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"Making All the Difference:

A Therapeutic Community Approach to Residential and Community Care"

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**Communication in daily living with very
troubled children and young people**

*We are thinking in terms of a series of processes which must be gone through in order to reach integration. These are **experience, realization, symbolization and conceptualization**. By this I mean that a child may have a good experience provided by his therapist, but this will be of no value to him until he is able, eventually, to realize it; that is to say, to feel that this good thing has really happened to him. Then he must find a way of storing the good thing inside him, which he does by means of symbolizing the experience. Last in the series of processes comes conceptualization, which is understanding intellectually what has happened to him in the course of the experience and being able to think this in words.... It is not enough to give emotionally deprived children good experience, we must also help them to keep the good things inside them, or they will lose them once more.*

(Dockar-Drysdale 1990: 98-9)

Communication with children is something that touches us all because, whether or not we are currently carers or parents, we have all been children ourselves. We carry within us our memories some conscious but others more deep-seated, of how

parents, teachers and others treated us as children. Where these memories are good ones we implicitly have within us a model for successful communication; more difficult memories may put us in touch with the experience of the emotionally troubled child but we may need to work at finding a way to respond helpfully. I'll start with a warning tale from the time when I was a parent of young children and found myself saying 'Will you two shut up so I can write this paper on communication with children'! Similarly talking to you today is somewhat contradictory since it is essentially one-way while communication with children (or anyone else for that matter) is a two-way process. You will have come with your own thoughts and feelings from your own life experience, including what happened this morning before you sat down here.

Behaviour as communication

These days we better understand that a child's earliest experiences of attachment, separation and loss have a profound and often lasting effect. We know that neglect and abuse are repeated trauma that damage the infant's sense of self and identity. The lack of a holding environment leaves them unable to think (and learn) and to make any sense of their nonsensical experience. What is less well understood is the capacity of the most emotionally damaged children for rejecting the very help they are offered. These children have not received the emotional holding or containment that would enable them to hold onto their feelings, good and bad, rather than need to get rid of painful feelings by putting them into other people. Within the deprived, abused and traumatized child who longs to be loved and cared for is an angry fearful child who will attack any attempt to provide that care. They find hope of change unthinkable and later unbearable. They tend to ricochet from one placement to another, leaving a trail of anger, confusion, division, helplessness and hopelessness in those who are trying to look after them.

*Eight-year-old Nicolas was placed in a local authority children's home after his foster placement, his fourteenth move, had broken down following his violent sexual assault on a four-year-old. He had previously been living with his father, whom he idolized, and who had a history of violence. He had spent his early years with his mother, mainly in women's refuges. On his arrival in the children's home he stood in the doorway and urinated at the staff there to greet him. He spat, kicked, head-butted and screamed his way through the day, which was interspersed with idyllic behaviour and profuse apologies to those around whom he had hurt. His mood swings were extreme and, as one worker put it, 'When he "goes" he's quite frightening - like that child in *The Exorcist*.'*

A child such as Nicolas feels unloved and unlovable, and they will act to confirm this view of themselves. What's more 'Underneath the neediness and fear of rejection are often other more malignant feelings' (Hunter 2001: 107). They may have identified with and internalized aspects of the inadequate or abusing parent.

The child may have lost touch with these feelings, hiding them within a compliant 'false self', but under stress they will erupt destructively, which is why so many placements break down. The child does not feel not held within its skin but experiences 'falling to pieces' or 'falling forever' (Winnicott 1965). Feelings cannot be held onto and thought about but have to be got rid of onto other people, often in massive blame and projective anger, or sometimes in a delinquent merger with other children. Violent panics and disruption are the 'hallmark of unintegration' (Dockar-Drysdale 1990: 137). Without a sense of self and agency the child cannot take responsibility for his or her own actions, often literally not able to remember, even moments later, for example, deliberately breaking the window.

