

**The Suicide Attempt of a Seven Year Old Boy  
An Exploration of Precipitating and Protective Factors**

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### **Research Abstract**

This research is a retrospective single-case-study analysis of an intensive child psychotherapy treatment begun with a seven year old boy called 'C', referred to specialist CAMHS for severe depression following a suicide attempt. The research question concerns itself with the identification of precipitating and protective factors surrounding this event and the design of a method by which to do so.

The method designed for this purpose is: the '4 Column Method': influenced by 'grounded theory', 'complexity theory' and 'psychoanalytic observation', suitable for identifying naturalistic patterns and themes hidden within spontaneously occurring psychoanalytic data sets and allowing transference affects to be systematically tracked.

The research has resulted in the identification of six Core Variables whose developments impact upon one another. Notable is that of an inverse co-relation between an increase in the core variable 'Developmental Thinking' paralleling a decrease in the expression of non-developmental Core Variables: 'Uncontained Aggression', 'Primitive Anxiety' and a powerful sense of relational ambivalence: 'Equivocal Object'.

Identifying the role of *frequency* in the therapist's response during a process of transforming non-developmental Core Variables into those that support Developmental Thinking has also been important, as too: the making of tentative links between C's expressed internal experience with his experience of his external world which helped guide him through an 'encaptive conflict' (Gardner 2001:12), and assisted in the corrective re-organisation of C's experience of a fractured reality (Anderson et al 2012).

Another key finding to be identified within this research is the connection between experiences of early trauma, domestic violence and the expression of suicidal concerns.

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**Chapter One**  
**An Introduction to ‘C’ the Research Proposal and The Aims of the**  
**Research**

**An Introduction to ‘C’ And His External World Based on Data Compiled mainly From ‘C’s Medical and Mental Health Records**

To help the reader discern what information was known and when, the following information concerning C’s family history is divided into three parts, history known at the time of referral, information gathered during the span of therapy, and, history which came to light later, during the process of research. The following is a picture of C compiled mainly from ‘external world data’ recorded in both his medical and mental health records but also includes some external world information derived from C’s sessions.

‘External world data’ in the context of this chapter will mean all available data concerning C’s life in his everyday social world i.e. that which falls outside the direct psychoanalytic relationship. This data includes presenting behaviors around the time of referral, aspects of his family life and social world as expressed either by the child himself in his therapy or derived from health files.

External world data is differentiated from ‘internal world’ data in that internal world data comprises the child’s imagined representations of people, relationships and the world as it is subjectively experienced. These are the relationships held within the child’s mind and whilst often constructed from actual external world experiences and associated significant relations, they are quite capable of fusing into complex autonomous hybrid characters. Such internal characters can possess qualities and attributes that are quite different to their original external counterparts or points of reference.

An everyday example of an internal representation combining qualities derived from different sources would be a character subjectively experienced in a dream

that appears to have the traits of more than one person we know or are familiar with. Depending on the content of the dream and the behavior of the hybrid character within it, our view of the person(s) in external reality can be affected. In this way internal representations have the capacity to affect our emotions, behavior and relations, sometimes subtly, sometimes quite powerfully.

Whilst the main focus of this research is on an analysis of C's internal world and how it affects his forming of a human relationship within the formal therapy setting, his external world is highly relevant within this endeavor as it provides valuable data concerning his original points of 'object'<sup>1</sup> reference. Knowing as much as we can about this aspect of his life will hopefully assist the research in understanding more about his 'internal world characters' and how far they may have deviated from their original sources of reference.

As data related to external world events tends in the main to give information on significant life events, behaviour, family composition and symptoms, such data can be a very useful additional source of information, which, when carefully compared or combined with data emerging from the analysis of one-to-one psychoanalytic sessions, has the potential to lead to the identification of interesting parallels and perhaps towards more rigorous theoretical compilations and ideas.

This section has three main purposes:

1. To develop a picture of C from data derived from both health records written outside the therapy relationship and external world accounts given by C in his therapy.
2. To bear in mind C's family experiences, characters and concerns as part of the overall analysis so that similarities and differences between his external and internal worlds may be identified.

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<sup>1</sup> 'Object' within the context of psychoanalytic study is a technical professional term that means the same as 'internal representation'

3. To give consideration as to the order in which external world data was received, and comment upon the possible influence that this order may have had on the development of the findings in this research.

## **External World Data Sources**

Data concerning C and his external world was gathered from two main sources from two separate files. One consisting of C's 'Health Records' detailing mainly 'physical' events such as paediatric history, G.P. visits, referrals to specialists etc which is held at the GP surgery. The other detailing mostly issues related to C's emotional and mental health, held in Specialist CAMHS. This division between physical and psychological treatments, and therefore file-keeping was not unusual in public health services nationwide at the time of C's treatment, as to have one file passing between different service divisions is seen to be unworkable, especially if the specialist and general services are in different locations within an area.

Also, issues of confidentiality can exist interdepartmentally. Unless there is a 'need to know' files often remain in their respective departments. The 'need to know' within health is usually weighted in terms of calculated risk should other departments or specialism's not 'know'. This often sensitive data is then offset against the patient's needs for and rights to confidentiality.

A clinician's ability to recognize subtle but potentially valuable cross-specialism clinical detail depends largely on an individual's interests and additional knowledge and/or training.

During the medical records search post-treatment, one significant piece of early medical history was found, a trauma that was not recognized by the referrers at the time as being potentially useful for the therapist's treatment of C, and so was not passed on. This infantile trauma, the timing of when it became known, and the consequences of this omission on therapy and research will be discussed in more detail in the relevant sections below. Another significant piece of data came to light during the therapy and this omission served to remind how, even within a specialist team, relevant data does not always reach those professionals involved, this more worrying aspect will also be discussed in the following pages.

Data held within the Medical File was in the main entered by Paediatrician's, G.P.s, Midwives, Health Visitor's, Medical Nurses and School Nurses. Data held within the Mental Health file consisted of a referral, in this case from a referring paediatrician, along with notes and reports compiled by other mental health colleagues that have provided assessments or treatment.

The data gathered from external circumstances in this research has not been subjected to the same systematic coding method as C's one-to-one therapy, as analyzing C's external world is not the primary focus of this research study. Also, to make a proper detailed study of a child's external world would necessitate acquiring detailed external world data beyond the scope of this study's capacity to gain access.

However, the external world data made available for this research was typical of that deemed necessary in the making of a specialist C.A.M.H.S. referral and makes an important contribution to the overall development of understanding C's emotional life.

An especially important branch of external world data comes in the form of the referral details. The following extracts provide the most significant known data concerning C's external world. C's mother will be referred to as 'M'.

### **Data Received At the Time of Referral**

It had been expressed by M that she had been a victim of particularly frightening domestic violence during her relationship with C's birth father. As a result, C's birth parents had separated before his first birthday. His birth father had since remarried and also had a new baby, a girl, near the time of C's referral to CAMHS.

M. also expressed the view that, no psychological services had been offered to her until the urgent CAMHS referral when C was 7 years old. C's mother had been consistent in this assertion and indeed referred to this again on the 'research consent form' (see copy of 'research consent form' Appendix). M's main complaint was that she would have wished to have received specialist services much sooner, when C was still an infant but that neither she nor C met the threshold criteria for obtaining support. Also, the family's referral pre-dated the development of primary mental health services, which today may well have helped prevent C from becoming as distressed as he did before services were offered.

That specialist services only became active with C following the suicidal incident, appeared a source of tension between M and the mental health service. This tension expressed itself as a sense of ambivalence in M which resulted in her not wishing to take-up the therapy that was offered to her which could have run in parallel with C's. However, although M regularly appeared desperate for some form of support herself throughout C's therapy, it was also noticed that unless the support was provided immediately or at least unworkably close to her request for it, it was often experienced as being too-late to be of any real help.

This disappointed wish for immediate help at the point of crisis, and an apparent inability in M to allow her support to be planned, served to stimulate continued frustrations in M as CAMHS's were not emergency services and were only geared to provide a minimum on-call consultation and even then usually as a means to plan a meeting. Although this was explained to M on several occasions it failed to help her to plan the additional supports that would have

been useful, suggesting more complex issues may have been preventing her from making use of the available help.

The first individual child psychotherapy session provided to C took place approximately 15 months after the date of referral, however, within this period both parents were offered their own family therapy and adult psychotherapy. This was difficult to establish as C's stepfather would not attend and M's attendance was also sporadic. With the adults therapy struggling to establish itself and symptoms of depression worsening in C, the adult and family psychotherapist working with the parents decided to refer internally to child psychotherapy.

However difficult it was for C's stepfather and M to make use of CAMHS for their own support, C's therapy survived for a substantial period, some 30 months. This was in part, due to a combined effort by C's stepfather and extended family and 'friends' to escort C to his therapy. The file searches, referral and 'external world data' reveal that the family experienced severe difficulties in other areas of their functioning as will be discussed in the relevant sections below. It should be noted that however much there may have been an unconscious element within the family to see the child psychotherapy as a distraction from other distressing parts of home life, there was a genuine wish by these struggling parents to help C.

The potentially fatal incident that brought C into CAMHS happened during a local car trip when C had been sitting quietly in the back whilst his mother was driving. The destination and context of the journey was not recorded. The referral stated that C's mother happened to look round during a particular point in the journey to discover C suffocating on the back seats with a polythene bag covering his head. She immediately stopped the car and removed the bag, whereupon C revived and later that day C's mother vigorously pursued specialist CAMHS intervention with C's GP and paediatrician.

When C's mother had asked C why he had placed his head inside the bag he was recorded as having been distressed and tearful and told her that he was

unhappy and didn't want to live. This was a comment he repeated to the referring paediatrician, the adult and family psychotherapists who conducted the initial assessment prior to the referral to child psychotherapy.

At the time of referral, C's mother was approximately two years into a second marriage and she and her partner, C's stepfather, had a younger son aged approximately 18 months. Their relationship featured regular heated arguments that often centered on their differing views of how to manage C's needs, his depression and persistent bedwetting. There was a tendency in step-father to consider that C might be helped if his distress was not given too much attention whereas C's mother felt the opposite, that C desperately required attention but that neither she nor her partner capable of providing it.

When C's mother allowed C's distress to touch her she was prone to feeling overwhelmed and despairing. In some ways her view appeared healthier at this point in time as it was closer to an emotional truthfulness regarding C's needs and the parental limitations on meeting these. Arguments were such that stepfather and M regularly considered separating.

It is highly likely that during the near-suffocation incident, C's baby half-brother was also present in the car but this cannot be verified. The earliest recorded entry of the attempted suicide was just three months after the birth of his half-brother. However the actual birth and suicide events may even have been closer as there is no recording of the actual date of the suicidal incident.

C's family could be described as financially comfortable and were located within a more fortunate section of the socio-economic community.

The pediatrician who referred to the clinic was very sensitive and had commented on what she believed to be the 'very disturbed nature' of one of the visiting step-brothers. What neither she nor CAMHS appeared to know (because the detail was not given at that time) was that this child resided in a specialist locked unit due to public acts of violence.



### **What Came to Light during the Process of Therapy**

Unbeknown to the adult psychotherapy team within CAMHS at the time of referral to child psychotherapy, was that a community psychiatric nurse (CPN) also based within the large CAMHS team knew the stepfather through her work with his very disturbed youngest son from his first marriage. This potentially very useful link was able to be kept broken by the stepfather as this child had a different residential address.

This son, referred to hereafter as 'O' had been accommodated in a specialist mental health residential unit due to suspected early-onset psychosis expressed via frequent violent episodes. O was approximately 8 years older than C.

O had been sporadically residing in the same household as C for at least 3 years prior to C's referral to specialist CAMHS and take-up of therapy. From the available data, it is probable that O's mental health had been a concern for some years, he had been physically abused by his birth mother and Social Services had been involved before he was taken in to residential care.

This resulted in O spending progressively less time with C and the family until by the time C started therapy, O was not allowed to visit C's home, however C's stepfather, regularly visited O at the Mental Health Unit. The very serious mental health problems experienced by O were entirely denied by the stepfather during both C's assessment with the adult and family therapist and when asked to elaborate on O's difficulties at one of the few meetings he attended.

The stepfather's two other elder sons from the same previous marriage, also had a history of extreme violent acting out within the community and had been diagnosed with paranoid schizophrenia. They too had been in and out of secure psychiatric institutions throughout their early and later adolescence. Again, this information had been withheld.

During the initial CAMHS assessments M complained of a tendency in stepfather to minimize the problems his elder children were experiencing but he

had a tendency to assert his views over M who would retreat and retract under oppositional pressure.

The masking tendency in the stepfather included a defensive view of his elder sons' 'outstanding academic achievements' and spoke of his eldest children having attended (and the youngest still attending) exclusive educational facilities which gave the impression his children were educated in exclusive public schools and universities.

The level of disturbance displayed by all three of the stepfather's elder son's only came to be known when the team's CPN recognized C from a previous home visit when she spotted him seated in the waiting area of the clinic awaiting his therapy appointment.

The way that the family disjointedly presented their predicament is entirely consistent with what child psychotherapist and researcher Jan Anderson and her team (JCP 2012) have termed as a 'fractured reality'. They observed this mental structure to be a common feature operating within families where suicidal ideation was expressed by a child who was forced to struggle with two incompatible views of reality, one promoted by the family (often delusional) the other experienced by the child (often accurate) (ibid).

Once the broken links had been realized, attempts were made to sensitively co-ordinate the CAMHS work but neither C's M nor the stepfather wished to engage.

This defence against making painful links is what emotional ill health can sometimes look like within a family that is afraid and not functioning at all well. Anderson et al (2012, p139) clearly describe this defensive process as the: Truth Danger Theory.

Another consideration even after links were being made by professionals, was that as there were no tangible child protection issues, C's attendance in therapy was entirely voluntary and dependent on the parent's goodwill and support. There was a concern that if the parents were pushed too forcibly to attend their

own therapy, support for C to receive his own could be withdrawn and C suffer as a consequence.

The reasons O was placed in an institution were due to long-standing mental health concerns of a psychotic nature which in his case led to unpredictable violent behaviour. His latest admission to a secure unit followed a holiday where he had jumped out of a moving vehicle being driven by his stepfather (a possible suicide attempt). (Cluster 1, Session 4, units 12 & 13). This (the post-therapy data search revealed) had caused the vehicle to leave the road.

Again this information was available but missing at the time of referral. Whilst on the same holiday, O had awoken C in the middle of the night to tell C that he (O) was about to kill C's mother and his stepfather with a kitchen knife. C raised the alarm and a police intervention was required. In his therapy, C expressed that he truly believed that O was about to do as he said, and that he (C) believed he himself was *entirely* responsible for saving the lives of his mother and stepfather.

As previously mentioned, this information was not made available for the duration of family therapy treatment with the referring family therapist, or, during the initial family interviews with the child psychotherapist. Instead, the information first arose in an individual session with C and was later partially corroborated by O's CPN. 'Partially' corroborated, because again, although professionals involved with O knew there had been an incident involving him jumping from a moving vehicle, the contextual detail given by the parents' following the incident was minimal and unclear.

A sense of responsibility for the lives of the adults around him had been seen to be a feature in C's therapy, as too, was the presence of some family members who were experiencing difficulty in the management of aggression and who held mixed feelings towards others. Each of these themes have been coded and considered within the overall research analysis and discussed in detail in chapter 5.

Although at the time, such events were uncorroborated by his parents, C's unusual external world experiences were seen in the analysis of his therapy to be mirrored and developed in his internal world in the most confusing of ways, finding expression in his free play through parental representations that displayed a worrying lack of awareness to danger. Again, these 'themes' are coded in the research and an account taken of their context within the research question.

At one point during the initial child psychotherapy assessment, C's mother had admitted that C was 'terrified' of O, but C's stepfather quickly overrode this comment and gave a version of the terror being located in C's mind. Had the true nature of O's disturbance come to light during that assessment period, it is difficult to project what differences this additional knowledge might have made to the overall treatment plan. It certainly would have provided more of a lever from which to:

- a. give greater focus and support to C and his mother in the acknowledgement of external truth at the beginning of therapy,

and

- b. for CAMHS to link in with Social Services support to help promote more effective multi-agency working.

It may also have allowed C to begin processing emotions associated with these frightening events and to start the process of locating them more within the context of the conflicting parental views of family life. Perhaps C could also have been reassured in front of his stepfather that feeling frightened of his stepbrother O, was appropriate under the given circumstances.

However, it should not be underestimated how significant an aspect of this family's mental health it was, to make straightforward communication about concerns related to violence extremely difficult for professionals to engage with.

One way of retrospectively understanding this controlling quality located mostly in stepfather could be to view it as a possible form of psychological defence that relied heavily on the fragmentation of anxiety- provoking experience in order to reduce its emotional impact. An anxiety that may have carried a potentially dreadful personal impact, bringing with it an overwhelming sense of responsibility should the stepfather have allowed himself to properly think about the distress of his very ill sons and his possible contribution to their upbringing.

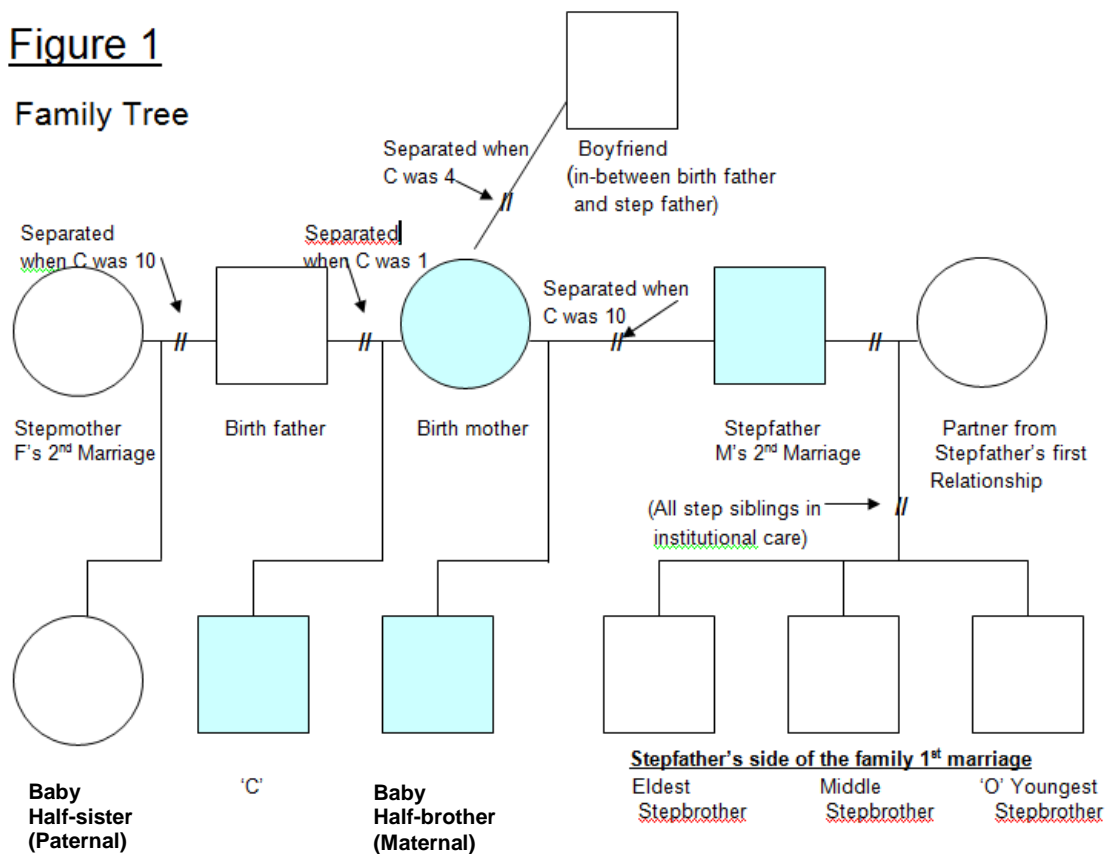
As mentioned above, part of C's emotional life included him feeling he was responsible for guarding the lives of his mother and stepfather from intruders. In part, this was exacerbated by his family home experiencing a burglary whilst the family slept. Again, It was C who raised the alarm, thus mirroring some of his worst internal fears: that he was surrounded by terrors that only he could see.

Other, verbally reported information included the likelihood that on C's mother's side of the family there had been unspecified incidents of sexual abuse concerning M's sisters during their early years. No other information was forthcoming on this matter and so it was not possible to corroborate in what way M may have been affected by such experiences or to ascertain the identity of the alleged perpetrator.

Figures1. (Family Tree), and 2. (Timeline) below, show C's family tree and provide a timeline illustrating his major life events using information gathered from the available sources.

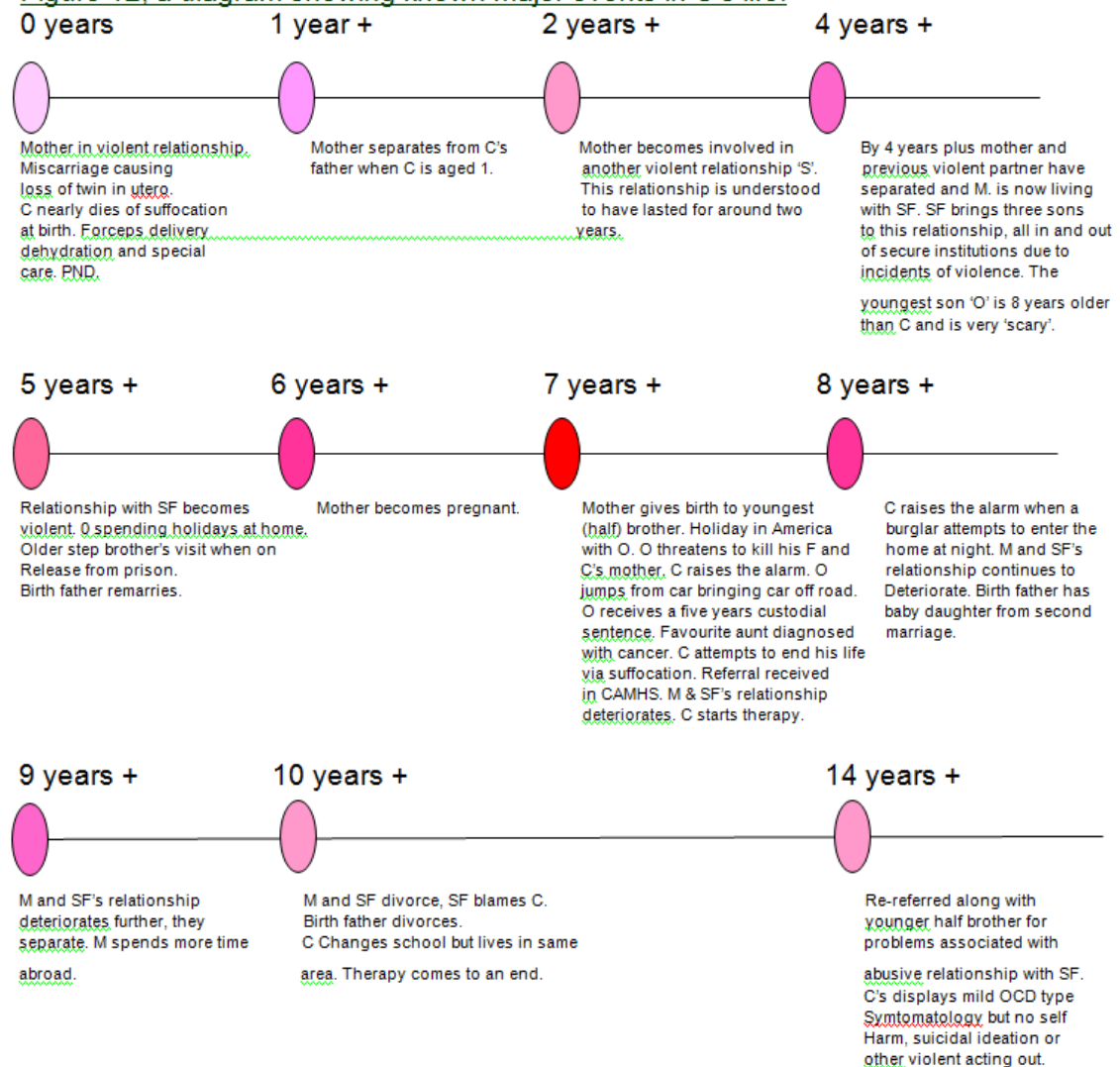
**Figure 1**

**Family Tree**



## Figure 2 Timeline

Figure 12, a diagram showing known major events in C's life.



The time-line shows that at the point of referral C was subjected to enormous stressors. It also Highlights how, by the time that C was seven years of age he was in contact with six violent males. He had experienced seven but the seventh person, mother's partner in-between her relationships with C's birth father and stepfather was no longer in contact.

### **What history came to light during the process of Research**

The following information was not known either at the time of assessment nor did it come to light during the process of therapy. Rather, it became known during the research-directed file searches which included the viewing of older, closed files from 'Patient Records' 2007.

There had been a "miscarriage" where C's accompanying twin had died. This had not been known at the time of referral because over the years several pediatricians had been involved with the family and the doctor referring was different to the doctor who originally recorded this piece of information located in an older file, in another department. No information was recorded on what stage of pregnancy the miscarriage took place or if the twin had died before or during the miscarriage.

With C's birth there had been a 21hour period of labor with C requiring an emergency forceps and vault delivery due to oxygen starvation and a dangerously irregular heart rhythm that included a period where C's heart had stopped beating. At birth C was seriously dehydrated which required a substantial period of hospitalization, separation and disruption to his attachment to his mother. C spent three weeks in an incubator and his mother suffered with post-natal depression for a significant period during and after this experience. It is recorded that C's early feeding routine was disrupted and difficult to establish.

The last available piece of information was that C's mother and stepfather were divorced. The divorce took place near the time that therapy ended. However, in the four years leading up to the re-referral, several visits were made to the GP and pediatrician by C and his mother who disclosed that stepfather had subjected them both to physical and emotional abuse during the time he had lived with and along with his three sons was making regular threats of violence. At one point it was reported that threats included the stepfather having held a gun to C's head which his mother said she herself had witnessed. Figure 3. charts the chronology of when and in what order data was received.



## Figure 3

### Chronology Of External World Data Showing When Information Was Acquired

#### During Assessment

Re-constituted family. M & SF married for  
Second time. One year old son from this second marriage.  
SF has three sons all doing very well in private school.  
Financially comfortable with own successful business.  
C. very unhappy, tried to bring an end to his life by placing  
head inside a plastic bag whilst travelling in car with his mother.  
Had reached a state of semi-consciousness before the bag was  
removed.

#### During Therapy

C's birth father had been violent.  
C was sent to his father's during holidays,  
an experience that C did not enjoy.  
Before her second marriage C's mother had  
Been involved in another extremely violent  
Relationship. SF's three sons were all in  
specialist units due to violent behaviour.

Incident in America where the youngest of  
SF's step-sons had awoken C in the night to  
Tell him he was about to kill his parents, C raised  
the alarm.  
On one occasion step brother had jumped  
from their moving vehicle.

Burglary whilst family are asleep  
C. raises the alarm.

Acrimonious Separation and then divorce  
of M and SF.

#### During Research, 4 Years After

#### Therapy Completion

Death of twin in utero due to miscarriage.  
Infantile trauma at birth involving severe  
Oxygen depletion.  
3 weeks intensive care.  
C re-referred three years after therapy end  
no suicidal or depressive symptoms.  
Had disclosed physical abuse by SF.  
Included an incident where SF is alleged to  
Have held a gun to his head. M. witnessed.

### **C External World Synopsis**

In considering the main features of C's external world, it becomes clear that the theme of violence was excessive and quite extreme. Violence seems to have been present whilst C was being carried in utero, during his early years, at the point of referral and later still. C's Exposure to violence therefore had many forms and qualities, it included:

1. Domestic violence experienced by C's mother during pregnancy which may have contributed to the known miscarriage of C's twin.
2. Due to oxygen starvation, emergency forceps and vacuum delivery needed to be performed as his heart had stopped beating. Following this he experienced prolonged separation and isolation as part of his post-natal intensive care.
3. Continued domestic abuse and violence in the home led to a breakdown of the parental relationship.
4. Mother became involved with another violent man (S). This relationship eventually dissolved.
5. The violence displayed by S had also been directed towards C.
6. Other forms of hidden violence during his Mother's second marriage included the stepfather giving false information regarding his former children.
7. A history of physical and suspected sexual abuse in maternal family.
8. A re-referral to CAMHS was received approximately five years after the divorce when C had asked for more CAMHS help after disclosing he had suffered emotional and physical abuse from his stepfather.

9. In addition to the above and taking into account the recent work of Anderson et al (2012), it is apparent that the family fragmented their anxiety in ways that led C to experiencing a sense of 'fractured reality' (pg 130 *ibid*). This can be seen most clearly in the differentiation between C's accurately perceived sense of danger regarding his stepbrother's behaviour, his stepfather's complete denial of this, and the emotional dilemma this frightening incongruity placed upon C.

**Symptoms at re-referral / the most recent information on C.**

Symptoms upon re-referral approximately five years after the divorce and conclusion of therapy included two mildly obsessive type symptoms and another which appears grounded in the reality of his life situation especially considering the litigious nature of his parent's separation and the experiences surrounding this.

- A need to check that the taps are firmly turned off before bed for fear of the house becoming flooded.
- A worry that he may choke on something e.g. a whole grape but he was pleased that he had managed to swallow a whole grape with pips and discover he did not choke.
- Heightened concern about the welfare of his mother.
- No self harm, suicidal ideation or other forms of violent acting out.

One might briefly consider here the referral symptoms and how they appear to mirror an internal fear of becoming flooded, possibly with levels of emotion that are difficult to swallow and that such emotion seems linked to a worry for his mother's continued well-being. It is also interesting to note that the referral symptoms, although in a relatively mild and symbolized form, voice a fear of C being starved of oxygen via choking, so it might seem that under times of emotional duress a semblance of the original symptomatology could be said to resurface although with far less destructive potential. As the re-referring paediatrician was aware of C's suicide attempt seven years previous he asked C directly if he had again considered suicide and C was quite assured in his reply that whilst he has occasionally felt depressed the suicidal thoughts had not returned. It could be viewed as a very positive sign in terms of the continued development of resilience within C for him to be *voicing* fears of depression and 'suffocation' rather than dangerously acting them out.

It is clear that C and his mother suffered considerably from being continuously exposed to a series of violent males.

Although SF is no longer living with C. and his mother, the family were still experiencing severe disturbance in the form of continued stressful wrangling over contact arrangements, associated litigious battles regarding allegations of domestic, physical and emotional abuse and as previously mentioned, threats of violence. Whilst the divorce between M and SF no doubt provides relief for C in the form of a significant reduction in his need to be directly involved with SF and SF's promotion of a fractured reality (Anderson 2012 *ibid*), the family remained consistently very unsettled for many years.

Part of what makes this case interesting from a research perspective is that it's analysis provides data which appears to suggest that the therapy may have helped prevent C's self destructive state of mind from recurring at a time when some serious external stressors remained constant.

One sign of a continuity in the quality of external stressors can perhaps be found in the thematic similarity between the symptoms expressed in C's younger half-brother's CAMHS referral (which accompanied C's second referral) with those expressed by C nearly seven years previously. They included for example, a fear of death that brings about nightmares and fears of people killing each other.

The symptomatic similarity between C's earlier referral and that of his younger brother referred seven years later, lay within their expressed fear of death of self and other's.

## **Preface to the Research Proposal**

When a child has developed a suicidal thought to a point where it has been acted upon, does the thought ameliorate, mutate, rescind and return? Is it ever-present in a conscious or obviously destructive way? The research question aims to explore the emotional dynamics that underpin a young child's suicide attempt, and also trace what processes in the child's therapy may have contributed towards him developing a greater resilience in face of further attacks.

## **Research Question**

Through the in-depth analysis of the process of a developing relationship in child psychotherapy between a child who has attempted suicide and his therapist, can we discover what factors stimulate, shape and promote the formation of suicidal intention and behavior, as well as what factors support the development of hope? Also: how can a method be developed where clinical data can be analysed for these purposes.

## **Defining terms**

For the purposes of this study the definition of *suicidally depressed child* will mean a child that has either made an actual attempt to end his or her life whether planned or impulsive or a child who makes frequent references, written, or verbal towards, wishing s/he was dead.

*Suicidal trend* : any form of mental activity that engages the individual in a destructive turning away from human relationships in a way that severely undermines one's desire to live and experience a sense of hope. This could include frames of mind that incapacitate the individual's ability to receive life sustaining emotional support and also mental processes that may lead towards the atrophy of that part of an individual's sensual apparatus that concerns itself with recognizing, evaluating and extending impressions of emotional warmth.

According to the Shorter Oxford English Dictionary (1973), hope is defined as:

'To entertain expectation of something desired.'

## **The Research Context and Thoughts about Destructive States of Mind in Children and Families**

It is a worrying fact that in the United Kingdom suicide accounts for 20% of all deaths amongst young people aged 15-24 and to realize that it is the second most common cause of death amongst young people after accidental death caused by road accidents.

National Youth Agency, '*Suicide*' ([online service](#)) [accessed 3<sup>rd</sup> June 2012]

[www.nya.org.uk](http://www.nya.org.uk)

It is also estimated that approximately 19'000 young people attempt suicide each year of which around 800 die as a result.

BBC Advice '*Helping You Get Through Life*' ([online service](#))

[accessed 3<sup>rd</sup> June 2012]

[www.bbc.co.uk](http://www.bbc.co.uk)

Set against this disturbing backdrop and with the U.K.'s suicide rates appearing slow to decrease:

Wells, C. Office For National Statistics (2006 – 2010)

*Suicide Rates In The United Kingdom* [released: 2012]

this research study has been shaped by concerns on several different levels. Perhaps the most influential contribution to the development of this study however has been the direct clinical work with children and adolescents who expressed suicidal thoughts and who have raised grave concern amongst the professionals involved in their care and treatment. Of interest has been the way in which children and adolescents, distressed in this way, often arrive at C.A.M.H. Services in a state of crisis and demanding immediate skilled intervention, often to be pulled out of therapy once the crisis appeared to have ameliorated. This tendency left an impression that there seemed to be a difficulty with some families where suicidal ideation featured to manage and maintain a consistently close emotional contact, not only with the C.A.M.H Service but also with the child's internal world that the C.A.M.H. Services had

come to symbolize. So when things felt better, at least on a superficial level, it seemed unbearable for some families to maintain a predictable contact with the professionals in a way that might allow concerted effort towards making a deeper and more sustaining support.

In one such case parents removed their child from therapy soon after improvements in the child's mood became apparent but not stable, only to return several months later when a depressive crisis had again developed within their child. The parents in this particular instance, repeated this process several times over a period of eighteen months and did not seem able to allow professionals to create a setting and space conducive to 'learning from experience', a mental process where, fundamentally, a child's unprocessed emotions can be given measured attention.

(see: Bion, W.R.1962b).

This apparent lack of capacity in some parents to steadily allow for the processing of depressive emotions to take place, seemed to mirror the parents' difficulties in remaining consistently engaged with, their child's needs for an attentive mind, both the therapist's and their own. Instead, it could feel as though the service was put into a position where it too experienced great difficulty in *not* responding to the child in the same crisis-stimulated-and - stimulating way as the parents'. Part of the problem with this cycle was that unless successfully understood and addressed the C.A.M.H. Service could also be drawn into the child's internalized world experience, mirroring and thereby unhelpfully strengthening destructive family patterns.

For the child, it was not only the family that struggled by repeatedly failing to make available a consistent and sustainable mental space, but also the professionals whose 'interventions', shaped by the family's way of managing crises could be experienced as joining forces with an internal world inhabited by representations of people who are also depriving and incapable of helping.



The child psychotherapist Gianna Williams described this destructive interplay between a child's external and internal worlds as a 'double deprivation', where a child is

'... made an orphan inwardly as well as outwardly.

(Williams G. 2005 pg. 92)

Another observation made by the researcher, included how difficult it could be emotionally engaging with children who had come to expect that their more depressive or unprocessed feelings would be managed in a chaotic or fragmented way. This difficulty gave the impression that the defences of such children developed in accordance with the limits of their external environment. Williams noted that the defences of 'doubly deprived' children could, at times, be 'crippling', (Williams *ibid*) as they prevented the take-up of available support. As such, the author began to develop an interest in problems linked to difficulties encountered in a child's capacity for emotional engagement and making use of support that is offered.

In the author's experience, feelings of 'having no one to turn to', (Orford E, personal communication, 2003), appeared to be a characteristic observed amongst the more worrying patients. Due to receiving many referrals where a resistance to help appeared an overriding feature: the evolution, maintenance and potential transformation of self-destructive states of mind occupied the author's thoughts more and more. The research case in question was a complicated training case where the child's family-circumstances mirrored and interacted with an internal world in ways that were most confusing and posed a real challenge at times, in terms of the therapist and child being able to differentiate between the two.

Later, when the author took up his first appointment as a qualified child psychotherapist he was given a series of referrals of adolescents who had

attempted suicide <sup>2</sup> and with these individuals he experienced states of mind that appeared particularly resistant towards being able to 'settle' into a place which offered support.

Three years after the present research proposal was made and underway, a distressing spate of adolescent and adult suicides erupted in Bridgend, a small Welsh town in the heart of the Rhondda Valleys. Between January 2007 and February 2012 there had been a total of seventy nine deaths by suicide, the majority of which were between 13 and 41 years of age, (Price, S. 2007). Whilst not directly connected to the author's original motivating interest into the study of a suicidal state of mind expressed by a young child, this tragic phenomenon close to the author's hometown created its own sense of imperative upon the author to try and further understand aspects of a single suicidal act that might be usefully extrapolated to further the understanding of similar states of mind within a community.

It is within this context that the author feels it important to try and develop a better clinical understanding of suicidal thinking in children with a view towards discovering more about the possible *origins* of self-destructive behaviors and what kinds of therapeutic interaction may help to protect a young person from attempting to take his or her life.

As well as having an interest in suicidal states of mind in children, the author also holds an interest in the design of a systematic method that may help capture and determine those elements that appear to contribute towards distress being expressed in such a destructive way.

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<sup>1</sup> In the space of approximately one year, nine such cases were referred, two of which were eleven year old males. This proportion felt all the more noticeable at the time as the author was only employed two days per week. In addition to this, on the 11<sup>th</sup> march 2010, the CAMH service where the author was based received a request for consultation and advice on how to work with a group of children who had made a suicide pact. The two youngest being 13 years of age had required hospitalization. All survived.

## **Background of the Author and a Clinical Vignette of the Original Work with 'C' From Which the Research Question Developed**

The author has a long-standing clinical interest in working psychotherapeutically with children who have suffered from trauma and how this affects their capacity to form a rewarding, healthy human relationship. The author's first training was in Art Therapy where interests initially led in to the field of human trauma, how this was represented pre-symbolically and how in the psychotherapeutic relationship transformations could take place which helped the child to symbolize such experiences.

The author gradually became more interested in how children represent their internal worlds in many other ways other than through artwork. In particular how the child's unseen imaginations involve the therapist in the repetition, maintenance or reconstruction of their own personality-forming fantasy life. At this point in the author's career a decision was made to continue with a full training in Child Psychotherapy where understandings of mental life, particularly the ways in which the internal and external worlds of the child interrelate were further pursued.

## **Clinical Vignette**

The single case the author has researched is a child who was seen as an intensive case during his training as a Child Psychotherapist. The subject, referred to as 'C' was provided with four times a week psychoanalytic psychotherapy for a duration over two years. The child was seven years old upon referral and the work was clinically supervised.

During the process of child psychotherapy and continuous assessment, it had come to light that C had been affected by several traumas in his past and the manner in which the parental couple dealt with these experiences highlighted a possibility that they experienced difficulty in providing C with thoughtful opportunities to help him make sense of his associated distress. Wilfred Bion (1962a) considered such limitations as being a vulnerability on the part of some parents to be able to provide what he called: 'alpha function', a provision where the child's unprocessed and unmanageable thoughts or 'beta elements' are converted by the minds of the parents into more manageable 'alpha elements' before being returned to the child in a form that he or she can emotionally digest.

At the time, and with the support of clinical supervision it was also considered that C. had likely developed coping mechanisms that (Rosenfeld, H. 1965, 1971)<sup>3</sup> described as belonging within the constellation of narcissistic defence, and that such mechanisms might have been constructed in response to an overexposure to a 'projective identification rejecting object' (Bion,W.1970).

To give a brief example of how these defences translated in the consulting room: C frequently presented as a child who felt caught between a rock and a hard place; a mental space where his choices on which direction to take, where or who to turn to, appeared limited and confused. His options, as communicated in his play and accompanying discussion, seemed either to involve him becoming manically enmeshed in a fantasy world depleted of oxygen, or, turning towards his therapist, necessitating a lowering of defences and a greater

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<sup>3</sup> A summary of Rosenfeld's theories are described in more detail in Chapter Two: Literature Review.

acknowledgement of separateness with his therapist that C found difficult to bear. This separateness appeared to put him at risk of opening his eyes, and thinking more about his life and certain limitations in his care-giving environment.

It was thought that the latter choice held a form of explosive or fragmentary type of danger within C, in that it may well put his already fragile sense of being held in mind and loved by his primary objects under threat. Technical problems arose in the work with how to engage with a child who appeared both frightened of feeling isolated in a fantasy world, and, afraid of entering into a relationship which necessitated having to experience separation, difference, and a space in-between himself and therapist where thinking could take place.

It was therefore considered, that 'thinking' posed many complex difficulties for C, one of which was the danger of experiencing more fully, the painful deprivations in his external world.<sup>4</sup> These theories emerged within a rich and playful internally descriptive dialogue with his therapist and an external context where C had on more than one occasion been completely forgotten to be collected from the clinic.

Further investigation in this case would be useful as, at the time of treatment, the case was too complex to fully write-up as a clinical paper within the qualifying time frame. The passage of time has also proven that the case could be viewed as successful in that the self-destructive elements had not only diminished during treatment but had not returned five years later when C was re-referred to Social Services and CAMHS due to continued environmental stressors and minor obsessional symptoms.

That C. was re-referred apparently free from suicidal thoughts adds to the potential importance of the case for furthering understanding and knowledge on suicidality in young children, its treatment and hopefully prevention.

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<sup>4</sup> Orford E. Personal communication 2003

Although during treatment C's external world situation had not seemed to have altered significantly: with his mother and step-father remaining antagonistic and hostile towards one another, and C still proving difficult to manage in his school setting, within himself, he was seen to be coping with his external situation in a far less dangerous way.

This is even though, by the time of re-referral, adolescence and its accompanying hormonal, bodily and emotional changes that can so predispose vulnerable young people towards managing emotion through self-harming behavior, was well established.

Self harm typically begins in adolescence, and is characterized by an adolescent state of mind, even when the person may be long past adolescence.

(Gardner F. 59:2001)

It is hoped that through analyzing this case, a greater depth of understanding can be reached through considering the modern research of others and by reviewing C in the light of comparable children, especially as in recent years more has been written on the problem of self destructive states of mind: Gardner 2001, Glasser M. 1992. Williams G. 1997, Campbell D. 2006, Briggs S. 2008, and Bell D. 2008, Anderson J. 2004 and 2012 to name some of the more influential. By reviewing this work in the considered light of modern theories, some of which were unavailable at the time of therapy, this case has the potential to provide an opportunity from which to have useful second thoughts about what was a highly complex symptomatology. This may further also allow us to view how, and in what way movements are made in C's capacity during therapy, to either transform or perpetuate particular states of mind underpinning the suicide attempt that originally brought him to CAMHS attention. To enable such an analysis, the methodology would need to be of a design compatible with drawing out information on processes that may be regarded as mutative Strachey (1934), Midgely, (pg 6, 2009) within the very act of the psychotherapeutic relationship.

It would also be helpful if this research could assist in clarifying areas of family dysfunction and comment on which family difficulties, if any, might have contributed towards a self-destructive symptomatology appearing in a child family member.

Bearing such psychoanalytic constructions in mind, an important function of this research may also include its capacity to validate previous inferences as well as provide an opportunity to discover new insights.

The order of the history i.e.: when certain information was received by the therapist/researcher has been detailed and commented upon as the order in which such data is received can have a bearing upon its potential to influence conceptualizations both during treatment and in research analysis.

Of interest in this particular research study is that information regarding infantile trauma was *not* received until *after* the treatment had concluded. This means that any data within the field notes that appeared to relate to specific infantile traumas had not been corrupted by any prior knowledge of such events.

### **The Structure of the Remaining Thesis**

In the above pages I have considered the proposed area of research, looked at the background of the author, his clinical work, some of the professional experiences from which this research developed, and introduced the reader to 'C' and his family. I have also described the order in which the research data was received. I will now provide a summary of how the subsequent Chapters move towards the work of the research itself.

*ChapterTwo* 'Literature Review' examines some of the most influential writing and ideas concerning suicidal ideation. There is a particular emphasis in considering *suicidality and children* as this is the focus of this research. There is also reference to suicide in adults, older adolescents, and suicidal group phenomena where such data has the potential to illuminate what may be happening in the mind of a suicidal child. In the writing of this chapter, the author aims to cover literature on psychoanalytic concepts related to self-

destructive states of mind and suicidal ideation within the individual and provide a summary of core psychological research including childhood suicide statistics, research informed by psychoanalyses, and modern psychoanalytic research and treatment.

*Chapter Three: 'Research Design & Methodology'* is concerned with both method and methodology. This chapter covers the choice of methods used when researching suicide and how giving consideration to emotional factors can help design a more objective method for analyzing emotional phenomena. The chapter explores the potential for suicide to cause emotional disturbance in researchers and questions why so little research exists today that takes a *very* detailed, qualitative view of the mind's of children where suicidal thinking is, or has been a feature. The chapter also examines some of the strengths and weaknesses of the single case study approach in research.

#### *Chapter Four*

After applying the research method to several clusters of selected sessions taken from a substantial catalogue of retrospective data: *Chapter Four* examines the findings. Extracts and examples of raw data in the form of field notes are presented along with examples of coding to demonstrate the process of how themes and concepts are derived and synthesized. This chapter makes use of visual graphs to express its findings.

#### *Chapter Five*

Attempts to integrate together the most salient points identified from the analysis of C's sessions with relevant psychoanalytic theories.

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This research project made it possible to bring together information about the very disturbed family environment this patient had experienced, with many intrusions of violence of different kinds, along with evidence of a different kind gathered systematically from intensive psychotherapy carried out over two years.



## **Chapter Two**

### **Literature Review**

#### **Introduction**

When considering how to investigate precipitating and protective factors that may have contributed towards C's suicide attempt and his recovery, it is important to examine the current literature that helps develop a greater understanding of self-directed harm. Whilst it is acknowledged that only a small percentage of those who self-harm go on to commit suicide, long term research with adults consistently show that the two are associated.

Talk to Me 2, Welsh Government National Advisory Group (2015:6)

The literature that has been reviewed in this chapter is therefore selected on its capacity to help further a clinical and theoretical understanding of harm that is directed towards the self, including suicide, casting light on these phenomena in general as well as more specifically the case being researched here. It is hoped that the findings derived from this piece of research might potentially become a small addition to this literature.

Within the psychological and psychoanalytic literature, self-destructive states have been on the clinical agenda for some considerable time and the body of work relevant towards helping understand this human phenomenon is extensive and in a state of continuous review and development.

This chapter therefore attempts to set out some of the main psychoanalytical and psychological understandings currently available, from published research and theoretical discussions.

The main fields of work to be reviewed are:

- Psychoanalytic concepts, including research that supports psychoanalytic concepts

- Some thoughts on assumptions that appear to have developed out of quantitative research within broader psychological disciplines and a reluctance to consider suicidal states of mind in younger children
- Research informed by psychoanalyses
- Modern psychoanalytic research

The aim of this arrangement has been to allow comparisons to be made between psychoanalytic and core mainstream research studies both classic and modern revealing interesting parallels between them. The chapter examines both some of the most influential and perhaps more controversial writing and ideas concerning suicidal ideation, and destructive states of mind, providing a compilation of thoughts based around a selection of the work already existing within this field. There is a particular emphasis on considering *suicidality* within the context of *children* as this is the focus of the study. Whilst there will be reference to suicide in adults, older adolescents and group phenomenon, such descriptions are limited in terms of their potential to illuminate what may be happening in the mind of an individual child. It is acknowledged that suicidology is a very large field of study and that this piece of research looks only at a very specific area within its parameters. Whilst this research may cast light upon what can happen in the minds of other children by examining what can happen in the mind of one, (and this problem of generalisation will be discussed in more detail in Chapter Three), it is beyond the scope of this research to usefully comment on suicide within an epidemiological framework. References to epidemiological events are again only included in this chapter where they have a specific relevance towards understanding the mind of the individual.

The following section explores some of the psychoanalytic literature that helps contextualise psychoanalytic thinking regarding self-harm and suicide over the last century and provides perspective on how the findings from this single-case research study might make a contribution to the aggregate of psychoanalytic literature within this field of study. This may be as a result of either discovering completely new conceptual frameworks, or by contributing towards gaining greater levels of complexity and/or clarity over existing theories and findings.

The extent to which this research achieves either of these aims and how its findings either tie-in or contrast with concepts discussed below will be discussed in detail in chapter 5.

Psychoanalytic concepts, including research that supports psychoanalytic concepts

In 1910, when a similar spate of young suicides took place in Vienna as in post millennium Bridgend, a symposium was held in Vienna entitled: On Suicide with particular reference to suicide amongst young students. At the time, growing public unrest began to seek to put the blame on pedagogy for the distress motivating the suicides, as a consequence the educational authorities called upon the scientific community to provide support and further understanding.

As part of the scientific response in support of developing a better understanding of the tragedies in Vienna, William Stekel's contribution for example, identified *revenge* as one of the motivating factors, stating: "No one kills himself who has never wanted to kill another or at least wished the death of another."

(Stekel, 1910: 89).

Several contributions were made, including a paper by Alfred Adler who gave a warning even then, about the limitations: of statistical data. Adler felt that such data was valuable providing it helped give a picture of suicide and its circumstances, adding:

However, it is impossible to draw conclusions on the basis of statistics alone about the psychological particulars or the reasons for suicide. So long as the driving forces remain unknown, one will be all too ready to accuse institutions or individuals.

(Adler A. 1910:111)

In summing-up the symposium Freud suggested: “Let us suspend our judgment till experience has solved this Problem.”

