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“MOTHER AND M.” – THE ANALYSIS OF THE CASE OF A DYAD IMPACTED BY TRAUMA EXPERIENCE

ZERO-FIVE. The Foundation for Infant Mental Health.

**psychoanalysis,
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Summary

This analysis is the result of preparation for a diploma in psychoanalytic parent-infant psychotherapy at the School of Infant Mental Health in London. Parent-infant psychotherapy (refers to young children, up to 5 years old) is just beginning to emerge in Poland. Nevertheless, the first years after the birth of the child are a critical period for the parent – earlier unresolved internal conflicts, traumatic events or relationships remind of themselves in the form of so-called “ghosts from the past”. Often it is the problem in the child that brings the parent to the psychotherapeutic room, e.g. tantrums, inconsolable crying, difficulties in maintaining contact. This paper will present the therapeutic process of a dyad (mother and child) who experienced violence from the child’s father, but it was the child’s tantrums and his “disobedience” that were the reason for the report. The article analyses the one-year process of psychoanalytic psychotherapy of the dyad. It describes how early traumatic experiences disrupt the child’s normative development and, more importantly, the bond with the primary caregiver. It presents the working methods of dyad’s psychotherapy and highlights psychoanalytic approaches to understanding the difficulties experienced by the child. The description is an example of the intergenerational transmission of violent relationship patterns in the family.

INTRODUCTION

This article is a description of the therapeutic process of a dyad who experienced violence from the father of the child. I started to work with the mother and the child just before the beginning of the COVID-19 pandemic, in February 2020, at the ZERO-PIĘĆ Foundation in Poznań, a short while after Ms. Maria was sent with her two children, 18-month-old Matthew and 8-month-old Iga, to a home for victims of violence. Matthew was referred for therapy because of the constant tantrums that occurred whenever Ms. Maria set a limit for him – refusing, forbidding or trying to interest him in something else. More important for the process, however, seemed to be the fact that Ms. Maria and the children were victims of violence, which seriously affected Matthew’s behaviour and his emotional functioning. The first meeting with the family showed great difficulties in the relationship between Ms. Maria and her son. In addition, Matthew was hyperactive and anxious. His

relationships with others revealed great difficulty in establishing contact – he pushed his younger sister and never looked at his mother. The paper will present the different stages of the therapeutic process. Initially, the work focused on the mother’s projections, improving the relationship between the boy and his mother and working through the boy’s traumatic experiences. At a later stage, in parallel to the sessions with the dyad, the mother was additionally offered meetings to work through her past experience. Some sessions were also attended by the boy’s sister in situations where the mother did not have the care for her; this was always agreed in advance. The text includes fragments of the sessions together with the author’s reflections and explanations based on theory.

Family background

Ms. Maria moved from Białystok to Poznań in 2015, when she was 25. Before that, she used to travel to Poznań for economic reasons a few times. She admitted she settled in Poznań due to economic migration, but there was a sense of something more. Ms. Maria left in Podlasie her father and brother with his own family. The maternal grandmother died in 2010 after a long struggle with cancer. Ms. Maria’s parents were military people. Mother was the last time in Podlasie before the children were born. Parents of Matthew met at work in the Social Care Centre, where Ms. Maria had part-time administrative work and Matthew’s father also had some duties there. Parents split up for the first time after Matthew’s birth, because the father was violent to Ms. Maria. Ms. Maria decided to get back to Matthew’s father, when she confirmed her pregnancy with Iga. Nevertheless, the aggressive behaviours of the father did not stop. He became violent, when he was under the influence of alcohol, afterburners and amphetamines. The violent incidents were very frequent – few times a month. At our first meeting, the Mother almost recited: “he used physical, economic, psychological and sexual violence against me. Hence, the fast pregnancy with Iga”. She said, he used to hit her also when she held Matthew in her arms. What is more, the pregnancy with another baby did not give her protection against the partner’s abusive behaviours. There was even much more humiliation and abuse. Moreover, the paternal grandmother and paternal aunt repeatedly intimidated Ms. Maria in front of Matthew. They threatened her that they would take away her children – “that Matthew was so pretty”, “that the father’s sister could not have her children, and she would like to be the mother for Matthew”. In August 2019 Mother ran away from the father – it seemed that she was preparing for this – on that day she wore a black dress – “so that she wouldn’t be seen”. She also dressed up Matthew. She recorded the moment when the father was hitting her. She used the material later in court. Mother and babies found a place in the shelter for domestic violence victims. They stayed there when we first met. The building was inhabited by women with their children – violence victims. Matthew’s father was arrested in August 2019, due to family violence, thefts and drug selling. When we first met, Ms. Maria’s financial situation was very poor – she took a loan to decorate their apartment and she paid the debt.