The task of looking after these children requires more than providing good child care; there is repair work to be done. Caring for these children involves being able to think about the meaning of their apparently incomprehensible behaviour. It means being able to withstand the child's attacks and still come back with undiminished concern. It means noticing and responding not only when the child is vociferously angry or distressed but when they are depressed or mentally distanced, by 'reaching out', carefully managing the timing and intensity of approach, to bring the child back into contact with the world (Alvarez 1992). It is about providing emotional containment in daily living and not only in therapeutic sessions. This is a difficult task but an essential one, for without such help the child may eventually end up in prison or in the mental health system.

Providing primary experience in daily living

What the child needs is to go back 'to the point of breakdown' and to receive a version of the missed good nurturing experience they should have had in infancy, what Dockar-Drysdale (1990) describes as 'primary experience'. Manager Michele Alfred continued her story of Nicholas.

While initially fearful for the safety of other children, staff became excited at the prospect of working with such open disturbance in a structured, shared and open way, involving a team approach as well as individual supervisions. We decided that come what may we would try to hold on to him. We saw him as an 'archipelago' child and understood that he too found his panic states very frightening. We gave him a clear message that aggression towards others was not acceptable and that we would stop him, by holding him physically if necessary. When he panicked we made sure we never left him alone, held him if necessary, and communicated with him throughout.

We felt that we needed to do things for him as he showed no control over everyday matters. He would run a bath and deliberately let it overflow; he would lose his toothbrush every day and not clean his teeth when a new one was produced; he would pour half a bottle of ketchup over his dinner and then slurp his food up with his fingers. Staff started to run his bath for him, clean his teeth for him and ask him if he

had wiped his bottom when he had been to the toilet, giving him undivided attention. Someone was with him during all his waking hours, doing things with him and for him. His whole day was organized for him, trying to make things uncompetitive and achievable, encouraging his interest in art, swimming and growing things. We bought boxing gloves and a punch bag in the hope that he could channel his aggression. We gave him a Wendy house, sleeping bag and tent so that he could hide himself away in his bedroom. We sat beside him on the floor (he had destroyed all his furniture) reading him bedside stories and singing lullabies at bedtime.

He is now inwardly and outwardly a much happier child. His violent outbursts have diminished greatly. His replacement furniture in his room remains undamaged and he is starting to put down roots. His knowledge and interest in growing things was a way of helping him relate to other children who had until then seen him as a 'nut case'. His healthy response to one of the staff the other night was 'I'm not going to let her wind me up you know' and he promptly had a bath and came out managing himself well.

A thinking team made possible the good experiences which Nicolas received, so that eventually he could hold on to enough good feelings to start to think. Along the way people have to withstand and understand his attacks and his needs.

Here is another worker going in to wake up Denise, talking softly and opening the curtains, met by a 'go away' and a hurled pillow which catches him painfully in the corner of his eye, so that in every sense he sees red. He retreats asking another staff member to take over. Later recovering his composure he talks with team members and they realise that Denise's mother did not turn up for her expected visit the previous day, and over breakfast he talks to Denise about how angry and let down she feels. This work is possible in a team that understands that how children make them feel is often a communication, a projection of how the child is feeling.

Symbolic primary experience

When the child starts to trust a little, to have an inkling of hope, they may seek a way to allow some basic infantile needs to be met. This can work well in a residential setting where so much work is opportunity-led, but it needs a staff team who can recognise what is being asked. A child, whose keyworker was about to leave the unit, trashed her room. Later when her keyworker was tucking her into bed the child said 'Don't put the duvet over me'. The worker intuitively understood that this meant 'Do' and gently covered her up, recognising her unhappiness and her need to be taken care of even though she was not able to ask for it (Ward & McMahon 1998:29)

Quite simple 'special provision' can be made to help a child 'go back' emotionally and fill in the gaps of missed primary experience. Sometimes a child asks for special food at bedtime which they will receive from the worker with whom they are building a relationship. Robert had been found concealing in his bedroom six yogurts which he had taken from the fridge. It was decided to make it possible for him to have

something which he appeared to need, but in a way defined in terms of appropriate time and place. Robert received a pot of black cherry yoghurt as his special provision five times a week for over a year. He *'saved all his yoghurt pots and soon had a stack several feet high, a physical statement of what he had now stored up inside him in emotional and well as nutritional provision'*. He had been helped not only to have but also to hold onto that crucial primary experience. A boy in the same therapeutic community asked for a special bed, as his worker Simon Peacock describes:

Zak's Boat

One boy I worked with was Zak, thirteen years old, untidy and easily led into delinquency because he lacked the ego strength to decide for himself to stay out of other people's trouble. Zak's clothes, possessions and room were always in turmoil. After many months of looking after Zak he suddenly asked me if he could make his bed into a boat. I had no real idea why this might be important for Zak other than as some sort of totally enclosing safe space for him so I said I thought that would be a great idea. We constructed a boat shape which would fit over his bed, using two sheets of hardboard bent to form a prow and two pieces of timber for a mast at either end. Zak seemed pleased with our efforts. A few days later Zak called me shyly but excitedly into his bedroom. He had attached a long piece of string from the top of each mast running the length of his boat and over the string he had draped a blanket which now fell on either side of the bed like a tent. He was clearly pleased with it so I said 'That looks brilliant Zak. You'll be safe in there.'

It was not necessary to know the full meaning of the boat for Zak but it was good enough to know that it meant something helpful. Through discussion with our consultant it became clear that the boat represented a secure container for Zak's 'stormy sea' which was evident from his chaotic room and possibly his life as well. I often thought of how his boat looked like one of those self-righting life-rafts, totally enclosed. I could speculate how much the enclosed boat represented some kind of womb-like structure, warm, dark and safe. Zak's boat was not a game. It was an important structure which was not taken apart when the bed was changed, nor was it ridiculed by anyone. Other children had beds built as nests, houses or castles, high up or at floor level, each according to the child's specifications. The culture was such that Zak felt able to ask for something which I suspect he would have been unable to in other places for fear of ridicule or because of a lack of understanding of the emotional importance to him of the provision of a boat. Zak continued to sleep in the boat for many months until he decided himself that he no longer wanted the tent on top. He then slept in his open-topped boat for many more months. Zak may have got the idea for a boat from family naval connections but it was not important to know this; what mattered was to know how to build it and that it needed to be built.

Mike's feet

Zak's boat can be understood as a symbolic equation or realization (Dockar-Drysdale 1990), in that the symbolic provision is a version of a real 'primary experience'. As in Zak's case, bedtime is often an anxious time for children, representing both separation and for some a reminder of abuse.

Mike would often provoke staff and take two hours or more before he would settle down. One bedtime he asked his worker to hold his feet while he went to sleep. Initially uncertain, he agreed and wrapped Mike's feet gently in a duvet, looking after them on his lap. Mike confided how his dad would drag him out of bed by the ankles; he remembered that the bed had been small and he had curled up but he was still grabbed (see Alvarez' (1992) notion of children needing to put two things together to start to remember). His worker, John Turberville, realized that this had been the prelude to the severe abuse which he knew the child had experienced. He felt that Mike trying to find out whether things could be different. The solution was a shield of chairs around the foot of the bed. Eventually together they built a proper shield, within which Mike could feel safe to sleep.

Thinking as a team

In order to develop a meaningful treatment programme for a child it is necessary for all members of a staff team to contribute towards 'getting to know' a child and developing the insight to find meaning in their behaviour. What one person misses another will notice. What one person perceives in one way will be viewed differently by another. It will also be through the preoccupation of the child's key worker that the significance of certain things can be understood. The maintenance of the team's capacity to understand behaviour as communication is ultimately a task for the home's manager, as this can be very difficult for staff to do when they are on the receiving end of the behaviour.

Understanding Kevin

Recently Kevin panicked when he was told that his key worker had some good news for him. He became quite distraught, saying that he guessed his worker was pregnant and would be leaving. He was reassured once he knew the news was instead about an exciting trip. Later this episode was discussed in terms of the importance of the key worker to the child. We then 'remembered' that Kevin's mother had died shortly after giving birth to his younger sister, when he was 3 years old. We were then able to think in more depth about Kevin's response and needs'. This helpful piece of reflection in the staff team was not the only way in which therapeutic community principles were grafted onto practice in this local authority residential children's home. Manager Jeanette Langfeld held weekly meetings of children and staff, helping everyone to use them in an increasingly sophisticated and reflective way.