(Freud S. 1910)

Later, in ‘Mourning and Melancholia’ (1917) Freud considered how aggression can turn against the self in the act of suicide. Freud observed that in melancholia, after a loss or a ‘real slight or disappointment’ from a person for whom there are strong ambivalent feelings, the hate which was originally felt for the person may be redirected toward a part of the self now identified with that person. Freud saw that ‘instead of being able to let go of the hurtful or lost object, there is a regression towards identification and *sadism influenced by the love and hate* felt for the person’.

(Campbell D. 2006: 261, JCP, my italics)

Freud considered:

It is this sadism alone that solves the riddle of the tendency to suicide which makes melancholia so interesting – and so dangerous ... The analysis of melancholia now shows that the ego can kill itself only if it can treat itself as an object – if it is able to direct against itself the hostility which represents the original reaction to objects in the external world.

(Freud S.1917: 252)

The theories of Freud which are most useful for helping understand self destructive states are clearly described in the writings of psychoanalyst David Bell. The following summaries are from his most recent work.

Bell reminds clinicians and researchers that it was Freud’s consideration of the mental processes underlying self destruction and sadism which led Freud to a formed theory of the internal world. He considers Freud’s ‘Mourning and Melancholia’ to have marked a watershed in the development of psychoanalytic theory in that: not only was it the beginning of a theory of an internal world peopled by primitive internal figures, but, it also provided the foundations of a theory of identification, and made a crucial step towards developing the concept

of the superego. Each of these theories still holds an important position within psychoanalytic theory and contemporary clinical work with self destructive states. In melancholia, Freud observed that the patient berated himself with various criticisms, weakness, and accusations of worthlessness etc. However, if one listened carefully to these various recriminations, one could see that they often fitted not with the patient himself, but someone else whom the patient 'loves, has loved or should love'.

(Bell D. 2008:46).

In other words, the individual is seen to deal with the loss by incorporating the lost object into himself, identifying with it (that is, becoming the lost object). The ego, now identified with the lost object, becomes the target of all the hatred, accusation and recrimination that belonged to the lost object.

The shadow of the object fell upon the ego and the latter would henceforth be judged by a special agency, as though it were an object, the forsaken object. In this way an object-loss was transformed into an ego loss and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered through identification.

(Freud S. 1917:249)

The critical agency later became the superego and its' activities were revealed as not just being critical but also 'archaic, cruel and murderous'.

(Bell D. 2008:47)

Bell makes several points that are important when considering the potential value these theories hold for helping understand suicide and possibly this case. He writes that although in Freud's work he appeared to be referring to an actual loss of a current external figure, it became clear that included within melancholia, were all preceding losses experienced as part of our ordinary development. And, at the very root of this sense of privation lies the loss of the primary object, ordinarily the mother and all that she stands for.

The point, however, that I wish to stress here is that, underlying all suicides and similar acts of self-destruction, there is an attack upon the self, that is, a self identified with a hated object. The act is an attack upon an object and simultaneously a punishment of the self for all its sadistic and cruel attacks upon the object.

(Bell D. 2008:47 ibid)

Klein M. in her 'A Contribution To The Psychogenesis Of Manic Depressive States' also postulated a complicated split in operation in self destructive thinking and considered the suicidal person motivated by the wish to preserve the good aspect of the internalised object, with the attack directed towards an internal bad part of the object that threatened the existence of the good.

While in committing suicide the ego intends to murder **its** bad objects, in my view at the same time it also aims at saving its loved objects, internal and external ... the phantasies aim at preserving the good objects and that part of the ego identified with the good objects from the attacks of one's own destructiveness, and also destroying that part of the ego which is identified with the bad objects.

Klein M. (1935: 276)

In the language of Melanie Klein the body could come to take-on a 'not me' quality, and, when this happens, the individual is vulnerable towards adopting what Maltzberger (2008:39) further describes as a: 'paranoid and disarticulated attitude towards one's own disowned flesh'. During their activation of this frame of mind, a person can come to experience their body as a persecutory enemy and the patient may attempt to rid him/herself of it.

Gerisch B. (2008:136) gives an example where a poet named Marina Zwetajewa (1989: 164) wrote a note shortly before her suicide which sadly helped illustrate Klein's observation of destructive splitting as a means of phantasised preservation: 'death is only terrible for the body, the soul thinks not of it'.

With the case of Marina Zwetajewa, her mind and body had become separated into an expendable body and a surviving soul.

Following-on from the concept of suicide as an act of preservation (Klein M. 1935 *ibid*), Gerisch's work with suicidality, led her to consider that suicide promised to offer her patients *release* rather than final death. Gardner F. (2001:9-12), considers how observations of her patient's view of suicide appears to link with Glasser's (1992) concept of a more universal 'core conflict'. A conflict described by Glasser as deriving from processes internalized during early object relations which incorporate opposing wishes to both fuse with and escape from an object due to a fantasised inability to separate once attached.

Glasser regarded this conflict as being central to the structure of the psyche observable under analyses when the patient presents as simultaneously fearing engulfment and rejection by a split idealized and feared object who could either satisfy one's basic needs for security, or become possessive, intrusive, indifferent or 'avaricious'. Glasser saw this conflict as resulting in *annihilation anxiety* which could further lead to the formation of defensive structures characterized by a narcissistic withdrawal to a place of safety. As part of the narcissistic defence Glasser saw that some of his patients wished to destroy aspects of the split off bad object, which, because of the fantasized fusion, involved turning the aggression in. The concept is very close to the earlier described melancholic configuration observed by Freud (1917), the main difference appearing to be the attribution that Glasser gives to this conflict's 'central role' in the formation of the personality.

Gerisch's work draws attention to the importance of Glasser's core concept and subsequent problems she has observed with the potential for annihilation and fusion anxieties to become aggravated during the ordinary developmental oscillations between the paranoid schizoid and depressive position. This problem seems especially noticeable in patients where the core complex is seen to be over active. (Gerisch 2008:136).

Gardner takes the Freudian, Glasserian concept further in her particular discussions about female patients who self harm. Gardner notes that amongst her patients there are those who appear perversely *encaptivated*, possibly enthralled by the repetitive and stuck way in which reactions towards the core conflict are omnipotently and aggressively maintained. Gardner terms this variant of the core conflict, where the individual derives a form of vicarious and split -off satisfaction at self harming: 'the encaptive conflict'. (Gardner 2001:12) Incapacity to resolve and integrate internal conflict in a way that differentiates sometimes lethal confusions between self and object is also a topic that has drawn the interest of psychoanalyst Donald Campbell.

He summarises:

In the suicidal individual, it is the body that is treated as a separate object and is identified with the lost loved and hated person. As a result of a split in the ego a critical and punitive super-ego perceives the body as a separate, bad or dangerous object.

(Campbell D.2006, JCP Vol. 32 NO 3, 261)

The work of Campbell elucidates certain dynamics operating in 'pre-suicidal' states and considers that an individual enters this pre-suicidal state whenever the normal self-preservative instinct is overcome and the body becomes expendable. (Campbell D. 262 *ibid.*) From his extensive clinical experience with adolescents and adults of both sexes, Campbell observes how the suicidal fantasy may or may not be conscious, but at the time of execution however, it has the power of a delusional conviction and distorts the patient's sense of reality. Of the various suicide fantasies shared with Campbell by his patients over the years, in those patients that were recognized as making a split between the bad expendable body and a good surviving self, there too, (as in the work of Glasser), was a noted wish for the surviving self to be merged with an idealized mother image. There was a tendency for the real mothering objects to be perceived as ungiving, dangerous and untrustworthy, and Campbell's patients found themselves caught in a form of double bind similar to



the descriptions of Glasser's core conflict. Whilst being preoccupied with a wish to merge with an idealized mother, the patients of both Glasser and Campbell also became anxious about being either engulfed by the object should they succeed in merging, or, being abandoned to starve should they be unsuccessful at merging with the object.

The suicide fantasy represented a solution to the conflict between the wish to merge with mother on the one hand and the subsequent primitive anxieties about annihilation of the self on the other. By projecting the hated, engulfing or abandoning primal mother onto the body and then killing the body, the surviving self is free to fuse with the split off idealized, desexualized, omnipotently gratifying mother represented by states of oceanic bliss, dreamless eternal sleep, and a permanent sense of peace, becoming one with the universe, or achieving a state of nothingness.

In his useful description of Klein's contribution towards understanding suicidality (Campbell D. 2006 47-49) also notes (as does Glasser 1992, Bell 2008, and Gerisch 2008), a form of unbearable double bind in his patients and highlights how important it is to understand the phenomenological difference between the anxiety described by Klein's depressive position and a depressive illness which can lead towards suicide.

In Klein's depressive position, psychic pain is derived from feeling guilt brought about by the realization of damage done to an attacked object and the wish to make reparation. However, Campbell (ibid-59) tells of a 'further category' which, rather than oscillating developmentally between paranoid schizoid (feeling persecuted by one's attack upon one's object) and a subsequent withdrawal to a guilt charged 'depressive position' (above), there is a particular form of tormenting psychic pain which arises out of anxieties produced by being 'internally persecuted' by damaged objects seeking recrimination. A 'gang' of damaged objects, all suffering, all driven towards blaming the host and inspiring of an unbearable type of emotional pain. Campbell considers this latter type of internal configuration to be instrumental in suicidal thinking.

Returning to fusional states and the development of resilience towards becoming a victim of internal forces, Campbell also brings our attention to the role of the pre-Oedipal and oedipal father. He considers the father's role to be essential in helping protect the child from the regressive wish to return to a fused relationship with mother during periods of developmental crises. The good enough father may be offering a defence against the primitive anxieties of engulfment that can be stirred-up during a regressive or crises driven attraction towards a state of maternal symbiosis. The good enough father has the capacity to both reclaim his wife and alluringly engage the child in a separate existence, protecting both mother and child from lingering over-long in a fusional state, (Campbell, *ibid*:59) . Also see Gardner F. (2001:74) and (Montgomery and Greif: 1989:30).

The above psychoanalytic concept which speaks of the father's role in affording protection to the child from regressive urges to fuse with the mother, links to the research of Ping-Nie Pao (1969) who found that a factor in the family histories of his adult male and female patients who 'delicately self cut' was that the contributions of the father were seen to be anaemic. Interestingly, the study of Ping-Nie Pao noted an absence of early maternal handling in his research grouping. Is it possible that an absence of actual maternal handling could exacerbate a need in the child to dwell more on fantasies of fusional states?

For Campbell, his work with adolescents is illustrated in his 2006 case example of 'Betty', where sadistic fantasies of revenge against the parents and the fantasy of merging with an idealized mother, hold a central significance in his development of understanding and in working with the suicidal idea. Campbell's work therefore, helps underline the continued usefulness of Stekel (1910), Freud (1917), and, Maltzberger and Buie (1980), who, along with writers such as Fiona Gardner, help bring these concepts to further stages of clarity and complexity.

The capacity for some individuals to become trapped within a state of mind that appear 'to combine both qualities' (Campbell 2008:59) of the paranoid schizoid and depressive position, is an area that greatly interested Campbell and he

noticed the devastating effects that a particular type of internal object or group of objects can have upon the individual's capacity to healthily *oscillate between depressive position and paranoid schizoid position (ps to dp) as a part of ordinary development*. Campbell notes that this is because the internal worlds of some people are inhabited by objects that so torment the individual, that they are prevented from progressing towards a true form of depressive position which necessarily arises out of a developed awareness of damage done and a subsequent wish to repair, as they are so weakened by guilt.

Williams (1997) expands upon and details such processes in her chapter: 'On Introjective Processes, The Hypothesis of an 'Omega Function'. Here, Williams' examines introjective processes that facilitate development and also: introjective processes that '*create an obstacle to development*' (p123).

Williams has observed that when a child has been the recipient of massive parental projections, s/he becomes exposed to a process which is the reverse of Bion's container/contained, (1959) and rather than the child having his/her primitive emotions gathered, processed and contained by the object's mind and accompanying thinking processes, s/he experiences quite the opposite. The child, instead, becomes a 'receptacle' for the parent's unthinkable projections, and a 'reversal of the container/contained relationship' is seen to develop (p103).

She goes on to suggest that when this form of destructive introjective process is in operation, it can, and does 'create an obstacle to development' because the reversed process puts the child in danger of internalizing a highly influential object whose own emotions are overflowing. Why this is such a threat to the developing mind is that the *internal* object informs and seriously hinders the child's capacity to enter and re-enter into an ordinary, healthy process of projection and re-introjection with others. This can have a devastating effect on the child's ability to allow him/herself to learn from experience. Williams notes:

'There is a real danger of the child introjecting an object who performs 'a

function which becomes the obverse of alpha function'. (ibid).

Williams's writing gives examples of work with both children who are functioning introjectively well having internalized a containing object, and those who are not, having internalized an object that not only does not facilitate development, but also hinders progression. Of the child examples that function well and who appreciate the therapist's help are: 'Giorgio', a patient of Nicoletta Lana (Consenza et al., 1995) and Daniel, a patient spoken of by Rosemary Duffy (ibid). Both Giorgio and Daniel experienced early trauma: Giorgio requiring an immediate operation to his diaphragm after birth, and Daniel was very close to death following severe abuse from his mother. What struck Williams about these cases was how appreciative both children had become of their therapy: Giorgio describing his therapy as a 'workshop of thoughts' and Daniel asking his therapist to help him 'think thoughts'.

Both of these children had similar early experiences which left them extremely confused about their internal emotional states and their bodily experiences. This was because the traumas had been experienced at a time when mind/body boundaries were not yet defined and the physical/emotional domains mirrored each other in such a stark and visceral way. When children are able to make use of, and develop introjective processes with their therapist, the child could be seen as having become receptive towards the containing function of the therapist/object and internalized a therapist/object capable of giving the child what Klein defines as a process that provides the child with a connective tissue in the personality and the basis of a feeling of integration, steadiness, and inner security. An object capable of receiving a cluster of feelings, sensations and discomforts that loves and protects the self and is loved and protected by the self.

Williams regards children who are able to use introjective processes developmentally as children who inhabit an internal space characterized by a 'play of lights' (Williams 1997:123-4). A term developed out of Abrahams work concerning his ideas on the impact of the 'radiance of the object' reflected upon the ego (1924) which Abraham used to describe an object relation which was

quite the opposite of the one detailed in Freud's 'Mourning and Melancholia' when he discusses the effects of the 'shadow of the object falling upon the ego' (1917). Within 'the play of lights', a child is able to experience gratitude at having an object receive clusters of sensations and discomforts that the child feels unable to name and having these made more thinkable. There is a palpable joy at being thought about and at having one's state of mind recognized and understood.

Williams also describes children who primarily inhabit a space where a 'play of shadows' takes precedence, and where the child comes to feel enormously persecuted having been over exposed to an object who is impervious to receiving the child's projections, particularly those related to loss, and resulting in the child's projections being returned as a form of 'nameless dread' (Bion 1962).

In Williams's work with children, who exhibit suicidality via life-threatening eating disorders, the introjective processes can be so disrupted that during the therapeutic relationship, a process the very opposite of Bion's alpha functioning can be experienced within the child's interactions. It is this life-threatening process Williams terms: 'omega function':

'Omega function' derives from the introjection of an object which is not only impervious, but is both impervious and overflowing with projections. Just as the introjection of alpha function is helpful in establishing links in organizing a structure, the introjection of 'omega function' has the opposite effect, disrupting and fragmenting the development of personality.

(Williams G. 97:126)

It is important to understand the potential significance of the omega function as it has a crucial role in understanding the genesis of particular forms of self destructive states and may be of significance in this case. It is also interesting to note that out of the six case examples given by Williams in her chapter on introjective processes alone, (a seventh is a healthy infant observation), without

exception, each child, had experienced overwhelming anxieties connected to the fear of death and loss. This fear had been experienced either directly via birth trauma or infantile abuse, or, indirectly via the parent's own unprocessed and projected fears of death and loss (due to the death of a sibling or relative) overflowing from the parent and becoming lodged in the infant. The impact that unprocessed emotion related to death and loss can have upon the very early developing personality, is also something that Bion (1959) recognized when he considered the infant's fear that he himself might die: 'as being the most crucial primitive anxiety'.

(Williams G. 97:127).

The pioneering work by neurobiologist Alan Schore (2001) and other neuroscientists support the aggregated psychoanalytic understanding of the importance of very early emotional and environmental factors in the development of the human mind when he states:

'A major conclusion of the last decade of developmental neuroscience research is that there is now general agreement that the human brain "is designed to be moulded by the environment it encounters"

(Shore. A. 2001a:5)

Schore also emphasizes the potential of the human brain to begin 'parcellation' at a very early stage of development. Parcellation is described as a process whereby the human brain selects and strengthens the neural connections that are most effective in recognising and adapting to various qualities and stressors within its environment. What is interesting about this concept within Schore's work is that he observes parcellation taking place pre-birth.

He brings to our attention that the human brain has a growth spurt 'which is at least 5/6 post natal, begins in the third trimester in utero and continues to about 18-to-24 months'.

(Schore A. 2001:4.)

Shore's work on parcellation means that there is growing neurobiological evidence to support what psychoanalytic psychotherapists like Williams observes in her 'omega' functioning patients where infantile history features traumatic experience. As well as having an emotional impact observable through psychoanalysis, infantile trauma is seen to alter the neurological structure of the brain creating neural pathways specifically adapted to the infant's personal experience of its environment.

In psychoanalysis and child psychotherapy the hypothesis that the human mind may also have significant capacity to form prenatal 'proto objects' is something that interests Suzanne Maiello of Rome, who in 1995, considered the potential of the matured foetus to prepare itself for a postnatal object relationship via the sonic stimulus received in the intrauterine environment. (See: Maiello S. JCP 1995, 23-41) Also: Piontelli (1992) gives evidence of the extraordinary continuity of prenatal and postnatal life. The work of researchers such as Maiello, Piontelli and Schore support the concept that the human mind is subject to being shaped by emotional and environmental effects prior to birth.

A case where unmetabolised pre-natal fears of death and loss combine with post natal and later environmental stressors which translate into self destructive structures, is given in Williams's example of 'Daniel', who, after being born premature and spending two months in an incubator, was given up as *lost* by the Doctor overseeing his care. Daniel was seriously bulimic and suicidal when he was referred to Williams as an adolescent.

The lack of a containing space which could hold Daniel was very concrete in so far as he lost the space in mother's womb he would have still been entitled to. Additionally his mother, a woman who had herself been very severely deprived in her early infancy and suffered from severe psychotic symptoms, could not provide a receptive space for her children.

(Williams G. 1997:129)

The case of Daniel gives an example of the self destructive impulses that an individual can be left with, when, as Freud noted in 'Mourning and Melancholia' (1917), there is a failure of the processes necessary for working through experiences of loss, wherein: 'the shadow of the object falls upon the ego'.

'Daniel' provides an example of the omega function at work. His infantile experiences were traumatic in both physical and emotional domains and they resulted in the parcellation of a massive sense of loss-of-containment. The prolonged early experience of being in an incubator, severely deprived of early opportunities for attunement and intersubjective experience (Stern D. 1985), followed by a starkly contrasting experience of becoming a receptacle for his mother's psychotic projections, created within Daniel a deep sense that intersubjective experience held particular dangers.

Another of Gianna Williams's case examples that may have relevance for this research is the patient described as Martin. In this very detailed and substantial piece of work, one of the central themes arising is Martin's extreme difficulty with allowing a metabolizing *process* characterized by the linking of thoughts and feelings to evolve via relationship. Martin exhibited serious difficulties in allowing any sense of emotional closeness to develop and he had evolved defences that ensured that his contact with an object and the emotio-communicative functions providing a link to the object were cut off, sometimes mid-stream and sometimes as they were about to start: 'especially if I started ...with the words: "I think that..."', could be interrupted before they had the chance to even be heard.

(Williams G. 1997:44)

Bion was also keen to draw attention to a child's intolerance of 'function' in addition to the object itself, as such an intolerant and at times pitiless form of defence has important technical considerations in understanding, interpreting and attempting to restore mental functioning within a child. In his paper: 'Attacks on Linking', Bion writes:



I employ the term link because I wish to discuss the patient's relationship with a function, rather than with the object that subserves a function; my concern is not only with the breast or penis or verbal thought, but with their function of providing a link between two objects.

(Bion W. 97:129)

'Martin' had been placed in to care at the age of two months, his father had left whilst his mother was still pregnant and his mother died when he was seven years old. Up until the age of two years, Martin had experienced three placements. After he was received into care there was no contact from his mother, which, together with her death likely contributed towards making his feelings of loss embed themselves deeply and in a way that was nameless and overwhelmingly painful for him. It had been noted by his foster parents, that his behaviour had become progressively more difficult since he received the news of his mother's death. Eventually, his stealing and defiant behaviour could not be contained in the foster home of ten years and it broke down. One year before the breakdown of foster placement he had made a suicide attempt by trying to jump from a second floor window. He was only twelve at the time.

What differs in Martin's poignant case, which may also be relevant to this research is that he provides an example of how internal processes can cause what Williams terms a 'double deprivation', (1997: 32-49). Typically: the double deprivation can be observed in children where an experienced external reality of deprivation also becomes internalized and continues to deprive the infant from within by reproducing fantasies and sense impressions of deprivations which distort relationships and future expectations.

In this process the internalized loss of the object can be so profound, that all reminders, including those that offer the opportunity of understanding and a greater sense of emotional closeness, are disposed of in a way similar to Bion's patient's who make perverse attacks on linking. Williams notices that 'Martin found any feelings of warmth, closeness, tenderness so painful that he had to dispose of them very quickly, either he eroticized them or he turned them into excitement or he had to 'execute' them',

‘My hurt is not my business. I execute it’.

(Williams, quoting from Martin 1997:43)

Williams notes there is a difference, between an individual displaying only the symptoms that indicate omega function is operative and those who make attacks on linking. In some children, as in the example of Daniel, there can be an absence of an object that perverts the linking of thoughts, as characterized in those children who were exposed to a more frightened and/or frightening object.

The case of Martin, however, demonstrates how unprocessed melancholic loss and deathly elements can alter an individual’s internal structures. Structures responsible for receiving emotional nourishment. Martin’s internal world prior to therapy, was dominated by objects that Meltzer (1968) would consider in league with the bad parts of the self, seducing the good parts away from respecting external reality (in the form of Williams’ provision of care and understanding) into a ‘voluptuous despair’ by a bad part of the self that idealises insensitivity and violence.

Borrowing from Bion’s terms of understanding: Martin’s life experiences were such that his internal-world hosts an object that strips his projections of meaning and forces them back into him. This ‘projective identification rejecting object’ as Bion (1959) describes, is one that gives its host the experience of constantly having their projections rejected.

Janet Anderson (2003) also notes in her research into risk-taking children who fall into the category of possessing “no haven” (Anderson 2003), that:

...the child’s efforts to find a sympathetic niche within his parent’s mind are often met by his parent’s continuing refusal to accept him, which may lead the child to think of suicide, the suicidal actions generating more anger in the parent.

(Anderson, J.:2003: 80)

Williams's work with Martin shows the struggle such children can have with identifying with the better parts of the self and the tendency to identify with the bad object triumphing in the destruction of meaning and undermining the capacity to learn from experience. Part of the allure of identifying with the bad object is exemplified in the work of Rosenfeld (1971) where he looks at the sado-masochistic structures underlying self destructive personality. He notes a particularly important aspect to the dynamic quality of the 'internal gang'; that quality being defined by its destructive motivations. Rosenfeld discusses how the 'gang' (bad internal objects) get together under the guise of offering protection to its members, but its primary task is to do damage. It gets 'together in order to hurt'. This is also observed by Meltzer, (1967): as too is the 'illusion of safety promulgated by the omniscience of the destructive part'.

Part of a deprived child's intolerance of the development of a thinking container is considered further by Williams (1997) who thinks that the deprived, child who has been exposed to frequent and repeated losses finds it intolerable to keep alive the many absent objects and so they are attacked or obliterated. This poses a problem for the child in that the space which was once occupied by good objects, rather than remaining vacant, is taken-up by tenants who are now persecutory because, in phantasy, they have been so viciously attacked. Now, when alone, the child is not really alone but left in the company of monstrous internal persecutors. The mental space, which should provide the child with a container in which to be accompanied in having thoughts, not only becomes a receptacle for painful feelings, (a difficulty in itself) but also a home for 'nightmarish tenants that need to be evicted'. (Williams 1997: 30).

The child's attacks on the attempts by the analyst/therapist to provide a containing space for feelings to be thought about, is central to Williams' concept of the 'double deprivation', see above, in that such children feel compelled to maintain rigid defences against what they experience as a further external violation. This results, in ever-greater experiences of internal deprivation and the process becomes frustratingly self sealing and self prophesising.

The narcissistic structure, developed out of a deprivation of containment, can reach highly organized levels of sophistication within a child's internal world and as such can prove to be extremely destructive. Williams (1997), quotes Joseph (1982) and (Steiner (1982) to elaborate this:

Such patients feel in thrall to a part of the self that dominates and imprisons them and will not let them escape, even though they feel life beckoning outside. (1982:451)

It is misleading to view this as an innocent part of the self caught in the grip of malevolent organization, instead I will try to show that a perverse relationship may exist and the healthy part of the self may collude and allow itself to be knowingly taken over by the narcissistic gang. (1982:242-3)

Perverse relationships of a very primitive form interested the psychoanalyst Harry Guntrip and his work on 'schizoid phenomena, object relations and the self' explores the sometimes devastating effects of mental phenomena that antedate oedipal development and even breast/object, part object relations. Guntrip's contributions towards understanding the destructive urges within an individual provide insight into an emotional world experiencing difficulties, at a time when internal objects are being formed.

The chronic dilemma in which the schizoid individual is placed, namely that he can neither be in a relationship with another person or out of it, without in various ways risking the loss of both his object and himself, is due to the fact that he has not yet outgrown the particular kind of dependence on love-objects that is characteristic of infancy.

(Guntrip H.1968:36)

In Guntrip's model of the infant's internal world, there can be a struggle between a regressive (and sometimes destructive) infantile 'retreat' and, a coming to terms with an object relationship with all the attendant complexities

and frustrations characteristic of becoming more psychically separate, and operating in a more emotionally independent way. Particular phantasies of either *identification* with or *incorporation* by an object are central to his understanding of infantile emotional development. In the developmental process of 'individuation' where Guntrip views the infant as developing into a mature sense of separateness, and able to tolerate the comings and goings of the object, the infant has to be helped to process phantasies of either being swallowed-up: 'identification', or swallowing-up 'incorporation'.

The schizoid patient feels that he himself and those he needs and loves are part of one another, so that when separated he feels utterly insecure and lost, but when reunited he feels swallowed, absorbed, and loses his separate individuality by regression to infantile dependence.

(Guntrip H.1968:36).

Guntrip observed that it was an oscillation between these two modes of non-relating that becomes profoundly disturbing, or 'schizoid', disrupting 'all continuity in living'. Guntrip's contribution towards suicidal states lies in his concept of the infant's drive towards identificatory retreat, seeing the dissociated 'haven' as a severe form of regression back to a womb-like state of existence. Guntrip gives a convincing example in which a patient whose phantasies of needing to retreat to a womb-like state of dependence, made her vulnerable towards suicide:

I dreamed of a baby being born out of a gas oven (i.e. reversal of the suicide idea). I was struck with the danger of coming out, it was a long drop from the oven to the floor. I feel I'm disintegrating if I go out. The only feeling of being real comes with getting back in and being with someone. I don't feel alone inside even if there's no-one there...I have strong urges to throw myself out of the window.

(Guntrip H. 1968:41)

Guntrip's contribution here is in the observation that: '*suicidal impulses may have opposite meanings*' to the patient, (Guntrip 1968:41). In the above example, Guntrip's patient associates the birth experience i.e.: 'coming out of the womb' with disintegration, loss and death, whilst associating 'getting in to the womb' with feeling real. This patient's equation of the womb environment with that of a gas oven experience confuses her senses and perception as to where life and death reside, and, as such, she considers the gas oven to be a preferable alternative to being born and experiencing what she imagines will be a 'deadly drop'. She also states how she sometimes has strong urges to throw herself out of a window, which appears linked to Guntrip's observation above, on how a reunion (a return to the womb) could create the feeling of being swallowed or absorbed. These confusions, these schizoid oscillations have the potential to create a real threat to life.

Guntrip's work highlights the importance of what he called: 'the psychic emergence of the self' and how this concept is often communicated by patients through what he coined 'birth symbolism', where Guntrip viewed the schizoid, regressed personality as one that required a psychic rebirth. In the schizoid individual, Guntrip viewed the ego as showing a great energy and activity in pursuit of its goal, an energy in reverse that carries it not into life but out of it. The following paragraph is quoted at length as it helps to sum-up Guntrip's views on a particular form of suicide he termed 'schizoid suicide' as opposed to 'depressive suicide'. He saw the latter as being the result of an 'angry destructive impulse,' whereas:

schizoid suicide is the result of apathy towards real life which cannot be accepted any longer. All energy goes into a quiet but tenacious determination to fade out into oblivion, by means of gas, hypnotic pills or drowning. One patient expressed the longing to die at a time of great stress and I suggested that what she wanted was not destruction, non-existence, but escape into warmth, comfort, and being almost but not quite unconscious. She said 'That's it; just conscious enough to be aware of being warm and safe, like having gas at the dentist's to escape the pain,' which appeared to her 'like a very pleasant way of dying'.

Unfortunately, in practice, more is achieved than is intended and the patient may die and lose the chance of rebirth.

(Guntrip H. 1968:81-82)

Perhaps one of the most important ideas shared by the authors in this section is their context for understanding the inner-world of the individual and how one's unconscious relationships with the objects which populate this mental space can have a significant bearing on one's mental health. In general, this intra-psychic framework for understanding the inner workings of the mind has been important in helping the author of this research to consider C's own internal world as expressed in his play and how it appears to have played a part in the genesis of his suicide attempt. The observations made by the authors above, have also been important in helping highlight the potential for unresolved infantile dilemma's to be an influence in some forms of suicidal thinking.

Some thoughts on assumptions that have appeared to develop out of quantitative research within the broader psychological disciplines and an apparent reluctance to consider suicidal states of mind in younger children

The material that follows in this section is an important component to include here as it considers research findings on childhood suicide that appears to be more or less readily accepted within a wider professional and public domain. It could be assumed that the greater acceptance of some research studies are directly related to them having used more scientifically rigorous forms of investigatory method in their process of generating findings, for example, through the quantitative analysis of larger sample groups.

However, on closer examination it would appear that when suicide is the subject under examination, some findings experience more difficulty being accepted than others. This seems to be the case even when the research methods used to generate findings appear comparably rigorous. Suggesting that the readiness or otherwise with which certain findings within certain subjects are able to be incorporated into the collective consciousness, might be influenced more by subjective than objective forces.

Understanding more about the findings on suicide that appear easier to establish themselves within the scientific or social community and those that experience a greater difficulty is important. Following, is a discussion on what kinds of information on childhood suicide appears to experience difficulty entering the public domain and why.

Adolescent suicidal thinking and behaviour has attracted a great deal of interest, for example see: (Laufer M. 1995, Williams M. 2001., Fox C. and Hawthorn K. 2004, and Greenwood L. 2005.). However, very little qualitative research or psychoanalytic case study exists that either engages specifically with problems of suicidality or pre-suicidal states in pre-pubertal children.

Indeed, from much of the information available, including coroners' reports, pre-pubertal suicide and suicide attempts could seem rare in the extreme. For example, G. M. G. McClure in his 1994 paper entitled; 'Suicide in Children and Adolescents in England and Wales 1960 – 1990' states: 'There have been no recorded suicides in children under 10 years between 1960 and 1990.' Also, in 'The National Action Plan to Reduce Suicide and Self harm in Wales 2009-2014: 14' where suicide rate and age of suicide is discussed, the report states that in the document suicide:

...is expressed as all ages but reflects people aged 15 or over. Deaths under the age of 15 where the intention is undetermined are considered to be different in nature to older age groups and so these ages are not included. The numbers of self-inflicted deaths in this age group are extremely small.

(W.A.G., 2009-2014:14)

Also, Soole, Kolves and De Leo (2015) in their study: 'Suicide in Children A Systematic Review', experienced difficulty in gathering data on child suicide as most of the studies reviewed did not allow differentiations to be made between child and adolescent subjects. This meant that Soole, Kolves and De Leo had to



use an inclusion criteria of '14 years and younger' (p286, *ibid*) and the youngest identifiable age of a suicidee was that of a child aged 8 years.

Therefore, lack of statistical evidence to contradict an assertion that 'the numbers of child deaths by suicide are extremely small' should not be confused with there being no actual child suicides or suicidal ideation existing amongst children.

That there had been no recorded suicide of a child under the age of ten in a thirty year time span, together with many of the more contemporary studies making the difference between child and adolescent suicides indistinguishable, appears to indicate that there may be some difficulty in acknowledging and compiling such information.

Coroners, for example, may understandably wish to spare families what would be an enormous and unbearable burden in addition to their grief by recording misadventure or accidental death whenever there is room for doubt, for example: with deaths caused by collision with a vehicle, falling from a considerable height, suffocation, strangulation, electrocution, drowning, there is often opportunity for uncertainty. Unless a young child leaves a note of intended death, the likelihood is that even in cases where there is a strong suspicion of self-induced harm, the most responsible recording is likely to be one that is felt to be erring on the side of what is least distressing or damaging to the psychological health of the surviving family.

Bearing such needs in mind, care should be taken not to allow statistical evidence to be uncritically seen as a true reflection of clinical reality. If one begins to take account of a broader range of available information for instance, there is information which challenges the general statistically-gathered view. For example an article in 'Cases Journal' (February 2006) which is a peer reviewed medical journal whose ethos is: "every case is important", covered the case of an Iranian seven year old boy found in a semi-conscious state by his mother after attempting to hang himself.

Whilst looking back to the seventies a substantial seven year study by Garfinkel (1982), found that out of 505 suicide attempts that were seen during this period, 50 children 'were not yet teenagers'. (It is unclear however, how many of the non teenagers were also pre-pubescent) The youngest case of attempted suicide cited by Dr Garfinkel however, is a four and a half year old (not from his study group) who 'wanted to be in heaven with the grandmother'. Interestingly Garfinkel concluded that more than half the families had an absent parent and more than a quarter had both parents missing and stressed a link between young suicide and drug abuse where 'communication between parent and child was inhibited'.

Whatever the reasons for a lack of statistical evidence on pre-adolescent suicidal tendencies it is important for the continued development of understanding that constructively critical thinking remains open to information from all available sources.

Psychoanalytically informed research, clinical case-observations and modern psychoanalytic research indicate that the acting-out of self harm and suicide post puberty often follows earlier, complex forms of disturbance.

An anomaly of there being a general reluctance in professionals to talk about or feel able to identify or qualify suicidal thinking in pre- adolescent children, together with there being a relatively high percentage of pre-suicidal (Campbell D. 2006) adolescents referred to CAMHS, has been reflected in the present author's caseload over the years.

Whilst many pre-adolescent children have been referred for depression and some displaying hopelessness, risk-taking behaviours and threatening self harm, in the author's experience, professionals generally appear uneasy with the idea of linking or equating such frames of mind prior to adolescence, with similar symptoms occurring post adolescence.'

In the author's experience some professionals have related their unease at making such links with a fear of suicidal contagion: that should such possibilities

be considered too openly, there is a danger that a surge of further destructive patterns would be stimulated and especially amongst those families with a tendency towards projecting negatively into their child.

Another emotional factor to consider within the quantitative/qualitative debate when researching childhood suicide is that quantitative research may be more tolerable and therefore more prevalent because it distances the researcher from the emotional impact of suicide, a concept that Pytel, (2008), [see p64 below], is familiar with.

'Mind' the organisation that promotes mental health, have noticed a gap in the research available regarding childhood suicide and also appear to make links between these gaps and the emotional defensive systems of researcher's. In their information guide for professionals and students Mind state:

'There appears to be a reluctance to acknowledge suicidal feelings in the very young and this reluctance infiltrates youth suicide statistics.'

(Shafi, M. 1989:4)

and:

'a tendency towards minimising, denying and mythologising suicide occurs in most cases of suicide, but even more so in children and adolescents.'

(Shafi, M. 1989:4)

HMSO has also noted this reluctance:

'For every suicide recorded in the 1980's among 10-14 year olds in the UK, three other children were deemed to have died from 'undetermined' causes or 'accidental' drugs overdoses.'

(HMSO, 1979 – 1990 my italics)

In this study it has also become evident to the researcher that allowing oneself to be close enough to adequately detail self-destructive fantasy for the purposes of in-depth analysis is disturbing. This emotional feature may in part explain why there appears to be a dearth of both qualitative research studies and psychoanalytic case studies on this subject.

In recent years and perhaps made more pressing in Wales by the spate of adolescent suicides in Bridgend between 2005 – 2009, a greater awareness and openness towards the problem of suicide, self harm, and importantly 'low mood' have resulted in the development of strategies designed to try and help reduce the numbers of deaths by suicide. A significant investment, some '£10 million in a number of community based 'programs that directly or indirectly deliver...' services intended to reduce suicide and self harm in Wales' have been instigated.

Hart E. Minister for Health and Social Services (2009:6)

For example, following a Government led Public Consultation exercise in 2006, the Welsh Assembly Government (W.A.G.) by April 2009, requested that all referrals to CAMHS indicating 'low mood' have to be seen within two weeks. This aim has been made-up in to a 'target' within W.A.G.'s : Annual Operating Framework (A.O.F.), a set of Welsh Government led Service-aims that have to be complied with. Should the specified time frame for assessing the child or young person presenting with 'low mood' (A.O.F. targets) be breached, financial penalties and management restructures may follow. Children displaying 'sustained' low mood: a low mood that has been present for 18 months or longer, gain absolute priority and depending on level of crises, can be seen within 24 hours. In addition to a greater awareness of low mood, 'the early diagnosis and intervention in common mental illnesses especially depression' ('Talk to me', E. Hart, 2009:10) has been written-in as a Strategic Priority by the Welsh Assembly Government.

It is interesting to note that whilst paying attention to *low mood* has been expressed in the 'Talk to me' document as being relevant to children of: 'all ages'. The document also draws attention to its use of the expression 'all ages'

contained within, as really meaning people 'over the age of 15'. ('Talk to me', E. Hart, 2009:14).

What makes the use of the term 'all ages' along with a disclaimer suggesting that it's meaning in the document is restricted to children over the age of 15 interesting for the author is that in his experience, the restriction has tended not to be applied. The effect of this is that low-mood is literally and usefully considered as a potential early warning indicator in children under the age of 15 also. Whilst referrals recognising low-mood within the age bracket '15 and over' do have a tendency to largely outweigh those observed in younger groups, children younger than 15 are being referred to CAMHS with this symptomatology.

For example, in the author's clinic between July 2011 and June 2012, the figures for referrals depicting a sustained low-mood were 66 in total. Of this total: 58 young people were aged between 15 and 18 years of age, 6 children were aged under 15, and 2 children were under 11 years old. This means that in percentage terms, children under the age of 15 accounted for just over 12% of the total referrals to CAMHS exhibiting a sustained low-mood (Powys CAMHS Referrals Data Folder July 2011 – July 2012) which is a significant percentage.

Although the author is unable to verify the impact of consultations upon Welsh Government thinking, it would appear unlikely that low-mood *across the whole age range* would have achieved its current working recognition had the Strategy relied solely on the research evidence available through the '2004 NICE Guidelines', alone. The creative decision taken by the policy makers in Wales to use the term 'all ages' whilst also stating they do not mean 'all ages', suggests that although the hard research evidence available in 2009 indicated self-inflicted death below the age of 15 was extremely rare, the 'softer' evidence, contained in the retrospective studies of the 'early histories' of adult survivors such as that identified in the works of Garfinkell (1982), 'Cases Journal' (2006)(above), and Van Der Kolk, Perry, and Herman (1991)(below), were drawing attention to other, broader areas of concern.

One might concur that this additional information may therefore have required the 'Talk to Me' strategists to make a flexible provision within the document's nomenclature for at least noting the limits of its guidance at the time, so that clinician's had freedom to assess the guidance within a clinical context and feedback at a later date. Work on reviewing the 'deaths of children and young people through probable suicide in Wales' is currently being led by Dr A. John who will release her findings as soon as they become available.

The NICE guidance for the longer-term management of self-harm : (2011), (CG133), recognises the earlier onset of self harm, including children from the age of 8 upwards. It is comprehensive and detailed in its coverage of the treatment and risk-management of self-harm and attempted suicide, and provides professionals with sets of standards and systematic guidance for such essentials as response times, care planning, interventions, treating associated mental health conditions and multi-agency working.

The NICE guidelines also recognise the need for more qualitative research to be conducted. Importantly, whilst providing a structure that helps ensure professionals are equipped to provide the best service and achieve the best outcomes for young people who self harm, the contributors also recognise the 'personal' element of each case.

Dr Fergus Macbeth who is the Director of the Centre for Clinical Practice at NICE, said:

"Self-harm is a very broad term for a behaviour that can be expressed by those affected in very individual ways, which is why it is so important that each person receives the right care plan for them."

Macbeth (2011)

Key recommendations coming from this documentation include:

- Working with people who self-harm: Health and social care professionals working with people who self-harm should aim to develop a trusting, supportive and engaging relationship with them....

- Undertake a psychosocial assessment, make assessments of needs and risks and engage the person who self harms and initiate a therapeutic relationship.

(ibid)

Based on the best available data in 2009, the Wales' 'Talk to me' strategy document's main focus is on 'social inclusion' and has seven objectives which call upon a comprehensive and Nationwide co-ordination of services. To give two examples that relate particularly to this study, objective 2 reads:

"Providing help early to those in need"

And objective 5:

"Promote learning and research and improve information on suicide and suicide prevention."

The more general focus on the development of social inclusion, cohesiveness and developing a greater sense of solidarity within the community within the 'Talk to Me' strategy is interesting as it relates to a collective principle inspired by one of the oldest theories recorded in the study of suicide by Emile Durkheim (1897), published: *Le Suicide*.<sup>5</sup>

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<sup>5</sup> The work of Friedman P. 1967. Pg 18 contains a useful synopsis of Durkheim's work.

According to Durkheim, an individual's sense of social cohesion or 'solidarity' is based upon the interdependence that individuals create and maintain with each other. He recognised how vitally important it was for the individual to feel connected to others with suicide being a result of a prolonged sense of not belonging and becoming increasingly detached from other members of the community.

Durkheim also recognised that one of the risk factors towards suicidal thinking was, as in areas surrounding Bridgend: a failure of economic development. As such, Durkheim's research caused him to postulate two fundamental tendencies which he felt were inherent in any group. One was the 'collective agency's capacity to integrate its members into a whole. The second related to the collective agency's ability to regulate its members' feelings and behaviour. For Durkheim, the degree of imbalance between these two forces is what could lead to suicide.

The influence of Durkheim's thinking upon the development of the 'Talk to Me' strategy also appears evident in the Foreword compiled by Edwina Hart (MBE) the then Minister for Health and Social Services who wrote:

I specifically require that interventions to build confidence, self esteem and resilience in socially excluded groups are a priority. I wish to see support in settings such as schools, colleges of further and higher education and workplaces, with outreach provided to ensure that people who are not in these settings are also helped. This will require imaginative and innovative approaches to delivering psychosocial support in the places where people congregate.

Hart E. (2009)

That Welsh Assembly Government policy recognises the importance of interdependence, for the individual to have good relations and a sense of belonging is interesting and may have implications for the potential future applications of this research, particularly as this research attempts to develop a



greater understanding of how such needs may be complicated, obstructed or relieved in a young child.

Much of the available research which attempts to investigate possible causal factors pre-adolescence tends to do so by approaching the problem retrospectively via adult interviews. For example, a study by Van Der Kolk, Perry, and Herman (1991: 1665-1671) investigates the childhood experiences of seventy four adults that partook in self-destructive behaviours including suicide attempts and self-mutilation. This research found that:

...during the course of the study, neglect became the most powerful predictor of self-destructive behaviour. This implies that although childhood trauma contributes heavily to the initiation of self-destructive behaviour, lack of secure attachments maintains it.

(Van Der Kolk, Perry, and Herman. 1991)

In the above research, trauma and neglect are highlighted as being significant factors as they do in other studies that attempt to explore the childhood origins of self-destructive states of mind, for example De Young, M. (1982).

Educationalist Barbara Pytel wrote in an article for the 'suite101.com' website, that:

"Awareness of suicide in elementary children is very low. These children easily slip below the radar of adults. And when the actions of a small child results in death, they are often labelled as an accident. The mind doesn't want to even entertain the slight possibility that a 6-year-old would want to die."

(Pytel Oct' 22<sup>nd</sup> 2008, pg1).

According to information coming from the Centre for Diseases Control and Prevention, only 4 out of 500,000 American children commit suicide annually under the age of 12. Pytel notes that whilst this number seems very small by

teenage suicide comparisons, the number has doubled over a thirty year time-span.

Christopher Beam, (State Magazine, 2008) comments however, that it is unknown if the figures have actually doubled, or if people are becoming more aware of such deaths resulting from suicide and reports them as such. Pytel considers that of the suicides amongst younger children, the suicidal act appears to contain a greater element of impulsivity as compared to older children, but this is also difficult to establish. American studies appear to show however, that family doctor's miss childhood depression at a rate of 80-90% and that the availability of psychological services with the expertise to detect very subtle depressive indicators in young children tends to be poor, especially in rural areas.

(Pytel, 2008:2)

Because so many suicides look like accidents and society accepts accidents better than suicide, many go unreported. (Pytel ibid)

The material in this section has been important in helping the author of this study recognise that the investigation of suicidal ideation in younger children is probably the most culturally sensitive area of suicidology to explore. It is also an emotionally difficult concept for a researcher to engage with and quantitative research may be more prevalent as it affords the researcher a degree of emotional distance from the subject being studied. In addition: perhaps another difficulty in increasing awareness that children as young as seven can act upon a wish to die, is an understandable concern that by acknowledging its existence, there is a danger of making it appear more acceptable. The problem with this is that there can appear to be a fine line between drawing attention to a problem and promoting it.

As a result of this insight, the findings have been written with as much care and responsibility as possible to help ensure that a scientifically balanced account is given of the problem of suicidal ideation in a young child.

### Research informed by psychoanalysis

Understanding more about research into suicidal ideation that has been informed by psychoanalysis is helpful for this study in that it demonstrates how psychoanalytic thinking can be successfully integrated into research projects to help further understanding into the problem under investigation. By examining researches that approach the problem of suicide from slightly different psychological disciplines it helps the author to compare similarities and differences and keep in mind the findings that appear consistent across the psychological disciplines and which are relevant for this study.

Within the field of research which is informed by psychoanalysis, the literature tends to become more direct and child-centred, and includes helpful information on destructive mental processes prior to adolescence.

Psychoanalytically informed research also appears to help underline findings located in some of the more popular works described above. For example: Gardner F. (2001) cites Biven (1977:343) in *Self-Harm a psychotherapeutic approach* Brunner Routledge, and talks about the links between suicidal ideation, neglect, deprivation, and unprocessed experiences of object-loss. 'Object-loss' with Gardner and Biven comes reasonably close to 'lack of secure attachment' in the terms of Van Der Kolk, Perry and Herman (1991).

Where the psychoanalytically informed research provides something extra however, appears to be in the detail of what the compositional dynamics of 'lack of secure attachment' can look like in the terms of a child's behaviour and how this insecurity can find expression. For example, one child that Biven worked with made use of plastic bags to help create what Biven saw as a regressive and precarious form of "second skin" (Joseph. B 1987) or "envelopment", (Biven 1977:343) within a context of having an object who cannot provide the rudimentary parental functions of emotional containment. Biven's work has been useful in C's case as it has helped the author to consider links between his family environment and his choice of suicidal act, i.e. his use of a plastic bag to bring about near suffocation.

As mentioned and quoted before in this chapter: vulnerability towards suicidal thinking has also been linked with trauma in an individual's early care-giving environment. For example, in Orbach I. (1996), connections are made between abuse and deprivation in early childhood and the later onset of self-injurious and suicidal behaviour. This author makes observations on the role of the early care-taking experience of the child's body and the subsequent effects that this early experience has on the child's internalised body memory and as a consequence his/her view of his/her self. Orbach also notes that whilst there has been a growing interest in the phenomenon of suicidology and early-infant experience as a predetermining factor in self-destructive states 'it has hardly been explored'.

(ibid 607-619)

As also mentioned previously (p42 of this Chapter): Ping-Nie Pao, being one of the few 'early' researchers interested in the origins and development of self-destructive states, looked at 'The syndrome of delicate self cutting'. He commented on common factors in the early relationships of his self-cutting patients, observing: a 'lack of maternal handling' and 'anaemic' contributions of the father towards interaction or identification with the child concerned.

Ping-Nie Pao, (1969)

Other notable pre-millennium researchers include : Podvoll (1969), and Friedman M., Glasser M., Laufer E., Laufer M., and Wohl M., (1972) who looked at self-mutilation in a hospital setting and attempted suicide and self-mutilation in adolescence. Their research helped alert clinicians and allied professionals to the kinds of histories that can contribute to the nurturing of a deadly sense of depression and hopelessness in children when other emotional and biological factors come in to play during adolescence. However, it further brings our attention as to how very small the proportion of research has been that attempts to methodically explore the concept of suicidal thinking in younger children as compared to adolescents. Writing on 'The causes of attempted suicide' Williams states: "Stress seems to be cumulative, building from early loss, through family

disruption to interpersonal disputes occurring closer to the time of self-harm.”  
(Williams M.2001, pg 89).

These findings which place suicidal thinking within a familial context where the child experiences disruption and loss express similarities to those identified and compiled by John Bowlby in (1985) who wrote:

There is now an extensive literature on the relationship of parental loss during childhood, due to losses of any kind (not only death), and attempted suicide during later life e.g. Greer *et al.* (1966), and Koller and Castanos (1968). After reviewing this literature, some of it clinical and some statistical, Adam (1973) concludes: ‘There seems general agreement...that of all the sequelae to early childhood loss the evidence with regard to suicidal behaviour is strongest.

(Bowlby J. 1985:301)

This is an impressive study for the day, which focussed on student suicidal behaviour and ideation, with findings that are still highly relevant by any modern standards. Bowlby is keen to point out the diversity in the form of familial loss experienced. Writing that the losses revealed in the above studies, included loss of parents due to desertion, separation and divorce as well as death.