At this point in the therapeutic process, Ms Maria’s childhood experience was presented only in fragmentary detail. Maria repeated that her childhood was good and

full of joy, she said that she had loving parents. However, I wondered what had led Ms Maria to enter into such a damaging relationship. This led me to reflect on potentially identifying with her abusive parents or suppressing some part of her own experience. I began to consider whether there may have been intergenerational transmission of trauma within the family.

Working on the mother’s projections

Ms. Maria decided to look for help for herself and children when she acknowledged there were such possibilities from her friend from the shelter. At the first meeting, Matthew was very active and unsettled. He would not stop to play. Moreover, he was unable to cooperate and engage in a reciprocal play. Ms. Maria seemed to be very anxious about her motherhood of Matthew. It was very vivid in her projections on him. At the early stage of treatment, while engaging the family, we worked to promote Ms. Maria’s bonding with Matthew. It was not possible until Ms. Maria’s anxiety was contained in the therapy process and her projection on Matthew’s behaviour did not change. Likerman [1] pointed out the very damaging effect of mothers’ projections of their own anxiety on their children. Lieberman [2] wrote, “Gradually, the maternal attributions shape the child’s sense of who he is. When this occurs, children come to see themselves and to behave in the ways their mothers see them and expect them to behave” [2, p. 286]. My first meetings with the family left me with great anxiety, because Ms. Maria projected on Matthew negative features.

After few first meetings, it seemed that for Matthew the early trauma of being the victim of domestic violence, and the Ms. Maria’s projection, impaired his development. He was avoiding contact and preferred self-absorbed play. The sense of great anxiety, both in Matthew and Ms. Maria, flooded with her projections, is vivid in the short vignette from the second meeting:

Ms. Maria came in the consulting room and said: “He never looks back at me” She put the blanket on the carpet, and then laid down the younger sister of Matthew on her belly. Iga smiled to me as soon as I looked at her. In contrast, Matthew was running round with a basket filled with blocks. Ms. Maria was occupied for a while with her baby girl, so I let myself play with Matthew. I encouraged him to sort the blocks by the shape. Matthew preferred to do it on his own – he moved blocks from one basket to another, turning his back at me. It seemed like he was experiencing great threat.

During that meeting, Ms. Maria described the first year of Matthew. For her, there was a lot of chaos in taking care of him, a lot of people took care of him, including the father’s sister who called herself “Matthew’s mom”. Ms. Maria thought that maybe this was the reason why Matthew did not treat her like a mother and did not love her. Ms. Maria repeated during our meetings: “you see, he doesn’t want me, he rejects me, he prefers to play with others”. I started to wonder how all of this could influence Matthew and his way of feeling safe and secure in the relationship with his mother.

During the first meetings I tried to underline each of the small and tiny way of interacting of Matthew with Ms. Maria.

At some point Matthew fell down. “Oh no, you fell down, it must have hurt. Go to mummy for a hug. Where is the mummy, Matthew?” He ran to his mother and hugged her and quickly ran away. It seemed that the intervention empowered Ms. Maria.

I felt great anxiety in the countertransference. I was wondering how not to interact too much with Matthew, so Ms. Maria would not feel unneeded and rejected like she did with the paternal family. I acknowledged, I was another woman in their life who could be experienced as another person who may potentially be a better mother for Matthew. I discovered later on in the treatment, that my concerns were reasonable. Ms. Maria felt that I was judging her and she did not feel understood. She was only able to share her thoughts when she felt secure in the relationship with me, what happened few months later.

On the following meetings, maternal negative projections were still vivid in the play, i.e. in the play in having a picnic.

Matthew took the basket with plastic fruits and vegetables. Ms. Maria and me helped him to put food on the plates. I imitated eating. Matthew mirrored me and then pushed some food into Ms. Maria’s mouth in an intrusive way. Ms. Maria did not react. She seemed to be frozen and dissociated. I had the feeling of being flooded with anxiety. I just could have stopped stop Matthew by saying this was not the way we used to play. I changed the play, pulling out a tunnel, as I could not find the words for the trauma re-enacted in the room. Later during that meeting, I asked Ms. Maria how she felt during the play of feeding. She said nothing, just shrugged like she did not recognize her feelings. I asked her whether that brought some memories of the father of Matthew’s forcing her to do different things. She denied that.

That short vignette seemed to be full of meanings. According to Lieberman [3, 4], the mothers who are the victims of domestic violence may sometimes project on the baby the violence of fathers and may unconsciously perceive the child as the persecutor. What is more, that kind of play repeats, when children identify with the perpetrator. What is more, Lieberman stated that children who witnessed violence often re-enact aggressive scenes so they are able to master their anxiety, when they are accompanied by supportive adults. It seemed that for Matthew, that way of playing was a sort of calling for regulation. For Ms. Maria, it was too early to recognize her own feelings. She was flooded with anxiety.

