her foster mother's good care emerge.

A thought becoming thinkable; the body showing its precariousness

Following Session 27, experiencing care for (physical) injuries is a central theme, both in the real relationship with the therapist (Laura appealing to the therapist's attention

and care by showing physical injuries) and in Laura's play. While in the first of these sessions Laura designates the therapist to the sick and injured child position, to be cured and saved by herself in the doctor position, she subsequently experiments with the therapist in the role of not being able to prevent a child doll from dying of its physical injuries. Only a few sessions later, Laura dares to take on the child position herself, but prevents the therapist-mum – who later on is also designated the role of doctor, pharmacist, and therapist – from saving her.

Around this time, Laura's teacher is going on maternity leave, and the 'child-in-need-of-saving' play is put on hold regularly to – quite frantically – craft gifts for this teacher. About two months later, at the start of Session 44 (about one and a half year into treatment), Laura announces that her teacher will visit her class tomorrow with her new-born baby. This quickly evokes the theme of babies and breastfeeding, and Laura's early life experience of not having received adequate maternal care. Meanwhile, seated on the table top, she is play-pushing with her feet against a small chair.

> *Laura 1: 'Shall I make it fall or not?'*
> *Therapist 1: 'Do you want to make it fall?'*
> *Laura pushes harder; the chair falls over.*
> *Laura 2: 'Actually, I didn't want it to fall.' She laughs embarrassedly.*
> *Therapist 2: 'Maybe your body is telling us that you're a bit nervous about your teacher visiting tomorrow?'*
> *Laura 3: 'I don't need to get it out, because I want to get it out.'*
> *Therapist 3: 'How can we help you to get it out without chairs falling over?'*
> *Laura lies down on the floor, and laughs nervously. 'That laugh sounds familiar, that's how your laugh comes out when you're feeling nervous.'*
> *Laura 4 (suddenly pulling up her shirt, exposing a scratch on her belly): 'Look what I've done! I got lost today.' She starts telling an incoherent story about how she got the scratch, while drawing the story with her finger on the floor. In an attempt to co-regulate and to support Laura's representational capacities, the*

therapist suggests to draw and tell. Laura responds immediately by getting up to fetch paper and a pencil, and starts drawing and telling.

Therapist 4 (witnessing Laura's effort): 'It doesn't have to be exactly right, okay, as long as it helps you to tell what you want.'

Laura continues drawing, and soon gets completely entangled in drawing and describing a map with the exact locations of all surroundings.

Therapist 5: 'It doesn't seem to work, my idea, does it?'

Laura 5: 'Yes, it does.'

Therapist 6: 'You actually wanted to tell me how you got that scratch on your belly.'

Laura affirms but continues her detailed description of the surroundings and of who did or said what for the next 20 minutes, without becoming less agitated, in fact, she becomes even more agitated despite the therapist's attempts to contain.

Laura 6: 'I don't want to draw anymore.' She throws her drawing on the floor. By now, Laura is lying across the table top and looking at her drawing with her head down.

Therapist 7: 'Laura, I think your body is showing your distress.'

Laura asserts that 'this is fun' and indicates that she doesn't want the therapist to keep her safe ('leave me be'). The therapist, feeling that she needs to intervene more actively and physically, responds that she needs to be sure Laura is well, and helps her to sit up again. Laura throws the pencil and lies down on the floor, laughing nervously and making strange sounds.

The therapist says that she's going to help Laura to stop. Laura grabs a rattle and starts making baby sounds, and, turning to the blackboard, says: 'I'm going to draw something, you have to guess.' Laura draws a baby 'that is a girl and a boy at the same time'. Then, she starts writing something on the blackboard, ordering the therapist not to look or to listen. After 5 minutes or so, and from her hiding place, Laura yells compellingly to the therapist: 'Say as if you were a baby "I have to go wee-wee and do poo-poo". SAY IT! SAY IT!'

Therapist 8 (for the first time seeing what Laura has written, and that she has drawn a mother and a father next to the baby): 'That sounds like you really need me to say that. Okay, here goes.' The therapist needs to say it several times before Laura is satisfied and settles a bit. At the end of this session, when asked what she wants to do with what's on the blackboard, Laura replies that the baby and the sentence can stay on the blackboard but the therapist may wipe out the mother and the father.

In the clinical material described above, we witness how real-life events (in this example, the teacher giving birth to a baby) can vividly call to life 'old' representations of early caregiving experiences: the good care for a baby, as represented in the image of being breastfed by the mother, brings Laura to her own experience of having been deprived of good care.

An important therapeutic achievement is that this conflictual experience is tolerated, emerges as a thought, and can be put into words. However, thinking and verbalising quickly evokes an intense and difficult-to-bear level of arousal, resulting in Laura losing access to 'acquired' regulatory and representational capacities. She subsequently falls prey to more primitive bodily evacuation of distress. At that point, the therapist's attempts to contain and co-regulate (Therapist 1–7) are to no avail, requiring her to provide more support, in physical form. The therapist, walking the tightrope with Laura who is on the verge of complete dysregulation yet in need of communicating something important *('I'm going to draw something, you have to guess')*, is required to flexibly use both supportive and exploratory interventions. Doing so, as illustrated by the therapist's decision to go along with Laura ordering her to cover her eyes and ears, and urging her to speak like a baby, allows Laura to entrust the baby to the good-enough therapist – foster mother? – at the end of the session.

Concluding remarks

Children with complex trauma, like Laura, often confront carers and therapists with the unpredictability of their fragile ego functioning, which constitutes the background – and at times, the foreground – against which conflicts seek to be processed and resolved. In psychotherapy, we can easily be caught in the pitfall that therapeutic gains, in terms of 'acquired' capacities, through ego-supportive work are permanent or at least fairly stable, paving the way for 'unwavering' exploratory work once ego-supportive work

has been ‘completed’. It is precisely the precariousness of traumatised children’s capacities that is so characteristic of their social and emotional functioning, requiring the therapist working with them (and significant others in their life) to almost continuously walk a tightrope. Rather than rigidly holding on to one ‘type’ of intervention, psychotherapy may be most growth-promoting for children with complex trauma if the therapist allows him/herself to be immersed in the child’s turmoil, while also being able to assess their moment-to-moment functioning well enough to attune to the most pressing needs at any given time, that is, ego support and/or exploration. Having a mentalizing team around the therapist is indispensable to be able to conduct this balancing task sufficiently well in the direct work with a traumatised child (Bevington, 2017; Robinson et al., 2017).

Although developmental gains are certainly possible, for many of these traumatised children ‘relapse’ or ‘regression’ remains characteristic of their ego functioning for a large part of their lives, sometimes well into adulthood (Letkiewicz et al., 2020). At times, their most profound injuries and vulnerabilities are triggered by real-life events – in Laura’s case, by her teacher giving birth to a baby – while at other times, by developmental demands and challenges, as may happen during adolescence. This requires caregiving adults, including therapists, to continue to find ways to ‘walk the tightrope’ with these children without ‘falling off’ too often.

Acknowledgements

This work was supported by the Fund Dr. Pierre Vereecken.

Disclosure statement

The authors report no conflict of interest.

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