It is also important to note that the studies included ‘serious suicidal ideation’ as well as attempted suicide and indicators based on frequency, intensity and duration were designed to rate levels of seriousness. For inclusion in the statistics a student needed to score between moderate and high in two of the three indicators. The results show that nearly half of the students presenting with serious suicidal ideation had lost a parent by the age of sixteen.

Adam had noted several main differences between the groups rated as serious and those rated as not serious with the ‘serious’ category generally being frightened that their urge to kill themselves would take control. Also worryingly, a significant proportion felt suicide ‘made sense’ and saw it as a real possibility for their future.

Bowlby considers it not surprising that young adults who have lost a parent during childhood should be more prone than others towards suicidal ideation as: 'many of the motives for attempting or completing suicide can best be understood as responses to loss of an attachment figure, either actual or threatened.' (Bowlby 1985:304).

Drawing upon the work of Maltzberger and Buie (1980) the following represents Bowlby's synthesis of the motives which lead to a completed suicide:

- A wish for a reunion with a dead person
- A desire for revenge against a dead person for having deserted, which can take the form either of redirecting towards the self-murderous wishes aroused by a deserting person, or else of abandoning another in retaliation
- A wish to destroy the self in order to assuage an overpowering sense of guilt for having contributed to a death
- A feeling that life is not worth living without any future prospect of a loving relationship with another person

Amongst the motives compiled by Bowlby for making a suicidal gesture are:

- A wish to elicit a care-giving response from an attachment figure that is felt to be neglectful - the well known 'cry for help'.
- A wish to punish an attachment figure and so to coerce him or her into being more attentive.

(Bowlby J. 1985:304)

Bowlby also suggests adolescents with such histories of early loss fall into the category of 'anxious attachment' or *over-dependency*. This form of over dependent attachment is interesting as it may provide a link to the findings of psychoanalysts Meltzer D. (1975) and Bick E.(1996) who explored concepts of 'adhesive identification' in infants and children. In children where adhesive identification was prominent, there was seen to be a problem with the projecting

and projective identification (p-pi) structures between infant/child and parental object (as described previously, see pg 43 of this chapter). Adhesiveness in Bick's terms could be seen as a compensatory form of 'holding' structure when the projecting and projective identificatory structures and functions between infant and parent were vulnerable, perhaps due to the infant's exposure to 'omega function' (Williams 1997) or to objects that rejected the infant's attempts at projective identification (Bion, 1959). Bowlby's observation that suicidal adolescents are over represented in the anxious/over-dependent attachment categories, seems to add weight to the idea that problems with the p-pi structures in the primary relationships of this patient group also exist.

Bowlby himself saw these links and in his chapter entitled Personalities Prone to Disordered Mourning (1985:202) he makes appreciative links between the work of Freud and Abraham when discussing the effects of loss and the 'disposition to make anxious and ambivalent relationships' (Bowlby 1985:203). Interestingly, Bowlby's observations allow him to write of a tendency in this grouping to project feelings of dependency and vulnerability, suggesting that they have not processed this particular range of emotion. Bowlby says that 'should such a person become a parent there is danger of him or her becoming excessively possessive and protective, especially as a child grows older, *and also of inverting the relationship.* (Bowlby J. 1985:206 my italics)

Previously, in this chapter (pp13 – 15), the concept of a 'reversal of the container/contained relationship' (Williams 1997) and, in this section, Bowlby's 'inversion of relationship' show interesting compatibilities that add support to each of the theories. Broadly speaking, both speak of a reversal in functioning, but whereas Bowlby's work focuses mainly on external world experiences for the turn around, Williams goes further into exploring the internal working structures of the mind and the relationship between the internal and external forces which contribute to the development of self-destructive forces.

The following example is from one of Bick's observations of an anxiously separated infant using adhesive identification to feel connected to the mother. It is useful here as it helps tie-together an image of an anxious mother/infant

relationship with the mother offering only touch during an anxiety provoking moment for the infant, and the infant, as Bick says: 'making the most of it'. It provides an example of adhesive identification at work when the infant does not appear to have yet internalized a concept of a holding mother. It is this kind of at arm's length relationship that, if excessive, can contribute towards the child developing what appears to be an over-dependent or clingy relationship. The child with a limited experience of containing structure would need to be in constant 'touch' with an object to feel reasonably secure. The irony being, that it is often an object that has difficulties with intimacy that can create a child who craves to be close. In the case of C, the author found this concept particularly useful for helping understand more about C's needs to be constantly 'touching' his therapist during therapy and along with the work of Bick (1996), Biven (1977) and Joseph (1987), helped develop thinking around C's needs to try and climb into his therapist's clothing. The following quote lends some insight into the emotional importance of touch.

This baby had to make the most of his mother just touching him so that he could go to sleep again. During the bath when mother took off the clothes he started quivering and shivering...perhaps he was cold because the clothes were taken off, that was made unlikely by the fact that when mother touched him with a piece of wet cotton wool he also stopped shivering.

(Bick E. 1986, p.297)

It is interesting to note that 10% of the young people who met the criterion for being rated as 'serious' in Bowlby's research, came from intact families. This serves as a reminder of the importance of internal structures when attempting to discover meanings in this field of work. As Jeanne Magagna (2008), when discussing Bowlby's work says:

John Bowlby (1969) states that a child's suicide attempt is a response to the loss of a good relationship to an external figure. The suicide attempt may also represent a lack of a good internal attachment figure, based either on the lack of opportunity to have sufficiently good experiences



with a satisfactory attachment figure, or loss of the good internalized parents due to the incapacity to bear frustration and subsequent destructive attacks on the primary attachment figures who are subsequently internalized.

(Magagna J. 2008:113)

This section proves to be very rich in providing insight into the potential effects of the family and early loss upon subsequent capacities for the infant and young child to emotionally process depressive states of mind. These forces, as well as the *fear* of loss, have been highly relevant in the study of C who, as will be discussed in detail in Chapter 3, experienced both early loss and a series of family disruptions. The findings in this section have a markedly different quality to them when compared to previous sections in that they appear to be generated more from accumulated clinical experience and are also more accepting of the importance of early-infantile experience as being a vital contributor towards later developments of mind.

### Modern Psychoanalytic Research

It is important to understand the current state of research that specifically relates to suicide in early childhood and which investigates this problem from a psychoanalytic perspective. This is so a perspective may be gained into the latest discoveries, if there are any gaps in current knowledge and whether or not this research may be seen to support or challenge findings that are currently available.

With the work of Anderson J. (2001, 2003, 2004, 2006, 2009) psychoanalytic clinical research and Grounded Theory (Glaser and Strauss 1967) are combined to help discover explanatory mechanisms, make findings that are translatable into clinical practice and to find ways of helping group young people so that they are alike in the most significant aspects of their mental health presentations.

The results of Anderson's 'well suited partnership' research is useful to this study in that Anderson's work on 'risk-taking behaviour in children' makes a

significant contribution towards understanding motivational factors underlying risk-taking 'externalising behaviours'. It may also help further elucidate some of the structures underlying suicidal behaviour, as, in Anderson's research, two of the child samples had considered suicide by method of hanging.

In her concluding remarks to the 2001 paper, Anderson says:

The meaning of the chosen act of self-harm merits further thought.  
Hanging may combine falling with a deadly grip which possibly illustrates the experience of the bad object.

(Anderson J. 2003:91)

Anderson's words alert us to the importance of choice of fantasized death although the research was not intended to illuminate this specific area of suicidality, rather, this concept arose from her work with children whose behaviour posed a risk, sometimes serious, to their well-being and at times was seen to cross over into states of mind that had the potential to become destructive. Anderson's work is included here due to the possibility that some children who take risks with their lives may have the potential to develop risk-taking into self-harm.

Anderson's study looked at a small number of clinical cases drawn from three different age groups. Each group was comprised of children who had engaged in risk-taking, dangerous behaviour. In this study, the risk-taking behaviour was found to fall into five main types of behaviour: aggression; fire making; self-harm; escaping from home; and: danger of impact (such as road traffic accident).

Although externalizing behaviour had been the subject of much attention before Anderson; risk-taking, dangerous behaviour had not, and researchers such as Carlson et al., (1995) and Patterson and Stouthamer-Loeber, (1984) had called for more attention to be given to the quality of care-giving and parenting styles in order to try and understand how certain factors that had previously been identified, such as marital distress and parental depression, actually connected

to the problematic behaviour. Anderson's research goes some way towards helping meet these gaps in understanding.

Amongst Anderson's findings: 'family complexity' is highlighted, (where family members were seen to be temporary), 'family violence' and 'the unsafeness of family members in the home' (Anderson 2001). Anderson discovered that all of the children were found to be either victims or witnesses of violence and that at least one member of the family unit had either been expelled or was under threat of expulsion due to externalizing violent behaviour. As described in Chapter One, violence and expulsion appeared to be significant factors in C's family experience.

Anderson also found that the *core organizing material* was to be found in the 'evident emotion' of the parent towards the referred child. The parents' evident emotion could be: critical and blaming, idealizing or a combination of these, accompanied by a degree of awareness that relationships and the problematic behaviour could be linked.

From grouping these core-organizing categories in this way, Anderson was enabled to describe previously unnoticed differences in the ways that families and their child worked with the therapeutic service and a prognosis could be made as to the therapeutic outcome.

The above core categories were further refined and described by Anderson as: 'no-haven', 'illusory-haven' or 'perilous-haven'. Anderson also made links between the havens as empirical concepts, and the oedipal theory of psychoanalysis, finding the material from each of these two sources to be mutually enhancing, and leading to a highly useable and in-depth understanding of risk-taking and dangerous behaviour. The no-haven was linked to Oedipus being expelled by his parents, the illusory-haven with the intimate partnership made with mother and the perilous-haven embodied the emotional qualities of both but with changing unpredictably. Anderson (2006 pp342-345) describes in detail the main characteristics of each of the havens.

During Anderson's analysis of data, psychological patterns arose that were considered as having the *potential* to become 'core categories', but as these particular classifications did not help to make sense of all the sampled cases in the study they were abandoned. However, Anderson acknowledges their continued importance and considers that they merit further study, for example, she cites: 'violence in the family' and 'the expulsion of family members' as being of particular interest and worthy of further exploration. (Anderson, *ibid*).

Briggs S. (2008:227) also makes links between the importance of recognising familial conflict between the suicidee and other family members and emphasizes Bell's 'dyadic concept' (Bell 2008, 45-60) of suicide where 'someone is hurting or killing someone else' via projective and introjective processes in the family.

Following from Chapter One where some of the familial violence that C was exposed to has been described, this research hopes to make a small contribution towards furthering the understanding of how such violence can impact upon the mind of a young child and how, when there had been limited opportunity for family change, a young child may also be helped to develop emotional resilience.

### Summary and Conclusion to Chapter 2

This Chapter has attempted to represent some of the core psychological and psychoanalytic concepts currently available on suicidal thinking in children. Discussion has included ideas from both classic and modern research and has included the familial context of childhood suicidal states of mind. Sub-sections have been arranged to allow comparisons to be made between the more specialized psychoanalytic findings and more widely available core psychological research studies with interesting parallels being revealed between the two. Chapter Two has also considered some of the obstacles toward developing thinking into the area of suicidal thinking in younger children. This has included thoughts on a possible link between a dearth of qualitative research and psychoanalytic case study with an understandable emotional discomfort stimulated in the clinician/researcher by making a closer connection

with the subject. Chapter 2 has also briefly explored the dynamic link between the fears of recognizing a problem with the fear of promoting it. Psychoanalytic perspectives have also been explored which make useful links between early infantile experience, and emotional structures with later self-destructive states of mind, some of which appear to resonate with C's history and which helps the author to identify which of the findings in this study might be considered as new, or have the potential to make a small contribution towards the development of knowledge in suicidal states of mind in children.

The Chapter has included extracts from neuroscientific research which both supports psychoanalytic perspectives and stresses the importance of early experience upon the developing mind. There has been a particular emphasis on considering suicide within the context of *children* whenever possible, as this is the primary focus of this research.

Whilst there has been reference to suicide in adults (particularly where there has been retrospective studies identifying factors relating to childhood), older adolescents, and group phenomenon, such descriptions are limited in terms of their potential to illuminate what may be happening in the mind of the younger suicidal child. This Chapter provides a foundation from which thinking arising from the analysis of C's sessions can be assimilated and taken forward in detail in Chapter Four.

As previously mentioned in this Chapter's introduction, suicidology is a large field of study and this piece of research looks only at a very specific area within its parameters.

Whilst researching a single case of a young child may cast light upon what can happen 'in' and 'to' the minds of other younger children, as always, caution needs to be exercised when attempting to generalize.

The potential of a single case research study to make some contribution towards more generalizable psychological thinking will be discussed in more detail in the next Chapter, Chapter Three.

## **Chapter Three**

### **Research Design and Methodology**

#### **Introduction**

This Chapter considers research design and methodology relevant to the present study. The specific methods chosen and applied are described, including the processes of data selection and coding. Reliability, validity, and ethical matters are also discussed.

This is a clinical research project, a single case study that uses the therapist's process notes for its primary source of data. A method of grounded theory that has been adapted for psychoanalytic use as well as the perspectives of Complexity theory are used in order to identify patterns of meaning and causal significance within the data.

An exploration of significant background philosophical, scientific and emotional contexts relevant to the nature of the data and its influence on the choice and design of methods is also provided.

One of the aims of this Chapter has been to stimulate further thinking as to why so little in-depth research exists today that takes a very detailed, qualitative view of the minds of younger children where suicidal thinking is a feature.

## **Method Detail and Outline of the Process of Data Analysis Used, Based on Grounded Theory**

### **Introduction**

This research aims to generate theories from data derived from a single case study. In the research process data will comprise of material from the following sources:

1. Case process notes that include subjective, emotional states-of-feeling 'transference and counter transference data' arising out of the verbal and behavioural interactions that took place between the child and therapist during sessions. To aid the accuracy of recording sessions, verbal and behavioural interactions along with their emotional counterparts, how these impacted on the therapist and affected the developing understanding of the relationship, were written-up immediately after each session. Originally, accuracy in recording session notes was given a high importance for purposes of participating in and receiving clinical supervision and in this respect a level of standardisation in the recording of data was achieved at the time. Whilst discussion during the clinical supervision given at the time of therapy has not been recorded so systematically, it needs to be acknowledged that the clinical supervision given at the time of therapy became incorporated within the therapist's own clinical practice and that this incorporation of emotional and conceptual support is inevitably reflected within the therapist's notes, memos and thinking which are subjected to the research analyses.

Later thinking, generated by the supervised discussion of sessions held between the therapist and research-dedicated clinical supervisors at the Tavistock Centre London, has been recorded, and is included as part of the more systematic research data evaluation.

History searches were conducted by retrieving the child's medical and mental health records as part of this study, in order to gain as much information as available regarding the child's external world, as well as any past, and 'current' health issues. The child's 'history' has been given its own chapter, (see Chapter 1, pages 12 – 31, 'An Introduction To 'C' And His External World Based On Data Compiled Mainly From 'C's Medical And Mental Health Records'.

2. An Introduction to 'C's' External World) as a way of introducing the reader to 'C's environmental influences and experiences as far as can be ascertained by available records, but also so that attention can be given towards considering the order in which this data has been received and any relevance this order has had upon the therapist's (and later researcher's) developing understanding of the subject during and after therapy.
3. In addition to these types of data, Memo's have been made throughout as part of the process of thinking, combining and refining ideas and theories that emerge through being exposed to this rich variety of data.

As already stated, there are three aims within this research, one is to formulate hypotheses on the phenomenological, and emotional structures that evolved the suicidal incident, including the identification of any precipitating factors. Second, to discover something about what might be protective in helping reduce the potential for this child to make a repeat destructive response towards dealing with emotional pain and third, to design a method that helps the researcher realise these two aims. In keeping with GT the research aims to discover the participants' main concerns and how he/they (subject and therapist in this instance), continually try to resolve 'them'.

Whilst preformed hypotheses are prohibited in GT, the comparing of identified themes, notes and 'codes' with themselves and/or existing bodies of knowledge, (for example that which may already have parallels within the 'psychoanalytic aggregation'), so that a reciprocal process of mutual theory



refinement can be considered; is an acceptable part of the GT 'memo-making' process and will be discussed under the section that considers 'insider research' and the researcher's ontological position p83 and p86 below.

As Glaser notes: 'Memoing is total creative freedom without rules of writing, grammar or style. The writing must be an instrument for the outflow of ideas, and nothing else'.

(Glaser 1998)

Theoretical memoing therefore holds an important role in the generation of theory by providing a creative space in which to both exercise and ground imagination based upon the experience of thinking about the data that one is presented with during the process of research.

Glaser regards memoing as:

...the core stage of grounded theory methodology. Memos constitute the writing-up of ideas and theories stimulated by the material, the coding and the relationships between codes, ideas and concepts as they emerge. Memos can be made during any stage within the research where the data, coding, and organizing of data inspires both linear and abstract thinking.

(Glaser *ibid*).

Throughout this research, the theoretical memos have been continually modified on the basis of which theories fit best with insights identified through a closer examination of the data. As part of this process, sorting theoretical memos proceeded on the basis of making connective links between the various ideas fractured during the research process, where raw data has been broken down into columns and codes.

The constant comparison and sorting of theoretical memos has hopefully helped support the generation of theory and clarified the main dynamics appearing to arise in this study. The arising insights that will be discussed in the

Findings chapter includes concepts about the child's internal world, its main features and workings as well as thoughts about C's external world, how the two interact, and what role if any the interaction between these worlds play in the genesis of his symptomatology and recovery.

In their paper entitled: Constant Comparison Method: A Kaleidoscope of Data: Dye, Schatz, Rosenberg and Coleman (2000) liken this process of 'constant comparison', the observational, refining and conceptualizing process at the heart of grounded theory, to the action of constructing a kaleidoscope. By gathering 'raw data bits', sorting, and refining can be achieved through constantly comparing like bits with like, creating categories and sub-categories until patterns are eventually identified. They see the raw data bits starting off as being formless like the glass in a kaleidoscope, but by arranging the fragments in to abstracted groupings based on likeness or even dissimilarity, patterns emerge that were not previously visible.

The profession of architecture also has its own theories, central to its practice, that are concerned with the importance of describing the tangible effects of elements in space that whilst unseen, greatly influence a building's structure and composition. For example: 'figure-ground theory' and 'solid void theory' states that the *space* resulting from the placing of solid figures should be considered as carefully as the figures themselves. That: 'when elements or spaces are not explicit but are nonetheless apparent - we can see them even though we can't see them - they are said to be *implied*.'

Fredrick Matthew (2007 p4)

It might be said that among other disciplines, psychoanalysis, grounded theory, astrometrics, architecture and some fields of medicine all share an interest in 'seeing', describing, translating and occasionally transforming the behaviour and effect of things that are solid through the appreciation of things that are implied.

The commonality held between these disciplines is an important consideration for this thesis in that it serves to remind how advances made within other established fields of science and mathematics, rely upon a sensitive but measured appreciation of phenomena that cannot be directly seen. Perhaps in much the same way as the astrophysicist may search for a slight but regular variation in the luminosity of a distant star to suggest the passing of an unseen planet, this study has relied on a detailed analysis of written recordings describing human interaction to help reveal hitherto unseen, unconscious factors affecting a child's state of mind.

### **Insider Research**

#### **Considerations for Researchers Who Use Their Own Clinical Material for Research Purposes**

That the researcher uses his own material in this study is an important factor to consider. The concept of the researcher being part of the very study being researched is seen as an important component in some forms of GT, as whilst it has been argued that the researcher in such a position already knows what he knows, GT states that this is not necessarily the case. GT argues that the researcher does not 'know' on a conceptual level and that GT deals with the generation of conceptual knowledge data. This methodological subtlety also fits well with the psychoanalytic concept of the unconscious where the human mind is largely unaware of large tracts of information that operate on pre-conceptual levels and with complexity theory which recognises that self-organising dynamical systems can be operative within phenomena that appear otherwise chaotic. This means there are important translatable parallels between some forms of GT research methodology, complexity theory and the psychoanalytic study of human interaction.

Following the work of Crotty (1998) changes to the philosophical foundations of social research has resulted in the creation of new epistemologies, raising many questions regarding the meaning of 'truth', and ways in which 'reality' can be objectively captured. With a greater acceptance that truths, realities and meanings are created through the human mind engaging with phenomena in the external world, so too has an understanding of what constitutes valid methods for capturing 'truth'.

Hammersley (2000) argues that the notion of attaining an ideal 'objective' reality in a positivist sense is impossible as researchers all inevitably draw from their own historical, social and cultural biases through all stages of their research. Whereas Ellis and Bochner (2000), and Rooney (2007), argue that objective truth or reality does not exist because reality is a product of individual consciousness, therefore multiple realities might exist.

There continues to be much debate within the fields of ontology and epistemology that strive to qualify the individual researcher's experience of the world so that it might be proven to correspond validly with the experiences or potential experiences of others.

This research shares similarities with 'Insider' research in that the researcher in this case was also an integral clinical 'player' in the therapy being analysed. An important distinction between more usual forms of insider research and this study however, is that unlike the majority of insider researches the researcher and clinician roles in this study are separated by time (some ten years in total) and never at any point did these roles run consecutively.

Another important distinction is that when the researcher of this study acted as C's clinician, this case was never considered for research purposes. These two distinctions are important as they mean that when the researcher was in his role as a clinician; his clinical work was not influenced by any active research pretensions.

The work that has been analysed here is not therefore disadvantaged in GT terms by some of the more usual influences associated with insider research such as the use of pre-formed questions to help construct data-sets via semi-structured interviews.

Rather, by retrospectively analysing clinical work conducted several years prior to it even having been considered as having research potential, the process of gathering data via a form of GT has been more open and organic in nature so that the flow of social interaction between the players has not been unnaturally altered.

According to (Bonner and Tolhurst 2002), gaining a more natural form of data via an 'established intimacy' helps promote the telling and judging of truth depending upon one's interpretation of *what* is true and the method considered most useful for identifying those truths.

Importantly however, Unluer (2012) has written about the potential effects that having a greater familiarity with the subject can have upon even a retrospective 'insider researcher's' perspective and applicable to this research, the psychoanalytic insights into C's inner world that were gradually absorbed by the 'clinician' throughout the clinical work, his associated supervision prior to the start of the research (see p9 Chapter One, and p83 above), and reflected in the clinical work that has been subjected to the following GT analysis.

However as previously mentioned, GT concerns itself more with the discovery of knowledge that is not yet known, i.e. the conceptualisation of the pre-conceptual.

May, (cited in Porteli, 2008), considers the inclusion of the researcher's own perspective, plus those 'players' who had a more direct involvement with the subject, to be an advantage in studies primarily concerned with human beings and their behaviour as the researcher/s in such instances appear better situated to produce a more 'objective' and balanced account of the gradual development of the behaviour being studied.

Constructivist grounded theorist Katharine Charmaz a former student of Glaser and Strauss, takes the valuing of the researcher's familiarity with his/her subject a step further. She advocates powerfully for acceptance that when a researcher immerses himself in the co-construction of an experience that involves the making of meaning, a richer and more authentic dialogue between the analytic findings and raw data can be achieved. Charmaz also considered that the voice of the researcher need not:

transcend experience but re-envisage it ... bringing fragments of fieldwork time, context and mood together in a colloquy of the researcher's several selves, reflecting, witnessing, wondering, accepting – all at once.

(Charmaz & Mitchell, 1996, p. 299)

The work of Charmaz and her consideration of the positive potential of the researcher's capacity to design an insightful method of grounded theory analysis from an identified ontological position are important to acknowledge in the design of this study as there are particular beliefs associated with psychoanalytic thought that influence its researcher.

For example, the belief that there may be an unconscious aspect to the mind that represses emotions which are difficult to think about and that these un-thought emotions can create forms of mental disturbance, that such emotions can be implicitly communicated through a process of micro-behavioural signage and metaphor known to psychoanalysts as 'transference and counter transference'. Also, that given a consistent space, a laboratory (Rustin M.J. 2003) in which to freely express the contents of one's mind, it's more disturbing, unconscious, and psychically authentic components can be revealed, so that in the company of a trained psychoanalytic practitioner, the subject undergoing psychoanalysis will be helped to think about previously un-thought emotions in ways that will render them less debilitating.

Giving credence to the authenticity of emotions brought by the patient, which are relatively free from the therapist's own agenda, is an important ontological aspect of this research as it is a belief upon which the weighting of core-variables (p98 below) are founded. In this respect, this research does not attempt to measure the intensity of each recorded emotion, rather: it assumes a level of psychoanalytic confidence that when C brings a theme himself, the theme has a bearing upon C's functioning and all the more so if the theme is brought frequently (see FOIR definition pg 94).

Bhaskar has described the researcher's ontological position as being like his/her skin which unlike an item of clothing simply cannot be removed via dissociative styles of method. Like Charmaz, he considered the researcher's ontological position to be a positive attribute towards the development of understanding provided it is recognised and taken account of during the analysis.

Bhaskar had this to say when thinking of the inter-subjective influences of the observer and the observed:

It is not that there are the starry heavens above and the moral law within, as Kant would have it; rather, the true basis of your virtuous existence is the fact that the starry heavens are within you, and you are within them.

(Bhaskar, 2002, p.351)

### **The Process of Theory Generation**

In this research, theory has been generated within an ontological framework of psychoanalytic thinking (above) and by following the main strictures of a GT model of data analysis. This began by looking at written transcripts of interaction between two participants: the subject 'C' and myself 'T' formerly working as C's therapist. Transcription of data began by analysing the first five sessions of C's therapy and by arranging this data into a vertical column on the left hand side of the page. This column contained original field notes, data described as 'process notes', written immediately after each session. Another, adjacent column, immediately to the right of the first, provided a space to record basic themes and give these themes a code number as a point of reference. In GT terms this process of coding themes is the beginning of making data more 'known' on a conceptual level.

In the example given below, (Figure 5 p96), it will be noticed that the raw data or 'process notes' have been broken-down line-by-line, either into basic units of communication between the child and therapist, or observations made by the therapist at the time.



Each unit of communication or observation recorded in the 'process notes column' has been numbered, and the adjacent column immediately to the right of this breakdown contains memos and ideas stimulated by the conceptual breakdown of each unit of interaction or observation.

Each of the concepts produced in this way has been allocated a coding number (placed on the right of the right hand column/s for identification and comparison purposes. Please see figure 7, p100 of this Chapter for a full list of codes/primary emerging themes found in Cluster 1 of this study).

This act of data fragmentation allows conceptual abstractions to be made in ways that generate greater scope for creative memoing to evolve which are based upon communications and observations grounded in the raw data.

During this abstracting of data, the researcher holds in mind that one of the aims of this process is to begin to find out more information about the 'problem' in the present case expressed as suicidal ideation and how it is being 'resolved' which is a projected concept in this research based on the knowledge that the child's symptoms did not return in an approximately five year follow-up.

The following example in Figure 4 below, provide an illustration of this process:

## Figure 4

Example of collimated coding procedure

### Process Recording Notes

#### **Session 1, Cluster 1, 12.1.01**

(4) C also says that his p.a. has been diagnosed as having cancer.

(5) C says that he tries to cheer her up but cannot. "She cries a lot and so does her husband".

(6) C says there are three children he might never see again if their mother (p.a.) dies and they move to live away.

(7) Told a story about an "American elder brother" who accidentally killed his younger brother then killed himself to make other people feel better.

(8) C said that the elder brother "hated the younger brother."

### Primary Emerging Themes

*(4) Worry over adult family member dying or in fragile state of health. (2,3)*

*(5) Concept of fragile emotional states in adult female and male partner / needing help from child but child finding that they cannot do this. (2)*

*(6) Concept of potential death/loss of adult female and of losing more family members as a consequence. (3,13)*

*(7) Concept of accidental killing of a younger brother by an elder brother who then commits suicide. (5,6,7,12)*

+

*Concept of suicide as a means to make other people feel better.*

*(8) Hate between siblings. (7,11)  
Hatred projected.*

### **Codes for the Primary Emerging Themes (PETS) Shown In This Example**

2. Child feeling responsible for emotional and/or physical states in adult carer and or fantasies of rescue.
3. Concept of adults either dying, in a fragile state of health, being uncaring or depriving. (Links to loss)
5. Concepts of killing, murder, or injury
- 6 Suicide
- 7 Sibling Rivalry/Envy
- 11 Anxiety Linked To Aggressive Feelings Which Cannot Be Directly Communicated or Thought About
- 12 Confusional states linked to rules/boundaries, arrangements, concepts.
- 13 Developments in conceptual thinking and/or life preservation themes. (Reality Emphasis)

It will be noted in figure 4, that fragmented units of communication or observation can sometimes attract more than one code. This is because even a basic break - down of communicative and observational units can yield more than a single concept, and each concept may prove to be an important component within the overall 'problem/resolution' matrix.

### **The coding criteria**

Open Coding and the Cataloguing Of Primary Emerging Themes (PETS)

Figure 4. above illustrates how the coding criteria were kept 'open' or 'substantive' at first which meant that it aimed to capture as many concepts arising as possible, no matter how broad, apparently idiosyncratic, obtuse or overlapping.

At this 'open coding' stage the aim was not to form sophisticated theories but to capture and code all observations and ideas stimulated by the observations in order to expose as much of the detail as possible and to exercise a freedom of thought and preliminary conceptualisation.

In GT thinking, hidden within the mass of data are vital clues about the 'problem' and its resolution and it is seen as a necessary part of the research analysis to begin broadly and with an open mind. Figure 4, p89 above, gives examples of open or substantive codes in the right hand column which are derived from communications and/or observations in the left hand column.

Even though within Grounded Theory, open codes (otherwise known as substantive codes) have the capacity to capture a wide range of data, the author felt that there needed to be defining elements within the nomenclature of an open coding structure that allowed open coding to:

- a. be translatable in psychoanalytic or psychological terms and
- b. is more specifically related to this project.

Below is the author's definition of PETS. Care has been taken in defining the PETS so that whilst they can be seen to conform to a psychoanalytically recognisable ontology in that there is a starting point acknowledging the existence of 'surface dynamics' which in turn implies a belief that dynamics may also operate 'below the surface', i.e. 'unconsciously', the PETS do not diverge from their intended use of an open code in GT practice which is to attempt to reveal hitherto unseen patterns.

### **Primary Emerging Themes (PETS) Definition**

PETS are open codes which:

- a. are observable in the process recordings as residing within the surface dynamics and interactions at the initial phase of therapy.
- b. may be singular or may be recurring and may continue for the lifespan of the therapy.
- c. are readily seen to emerge from the process recordings of the child's free-play and discussion.

Although the PETS do not have the capacity to *illuminate* the deeper structures of transference phenomena by themselves they do have the capacity to *highlight changes in the surface structure and primary-level functioning across time*, and as such were a necessary and useful stream of data to maintain throughout the research analysis.

It was envisaged that by keeping an eye on the surface-level-functioning the researcher might also be alerted to any structural changes that could be happening at deeper levels in a way that is similar to the astro-biologist's search for 'shadowcast' (below pg 118). The continued inclusion of PETS within the constant comparison was therefore seen to serve the function of acting as a potential early warning system for areas that required greater analytic attention.

### **Theoretical Sampling**

From examining C's first five sessions for PETS, and by exposing this same cluster to a deeper 'second phase analysis' or 'SPA', (see p105 below for a full definition), decisions were made on 'where to look next' by using the identified themes to formulate memo's which in turn helped construct tentative theories on where in the catalogued 'library' of transcripts, useful theme-related information may be found.

Using emerging data to help shape which direction to take, and to make connections between the arising PETS would be seen as part of the process that grounded theorists term theoretical sampling which is a process by which coded themes are synthesised into preliminary theories.

Theory samples, constructed from a series of divergent, similar, or repeated single codes, can be used to make decisions on which of the data-stimulated-theories appear more or less significant, and, depending on whether or not their content yields any clear direction, *can* be used to guide the choice of further clusters.

After the analysis of Clusters 1 and 2, for example, it was thought that 'separation' could be an important factor in the production of aggression in C, and so Cluster 3. was compiled from holiday related sessions as it was calculated that sessions linked to 'breaks' may reveal important information on the complex of aggressive states being expressed by C.

Figure 5 (p96) below, gives an example of how some of the primary emerging themes discovered in the first five sessions began to yield thematic information that could be used to guide the researcher on where to look next within the written transcripts, depending on the content of each theme and coupled with its rate of persistence (TPR) also gathered over the duration of each Cluster.

### **Theme Persistence Rate (TPR)**

Basing which direction to take next upon the content of arising themes, their persistence or lack of persistence (TPR), acted as a form of 'research compass' by providing a series of co-ordinates which allowed the researcher to form theories on where next to turn his focus. Figure 11, p115 in this Chapter provides a flowchart summarising the development of Clusters via the constant comparison method, and Table 1, p143, Chapter 4, shows the chronology and dates of all sessions grouped using this method.

The rate of an expressed theme's 'persistence' is an important guide in helping direct the researcher's focus and has been tracked by counting how many times an observed theme appears within a given session. This 'count' provided the researcher with a numerical rating for each theme, which is then referred to as the 'theme persistence rate', abbreviated to 'TPR'.

Recording the TPR in this way, has given the author a method to recognise at a conceptual level which of the themes or codes are expressed most frequently.

As mentioned above, the TPR is expressed by giving an emerging theme a numerical rating, for example, the theme: 'Adult carer dying or being in a fragile state of health' is identified by the number '3', (see Figure 7, p100). If this theme occurs on two occasions within a session, the TPR for 'Adult carer dying or in a fragile state of health', would be expressed as: '3' x 2.

The TPR contributes to the process of helping identify the 'problem' by making the most prevalent themes 'known', thereby providing a basis from which to make memo's and construct preliminary theorisations about the prevalence of emerging themes as well as their qualities.

### **Focus and Frequency of Interpretive Response (FOIR)**

To help begin identifying the ‘resolution’ to the ‘problem’, the therapist’s interpretations have also been analysed and given codes from which to:

a. identify the qualitative themes or *foci* of the therapists interpretations

and

b.: to identify the frequency of such interpretations made within given sessions.

It is important to note therefore that this particular abstraction of data aims to discover *both* the therapist’s qualitative, thematic focus, as well as the frequency of interpretive response. This abstraction has been expressed in this research as the ‘FOIR’ rating.

The FOIR rating is shown in brackets in the right hand ‘primary emerging themes’ column, or, as in more advanced data-abstractions such as ‘the four column approach’ (to be discussed later in this chapter, (pp110 – 114), the far right hand column reserved for memo making.

The therapist’s FOIR ratings are bracketed and identified with the prefix “ i ”, e.g. : ‘(i 4)’, with the accompanying number being used to identify the *thematic* focus of the interpretive response.

As well as being identified by their qualitative focus, interpretations are also totalled at the end of each cluster to give a weighting of their frequency. The FOIR rating, like the rating of the PETS varies as one might expect in content and persistence throughout the therapy, and as part of the overall analysis their patterns have been noted to support the development of memoing and theoretical debate.

Figure 5, p96 below, gives an example of how both the themes in C’s play and the therapist’s interpretive response have been coded to help identify the emerging conceptual categories within a ‘problem/resolution’ context. The

prevalence or persistence of such 'codes' (TPR) plus (FOIR) have then been used to indicate to the researcher which concepts appear significant and may require further attention.

In Figure 6 p99 below, an example is explained of this process, which is a process that helped the researcher gather data-samples which could then be used to form the basis for the creation of theory that is 'grounded' in the data itself.

In Grounded Theory, this theoretically biased form of data processing is known as 'Theoretical Sampling' and as discussed above, this sampling can help the researcher to know which direction to take next, allowing the researcher to base future Cluster choice on the persistence rate and predominance of the conceptual themes arising and to consider which of the sessions from the whole term of therapy might be the most beneficial to analyse whilst bearing the original research question in mind.



## Figure 5

### Example of How Codes Are Gathered

#### Process Recording Notes

##### **Session 2, Cluster 1, 19.1.01**

(3) C then chose a sponge ball from his box and kicked the ball against the walls of T's room so that it rebounded towards T almost hitting T on several occasions.

(4) C finished kicking the ball around and then spoke about computer games he enjoyed (aggressive/combatative context) but did not know all the rules. The way that C relayed these computer games to T made them feel more confusing than enjoyable.

(5) T spoke to C saying: that whilst on the one hand he might feel he could enjoy coming here, on the other hand it could also feel a bit confusing especially as there had been a mix-up yesterday.

#### Primary Emerging Themes

(3) *Aggression towards therapist which cannot be expressed directly.* (11)

(4) *Confusion over 'the rules' of aggressive play. In the transference the computer talk both conveys the topic of confusion plus feels like an anxious distraction from him having just tried to kick the sponge ball at T. Together the material feels like a confirmation of C's concerns re 'the rules' surrounding aggression.* (12)

(5) *T. attempts to reduce anxiety by interpreting the possibility that C could have mixed feelings about him, stirred-up by the 'let down' yesterday. Interpretation is kept mainly in the displacement i.e. 'here' rather than 'me'.* (i1)

### Key for codes arising in Figure 5

(11) = Aggression towards the therapist which cannot be openly communicated

(12) = Confusional states linked to rules/boundaries, arrangement, concepts

(i1) = The 'i' denotes an interpretation has been made by the therapist, the '1' denotes the thematic content of the interpretation. In this example the number 1 denotes: 'Suspicious feelings regarding parent/object with child sometimes acting like a grown-up.'

Figure 5 (above) is a snapshot taken from the second individual session of Cluster One. It demonstrates how themes are identified and coded by the researcher as an aid towards theoretical sampling.

For example, conceptual unit (paragraph) 3, in figure 5, describes a brief series of moments in the relationship between the child and therapist where the child's play with a sponge ball takes-on an unpredictable and wild quality with 'C's' 'aim' in kicking the ball almost causing it to hit the therapist on the head or face on more than one occasion. The researcher observes this interaction and encodes it as a possible expression of 'aggression towards the therapist which cannot be openly communicated' (code 11) by the child.

This single aspect of the child's 'play' stimulates a preliminary theory in the therapist that the child may be disguising some form of aggressive motivation. That the behaviour seemed unlikely to be purely co-incidental was due to the level of skill required to get the ball to be on course for hitting the therapist in the face or head on more than one occasion, the frequency of this behaviour added inductive strength to the emerging theory that such behaviour may be linked to hidden aggression. The systematic coding of such events within the child's play eventually accumulated to provide sample evidence on which the researcher could begin to both qualify his impressions and use these to help ground emerging theories and guide his next series of sessions (Cluster) to analyse.

That there is more of an element of subjective interpretation in the initial coding of data in the earlier stages of research analysis is acknowledged. However, as the coding of themes develop and accumulate alongside a systematic measurement of their *focus* and *prevalence*, it becomes increasingly more possible to identify those themes that appear either inductively robust, weak, or idiosyncratic, and the emerging theories can be grounded and shaped accordingly.

As it happens, this particular concept (code 11): 'aggression towards therapist which cannot be expressed directly', proved to be an important observation within the overall research, and because of its continued prevalence, it reached

a stage where it became categorised as being a 'tentative core variable' before being considered as exhibiting characteristics consistent with that of an identifiable 'core variable'. The process by which primary emerging themes have been abstracted into groups of 'core variables', is now described in more detail below.

### **The process of abstracting 'Core Variables' from PETS**

Figure 6, p99 below, provides a table illustrating the PETS in numerical form which arose from the analyses of the first five-session cluster. The accumulation of these encoded PETS helped the researcher to compare and consider their predominance which further helped *suggest* a basis on which to shape tentative theories.

For example, that 'aggression that cannot be openly communicated', (code 11) *might* be an important factor in 'C's' emotional life, requiring it to be considered as one possible theory on which to help guide further cluster analyses was strengthened after being viewed in comparison with other emerging codes/themes.

**Figure 6**

Table Of Primary Emerging Themes (Open Codes) Arising From The Analyses  
Of The First Five-Session Cluster Of Sessions

Codes	<u>Sessions</u>					<u>Total</u>
	1	2	3	4	5	Codes Over 5 Sessions
<b>1</b>	<b>6</b>	<b>3</b>	<b>11</b>	<b>4</b>	<b>2</b>	<b>26</b>
<b>2</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>
<b>3</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>10</b>
<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>11</b>
<b>5</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>5</b>	<b>20</b>
<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>8</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>
<b>9</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>10</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>11</b>	<b>2</b>	<b>0</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>16</b>
<b>12</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>
<b>13</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>13</b>

The table above shows the 13 different codes that were identified during the analysis of the five sessions in cluster one. The far right hand column is the rating of the theme's persistence or TPR over the 5 sessions. Below in figure 7, is a list naming the above 'codes' extracted from this first cluster analysis.

Code 11, for example, gains a TPR of 16, making it one of the more persistent themes in this cluster.

(N.B. Please note that codes and clusters are discussed in more detail in Chapter 4, and are given here only as a means of example to help illustrate the method detail.)

**Figure 7**

**List of Primary Emerging Themes**

1. Suspicious feelings regarding parent/object with child sometimes acting like a grown-up.
2. Child feeling responsible for emotional and/or physical states in adult carer and or fantasies of rescue.
3. Concept of adults dying, in a fragile state of health, being uncaring or depriving. (Links to loss)
4. Family or adults separating or in conflict. (Links to loss)
5. Concepts of killing, murder, or injury
- 6 Suicide
- 7 Sibling Rivalry/Envy
- 8 Child Alone/Feeling Alone or Vulnerable
- 9 New Sibling
- 10 Children Hurting Each Other Or In Conflict
- 11 Anxiety Linked To Aggressive Feelings Which Cannot Be Directly Communicated or Thought About
- 12 Confusional states linked to rules/boundaries, arrangements, concepts.
- 13 Developments in conceptual thinking and/or life preservation themes. (Reality Emphasis)

Once open codes or PETS (above) had been extracted from the first cluster, they were then further abstracted via the process of theoretical sampling and memoing into groups according to their similarity or relatedness.

The synthesizing of 13 initial themes into 5 thematic groups identified that at this initial stage of therapy, themes related to ‘uncontained aggression’ and ‘ambivalence displayed towards his object’ appeared over – represented.

Within the memos derived by examining the full range of codes, theories grounded in the data could then begin to take shape. One of these theories for example included the possibility that both ‘uncontained aggression’ and ‘ambivalence towards his object’ may be stimulated in C by a sense of separation.

This led to the second cluster being selected on the basis that it may reveal something of the genesis of C’s particular form of aggressive impulse and apparent sense of emerging ambivalence suggesting a deeper more searching ‘second phase analysis’ SPA (p105) be taken looking at C’s first year of therapy whilst bearing in mind the identified PETS and developing theories. By

administering a deeper and broader analysis, it was hoped that further information would be revealed, which either strengthened the developing theories, or helped identify them as being a poor fit with the 'newly' available data. Using this method, samples were chosen on the basis of theories stimulated in the researcher by analysing the data itself. This is one way of conducting the GT process of 'theoretical sampling' (p92).

### **Axial Coding**

A further refinement of placing , open codes in to groups is what Strauss and Corbin referred to as axial coding, defined as "a set of procedures whereby data are put back together in new ways after open coding by making connexions between categories."

(Strauss & Corbin, 1990, p. 96)

This synthesizing of one (or more) set of codes with other/s and working with their comparisons to construe hybrids via their 'marriage', is seen as an important feature of GT, as concepts that would otherwise pass unnoticed can then be construed. This continuous process of abstraction and comparison, even during the preliminary stages produced categories from which tentative theories could emerge for on-going testing.

Figure 8 below gives an example of the process of 'axial coding' where five of the 13 open codes in this instance were considered as being enough alike after comparison to be formed into a related grouping. Whilst this process is known as 'axial coding', the result in GT is the creation of a 'tentative core variable', which in the below example is designated: 'Equivocal Object' and identified with a number '1'.

As the figure shows, open codes or (PETS) 1,2,3 and 9 were merged and re-designated "Code 1.'1Equivocal Object'" as they all contain strong psychological elements of ambivalence.

## Figure 8

### Process of Axial Coding

Example showing process of 'Axial Coding': i.e. the merging of several open codes (PETS) into one new code or '*tentative* core variable' based upon their conceptual relatedness. This form of abstraction helps the researcher to organise different elements within a body of data according to one common denominator.

Open Codes or PETS: '1, 2, 3, & 9,' are synthesised and re - coded according to their conceptual relatedness.

i.e.

Codes:

1. Suspicious feelings regarding parent/object with child sometimes acting like a grown up.
2. Child feeling responsible for caring-for a parent/object. (Parental figures not up to looking after themselves or family).
3. Concept of adults dying, in a fragile state of health, being uncaring or depriving.

and

9. New Sibling (Accompanied by ambivalent feelings)

become re-coded as tentative core variable:

"Code 1. 'Equivocal Object' "

At this early stage of axial coding, a level of estimation as to the potential relevance of the tentative core variable is an accepted stage of GT. The

tentative core variable may only reach the status of 'core variable' however, if, sufficient comparisons over the duration of the research can confirm that its level of 'fit' helps it to organise the data in a way that promotes a greater conceptual understanding of the subject.

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## **Summary and Discussion of 1<sup>st</sup> Analysis of Primary Emerging Themes (Cluster 1)**

To re-cap: substantive or open coding began with the first five sessions and was then guided in terms of which sessions were analyzed next by examining, coding, synthesising, re-coding and following the newly emerging themes/tentative core variables that arose out of the data. From these tentative core variables, ideas have been formed, compared with the codes arising from each successive cluster, and refined until an optimum fit between data and theory has been achieved.

Through cataloguing, categorizing and sorting the primary emerging themes (PETS), tentative core variables as illustrated above were able to take shape over time.

To further describe the tentative core variable, it is often modelled as a form of 'basic social process' that accounts for most of the variation in change over time, context and behaviour in the area of study. It is recognised that there may be several core variables depending on the complexity of the systems being researched and as this study demonstrates, the mind of a young child is a highly complex system with the potential to reveal many tentative core variables.

When thinking about the modelling of core variables Glaser (1998:1) says:

'GT is multivariate. It happens sequentially, subsequently, simultaneously, serendipitously, and scheduled.'

In grounded theory, core variables are conceptual categories which help explain the participant's main concerns with as much variation as possible. They have the most powerful properties to picture what's going on, but with as few properties as possible needed to do so. *The tentative core is never wrong it just more or less fits with the data.*

**A Parallel, Deeper Stream of Data Analyses: The Secondary Phase Analyses (SPA) and its function as part of the Constant Comparison**

Constructing more refined descriptions of the identified PETS, grouping these into tentative core variables and formulating theoretical samples grounded in the data all move hand in hand, with each informing the other in a gradual process of constant comparison.

As part of the process of continued synthesis, data originally derived from the first-level analysis for PETS will be subjected to further comparisons and a deeper analysis via a 'secondary phase analysis' (SPA) which has the added capacity to objectively de-construct themes identified through transference and counter-transference communications.

The SPA will aim to help reveal any further themes or categories as part of developing a descriptive complexity, helping to identify tentative core-variables and construct stronger more fitting theory.

*The SPA will also have the capacity to detect PETS that may have been overlooked during a first level abstraction by following the thread of any theme first noticed via 'feeling states'/transference communication', back to its behavioural or communicative denominator.*

An example of PETS discovered by tracing-backwards from a core variable revealed during a later second stage of analysis is given in Figure 9 below:

## Figure 9

### Example of PETS Discovered by Tracing Backwards from a Core Variable

(Core Variable 6 'Primitive Anxiety'), originally revealed by analysing Transference & Counter Transference Data

Fantasies Of:

14.	fantasies involving a sensation of suffocation	(X 5)
15.	“ falling	(X 8)
16.	“ floating away	(X 2)
17.	“ being jettisoned	(X 2)
18.	“ falling apart	(X 3)
19.	“ exploding	(X 6)
20.	“ feeling trapped	(X 0)
21.	“ feeling lost	(X 4)
22.	ideas depicting infant, birth or foetal types of concern	(X 2)
23.	expressed fear of growing up	(X 0)
24.	feeling vulnerable and emotionally in-touch with a needy infant part of self	(X 6)

The above PETS did not reveal themselves in the original PET phase of analysis as they required a different set of observational tools which utilised transference and counter transference sensitivities using Esther Bick's (1964) reporting model to first notice their signature: which was a communicated sense of Anxiety. It was then by tracking-back from this signalled sense of anxiety to its play-based communicative root, that the above PETS were revealed as stimulating particular anxiety states in the therapist.

This is a useful example of how the process of constant comparison works by feeding back into itself information from deeper level abstractions to surface level abstractions, and vice versa, in order to either broaden or give depth to the observational base. This particular form of back-tracking or deconstruction, allowed the researcher to identify a greater repertoire of fantasies that appeared to act as carriers of primitive anxiety.

Via this back and forth process whereby themes derived from both surface and deeper analysis are encouraged to migrate and inform each other, codes, themes and tentative core variables can be substantiated, diminished or modified depending on their strength of presence, and relevance or 'fit'.

The SPA analysis utilizes a more psychoanalytically informed technique and methodology, (Bick, E.1964) with session data being viewed with a sharpened psychoanalytic focus via systematic psychoanalytic clinical supervision of the clinical material.

The Esther Bick (1964) - derived method of reviewing the recorded sessions, being more able to focus upon the transference phenomena and pick-up on infantile emotional states, has been influential in the design of this research's Secondary Phase Analyses. This is because Bick's method of infant observation has been a central development in the shaping of child psychotherapy training by providing a systematised technique for observing deeper levels of infantile communication for over 50 years. The following is a definition of this research's SPA.

### **SPA (Secondary Phase Analyses) Definition**

The SPA is a second level abstraction of this study's data, applying a deeper analyses which utilizes transference and counter transference communications. This phase of analysis has additional creative freedom to consider concepts based on the synthesis of information gathered via noting of transference data and first level abstractions PETS in order to generate more conceptual thinking. The SPA also attempts to make links with the aggregation of psychoanalytic theory where theories appear to fit with grounded observations.

As such, the SPA will:

- a. Enrich and extend thinking about the PETS so as to help form grounded theories about the child's state of mind and any underlying destructive structures.
- b. have the capacity to consider in detail the arising themes, utilizing transference and focusing on areas of significance as they arise.
- c. contribute to the data arising from PETS in helping to decide which successive cluster to analyze.