During the first lockdown due to the COVID-19 pandemic, I had several phone calls with Ms. Maria. It was very difficult for Ms. Maria to arrange the meeting, because she took care of babies on her own. It was the time when first developmental progress in Matthew occurred, i.e., engaging in joint symbolic play, sorting by shapes, calling for help with gestures. For Ms. Maria it was the time when she could differentiate Matthew from her own persecutor, Matthew’s father. The small vignette shows how mother tries to build up on her representation of Matthew.

Ms. Maria: “Matthew is not stupid. He will feel whether someone is good or bad. I am not afraid that Matthew would go for a toy from his father. I will do my best that his father won’t have contact with Matthew. Matthew will have protection for mother’s love. He isn’t capable of being a dad. A dad needs to be present in a child’s life. This is nurturing. He doesn’t seem to deal with his emotions”.

The mother went back to her family: “I had a normal family model. We loved each other. I would try to give it to my children. Some kind of spirituality. For Matthew’s father

money was important. I want to teach Matthew how to be normal with his sister. That he will not care just for money. That he will not hurt anybody, nor be aggressive. That he will talk while upset. The rules must be set.”

Me: “It feels like you know what you would like for Matthew in the future, but at some point also you can be afraid what he would be like. Maybe also how much he will be like his father.”

Mother: “He may resemble him physically and he does. But he wouldn’t be psychologically. Paul is not on the level to be Matthew’s father. To be normally with Matthew. For him only money and sex were important. He took his nephew to the sex agency at age of 14 and wanted the same for Matthew. He was proud of it. He stated that “love may be bought”.

Me: “You want Matthew to love and be loved. And you know you are the best person to show M how to live like this.”

Working on the baby’s traumatic experience

When Matthew and Ms. Maria came back after lockdown in June, Ms. Maria projections onto Matthew seemed to be much more positive and loving. Ms. Maria reported a different difficulty of Matthew: it concerned the way he related to peers. According Ms. Maria, Matthew was violent toward his younger sister or other children who seemed to be weaker than Matthew – he used to pull their hair. It seemed that Matthew re-enacted what he witnessed during the fights between his parents – Ms. Maria’s hair was pulled by Matthew’s father. It seemed that Matthew was anxious about the proximity of other children. He could also experience some rivalry feelings towards his younger sister. Before the lockdown, we did not manage to play in a way which would help Matthew to process anxiety and traumatic experience. We reflected with Ms. Maria on Matthew’s difficulties with peers, how it may be connected with M being a witness of violence [2]. It was apparent from Ms. Maria’s narrative that Matthew did not only see his father’s aggressive behaviour towards his mother. He often stood between them or was in his mother’s arms when his father shouted or pushed Ms. Maria. In the consultation room, so-called “scary animals” and dinosaurs, help children to make sense of their experiences. The following fragment shows Matthew’s play, which helped him to work through situations between his parents that he witnessed

At first meeting after lockdown Matthew started to play with dinosaurs. He took two of them out of the box and started to scare Ms. Maria and me. I commented on that: “What a scary dinosaur!” I also commented that other, smaller animals must be afraid of him. I imitated a frightened cow and Ms. Maria followed me with another domestic animal. “This dinosaur, must have seen very bad things and he does not know what to do when he is really, really angry.” This helped Matthew to “roar” with the dinosaur even louder. I named the fear of the animals and connected it with the fear of Matthew who witnessed the parents fight. That time Matthew roared again and ran away.

Matthew repeated that play in several meetings. Once it helped him contain his great anger toward Ms. Maria who set a limit to him. Each time we invited Ms. Maria to that play who understood the meaning of it but sometimes she preferred to be outside the play.

The bond between the mother and the baby

From February 2020, we worked on strengthening the bond between Matthew and his mother. It has been a very long process. Ms. Maria's way of mothering – the way she understood and answered Matthew's emotional needs, was impaired by her own intruders from the past. The problem of ghosts in the nursery will be described in the further parts of the paper.

At the very beginning of our work Matthew's attachment behaviours were disturbed. At first sight, Matthew's attachment style seemed to be disorganized. At the moment of discomfort or anxiety he did not turn to his mother – instead he became hyperactive. He ran round in the consulting room, threw things around him or escaped from his mother. While exploring, he also showed no trust in Ms. Maria, he preferred a self-absorbed play. When Ms. Maria came closer to him, he often ran away or played with her in a harmful way.