The following account by Pete Grady, then a senior staff member in another local authority children's home, demonstrates how therapeutic care becomes possible

when a staff team works together at understanding the meaning of a child's behaviour.

Joe's bedtime towel

The team were using staff meetings to try to understand the behaviour of 13-year-old Joe so that they had better options for managing him than either doing what they always did or each working on gut feeling alone. Joe, a child who had experienced over 20 foster placements in the previous two years, was threatening and violent towards staff mixed with periods of wanting to please at any costs. These vacillations matched shift changes so that some teams were left feeling like 'bad objects' while others revelled in the good behaviour that they experienced. Staff were split and some, unfamiliar with the concept of projective identification - of defending against pain by subjecting someone else to it, felt it was a personal attack.

From quite early on Joe's bedtime was a trigger for nightly disruption. He was unable to settle and made sure that others were not allowed to settle as well. Initial discussion in staff meetings focussed upon Jo's aggressiveness and staff feeling of being out of control; they saw his splitting between teams as manipulation. The team's major concern was how to put boundaries quickly into place so that he could settle down - a phrase that may be significant not only to bedtime. The need for boundaries may be seen as a physical expression of the staff's perception of a need to emotionally contain this unintegrated child who was explicit about wanting to destroy his placement. Joe's key workers were given the task of bringing to the next week's meeting a plan to deal with some of his behaviour. They came up with a routine to allow Joe time to settle. He would have a bath or shower just before bedtime to help him calm down, then take a mug of hot chocolate to bed with him and drink this while reading a story; then he could have his door open slightly and a nightlight on, because he was afraid of the dark. The staff team readily agreed and within days Joe settled quickly and said he was having better nights sleep than he ever remembered. Meanwhile Joe became insistent that his towel remain on his radiator throughout the day and that he would wash it and return it himself. Once when the domestic staff forgot and washed his towel he insisted on washing it again before he used it. On returning to the unit he would always check that it was still there.

The team's provision of a bedtime routine normally appropriate to a much younger child was a therapeutic experience for Joe. However, it was not discussed by the team in terms of therapy or psychodynamics, although as team leader I was familiar with Winnicott's theory of the need for primary experiences for unintegrated children. The use of a transitional object was only apparent with hindsight; at the time no one could see why the towel was central to the process but there was a distinct feeling that it was. (Later it emerged that Joe's mother, who had been in care herself and not ready for a baby, had often left Joe crying because she could not bear to pick him up.)

That is not to underestimate the way in which the team had thought about Jo and used their ability to work together both in meetings and in the public arena of daily living. A staff team without much by way of formal training in therapeutic care, but with the capacity to be reflective and use real involvement - the ability and willingness to put themselves in Jo's shoes - succeeded in providing good primary experience to help him towards integration.

It would be easy to dismiss some behaviour as 'silly' and babyish, and react with 'Don't be a baby' or 'Let go my legs' in the situation which manager Gary Carlin recounts.

Holding the baby

Eleven year old Jack (with a history of violence and emotionally a 2-year-old) had been with us for nine months. He has been out to visit a theme park and was upset to see mothers shouting at their children, saying to staff that mothers should not do that. The next evening he started crawling round the house after a 17-year-old girl resident, making baby noises and calling her 'Mummy'. She eventually, not unkindly, told him to shut up. He turned his attention to me, grabbing at my knees. I told the two male staff to watch and wait. This baby play continued for 20 minutes with me going along with it and saying things like 'I'm wondering what you are trying to tell me'. Jack and the girl went upstairs, reappearing with a monkey under his arm and the girl with two dolls. I ended up with the monkey and the dolls carefully held in my arms. After a while I had to go so gently passed them to the two men, telling them to stay with it and play, and wait until it ended naturally, which they did. Jack had reappeared with the doll, calling the girl from upstairs, saying 'Look after your baby – they are not holding it properly'. In the next staff meeting I highlighted the importance of what had happened and the value of staying with the play.

Perhaps the visit to the park had re-created Jack's trauma and made him also realise that the care he was now getting was different, and he could begin to trust.