When conducting a SPA , the choice of whether to use the more traditional full-page-narrative of process recording and code at the end of the session or body of text, or to use data fragmented in the third column of the 4 Column Approach has depended primarily upon the focus required of the research at different points in time.

A particular feature of the SPA is that its 'unit' of data for analysing purposes is generally larger than that fragmented in the analyses of PETS whose unit for analysing purposes is small, with coding taking each concept according to its face value. The SPA on the other hand has the creative scope and freedom to allow the researcher to compile and code data in to irregular units that are defined more by their capacity to engender within the researcher and research supervisors more complex accumulative emotional states, themes or sense

impressions based on either the whole inter-subjective encounter recorded, or more sizable chunks of data than is possible through breaking data down into fractions.

Within a Glaserian form of GT theory this type of movement between analysing data in larger irregular chunks and smaller more precise fragments would be seen as potentially advantageous, provided the analysis of fragments or more holistic chunks are within parameters that are defined by the research question itself.

Within a Glaserian form of grounded theory, the inclusion of such variation would be viewed as less likely to stifle the opportunity for serendipitous discoveries to be made.

...serendipity is the interactive outcome of unique and contingent “mixes” of insight coupled with chance.

Fine, G. & Deegan, J. (1996:pg1)

### **Intensive Four Column Method of Data Extraction**

The intensive four- column cluster method is a method of research analysis developed from personal correspondence with Rustin M.J. in June (2007) where it was suggested to the researcher that by laying the ‘... pages out in vertical columns’, comments could be made on ‘emergent themes ... parallel to the lines of the session reports from which they arise’. Utilising the thoughts of Rustin M.J. and through a process of trial, error, and constant comparison, the researcher considered that arranging the data and its analysis into *four* columns provided an optimum structure for abstracting and analysing the given data.

The four column method combines both surface and more in-depth observations and is a more intensive form of analysis in that it explores the material in an effort to synthesize all levels of data and associated memoing in a structured way. In this development of the analysis, column 1 contains sessional notes fractured in to units of interaction, column 2: synthesises these fractured units into PETS, column 3: expresses transference and counter transference impressions in relation to the adjacent PETS, whilst column 4 contains memo’s and concepts, which attempt to synthesize all the data arising in the 3 adjacent columns in a sequential manner. The intensive four-column format has been used as part of the overall process of constant comparison and worked towards gaining a state of data-saturation - a point at which no more information can be extracted from the selected data.

This format for arranging and analysing the data is perhaps closer to Strauss’s (1998) more ‘well defined paradigm’ (cited in Kelle, U. [2005]) than the above Bickian and more Glaserian (1998) forms of data-analysis as with the development of the ‘4 Column Approach’, (a progressive design constructed as the research slowly developed) its fundamental strength lies in its capacity to more clearly map processes at work between the initial presentation of raw clinical data in the process recordings, and the emergence of dynamic themes, codes and theory during the analysis.

As shown in Figure 10 (below) selected data has been arranged into four vertical columns, working across the page, analysing and coding each

interaction individually whilst working one's way down the page. Including a column for transference (column 3) this series have the benefit of being able to better track the overall synthesis of clinical experience, from raw data to the surface dynamics, transference communication and theory formation.

The intensive four-column clusters also has the capacity to be used as a further level of abstraction to compare with results arising from the previous PET and SPA clusters of data analysis. In this way the four-column analyses will form an important part of the constant comparison process leading to the data saturation of the analysed sessions.



**Figure 10**

Example of the Combined PET + SPA 4 Column Method of Data Extraction  
Taken from Session 8, 1.2.01

1	2	3	4
Process	PETS	Transference	SPA
Notes		& C/T	
(8) One of the children asks the father why he is carrying a gun. The father tells the child that it is only a gas gun (a type of air pistol that is relatively harmless), but unbeknown to the child, the gun has a 'dual function'.	<b><i>(8) Father as hidden aggressor. (disingenuous: and potentially dangerous.) (1,11)</i></b>	(8) Mistrust for a tricky father. (It feels like the father is trying to cover-up a more sinister potential use for the weapon.)	<ul style="list-style-type: none"> <li>Parental figures who play down aggression.</li> </ul> <p>(Is the parental figure being duplicitous, tricky. Is this a parental figure with murder in mind?)</p>
(9) The child manages to get hold of the gun when the father doesn't notice and <i>accidentally</i> switches the gun to 'bullet mode' and kills the father.	<b><i>(9) Child as hidden aggressor (in response to a father who also hides aggression.) (1,5,11)</i></b>	(9) Feeling of being in the presence of a child who has become tricky in order to deal with a father who is also tricky.	<ul style="list-style-type: none"> <li>Transgenerational and inter-relational component to the displacement of denied aggression.</li> </ul>
(10) Another man on the scene believes that the child murdered his father on purpose.	<b><i>(10) Child accused of murder and wanting his father dead. (1,5,11)</i></b>	(10) Mixed feelings/confusion. (What the man says feels right, but truth about aggression leads to blame and stimulates yet more aggression.)	<ul style="list-style-type: none"> <li>Internal figures displaying lack of tolerance and contextual framing when trying to understand aggression.</li> </ul>

Key for columns 1- 4 above:

1. the raw data: i.e. session notes,
2. data showing PETS: a 1<sup>st</sup> level abstraction, fractured into units of interaction.
3. data arising from the 'states of feeling' or 'transference and counter transference' information in response to the PETS, a 2<sup>nd</sup> level abstraction,
4. SPA, memo's, concepts and theories arising from the analyses and synthesis of single and/or multiple units of data arising from columns 1, 2, & 3, (a 3<sup>rd</sup> level of abstraction).

Arranging the data into four columns has lent a unique view of how subjective phenomena, particularly within the 'transference relationship' provides powerfully communicative data contributing towards the development and making of meaning within the subject/object [human] relationship. The intensive four-column stream has contributed towards the continuous sharpening and modification of previous codes and hopefully allowed the development of emerging theories to become as transparent as possible. It is the main methodical stream that demarcates the interface between the more subjectively perceived data such as that experienced in the transference and counter-transference communications between the child and therapist and the data compiled in the process recordings written-up from memory immediately after the session. What the 3<sup>rd</sup> column does is to focus solely on the transference data so that the researcher is more able to identify the influence this component has upon the therapist's interpretation of events. This is useful for the 'researcher' in that it allows the most subjectively conceived information (transference) to be scrutinized and weighted with a reasonable degree of objectivity and systematisation.

The four column analysis (Cluster 4) provides an additional layer of analysis to help ensure that all relevant data is captured. In GT, this painstaking sifting process is known as *saturation* whereby the progressively finer analysis and re-analysis of data brings decreasing returns in terms of the new information it yields.

Due to the highly time-consuming nature of this 'four-column' stream of extracting and comparing data, a limited number of sessions were chosen on the basis that they have: a. been previously identified through the process of 'theoretical sampling' as contributing towards an understanding of 'C's' psychological development, and b. that they are representative of a cluster taken by dividing C's total number of therapy sessions into 6 relatively even points in time over the therapy's duration. Sessions 1, 8, 58, 168, 235 & 330 for example were selected on the basis of these criteria. It would be useful next to have a definition of the 'four column analysis'.

#### **Four Column PET + S.P.A. : Functional Definition**

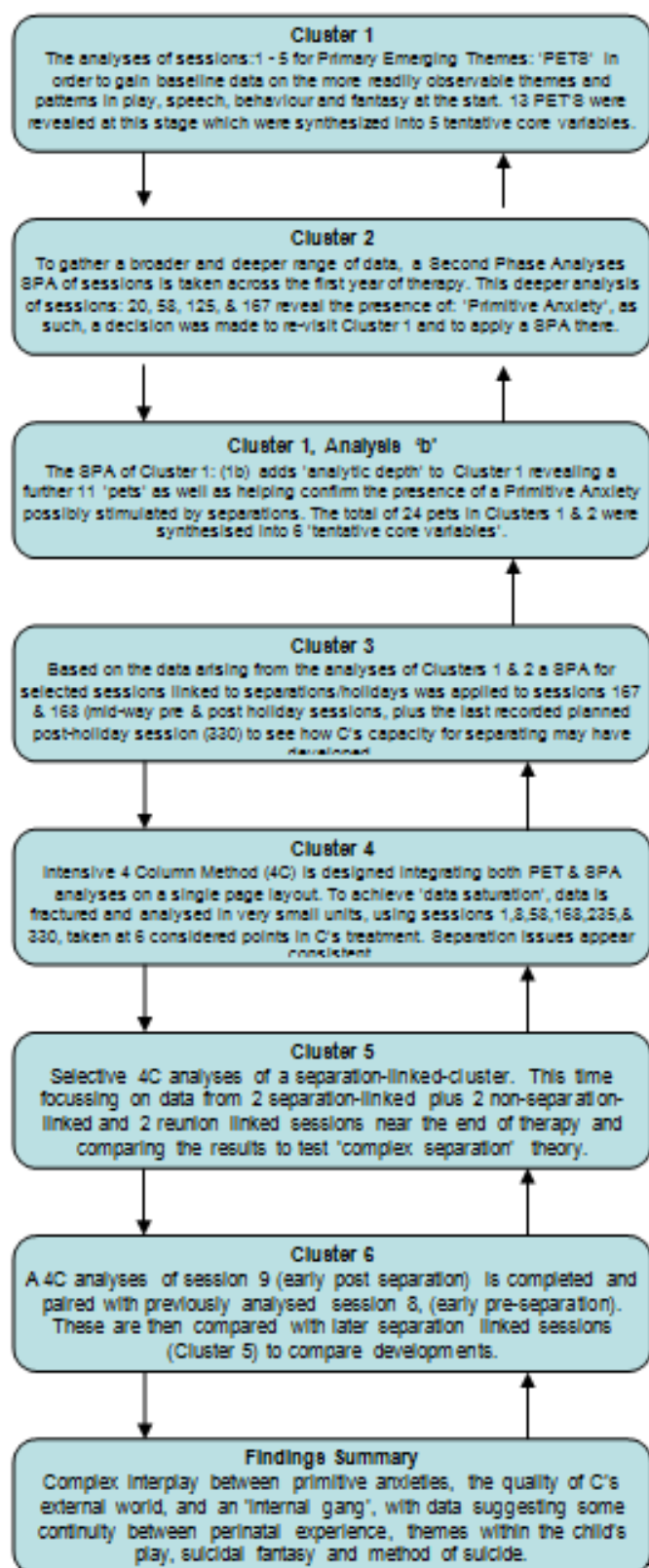
The Four Column Analyses are a *specialised* branch of combined PET + S.P.A. that will:

- a.** Help synthesize data arising from PETS and previous SPA (identified through the process of 'theoretical sampling') and support the process of 'data saturation'.
- b.** Render the communicative pathway between surface interaction, transference and the formation of grounded-theory more transparent.
- c.** Contribute to the overall illumination of emerging themes and the on-going refinement of core-variables and grounded theory.
- d.** Contribute to the process of constant comparison and work towards data saturation.

Figure 11 (on the following page) provides the reader with a flowchart depicting the sequence in which clusters of sessions were selected for analysis (Cluster Development) over the duration of this research.

## Figure 11 Research Flowchart

Illustrating The Development Of Clusters & Constant Comparative method Over The Duration Of The Research



### **Reliability and Validity**

To provide some degree of reliability in the identification and coding of PETS, each of the therapist's responses have been subjected to triangulation via a second analysis by two supervisors, one 'Clinical' the other 'Research' based. Both supervisors as well as the therapist had to reach a three way agreement as to the accuracy of each code before it was applied and used as part of the measure. The same rigorous structure was applied in the synthesis of PETS into CV's, and also with the interpretation of emerging theories upon which decisions were made regarding the formation of each successive cluster analyzed. Wherever possible, triangulation has also been achieved via the linking of infantile transference in session with data gathered in the research history searches.

To help ensure further reliability of this approach, each PET and CV identified within the raw data, was subjected to 'constant comparison' until the researcher and supervisors agreed that a point of data saturation had been achieved.

Assessment of the validity of the findings comes partly from the support from independently existing research and clinical findings discussed throughout the study, partly from corroborating evidence from the external clinical history of C contained in Chapter 4, and discussed in the subsequent findings and concluding chapter, and partly from any future applications of the approach used in this study to investigate precipitating and protective factors in therapy with suicidal children. As, for example, some general suggestions are made in the concluding Chapter 5.

The design of GT method used in this research is the result of several factors, i.e. the motivation to hopefully contribute to a growing body of research investigating the highly emotive phenomenon of childhood suicidality, and an attempt by the researcher to blend compatible aspects of methodological, psychoanalytic and complexity theories with the intensive clinical work of a young boy in order to discover more about the precipitating and protective factors surrounding his suicide attempt. The following gives a brief account of

the theories and motivational forces that have helped shape the method described above.

In the grounded theory (GT) method of research analysis (Corbin and Strauss 1990, p7), similar propositions towards the development of theory exist as compared to the science of psychoanalysis, complexity, and chaos theory, in that each bring their own unique but compatible perspectives in pursuit of detecting phenomena.

Corbin and Strauss (1990) state that it is only by encountering and comparing incidents and with the further *naming* of like phenomena with like, that the theorist can accumulate the basic components for theory formulation.

Grounded theory is a research method that concerns itself therefore with the discovery of *phenomena* which is one reason that makes the application of its methods fitting when attempting to study the essentially interactive process of psychoanalysis, as Corbin and Strauss state:

Theories can't be built with actual incidents or activities as observed or reported; that is, from "raw data." The incidents, events, happenings are taken as, or analysed as, potential indicators of phenomena, which are thereby given conceptual labels.

(Corbin and Strauss 1990, p. 7)

They stress that *concepts* are the basic units of analysis since it is from the conceptualization of data, not the actual data per se, that theory is developed. (Pandit N. 1996). Or, from a 'chaos theory' perspective: it is by observing and describing the fragmented parts of a system, it's strange attractors and 'self-similarity' that patterns may be discovered, which, in turn, lend themselves towards the development of theories grounded within the phenomena that binds them together.

Similar thinking has been expressed by the psychoanalyst Bion, W. when he also: 'insisted that psychoanalysts need to expose themselves to the

disorientation that inevitably follows experiences of the particular, but also remain attentive to the explanatory power that psychoanalytic thinking embodies.' (cited by Rustin M.J. 2008).

When investigating aspects of a person's mind, Bion, W. could be described as speaking of the need to tolerate engaging with the fragmented elements, fractured patterns, strange attractors, tentative core variables and nameless dreads that our patients bring. Although there may be no discernable pattern to begin with, psychoanalytic training prepares the clinician to both receptively wait and sensitively explore until various fragmented elements begin to highlight their attraction to one another.

This is not unlike the science of astrometrics and modern planetary biology where the discovery of new and unseen extra-solar planets are made by observing slight deviations to a neighbouring star's trajectory or brightness, indicating the presence of an unseen body exerting gravitational pull or shadowcast sequentially affecting the star's capacity to project light, (Kovalevsky J. and Seidelmann, P.K. 2004). The psychoanalytic training and academic aggregate has shown that provided observational skills are applied diligently; patterns, deviations or sequences are eventually identified. (For example: see Miller, L., et.al., [1989] 'Closely Observed Infants').

### **Research and the Creation of Questioning**

In the writing of Desmarais S. (2007), Midgely N., Anderson J., Grainger E., Vuckovic T.N. and Urwin C. (2009), the authors' aim to present a pragmatic view of research that is explored within: a 'spirit of pluralism'. In the context of these works, pluralistic exploration involves closely examining the value of hypothetico-deductive methodologies that seek to balance explanatory parsimony against reducing the number of possible explanatory variables, *with:*

that of constructivist and hermeneutic approaches that aim to increase explanatory power by embracing a broad range of complex information that creates further questioning.<sup>6</sup>

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<sup>6</sup> The basic difference between hypothetico-deductive and constructivist-hermeneutic paradigms lies in the way they interpret concepts of *reality*. The former tending to measure research generated hypotheses based on a notion of a generally accepted 'As-It-Is-In-Itself' ontological reality, whereas, hermeneutic and constructivist paradigms consider ontological reality to be 'utterly incoherent' as a concept as in a constructivist view, *all* forms of reality are constructed from human sense impressions and are therefore inter-subjective. Another important argument for the hypothetico - deductive method is that it allows the 'testing to destruction' (falsification) of generalisable theories, thereby helping establish causal relations.



Traditionally, researchers have tended to follow one or other research paradigm. Either leaning more towards methods that are designed to pare away data considered generally inapplicable in order to reduce the likelihood of research findings becoming too complex for everyday use; or, leaning more towards viewing data as a fluid and variable commodity with potential to increase avenues of meaning, investigation and understanding. The former approach has the benefit of reducing the amount of mental energy that people need to expend when wishing to develop a ready understanding of a subject, but runs the risk of over-simplifying theoretical constructs and missing what may be valuable, finer nuances of a topic. Whereas the latter more 'constructivist' or 'hermeneutic' approaches in their tendency to expand the variety of potential interpretations given to a particular subject run the risk of appearing too subjective and open-ended to be of practical use.

Desmarais S. (2007), Midgely N., Anderson J., Grainger E., Vuckovic T.N. and Urwin C. (Ed's 2009), support a view that researchers from these different epistemological paradigms can learn from each other in a similar way to that of the modern collaboration between psychoanalysts and neuroscience researchers. The idea that constructivist-hermeneutic and hypothetico-deductive research paradigms can learn from each other holds the possibility that modern research may become more effective through a better appreciation of each other's strengths and weaknesses by blending methods that integrate previously conflicting methodological ideals.

It is within this context of a more pluralistic spirit that the method for analysing this single case study has been created.

### **The Single Case Study Approach**

Considering the merits of the psychoanalytic single case study as a method of research inquiry is something that is attracting the attention of many researchers, clinicians and academics today.

Midgely N., Anderson J., Grainger E., Vuckovic T.N. and Urwin C. (Ed's 2009), gather and discuss both classic and contemporary issues regarding research within the profession of psychoanalysis and psychoanalytic child psychotherapy. Included in this publication is a reprint of a seminal paper by Moran and Fonagy (1987) which provides an example of how psychoanalytic data generated in a single case study can be arranged systematically, and in a way that is seen to partially fulfil evidential standards that the hypothetico-deductive research community find more acceptable. Hypothetico-deductive (see footnote 6, page 118 above) researchers being a sizable group of experienced researchers that include within their research standards a strong regard for a form of data systematisation known as 'eliminative inductivism'.

In essence, eliminative inductivism involves the designing of a research study in such a way so as to strengthen any inferences made about the researched subject by eliminating the arguments that contradict the inferences being made. As Hawthorne J. (1993) states:

Eliminative induction is a method of finding the truth by using evidence to eliminate false competitors. It is often characterized as "induction by means of deduction"; the accumulating evidence eliminates false hypotheses by logically contradicting them, while the hypothesis logically entails the evidence, or at least remains logically consistent with it. If enough evidence is available to eliminate all but the most implausible competitors of a hypothesis, then (and only then) will the hypothesis become highly confirmed.

Hawthorne, J. (1993)

Midgely et.al. note how 'the relationship of hypothesis and evidence in psychoanalytic case reports has never really satisfied the canons of eliminative inductivism', (2009:85). However, the work of Fonagy and Moran (ibid) and their 'time-series-analysis' (Box & Jenkins 1970) is seen to have broken the mould by presenting data in such a way so as to illustrate causal inferences between two processes. In Fonagy and Moran's study: 'diabetic control' and 'psychoanalytic themes', (1987) a demonstrative link between psychoanalytic treatment and a reduction in glycosuria was made.

By analyzing data, and organizing it in a way that is consistent with eliminative inductivism, Fonagy and Moran (1987), describe how they were able to show the effectiveness of the psychoanalytic approach in the treatment of symptoms characterized by a tendency in the studied child to gravitate towards self-punishment. Interestingly, 'the findings demonstrate that the working-through of psychic conflict predicted an improvement in diabetic control both in the long and the short term'. (Fonagy and Moran, 1987).

The continued work of Fonagy broadly aims to bring the psychoanalytic community closer to the accepted research mainstream by asking it to consider its developments within a more generally acceptable paradigm of inductiveness, rather than demonstrating the need for the research mainstream to acknowledge that a paradigm shift (Rustin M.J. 2009, Shulman 2010) might be commonsense if the task in hand is to develop further understanding within a field composed of non linear data.

In many ways, the single-case-research study of Moran and Fonagy (1987) set a precedent for demonstrating the effectiveness of psychoanalysis in a way that the more traditionalist mainstream scientific community of today, find acceptable.

Calling upon the work of Bromley, 1986; Gomm et al., 2000; Kazdin, 1982; Stake, 1995; and Yin, 1994; Midgley (2006) explores the strengths and weaknesses of the single case study so that it may be considered as producing scientifically valid data. Amongst its strengths include a capacity to study:

‘causal influences and mechanisms; that they are a good basis on which to move towards a gradually wider level of understanding; that they are often clinically meaningful and they therefore play an important role in helping to bridge the gap between research and clinical practice.’

Midgley (2006)

Considering criticisms aimed at the single case study approach Midgley includes the problems of gaining valid data, or, typically: accurately written-up accounts of the interactions that took place between the clinician and patient and the further analysis of this data. Usefully, Midgley provides suggestions for improving data reliability i.e.: writing – up immediately following sessions and making a clear distinction between data that originates from the patient and data that is the product of the clinician/researchers.

Looking at the ‘problem of generalisability’, Midgley also writes how this problem is not exclusive to the single case study and reminds the researcher that:

...it is very questionable to what degree it is possible to generalize from Randomised Control Trials and other such studies, and problems of sampling and questions of generalisability reliability ‘trouble group designs, as much if not more, than single case studies’ (Fonagy and Moran, 1993 : 90). After all single case studies, when systematically replicated with other individuals, can help us not only to understand what aspects of the original study’s findings are transferable, but also those that are not.

Midgley (2006)

Also approaching the problem of evidencing the effects and/or effectiveness of the single case study from a more complex and inclusive vertex, the work of Rustin M.J. (2009) seeks to underline the extensive aggregated work compiled by many psychoanalysts and child psychotherapists. He is keen to ensure that the many major contributions made by psychoanalysts and psychoanalytic child psychotherapists towards increasing our understanding of the development of

the mind, clinical practice and theory do not go unnoticed. Rustin M.J. therefore calls for a more sophisticated and fuller appreciation of the psychoanalytic paradigm where systematic processes for developing understanding and increasing knowledge via the *single case method* are well established.

### **The Application of a Grounded Theory**

Researchers such as Pfeffer (1997) and Conolly (1999) suggest that the low number of completed pre-adolescent suicides could be partly due to the fact that younger children while being more than capable of experiencing a wide range of intensely distressing feelings, lack the level of cognitive development which could combine with emotional factors and result in a self inflicted death.

However, the work of researchers of childhood suicidal behaviour such as Garfinkel (1982), Tishler, Reiss and Rhodes (2007), and Anderson (2001-2009) who examines 'risk-taking/dangerous behaviour', prompts further careful thought about the accuracy of such generalized assumptions and the epistemology underpinning categorizations of self-destructiveness.

A single case study design has certain advantages over the population study and appears to be a useful way of making a contribution towards developing an understanding of idiosyncratic features that may be central to a particular psychopathology (Kazdin 1982). This is because the single case study has the potential to look in-depth at connections and meanings in a way that are not within the scope of a larger scale quantitative project. The single case study also has the capacity to raise awareness of conditions and phenomena that would otherwise be completely overlooked in studies that rely solely on larger numbers of more easily detectable behaviours to make their presence known.

It is within the spirit of hopefully developing a more complex and richer understanding of a single case whose findings may hold generalizable value that this research has been conducted and its particular methodology designed. (Kazdin 1982, 1986, Yin 1989).

The research study proposed here is one that considers making a very detailed process analysis of anonymised clinical notes, recorded in written form immediately following the individual sessions of a seven year old child over a period of two years.

Although over three hundred sessions were conducted during this period, it has not been possible to analyse every session in depth. Instead, an initial cluster of sessions taken from the beginning of therapy have been analysed to first gain a first level abstraction of emerging themes or substantive codes from which more selective session clusters could be compiled on the basis of data seen to emerge out from the material itself.

In this way, the inquiry is directed and 'grounded' by data emerging from the subject itself, rather than as with other research designs having an idea first, then gathering data to either corroborate or disconfirm the theory already held.

## **Complexity Theory, Psychoanalysis and Grounded Theory**

A number of papers have been published over the past thirteen years: Rustin, M.J. (2002), Schulman, (2010), Lush, (2011), whose writing has been supported by precursory authors such as Moran, (1991) and Quinodoz, (1997), which have argued for the relevance of complexity theory for increasing understanding in the analysis of clinical data in psychoanalysis. I shall now provide an account of this methodological argument, before showing its relevance to this clinical study when combined with GT, in the Findings chapter.

### **The need for systems that can observe non - linear patterns**

At the Conference: *Frontiers of Practice 2: The New Dialogue between Attachment Theory and British Objects Relations*, Rustin M.J. (2002) read a paper which examined the differences between linear causal methods of managing information and research methods that are more emotionally rigorous. In this paper entitled: 'Looking in the Right Place: Complexity Theory, Psychoanalysis and Infant Observation', Rustin noted that advocates of empirical research tend more towards making psychoanalysis fit with methods where reliable measures of causal relations are the fundamental tenet.<sup>7</sup>

He observes too that those committed to clinical methods tend to stay closer to dimensions of subjective meaning.

Rustin states however that adherence to either paradigm without a conceptual struggle and a closer questioning of what it is that one is wishing to study has drawbacks which will become evident in terms of the quality of the data one eventually arrives at:

‘The methodological difficulty for the latter [those committed to clinical methods] is in finding systematic ways of generalising from individual instances. The methodological difficulty for the former [advocates of

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<sup>7</sup> This enquiry has parallels with Seager's (2008) concerns, where Seager notices difficulties in placing the client 'at the centre', and instead, the patient is made to fit into a service rather than a service fit around a patient.

empirical research] is to avoid such flattening out of individual differences, and of the sheer complexity of psychic phenomena, in their search for verifiable laws, that they move far away from a psychoanalytic understanding.

(Rustin M. J. 2002:122-144. My brackets).

In support of the use of non-linear, qualitative and inductive methodologies which use subjective meaning to enhance scientific understanding, Rustin draws parallels between mental phenomena experienced and constructed in the evolution of the psychoanalytic relationship, and with the structuring of complex self-organizing systems as portrayed in the conceptual frameworks of 'Complexity Theory' and 'Chaos Theory'; and shows how these theories have positively influenced the way in which the human sciences are viewed. (For example: in the works of Moran,1991, Quinodoz 1997, Byrne 1998, Eve, Horsfall and Lee1997, Miller 1999, Rustin 2002).

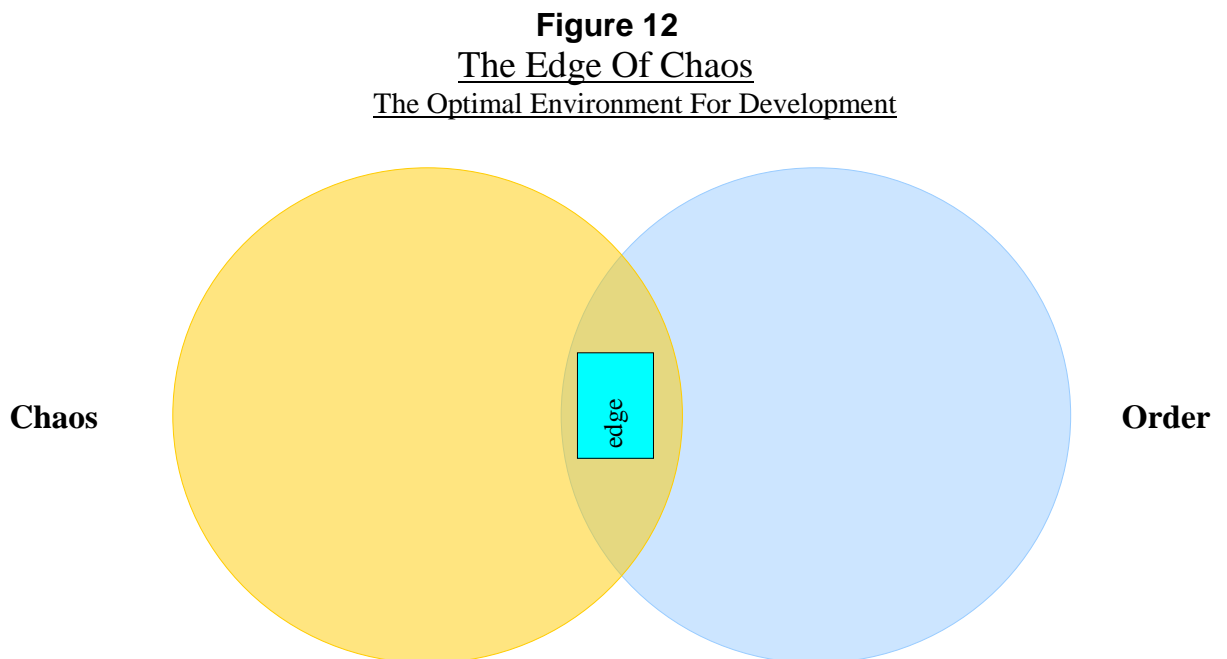
These theories can lend themselves to describing the conditions required within a psychoanalytic framework that help bring about what chaos and complexity theory has described as: *the optimal environment for development*, which, when provided, can lead to a closer approximation to the subject's own mental structures and emotional shape.

A component of chaos and complexity theory that attempts to describe the 'optimal environment for development', and which has been useful in this research is the concept of: *the edge of chaos*, which postulates that a position within the ordered regime which is near the transition between chaos and order affords the best mixture of stability and flexibility.

(Rustin, M.J. 2002 pg 4. on Kauffman, S. 1995).



The diagram below illustrates how this concept can be applied to the therapeutic relationship between therapist and child.



Transformation takes place near the edge where the child's unthought-thoughts meet the analysts more structured thinking apparatus.

Unthought-  
Thoughts.  
Unmetabolised  
feelings.  
Nameless  
dread.

Observation.  
Data  
processing.  
Thinking.  
Containment.

In working with C in the psychoanalytic setting and by providing stability through the maintenance of clinical boundaries i.e. consistency in time, location and environment, (the ordered regime); when acting as C's clinician, the researcher of this study attempted to provide C with a space where unexpected properties in the form of C's as yet un-thought-thoughts and unmetabolised feelings could hopefully emerge and engage with an observing, thinking, containing and in comparison, relatively more structured thinking apparatus in the mind of the clinician. In this sense the psychoanalytic setting provided an environment that could be described as equating to Kauffman's concept of: 'the edge of chaos', creating favourable conditions for promoting a creative meeting between chaotic and structured elements that, with the right tools (psychoanalytic training) can ultimately lead towards transformation. In ontological terms, the researcher of this study found useful parallels between Kauffman's: 'edge of chaos', and

Winnicott's: 'transitional space' where the infant or patient brings unregulated or dis - regulated sense impressions to be emotionally processed within a 'facilitating environment' provided by the caregiver's attentive and elastic mind. (Winnicott, 1974) or Bion's concept of container/contained where the infant's unprocessed beta elements meet with the parent's alpha function (Bion,1957).

When attempting to elucidate such highly complex states of mind that do not comply with linear-causal frames of orderliness or expression, the use of systems of investigation such as those proposed by complexity theory and the 'creative freedom' (Glaser 1998) afforded by GT (p80, pp117-118) provide the phenomenon being studied with mutually supportive theories for data processing.

As Smith (2007) and Shulman (2010) also clearly remind:

...methods developed for linear systems give the wrong answer when applied to non linear questions.

So, when attempting to capture, synthesize and process fluctuating emotional data, or what Kuhn (1962), Schulman (2010) refer to as 'dynamical systems', where cause and effect operate within *non-linear patterns and changes of state*; a 'paradigm shift' is required' and such a shift involves a re-evaluation of the relationship between cause and effect and an adjustment to one's perceptual apparatus on both emotional-personal and data-receptive levels accordingly. In describing such systems, Shulman (2010) tells us that typically:

'dynamical systems are systems composed of a number of elements that dynamically interact with each other in complex ways which lead to 'emergent' properties and forms of organization or 'self-organization'.

As such, a research methodology aimed at understanding the amorphous intricacies of the mind and phenomena characterised by 'changes in state', would have certain advantages, as Smith (2007) and Shulman (2010) have recognised.

The scientific discovery of 'chaos' identified a new category of patterns of change of state – that is, nonlinear - patterns that did not conform to ...known linear categories and could not be explained and, crucially, *could not even be observed* by classical science.

(Shulman G. 2010, on Smith, 2007).

Another example of an idea coming from the area of chaos and complexity theory that has been useful in the design of method in this research includes the concept of the 'fractal', (Mandelbrot, 1982)

'which is the idea that fractured and obscured patterns of order which make up complex systems are bound together by 'strange attractors' and that these strange attractors may be found at all, or at least at many levels of, a system, from the micro to the macro and from elements of short duration to elements which persist over time'.

(Rustin, M.J. 2002:11 *ibid* on Mandelbrot).

Benoit Mandelbrot discovered strange attractors when studying patterns of irregularity and nonlinear dynamics in the natural world. What he discovered, for example, is that air tubes in the lungs or longitudinal statistics of river floods, the bifurcation of branches in trees all yielded patterns that were formed by forces that have a degree of irregularity and brokenness but pattern nevertheless. Mandelbrot also discovered the same 'patterns' and degree of irregularity 'nested' on a smaller scale *within* systems and this discovery became known as the concept of 'self similarity' or 'scale-invariance'.

Today such concepts have helped advance our understanding of oscillatory diseases, heart and brain functioning. (Shulman, 2010) Concepts derived from the fractal, such as 'self-similarity' also have parallels within the psychoanalytic aggregation: Bion, W.'s 'selective fact' (1952), for example: where what is experienced in the transference relationship in even one session may, in essence, be a reflection of dynamics that are present in other or even all areas

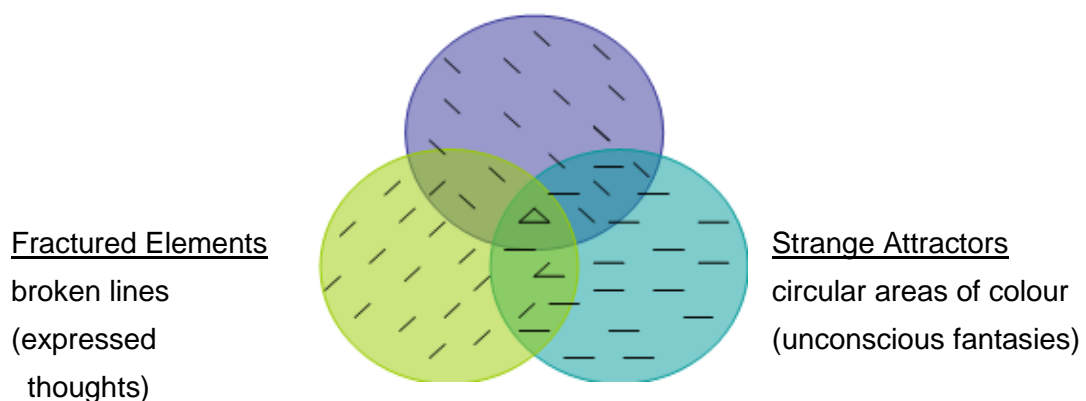
of the patient's emotional life. A concept such as the fractal with its sister concepts of 'strange attractors' and 'self-similarity' which bind non-linear systems together, have been useful in the design of method in this research as they have helped provide the psychoanalytic researcher with a conceptual framework in which to seek, describe and elucidate subterranean patterns and elements within complex mental states. One of the important aims of the methods set out in this research has been to provide criteria and definitions from which to check the sufficiency of recordings on which all the 'findings' are ultimately based. The concept of the fractal has importance for the development and choice of methodology that fits this psychoanalytic single case study in that what is under investigation is not only the obvious surface descriptors of suicide, visible to all, but also the unconscious patterns, elements and structures that bind the surface descriptors together into a suicidal system of thinking or non-thinking.

The diagram below (Figure 13) is how Mandelbrot's concept of the 'fractal' can be used to represent a way in which fractured and obscured thoughts may combine with unconscious fantasies to produce suicidal thinking.

**Figure 13**

**The Fractal**

Fractured patterns of order bound together by strange attractors to produce a pattern (in this case of Suicidal Thinking represented by the triangle)



**Suicidal Thinking**

(Symbolised here by the 'central triangular pattern' produced by the binding together and overlapping of fractured elements within the strange attractors.)

To recap: it could be said, that one of the tasks of this research study has been to discover fractured thought patterns and describe the characteristics of the unconscious strange attractors that inter-relate to produce suicidal-thinking within the mind of a single child. It would then be the task of clinical and research-based colleagues concerned with suicidology to carefully consider if the fractured patterns and strange attractors discovered within this research have the properties of 'self similarity' or 'scale invariance', or in the language of GT research: consider whether or not the substantive, selective and theoretical codes, the core variables and eventually synthesized grounded theories are such that hold a more generalizable value.

As discussed, the 'scale-invariance', the micro and macro concepts within complexity and chaos theory may be considered as a dual operating system not just with potential to describe thought patterns within an individual, but also to describe the thought patterns within groups of individuals. Chaos theory allows for the legitimate and scientific raising of the question: can a system operating in one mind, be a system that operates in the minds of other's?

As will be demonstrated in the Findings chapter, complexity theory's capacity to raise such a question along with its ability to help the researcher of naturally occurring phenomena identify previously unseen patterns, make it a useful supporting framework to run alongside GT for helping to make sense of the data analysed in this psychoanalytic case study.

Before moving on to look at the Findings chapters, consideration needs to be given to some of the ethical issues raised when conducting a research analysis of the work of a past patient as renewing a contact with a past patient can be more complex than it may first appear.

### **Some Ethical Considerations on Making a Renewed Contact with a Past Intensive Patient**

This final section summarises some of the ethical issues that arose when renewing a contact with a past patient for purposes of research. Ethical awareness was crucial when making such a contact as any form of re-engagement could have important consequences upon a patient's future health, particularly, as in this case, if the subject held a previous intensive professional relationship with the research proposer that spanned several years.

Ethical considerations needed to encompass such questions as: what form and type of contact would be required in order to explore the research question, and would the proposed method allow adequate exploration with minimum disruption?

Although the sponsoring Local Health Board and attached Ethical Committee<sup>8</sup> had agreed that the researcher could seek consent from C and his carer to use anonymised, past data for research and teaching purposes, particular care needed to be exercised regarding what it could mean to C to be contacted by his therapist 4 years after treatment.

Usefully, at the point of this research when consent was being considered, information which showed that C had re-entered the CAMHS system became available,<sup>9</sup> which was helpful as it allowed the researcher to see that C's re-referral appeared to be less serious than had been the case in the original referral.

After much consideration it was thought that a letter which addressed the emotional impact of receiving a communication from the sender would be the

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<sup>8</sup> Ethical approval was granted by both Powys Teaching Health Board, & C's (Anonymous) Health Board.

<sup>9</sup> Patient Records: Anonymous Health Board, 2008. A more detailed history synopsis is provided in Chapter 1. p28

most appropriate, especially given the fact that the child had known the therapist for several years.

The researcher's role with C's health clinic was made explicit to his mother as being that of an 'honorary researcher' concerned with improving services to children who have had similar experiences.

In a measured way these details should have helped impart a sense to C that his former therapist's role had significantly changed. This was felt to be an important part of the letter so as to help minimize the possibility of raising false hopes of a more involved contact based on his previous experience.

In offering to speak by telephone (Consent Letter, December 2007, Appendix) the researcher let C and his mother know that he was open to hearing anything new that they might wish to add to the proposal that could support the endeavor.

The additional support of a current member of C's local CAMHS to speak with the family should they have any other queries about giving their consent for their data to be used for research was also viewed as an important component within the contact letter. Also, to try and help C and his mother decline permission without having to justify their reasoning: a 'Young Person's & Parent's Research & Training Consent Reply' form was also included with 'strike-through' options to decline the request. (See Appendix).

The construction of the consent letter therefore attempted to address several complex emotional and ethical considerations that rose when the researcher, a professional who has had previous involvement, asked C for co-operation in a project that could be seen to have both professional and personal gains for the proposer.

When the permission slip was returned and consent given, it was particularly moving to see that along with his mother, C. had signed the form himself and between them, had clearly given the request some thought. Importantly, C and

his mother had made a specific comment on the reply form that not only ties-in with further information gathered in the later review of Patient Records (2008) but also appears to link with some of the later research findings (Chapter 5). C. and his mother had this to say:

I would like it to go on record that 'C's view of his time receiving emotional help 0 – 6, not positive he is however happy for his data to be used to help other children.

('C' and his Mother: Young Person's & Parent's Research & Training Consent Reply, 2008. Appendix. Please note that therapy started for C, when he was aged 7).

The comment alerted the researcher to several very important pieces of information that are worth spelling out:

1. That C. and his mother differentiate between 'emotional' support and any other form of support. They also specify that *emotionally* something was missing from their support system.
2. They are also specific about a time period in which they felt this to be the case. The time when C was aged between '0 – 6' years, a period that precedes C's psychotherapy provision.
3. By implication, C and his mother are also making a statement that C's 'emotional help' *after* the age of 6 was considered to be more positive.

The above comments made by C and his mother made an important contribution to the design of this research study, particularly in the way that *what* is considered to be an aspect of 'truth' for C, (ontological considerations) concerning C's distress i.e: 'emotional' support, and *how*, (epistemological considerations), the researcher refined a method that would allow such phenomena to be identified within the case notes.



### Summary and Conclusion to Chapter Three

The nature of the present case study has been considered. A method for extracting meaningful theory from raw data, based on a Grounded Theory approach has been described. This has applied the imaginative strengths of Glaser's (1998) 'principles of creative freedom', whilst operationalizing it within a systematic framework of data coding stages, with the aim of generating inductive theory.

Matters concerning the reliability and validity, and the ethics of the research approval have been discussed, as have the implications of Grounded Theory for the method of sample selection for the six successive cluster analyses carried out in this study.

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The following chapter, Chapter 4 (Data Analysis, Findings and Discussion), now attempts to formally address the research questions based on the in-depth analysis of C's internal world.

C's external world influences are integrated within the findings of Chapter 4. according to their potential to help increase understanding as to what external and internal forces appear to have contributed to C's original symptomatology, his recovery and apparently sustained resilience in the face of adversity.

## Chapter Four

### Data Analysis, Findings and Discussion

#### Introduction

Applying a mainly Glaserian form of Grounded Theory method (described in detail in Chapter Three) to structure and analyse the data contained in 6 Clusters of therapy sessions, many possible underlying complex features have been revealed regarding the emotional dynamics at work in the mind of a seven to nine year-old boy who attempted suicide. In order to optimise the available data and learn more about the forces that come into play in such an incident, the method used in this research has been designed to provide two parallel streams of data:

#### Primary Emerging Themes (PETS)

Evident in surface interactions and dynamics. (Chapter 3, p91).

and

#### Second Phase Analysis (SPA)

Which captures transferential nuances and unconscious themes beneath the surface. (Chapter 3 pp105-109).

Also discussed in Chapter 3, (see pp108-14, inc' Figure 10) is the dialogue between these two main streams of data represented in a continuous comparison between them throughout each cluster analysis.

#### The Structure of the Findings Chapter

This chapter will be structured so that the findings are represented by following as closely as possible the order in which each of the clusters were selected and analysed.

However, the creative process of ‘constant comparison’ has an important influence on the narrative structure inasmuch as the findings and discussion of one cluster can and need to be affected and enhanced by the findings from another. Where concepts have arisen as part of a ‘marriage’ of ideas from different clusters, the author will endeavour to attempt to make such links transparent. In this respect, for example, the reader will immediately notice a degree of co-relationship taking place in the discussion of Cluster 1. This is because Cluster 1. underwent two separate analyses: termed here analysis 1a and analysis 1b, with analysis 1b, taking place not only subsequent to 1a as one might expect, but also *after* the analysis of Cluster 2. This happened because Cluster 2, using a more emotionally literate ‘SPA’ method of data analysis, revealed the presence of subtle emotional themes that were difficult to detect using the original, more cognitively focussed lens afforded by the ‘PET’ method of data analysis alone.

As such, analysis 1b of Cluster 1 is essentially a review of Cluster 1 using an additional SPA in the light of new data revealed when applying a SPA to Cluster 2. Therefore, some of the findings and discussion for Cluster 1 will inevitably be influenced by the later material of Cluster 2, this is reflected in the account of it.

The linking of theoretical and conceptual material with the data arising from the analysis of each cluster group is also included at relevant points throughout this Chapter.

The first three clusters of sessions used in this research have been analysed and coded by using *either* PET and/or SPA forms of data analysis depending on the required focus. However, from the fourth Cluster onwards, an intensive four-columned-method of presentation was developed which combined and integrated *both* PET and SPA analyses in a single-page, easy to read, format. One of the qualities that make the four-columned-method useful is that it provides a way of making the therapist’s perception of ‘subjective states’, i.e. the transference and counter transference, more transparent and accountable.

This is important for helping describe to a scientific community what appears to happen in psychotherapy that may promote psychological change in the subject.

Another point of divergence from a strictly chronological presentation of the analysed clusters as influenced by the cross-referencing of concepts in the process of constant comparison, is the order in which the analysed clusters are discussed. The findings and discussion of Cluster 4 immediately follow Clusters 1 and 2. This order of presentation provides the reader with a more representative view of the development of CV's variables across the full length of therapy (Cluster 4), before focussing on the more specific, separation - linked Clusters of 3, 5, and 6.

Throughout the research the process of continuous comparison has been applied to the point of data saturation.

Due to the very large quantity of data available, only a specific selection of sessions from an entire collection of 330 have been analysed, with the process of ongoing cluster selection governed by data identified within each of the preceding cluster/s.

Figure 11, p115, Chapter 3, and Table 1, p143, below, show the resulting distribution of sessions sampled.

**Table 1 Chart Showing 6 Clusters Of Process Recordings Of Sessions Over A 28 Month Span Of Therapy**

	<u>2001</u>	<u>2002</u>	<u>2003</u>	
	Jan	Dec	Jan	Dec
<b>Cluster 1</b> <b>Sessions</b> <b>1,2,3,4,5</b>	1 12.1.01 2 19.1.01 3 23.1.01 4 25.1.01 5 26.1.01			
<b>Cluster 2</b> <b>Sessions</b> <b>20,58,125, 167</b>	20 6.3.01	12516.11.01		
	58 31.5.01	167 7.2.02		
<b>Cluster 3</b> <b>Sessions</b> <b>168, 330</b>				
		168 17.2.02	330 19.5.03	
<b>Cluster 4</b> <b>Sessions</b> <b>1,8,58,168,235,330</b>	1 12.1.01 8 1.2.01	168 17.2.02	330 19.5.03	
	58 31.5.01	235 18.7.02		
<b>Cluster 5</b> <b>Sessions</b> <b>279,280,296,300,312,324</b>				
		27928.11.2 280 6.12.2	31213.2.03 324 6.3.03 296 10.1.03 300 16.1.03	
<b>Cluster 6</b> <b>Sessions 8,9,</b>	8 1.2.01 9 6.2.01			

Data analysis started with a sample of the first five sessions representing the beginning of therapy and sampling continued in a direction governed by themes identified over a total of 6 clusters. In this way, a form of 'natural selection' of coding and theme-revelation evolved where only the strongest themes survived to influence the selection of each successive cluster of sessions.

In an attempt to gain a wide range of first level abstraction over the span of therapy, the development of the primary emerging themes (PETS) continued to be monitored for the duration of the study. However, the total of 24 different types of PET identified by Cluster Analyses 1 and 2 were not seen to increase over the research duration.

Although the PETS do not have the capacity to illuminate deeper structures of transference phenomena in themselves as previously mentioned, they do have the capacity to *highlight changes in the surface structure and primary-level-functioning across time*, and as such have the potential to alert the researcher towards possible changes that could be happening at deeper psychological levels.

Discussion of the findings from each cluster will follow their presentation.

## **Cluster 1**

### **Apparent Emerging Predominance of Equivocal Objects and Uncontained Aggression at the Earliest Stage of Therapy**

#### **Data Analysis, Findings & Discussion**

##### **Introduction**

This first phase of analysis, searched for PETS within the data. The source for extracting these themes was the data written-up from the interactions of the first five therapy sessions offered to 'C'. In this first cluster it was hoped that by analysing the first samples of free-play and child psychotherapist interactions, observable patterns in the play and discourse would provide the researcher with the 'subjects of thought' in C's mind closest to the time of his referral.

This first phase of research analyses aimed to identify the predominant themes as they appeared mainly at face value and helped shape the initial direction in which the research travelled. This provided pointers for the kinds of theme that may or may not recur and have the potential to impact upon C's state of mind.

The clusters selected for study have aimed to achieve a balance between following the direction suggested by the identification of arising themes as well as the need to capture an adequate range of data taken across the duration of the therapy.

The first cluster began at the beginning of therapy and consisted of an analysis of sessions 1,2,3,4 and 5. Both a PET analysis (Cluster 1. Analysis 'a') and a SPA analysis, (Cluster 1. Analysis 'b') were conducted on this particular cluster.

Using the PET method, Cluster 1, analysis 'a', originally revealed a total of 13 PETS communicated over the duration of these five sessions. However, this number increased following the analysis of Cluster 2 (sessions 20, 58, 125 and 165) where using the more emotionally literate form of SPA analysis revealed that undetected PETS may be present in earlier sessions.

Thus, following the SPA analysis of Cluster 2, a SPA analysis was also applied to Cluster 1, termed: "Cluster 1. Analysis 'b'". Following this, the number of observable PETS in Clusters 1 and 2 increased to a combined total of 24.

Figure 14, below (p147), gives a chart and list illustrating the PETS first identified in Cluster 1'a' as well as their frequency of occurrence or 'theme-persistence-rate' (TPR).

Figure 15, further below (p149), provides the reader with an illustration of how these 13 original PETS were further grouped into 5 'tentative' CV's. Figure 16 (p150) then provides a bar chart showing how the TPR of the arising themes, grouped into tentative CV's, compared at this early stage of the therapy and research.