His way of interacting also reminded me about Schore's conception of neurodevelopment [5]. Shore connects the disorganized attachment with early relational trauma – when the attachment figure is not the source of safe and secure experience, but evokes anxiety in the infant. Perry [6] described the so called sympathetic response to traumatic experience in infant/toddler. A traumatised child seems to be hyperactive, impulsive, may have hypertension and disregulated endocrine system. Moreover, an infant becomes oversensitive to the everyday stressors due to persisting internal fear state. I found it useful to look at Matthew through Shore's lens. He describes the impact of relational trauma and how insecure or disorganised attachment are formed as follows:

“This caregiver is inaccessible and reacts to her infant's expressions of emotions and stress inappropriately and/or rejectingly, and shows minimal or unpredictable participation in the various types of arousal regulating processes. Instead of modulating, she induces extreme levels of stimulation and arousal, either too high in abuse or too low in neglect, and because she provides no interactive repair, the infant's intense negative emotional states last for long periods of time. Such states are accompanied by severe alterations in the biochemistry of the immature brain, especially in areas associated with the development of the child's coping capacities.” [7]

Matthew did witness the violence and for sure he did witness Ms. Maria while using force for self-protection. It must have evoked anxiety in him. Moreover, Ms. Maria seemed to either be gone or too agitated while interacting with Matthew. It seemed that both of those states frightened Matthew. To illustrate this, I shall present the next vignette from the session:

Matthew took out a few animals-toys from the box. I took one of the animals, and so did his Mother. Matthew took some animals and ran away, as if he wanted to protect them from others. He seemed not to feel secure to share the play with us.

While cleaning up, Ms. Maria asked Matthew to put animals back into the box. Matthew laid down on the floor and started to scream. He went through a temper tantrum. Ms. Maria was sitting on the blanket with a blank face, and turned away from Matthew. She was gone emotionally for the boy. Matthew screamed more desperately. I asked Ms. Maria, how she would feel about supporting Matthew in his emotions. How she would

feel about speaking to him. Ms. Maria answered in a rather concrete way that she would try, and admitted that when she did not react he used to calm quicker.

The vignette above presented that Ms. Maria abandoned Matthew while going through intensive feelings. Perhaps the anger reminded her of Matthew’s father’s anger and was retraumatising for her or perhaps the anxiety was grounded in her early experiences. Another portion of material shows Ms. Maria’s anxiety while supporting Matthew when he was afraid:

Matthew started to run away with crayons when Ms. Maria did not want to give him the whole set. He fell down. Ms. Maria quickly ran toward him and raised him in panic. She immediately went to the window and talked to him about cars outside, trying to distract his attention. Matthew calmed down. I started to wonder with her how she feels about Matthew’s emotions. Ms. Maria admitted that she could not stand them – she could not look at her babies crying or suffering. When I asked how it was for her when she was a child, she admitted she had good childhood and smiled nervously. She was not ready to reflect upon her childhood.

In addition to the traumatic experience, also the lack of emotional support, Bion’s containment in the relationship with his mother became visible in Matthew’s hyperactivity. This reminded me of the concept of the second skin described by Esther Bick [8], who understood high level of mobility, the need for independence and a sense of omnipotence as manifestations of relational trauma or neglect. The vignette below presents Ms. Maria’s difficulty in containing Matthew during exploration that made him unsettled and agitated.

Matthew started to throw animals-toys out of the box. Ms. Maria said: “Matthew, don’t!”. She grabbed him and started to jump with him saying: “Hopsi, hopsi!” It made Matthew more agitated. At some point Ms. Maria asked for crayons, they started to draw. When he couldn’t draw something he wanted, he started pushing one of the cars. When he stopped the car, he moved to puzzles. Then he asked for bubbles. Ms. Maria cried after Matthew got angry that she couldn’t get bubbles. We talked about what she feels, how he gets angry and where it comes from. What did she associate it with? Did she remember how her parents reacted?

After that session Ms. Maria started to share her past experience in the therapeutic room – after that meeting for the first time we met without children. However, first I would like to point out that at this stage of the therapeutic process there were still moments in which Mrs. Maria had negative projections on Matthew this is presented in the following fragment of the session.

When I invited the dyad to play with crayons, I drew a sun. Matthew covered it with his own drawing. I asked Ms. Maria whether they sometimes draw together. She answered that they did not. Because Matthew always destroyed what she drew. I asked her whether it could be again just her interpretation of his actions. I asked her whether she would be able to think about it as an attempt at colouring her picture and adding something from himself.

The projection of Ms. Maria had negatively impacted her relationship with Matthew. Her Maria’s perception of Matthew’s activities as destructive was distancing her from him. According to Fraiberg: “Victimized mothers often engage in an unconscious equation of their children with their perpetrators, attributing to the child the characteristics of danger and brutality that properly belong to their parents” [2, p.168].