Symbolic communication through play in daily living

Symbolization, as Dockar-Drysdale describes and the previous example demonstrates, follows the child's good primary experience and his or her realization that this good thing has really happened. The child uses symbolization as a way of storing the good experience inside. Early forms are symbolic equations, as we have seen, in which the symbol is also the good experience. Symbolic communication, in which a child uses symbols to represent something else, is a developmentally later stage, although even some profoundly unintegrated children have pockets of integration and can make use of symbolization.

'Symbolization is the only way in which these deprived youngsters can communicate their desperate feelings, and if we can understand and make good use of the symbols we can bring them relief and understanding, which makes acting out no

longer necessary' (Dockar-Drysdale 1990: 120). Where such communication takes place through play in the course of daily living, the carer's or worker's understanding and response can make the experience therapeutic, as shown in John Diamond's example from a therapeutic residential school.

On returning after a weekend away, Derek's behaviour with adults seemed very omnipotent and controlling. Because of this I stayed physically present and mentally 'holding' him. He said he wanted to go to the indoor play area where he asked me to push him on a four-wheeled wooden trolley. This play felt quite controlling; he gave the instructions, I pushed him wherever he wanted to go. After a few minutes he asked me to crash the trolley. I would slow it down, tip it over and he pulled it on top of himself with his arms outstretched and eyes closed, looking like the victim of a fatal road crash. He then instructed me to be the rescue services. I would rush over making siren noises, rescue him from the wreckage and lie him stomach down on his righted trolley. We would then rush off to a corner which became the hospital, where I would take his pulse, put him to bed and be allowed to provide some concern and care. This game repeated itself probably four or five times in half an hour.

I was left with several thoughts about the meaning of his play. I thought he was acutely anxious about the transitions involved in leaving for the weekend and coming back again. His omnipotent mood seemed a direct defence against his own inner insecurity. The only way he could be safely cared for was within the game in the imaginary hospital; the need for real care was allowed in the transitional space between us. To have consciously interpreted the play by saying something like 'I think you are telling me how unsafe the weekend has felt to you' would have destroyed the play, which in turn would have made him unable to accept any form of care. I felt that in this case being involved in the play and the working through of his anxiety the play was far more beneficial than a verbal interpretation. Using his own symbols I was able to show continuing concern and to help him recover from the anxiety of the weekend. This piece of 'playing out' rather than 'acting out' where the boundaries of playing were partly contained in the physical environment show how the child's symbolic communication can be understood without the need to put it into words.

In this play it mattered that the worker was involved and playing too. In the 'potential space' between them communication could take place and something new created. Derek's fragile inner world could feel a little stronger.

A holding environment for staff

So it is not only the children who need a holding environment. So too do their workers and carers, since effective work requires the provision of a mental space in which it is possible to think about the meaning of a child's behaviour and to respond accordingly, and in a coordinated way with other people in the child's life. The

therapeutic community culture of openness, participation and communication within a staff team and in the community as a whole, through clear leadership, the use of meetings, trust in together facing and sticking with a problem, offers a helpful model for such work.

Conclusion

Much as we would like to, we cannot wave a magic wand and take away a child's hurt. What we try to do is restore the child's capacity for growth and development. At times this may look like going backwards rather than moving forwards. As a child becomes more in touch with painful experiences and feelings, rather than bury them or defend against them, they may become more difficult to live with rather than easier. It takes time and much good new experience for a child to develop trust that they are loved and cared for and to really feel that they are worthy of that love and care. Living with painful feelings can be harder than pretending they do not exist. It becomes possible through the experience of finding that someone else is able to bear these feelings with them. In the process something more joyful and creative happens, which is the healing power of play. As children find themselves and learn to live with what they find the future becomes more hopeful. For certain it will not be a smooth path. There will be set backs and uncertainties, and old fears may reappear for a while. Courage and hope make possible the risk of growth.

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A version of some of the material in this paper appears in chapter 9, 'Therapeutic play in daily living with abused and traumatised children', p220-238, in Linnet McMahon (2009) *The Handbook of Play Therapy and Therapeutic Play*, London: Routledge.