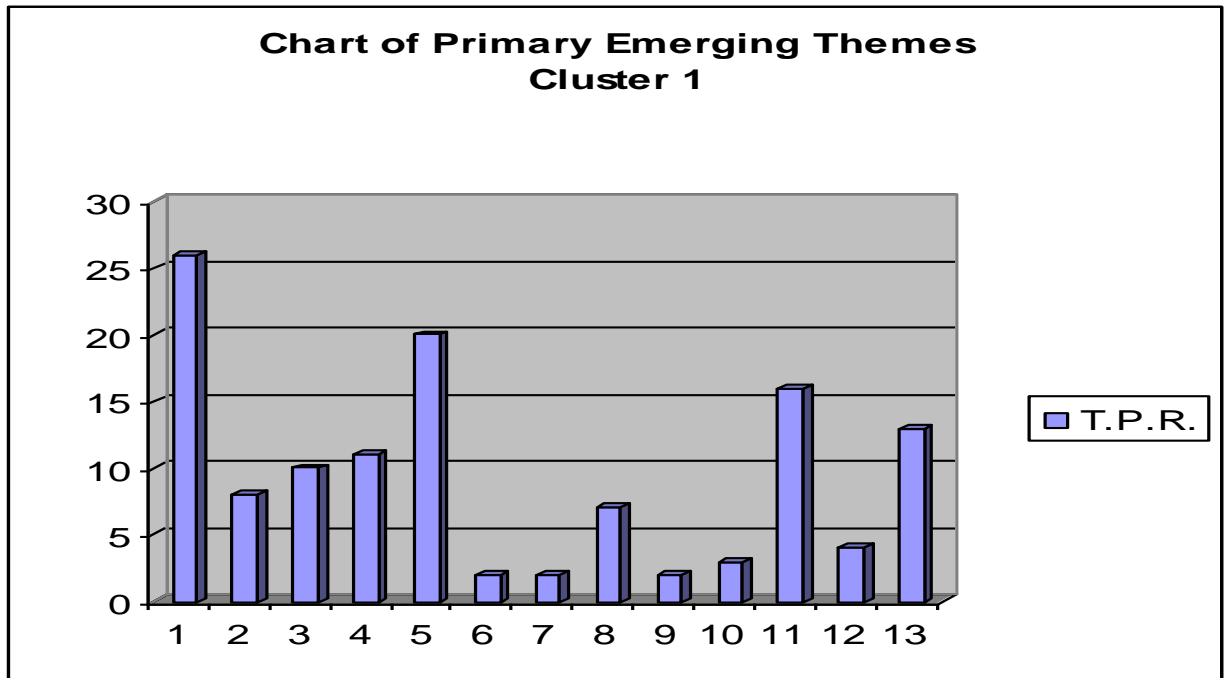
(See Chapter Three, p93 for a detailed description of the TPR if required.



## Findings From The Data Analysis Of Cluster 1 Analysis (a)

**Figure 14**

Chart and list of 13 PETS arising in Cluster 1 after applying a PET analysis to the first 5 sessions



### List and Key

T.P.R. = Theme Persistence Rate

#### PETS

1. Equivocal or ambivalent view of parent/object.
2. Child feeling responsible for emotional and/or physical states in adult carer. (May include fantasies of rescue).
3. Concept of adults dying, in a fragile state of health, being uncaring or depriving. (Links to a sense of loss)
4. Family or adults separating or in conflict. (Links to a sense of loss)
5. Concepts of killing, murder, or injury.
- 6 Suicide
- 7 Sibling Rivalry/Envy
- 8 Child Alone/Feeling Alone or Vulnerable
- 9 New Sibling
- 10 Children Hurting Each Other Or In Conflict
- 11 Anxiety Linked To Aggressive Feelings Which Cannot Be Directly Communicated or Thought About
- 12 Confusional states linked to rules/boundaries, arrangements, concepts.
- 13 Developments in conceptual thinking and/or life preservation themes. (Reality Emphasis)

Next, a process known in Grounded Theory as 'axial coding', the 13 PETS above, were grouped into 'tentative core variables'. (See Chapter Three, pp102-103) for a fuller description of the process of creating 'core variables' via the GT technique of 'axial coding' as defined by Strauss and Corbin, (1990, p118).

Figure 15 below, shows the PETS divided into groups of tentative-core-variables, based on their capacity to express concepts that carry relatively similar emotions.

These groups of themes bearing similar emotional signatures (5 in this analysis) were then given a name based upon the main transference affect that they appeared to carry. In this way, a form of 'synthesis' occurred which allowed the researcher to recognise on a conceptual level various forms and categories of emotion appearing to occupy C's mind.

It will be noted that some emotions such as 'child alone' and 'confusional states', stood alone. This is because no other category or emotional signature could be detected that appeared to connect-with, or help organise these particular themes in to a grouping based on detectable similarity.

'Developmental Thinking' also achieved its own category as it differed essentially from its counterparts in that it is a core variable which identified points in the therapy where C appeared to make progress based on an observed increase in capacity to express *any* existing tentative/CV, but in a way that was considered to be thoughtful, emotionally contained and comparatively free from anxiety.

These 5 tentative core variables are charted below in Figure 16 below, p150, which also gives their TPR's

## **Figure 15**

### **5 Tentative CV's Synthesized From The PETS Of Cluster Analysis 1(a)**

- 1. Equivocal Object    2. Uncontained Aggression  
3. Child Alone or Vulnerable    4. Confusion  
5. Developmental Thinking**

#### **CV 1. Equivocal Object**

1. Suspicious feelings regarding parent/object with child sometimes acting like a grown up.
2. Child feeling responsible for caring-for a parent/object. (Parental figures not up to looking after themselves or family).
3. Concept of adults dying, in a fragile state of health, being uncaring or depriving.
9. New Sibling (Accompanied by ambivalent feelings)

#### **CV 2. Uncontained Aggression**

4. Family or adults separating or in conflict.
5. Concepts of killing, murder, or injury
- 6 Suicide
- 7 Sibling Rivalry/Envy
- 10 Children Hurting Each Other Or In Conflict
- 11 Aggressive Feelings Which Cannot Be Directly Communicated

#### **CV 3. Child Alone or Vulnerable**

- 8 Child Alone/Feeling Alone or Vulnerable

#### **CV 4. Confusional States**

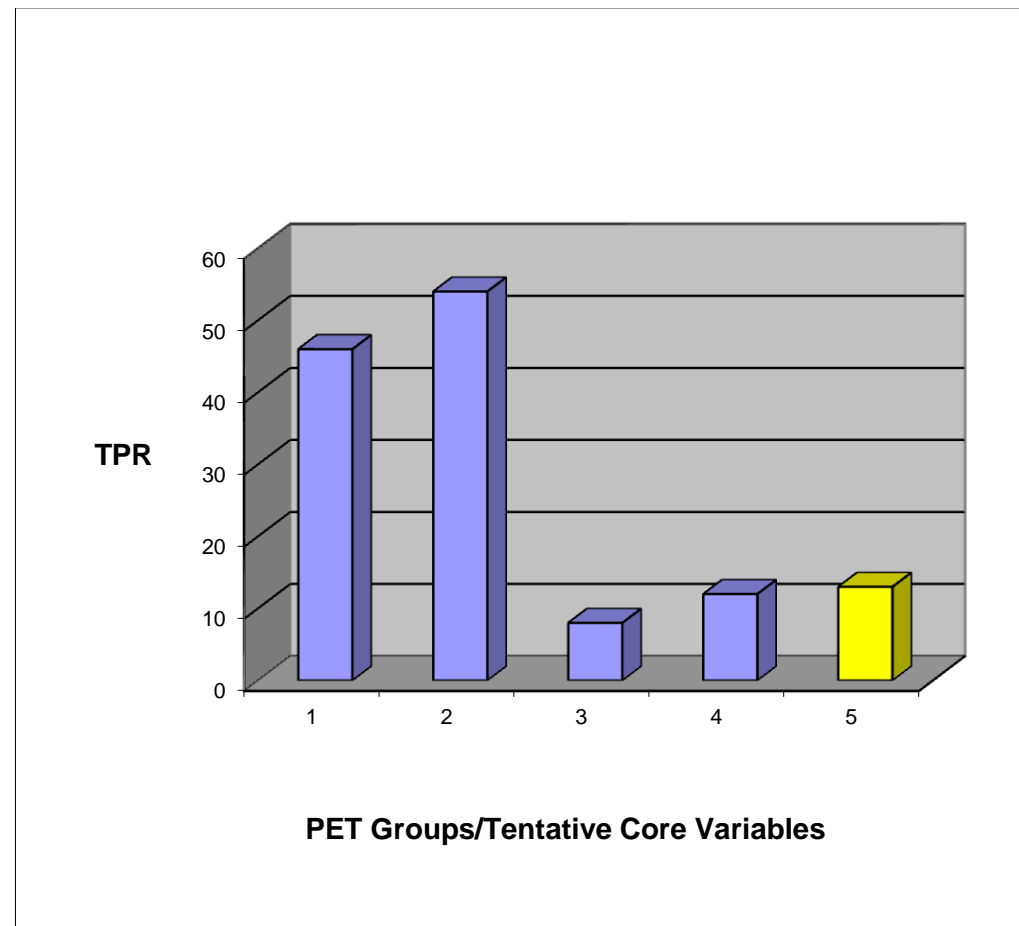
- 12 Confusion. Sometimes linked to rules/boundaries, arrangements, concepts. Sometimes appearing non specific

#### **CV 5. Developmental Thinking**

- 13 Developments in conceptual thinking and emotional maturity. Sense of positive engagement with therapist.

**Figure 16**

**Bar Chart Showing The TPR Of PETS Now Grouped In To Five Tentative CV's from Cluster Analysis 1 (a).**



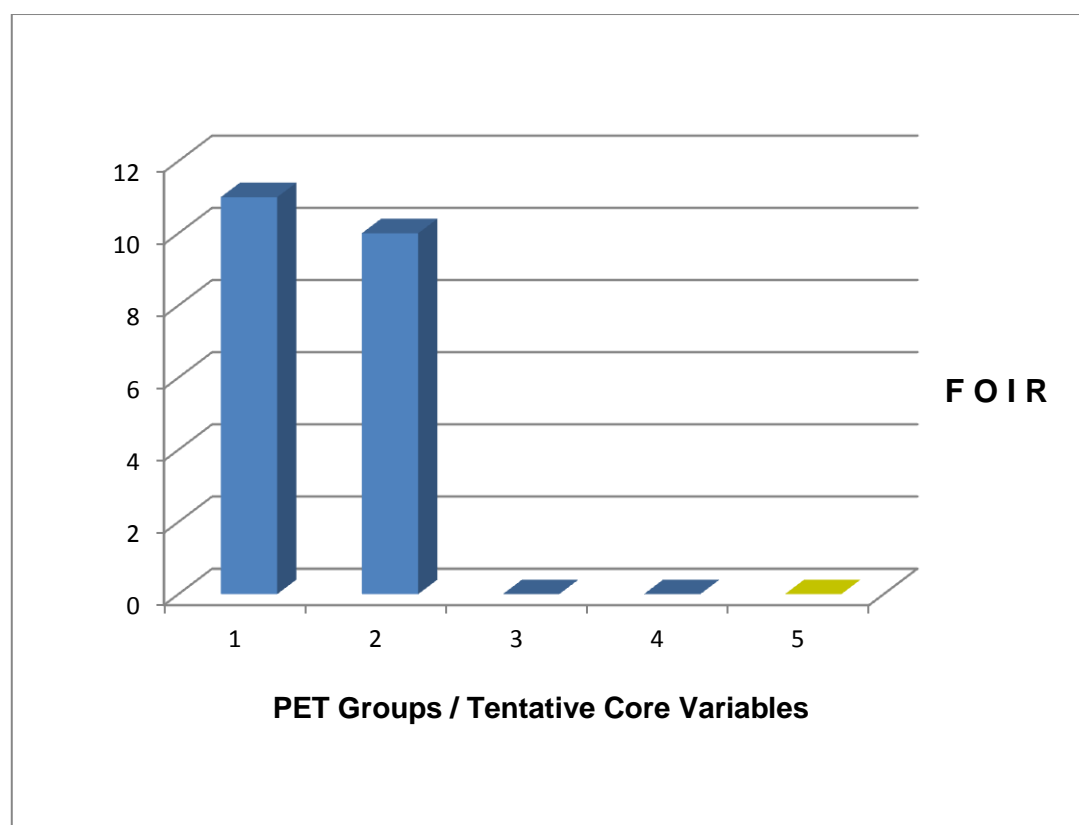
KEY: TPR = Theme Persistence Rate

Tentative CV's :

1. Equivocal Object 2. Uncontained Aggression

3. Child Alone or Vulnerable 4. Confusion 5. Developmental Thinking

**Figure 17**  
**Bar Chart Showing The Focus And Frequency Of The Therapist's**  
**Interpretive Response (FOIR) Cluster Analysis 1 (a) With PETS Grouped In**  
**To Tentative CV's**



KEY: TPR = Theme Persistence Rate

Tentative Core Variables:

1. Equivocal Object   2. Uncontained Aggression  
 3. Child Alone or Vulnerable   4. Confusion   5. Developmental Thinking

### **Discussion of The Findings from Cluster Analysis 1**

The following is a series of summarized descriptions and examples composed from the written recordings of sessions within Cluster One. They describe a selection of findings identifying thoughts expressed by 'C' which relate to concepts concerning 'Equivocal Object', and 'Uncontained Aggression', the two most dominant tentative CV's to arise from this first Cluster.

Special attention is given to PET 6 'suicide' which is less easy to detect and which by contrast with PET 1 and 2 is rare, but of central concern within this research.

Interestingly, most of the 13 PETS in Figure 15 (ten) appeared in the first session alone with a reduction in the number of observable themes per session over the remaining four of the initial five session cluster. This could in part be explained in terms of the transference beginning to take effect as the sessions progressed, with C's use of his therapist possibly becoming shaped more by C's historically internalised expectations of adults and the subsequent defences required to survive these, rather than sustaining a more open minded aspect of his personality.

Another observation regarding themes 11 & 12 is that they both appeared to embody some form of unprocessed aggression. By 'unprocessed' the researcher means aggression that could not be thought about by C. and therefore had a less conscious quality to it which in turn seemed to reduce the level of control that C. could exert over acting it out in his play.

Whilst PET 11 'Uncontained Aggression' speaks for itself as a theme encompassing aggression that is uncontained or unprocessed, PET 12: which describes states of confusion appear more ambiguous. However, what was noted about this PET (subsequently made-up into a tentative-core-variable) was illustrated in an example expressed by C, in his second session, where he raised a question regarding a possible tendency for a disorganizing structure within him to become mobilized as a defence against acknowledging aggressive acts.

In this session, C told of how he felt confused regarding the rules in a computer combat game, a game where the boundaries and distinction between acceptable and unacceptable levels of violence were an important aspect of being able to play it successfully.

Within the given context of this communication and as C. spoke these words he involved himself in spontaneous, unboundaried soft-ball play in the therapy room where he narrowly missed hitting the therapist's face on several occasions.

This combination of C telling his therapist of his struggle to understand such rules, along with him having difficulty forming a relationship with his therapist that does not involve the therapist having to take evasive action to avoid being hit in the face by the thrown ball, provided valuable 'feeling-state' or 'transferential' evidence that C's spoken confusion over the rules of a computer combat game also appear to carry-over into the way he attempts to form a relationship.

It could be said that the confusion expressed by C concerning certain 'rules of engagement' in his computer game, also appear to carry-over in to his social relations, evidenced in his inability to recognize, think and talk about his near misses of the therapist, even when the therapist prompted discussion.

The short extract referred to above, linked to one of many related observations made with C which appeared to express a sense of ambivalence in him with regards to his view of people. Such themes in the therapy were coded as C expressing an 'Equivocal view of parent/object' and coded with the number '1' for purposes of measuring frequency and for being able to compile examples to compare and discuss.

The following descriptions and discussion uses data from both the PET analysis (1a), and the SPA analysis (1b), of Cluster 1.

### **Examples and Discussion of Tentative CV 1: Equivocal Object**

In the SPA analysis (1b), CV1, 'Equivocal Object' was one of the highest scoring themes to arise in C's play and interactions with his therapist, and revealed frequently expressed concerns in C, regarding a child who appeared to feel that he held responsibility for the emotional and physical wellbeing of an adult/carer but also how this responsibility also appeared to feel burdensome and beyond the child's capacity to fulfill.

Being an aggregate of 4 primary emerging themes: PETS 1, 2, 3 & 9 (Figure 15, p149), CV 1 scored relatively high, with a TPR of no less than 46 recorded instances, (Highlighted in blue below).

**Table 2**

**Table Of PETS Arising From The Analyses Of The First Five-Session**  
**Cluster.**  
**Sessions**

Codes	1	2	3	4	5	Total
<b>1</b>	6	3	11	4	2	<b>26</b>
<b>2</b>	8	0	0	0	0	<b>8</b>
<b>3</b>	7	0	3	0	0	<b>10</b>
4	2	2	0	4	3	11
5	2	1	4	8	5	20
6	1	0	0	0	1	2
7	2	0	0	0	0	2
8	6	0	0	0	1	7
<b>9</b>	1	0	1	0	0	<b>2</b>
10	2	0	1	0	0	3
11	2	0	9	3	2	16
12	3	0	0	1	0	4
13	4	5	1	3	0	13

The needs for C to deny a sense of inadequacy, impotence and vulnerability in the face of such an unfulfilling task also appear to have had a bearing upon his needs to make-believe he was more mature and capable than his inexperience and immature years allow. The SPA of the theme content suggests a need on one hand for C to believe he can parent himself but on the other hand he also



appeared 'afraid to wake the baby' part of him for fear that parents/carers would be upset or unable to meet the demands made by him.

Linked to this finding is the possibility that should C acknowledge the vulnerable side of himself, he may have to face an unbearable sense of deprivation if, as his internal world portrays: his object/carer is also in a desperate state and in need of C's support.

This reversal of parent and child roles provides its own complexities in terms of C having needed to build his own defences in order to cope with this predicament, as he appeared to find difficulty accepting emotional support when it was offered. This predicament is what appears in the main to lead to C towards holding an equivocal view of his object as he cannot seem to trust his object can emotionally contain him.

An example of this form of ambivalence is identified in session 1, (reproduced below), when the slightest hesitation on the therapist's part led C into attempting to reverse the adult / child relationship by C asking his T about *his* (T's) problems.

Here, we have an example in the developing transference in which C's 'template' for relationships appears to include the concept of the parent/child roles for emotional containment readily becoming reversed at a juncture when C appears to interpret inefficiency or vulnerability on his therapist's part.

## Extract One

### Cluster 1, Session 1 Reversal of Parent / Child Roles

(20) C then asked me what the bed was for in my room. When I hesitated to answer C began to question me in a pseudo grown-up way, asking me if I had had any problems lately.

*(20) Attempt to comfort an adult male (therapist in room) whom he thinks may be vulnerable.*

(1,2)

(21) I said that as his question had made me hesitate he seemed to think that I too was vulnerable and needed his help.

*(21) Interpretation*

(i1)

In this example, there is a description of a form of pseudo-maturity in the child which is seen to be carried into the transference relationship with his T. This may imply that what C appears to be absorbing via family experience is being used to map his expectations of newly forming relationships.

Another theme identified in this example is what appear to be signs of a need in C to deny personal states of deprivation by projecting these outwards, in this example into his T. This theme appears closely related to the CV below, (p157) where a reluctance to express angry or aggressive feelings directly has also been identified.

A more complex aspect of this dynamic seems to be that when C cannot trust an object he has equivocal feelings for to contain his aggression, the same object appears to stimulate further equivocal feelings in him, leading to the development of a structure where 'mistrust of vulnerable object' and 'fear of uncontained aggression' appear to mutually misinform one another.

**Examples and Discussion concerning CV 2: Uncontained Aggression, in particular, PET no 11: 'Aggressive Feelings Which Cannot Be Directly Communicated'**

'Aggressive feelings which cannot be directly communicated' scores consistently high in the early phase of therapy.

Being an aggregate of 6 PETS: 4, 5, 6, 7, 10 and 11, (see Figure 15 above, p149) this CV also scored relatively high with a TPR of 54 recorded instances. (see 'Table of Primary Emerging Themes', above p154).

As the TPR suggests, this concept appears frequently in the displacement of C's play in the evolving relationship with his T. Extract One discussed above (p156) is a useful example. Here, in the context of C's talk about 'other' aggressive children behaving threateningly and kicking a ball at his (C's) head in his playground, (Session 2), C demonstrates that he 'C' was experiencing trouble processing such feelings whilst narrowly missing his therapist's face on several occasions in his own ball play.

Also in Session 2, C told his T that he was worried about using the paints on offer in case he 'C', ended-up losing control and splashed T's walls or eyes. Interestingly, also in this session, when T interpreted C's anxieties as poorly disguised aggressive feelings towards him (T), C responded by saying that he does not hate his mother. The interpretation here appeared to have stimulated C towards linking the aggressive thoughts he was having regarding his T, to hateful feelings he held regarding his mother.

Also, C's play was seen to contain many examples of figures that appeared 'nice' on the surface, but who harbored murderous feelings leading to infanticide. For example a 'nice' father who 'turns' during the night, 'suffocating' his children via hanging. (Session 3).

Considering what the history searches (Chapter 1) revealed about C's external world at the time, it may understandably have been very difficult for C to acknowledge aggressive feelings at this stage in his therapy, not only because of the frightening home environment he had experienced, (Chapter 1, p18), but also because an acknowledgement of his own aggressive feelings at this stage could have felt dangerously identifiable with his step-brother 'O', who had made a real threat to kill family members during the night.

There also appear some hopeful early signs that C can overcome fears that his own, more ordinary aggression would be confused with other more unusual acts of aggression expressed by his step brothers. For example in session 2, when T further interpreted C's aggressive feelings, C became less anxious and spoke of worries over parental arguments, and, becoming less inhibited, took-up the opportunity to use his T's paints without his previous fear of splashing his T's eye's and walls should he do so.

This positive response to the T's interpretation suggests that the interpretation in this example helped reduce some of C's anxieties, evidenced by C relaxing and engaging more. It also helped confirm the likely accuracy of the interpretation.

It is important to note here, that after C's therapy had concluded, C's stepfather was later accused by C and his mother of physical abuse and domestic violence. Taking the stepfather's alleged propensity towards violent acting out and the theme of 'aggression that cannot be directly communicated' into consideration, there is also a significant extract in C's play in session four.

In this session, C used two 'father' dolls, to speak about a pair of fathers. One father somehow knew about the other father's intent to murder his family but could not act in a way where his knowledge could be used to affect change for the better. Instead a family 'civil war' war broke out where murderous feelings abounded and each family embarked upon a killing spree.

It would seem probable, from the retrospective history searches, that at this point in C's life, he was experiencing violent arguments and physical abuse of a quality which prevented open discussion and child protection procedures to be initiated.

This censorship appeared to operate on several different levels. For example we know from information gathered later, that C had been exposed to past traumatic experiences of potential violence from his very disturbed step-brother 'O', (son to the stepfather) the seriousness of which, the family, especially the step father, seemed unable to thoughtfully acknowledge, and even gave false information to the CAMH team so that connections could not be made regarding how much of C's disturbance related to his external environment.

The history searches revealed that at the point in time where C received his fourth individual session, aggression and violence was part of C's family's repertoire of relating to one another.

The 'two fathers' in C's play in session four could also stand for aspects of C's thought process at a point in time where C partly acknowledges concerns about his home life and what this does to his own sense of aggression.

Another important PET from this first cluster relates to C's expression of suicide.

## **Examples and Discussion concerning PET 6: Suicide; located within in CV**

### **2 “Uncontained Aggression”**

Only two instances of expressed suicide are made within the first five session cluster. This code deserves careful attention due both to the subject's relative rarity in the play of young children and the fact that it makes a direct reference to the central symptom being researched.

Thematic examples of suicide communicated by C were relatively easy to observe when broken down on an interaction-to-interaction basis. However, it should be noted that great care has been exercised throughout the research to try to capture self-destructive states of mind that are less easy to detect but may nevertheless support suicidal ideation.

The following example and discussion therefore aims not only to reveal something about C's expressions of suicide as communicated in his play in therapy but also his thoughts surrounding these expressions.

For example, the level of *shame* communicated in the following play extract is interesting to note as C allows his T a glimpse of his personal fantasies surrounding suicide.

Although, this first play extract (Session 1, Units 7-12) to contain suicidal content, lacks certain detail, such as the method of death of the younger brother etc, the information expressed in the 'American Brother' play extract does open a vital window into C's particular ideology surrounding the suicidal act, the content of which will be discussed following Extract 2 below, p161.

N.B. PETS are coded in brackets on the right- hand side of the 'Primary Emerging Themes' column.

## Extract Two

The 'American brother Extract' from Session 1 showing 'C's' first expression of Suicidal Ideation

<u>Session 1 Extract</u>	<u>Primary Emerging Themes</u>
(7) Told a story about an "American elder brother" who accidentally killed his younger brother then killed himself to make other people feel better.	(7) <i>Concept of accidental killing of a younger brother by an elder brother who then commits suicide.</i> (5,6,7,12) + <i>Concept of suicide as a means to make other people feel better.</i>
(8) C said that the elder brother "hated the younger brother."	(8) <i>Hate between siblings.</i> (7,11) <i>Hatred projected.</i>
(9) C said it is "bad to hate and that people shouldn't". This had a quality of a lecture to it.	(9) <i>Thinks that to feel hatred towards other people is bad. Pseudo maturity.</i> (1)
(10) I said that: "In the story the elder brother's hate had led to a very sad accident." I added that "at times it must feel very bad inside, to have hateful feelings"?	(10) <i>Interpretation designed to try and support C into feeling he can manage his turned-in aggression with the support of an object that can think about aggression that is 'turned-in'.</i> (i2)
(11) C said: "It was".	(11) <i>Possible confirmation that he can.</i>
(12) C then spoke about his elder brother living in America. (?) Robbing shops, dealing in drugs "It is no place for a child to be brought-up in. My brother was left alone." C let me know that being left alone was something that could happen sometimes.	(12) <i>Storyline that does not quite seem to match-up with reality.</i> <i>Confused story.</i> (12) <i>Concept of a child being left alone to survive in a hostile environment and needing to turn to desperate measures.</i> (8)

Although 'unit 7' above provides one vital piece of information about a particular notion C expresses about suicide, the contextual units are also reproduced as they help add meaning.

The above extract appears to reveal several very important things.

1. (Unit 7) The elder American brother 'accidentally' caused the death of the younger brother, whom he hated, by simply 'hating him', thus communicating a concept that hateful feelings potentially lead to death. On a conceptual level this appears linked to why aggressive feelings cannot be communicated directly with safety.

2. After accidentally killing the younger brother, the elder brother then kills himself as a consequence of causing the death of the younger brother.

3. The elder brother killed himself because he felt this act would make other people feel better.

Considering the above, provides useful information about the suicidal dynamics that seem to be operate within the internal world of C at this beginning point in his therapy.

In this extract, unmetabolised hatred appears to have a role in both the killing of the younger brother and the subsequent killing of self, evidenced by C telling his T: it is "bad to hate" (unit 9), because as this extract demonstrates: it leads to both 'accidental' death, followed by suicide.

Another important point made about C's concept of suicide is the belief it has the potential to make other people feel better.

So in this portrayal of a suicidal act, C's perception of how other's view hatred or aggressive feelings, appeared to hold a significant place in the making of his suicidal ideation and suggests that C's internal objects may be such that they were not able to tolerate or process hateful feelings arising in him.



In the work of Klein (1935), Fancher (1972), Anderson R. (1998), it is shown to be possible for children to consider suicide as a way of murdering bad internal objects whilst at the same time preserving good, internal and external objects, as well as the good parts of one's self, identified with these.

However, when considered as an overall Cluster, this type of structure appears less clear as some of the objects who stand to survive, *support* self-directed violence. Perhaps a theory closer to C's suicidal act is noted by Scherzer (2005 p11) who writes:

Violent and destructive behaviour are fairly obvious symptoms of unresolved rage, and for some young people turning that rage against them-selves can become a coping mechanism in the face of inadequate or non-existent support in the family.

From what the history searches revealed about the violence in C's family at the time, it would appear more relevant in C's case to consider that his violent acting-out may have been linked to an 'unresolved rage' that is multi-generational in its making, extending from parental limitations, and the uncontained aggression of older siblings.

Scherzer's observations of self-destructive behaviour appear to give more weight towards the individual's view of what is regarded as 'bad' within themselves. For example:

I believe that developing an eating disorder and / or self-harming could be seen as examples of acting out anger both towards oneself for not having made things better [*remember C's failed attempts to cheer up his mother and aunt*] and towards the primary object for not having loved well enough.

(Scherzer, 2005, p14, my italics).

In Extract Two (p161) above, the suicidee kills himself to spare others, this is an important feature to consider further, as it gives data more specific to the emotional qualities that C appears to have attacked in himself.

It would seem that there may be two linked strands as to what it is the suicide in Extract Two is saving others from. One strand appearing related to intolerable *shame*, also noted in Fancher's (1972) description of an adolescent girl who acted out the 'shameful' aspect of her mother in order to preserve her idealized view.

In C's case a shameful component appears more linked however to the objects being unable to tolerate being acquainted with an individual harboring hateful feelings.

The other component in Extract Two appears related to loss and mourning loss, in that the *grief* felt by the 'parent's' over the death of the younger brother may be eased by the death of the person who caused it.

The juxtaposition of a killing followed by suicide and the reasoning for both acts are also of interest in Extract Two as each speak about disguised forms of violence. The killing of the hated younger brother becomes an 'accident' and the suicide of the elder brother becomes an 'act of compassion' for others.

In this part of the extract the T begins to work on the possibility that C (and indeed his objects) may be struggling to own aggressive or hateful feelings and an interpretation is loosely pitched within the safety afforded through metaphor. This provided C with an opportunity to own or disown as much personal aggression as he felt capable of tolerating within himself or others. It is after all, 'bad to hate'. (C, p161 above, unit 9).

In session one, immediately following Extract Two C spoke of how anxious he was not to 'wake the baby at night'. As such he slept on the floor by the bedroom door so as not to have to have to walk past and awaken his younger sibling when he needed to use the bathroom and also to reduce the risk of his brother falling downstairs to his death.

Also, the contrast between the care C expressed regarding his younger brother and the 'hatred' the elder American brother showed towards his younger brother was quite marked.

There were several ways of viewing this contrast. One would be that C was perhaps describing a reaction formation to his younger brother, i.e. displaying the opposite of what he cannot allow himself to feel or own. Another view may be that C was making every effort not to be the kind of hateful older brother that would be truly disturbing to a younger child, a brother such as C experienced in 'O'.

It may also be that C did not wish to awaken the baby in himself at this point, especially if it felt alone or vulnerable, fending for itself in an American (hostile) environment.

With the benefits of hindsight and the later corroboration of the 'highly likely' report of the frightening incident in America with 'O', it may also be fair to consider that C may have been confusing more ordinary hateful sibling emotions with the very disturbed form he was experiencing in his external world.

Cluster 1, Session 5, included data appearing to link with experiences later corroborated by the history search: disturbing extracts of wars between families, including murders and assisted suicides within a single family. The emotional affect of this context was put incredibly clearly by C when he depicted a child caught in the middle of the family wars who felt "torn apart" (unit 3).

The child asked the families why they were fighting; but thinking about why was too miserable for any of the family members to bear, so C told his T "it is easier to fight", (unit 3) and the inquisitive child in the play then became caught-up in violent acting-out as there was no other alternative. The child then had to "pick a side" as the middle position became too unbearable to maintain.

Of significance appear to be the bullets that the families fire at one and other. They were of a type which C said “deadens minds”, (unit 2), they are both silent and silencing, designed to prevent people from talking, or “letting their inside feelings out”.

Perhaps one of the most unsettling concepts within this extract for the therapist, was not only in the depiction of how there were no family members able to provide a containing function for the families unprocessed hateful emotions, but that there appeared to be a potentially life-threatening element that affectionately described family members who were killing each other as “putting each other out of their misery”.

The families eventually give-up *struggling* to kill one another (and by a reverse implication, the struggle to survive), and instead, reached an agreement to kill each other with mutual consent. (Cluster 1, Session 5, unit 5).

*This raises the possibility that in his suicide attempt, C may have been identifying with an internal object that considered suicide and assisted killings to be a form of compassion: an act which could help an individual out of an irresolvable and miserable situation.* This also helps elucidate the ‘American Brother Extract’ (Extract Two, p161, unit 7) where the elder brother killed himself to help others feel better.

Orbach I. (1988) brings attention to the concept he calls the ‘irresolvable problem’ originally developed in the work of researchers: Teicher and Jacobs, (1996) who address adolescent distress. Orbach further considers this concept within a framework of suicidal ideation where the child’s ‘problem’ was seen to help camouflage deep familial conflict:

For example, when parents are consumed with hostility toward each other but deny these feelings; their aggression is often directed to the child as scapegoat. The child’s guilt is then the glue that binds the family together.

(Orbach 1988, p196).

Orbach gives two clinical examples of young children to help explain that what he observed about his particular 'scapegoat theory' was that in both children, the child was made to bear responsibility for a conflict that could not be spoken about by the family.

A similar form of unspeakable conflict appears expressed in C's 'family play' of session 5, when the characters depicted involve themselves in firing life-threatening projectiles (bullets) at each other with the aim of deadening each other's brains.

A considerable problem seemed to be highlighted in this aspect of C's play in that it's content implied C's mental apparatus at this point in time, appeared unable to differentiate between thoughts that were either potentially 'dangerous', or potentially helpful.

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At this juncture, the research has helped us understand some of the dynamics underlying C's equivocal feelings towards others, his uncontained aggression, and the emerging themes of suicidal thinking during the earliest sessions in his therapy.

Whilst CV's: 3 'Child Alone or Vulnerable', 4 'Confusion' and 5 'Developmental Thinking' did not score as high as CV's 1 'Equivocal Object', and 2 'Uncontained Aggression', (see Figure 16, p150) it is important to try and give a synthesized account of their presence as they alter over time and may have a dynamic bearing upon the development of the more predominant CV's 1 and 2.

#### Child Alone/Feeling Alone or Vulnerable (CV 3)

This theme was expressed on 7 observable occasions in Cluster 1 and appears to be composed of at least two different and complex emotional strands: one, (a) where the child feels alone and overwhelmed whilst in the company of another, the other, (b) where there seems to be a concept of actual aloneness and a fear of having no company.

In Session 1 for example, there were instances of type (a) where C spoke about a particular sense of being on his own and overwhelmed by the experience of unsuccessfully trying to cheer-up a dying aunt, (unit 5), and later, of trying to comfort his mother during labour but had to leave the room fearing he may see blood. (unit 19). Whilst in both of these examples there is company for C, his objects are damaged and he felt responsible for their physical and emotional wellbeing. In this way it appears C could feel alone even when in the presence of others. If this data is to be taken seriously, C appeared to have little concept of an emotionally containing object.

There was also a clear example of this reversal in the transference in the aforementioned material where C attempted to reverse the therapist/patient role (Extract One, p156, unit 20 above). The readiness with which C took-up the caretaking appears to support a view that C had an overdeveloped awareness of adult anxiety states and that complex narcissistic developments appeared to be in place. In these moments the T needed to hold fast to his role as 'caretaker' as he experienced a low-key derisory resistance towards his efforts to engage with C in a way where the responsibilities for emotional containment were the right way round.

In this sense, one can see that there appeared to be a dynamic relation between C's impression of feeling alone (CV 3) and his equivocal view of objects (CV 1) i.e.: objects that could not provide him with emotional containment.

This observation of a form of narcissistic development, where the child becomes the carer of himself and his damaged objects, may link to some of the theories on the development of a 'false self' put forward by Kafka in (1969) who makes links between Winnicott's (1953) concept of the transitional object, and the deprived child's use of his/her own body to create a distorted sense of connection with an object experienced as rejecting. Kafka suggests that the creation of pain in one's body creates a distorted form of connection to an internalised rejecting object.

Scherzer A, (2005, p15) also notes that:

Self-destructive behaviour can be utilized in an effort to act out rage towards the self as well as towards the object who disappointed, and to re-create a physical and emotional experience of pain and rejection, which provides a distorted sense of connection to a (negative) psychic representation of the primary object.

In the light of Kafka's theories, it may be possible that C's suicide attempt via depriving himself of oxygen, could be partly understood as an unconscious attempt by C to form a distorted connection with an object experienced as depriving.

#### Confusional States (CV 4)

Expressed on four occasions within C's play in this first cluster. The examples analysed appear to suggest states of confusion may have a particular role in relation to anaesthetizing a sense of aggression which cannot be thought about.

An example given by C, relayed how confused he said he felt regarding the rules in a computer combat game (previously mentioned on p153 above), followed immediately by C kicking a sponge ball hard around the therapy room, narrowly missing his therapists face on several occasions. Whilst the sense of aggression is communicated quite concretely in this example, a sense of *confusion* accompanying this behavior was one that was more felt in the transference by the T, before being confirmed in C's talk of 'not knowing the rules' of a computer combat game.

Anesthesia is also experienced by the T at an emotional level and peaks during moments when the ball was being kicked repeatedly from different angles with the therapist being required to take rapid evasive action.

Confusional states in relation to uncontained aggression were also found in play-examples that were heavily expressive of family fighting, antagonistic separations and episodes of brain shootings. (Session 5, units 1 & 2).

### Developmental Thinking (CV 5)

13 observable instances expressed within the first five session cluster, which is a comparatively low score when compared with CV's 1 and 2 discussed above, (see Figure 16, page 150 above). Themes attracting this code included examples where C demonstrated a capacity to think about particular themes regarding his external life situation, or the way he felt with relative clarity.

This CV includes C's responses supported by the therapist's interpretation and includes C's recollection of dreams where he was able to present a considered account to the therapist.

As with CV's 4 and 3, 'Developmental Thinking' also attracted its own code due to its uniqueness. This CV differed again however from any of its peers in that it encoded expressions of C's thinking that appeared developmental in function.

This meant instances in C's interactive play or speech that demonstrated he could *think about* and begin emotionally processing anxieties that accompanied his expression of a communicated theme.

Developmental Thinking therefore codifies a *quality* in the capacity for C to be able to think-about any of the other expressed CV's.

Examples of CV 5 were to be found at the end of session 4 where C spoke clearly about his concerns regarding his step brother 'O'.

### **Summary Of Findings From The Analysis Of Cluster 1**

Using a mainly Glaserian form of Grounded Theory analysis, Cluster 1, comprising of C's first 5 sessions in therapy, identified a total of 13 PETS, (Figure 14, p147 above). These PETS have been grouped into 5 types of 'tentative' core variable, (C.V.'s), based on similarity. (Figures 15 and 16, pp149-150). CV's 2, 'Unprocessed Aggression', and 1, 'Equivocal Object', revealed themselves as being the most prolific CV's at this stage, followed in order of prevalence by CV's 5, 'Developmental Thinking', 4, 'Confusion', and 3,



'Child Alone or Vulnerable', which achieved more modest scores by comparison.

The concept of suicide was expressed on two occasions in this first Cluster revealing important information on C's specific thought processes surrounding this act. Following the 'American Brother Extract', (p161 above), the possible relevance that 'shame', and 'unprocessed aggression' might play within a dynamically complex object relations system has been discussed.

Disturbing extracts from Session 5 (unit 5) also described how C expressed fantasized acts of familial murder as an almost affectionate way of putting loved one's "out of their misery", with the misery being a position where one felt both torn-apart and caught-in-the-middle of warring families.

### **Next Step**

The research aimed next to broaden its net so that some sense of the development of PETS and CV's could be gathered across time.

The following cluster group was taken at four approximate equidistant points covering C's first year in therapy.

This next Cluster used sessions previously identified or 'starred' jointly by the therapist and the original clinical supervisor as appearing to express significant emotional narratives. Using sessions previously identified jointly with an experienced clinical supervisor ensured an additional measure of reliability as 'starring', helped capture a representative sample of the most relevant data over the first year period.

**Cluster 2**  
**The Emergence of Primitive Anxiety as another Core Variable**

**Data Analysis Findings & Discussion**

**Introduction**

Sessions 20, 58, 125, and 167 represent the nearest available equidistant starred sessions covering the first year. (Please see Table 1, page 143 above).

Continuing from Figure 15 (p149) where, the Data Analysis of Cluster 1 (a) 13 PETS were identified and grouped into 5 tentative CV's, Figure 18 (p174) below gives an example of how root-fantasies contributing towards 'Primitive Anxiety' (a generalised form of anxiety) were discovered by following subjectively experienced anxiety in the therapist, back to underlying sources in the child's material using a SPA analysis.

Figures 19 and 20 (pages 176 and 177 respectively) give bar charts to show the incidence (Theme Persistence Rate, [TPR]) of 11 additional PETS to be identified this way, bringing the total to 24.

As the SPA approach relies upon the therapists own subjective experience to identify themes communicated by C, it will be noticed that many of the codes measuring CV's are taken mostly from analysing the therapist's own response to C's communications.

To provide some degree of reliability and consistency in this aspect of the measure, each of the therapist's responses have been subjected to a research orientated clinical overview, where two supervisors, as well as the therapist, had to reach an agreement on the accuracy of each code applied.

These 11 additional PETS were discovered mostly in the combined SPA and PET analysis of Cluster 2 and partially by revisiting Cluster 1. (analysis 'b') as part of the Grounded Theory method of 'constant comparison'.

Whilst further information identified revisiting Cluster 1 (analysis 'b') as a function of Grounded Theory's 'constant comparison' took place *after* the analysis of Cluster 2, the findings derived from this second reviewing are incorporated within this section for ease of reading.

One of the benefits of Grounded Theory when analysing emotional phenomenon is that it legitimately allows the researcher extensive opportunities to revise previously analysed material to build newer, more fitting codes, ensuring connexions and refinements can be made between elements that may bear an important relation to one another (see Chapter 3, p117).

PETS that held a more emotional signature had probably been overlooked at the first analysis of Cluster 1 because the researcher was still becoming familiar with and refining the application of the grounded-theory method.

One of the overall aims of the series of Figures 14 – 22 in Clusters 1 and 2, is to demonstrate how their combined PETS have been progressively synthesized into a total of six family groupings or 'tentative CV's' via the process of constant comparison.

### **Findings From The Data Analysis Of Cluster 2 and 1(b)**

The example below is taken from Session 20, Cluster 2, and illustrates how the method of constant comparison allowed the researcher to find previously unobserved PETS by tracing backwards from CV6, 'Primitive Anxiety'. The extract depicts 'C' playing at being a girl who has been flying precariously above the Earth's atmosphere and is attempting to land safely.

#### **Figure 18**

**Illustrating How Points Of Primitive Anxiety Subjectively Experienced In The Therapist, (CV6), Were Traced Back To Their Root Fantasies Which Were Recorded As Additional PETS**

' As she came in to land she swooped and dived about screaming.  
(PET 15)

I said that coming down to earth was a very frightening experience for her.  
(i6)

C said: "It is. She has been up there for a very long time."

I said that maybe the girl felt that she had needed to stay there a long time ?  
(i6)

Finally on Earth, C tells me that the girl needs to "test out the atmosphere by taking one piece of clothing off at a time." On several occasions, just when she thought it was safe to remove her oxygen mask, a surprise bomb exploded. On other occasions, "holes" would mysteriously appear in her protective suit and she would "suffocate" or "decompress".  
(6)

(PETS 19, 14)

I commented on the child's dreadful experiences, the nasty surprises which made her feel really worried about landing or doing away with her protective clothing.  
(i6)

#### **KEY**

14 = Suffocation 15 = Falling 19 Exploding

(C.V. 6) = Primitive Anxiety

Figure 20, (Cluster 2) and Figure 21, (Cluster 1b) reproduced below pp 177-178, provide bar charts showing 11 root - fantasies identified as stimulating a more general sense of 'primitive anxiety' in the therapist.

The following root fantasies could be seen as belonging to a similar family of emotional experience in that their origins might be described as 'primitive' i.e. possibly based in very early experience or trauma.

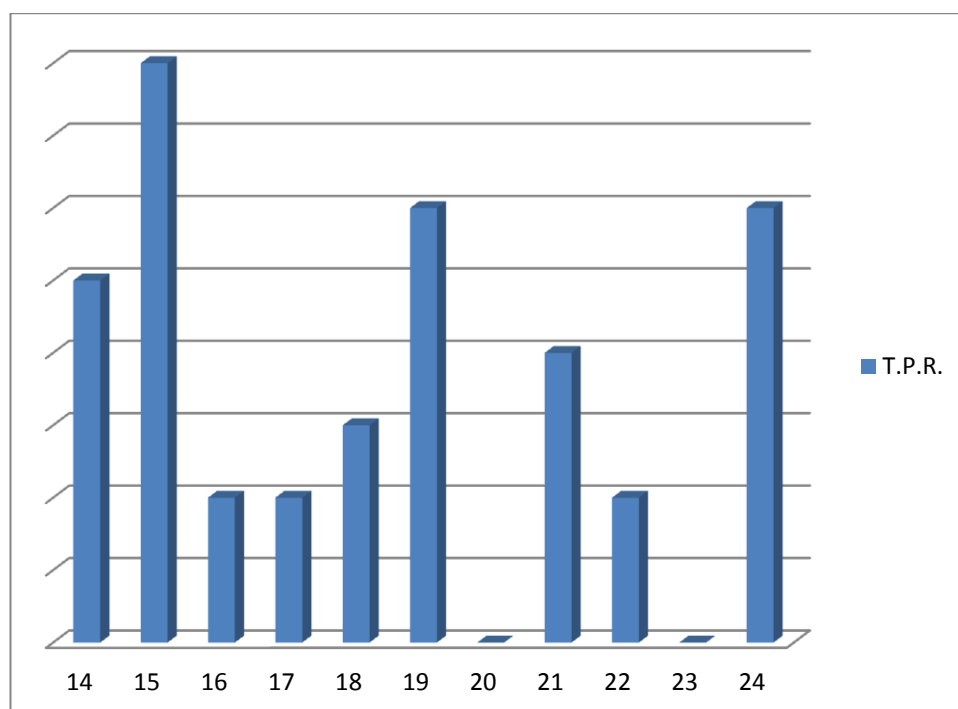
Figure 21 compares the sensation-based PETS from Clusters 2 and 1b side by side.

Figure 22 then gives the combined total of the sensation-based PETS from both Clusters.

**Figure 19**

**Analysis of Cluster 2**

Bar Chart and Theme Persistence Rate (TPR) of the 11 additional Sensation-Based PETS Acting as Root Fantasies In Stimulating Tentative CV 6: (Primitive Anxiety) in the Therapist



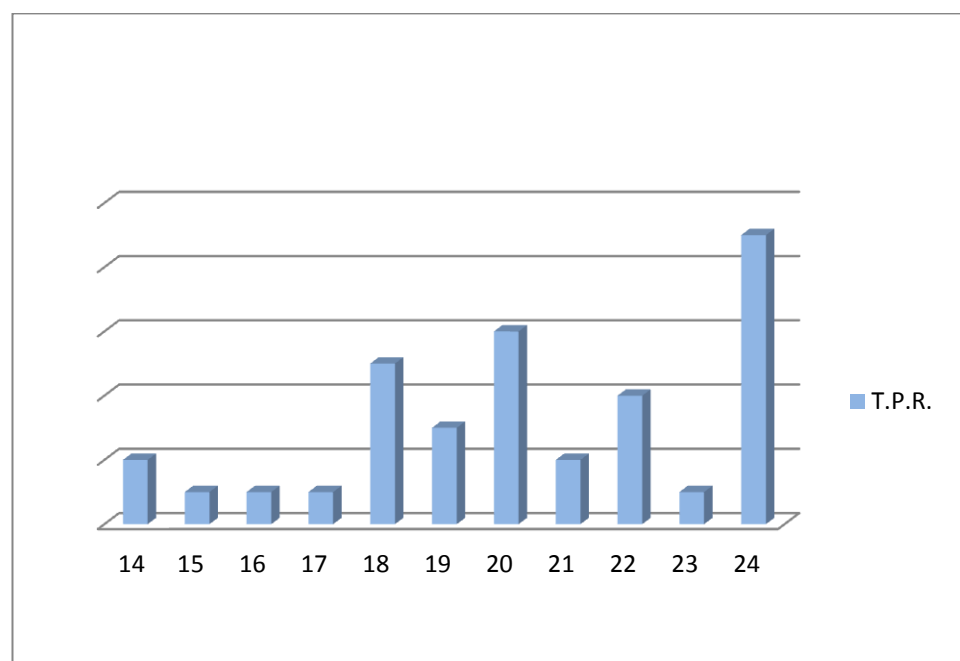
Key: TPR = Theme Persistence Rate  
 Primary Emerging Themes ‘Sensation-Based’  
 Each horizontal line on the bar chart represents 1 measure

14.	fantasies involving a sensation of: suffocation	(X 5)
15.	“ falling	(X 8)
16.	“ floating away	(X 2)
17.	“ being jettisoned	(X 2)
18.	“ falling apart	(X 3)
19.	“ exploding	(X 6)
20.	“ feeling trapped	(X 0)
21.	“ feeling lost	(X 4)
22.	ideas depicting infant, birth or foetal types of concern	(X 2)
23.	expressed fear of growing up	(X 0)
24.	feeling vulnerable and emotionally in-touch with a needy infant part of self	(X 6)

**Figure 20**

**Analysis of Cluster 1b**

Bar Chart and TPR of the 11 additional Sensation-Based PETS Acting as Root Fantasies In Stimulating Tentative CV6: (Primitive Anxiety) in the Therapist



Key: TPR = Theme Persistence Rate

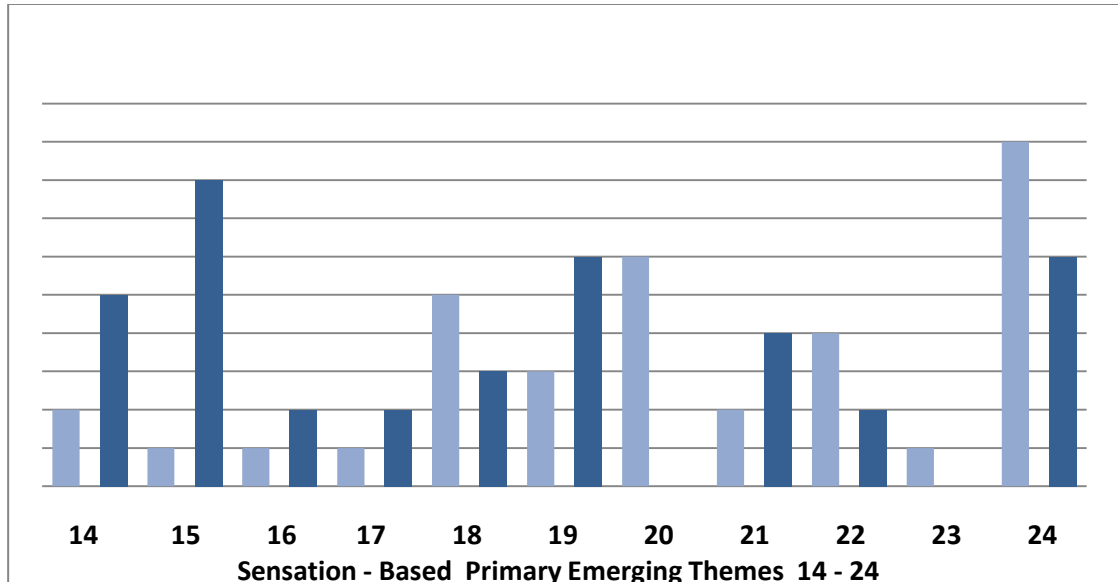
Primary Emerging Themes

Each horizontal line on the bar chart represents 2 measures

14.	fantasies involving a sensation of: suffocation	(X 2)
15.	“ falling	(X 1)
16.	“ floating away	(X 1)
17.	“ being jettisoned	(X 1)
18.	“ falling apart	(X 5)
19.	“ exploding	(X 3)
20.	“ feeling trapped	(X 6)
21.	“ feeling lost	(X 2)
22.	ideas depicting infant, birth or foetal types of concern	(X 4)
23.	expressed fear of growing up	(X 1)
24.	feeling vulnerable and emotionally in-touch with a needy infant part of self	(X 9)

**Figure 21**

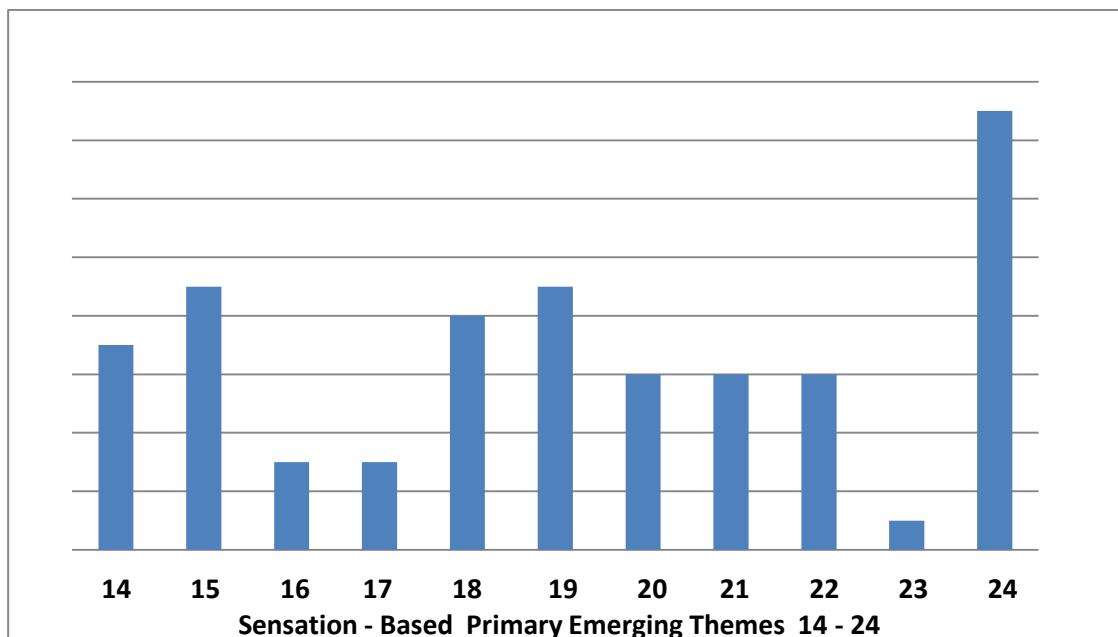
Chart Comparing TPR of 11 additional Sensation - Based PETS from the analysis of Cluster 1, (light blue) and Cluster 2, (dark blue).