Ghosts in the nursery

There was a feeling in the consulting room of Ms. Maria's early trauma. It was not just the trauma she experienced in her relationship with the children's father. It was vivid in her projections on Matthew, but more profoundly in the tendency to abandon the children with their emotionality. Fraiberg stated: "Even among families when the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves re-enacting a moment or scene from another time with another set of characters" [9, p. 390]. Fraiberg explains the concept of the ghosts in the nursery as the repetition in the relationship with the child, the unresolved conflicts from a parent's past, "the ghosts represent the repetition of the past in the present". There was great resistance in Ms. Maria to share her past. She used to say: "I do not want to talk about myself" or "I want help for my babies". It corresponds what Fraiberg put into words: "There may be no readiness on the part of the parent to form an alliance with us to protect the baby. More likely we, and nor the ghosts, will appear as intruders often" [9, p. 390]. Her struggling with emotionality of her children and her tendency to auto-destructive relationship left me with the feeling of unresolved conflicts in Ms. Maria. For Matthew and Ms. Maria, the past was vivid in the way she tended to abandon M whenever some intensive feelings arose in him. Ms. Maria's mother did not allow her to express her feelings, especially the feeling of anger. Ms. Maria kept on saying: "But I allow Matthew to be angry, I do better for him". It took a long time for Ms. Maria to make an alliance with me. She started to trust me more and more and was able to share with me inch by inch parts of her own story.

For the first time we talked about her past in September, almost 6 months after the beginning of treatment. Until that time Ms. Maria concealed it from me, convincing me that she had warm and loving childhood. Insisting and naming that it might have been crucial for the way she was coping with the emotionality of her children, helped her to open up. On one occasion she showed her anxiety in the relationship with Matthew, during his great temper tantrum – it was described above. It convinced her of the need to touch upon her own anxieties and discomfort in her relationship with Matthew, in a separate meeting, without children. In that meeting, I was presented with an image of Ms. Maria as a child who needed to grow up too quickly. Podlasie in the nineties was a brutal place to grow. When Ms. Maria was a teenager she was forced to act like an adult. Ms. Maria was in charge of herself and her younger brother because her mother lost her sight and then overconcentrated on her job. The only "lesson" about emotions Ms. Maria got from her own mother was that she needed to learn to keep her emotions to herself – there was no space for them. There was a sense of abandonment – "I could not show my emotions". Ms. Maria also recalled that mother's clients were present in their house. When Ms. Maria was a teenager, one of them started to touch her in a sexual way but she managed to escape. Ms. Maria talked about herself eagerly, but from time to time she "punished" herself for doing so and stopped, saying: "but I am here for my babies". Her story was chaotic. There were also some moments, when she did not want to continue – when we talked about her own mother. She seemed to be afraid to say something accusing her mother or show disloyalty. It left me with the feeling that she was afraid to share her past with me, controlling how much I could handle.

The “intruders from the past” who were so often seen in the relationship of Ms. Maria and Matthew were shared with the therapist. The difficulties in Ms. Maria to follow and Matthew in his emotionality, became partly acknowledged and their origin became closer to understanding. After the meeting with Mother alone, there was a magic moment of attunement between Ms. Maria and Matthew.

Matthew and Ms. Maria were arranging a 5 piece puzzle of an elephant. I imitated the sound of an elephant and Ms. Maria followed me. In a while Matthew mirrored it. We started to “sing” that sound all together, one after another, looking at each other, anticipating the next person to start the sound. Ms. Maria and Matthew laughed a lot, looking at each other. The great pleasure of reciprocal play was felt within a dyad. After that moment, Ms. Maria thoughts flew away. She seemed to dissociate. When asked what she thought about – she recalled Matthew’s father and an issue of alimony.

It seemed that during that meeting Ms. Maria was able to be “emotionally present” only to some point. When the feelings were too intense, she seemed to dissociate. Was it the impact of the trauma of Ms. Maria? Did this good moment bring to her mind some internal conflict or some bad experience of herself? I was not sure what made her cut off, but I had the thought that it might have been something from her past.

Our meetings continued. In November 2020 the family moved to the training flat¹ where the control and security from social services become less strict. It seemed to influence Ms. Maria’s state of mind who felt more persecuted now. The anxiety was also vivid in Matthew’s play, presented in the next fragment:

Ms. Maria was agitated, she quickly informed me how they were doing – it was a very hectic time for them – they moved to the new flat – the so called “training home” – two weeks ago and were also quarantined. Matthew was tested with Covid and all in all was negative. The beginning of the session was quick and scattered. Ms. Maria recalled a moment of the night when two ladies who lived next door woke them up by making a noise. That night Ms. Maria left Matthew and his sister in the room to make the two ladies quiet. It turned out that one of them was drunk and the other was drugged, there were also their children, teenagers, in the corridor. I had the feeling that in that kind of a situation Ms. Maria was like a lion mother who protects her babies. That time Matthew grabbed the big castle from the windowsill, and it almost fell down on him. We helped him. Ms. Maria continued that she informed social services about that night. I could see the rising tension in Matthew, and showed my understanding to his mother’s worries about that. I also spoke out loud that for sure the situation must have influenced the children somehow; that it could scare them, and that time was influencing Matthew in the session. She agreed to involve in the boy’s play.

Matthew was putting some animals out of the box, a crocodile and dinosaurs. He put those animals in the house. I said: “So, you put the animals in the house, you also have

¹⁾ In Poland there are three stages to get an own flat from local authorities in case of being a violence victim. First stage is being in the shelter for domestic violence victims. This is a big building with separate rooms where mothers and their children live in individual rooms. Second stage is the “training flat” when the family gets and social services check up on the family. And after good recommendations from social workers and when the flat is available the family gets their own place. Usually, it lasts from 1 to 3 years to get the flat from local authorities.

a new home and making feel yourself as home in that place.” After the meeting I had the thought that maybe Matthew’s play represented in that way not only the new house they have but also the scary moment in the night, when his sister and himself were woken up by the noise outside their room. I started to wonder whether that moment could have reminded him the moments of his father’s violence. I had the impression that the new flat might have triggered a sense of insecurity in dyad and reminded them of their previous experiences.

Matthew wanted to open the castle, but he didn’t manage. He looked at his Mother. I said: “you want your mother to help you?”. Ms. Maria took the castle and was trying to help Matthew. Matthew was turning his eyes at me, then at the mother and again at me. Ms. Maria did not manage to fit in the animal and was not very eager to get support from me.

I smiled to her and just said: “I am here for you.”

Ms. Maria smiled widely to me: “I am like Matthew, I don’t ask for support.” And then laughed.

I had a thought that it may come from her self-efficiency she learnt as a very young girl. She seemed to learn not to call for support, because as a child she needed to organise the life for herself and her brother.

Matthew got frustrated when he could not put an elephant through the doors. It did not fit. He looked at me and at his mother. There was a great change in him – he searched for help in adults while expressing the frustration.

Matthew made a huge progress in trusting people. He did not escape from them, did not hit others. He seemed to maintain reciprocity in play. I kept on insisting on meeting only with the mother, as she was not eager to talk about her past in front of her children. During the meetings there were still moments when she was unavailable Matthew. Moreover, I had the impression that the training flat made her feel less secure and more persecuted.

During our next meeting without Matthew, Ms. Maria described the cruelty of her childhood adding some new facts. Her story became more coherent and less fragmented, she seemed to feel more secure while sharing her past. Nevertheless, Ms. Maria was talking very quickly, as if returning to that memories was too painful to her. There was an impression of being in a hurry. She couldn’t stop for a while to reflect on her feelings then, often undermining them. When she was 10 years old, her Ms. Maria’s mother had brain surgery, due to seizures that turned out to be caused by brain tumour. Ms. Maria’s mother lost her sight during that surgery, which had a tremendous effect on Ms. Maria and her brother. Social services seemed not to work properly those days, and 10-year-old Ms. Maria and her brother were left with no adult taking care of them. For Ms. Maria, as the elder sister, it meant that she needed to take care of the house and her brother. Ms. Maria seemed to be detached from her feelings while talking, she smiled often nervously. There was no one who would take care of her and her brother and that she needed to become mature too quickly. Later on, on another meeting, she disclosed that her mother attempted suicide with a knife. Ms. Maria felt in charge of taking care of her mother’s life and her depression.

When asked what had happened before that age she could not recall much. Until Ms. Maria was 10 years old her mother, elder brother and herself moved a lot. They often visited the grandparents and stayed there for some time. Her father was not present in their life then. He started to show up after her mother’s surgery. When she was 13 years old, her mother’s health condition improved, and she started to run a business. Ms. Maria’s

mother imported and sold some products. At that time, mafia used to take tribute for any economic activity. Mother of Ms. Maria left the house for a business trip, and the father of Ms. Maria came to take care of the children. That time, two of the mob members came to take the tribute, but Ms Maria’s father did not have any money. They threatened the father that if they did not give them the money, they would kidnap the children. The father stabbed them in self-defence and to protect the children. Ms. Maria could only recall some images of the traumatic event. She was asleep, and was woken up by the noise. She saw the whole floor covered with blood, she recalled being afraid about her father’s and brother’s life, not herself. While talking about it, she seemed to be in control of her feelings. While telling the history to me Ms. Maria admitted that it was what her mother used to teach her. She did not allow her to cry or show anger. It brought another story to Ms. Maria. She started to talk that she was punished physically and emotionally – she was made to kneel on the ground on grains. She can recall the feeling of humiliation. She was sure she would not raise her children that way.