Each horizontal line on the bar chart represents 1 measure

**Figure 22**

Chart Showing TPR of 11 additional Sensation - Based PETS from the analysis of Clusters 1 and 2, Combined.



Each horizontal line on the bar chart represents 2 measures



## **Discussion of the Findings from the Search for Sensation-Based Primary Emerging Themes**

Figures 19, 20, 21, and 22 reveal that by comparing the 'sensation-based' PETS taken from the first five sessions in Cluster 1 'analysis 'b' ' with those taken from Cluster 2 representing a cross-section taken at approximate equidistant points covering the first year of therapy, the following patterns were identified:

- a. In Figure 20, in 6 out of 11 sensation-based PETS, there appears to be an increase in TPR, following the 1<sup>st</sup> 5 sessions. The most noticeable increases seem to be in PETS 14 and 15: 'fantasies involving a sensation of suffocation' (60%) and of falling' (88%). Other increases included a doubling in TPR in PETS 16: 'fantasies involving a sensation of floating away', PET 17: of being jettisoned, PET 19: exploding, and PET 21: feeling lost.
- b. In Figure 21, the remaining 5 sensation-based PETS all appear to have decreased after the 1<sup>st</sup> 5 sessions, with PET 20: 'fantasies involving a sensation of feeling trapped' and PET 23: 'expressed fear of growing up', recording zero scores (100% reduction). The biggest percentile reduction appears to be expressed however in PET: 20. PET 18: 'fantasies involving a sensation of falling apart' showed a reduction by approximately 31%, whilst PET 24 'feeling vulnerable and emotionally in-touch with a needy infant part of self', appears to reduce by approximately 33%.
- c. If both cluster groups are combined (Figure 22), the highest scoring PET expressed is PET 24: 'feeling vulnerable and emotionally in-touch with a needy infant part of self', with PETs 16, 17 and 23, achieving the lowest expressed scores.

The bar charts appear to reveal an important finding: that over the duration of approximately one year in therapy, C appears to express fewer feelings of vulnerability and infant-like neediness than during the first 5 sessions.

He also appears to express remarkably fewer feelings of the sensation of 'falling apart': no concern about 'growing up', and no longer appears to express fears of feeling trapped.

It may therefore be possible to understand the increase in expressions of themes of 'suffocation', 'falling', 'floating away', 'being jettisoned', 'exploding' and 'feeling lost' as a form of 'development in C's communicative expression' in that these PETS may have relied upon the thoughtful 'containment' of the others: the 'vulnerable' and 'needy infant part of the self' 'feeling trapped', fears of 'growing – up' and 'falling apart', before he felt more able to release them.

This theory may be supported in the observation that the largest reduction: 'feeling trapped', appeared to be amongst the most significant developments to occur. One way of interpreting the sensation of 'feeling trapped', is to consider that it may have related to feelings of claustrophobia, symptomatic of a pseudo-self-containment, or 'bottling-up' in the absence of a containing object.

This may in-turn suggest that over the first year of therapy C allowed his therapist to contain his more claustrophobic feelings and had less need to attempt to keep them inside himself. As such, C may then have been in a better position to ventilate his feelings of 'suffocation' with his therapist.

Figure 23 below, provides a table showing the TPR of the full range of 24 PETS from Cluster 2, grouped into 6 tentative CV's. This table is followed by Figure 24 (p182) with a coloured bar - chart to further illustrate these developments.

**Figure 23**

**Cluster Analysis 2, Table Showing The TPR Score For Core Variables  
Covering C's First Year In Therapy**

<u>Core Variables</u>	Session 20 (6.3.01)	Session 58 (31.5.01)	Session 125 (16.11.01)	Session 167 (7.2.02)	<u>Total Core Variables Year One</u>
	<u>TPR's</u>	<u>TPR's</u>	<u>TPR's</u>	<u>TPR's</u>	
<u>1</u>	9	19	16	13	<u>57</u>
<u>2</u>	7	19	7	14	<u>47</u>
<u>3</u>	0	0	2	9	<u>11</u>
<u>4</u>	1	1	7	3	<u>12</u>
<u>5</u>	0	0	0	3	<u>3</u>
<u>6</u>	6	10	14	9	<u>45</u>

KEY

TPR's = Theme Persistence Rates

**CV's**

1 = Equivocal Object    2 = Uncontained Aggression

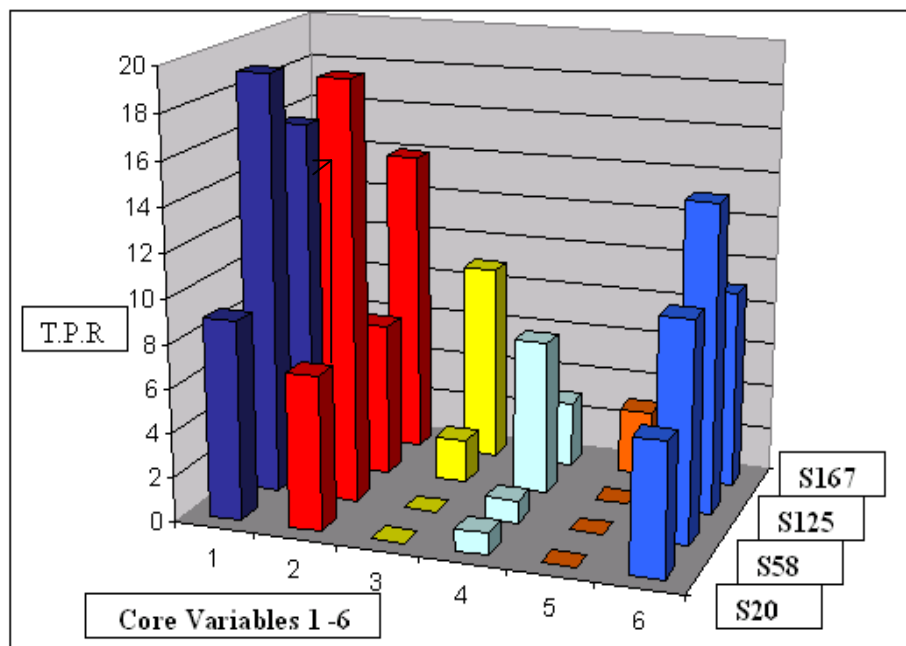
3 = Child Alone or Vulnerable    4 = Confusion

5 = Developmental Thinking

6 = Primitive Anxiety

**Figure 24**  
**Cluster 2 Data Analysis**

Coloured Bar – Chart Showing The TPR Development Of Core Variables Based On The Synthesis Of All PETS In Cluster 2 Taken From ‘Starred’ Sessions At Their Nearest Available Equidistant Point In Time, Covering C’s First Year In Therapy



**KEY**

T.P.R. = Theme Persistence Rate

**CV's**

1. = Equivocal Object   2. = Uncontained Aggression  
3. = Child Alone or Vulnerable   4. = Confusion  
5. = Developmental Thinking  
6. = Primitive Anxiety

S20=session 20, S58=session 58, S125=session 125, S167=session 167

Figure 23, and Bar Chart (Figure 24) above, show throughout the first year of therapy, three CV's scored markedly higher than their counterparts, these were CV's 1, Equivocal Object; 2, Uncontained Aggression, and 6, Primitive Anxiety. Suggesting these three CV's were predominant in C's mind during the first year of therapy.

CV's 3, Child Alone or Vulnerable, and 4, Confusion, scored low, only seeming to increase by the second half of the 1<sup>st</sup> year of therapy.

CV 5, Developmental Thinking, scored the lowest of all, but began to make a noticeable contribution after C had been in therapy for just over a year.

As the *identification* of Primitive Anxiety and its' constituent parts, form one of the more significant observations to develop out of the analysis of Cluster 2 and its comparison with Cluster 1, it seems important to give further consideration to the composition of this particular tentative CV.

#### Primitive Anxiety, as a possible combination of fantasies

As already discussed and illustrated (pp175-178, above), 'primitive anxiety' can be felt as a more generalised form of anxiety-sensation than those that are more specifically signalled and perhaps cognitively secured by a particular symbol, theme, or situation such as spiders, travelling or exams.

This research appears to suggest that in C's case at least, this apparently more generalised, and perhaps pre-symbolic anxiety state may be very different from those anxieties linked to specific known sources.

As such it can host an emotional wellspring of many different possible pre-symbolic root fantasies, which, when combined, lead towards a more amorphous and perhaps more frightening form of anxiety.

The following two extracts taken from Sessions 125 and 58, are used to give examples of data recorded as expressing 'Primitive Anxiety'.

**1<sup>st</sup> Example Illustrating 'Primitive Anxiety' From Data Recorded As Primitive Anxiety**

**Extract 3**

**Cluster 2, SPA Approach, Session 125**

C jumped up from the floor and then on to the bed walking across to the end nearest the window. C stepped across the gap between the bed and windowsill, and balanced on the windowsill began trying to pry the window open with his fingers. (I always keep the window locked).

(CV 6)

[PET 15]

C: "This is the happiest day of my life".

I waited for C to tell me more.

C: "Well, don't you want to know why?"

I comment on how C seems to think I'm not interested unless I ask.

C: "Well, don't you want to know?"

T: "You're not sure that I am interested in you or what you have to say?"

C: "Well, if you're interested you ask don't you?"

I did not answer immediately and C repeated his question yet more forcefully. I felt awkward.

T: "Well, yes."

C went on to tell me that he and his girlfriend had had the most wonderful time together.

C: "I said to her, (looking upwards) did it hurt? ... Did it hurt coming down through heaven. Because, because, you're an angel. (PET 15) She's beautiful, we kissed, and it was so; wonderful. I love her."

(CV 6)

Continuing to stand on the windowsill C asked me if I could push the bed closer to him because he felt he was going to fall. I did this and C 'fell' on to the bed. He then curled up and slowly rolled over on the bed rubbing his feet upon the wall as he did so. C then rolled off the bed then standing up reached into his box and took out some sticky tape.

(CV 6)

[PET 15]

### KEY

### CV's:

6. = Primitive Anxiety 1. = Equivocal Object

The above example shows how a constituent of Primitive Anxiety [PET 15, '...falling'] once identified, can present in a fairly straightforward manner.

The example also demonstrates how several 'units of data' can combine in a very short space of time, to create a sense of Primitive Anxiety in a therapist.

In this example, the combination of C attempting to prise open a second floor window, alongside him having expressed idealised fantasies of a love falling out of the sky, are the main contributing fantasies generating Primitive Anxiety.

## **2<sup>nd</sup> Example, Showing How Several Different CV's Can Act In Combination, Producing A More General State Of Anxiety**

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### **Extract 4**

Session 58, Cluster 2, (SPA)

' After several moments C got up and I felt there was some anxiety in him as the session was nearing an end. He grasped the sticky-tape and began trying to stick me to my seat. I told him that I now thought that he was worried that I would not be here for him tomorrow. He picked up his plastic pistol and seemed to be wondering what to do with it. It felt like in his play he was struggling with considering whether to shoot me or not.

I said it must be very difficult moving from this atmosphere to another one and that maybe he was struggling with whether or not to kill me off in his mind as the session's end was coming very near (i1+2+6)

C asked if he should throw his gun out of the window, I said no as it may land on someone below but added that he was now probably wondering if he really needs a weapon when he is with me (i1+2)

C then bit off the end of his glue stick and was about to spit it in to my face, I put my hands up to protect myself. C asked me to bring my hands down. I said I would not do this as I didn't want him to spit the top in-to my face, I also said that I felt he was showing me how coming to end of a session can feel like I am spitting him out. (i1+2+6)

### **KEY**

TPR

CV's

1. = Equivocal Object   2. Uncontained Aggression   6. = Primitive Anxiety  
i. = Therapist's Interpretation

By comparison with the example from session 125, this example seems more complex in the way that it appears to combine three different types of Core Variable in the production of an anxiety state.

In Figures 23 and 24 above on pages 181 and 182, we can see how, during the first year of therapy, the child and therapist both appear substantially exposed to fantasies embodied within Core Variables 1. Equivocal Object, 2.



Uncontained Aggression, and 6. Primitive Anxiety. This example is also useful for highlighting the gathering body of observations which appear to show that C has difficulties associated with 'endings'.

Figure 24, page 182, also appears to highlight in session 167, the last session before a holiday, an increase in activity for CV's 2 and 3, Uncontained Aggression and Child Alone respectively. This example shows therefore, how the coding criteria allow for a degree of complexity to be recorded, even within the identification of CV's.

### **Discussion of definitions of Primitive Anxiety in psychological literature relevant to the researcher's experience of it**

The following are definitions of primitive anxiety, described by different authors which help identify it. Although the two online sources do not aspire to provide scientifically rigorous information on psychological matters, this information is widely available and used by a broad clinical audience. Also, within the spirit of Grounded Theory, all data is regarded as potentially valuable provided it is carefully thought-about and used with due care.

'Primitive anxiety refers to those powerful anxieties that exceed simple conflict and threaten self, such as the fear of death, abandonment and of disorganisation.'

McCarthy, J.B. (1985)

'Anxiety that lacks definite focus or content.'

PEP WEB (2011)

'Not focused on a particular object or situation... afraid of something but unable to articulate.'

Psychology Wiki (2011)

The above definitions compiled by 'PEP WEB (2011)' and 'Psychology Wiki (2011)', interestingly describe 'primitive anxiety' in much the same global way

as the therapist in this research originally experienced it in the transference during the more difficult moments in the therapy.

The work of McCarthy however describes primitive anxiety in terms of it being a mental state identified by its capacity to arouse a sense of 'threat' to the self.

Also of interest is the observation that McCarthy's more focussed definitions appear to match some of those uncovered in this research and feature in the list of PETS that make-up CV 6 (Figures 20 p177, and 21 p178, above).

McCarthy also considers primitive anxieties to be disclosing remnants of traumatic affects, an observation that appears to be corroborated in this research as we know from C's external world history (Chapter 1) that C. had experienced several forms of trauma.

Through a lens afforded by chaos theory it is also possible to view Primitive Anxiety as a form of 'strange attractor' with finer-grained, fragments (PETS) subjected to its gravitational pull and gaining momentum through an accumulation of associations.

## **Summary of The Findings from Cluster 2**

The above graphs and examples show how a total of 24 open codes or PETS have been synthesized into 6 tentative CV's in the first two Clusters.

The examples also begin to depict how, during the earlier stages of therapy there had been a strong sense of C being entangled in an internal structure that rejected what he needed and then needed what he rejected, afraid to 'make a committed landing' but also fearful of cutting his ties and 'floating off into space' (Session 5 extract in Figure 19, p176, above).

This emotional plane appears marked by an intense and unbearable sense of ambivalence towards forming an emotionally close [suffocating] relationship.

This aspect of C's personality has been revealed via the coding and tracking of CV 1: 'Equivocal Object', plus taking a more focussed (Bickian) view of the fantasies underpinning such a state of mind in the SPA which utilizes the benefits of a psychoanalytic observational system sensitive to detecting inter-subjective states transmitted between people.

This deep sense of ambivalence supports an equivocal view of his object which in turn appears to lead to the employment of various forms of narcissistic defensive structure as a way of precipitously managing powerfully conflicting emotions stimulated within him when experiencing emotionally-close encounters he both needs and fears.

We have observed how, during the earlier phase of C's therapy, (again, session 5, Figure 19, p176 above) C was seen to engage in manic type behaviour and play when his therapist attempted to make conversation that 'threatened' to bring him emotionally closer.

Other examples of this powerful equivocalness and accompanying narcissistic defensive structure are also observable in later sessions of this Cluster group. For example session 125, (Cluster 2) C initially responded to his therapist's attempts to engage with him by imagining that he needed to install 'trip wires' to protect himself.

This was closely followed by a most expressive metaphor of ambivalence, (Equivocal Object), where in his play C communicated very mixed feelings over engaging with his therapist, as the following extract illustrates:

### **Extract 5**

Cluster 2, Session 125, Equivocal Object

"C played being a 'baddy' that was blind in one eye who shot his own men. Then C (in role) said that he was totally blind and that the 'wires' alternated confusingly between being a 'guideline' towards me and/or a line which led the 'blind baddy' back out to war".

It was as if C could not always tell if his therapist could be relied upon to guide him and that he tended to get his wires crossed between either seeing his therapist as a potential guide or enemy.

At other times, in moments when his therapist attempted to engage, his therapist's words could be experienced as transporting something lethally penetrative, like deadly bullets.

Yet paradoxically, a separation at the end of such a session could also be experienced as threatening, like an unbearable tear, with C often attempting to narcissistically take control of his therapist and climb inside his clothing. (This phenomenon will be analysed in greater detail in the section that deals with the more focussed analysis of separations and reunions beginning on p203 of this Chapter).

It was such experiences that raised the possibility of C fearing some aspect of his therapist being regarded as either uncontrollably separated from him or overwhelmingly merged with him, which seemed to leave C feeling overly vulnerable upon separation.

This observation helps confirm Donald Campbell's (2008) observations (see: Chapter 2, pp 40-42) who also noted high levels of ambivalence combined with fantasies of idealized merger in his suicidal patients.

The data analysed to this point in the research therefore raised the possibility that C had developed a form of defensive and narcissistic structure appearing highly sensitive towards experiencing conflict between his needs for emotional closeness and attentive distance.

To further explore these emerging theories arising from Cluster Analyses 1 and 2, two avenues of subsequent cluster selection appeared equally relevant. One has been to focus specifically on groups of sessions where emotions described above were more likely to be intensified or exacerbated as in sessions occurring immediately before and after a separation, i.e. those sessions occurring near holidays and week-end breaks.

The other, concerning two developments which would build on the identified themes, and address their potential reliability and validity: Firstly, to broaden the sampling beyond the first year only (as in Clusters 1 and 2), in order to capture key sessions placed at strategic intervals over the whole span of C's therapy.

Secondly, to explore these using a more thorough – going, finer - grained approach to Grounded Theory Method than was applied in the first two Cluster analyses, with this development aiming to yield a yet clearer picture of C's mental structures and emotional developments along the full-length of treatment.

Chronologically, (see Table 1 p143, of this Chapter and Figure 13 p130, Chapter 3), Cluster 3 Analysis initiated the first of these avenues of enquiry,

focussing on what was judged to be three typical pre and post – separation sessions located in the mid - term of therapy. This was followed by the Cluster 4 four-column-analysis of the second avenue, combining a broader and more detailed dissection, and cast as part of the process of data-saturation to gauge the reliability of any emergent CV's and PETS, as well as providing further opportunity for additional CV's to be identified.

A detailed description of the 'Four Column Method' is to be found in Chapter 3 (pp109-113).

Finally, Cluster Analysis 5 and 6 returned to complete a more systematic exploration of separation – related emotions initiated by the Cluster 3 analysis of mid – term sessions only. By focussing on such sessions at the latest and earliest points in therapy respectively, and comparing them with findings in cluster 3, similarities, differences and developments between them could be suggested.

For the purpose of the presentation to follow, the chronological sequence of the analyses carried out on Clusters 3, 4, 5, and 6, have been structured more thematically, in keeping with the two avenues described above.

At this point of the account of the research therefore, the Cluster 2 presentation is now followed by the Cluster 4 analysis presentation, in order to see how, or whether, the more systematic Four Column Analysis of sessions across the whole span of therapy, provides further definition to the themes and theories emerging from Clusters 1 & 2, taken from the first year of therapy. In addition, it aims to provide an opportunity to see whether it further contributes to a greater understanding of developments in the CV's over the duration of C's therapy.

Following the Cluster 4 presentation, Clusters 3, 5 and 6 will then be presented together, forming a representative picture of separation – related developments over the three points of early, mid, and late therapy.

## **Cluster 4 Data Analysis Findings & Discussion**

### **Therapeutic Developments Tracked More Systematically, From Key Sessions Taken Across The 28 Month Span Of The Therapy By Using A More Fine-Grained And Integrated PET And SPA Method**

#### **Introduction**

So far, the PET and SPA analyses have been applied separately to the preceding three Clusters. The 'Four Column Method' has been developed however as part of a process of refining the research method in this study. This approach marks a level of refinement that may prove useful in other psychotherapy research applications, providing a relatively transparent method for tracking and coding transference and counter-transference data.

The Four Column Method of Grounded Theory analysis has been applied to 6 sessions. They are as follows:

- |      |                             |             |
|------|-----------------------------|-------------|
| 1,   | (Cluster 4, Session 1       | [12/1/01] ) |
| 8,   | (           "           8   | [01/2/01] ) |
| 58,  | (           "           58  | [31/5/01] ) |
| 168, | (           "           168 | [17/2/02] ) |
| 235, | (           "           235 | [18/7/02] ) |
| 330, | (           "           330 | [19/5/03] ) |

These sessions represent a cross-section taken from the 28 month span of C's therapy. Their selection based upon their numeric positioning, across time within the therapy programme.

Previously analysed sessions considered important are also included in this Cluster as part of the process of acquiring data-saturation, (see Chapter 3, p88). Sessions 1, 8, and 58 have therefore been selected to undergo this more refined analysis.

Session 1, as this session appears to be such an important session in lending insight as to how C first presented without therapeutic intervention.

Session 8, as this session appears to hold the potential to lend insight into C's capacity to manage his first separation after a brief period of therapy.

Session: 58, being a session notable for its high level of mental activity, which on the one hand appeared developmental, as in C's capacity to think about his distress, but also as it expressed a destructive aspect of his personality where for example he tried in his play to encourage his therapist to shoot him in the head. This session appears to bear the characteristics of a 'turning – point' session, (Lush 2011:31-41, Natterson 1993:45, Carlberg 1997:331) and as such, deemed a potentially valuable session to include in the more intensive Four Column Approach.

Sessions: 168, 235, and 330, were taken at three numerically equal points over the remaining programme of C's therapy. Session 330, seems important to include as not only is it the last fully recorded 'planned post-holiday session', but it was also treated by both C and his therapist as potentially the last time they may have met. For this reason, this particular session, would appear to be one that held potential to provide material concerning C's capacity to manage a separation from a person he has known for approximately 28 months in therapy and whom he may not have seen again.

Since the chronology of the main themes arising from each successive session is necessarily more detailed and numerous in the 4 Columned Analysis than in previous cluster analyses, the author has attempted to include only those examples or descriptions necessary for the explication of the findings.

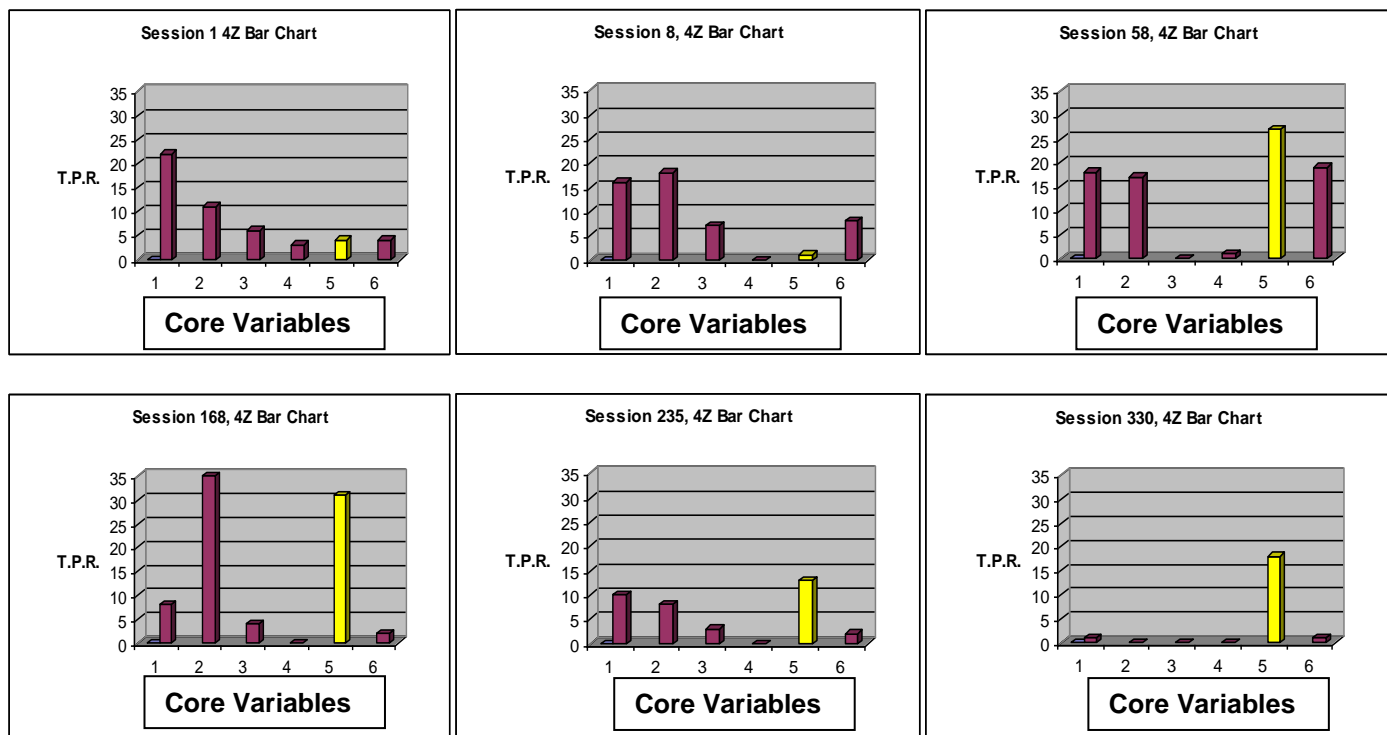


## Findings From Cluster 4 Data Analysis

Figure 25 below, provides a series of bar-graphs depicting the CV's derived from each of the sessions analysed using the four - column method. The CV's given (as in Cluster 2 Analysis), have been triangulated through discussion with two clinical supervisors so only where a consensus between researcher and supervisor over which CV applies to a given unit of data has a CV been allocated. In this way the reliability of the coding is enhanced.

**Figure 25**

Cluster 4 Bar Charts Illustrating the TPR and Development of Core Variables derived using a Four Column Method of analysis, taken from six strategic points across the duration of C's Therapy



Key

CV's

1. Equivocal Object    2. Uncontained Aggression  
 3. Child Alone or Vulnerable    4. Confusional States    5. Developmental Thinking  
 6. Primitive Anxiety

T.P.R. = Theme Persistence Rate

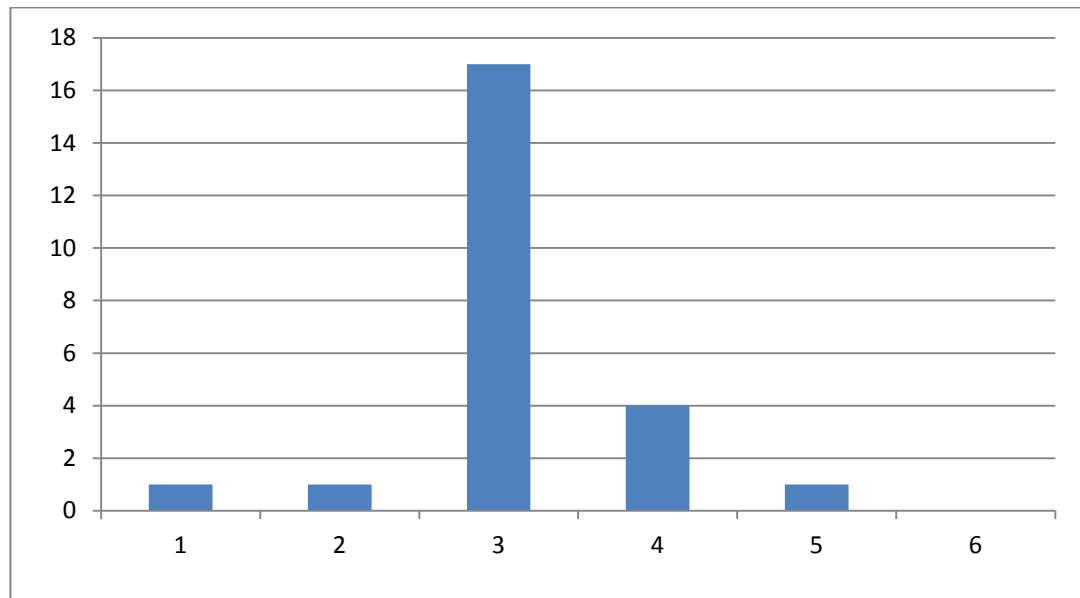
The above graphs confirm that over the duration of C's therapy, CV 5: 'Developmental Thinking' increased substantially. This was very marked in the 'turning point session', Session 58 (Fig. 25), and peaking by the middle of the therapy. These developments appeared to demonstrate that by the end of treatment, C's capacity to think and process emotion had remained substantially higher than at the start of therapy. During the second year, the improvement seems to have become established. Alongside this development, the graphs also suggest that after fluctuating substantially up to the beginning of the 2<sup>nd</sup> year of therapy, CV1: 'equivocal object', CV2: 'uncontained aggression' and code 6: 'primitive anxiety' had all significantly reduced in the latter months.

An analysis of the development of C's suicidal ideation over the same strategic-points was also conducted. The following graph, Figure 26 on page 197, shows this development.

**Figure 26**

### Cluster 4

Graph Illustrating Data-Analysis Of Expressed Themes Concerned With Suicide  
taken from six strategic points across the duration of C's Therapy



**Key:**

**1 = Session 1, 2 = Session 8, 3 = Session 58, 4 = Session 168,  
5 = Session 235, 6 = Session 330**

**Incidence of suicidal ideation is based upon instances in therapy where C expressed in words and/or play: acts of suicide, assisted suicide or the sacrifice of life in order to 'make things better'.**

This search revealed expressions of suicidal ideation initially presented in low numbers at the beginning of therapy, reaching a substantial peak at session 58, at a time when Figure 25 reveals that not only did CV6 Primitive Anxiety reach a substantial high within this session, but that CV1: Equivocal Object and CV2: Uncontained Aggression also recorded their second highest respective scores within this Cluster (see bar chart Session 58, p195, Figure 25).

This may suggest a correlation between suicidal ideation in C, and the combined accumulative affect of CV's 1, 2 and 6.

CV5, Developmental Thinking also soared substantially in session 58, perhaps as a means to help counteract the effects of CV's 1,2 and 6, and from this session onwards, suicidal ideation reduced as CV's 1,2 and 6 stabilized and diminished, whereas CV 5 remained constant and relatively high.

Further comparison of Figures 25 & 26, highlights that by session 168 in Figure 26, suicidal ideation scored low even though CV 2, Uncontained Aggression, (Figure 25) was achieving its highest score. *This may suggest that suicidal ideation for C may be more closely related to a combined affect of CV 1: 'Equivocal Object' and CV 6: 'Primitive Anxiety' than any of the other CV's.*

(A consideration of the significance of session 58 as a possible "turning point" in therapy is provided in Chapter 5, especially on pp 260-266).

Another possibility with the above result is that it suggests the *expression* of uncontained aggression has a beneficial effect on the reduction of suicidal states of mind provided the expression is accompanied with equal amounts of 'developmental thinking'.

## **Discussion Of The Findings Arising From The 4 Column Analysis Of Cluster 4**

One of the most significant CV's seen to develop: (code 5, Developmental Thinking from session 58 onwards) raises the researcher's awareness of C's remarkably increased capacity in sessions in the latter half of therapy to develop and retain good relational experience over its duration.

That CV's 1: 'Equivocal Object', 2: 'Uncontained Aggression' and 6: 'Primitive Anxiety' have all substantially reduced (see Session 330, Figure 25, p195) by the latter point of the therapy, may indicate the reduction of these codes are inter-related with the increase of Developmental Thinking.

Overall, that C is seen to be able to retain positive relational feelings even in the face of impending loss at the end point in therapy, could be seen as a very promising sign for his future emotional survival.

-----

## **Comments On The Analysis Of Cluster 4 In The Light Of The Background Literature, Previous Cluster Analyses And C's History**

Cluster 4 analysis clarifies that no more CV's could be identified beyond the 6 already found, and that some are more dominant. For example the bar charts for sessions 168, 235 and 330 (Fig 24, p182, above) show that whilst CV1, 'Equivocal Object' makes a reasonably steady decrease from the middle of the therapy, (session 168 onwards), CV2, 'Uncontained Aggression' however, appears less stable in its reduction. In session 168 for example this CV is seen to reach its highest recording before giving reduced readings further-on in therapy at sessions: 235 and 330 respectively, where it's measurement by session 330 has almost disappeared.

Bion was keen to draw attention to a child's intolerance of 'function' in addition to an intolerance of the object itself, and viewed such defenses against making links as not only intolerant but at times "pitiless": In his paper: 'Attacks on Linking', Bion wrote:

'I employ the term link because I wish to discuss the patient's relationship with a function, rather than with the object that sub serves a function; my concern is not only with the breast or penis or verbal thought, but with their function of providing a link between two objects.'

(Bion, 1959, p102)

This quotation helps to make sense of fantasies underlying C's position of relational ambivalence and fear of a linking process: in that neither of the earlier phantasised options available to C. i.e.: merger with an object, or, jettisoning-off into a vacuous *outer-space*, (Cluster 4, Session 8, units 14 & 17), could seem to provide him with a life-supporting-environment.

In phantasy C was either in danger of being starved of oxygen - unplugged from an air supply and abysmally lost in outer-space, or, conversely: parasitically lodged and trapped *inside* the body of a host, feeling in danger of being

discovered, shot-at or torn-away by some fearsome adversary. (Cluster 4, Session 8, unit 15).

C's narcissistic defence structures could be seen to promote emotional suffocation on the one hand or a dangerous form of merger and parasitic adhesion on the other. Insight via interpretation at first appeared to produce painful chards of awareness in C., exposing him to both his emotional vulnerabilities, environmental shortcomings and a paradoxical situation wherein he felt like he had come to rely upon equivocal external *and* internal objects for survival.

This aspect of C's defensive structures is reminiscent of Gianna Williams's (1997), (see Chapter 2 of this thesis pp48-51), case of 'Martin', who had attempted suicide by jumping from a second floor window aged twelve. As with C, Martin had experiences of profound infantile loss and a continued sense of external deprivation occupying a significant part of his childhood years.

The cases of Martin and C appear to provide examples of how infantile loss and deprivation can combine with internal processes to promote the development of structures that support a sense of what Williams has termed: 'double deprivation', (Williams G. 1997: 32-49, see Chapter 2, p52). A process where the internalized loss of the object is so profound, that all reminders, including those that offer the opportunity of understanding and a greater sense of emotional closeness, are 'executed' or disposed-of in a way similar to Bion's patients who make perverse attacks on linking.

'My hurt is not my business. I execute it.'

(Williams, 1997:43, extract from 'Martin')

There have been many examples in Cluster 4 Analysis where, in the early stages of therapy C. became an executioner: identifying with internal objects who 'put people out of their misery' by shooting their brains out, i.e.: destroying

the organ required to think, (Session 58, unit 23), plus C could turn 'milk' into 'bullets' as far into his therapy as Session 168, (unit 30.)

The history search (see Chapter 4), also revealed new data on C's birth experience as being one characterized by near-death experience via oxygen deprivation plus an early loss of a twin brother during his mother's pregnancy. Such experiences appear reflected within CV6: 'Primitive Anxiety'. (see especially Cluster 2 analysis, and Figure 19 p176 of this Chapter). This apparent continuity between C's early experience and his later fantasy life as expressed in his free-play adds weight to the possible relevance of infantile trauma within the overall development of his destructive structures.

Similarly, cautious consideration also needs to be given in this study as to the links between his early-trauma and choice of suicide attempt involving the use of a plastic bag in the possible re-creation of an experience of near suffocation. (see also, 'The effects of not knowing about early trauma on the therapeutic process,' p280, in Chapter 5).

This research reveals that unresolved Primitive Anxiety had a strong bearing on the quality of C's emotional life when he came into therapy and interestingly, at the end of therapy Primitive Anxieties still significantly 'occupied' his mind. Although of vital importance, their quality is seen to have transformed significantly, with their main difference being their re-constitution into emotional constructs that can be thought about rather than acted-out.

That Session 58 (unit 57-59) appeared to be a 'Turning Point' (Figure 26, p197) is important to note, so too the precipitating interactions prior to the turning point, who's characteristics appeared to include the therapist's resistance towards joining – in (whilst under extreme duress) with an internal gang who's task included executing states of vulnerability within C and recruiting additional objects to assist in this work.



### **Evaluative Comment On The ‘4 Column Analysis’ In Comparison With The PET And SPA Formats Of Analysis**

In comparison with the separate PET and SPA formats for analysing C’s sessions, the ‘4 Column Analysis’, shows that its more systematic and transparent depiction of surface and depth dynamics allow themes and CV’s to be identified and recorded with more clarity and grounding.

To this end, the idea of arranging data into four columns to systematically break down frame-by frame interactions of sessions to make associated transference data more transparent, has increased the efficiency of the analysis and may have applications within the broader fields of psychoanalytic research.

#### **Next Steps**

As with Clusters 1 & 2, Cluster 4 analyses revealed that issues related to separation and loss appeared to occupy a substantial part of C’s thinking.

Having diverged from a chronological structuring of data after the analysis of Clusters 1 and 2, as described on pages 191–192, above, the presentation of Cluster 3 now follows, and is amalgamated with its separation-linked, ‘fellow’ Clusters: 5 and 6 respectively.

**Clusters 3 (Mid), 5 (Later),**  
**& 6 (Early),**  
**Separation and Reunion Clusters**  
**Data Analysis, Findings and Discussion**

**Introduction**

Having explored the emergence of six CV's from twenty four PETS, and provided support for a proposed pattern of psycho-dynamically changing interrelationships underlying them over the duration of the therapy, Cluster Analyses 1, 2 and 4 also suggested that a closer focus on C's heightened emotions at points of separation and reunion with his therapist, could add stronger confirmation of the patterns identified so far.

For reasons of brevity, Clusters 3, 5 and 6 have been brought together in this final account of findings. Together, they contain three types of sessions placed at points of planned separations or reunions, or in periods placed in-between separations.

Early, mid-term and late periods of the therapy have been represented by these Clusters of sessions as shown in the Table 3, below.

**Table 3****Sessions Selected for Cluster 3, 5 and 6 Analyses**

<u>Session Types</u>	<u>Early Cluster 6</u>	<u>Mid – Term Cluster 3</u>	<u>Late Cluster 5</u>
	Session no:	Session no:	Session no:
<u>Type 1:</u> Planned Pre- Separation Sessions	8	167	279 280
<u>Type 2:</u> Planned Post- Separation Sessions	9	168  330	296 300 330(FromCluster 3)
<u>Type 3:</u> Sessions In- Between Planned Separations	-	-	312 324

(See also Table 1 p137)

Chronologically, Cluster 3 Analysis was the first to be carried out with a specific focus on separations. This exploration aimed initially at the mid-term of therapy, to compare two typical sessions with each other (167 and 168, pre and post – holiday sessions respectively).

Session 168 was then compared with the latest planned post – separation session recorded during the therapy (330), in order to gain a view of any differences between them. Such a comparison could represent changes in C's capacity to tolerate separations by the time he was close to completing his therapy, in contrast with his management of such separation – based emotions earlier-on in the mid-term of therapy (see columns 2 and 3 in Table 3 above).

Following on from this, together with the developmental nature of the findings of Cluster 4, also suggesting that issues related to separations and loss occupied a substantial part of C's thinking over time, Cluster 5 Analysis took a closer, more comprehensive look at how C managed separations in the late stage of his therapy. This Analysis compared three clusters of sessions selected from the last six months, after having experienced approximately two years of therapy: 2 pre – separation (sessions 279 and 280), 3 post – separation (sessions 296, 300 and 330); and 2 sessions from a more settled period, in – between separations (312 and 324). See column 3 in Table 3 above).

In the final Cluster Analysis (6), attention was returned to the earliest period of therapy, in which session 8, a planned pre – separation session, and session 9, a planned post separation session, were compared (see Table 3, column 1, above). This pair of sessions was selected with the aim of gaining the earliest and least influenced examples of how C regulated emotions that appeared connected to separation.

## **Cluster 3 Analysis Findings And Discussion**

### **Two Mid – Term and**

### **One Late – Stage Sessions**

### **Compared**

The analysis of Cluster 3 used a SPA – Only approach, since it pre-dated the Four Column Analysis developed for Cluster 4 onwards. As previously indicated (p205) sessions 167 and 168 representing a typical mid – term pre and post separation session respectively, were compared first. This was followed by the comparison of sessions 168 and 330, mid-term and late-stage, post separation sessions.

An important point to bear in mind regarding Session 330 is that, whilst it was the last ‘planned post break/holiday session’, due to an increase in family dysfunction, and change of school to one where the new Head did not support C’s attendance in therapy, this session also paradoxically held features of a ‘potential *unplanned* pre-break’ or ‘end of therapy session’. This is because the combination of parental disjointedness, coupled with an anti-therapeutic stance expressed by the new school, translated into C’s future therapy attendance being realistically jeopardized.

As the discovery of this ‘anomaly’ came about via the research, it was felt important to incorporate this session as it featured more naturalistic family and environmental dynamics that could impact upon C’s mind as opposed to searching for a ‘cleaner’ post-break example. As such, Session 330 became an opportunity to view how C’s disregulated external world might contribute to compromise the distinction and clarity of boundaries between union, reunion and separation. These were complexities that C had to manage, and which this research has therefore attempted to incorporate and understand more about.

## **Findings From Cluster 3 Data Analysis**

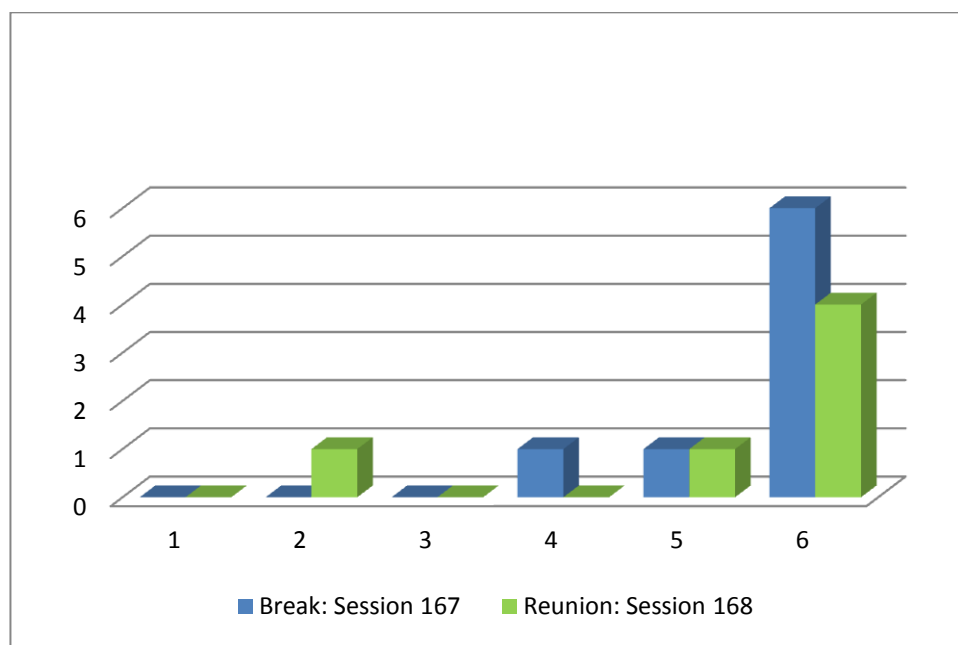
**Figure 27**

**Cluster 3 Data Analysis**

**'Mid-Term'**

**Break and Reunion Comparison**

**Sessions 167: (Break) and 168: (Reunion)**



**KEY**  
**CV's**

1. Equivocal Object    2. Uncontained Aggression  
3. Child Alone or Vulnerable    4. Confusional States  
5. Developmental Thinking    6. Primitive Anxiety

The codes in Figure 27, reveal that 2 Core Variables: CV 1: Equivocal Object and CV3: Child Alone or Vulnerable, score zero. This suggests that at this mid-point of C's therapy, equivocal or ambivalent feelings towards his therapist did not appear to be a main concern for C, either before, or after the break. This might imply that by the mid-point in therapy, C had internalised enough of a concept of his therapist as a 'non' Equivocal Object, to sustain him over a

separation. The zero score for CV 3: 'Child Alone or Vulnerable' may also be an important finding in support of this development, as gaining zero scores in both of these domains, before and after a break, may support the idea of a correlation between the two; where a reduction in equivocal/ambivalent feelings towards one's object, may also help one to feel less 'alone or vulnerable' during, a break.

In Figure 27, we can also see that at the point of the impending break (Session 167), CV: 4. 'Confusional States' was modest but measurable, whereas CV 6. 'Primitive Anxiety', appeared more substantial. It seems that both were reduced for session 168 after the break.

Both at the break and reunion, CV 5: 'Developmental Thinking' appears to have equally modest but measurable scores. Suggesting perhaps, that at the 'Mid-Term' point of C's therapy, his capacity to think may have been low but stable whether approaching or returning from a break. Viewing Figure 27 overall, it would appear that prior to a break C was mostly concerned with processing 'Primitive Anxiety' and to a small extent, 'Confusional States'. Whereas upon reunion, a still relatively high score for 'Primitive Anxiety', but as a secondary modest accompaniment, 'Uncontained Aggression' takes the place of 'Confusional States'.

Below is an example of the data from Session 167 that contributed towards heightening the score of CV 6 'Primitive Anxiety' during this last session before a break 'Mid Term':

## Extract 6

### Session 167 that attracted a coding for CV 6 'Primitive Anxiety'

C then tried to straddle, grip and hug me (*trying to get under my jersey as if to wear it with me in it*) this was done in a way which felt both infant-like and slightly sexualized. (6) I struggled with feelings to push him away because as I spoke he tried to blank out my words by making noises. I persisted however in trying to get my thoughts across to C: that at times my words did not feel good enough for him and that with the holiday coming up it was hard for him to believe I could keep in touch with his feelings without him actually needing to touch me. (i3)

(CV's i3, 6)

### KEY CV's

#### 3. Child Alone or Vulnerable 6. Primitive Anxiety

##### i. Therapist's interpretation

When analysed more closely, the quality of CV 4, 'Confusional States in Session 167, was felt to be within a developmental range where C appeared to be at a stage where he was moving beyond 'splitting', towards considering his therapist might have both 'good' and 'bad' (more complex) aspects to his personality.