I asked whether she had any good figure in her life. She recalled a friend of her mother who helped her with mathematics. She confessed that from the time when she was 1 year old till now her life has been nothing but trauma. She said that, but there was no sorrow in her expression. I asked her how she felt while saying this. She said nothing, just shrugged her arms. She recalled her own feeling of great anger towards three other women from the training flat. She says that she is full of anger that “I could even stab someone”. Later in therapy, it came out that her father was also a perpetrator of domestic violence, which was the cause of her parents’ split.

Even though Ms. Maria was trying hard, her emotionality seemed to be frozen. She was detached from her own body and feelings. In order to understand Ms. Maria, her ability to be in contact with the sensory experience from the past, but her inability to feel the terror, persecution and dread from the past, it will be useful to quote Bessel van der Kolk:

Clinicians and researchers dealing with traumatized patients have repeatedly made the observation that the sensory experiences and visual images related to the trauma seem not to fade over time, and appear to be less subject to distortion than ordinary experiences. When people are traumatized, they are said to experience “speechless terror”: the emotional impact of the event may interfere with the capacity to capture the experience in words or symbols [10, 1994, s. 255].

During some of the meetings with the dyad, I felt helpless in my attempts to promote in them the capability to be together in more emotionally-present way. Ms. Maria made seemed to be cut off from her baby’s feelings. She managed to take part in the interactions in a mechanical way, but she seemed emotionally gone. Sharing the past with me, did not enable her to be with Matthew in a more active way. She seemed to be gone many times when Matthew got angry or needed her for exploration.

Matthew entered the room and got interested in the blocks for older children. I showed him a car made with those blocks. I encouraged Ms. Maria to build the car for Matthew, and she offered Matthew a car. I noticed that Ms. Maria was absent, and self-absorbed while building car for Matthew, who was playing with some other cars on a small table. The car broke and Matthew started to cry and looked for help at his mother. Ms. Maria did not look at him at first, as if she did not hear his crying. I said: “you need mummy’s help?”

Then Ms. Maria fixed the car for Matthew several times, each time Matthew called her, she seemed to be more present. I asked her whether something happened, as she seemed to be detached. She answered something about their neighbours. She seemed to be flooded with anxiety about them. During that meeting her feeling of being persecuted left Matthew in helplessness and despair.

It seemed that Ms. Maria had a tendency to be caught in persecutory and anxious state of mind. I tried to have meetings only with her more often – also because their new flat seemed to evoke the feelings of insecurity and brought up some memories from the past. Matthew was becoming older and older, and it felt almost impossible to talk in front of him about Ms. Maria's past. When I felt that she disengaged from the interaction with Matthew, I invited her to one-on-one meeting. Most often, this happened in parallel with meetings with the boy – so that he did not lose his meeting.

When we met, Ms. Maria started with the topic of their neighbours in the training flat. Ms. Barbara, addicted to alcohol and Ms. Anna, addicted to drugs. The ladies evoked in Ms. Maria the threat to which she responded with a "fight response" [6]. What was more, Ms. Maria, seemed to feel criticized by them, especially in the way she was raising her children. She was very agitated while talking to me about it. I could not stop thinking that the training flat for Ms. Maria actually means the threat circumstances. I was sure that Ms. Maria's feeling of being in danger had to influence Matthew and his sister as well. We talked for a while about the local services' response to that, and it seemed that it represented usual Polish social system's helplessness. I said out loud: "Ms. Maria, you cannot live in such circumstances – there is always a threat behind it."

Ms. Maria answered that she got used to it. When she was 13 years old her mother's brother, her uncle, tried to rape her. She managed to escape from him. She also recalled the client of her mother.

Ms. Maria quite easily talked about the threat in her life. It seemed that there were many threatening circumstances when Ms. Maria needed to fight for her safety. In those moments she seemed to be angry and ready to attack. But it felt more like a threat. That made Ms. Maria think about her adolescent years. She started to talk about groups of teenagers who fought against each other. She said "The strength is what was needed when I was a teenager. You know, I wore hoodies and if somebody hurt anyone from our group, we set a fight. I was very tough." We wondered whether her children could feel that part in her – who fought in response to a threat. We talked about yoga as a way of working with the body. Suddenly, she told about her first impression of me as a judgemental person – she said she had some part in herself that felt people would judge her. It seemed that all the experiences we talked about, and probably much more that she did not mention, was vivid in the persecutory anxiety, she projected onto others – by seeing in them a tendency to attack or criticise.