This development appears to have led to a transitional conflict symbolised in C's play as a war in which it is difficult for him to know which side anyone is on.

This might suggest that C is more able to tolerate ambivalence and be able to entertain having more than one feeling about the break. Below is an extract from Session 167 which gives an example of this development.



## **Extract 7**

Session 167 showing how C may be developing a more interchangeable and complex way of viewing people, i.e. a way that does not always divide people into being either all good or all bad.

C took on the role of many characters, *interchanging rapidly* during his play between 'me', my 'assistant', various comrades, or the 'Sophish' a gang of people who were characterised by their dislike of C (characters based upon a school enemy). When I attempted to make sense of the play, (make links) C became anxious, so I relied on describing what I saw happening in the battles and the possible basic emotions of the characters involved.

(CV's 1,2,4,6)

### **KEY** **CV's**

1. Equivocal Object    2. Uncontained Aggression
4. Confusional States    6. Primitive Anxiety

CV 5. 'Developmental Thinking' maintained equal scores at both the break (Session 167) and reunion (Session 168). Although this score is relatively modest, it has neither risen nor receded after the break compared with before the break. This might suggest that 'Developmental Thinking' may be stabilising.

If accurate, this would be an important finding at this half-way stage of C's therapy as it might signal a small but perhaps significant development within the range of Developmental Thinking. A closer analysis of the findings for Sessions 167 and 168 shows these developments are complex. For example, within session 168 C expressed a need to understand the violence he had experienced (Cluster 3, Session 168) and this session also provides an example of C showing considerable progress in terms of his capacity to relate to and make use of his therapist. As such, C's communications at this point, are becoming more 'object related' and demonstrate he is becoming more trusting his therapist will help him think about difficult material.

Within this session there are also observations of how, for C, the break itself appears to have stimulated memories and fears of a violent form of abandonment and strong sense of 'nothingness'. The memories themselves powerfully communicate an impression of a small child not knowing if his object will return and, if so, in what kind of emotional state?

As such, data continues to be forthcoming which suggests at some level, breaks and separations appear to have been experienced by C as anxiety provoking, vacuous and potentially dangerous.

The following extract gives an example from session 168 where C expresses his memories and their associated emotions.

### **Extract 8**

Session 168 showing how memories of violent abandonment and 'nothingness' appear stimulated in C following a break/separation

C: "It's hard for me to explain. Oh, he used to come into my bedroom if I cried and shout 'What do you want?' and leave and slam the door like this: (C demonstrates on the therapy room door). I used to cuddle on to my toy z, if it wasn't for z I don't know where I'd be".

(CV's2&5)

Me: "As a terrified four year old your toy was very important for you, helping you get through a night."

C: "I used to cry but no-one came. Just nothing. I used to have nightmares all the time when he was living with me."

(CV3)

### **KEY**

### **CV's**

2. Uncontained Aggression 3. Child Alone or Vulnerable

5. Developmental Thinking

The score for CV5 Developmental Thinking within Session 168 (reunion session) is again complex and it follows an experience where in part, for C, the therapist appeared to have turned into a 'bad object' during the break. This is expressed by C experiencing the therapist's words as being like 'breast/bullets' at the beginning of the session, and in this respect, this CV combines partly with CV 6 'Primitive Anxiety'. What gained this session a code for CV5 Developmental Thinking however, was C's capacity to eventually allow the use of his therapist's words to help him think of the underlying depressive feelings within the space of the session.

Finally, within this comparison group of 167 & 168, we see that CV6 'Primitive Anxiety' achieves the highest scores. Also, the reunion session (168) scores lower than the break session within this pair comparison.

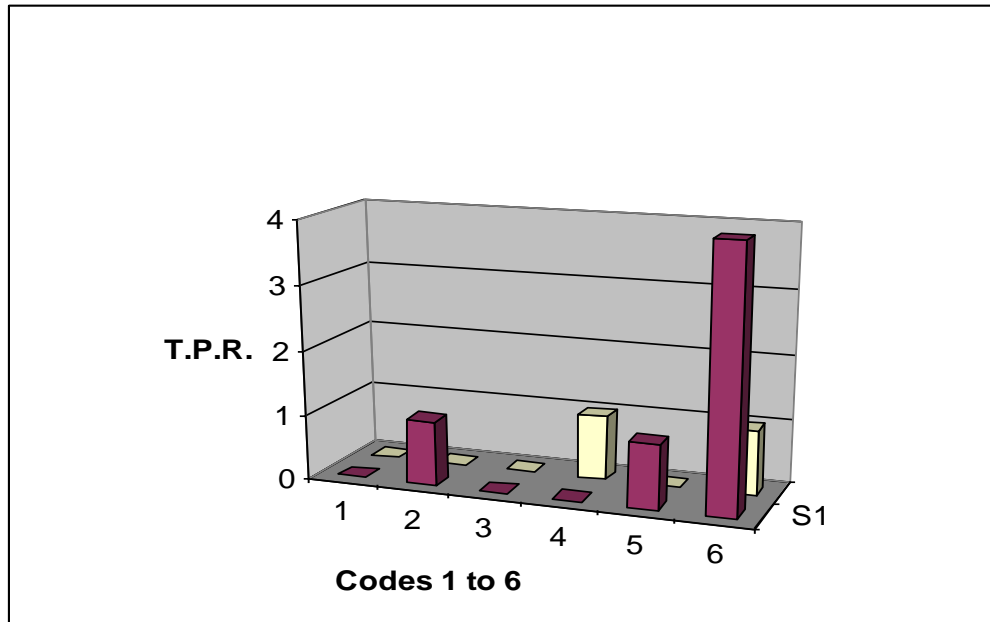
In the break session (167), CV6 Primitive Anxiety features most clearly via C's fantasies of falling to his death, and wishing his therapist would prevent him from 'being dropped'.

Whereas one of the main features of the reunion session, (168), was that the therapist appeared to have turned into a bad object during the absence. This 'badness' symbolized vividly by C's fantasy of his therapist's words now feeling like bullets being fired at him from his therapist's breasts. Within a very short period of time in session (168), this development became superseded by CV 5 Developmental Thinking, meaning that whilst the overall reading for CV6 Primitive Anxiety was high in the earlier stages of the session, it appeared able to mutate into the more positive CV5, 'Developmental Thinking' type by the end.

An apparently positive development at this juncture was that with only 2 psychoanalytic interpretations, a more benign view of his object appeared restored. This is demonstrated by C's capacity to entrust his therapist with highly sensitive material following his therapist's interpretations, (See Extract 8, above). These interpretations aimed to reduce C's anxieties that his therapist would 'fire' C's aggressive projections back into him with greater force.

**Figure 28**  
**Cluster 3 Data Analysis**

**A Mid-Term Post-Break Session: 168, Front, (Darker Bars) &**  
**A Planned End-Term Post-Break Session: 330, Rear (Paler Bars)**



**KEY**

**CV's**

- |                              |                           |
|------------------------------|---------------------------|
| 1. Equivocal Object          | 2. Uncontained Aggression |
| 3. Child Alone or Vulnerable | 4. Confusional States     |
| 5. Developmental Thinking    | 6. Primitive Anxiety      |

Please note that by session 330, represented on the bar-chart by the paler bars at the rear, CV's fall within the range of 'Developmental Thinking'. This means that the above comparison is one that essentially compares non-developmental CV's in session 168 with those that are developmental by session 330.

Although significant qualitative difference exist between 'non-developmental' and 'developmental' categories of CV, it is of value to compare both types as this shows which CV's remain in C's mind even though transformed by his greater capacity to emotionally contain them himself.

In this comparison, the concepts and themes raised by C. relate predominantly to Cv's 2, 4, 5, and 6, with CV6 - type themes: (Primitive Anxiety) appearing to express the biggest change.

Comparing the CV's of these two post-break sessions side by side appears to indicate a marked decrease in CV6 'Primitive Anxiety' in the final session, (330), as compared to the earlier 'Mid-Term' session (168), suggesting a substantial reduction in levels of 'Primitive Anxiety', and indicating that C is possibly better able to tolerate separations over time.

This result comes even though the period around session 330 was fraught with multiple changes and uncertainty.

There appears to be no noticeable change within CV's 1 Equivocal Object, or 3, Child Alone or Vulnerable, with both CV's at session 168 and 330 scoring zero. There also appears to be a loss of CV 2, Uncontained Aggression in session 330 which may suggest a development in C's capacity to better regulate this particular emotion at the end of his therapy as compared with mid-term.

There appears to be a small increase in CV 4 Confusional States at end of therapy.

CV 5 Developmental Thinking is present in session 168 which may indicate that at the mid-term of therapy, C was showing some capacity to think following a break.

### **Summary of Themes Identified In Cluster 3**

The following descriptions are a selection of summarized themes identified in the detailed analysis of Cluster 3. They have been selected on the basis of their capacity to help make sense of the underlying complex emotional structures and defences appearing to have formed as a 'self resolution' for an emotional pain associated with C's conflicting needs 'for', and fears 'of', relationship.

This pain appearing heightened during periods of separation and reunion and which also seemed to be a contributing factor towards C's expression of CV6: Primitive Anxiety.

Occasionally, themes identified in Cluster 3 are linked to those in other clusters when this helps to elucidate a concept or illustrate a point being discussed.

**Idealisation of the damaged object as a possible means to manage anxieties brought-about by separations, and, the 'gate-keeping of truth' (Cluster 3 Analysis)**

In session 168 following a separation it appeared C wished to maintain an idealised fantasy of a paradise or garden of Eden. He did not want his therapist to look too closely at his diary written about his visit to an arboretum in case his therapist saw something that was less than perfect.

There was an example in session 168 of a story of a shop assistant, and of C's needs to have an object (his therapist) that could be a 'gatekeeper of the truth'. Such 'gate-keeping', concerned with which ideas and thoughts had their basis in external reality and which had roots more in internal fantasy, appeared to be a function that C both required and developed greater expectation for.

By this stage of C's therapy it had become known that he could occasionally confuse internal and external events, and if the therapist did not notice the difference between events where truths were based more in the external world with those residing more in C's internal world, he could enter a heightened state, typically signaled by him play-launching himself into 'outer space'.

Extract 9

Session 168 showing therapist acting as a 'gate-keeper of truth'

C lay down on the bed/couch and following a period of silence he told me that he had bought a new gun.

Me: "What type?"

C: "Well it's an air gun."

Me: "Yes?"

C: "It fires everywhere. When I was in a shop I saw a gun which said on it 'Do Not Touch'. I picked it up, pulled the trigger and it fired about five bullets." (CV2)

Me: "I'm listening."

C: "Then the bullets hit the woman in the shop." (CV2)

Me: "What then?"

C: "The woman fell over like this." (C demonstrates).

Me: "Well, I think it's very unlikely that what happened, happened quite in that way."

C: "No it didn't. What happened was, that it went off and I was really frightened." (CV2)

Me: "Afraid that bullets might have come out?"

C: "Yes, because it made a noise and I was like this: (C demonstrates looking v nervous.)

Me: "What did the shop assistant say?"

C: "Nothing."

Me: "She didn't even notice?"

KEY

CV

2. Uncontained Aggression

Gate-keeping would appear an experience C felt lacking in some areas at home, especially with regards to how stepfather denied very serious levels of violence displayed by his sons. Gate-keeping also played an important part in helping C regulate his need to use omnipotent fantasies, for example: during separations from therapy. Without the therapist providing this function, C

seemed vulnerable towards putting himself 'out of reach' in space, and into a dangerous objectless and self-alienating world: (Cluster 1, Session 5).

This defence against what Anderson et al (2012) has termed a 'fractured reality', is important in demonstrating how working within the fracture, C appeared to stabilize even though the history searches suggest continued fracture exposure in the home environment.

Anticipating, and following separations, as depicted in session 168 (above), C's propensity to idealize and restore damaged objects needs consideration. Evidence for this gathered over time in the shape of this and previous sessions where C preoccupied himself with fantasies of omnipotently creating and restoring damaged objects.

A useful example of this could be seen in Session 167 when C anticipated separation from his therapist and where in his play, Generals, soldiers, himself and therapist were repeatedly killed and restored and where C himself fell as if dead onto the couch only to bounce himself back up repeatedly over and over again.

The idealisation of a damaged object with a corresponding fantasy of being an idealised restorer, may be an important dynamic in C's self-harm, as, at a deep level he may wish to omnipotently control an overwhelming sense of potential loss. (Discussed with Urwin C.2010). Bearing this in mind, it may be helpful to consider if self-harm may be equally, or even more concerned, with concepts of self-restoration (a reunion) as they are with thoughts of self-damage (or separation).

The obvious danger with C's possible self harm/restoration fantasies is that potentially, they might lead to a permanent separation (death) rather than an ideal restorative reunion with a damaged object that is felt to be both identified with and uncontrollably cut away from.



**Thoughts on C's capacity to maintain a sense of a good object over a break and how the motif of a 'gun-breast' appears to link with C's exposure to fractured reality (Anderson et. al. 2012).**

From the results of the analysis of the post-break sessions of Cluster Three, it would appear that during a separation/holiday the therapist was turned into a bad object in C's mind (Session 168).

The 'gun-breast' appears an important motif in helping both the therapist and C work with and understand the emotional impact of C's exposure to objects that stimulate ambivalence. This includes objects speaking of internal fantasy as-if external reality, and vice versa. For example C's stepfather speaking in some detail of how well his elder son's are doing when they were all suffering with schizophrenia and requiring institutional care. It may be said that such an object delivers something deadening and as the work of Anderson et al (2012) shows such perversion of reality can seriously erode one's sense of perception.

A positive sign at this mid-way point (Session 168) in the therapy however, is that it appears C was able to use his therapist's thinking capacity to process some depressing thoughts. C even commented that he was getting-on better with his stepfather suggesting his therapy may be better equipping him to filter his stepfathers 'fracturing' projections.

**C's Expression Of The Internalised Gun/Breast (Equivocal Object, CV 1) And It's Relationship To C's Sense Of Loss During Times Of Separation**

Dynamics regarding C's ambivalence over emotional contact has been seen to be a consistent feature from early on in his forming of a therapeutic alliance, and CV 1 has helped identify this theme, allowing the researcher to map its development and the fantasies that appear to stimulate it during the course of therapy.

The following observations help make clear, links between C's tendency for viewing relationships within an equivocal light, and how this tendency appeared fuelled by an internal 'equivocal object' with 'gun/breast' qualities that might be viewed as an internalised form of fractured reality.

The following observations also may help in considering possible links between a gun/breast-bearing (equivocal object) and how this object may relate to C's personal experience of separation.

In C's play-fantasies an internal object, was shown as combining parental functions coupled with the destructive intention to murder or dangerously neglect its charge (Equivocal Object, CV 1). This kind of object required C to exercise extreme caution and kept him in a continued state of heightened vigilance. When portrayed as a singular character, this object was most frequently portrayed as a 'father' or sometimes an 'army General' (Cluster 2. Session125) possessing extremely violent and duplicitous qualities coupled with a perverse ideological sense of what 'survival' meant.

This object's duplicity appeared to have functioned to hide chokingly murderous intentions. For example: father who throttled a baby and hanged children (Cluster 1, Session 3) appearing to be particularly dangerous as it supported a view of life as expendable in service of reducing emotional pain.

In Session 5 an Equivocal Object was also seen to incite the internal family into becoming an internal, malevolent gang of killer's, (Williams G. 1.24, 1997:53), inciting and involving family member's in acts of familial homicide designed to spare each other from experiencing unbearable emotional pain. This session contained themes where family members put each other out of their misery if they began to think about painful things: (Cluster 1, Session 5). The theme of extending life via its disposal so that one may experience a pain free, anaesthetised existence was probably one of the most dangerous internal structures for C's immature mind to manage.

At the height of this structures' prevalence (Session 58) C seemed to struggle immensely with being either a victim of the narcissistic, mercy-killing gang or siding with them in the hope of being protected from their murderousness. Part of the problem for C attempting to extricate himself from the gang seemed to be that his pulling away held dangers for him being viewed as disloyal stimulating murderous revenge. In Session 58 for example, 'Polywhirl'

expressed his sadness at missing 'Polyrough' which was interpreted as C missing his therapist, but by expressing this emotion, the consulting room quickly filled with deadly assassins and C was forced into becoming 'James Bond'.

Both the power and danger of the internal gang's influence is expressed in session 58 by C's 'murder' of the pain caused by his separation from his therapist on a Tuesday. In this session C even attempted (in play) to encourage his therapist into to mercy-killing him by trying to force his therapist to 'pretend' to shoot him in the head, rather than think about the sense of loss which was the other significant component brought by C in this session.

As became more evident in the analysis of Cluster 4, Session 58 appeared to be a key point in C's therapy, and bore features of a *turning point* session (Lush 2011:40-41, Natterson 1993:45, Carlberg 1997:331). A session where levels of Developmental Thinking (CV 5) could alter in quality and quantity, enabling C. to think about previously defended-against feelings.

### **Thoughts On C Feeling Left For Dead During The Break In Therapy And A Struggle Between Either Experiencing This As A Sad Thing Or As An Idealized 'Nirvana' State**

So many external events transpired around Session 330 that C was left in a very uncertain state as to whether or not he would actually see his therapist again and have a proper goodbye co-ordinated. It also became clear C felt 'invisible...like a ghost' and left for dead when he went unnoticed on his last day at school.

That C first presented his 'invisibility' as something good did not appear a promising sign at this later stage, suggesting part of C may still defensively idealize an out-of-world experience in the absence of 'knowing' if his more depressive thoughts about this would be met with an understanding response. However, with the therapists interpretation he quickly became in-touch with an object-related world where sad feelings could be held. A question remained however, as to how secure his internalization of a good object was. This was

difficult to ascertain at the point Session 330 took place, as there were too many extraneous variables affecting the session.

### **Thoughts on traumatic intra-uterine experience**

Material that appeared to communicate a linkage in C's mind between death and separation also included themes suggesting some continuity with his intra uterine, birth, and immediate post-birth experiences (see Chapter 1 pp26-28).

Whilst death is a separation, separation is not usually a death. But in C's mind the two appeared more strongly linked than usual. Separation appeared to stir-up deathly anxieties for C, for example Session 58, Cluster 2, contained within it anxieties stimulated by his therapist's pending unavailability, interwoven with fantasies of a young brother falling to his death on a death-slide.

In Session 58 two primitive life forms in the shape of 'polyrough' and 'polywhirl' also emerged as two tadpole-like creatures with one pining for the loss of the other.

Such material raised a possibility of some continuity between themes of potential loss and:

- a. traumatic separation during the intra-uterine period leaving neuro-biological distress signals linked to the 'death sliding' of a twin.
- b. early experience of a traumatic three-week separation from his mother due to oxygen depletion.

For particular traumatic intra-uterine experiences to have lasting effects leading to questions of continuity with later themes of potentially harmful re-presentations (Thomas 1992, Moore 1997) in play, is something that has also concerned researcher Alessandra Piontelli for example in her case of Tina Vera. (Piontelli 1992, pp 196-202).

Tina's intra-uterine experience of having her umbilical chord wrapped tightly around her neck and her physical and mental life after birth may hold potential for helping understand the case of C, since Tina's first years included many harrowing re-presentations (Thomas1992, and Moore 1997) of strangulation, where, in her 'play', she would wrap curtain cord, or her dummy chain, twice around her neck whilst screaming.

## **Cluster 5 Analysis, Findings and Discussion**

### **Separation-Related Sessions From The Final Stage Of Therapy**

#### **Introduction**

Two further improvements made at this point provided the additional developments and refinements of the Four Column Method of research.

Firstly, both PETS and CV's were included in the second column so that the process of synthesizing PETS into CV's is made more transparent. Secondly, what was previously described as 'codes' in the fourth column, was renamed as 'SPA' to more accurately describe data being synthesised and generated in this particular column.<sup>10</sup>

As described on (pp203-205) and shown in Table 3 (p205), column 4, this Cluster of 6 sessions was selected as 3 pairs giving examples of pre- post- and in-between separation sessions occurring near the end of therapy as follows:

Type 1: the last two planned pre-separation sessions. Sessions: 279 & 280.

Type 2: the last two planned post-separation (holiday) sessions.  
Sessions: 296 & 300.

Type 3: the last two planned in-between separation sessions. These should reveal data linked to C's thoughts, feelings and internal world during a period *planned* to be relatively free of the need for C to consider separating from his therapist. Includes Sessions: 312 & 324.

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<sup>10</sup> When looking through the PET and SPA codes of Cluster 5 it may be helpful for the reader to refer back to the tables which show how the various PETS were synthesised into CV's. See page 149, Figure 15, and Figure 16, page 150 of this Chapter.

As this Cluster is taken from a period near to the completion of C's therapy, most interactions by now appear to fall within the range of 'Developmental Thinking': CV 5. As such, the analysis of this cluster group is in effect looking more closely at CV's which by this later stage of therapy mainly occupy the range of 'Developmental Thinking'.

This particular selection is based on the premise that C's last 'break-related sessions' are more likely to provide a general picture of C near his optimum level of being able to manage loss/separation-related stressors within the context of his therapy relationship.

To borrow a term from Gianna William's patient Martin, this Cluster aims in part, to see if C regards the legitimate 'hurt' associated with a forthcoming loss (*The loss of his therapy relationship*) as being his 'business', or, will he need to behave like previously constructed internal 'Generals' expressed in his early free play and 'execute it'?

Although by one definition it may seem that areas of C's thinking already identified as 'developmental' are unlikely to reveal thinking that could be viewed as regressive or destructive, it is still an important refining exercise however to look at these later stages of therapy more closely as part of the process of data saturation.

## **Summary and Discussion Of the Overall Findings Of Cluster 5**

### **Introduction**

This summary discusses some of the main findings arising within the analysis of Cluster 5, between C and his therapist around times of separation, near the end of therapy.

Analyzing sessions at this particular juncture in time, provides valuable information on C's overall emotional development following a substantial program of therapy and at points where previously identified difficulties, i.e. separations, are able to be more systematically observed. In this way, Cluster 5 may be seen to represent C at an optimum level of his emotional development, at times related to separations when this development is likely to be most challenged.

Figure 29 below presents Pre-, Post-, and In-Between, separation pairs on one page for ease of comparison.



**Similarities and Differences Between Pre-, Post- And In-Between  
Separation Sessions During The Late Therapy Period**

Figure 29, Cluster 5.

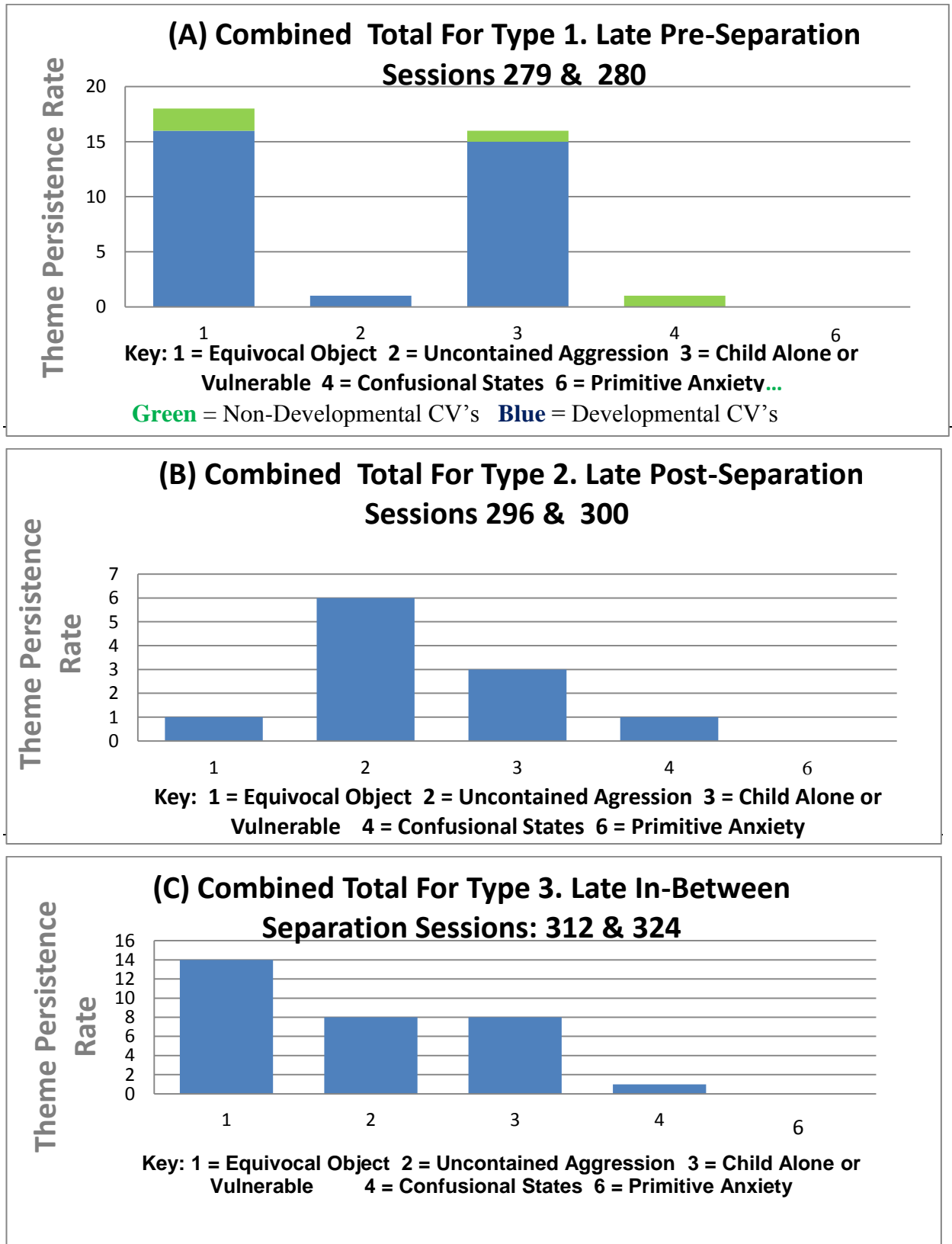


Figure 29 appears to show when Late Pre, Post, and In-Between separation sessions are compared, C may have found the idea of separating more emotionally challenging during the Pre- periods than during either Late, Post, or In-Between periods.

The analysis also seems to reveal late Pre-separation sessions were the only ones from this period where C attracted a score for a small measure of non-developmental CV's. These, Figure 29 (A), were for CV 1 'Equivocal Object', CV 3 'Child Alone or Vulnerable', and CV 4, 'Confusional States'. On balance however, instances where C gains 'developmental' scores for these types of CV, significantly outweigh instances where they do not.

CV 1 scores lowest during the late post-period and highest during the late Pre-period, suggesting it peaked requiring more thought during the Pre periods than it did during Post when C was re-united with his therapist following separation. Within this series of late, separation-linked sessions, the Post sessions appear more different by comparison.

During the In-between period, CV1 also appeared substantial in contrast with the Post period which may indicate that even though at this juncture in C's therapy the measures are indicative of his capacity to think developmentally, CV1 appears to occupy his thoughts to a greater degree during this period than either Pre or Post-separation.

When comparing the three period types C's late Pre, Post and In-between separation analyses, both In-between and Post types appeared to require a certain higher degree of emotional effort within the domain of CV 2, 'Uncontained Aggression'.

This suggests C required less emotional attention to regulate 'Uncontained Aggression', before separations than he did either Post or In-between. One might speculate from this, that prior to a separation, C had generally experienced a longer period of union with his therapist as compared with the

others, and that this longer experience may have helped reduce the need for C to think-about and process emotions related to aggression.

The comparison also appears to reveal C thought more about concepts related to CV 2, 'Uncontained Aggression' during a reunion than prior to separating, suggesting prior to a break, CV 1, 'Equivocal Object', was the most dominant, whilst during reunion, it was CV 2, 'Uncontained Aggression'.

The charts also reveal CV 3, 'Child Alone or Vulnerable', peaks during a Pre-separation period as compared with the other two periods. This may indicate Pre-separations are more likely to trigger anxiety associated with this CV than either of the other two separation-linked periods.

CV 4, 'Confusional States', also gained a small non-developmental score in the late Pre- separation period which again supports the idea that a Pre-separation period was more likely to require more emotional processing than other periods.

CV 6, 'Primitive Anxiety' is noticeable only by its absence during this later stage of therapy within these three contexts.

Whilst these sessions illustrate moments of defensiveness on C's part and return him to being more in touch with an 'Equivocal Object', they also reveal C responded readily to the therapist's interpretations, with 'shifts' appearing to occur that bring him back in-touch with a more benign object.

#### Type 1 Late Pre-Separation Sessions

The analysis of the late Pre-separation sessions leading up to the Christmas break of 2002, described a family under considerable strain. A main stressor for the family included the break-down of the parental relationship. At this point in therapy, C appeared to present remarkable levels of resilience and on the whole appeared able to think about some very painful changes including loss and uncertainty. For example in Session 280, (unit 45) C made a list of the things he said his parents had changed their minds over 'recently': his pet dog

was being sold, he was changing schools and unsure where or with which parent he may live with.

Inevitably, with such high levels of distress the Pre-separation sessions exhibited elements of defence (Session 280, units 25-26), where for example, C took on a mannish voice becoming derisive of the vulnerabilities of his younger brother. However he readily became more thoughtful when the therapist's interpretation in the same session (unit 30), linked his defensiveness to the situation he was experiencing.

#### Type 2, Late Post-Separation Sessions

Analysing the two Post separation sessions also helped show how difficult this Christmas period was for C. As well as his mother and stepfather separating, his birth father was also splitting-up from his wife and C's mother returned home, after disappearing for two weeks. C missed three of his four offered appointments in one week and he had school exams coming-up.

C was able to say how 'giddy' and 'confused' he felt with the new changes (Type 2, unit 6). When one considers the separations and unprecedented levels of uncertainty characterizing this period, it is quite remarkable how C was able to re-engage his therapist and involve himself in a process of 'Developmental Thinking' which included the exploration of associated emotions.

#### Type 3, Late In-Between Separation Sessions

Figure 29 shows that in the late In-between separation sessions C thinks most about Equivocal Objects. His thoughts in this category are seen to outweigh the next most prevalent CV's, Uncontained Aggression (CV 2) and Child Alone or Vulnerable (CV 3) by almost 2 to 1. Confusional States (CV 4), received a small measure of C's attention, whereas Primitive Anxiety (CV 6), made no appearance, indicating that at this later stage of therapy and at periods in-between separations, C did not appear to give any measurable amount of his attention to processing states of Primitive Anxiety.

### Cluster 5 Observations

During the period represented by Cluster 5, the analysis appears to identify a stronger sense of C attending therapy with the intention of engaging thoughtfully and playfully with his therapist, suggesting that at this later stage C has a more developed a capacity to hold his object/therapist in mind over separations.

Here, C seems able to engage directly with his therapist rather than as previously observed, (Session 58 units 13-23) where he struggled in allowing his therapist to see the more vulnerable aspect of himself projected in his play onto the figure he called 'Polywhirl'. At this later point in therapy, C appears to be communicating his need for relationship in a way that allows for a shared and mutual understanding to be exercised. That the analysis also reveals that by this later stage of therapy, the prevalence and strength of Developmental Thinking had progressed Pre- and Post- separation as well as during periods of relative stability.

Looking more closely at C's expression of CV's, the concept of a Child Alone or Vulnerable, (CV 2), still has relevance even in the later stages of his therapy, but by now is being seen more as a contextualised external impingement rather than a frightening internal state.

During this period there was a sense of C's apparent wish to communicate something of the quality of being in-touch with a depriving object via humour, rather than his personality either being taken-over by such an object, or by projecting this onto his therapist. In session 324 (units 70-74), C also expressed a desire to feel safe and protected. He also explored the meaning of what it is to be a person who does not care much for other people.

This section continues by comparing and discussing C's expression of CV's variables which are now mostly within the range of Developmental Thinking, with his therapist's Focus and Frequency of Interpretive Response (FOIR). It then moves on to synthesize and list the main psychological concepts seen to arise within this Cluster.

## **Synchrony between C's expressions of Core Variables and the Therapist's FOIR**

Figures 30 and 31 below show the incidence of C's expressions of developmental CV's and therapist's FOIR respectively, found within the total group of six sessions in Cluster 5.

Figure 30, Cluster 5

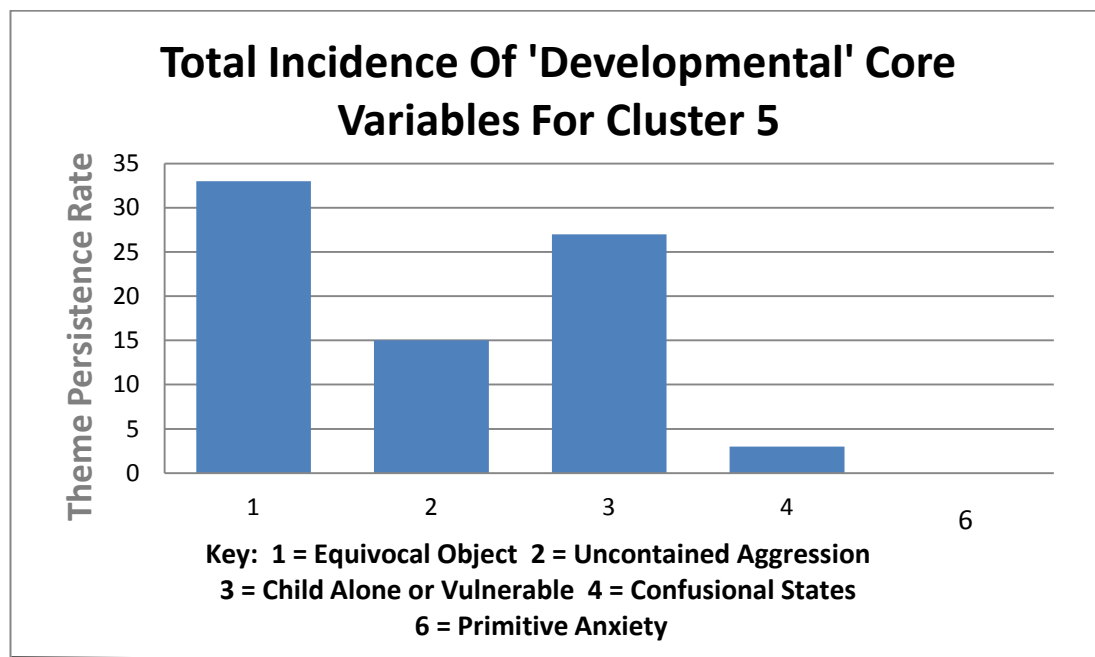
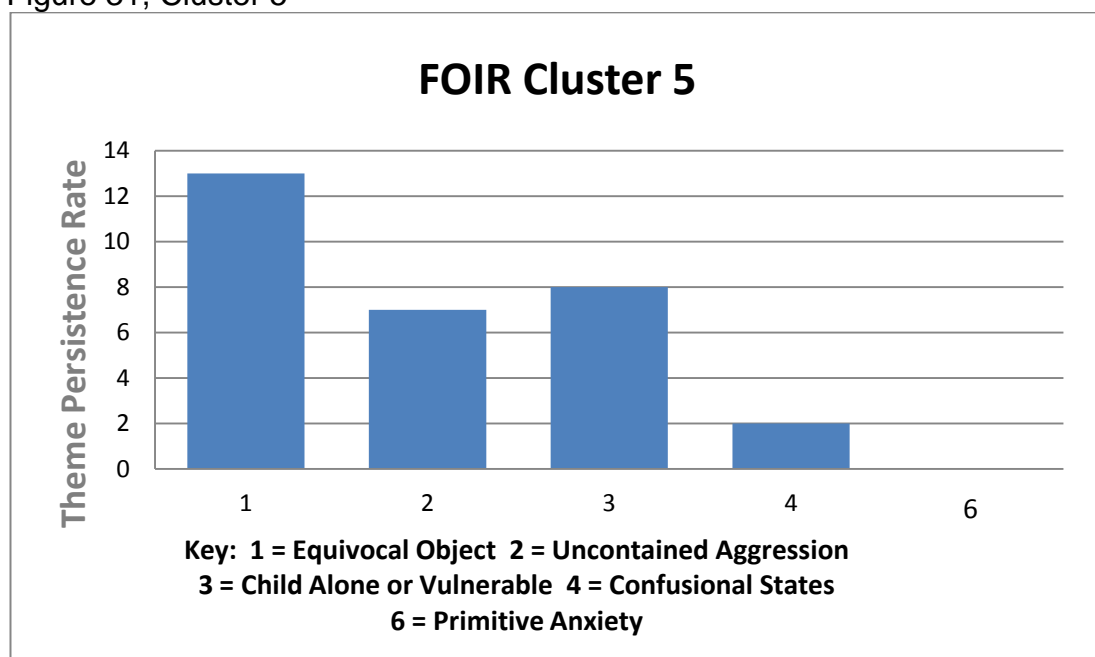


Figure 31, Cluster 5



These charts reveal that overall there is a remarkable similarity in pattern between the child's TPR and the therapist's FOIR. This implies a close relationship between the two, at least during this late period of the therapy.

Overall the therapist made approximately :

- One interpretation in every three expressions of Equivocal Object (CV 1)
- One interpretation in every two expressions of Uncontained Aggression (CV 2)
- One interpretation in every three expressions of Child Alone or Vulnerable, (CV 3)

This would suggest that it was part of the rhythmic style of the interpretations to wait and gather 'evidence' before interpreting. *This feature may be a significant factor in the apparently positive outcome of the therapy.*

As well as insights in to the rhythmic style of the therapy in relation to working with C, a clearer picture has also been gained of his development in terms of how he managed to emotionally process anxieties associated with separation near to the end of his therapy.

The sessions in this cluster have been most revealing of C's developments in allowing himself to acknowledge his reliance on an object and he demonstrates by this point in his therapy he owned what appears to be a well-developed capacity to tolerate thinking about emotionally painful aspects of his life. This internal development seems fundamental in terms of him feeling he could engage with and derive benefit from relating to people in the external world rather than escaping into fantasy.

The following themes derive from the overall analysis of Cluster 5:

### **A Greater capacity to organize defences around a sense of losing and regaining or retaining love**

In this Cluster there was a clear idea of C organizing defences around an established sense of losing love. For example, his very painful sense of losing his 'guaranteed cuddle' with his pet dog, (Session 324, unit 98).

A stronger sense of him having returned from a holiday to engage with the therapist is also observed, meaning that at this later stage of therapy, C. appeared to have developed a capacity to hold his object in mind over a separation. He seemed, and wanted, to allow himself a direct engagement with his therapist rather than, as observed previously, defend against acknowledging his needs for emotional contact.

At this point of therapy his need for relationship is communicated in a way that allows for a shared mutual understanding to flourish which in turn provides a real sense of emotional nourishment, rather than, as before, an evacuation of these needs using projective identification and physically trying to get under his therapist's skin or clothing.

### **Anger is more obvious and direct**

C's anger presents more openly and he can talk about information and impressions that confuse him rather than be overwhelmed and needing to project them as before. (Session 300, unit 34).

### **Transgenerational difficulties associated with processing guilt and loss**

In the pre - holiday sessions we were able to observe how C's mother managed her pain of guilt around separation, with his mother telling the therapist that she was going on holiday for a month but had not told C. (Session 280, unit 31). The therapist being left with the task of telling C about his (therapists) holiday, whilst also having to hold the knowledge of knowing C would not be spending Xmas with his mother at a point when his pet dog had recently been sold.



This information is valuable, allowing us to consider that at that point in time, C's mother did not appear able to tolerate guilty feelings associated with loss and acted out her feelings of loss by secretly planning a Christmas break, leaving the therapist feeling bereft on C's behalf over the ill-timed separation that he knew C was about to experience.

### **C attaches importance to his M's love**

C spoke of how his mother tried to reassure him that things would get better. (Session, 280, unit 47). Although he communicated his dissatisfaction over his situation and his mother's limitations at trying to make him feel better, what seems important here is that he valued his mother's love: it mattered that his mother tried to help.

### **Value being given towards having contact with a reliable object**

C was seen to expect reliability from his therapist in the form of requiring thought-out plans, holiday diaries for example, so that he could easily see when his therapist was on leave. (Session, 279, unit 23). This aspect of structured relating was one that C's family, had difficulty providing at that time. It would seem reasonable to consider if an absence of a reliability of this kind would have been one of the factors contributing to C defensively thinking it was not required when he first started therapy.

### **Expression of Claustrophobic feelings and signs of self-regulating these emotions**

In Session 300, (units 39-57), is an example of C experiencing claustrophobic feelings when the intensity of emotional contact with his therapist in session fell outside his control. This happened within the context of his therapist making too many interpretations that underlined emotions linked to feeling bereft of care and attention and feeling 'abandoned' over the Christmas holiday. C needed to put his head outside the room to take a breath of fresh air. The interpretations, which located angry feelings within him, appear to have made C feel short of breath.

It is very hopeful to note that by this point in his therapy C had internalised enough of a good-object to demonstrate resilience and recover himself, by taking a deep breath and returning to lay down thoughtfully on the couch. This could be seen as an important development especially as his suicide attempt was an act of self-suffocation in the face of being unable to process aggression or withstand emotional pain.

### **Surviving an emotional ‘dust-up’**

A play sequence in Session 300 (units 51 – 55), which included the crashing of our thoughts in a play sequence followed by C using a sticky piece of paper to gather dust (dust-up) from his therapist’s head, suggests occasions when C connected the receipt of another’s thoughts as being a potentially aggressive act which could generate dusty, asthmatic or claustrophobic feelings.

This observation might support the concept that uncontained aggressive crashes played some role in stimulating fantasies where oxygen becomes depleted.

Again what seems important in this late Post-separation session, is that C appeared to have developed the emotional strength to face his feelings following a separation, give his therapist his aggressive feelings more directly and recover in a way that helped him feel more relaxed:

Meltzer (1975, see p66, Chapter Two, ‘Literature Review’) was very interested in a particular form of anxious attachment he termed: ‘adhesive identification’ characterized by difficulties in a child and parent’s projective and/or projective identificatory structures, this being an area where for numerous complex reasons the parent/object was unable to emotionally process the child’s projections. Instead, projections, (emotional states passed between one person and another), are felt to be intrusive or persecutory and as such are either rejected or ‘sent back’ to their originator, sometimes with additional unprocessed emotion.

Within a context of projective phenomena, C's sticky paper play in session 300, (unit 55) could also be viewed as C feeling more able to use the therapist's head to project his 'dustier' more suffocating, aggressive emotions onto so that they may be ventilated by the therapist's thoughts.

**The development of an observing function and Increase in curiosity about the world around him**

In these late sessions there seems to have been a development of an observing function in C. He was able to make observations of his own behavior at this point rather than only being able to act it out. For example in Session 300, (units 51 – 55), it was C's idea that our thoughts had 'crashed'. Whilst C's symptomatology had not disappeared i.e. separation still appeared to stimulate claustrophobic anxieties, C's stance to these symptoms now seemed qualitatively different.

Rather than being overcome by the influence of anxieties related to uncontrollable loss and unprocessed aggression, by this time C is also able to symbolically express, observe and describe difficult emotional expressions and use an object to help him recover.

In terms of C's capacity to deal with issues of separation, this group of sessions demonstrates that by this late point in therapy C had developed a more robust capacity to tolerate thinking about difficult separation issues. He could speak openly about the separation of his mother and stepfather, and his needs for his mother within a difficult context of her then unpredictable companionship.

Given that the major focus of this group of sessions concerns issues connected to potential loss and separation, C demonstrates a mature capacity to process his thoughts.

Among other things, Cluster 5 in relation to Cluster 3 appears to have added support to the following ideas:

- a. The main themes occupying C's mind have a different quality at the end of his therapy than at the earlier stages. The CV's analyzed near the completion of therapy appeared to fall almost exclusively within the range of 'Developmental Thinking', meaning that the themes now raised by C, are able to be thought about, rather than anxiously acted-out.
- b. That 'birth related' material within the sphere of CV 6, 'Primitive Anxiety' appeared to have ameliorated by the later period of therapy, so that cluster 5, revealed no further data regarding the quality of this CV. Therefore, in addition to its representation in Cluster's 2, 3 and 4, a further analysis of an additional early cluster was considered useful as it might present data that could help further clarify both the quality, and extent to which this particular CV presented in early separation-related sessions, and provide a more accurate gauge of its significance at an earlier stage of C's therapy.

The analysis of Cluster 5 helped confirm complex issues related to separation appear consistent for C. The concept of C beginning to experience expectations of reunion after separation near the end of his therapy seems to be an important development especially when compared with the findings from Cluster 3 which looked at separation - linked sessions taken at the approximate mid – point of his therapy where this development did not appear evident.

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To complete a broader view of how C's capacity to deal with separation may have developed over time, and how his fantasies appeared to address issues related to separation and loss, a final analysis of a cluster of sessions from early in C's Therapy, follows. This allows comparisons to be more complete between C's capacity to regulate separation - linked emotions at early, mid and late points within his 28 month period of individual therapy.

## **Cluster 6 Data Analysis Findings & Discussion**

### **Early Separation and Reunion**

#### Introduction

Cluster 6, applied a four column analysis to an early planned Post-separation session: Session 9, so that it could be paired with an early planned Pre-separation session: Session 8, previously analyzed using the four-column approach in the analysis of Cluster 4.

(See Table 3 p205 this Chapter, and Figure 11 p115, Chapter 3).

This earliest Pre and Post-separation pair was selected with the aim of gaining the earliest and least influenced example of how C regulates emotions that appear connected to separation.

#### Frequency Of Occurrence Of CV's Found In Early Pre-Separation Example: Session 8

Figure 32, below, provides a bar chart of the TPR of CV's derived from the analysis of session 8: an early Pre-separation example. The single measure for CV5 Developmental Thinking, in this session, consisted of C's response to an interpretation provided by his therapist, so in this respect it is a measure that could be viewed as being more reliant on the therapist's support as opposed to a measure that describes C's personal capacity for thinking developmentally.

All other CV's fall outside the area of developmental thinking as they represent CV's *not* being thought-about at this early point in C's development. Also, two of the fourteen measures scored under CV 2, 'Uncontained Aggression', are of a suicidal and/or self harmful type.

**Figure 32, Cluster 6,**

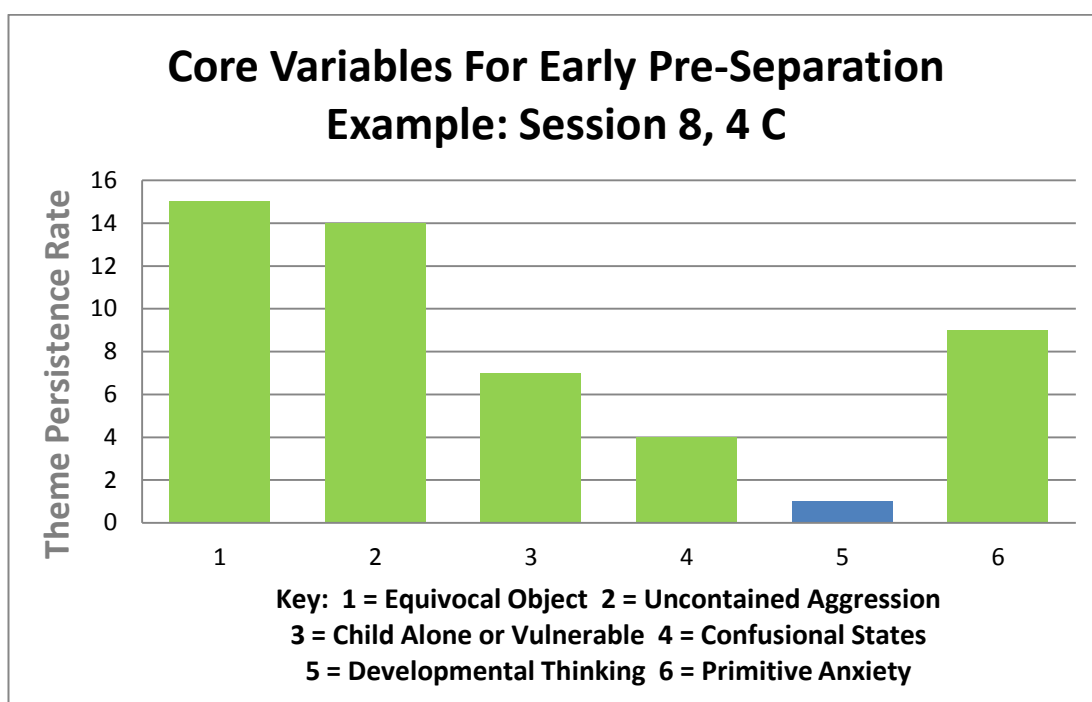


Figure 32 appears to show that at this early point in C's therapy and prior to a weekend separation, CV 1, 'Equivocal Object', and CV 2, 'Uncontained Aggression', were the most dominant. These were followed by CV 6, 'Primitive Anxiety', achieving a reasonably high score, followed by CV 3, 'Child Alone or Vulnerable', 4, 'Confusional States', in descending order, with the least dominant, CV 5, 'Developmental Thinking', scoring '1' in response to an interpretation provided by the therapist. All other CV's in this session appear to be of the 'non-developmental' type.

Figure 33 below shows the focus and frequency of the therapist's interpretive response (FOIR) for Session 8, along with the associated CV's.

All interpretations provided by the therapist fall within the category of Developmental Thinking. As such, FOIR charts do not express separate measures for CV 5 as all interpretive CV's fall within its context.

**Figure 33, Cluster 6**

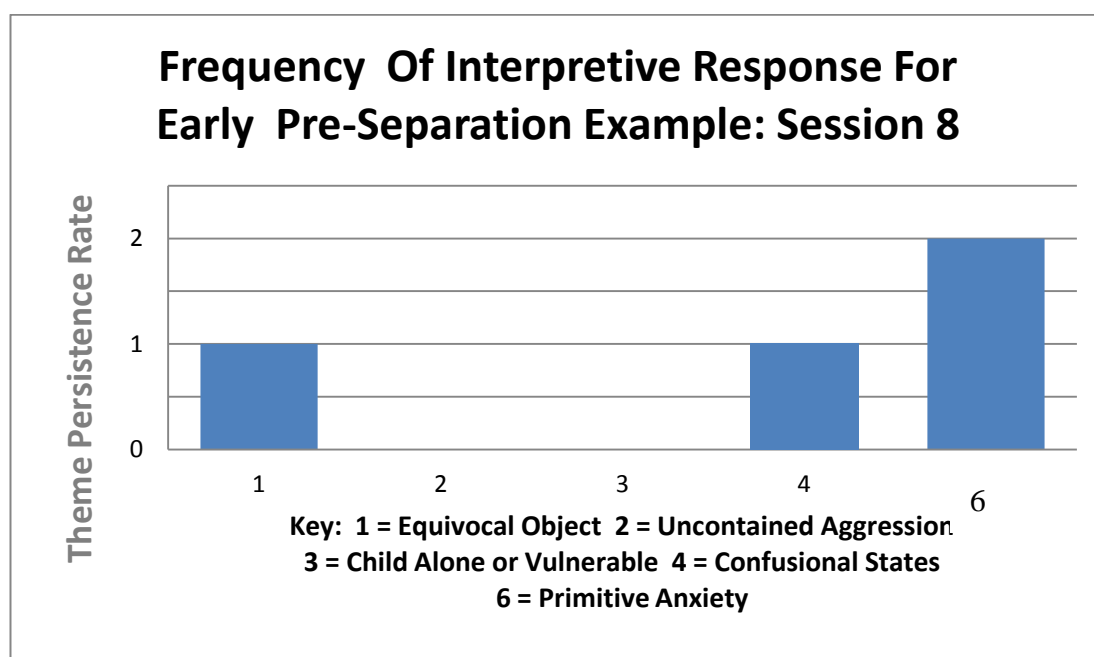


Figure 33 appears to reveal that during this early Pre-separation session, the therapist's interpretations were kept to a minimum and only featured in 3 areas.

These areas are 'Primitive Anxiety', (2 responses) with CV's 4 and 1 scoring one unit of measurement each. When compared with Figure 32 (p240 above) Figure 33 suggests during this early Pre-separation session the therapist focussed most on processing CV 6 Primitive Anxiety, and that within this CV the therapist's interpretations were running at less than a quarter of those themes expressed by C.

This could suggest that at this stage of C's therapy, the therapist, on average waited until he had heard particular communications at least 4 times before responding.

The analysis of Figures 32 and 33, reveal that CV's 1, 'Equivocal Object', 2, 'Uncontained Aggression', and 3, 'Child Alone', scored highly during this period. We can also see that C's capacity for being able to think about either his life situation or his feelings scored quite low and the session analysis (Session 8, units 15: [projective identification] and 20: [manic excitement]) appeared to reveal elaborate defensive structures constructed for example, from particular

fantasies of C trying to defend himself against a stepfather firing bullets at him by firing bullets at the stepfather. This type of fantasy appearing to strengthen a concept of negative projective identification rather than thinking.

The analysis also revealed that at this early point in therapy there was a significant measure for CV 6: 'Primitive Anxiety', which appear absent in the later sessions with a focus on separation in Cluster 5.

This suggests that in the early stages of C's development he was far more exposed to the effects of CV 6 'Primitive Anxiety' before a break in therapy in comparison with later sessions. He appeared also, according to this analysis, far less able to think, and states of confusion appeared to play a more significant role.

There was also a score for suicidal thinking/self harm type of symptomatology in this early pre-break session, which appeared absent in later sessions (Cluster 5) focussing on how C anticipated separations.

These findings, in conjunction with those from Clusters 3 and 5, may suggest that there is a link between:

- a.** an increase in C's capacity to think: CV 6 'Developmental Thinking', being inversely related to a decrease in expressed states of 'Primitive Anxiety'.
- b.** that an increase in CV 6 'Developmental Thinking' and a decrease in 'Primitive Anxiety' are features of C's development after a substantial period of therapy but not before.

Looking at the therapist's FOIR we can also see that measures were only detected for responding to CV's 1, Equivocal Object, 4, Confusional States and 6, Primitive Anxiety with the latter receiving more of the therapist's attention at this stage.



The therapist's slower response rate may also be partly a result of the level of confusion and manic defence featured in the child's play at this early stage, as it would also have been difficult for the therapist to think which of these particular CV's were more active, e.g. (Cluster 6 Analysis, Session 8).

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## Frequency Of Occurrence Of Core Variables Found In Early Post-Separation

### Example: Session 9

Figure 34, (below) shows a bar chart of the TPR of CV's derived from the analysis of an early Post-separation example. It should be noted that the single measure for CV 5: Developmental Thinking, CV 5 consists again of C's response to an interpretation provided by the therapist. All other CV's fall outside the area of Developmental Thinking and represent CV's that are *not* being thought-about by C, but rather acted-out in the play at this early point in his therapy. Also, one of the seven measures scored under CV 2, Uncontained Aggression is again of a suicidal/self harmful type.

**Figure 34, Cluster 6**

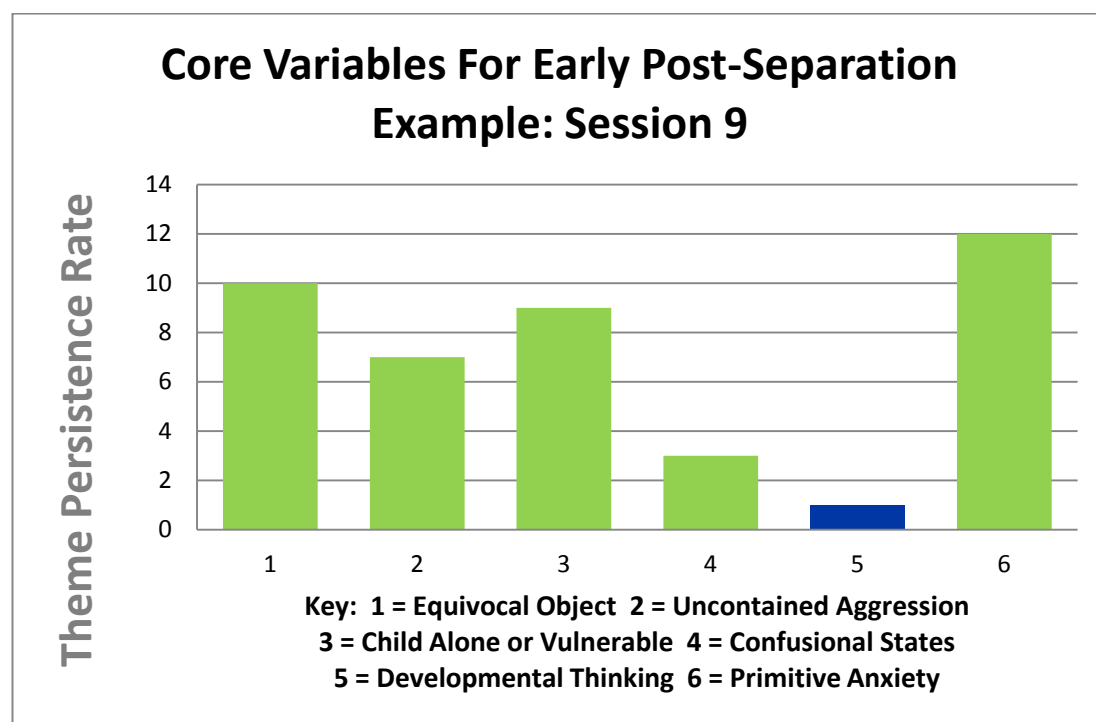


Figure 34 also shows that at the time of this early Post separation was taken, C scored highest in the area of CV 6, 'Primitive Anxiety', closely followed in descending order by CV's 1, 'Equivocal Object', and 3, 'Child Alone or Vulnerable'. CV 2, 'Uncontained Aggression' also gained a reasonably high score, with CV 4, 'Confusional States' making a small contribution and CV 5, 'Developmental Thinking' only achieving a rate of 1, and , as mentioned above,

in response to an interpretation by the therapist, suggesting it required the therapist's support in order to be expressed.

When compared with Session 8 in Figure 32, p240, above, it can be seen that during a period of reunion, C scored lower in CV's 1, Equivocal Object, 2, Uncontained Aggression, and 4, Confusional States, but higher in CV's 3, Child Alone or Vulnerable and 6, Primitive Anxiety, whereas CV 5, Developmental Thinking, remained static, with a single score.

This appeared to suggest that separating created more emotions in C that were associated with 'Equivocal Object', and 'Uncontained Aggression', than did a reunion, and, that a reunion, created more emotions in him associated with 'Primitive Anxiety'.

Both figures 32 and 34 lend support to the idea that during the early phase of therapy the greater majority of CV's were of a non-developmental type.

Figure 35 below provides a bar chart showing the FOIR for session 9. Please note that as the therapists interpretations fall within the category of Developmental Thinking, the bar chart represents a breakdown of CV5 itself.

Figure 35, Cluster 6

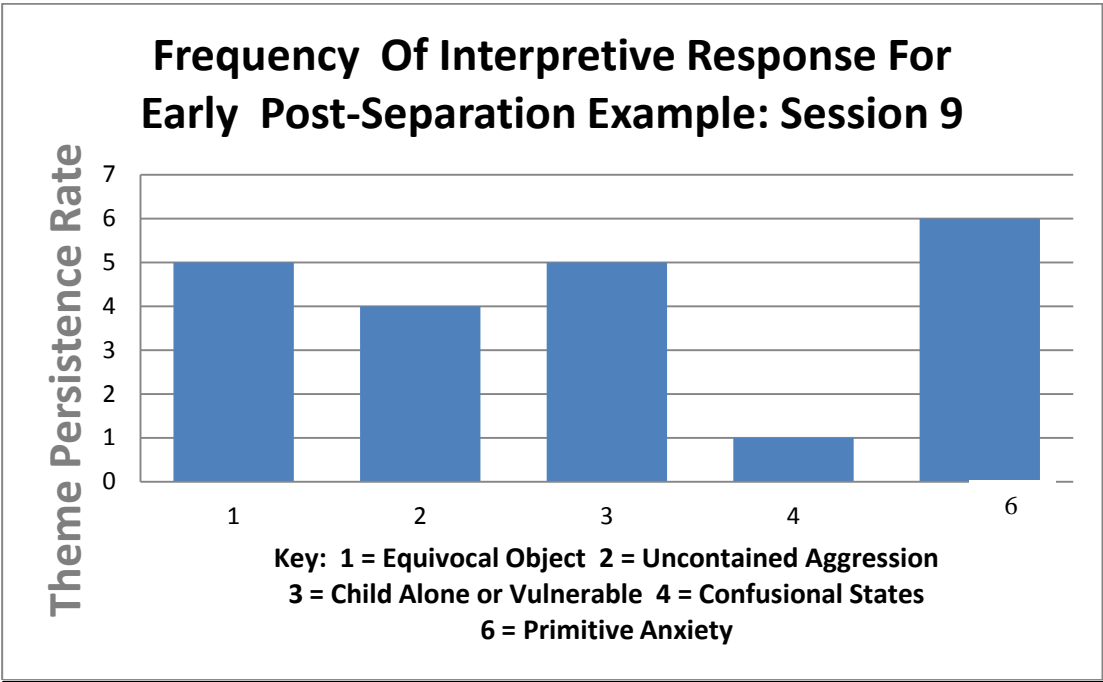


Figure 35 seems to show that the therapist’s interpretations closely followed the thematic content of C’s expressions. A comparison of Figures 35 and 34 also appear to reveal that the therapist’s TPR, whilst presenting within the same CV types as those expressed by C, ran at approximately half the rate of C’s. This would suggest that it was part of the therapist’s style to listen to the CV’s brought by C, and to wait until each CV was heard twice on average, before making an interpretation that was related to it.

A comparison of the ratio of CV’s expressed, to units of interaction during Early and Late Separation-linked sessions, appeared to show that not only did the CV’s migrate from a position outside the range of Developmental Thinking to a position within, for separation linked sessions over the span of therapy, but also the expression of CV’s, apart from those subsumed within Developmental Thinking appear to have halved in the later separation-linked sessions when compared to the early separation-linked sessions.

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## **Patterns Of Synchrony Between The Child's Expressions Of CV's And FOIR**

Of fundamental relevance to the research question of 'what protects' in the psychoanalytic therapy process, are the vicissitudes of the relationship between C and his therapist.

One dimension of this arising from the Grounded Theory approach applied, may be captured from the patterns of synchronization apparent between the frequencies of C's expressions of CV's, in other words the TPR, and the therapist's FOIR during any one period or cluster of sessions. (TPR's and FOIR's are described and illustrated in Chapter 3, pp92-97).

For reasons of brevity and time available, patterns of synchrony between the TPR and FOIR's for *all* Cluster groups were not able to be conducted. However, the data remains stored and available and could perhaps serve as the basis for a future study.

For the time being however, in this study, FOIR's have been presented alongside the TPR findings for Cluster Analyses 1, 6, 5 and possible turning-point session 58 (discussed in Chapter 5, p260).

These represent the earliest periods of therapy (Clusters 1 and 6), the final 6 months (Cluster 5), and a key session in the therapy and account for approximately half of the available Clusters. Thus, some useful comparisons can still be explored between TPR and FOIR patterns evident in these clusters, and any identified contrasts between the all important early and late periods of C's therapy.

The patterns of synchrony between the child's and therapist's expressions and interpretations reached at the earliest stages may be gathered from Figures 16 and 17 (pp150-151) in Cluster 1, and in Figures 32 p240, 33 p241, 34 p244, 35 p246, in Cluster 6. Figures 30 and 31 p232, provide the pattern of synchrony in the latest Cluster 5 Analysis.

Figures 16 and 17, suggest that, at the beginning of C's therapy, FOIR appeared markedly lower than in the later periods. In the analysis of sessions 1–5, Cluster One, it seems that the therapist listened and waited for considerably longer periods before responding to C's themes in terms of the CV's communicated. Nevertheless, these first few interpretations are offered in response to the two most dominant CV's on C's mind, 'Equivocal Objects' and 'Uncontained Aggression'.

Even by the time of sessions 8 and 9 (Cluster 6), the therapist's pattern of frequency of interpretations had become more closely synchronised with C's communications of CV's as compared with Cluster 1. In these sessions (see Figures 32 p240, 33 p241, 34 p244, 35 p246 and in Sessions 8 and 9, more time and effort appeared to have been given to interpreting themes now identified as CV's brought by C.

In particular, by session 9 (see figures 34, p244 and 35, p246), the rates with which each of the CV's were being addressed by C and his therapist were synchronized between them with a consistent ratio of approximately 2 communications from C, to 1 interpretative response from the therapist.

By the final six months of therapy such 'attunement' (Stern 1985) overall of the CV's had become very much closer still (see Figures 30 and 31 p232), with 'Primitive Anxiety' no-longer a focus for attention from either C or therapist. As discussed in Cluster 5 Analysis (p224) 'Developmental Thinking' by both C and his therapist appears to have presided throughout this late period of therapy.

Over all the three Clusters, 'Equivocal Object' remained clearly the most persistent and difficult CV to influence, but in the later stage 'Equivocal Objects' were, like all the other CV's, being thought about by both C and therapist together, rather than mostly acted-out by C and mostly thought about by the therapist.

Overall, the patterns illustrated and summarized above if corroborated by a comprehensive study overall of the Clusters at a future point, might support the

principle that the therapist's FOIR appeared to follow a pattern more and more closely coordinated with C's pattern of communications and CV's, after the initial five sessions. A key feature of these developed patterns appeared to have been that the therapist had become more consistently attuned to the themes brought by the child himself. This may have important implications for research supporting the efficacy of a therapy that works with material initiated by the child, rather than adhering to a pre-set programme or agenda initiated by the therapist, as in other more structured therapies available to children.

In general, the therapeutic setting appeared to have succeeded in facilitating C's communication of his inner world, his feelings and thoughts predominantly concerned with 'Equivocal Objects', 'Uncontained Aggression' and the 'Primitive Anxiety' associated with these.

Expression of the often disturbing material in CV's 1 and 2 within the context of 'Developmental Thinking', appeared to be linked with a reduction in C's states of 'Primitive Anxiety' and suicidal thinking (see Figure 31, p232).

Likewise, C's own increase in 'Developmental Thinking' appeared to be accompanied by a decrease in acting-out over 'Equivocal Objects', 'Uncontained Aggression', and Primitive Anxiety implying that C's growing capacity for 'Developmental Thinking' had replaced a previous tendency to act out fantasies associated with these CV's.

This process and its accompanying development may have provided an important source of protection for C, from a further repeat episode of attempted suicide during his childhood and early adolescence. Supporting this possibility is information gathered from C's later referral to CAMHS only for relatively mild OCD-type symptoms 5 years after his therapy. This is even though the analysis of the external world in Chapter 2 confirms that C's family life continued to operate on a level that would meet dysfunctional descriptors, plus: C's younger sibling was also referred at the same time sharing similar symptomatology with that of C's original referral i.e.: fears of people being killed or killing others.

## **Chapter Five**

### **Summary And Concluding Discussion In The Light Of The Research Question**

#### **Introduction**

This Chapter attempts to integrate the most salient points from the analysis of C's sessions including what has been learned from the research method itself.

Since the research question is concerned with an exploration of both precipitating and protective factors in relation to C's suicide attempt it may be useful to deal with each aspect separately where possible.

In the analysis, CV's that can be 'thought about' are identified and coded within the range of 'Developmental Thinking'.



## **Thoughts Regarding Precipitating Factors**

### **Non-developmental CV's within a self-circulating system**

The summary of the first five sessions in Cluster 1 showed how using a basic PET method of theme recording, C's free play included fantasised acts of suicide and murder.

Thirteen themes were both described and counted with some showing more frequently than others. For example:

- (a)** 'adult carers dying or in a fragile state of health',
- (b)** 'aggressive feelings which cannot be directly communicated',
- (c)** themes featuring 'murder'.

And two entries with the theme of

- (d)** suicide, whilst comparatively small in number compared with the expression of other themes their very presence were significant.

These four themes appear of special interest in that together they seemed to interact to form a potentially self destructive system where aggressive impulses could not be directed to an object because of the object's imagined or real fragility, and/or, propensity for violence.

Such object qualities, either imagined, experienced, or both, appeared to result in C conceptualising people as 'Equivocal Objects': objects C felt highly ambivalent about due to their limitations.

C's conceptualisation of Equivocal Objects appeared to promote paranoid, murderous and suicidal fantasies involving himself and damaged and/or damaging objects.

Considering the violent family history these fantasies appear linked to an accumulation of aggressive experiences and associated emotions building-up within C as they had no available mind to filter or process their affect.

**Experiences of violence and trauma pre' and post-birth and a possible confusion in C's sense of what is internal or external from his earliest development.**

C's history searches, (Chapter 1 p11), revealed that from the very beginning of his mental development whilst in-utero, unprocessed aggression had been a feature of family life in the form of domestic violence. The sounds of which likely stimulated, adrenaline, and cortisol levels in both mother and foetus and probably contributed to the formation of procedural memories and 'parcellation' (Shore 2001) shaped by this exposure.

Such experiences, including the miscarriage of C's twin, raise questions regarding C's mental life in-utero and the possible effects that pre-birth violence, birth-trauma (cardiac arrest, suffocation, revival and premature separation) might have had upon his overall psychological development.

Revealed in Cluster Analyses 2, 1(b), and 6, was C's internal world of 'Primitive Anxieties' (CV6) whose PETS included fantasies of suffocation and fears of a fatal drop taking the life of a baby.

From earliest infancy C's developing experience of what constituted inside, outside and the boundaries between life and death appeared severely compromised and seemed to have contributed towards difficulties construing a clear concept of separateness without which proper thinking became difficult as there would have been limited emotional space in-between himself and 'other' as he was too preoccupied with imagining himself either merging-with or climbing back inside people as a form of survival from an external world he experienced as frightening. Compelling evidence of this need to return to 'dwell within his object' have been identified in his fantasies of disembowelling, adorning and hiding within his objects. (Cluster 6, Session 8, units 12-15).

It is therefore considered that a psychical formation, one which Bick (1967) calls a 'second skin' was constructed by C's mental apparatus and helped ameliorate a sense of disintegration during a traumatic peri-natal period and this defence survived into his childhood.

Regarding 'second skin formation' Bick said that the central theme was:

...concerned with the primal function of the skin of the baby and of its primal objects in relation to the most primitive binding together of parts of the personality not as yet differentiated by parts of the body.

(Bick. 1967).

Perhaps one of the reasons that made the offer of supportive words appear so deadly in C's fantasy at times was that during his peri-natal development he experienced a violent sound-object (Maiello.1995) followed by the deprivation of a containing object due to SCUBU admission. Meaning that at crucial times during his earliest experiences, the sense of an object with a containing skin (physiological and psychological) was absent, and without such an experience to act as an enduring prototype, some sounds and interpretations, threatened to penetrate or alter his fragile 'second skin' formation.

Importantly: C's method of 'suicide by suffocation' within these contexts appear to possess a strong metaphorical link. That is, CV 6. : Primitive Anxiety was in itself constructed from fantasies that included: 'suffocation' as well as sensations of 'falling apart'.

A preoccupation with fantasies of a deadly birth-related experience appeared present in several different extracts. For example:

A. : The "Death Slide", (Session 8),

B. : C's fears of his baby brother falling downstairs to his death, (Session 1),

C. : C's fear of a dangerous birth endured by his mother, (Session 1)

D. : C also makes a clear connection in his own mind between his visceral 'innards renewal' play: where a child rejected by his parent's 'returned' by cutting his way back into his parents body as he said:

"we have all been inside someone once, when we were babies."

(Session 8).

In this example, C seemed to be expressing a form of fantasised *reverse caesura*, imagining his return to a foetal state 'safe' inside the skin of a parent.

The danger of this type of fantasy is that life and death pursuits become confused. This is supported by Guntrip's (1968) discovery of a suicidal patient who dreamed about entering a gas oven for safety. (See Chapter 2, pp53-54).

This research therefore suggests links between C's fantasies expressed in his free- play with a traumatic infantile experience and further preoccupation with dangerous Caesarean<sup>11</sup> type fantasies that could result in 'suicidal misadventure'.

This raises an important question regarding the complexity of children's fantasies, particularly of those who have experienced both very early *and* ongoing adverse environmental conditions, and how the fantasies of such children may pre-dispose their hosts towards dangerous forms of escapist play.

Therefore, one of the concepts to come out of this research, is the possibility that: *a combination of unconscious infantile traumas coupled with the destabilizing effects of a later actively disturbing violent external world* increased C's risk of a particular form of suicidal vulnerability which paralleled and possibly influenced his method of suicide.

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<sup>11</sup> Although unable to confirm, it would seem possible from C's birth history that a Caesarean intervention may have been required.

As part of the overall range of precipitating factors the research also identified the following possible influences:

### **Continued external violence and deprivation**

The history searches revealed that relationships between C's mother and step-father; and himself, step-father and step-siblings, all continued to be potential sources where violence might occur. The result of this appeared to mean C was in a home where aggression was not being adequately processed between members of the family.

The history searches also revealed that C re-entered CAMHS five years after the end of the analysed therapy. In this second referral C was in the process of taking his stepfather to court over an incident where he disclosed his stepfather had threatened him by holding a gun to his head. In addition: C's step brother 'O' was in a secure adolescent unit because of his propensity for acting-out violently.

This suggests that such experiences likely contributed towards C's internal and external worlds appearing to mirror each other in very frightening and confusing ways and possibly fused with his infantile experience regarding his sensed boundaries between inside, outside, life and death.

This combined, continued parallel series of external and internal 'attacks', appear to have contributed towards the formation in C of:

An internal world or "gang" (Williams 1997) whose defensive structure was shaped by the above, and which took on a dynamic and potentially dangerous, intra-psychic life of its' own.

This particular structure is identifiable in the research via it's emissaries in Core Variable 1: the 'Equivocal Object', in the form of 'murderous fathers', and 'suicidal Generals', who gained high ratings for thematic persistence.

### 'Internal World or "gang", Examples

The dream of 'SS father' (Session 58, units 77-81), provided an instance where a 'hard' internal object 'killed' the therapist at a time when the developing relationship between C and his therapist threatened to supersede that held between C and the objects contained within his defensive structure.

This hard structure appears to have developed to help defend against C thinking about extremely sensitized and vulnerable 'polywhirl' feelings. (Chapter 4, pp221-222, and p231).

This research therefore raises a question as to whether or not such a structure may have rendered C more predisposed towards regressively acting-out a form of return to a procedurally memorised and dangerous 'primitive' psycho-physiological skin world at times when both his internal and external worlds appeared to merge and become exceptionally frightening?

### **What Protects**

#### Significant Aspects Of The 'Turning Point' Session 58

In light of the analyses of the Therapist's Focus Of Interpretive Response (FOIR) in Clusters 1, 2 and 6: (Session 9), the research analysis suggests that part of what appeared to protect C from the dangers of 'Uncontained Aggression' (CV2) and internal assassins identified in the research as 'Equivocal Objects' (CV1), was the therapeutic containment of C's sense of 'Primitive Anxiety'(CV6), through facilitating his development of a capacity for 'Developmental Thinking'.

The research analyses suggests that C's expression of CV's 1, 2, and 6 reached a cumulative high-point during session 58, a possible turning-point session, (Carlberg 2009), along with what appears to be a correspondingly very high measurement for Developmental Thinking (CV5). (see Figures 25 and 26 pp 195-197 Chapter 4).

### Session 58, Discussion Of Themes Arising

Of the sessions analyzed, this session also held the greatest number of occurrences of themes bearing elements of Suicidal Ideation: 17 in this single meeting.

Suicidal Ideation took several complex forms, ranging from C experiencing the therapist's attempt to emotionally engage as posing a threat to his survival, and, C expressing a murderous response towards feelings of vulnerability within him, stimulated by the therapist's attempts to emotionally engage.

Also recorded within this session however were hopeful signs of C developing a capacity to see his therapist as a communicative partner, and he battled within himself to overcome a strong sense of ambivalence wherein he viewed his therapist and internal objects in a rapidly interchanging light, where his thoughts appeared to focus on attempting to discover whether his objects (internal and external) were potentially destructive or supportive. Linked, is an important observation in Session 58 that includes what appears to be an oscillation in the quality or development of C's use of projection, symbolized in his 'shooting play'.

As well as appearing to be evidence between units 17-26 in Session 58, of a structure in C that openly attempted to shoot his therapist's thinking, there also seemed to be signs that C was inversely discovering he could project 'dangerous' emotions (bullets) into his therapist.

This development appeared supported by the therapist's interpretations that aimed to help C overcome a more natural tendency to retreat into manic defence by over-identifying with the character of James Bond, or, other internal objects that were more destructive: murderous father's and generals who appeared to strengthen the concept of the need to kill-off feelings of vulnerability by 'putting people out of their misery'.

(Cluster 4, units 17–26)

The advantages for C in his development of being able to project into his therapist, appeared to be that by so-doing, he became more able to project his aggressive feelings (communicated symbolically as ‘bullets’), into an external object that had the potential to emotionally adjust them, rather than C projecting them back into his objects who would become more dangerous as a consequence of being fired upon.<sup>12</sup>

In this way C’s ‘dangerous projections’ were more able to be subjected to a shared thinking process that had the potential to transform them into more benign elements.

Carlberg (2009) views the meeting of two subjects, each mutually influencing the other to be a vital aspect in the nucleus of change, and considers the emotionality arising within a psychotherapy meeting as contributing to ‘the creation of a new intersubjectivity’. Carlberg showed how ‘new intersubjective states’ arose which could be clearly described by the methodical observation of ‘turning-points’ in therapy. (Carlberg. 2009, p100-111).

Close examination of Session 58: (units 15–41), suggests one of its most transformational features appeared to be that C’s therapist survived considerable pressures from C’s internal gang to join-in and engage in poorly sublimated play that would have reinforced the value attributed to acts of violence for its capacity to deny vulnerable feelings.

Instead, the therapist protected a space for thought to be given to the importance of recognising and attempting to understand what then appeared to be a denial of infantile emotional pain.

This aspect of split-off emotion seemed to be represented symbolically by the deprived ‘Polywhirl’, and a lengthy series of interactions and interpretations in Session 58 (units 12 – 61), appeared pivotal in the therapy as they led to C maintaining the longest lucid period with his therapist ‘to date’, and stimulated a

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<sup>12</sup>This observation adds important insight into an internal dynamic process behind the idea that suicidal people sometimes appear to turn aggressive emotions in on themselves.



comment from him that his 'polywhirl was 'transforming', (becoming more developed, units 68-71). This suggested that both the therapist and patient recognised that changes in perception appeared to take place at that particular point, and in that particular session.

Within this session C also confided a bad dream where an internal object, had killed his therapist by shooting him in the head, but, in the dreams continuation in the free-play of session 58, C won an internal struggle over whether or not to join forces with the murderous 'SS father'. Instead of shooting his therapist in the head before leaving, C allowed his therapist *for the first time*, to look after his toy gun (symbol of murderousness) and left his therapist with an intact experience of a sense of separateness, loss and emotional defencelessness upheld.

The data at this particular point suggests that a turning-point session or period could be a very sensitive and potentially dangerous period for a child as it threatens an established internal destructive structure.

In the absence of good-enough external object-relations due both to shortcomings in C's environmental provision and his narcissistic reaction towards this absence, data arising from Session 58 supports the idea that C had turned-inwards, identifying himself with destructive internal objects. Their construction appearing to have evolved from a confused blend of traumatic internal and external events, extending from violent pre- and post-birth experiences coupled with an accumulation of then contemporary parallels where an equivocal and violent inner-world was mirrored in a most confusing way by external experiences. (Session 8, units 8-14). As such, there appeared to be "no haven" for C. (Anderson, 2001, 2003 [see Chapter 2. Literature Review p50]).

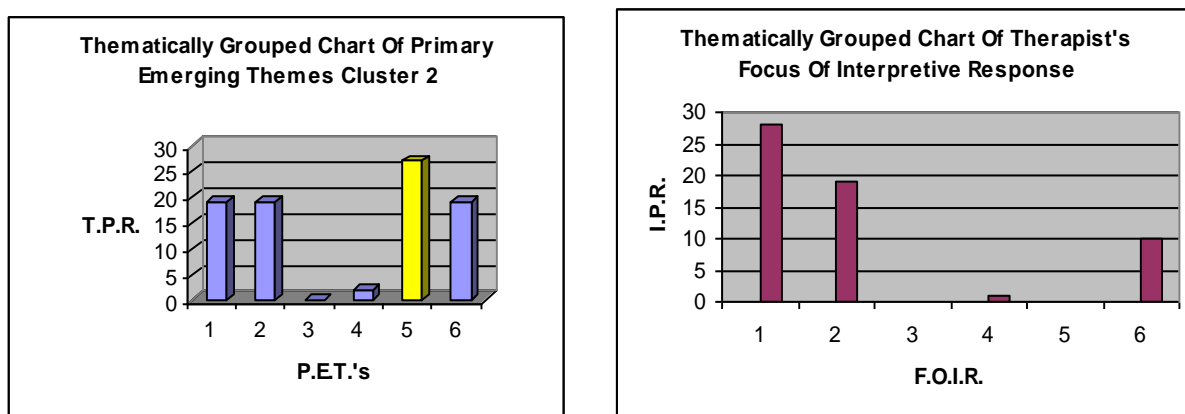
The analysis of Session 58 therefore suggests that when C allowed himself to recognize a need for the support of his therapist, he faced several considerable obstructions towards converting this recognition into realization.

For example: he feared he may fall victim to a catastrophic let-down symbolized by fears of crashing to earth ('space play', Session 20), or murderous reprisals from an internal gang or object i.e.: the baby-throttling-father (Session 3, unit 20), made all the more real by disturbing experiences with a murderous step-sibling in his external world.

Another protective feature of Session 58 which appears highly relevant when considering this session's transformational qualities is that the therapist's FOIR is seen to closely match C's TPR, see Figure 36 below.

**Figure 36**

A Comparison of C's TPR with Therapist's FOIR for Session 58



### KEY

T.P.R. = Theme Persistence Rate

### CV's

- 1. = Equivocal Object    2. = Uncontained Aggression
- 3. = Child Alone or Vulnerable    4. = Confusion
- 5. = Developmental Thinking
- 6. = Primitive Anxiety

This is an important element to be identified in this research as it has the potential to confirm and extend theorisations made by (Lush 2011:40-41,

Natterson 1993:45, Carlberg 1997:331) regarding factors that may contribute towards 'turning points' in therapy.

### **Working with C's Narcissistic Structure**

An impression of threat became greater when either the internal objects or C's allegiance to a more acceptably violent narcissistic 'James Bond' object, felt threatened by the therapist's thinking. How threatened this structure felt at the arrival of a new structure exposing C to feelings of vulnerability became apparent in the research by the relatively long-term-predominance of codes 1: Equivocal Object, and 2 Uncontained Aggression. (See Fig 25, p195, Chapter 4).

The 4 Column Analysis showed that a sense of ambivalence prevailed and continued to do so until CV5: Developmental Thinking began to gain a stronger foothold around the mid-way point of therapy, after the 'turning point' (Carlberg 2009, Lush 2011) of session 58. The discovery of CV1: Equivocal Object, and its early predominance, helped cast light on the *quality* of the internal dangers C faced and the persistence of such internal object's during a most critical time.

For example: C spoke of his fears of his therapist's words as being like bullets, fired at him from the therapist's breasts. This play extract holds an important communication: to C, his therapist's attempts to instigate a process where nourishing thoughts were exchanged, felt like an attempt to play a deadly trick and feed him a stream of hot-lead disguised as breast-milk.

This speaks of a problem not only in the area of the quality of the 'milk' on offer, but also of the feeding process itself and describes how the object in C's inner-world purported to nourish him but its real intentions felt murderous.

Interpretations that appeared most helpful here, tended to be those which took into account difficulties C displayed regarding his successful or otherwise projection of aggressive impulses *into* the therapists brain so that his therapist could think about them and hand them back in a less malignant form. Also, recognising how C feared words, symbols transporting emotion from his mind

into the therapist's and how C fantasised this process as being one that would render brains lifeless.

The therapist's verbalised observations and interpretation of such fantasies, probably not only helped C begin coming to terms with their associated anxieties: being lethally emotionally penetrated himself and of lethally emotionally penetrating his therapist, but may also have helped underline for C, that a relatively ordinary process of inter-subjective communication was being prevented because of such fears.

Whilst expressions such as C's 'brain shootings' could be thought of as belonging more to factors that 'precipitated' C's distress, as previously mentioned in the introduction to this Chapter, (p250 above), the findings also require us to consider that the very process of C having had a therapeutic space where such fantasies could first be expressed, then defined by a 'close-following', measurable via FOIR (Focus and frequency Of Interpretive Response), also appears to be part of what protected him.

This concept has been supported in the analysis of Clusters 1, 5, and 6, (Figures 16 and 17 pp150-151) in Cluster 1, (Figures 32 p240, 33 p241, 34 p244, 35 p246), in Cluster 6, and (Figures 30 and 31 p232) for Cluster 5, which in combination show that the Therapist's FOIR was seen to attentively track fantasies and thoughts that C brought to his sessions, even at an early stage (Cluster 6) as well as the latest stage (Cluster 5) of his therapy.<sup>13</sup>

In following C's fantasies closely, and providing interpretations that aimed to elucidate their content and reduce Primitive Anxiety, the therapy seems to have helped engender within C, a form of cumulative confidence to allow yet more anxiety-provoking fantasies to enter the foray to be thought about.

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<sup>13</sup>As suggested in Chapter 4, a more comprehensive analysis over all of the Clusters in this study could be carried out on the fluctuations or consistencies of such patterns of synchronisation between a therapist's interpretations with a child's expression of core variables. This may contribute a method of measurement to support research on the efficacy of child-led approaches to therapy offered to children, in which therapists are open to a closer attunement to the child's expressions and concerns.

For example: in session 167, it was seen to take relatively sensitive timing from the therapist and bravery on C's part for C to feel just safe-enough to express his violent oedipal fantasies of killing the therapist's wife and children, and, it came as some relief to C, to discover that owning, expressing and clarifying such fantasies neither led to loss of emotional or physical control in himself or his therapist, nor did it lead to the ruination of the therapeutic relationship.

As previously mentioned the information from C's history search also revealed that C had later accused his stepfather of putting a gun to his head which had been corroborated by his mother. This incident could be seen to support a view that C's external world experience was such where his capacity to get under his stepfather's skin, sometimes resulted in extreme failures in paternal alpha-functioning.

The evidence from this study therefore suggests that a possible significant protective factor included C working-through the internalised murderous fantasies of his external objects and his own retaliatory fantasies in the transference relationship with his therapist.

### **Key Findings**

The key findings to come out of this research Include:

- The identification of six core variables whose individual developments bear an impact upon each another. The most marked of which being that of an inverse co-relation between an increase in Core Variable 5: 'Developmental Thinking' paralleling a decrease in non-developmental Core Variables: 1,2,3,4 and 6.
- Identifying the vital importance of the frequency of the therapist's responses in the process of transforming non-developmental Core Variables into those that support Developmental Thinking. Within this conceptual framework *frequency* is not simply referring to the number of responses made, but also to the therapist's 'tuning-in' to the child through reverie, where the making of tentative links between his expressed internal experience and his

experience of his external world helped guide him through an 'encaptive conflict'. (Gardner 2001:12. see Chapter 2, p40).

- The importance of recognising the fracture (Anderson 2012) between C's experience of reality and the 'reality' of others' in order to help C make sense of his inner and outer worlds; where the two meet, and where they diverge. Gaining access to C's history had a significant bearing on the therapist's estimation of C's pathology within this process. During assessment and before C's history was gained and incorporated within the treatment, the therapist considered C to be more delusional than he actually was, with the therapist experiencing more confusion and anxiety in the transference as C's play included higher instances of fantasies that attracted scores for Core Variable 6: Primitive Anxiety, which in turn, increased the therapist's impression of risk for C's well-being.
- The notion of the 'gun breast'. This finding locates how C's sense of a fractured reality (ibid) becomes internalised and symbolised as a part-object relationship whose fundamental characteristic is destructively duplicitous and literally depicted in C's play as a breast that confused milk with bullets. (See below: p273-4).
- Using GT within the context of understanding the importance of recognising the researcher's ontological and epistemological beliefs in the pursuit of 'truth' (see 'Insider Research' pp83-87), have been essential in the discovery of Core Variables within this study. The work of social researcher's and philosopher's such as Charmaz and Mitchell (1996), Crotty (1998), Hammersley (2000), Ellis and Bochner (2002), Bonner and Tolhurst (2002), Bhaskar (2002) and May (2008), make the notion of systematically incorporating a researcher's own subjective viewpoints as not only being acceptable but as holding the potential to offer the scientific community a fuller understanding of the meaning and veracity of a studied phenomena.
- The 4 Column Method of data analysis is a particularly valuable tool because of its capacity to render subjective phenomena i.e.: transference, as being both transparent and systematically measurable. The 4 Column Method of data extraction could be used in any psychological and social

researches where a structured analysis of subjective phenomena is required.

- Another key finding to be identified within this research is the connection between experiences of early trauma and domestic violence with the expression of suicidal concerns.

### **Potentially Generalizable Information and Further Studies**

In terms of the generalizability of this research, it could be said that a number of specified and interrelated complex internal and external influences combined to create the conditions leading to a high-risk of suicide or suicidal misadventure in C.

This research helps deepen understanding of those mental processes which appear to contribute to Mark Williams' (2001) observations: that the causes of attempted suicide involve stress that: "seems to be cumulative, building from early loss, through family disruption..." (Williams, 2001, p 89).

This research is also relevant to the findings of Orbach I. (1996) (see Chapter 2, p64) by making metaphorical links between the child's internalised 'body memory' and self-injurious and suicidal behavior and further, supports Ping-Nie Pao's observations (1969) of a connection between a lack of maternal handling and self-destructive states. (Chapter 2, p42 and p64).

By discovering possible links between infantile states of mind, environmental disruption and the formation of destructive internal structures, this research appears to contribute towards recognizing a need for further defining and questioning of the *quality* of early loss and deprivation, and how early experience can live-on in the mind, finding expression, sometimes dangerously, in the free-play and behavior of a young child.

For example, one concept that has arisen from this research is the motif of C's 'gun-breast'. This symbolic expression of a destructively duplicitous 'breast' appears to shed light on how, what Anderson et. al. describe as a 'fractured

reality' (2012), can become internalized as a symbolic breast which confuses milk with bullets.

Why this observation is important is that the research appears to confirm how, even when the external environment is not duplicitous i.e. such as that provided by the therapist, the internalised fracture can continue to project its negative expectation, obstructing positive development.

Externally, a fractured-reality (Anderson 2012) was evident in how C's stepfather, presented C's external world to him and to professionals, a presentation which bore very little resemblance to C's accounts of his distressing and sometimes bizarre experience of it.

An important finding in this case is that even though the child appeared to have *continued* to live in an external world that fractured his sense of reality, he seemed to have benefited from work being conducted with him in a therapy that could only concern itself, primarily, with validating and understanding his emotional states and internal world experience. And secondarily with his external world experience inasmuch as what was known at the time and in the way C brought this in more or less disguised forms in his play.

With the post-therapy history searches revealing previously unknown information regarding C's external environment, it is clear that C and his family could have benefited considerably from multi-agency involvement as the family's needs were highly complex and in several respects remarkable in their severity of violent dysfunction.

Whilst, it is not good practice to work with internal-world experience alone when the external world is *known* to be dysfunctional, this study appears to demonstrate that when the external world is dysfunctional and the information about it is purposely misleading, individual work with a child may still potentially make a vital contribution towards reducing the risk of acting-out suicidal fantasies.



This research shows therefore, how C's external world continued to mirror an internal world populated by a gang which consisted of figures who were highly duplicitous. This quality showed itself in the capacity of both internal and external figures to engage with C in ways that confused his sense of being able to discern the meaning of acts of personal violence as well as his capacity for being able to recognise the truth of his feelings and observations in relation to these.

To complicate matters further, C had experienced early trauma. Again, this trauma consisted of forms of violence, i.e.: domestic violence whilst in utero, the loss of a twin and cardiac arrest due to suffocation during birth. As such, the grounded theory arising from this research concerns itself with noting the presence of and interaction between: early trauma, a murderous internal gang and continued external exposure to threats of violence.

From these findings, it becomes possible to speculate that the presence of all three categories might form the conditions for suicidal risk in younger children. This theory could be tested in future research, initially at the level of case study analysis.

### **The effects of not knowing about early trauma on the therapeutic process**

The analysis of the sessions shows that without the knowledge of early trauma, the therapy still identified and concerned itself with anxieties of: feeling un-held, unprocessed aggression, narcissistic states, difficulties associated with tendencies towards stimulating minus K, (Bion 1962a) and confusions in C's capacity to regulate shifts between internal and external experience.

Considering the effectiveness of the psychotherapy offered it is positive that C's suicidal thoughts appeared to have dissipated by the time of his new referral five years later.

### **A Final Comment on the Design of the Research Method**

The design of research method for this analysis has been an ongoing process in itself and this process has undergone various stages of increased refinement as the research progressed.

A development from this process has been the '4 Column Method', (described in detail in Chapter Three, p110), where, in the mid to later stages of research represented the most systematic method of applying a fine-grained version of Glaser's grounded theory method that was suitable for identifying both surface and deeper level relational phenomena operating in the formation of the therapy relationship.

Arranging the four columns so as to break down frame by frame interactions of a session, and providing a systematic fine-grained chronological approach to each session analysed, appears to have rendered the identification of subjective 'feeling states' or 'transference' more transparent.

As the design of the 4 Column Method developed, it progressively enhanced the saturation of available data and thus the precision of the findings.

In all of the 4 clusters analyzed using the '4 Column Method' approach, (cluster analyses 3,4,5 and 6) no new CV's were discovered beyond the six found in the first two clusters analysed.

This strongly suggested that the finding of a total of six CV's had been soundly based. However, more precise linking was facilitated by the 4 Column Method between surface themes, dynamics underlying them, and their interrelationships with the existing CV's.

The reliability of all the themes arising from this form of constant-comparison, underwent a further check with the analyses of sessions being shared with two supervisors which helped strengthen the thoroughness and grounding of the themes identified.

### **Recommendations for Future Research**

The further use of the 4 Column Method could be extended into being used for child psychotherapy case research. Also, a range of sessions with another child or small group of young children who had attempted suicide could be undertaken in order to test the grounded theory. This may contribute to its validity and also the findings and conclusions explored here on elucidating both precipitating factors and therapeutic developments.

Future research could also bear in mind how much information became available from the earlier sessions in this study. For example, much data on C's fantasy-life and inner-world was obtained from the first 5 sessions, which could mean that useful information could be extracted by working with a small group of children and analysing several clusters of sessions taken for example from the beginning, middle and end of treatment.

To explore the detailed clinical data to specify how the therapy helped C to reduce his 'enclave conflict' identifying factors which might be generalised.

Use the concept of a turning point session and detailed clinical data to make a further study of the case to work out when it might be safe to end a therapeutic treatment following a turning point session.

It would also be useful for further studies to gather a perinatal history of each researched child as part of a baseline assessment so that rare instances where perinatal trauma and suicidal fantasy exhibited continuity, this could be identified early, cautiously examined and further understood.

### **Recommendations for Clinical Practice**

- In agreement with Anderson et al (2012): take a detailed history (3 generations) of child and family; conducting this in an extended assessment during which observations of interactions can also take place. This helps discover other family issues including suicidality. Throughout assessment and treatment there needs to be a close co-

operation between mental health teams and paediatrics to gather early histories.

- Construct a set of early warning recommendations for clinical teams, an amber light warning if a child has experienced early trauma and domestic violence as being at suicide risk.
- Consider a young child as being at risk of suicide even when suicidal preoccupation has not been part of their history when their internal world is populated by a 'gang' who's characters pervert the child's sense of life and death by promoting death as a way of helping 'solve' the problem of experiencing emotional pain.
- Consider formalising links between Paediatric and Child-Psychotherapy Services  
Valuing and co-ordinating the making of thorough early family histories, which include the perinatal period could provide vital information for helping understand what infantile factors may affect a child's development. This could be achieved through better links with paediatric services.
- Remember: family assessments do not always reveal important data  
Bear in mind that even the most carefully constructed family assessment cannot reveal data if it is withheld and/or distorted.
- Consider providing a child with individual Child Psychotherapy even when parents are unable to comply with their own treatment needs  
Individual child psychotherapy in such cases should still be carefully considered, alongside any necessary multi-agency work as this may help save a child's life.
- Alert parent/carers and multi-disciplinary team to periods of potential increased vulnerability during treatment  
Clinicians need to be mindful that one of the most vulnerable periods

when working with suicidal states-of-mind appears to be when the child's internalised destructive structure and those internal objects upholding that structure feel threatened by the advance of a new system, even when the new systems function is potentially protective. During suspected 'turning-points' (Carlberg 2009), clinicians will need to ensure that both the family and professional network are made aware of a potential increase in vulnerability.

- A psychoanalytic approach appears to have been instrumental in the positive outcome of this case

This research would advocate the effectiveness of using a psychoanalytic approach where suicidal ideation is a feature in younger children.

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### **Useful Websites**

suite101.com (see the work of Barbara Pytel).

## Appendix

### Contents:

- Pg 299 Consent Letter
- Pg 300 Returned Consent Form
- Pg 301 UEL Ethics Letter

K & C's address

27<sup>th</sup> December 2007

Dear K and C,

It has been quite some time since you last heard from me so I hope this letter does not come as too much of a surprise.

I now work for another NHS Health Authority and hold an honorary contract with United Bristol Healthcare NHS Trust as a researcher.

I am presently conducting research as part of a PHD study overseen by the Tavistock Centre in London. The research aims to help improve emotional health services for parents and children in the NHS who have had experiences similar to that of your own. The research complies with NHS ethical guidelines and standards.

To be able to help improve services in this way I need support in the form of consent to review fully anonymised, past, clinical data, to use for research and teaching of other professionals. I had hoped that you might feel able to support in the development of children's services in this way.

Please find the enclosed consent slip for your use. I could also ring you in the New Year if you are unsure or would like to know more before deciding. You are also welcome to contact me on the above telephone number, or speak with Paul Barrows, Head of Child Psychotherapy Services at the Knowle Clinic On: 0117 9190330.

Please also note that any future need you may have for child and parent services will not be affected by your decision.

I shall look forward to your reply and hope that you have had an enjoyable Christmas.

Wishing you all the best.

Yours sincerely,

Louis Thomas  
Consultant Child & Adolescent Psychotherapist  
(Honorary Researcher U.B.H.T.)

## Young Person's & Parent's Research & Training Consent Reply

Thank you for your reply.

Please delete as appropriate:

~~I~~ do / ~~do not~~ give <sup>our</sup> consent for *fully anonymised*, past, clinical data to be used to help improve children's services through research and the training of professionals.

Signed: C  
I would like it to go on record that C's view of his time receiving emotional help is not positive

Young person's name: C ..... Signature: ..... He is however

Parent's name: K ..... Signature: K ..... happy for his data

Date: 12.2.07

to be used to help other children.

Researcher:  
Louis Thomas  
Consultant Child & Adolescent Psychotherapist

Research Institution: Tavistock Centre, London.



Mr Louis Clive Thomas

Tenga  
Felindre  
Brecon  
LD3 0US

5th September 2014

Dear Mr Thomas

**University of East London/The Tavistock and Portman NHS Foundation Trust:  
research ethics**

**Study Title: "Can one trace suicidal trends in the free play and thinking of a  
suicidally depressed young child and define the processes that transform such  
states of mind during child psychotherapy?"**

I am writing to inform you that the University Research Ethics Committee (UREC) has received and reviewed: your NHS Research and Development approval letter from the Tavistock and Portman NHS Trust; your R&D Management Approval letter from the Powys Local Health Board, informing you also that NHS ethical approval for the project was not required, and the signed consent forms, all of which you submitted to the Chair of UREC, Professor Neville Punchard.

Please take this letter as written confirmation that, had you applied for ethical clearance from our UREC at the appropriate time, it is likely that it would have been granted.

In reaching this decision, however I have set aside the issue of the patient-modified consent form. Normally, if you had made an application to UREC at the time it would have seen, and made a decision on, your model information sheets and consent forms. However, you are cautioned that, should any issue arise from these consent forms in future, the University will not take any responsibility for their use.

This decision does not place you in exactly the same position as you would have been in, had UREC approval been obtained in advance. Therefore, when responding to any questioning regarding the ethical aspects of your research, you must of course make reference to and explain these developments in an open and transparent way.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately, as they fall entirely outside the remit of our University Research Ethics Committee.