At that point, I felt I do not have tools to work with such traumatic experiences. Ms. Maria had her own therapy but it seemed she and her therapist were working more on the cognitive level than on her real trauma. I recognized in all this my own schizoid-paranoid position, of being stuck and not ready to feel hope. Nevertheless, it was Ms. Maria's healthy part that made possible our work with them, and continue with parent-infant psychotherapy. Ms. Maria had a great hope for a better life for Matthew and his sister. On one occasion

in the session she said: “You know, the other psychologist² works with Matthew on educational part. You seem to be healing us.” Her Polish was quite simple, but it seemed that for she experienced our meetings as a good relationship.

One year of parent-infant psychotherapy

After one year of treatment of the dyad of Ms. Maria and Matthew, there was still plenty of things to be done. Matthew still had difficulties in being in a group of children. He felt insecure, and then hit others. It seemed that also being with his sister, and not possessing the mother exclusively for himself, was a struggle. Moreover, Ms. Maria struggled with her own trauma. She shared with me many moments of traumatic events from her past. That caused in her the tendency to dissociate and sometimes leaving her children without an “emotionally present” caregiver. Nevertheless, it seemed that the relationship between Ms. Maria and Matthew was more safe and secure. It seemed that Ms. Maria was not flooded with persecutory anxiety in the relationship with Matthew any more. Her projection onto Matthew was not so intense, and she could see his positive characteristics. In the relationship, love developed and a desire to care for the well-being of the little boy.

Matthew entered the room, and stopped halfway with donuts in his hands, they were in plastic bags. Ms. Maria wanted him to give them to the other persons in the Foundation, she wanted to express her gratitude for the last year. Ms. Maria went to the toilet. Matthew said “mama?” I confirmed that she went to the toilet. I took two soft pandas – a big one and small one – I prepared for that day. I said with them “What yummy donuts!” and pretended that pandas wanted to eat them. Matthew smiled widely. We teased each other for a while together. Matthew escaped with a smile with the donuts, and came back to the pandas to let them “try”. When Ms. Maria came back, he sat on her lap – he seemed to be more relaxed then, finding his security there. Matthew approached the railways. I told him that this time we would not play with the train and we could use a blanket to make a train for him. Ms. Maria liked the idea and encouraged Matthew to sit on the blanket. He wanted to take the pandas for a trip and hugged them. Ms. Maria took the boy “on the trip” with a train out of the blanket. I encouraged Ms. Maria to hide behind the blanket. Matthew waited with a smile as his mother’s face appeared from behind the blanket. They were delighted when their eyes met. Matthew was lying in the blanket, hugging two pandas, I got the feeling of peace and quiet there, and great attunement. Matthew and Ms. Maria was in contact with their delicate part, soft internal objects. I expressed it aloud, “what a pleasurable moment of being together”.

The Acquarone’s scale [11] examines the frequency of behaviours in a mother and a child, which are signs of attunement in their interactions. It is often used in therapeutic processes in the School of Infant Mental Health. To measure the therapeutic progress, I used that scale. The great improvement was acknowledged in the relationship of Ms. Maria and Matthew. Matthew was more often seen in his mother’s arms, he searched for comfort in her but also seemed to find rest and piece while holding, eagerly explored with her an environment. The moments of attunement between the mother and the baby became much

²⁾ Matthew’s developmental psychologist.

more often. Matthew communicated appropriately to his age – with gestures, simple words or sentences. Ms. Maria seemed to be most of the times available to him, her experienced to some extent seemed to be contained in the parent-infant therapy. Nevertheless, she still had the tendency to dissociate if the feelings of Matthew were too intense or her general condition was bad (due to day to day stressors). Ms. Maria was also more eager to share her past with me to “speak the unspeakable” [2].

Conclusions

While working with the family I had a great practical support from the model of psychotherapy with young children exposed to violence created by Alicia Lieberman [2, 3, 4] and Acquarone’s [12] conceptualization of the internal world of a mother and a baby. I could not move forward in helping the family without understanding how the experience of violence in infancy structures the brain, unless neurodevelopmental theories of Schore [5, 7], Perry [6] and van der Kolk [10].

It was one of the most difficult therapeutic processes of dyad, I used to conduct while being the student in School of Infant Mental Health. Despite that, it was one of the most satisfying one. I was touched during the process of treatment by Ms. Maria’s hope for better life for her children and her determination to achieve that, despite her traumatic experience from childhood and from the relationship with the father of children. It was important for the development of the relationship between mother and child that Ms. Maria shared her past and worked through it to some extent. I was inspired by Matthew’s ability to internalise good experiences from therapy and his tremendous progress in development. At one point in the process, he was able to have short conversations with his mother and me, enjoy playing with others and adaptively tease. At that time Matthew and Ms. Maria still required support in some areas. However, their bond seemed to have improved significantly, which gave hope for the future.

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