

Deprivation × 3

The contribution of organizational dynamics to the ‘triple deprivation’ of looked-after children

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Abstract *The author describes her experience of setting up a therapeutic service for ‘looked-after children’ in a social services department, and the change of approach from a focus on individual therapy to consultation and liaison with the network. The idea that children in the ‘care system’ suffer a triple deprivation when the ‘double deprivation’, as described by Henry (1974), is compounded by organizational difficulties, is explored. Material is presented of work with foster-parents which helped to prevent placement breakdown. The ways in which disturbing emotional states of clients are re-enacted within the organization are discussed. The author suggests that the paralysis in a social services system, which can lead to ‘drift’, resembles the ‘collapse of strategy’ of babies displaying a ‘disorganized/disoriented’ attachment response to a frightened or frightening mother. The need for a ‘secure base’ for social workers and their managers is stressed if they are to provide the same for their clients.*

Keywords Deprivation; ‘looked-after children’; disorganized attachment; social services professionals; consultation.

Introduction

In this paper I hope to describe how the trauma and disturbance associated with severe deprivation and abuse within children and families can impact on the professionals involved in their care, interfering with their capacity to think about and provide containment for the children and their carers, thereby compounding their deprivation.

The title of this paper refers to the ‘double deprivation’ originally described by Henry (1974) together with a third level of deprivation, which can occur within the organizational setting. The first deprivation is inflicted by external circumstances and is out of the child’s control; the second derives from internal sources as the child develops ‘crippling defences’ (Henry, 1974) which prevent him from making use of subsequent offers of support, for example, by foster-carers or a psychotherapist. The third refers to the ways in which, as Britton described in his 1981 paper, ‘the profoundly disturbing primitive mechanisms and defences against anxiety’ used by

children and families get 're-enacted' in the system by care professionals, who are the recipients of powerful projections. These defences, including unconscious attacks on linking, can interfere with the professionals' capacity to think clearly or make use of outside help with their overwhelming caseloads. A social services department may then replicate these children's original experience of neglect, allowing them to fall through a hole in the 'net'-work. This form of 're-enactment' as a substitute for a thoughtful response by professionals within an organization, combined with the 'double deprivation' described by Henry, can result in a 'triple deprivation' for children within the care system. (The concept of 'triple deprivation' was originally described by Sutton (1991).)

I shall first describe the time-limited project on which I have based this paper, which involved setting up a therapeutic service for children in the care of a local social services department. I shall show how I had to change my approach and the service I offered to take into account the context within which I was working. I shall then briefly re-visit Henry's paper 'Doubly deprived' and describe how consultation to the social services network, and support for the foster-carers as a prelude to individual psychotherapy, helped to save the placement of a child very similar to Henry's patient Martin, thus preventing further emotional deprivation.

Finally, I shall consider a further aspect of organizational deprivation, that which relates to the situation of 'drift' in relation to care plans for children who have suffered serious abuse and neglect. I shall try to examine the dynamic underlying these situations, as I experienced it in my work, which Britton (1981) describes as a 'collapse of strategy' and Cooper and Web (1999) refer to as a 'maze'. I think the paralysis which can occur in the system bears a striking resemblance to the 'freeze' reaction of small children who display what Main (1995) describes as a disorganized/disoriented attachment to frightening or frightened mothers on reunion during the strange situation procedure. The child may freeze, caught between contradictory impulses, unable either to approach mother for comfort or to flee.

One could use this as a metaphor to consider how a 'disorganized' state of mind can be re-enacted in the care system whereby social workers become paralysed by the often conflicting emotional demands of parents and children, as well as by the conflicting demands of their managers. Unless they are able to turn to their manager to provide a 'secure base', these conflicts can become intolerable for social workers, and interfere with their capacity to think, with serious consequences for the safety and emotional well-being of the children in their care. I think it is possible that insecure-ambivalent as well as insecure-avoidant patterns of attachment to cases – where a professional can become over-preoccupied with or, conversely, detached from, a case – may also arise. However, I shall focus on the more extreme 'disorganized' attachment pattern of professionals to their work setting, and the part it may play in the 'triple deprivation' of some 'looked-after children'. An understanding of this dynamic may enable us to consider what kind of support could be offered by child psychotherapists in this kind of setting.

In this paper I shall be focusing on consultation to professionals and work with foster-parents, rather than on individual clinical work, since this turned out to be, initially at least, a large part of my work. In the interests of anonymity the

examples quoted are a composite of different cases, and are not recognizable individually.

Work context

The therapeutic service I was required to develop, from my base in the local child guidance clinic, included offering intensive and non-intensive individual psychotherapy to a few of the most disturbed 'looked-after children', support for foster and adoptive parents, and consultation to the professionals in a social services department, in that order of priority. The department is divided into the field social worker teams, who support the children in care, and the fostering and adoption link worker teams, who support the foster and adoptive parents of children placed in their care.

Setting up a service that spans the health and social services departments is a complex and multifaceted task, and it became increasingly clear to me that a lot of work would be required with the professional network before I would be able to undertake individual psychotherapy with any children. At the time I took up my post I was reading a book, *Into Thin Air* by Jon Krakauer (1997), which charted in raw detail the simultaneous attempts of at least eight separate expedition teams from around the world to reach the summit of Everest. Poor communication, competitiveness between teams and language barriers meant that mutual co-operation and support were minimal and, when weather conditions deteriorated, some teams withheld vital communication equipment from others. Krakauer suggests that the lack of mutual understanding, communication and co-operation between expedition teams was the largest factor in the resulting deaths of seven experienced climbers within a few days.

I quickly realized, when I began meeting with managers from the social services teams, that I was faced with similar language and communication barriers, and that mutual misunderstandings abounded. I was met with hostility by managers who had not been consulted about my post, and resented my offer of individual psychotherapy for a minority of children, when they were feeling so pressurized with an overwhelming number of difficult cases. It became clear to me that attending to the requests of referring social workers and their managers and understanding the pressures on and expectations of them by the families, the media and society as a whole were essential if I was going to be able to work alongside them in trying to help the children. Focusing exclusively on the child without attending to the needs of the carers can leave professionals and foster and adoptive parents feeling neglected and misunderstood, and, without their active co-operation and alliance, any efforts to treat a child are likely to fail or be undermined in some way.

Impact of a referral for psychotherapy

This view was confirmed when I took at face value a referral for psychotherapy of 10-year-old Keith, fostered with close relatives of his abusive birth mother. As I introduced myself at the initial meeting, the foster-parents announced that they no longer wished to keep him, and the meeting ended in disarray. They had been angered by comments by his school about their care of Keith, which his social worker had

reported to them on a visit the previous day. Although initially annoyed that this unscheduled visit the day before our meeting had undermined 'my' therapy case, on reflection I realized that an actual offer of psychotherapy can precipitate a crisis in the child's placement, by stirring up both carers and case workers.

I offered to meet both the link and field social workers and their team manager to discuss what had happened at the meeting and we came to an understanding together that it was not really psychotherapy for Keith that was being sought by the social workers, but an opportunity to openly air their worried feelings about this being a potentially unsuitable foster-placement.

However, we could see what made it difficult to discuss these issues openly as divisive conflicts emerged between the link social worker, feeling 'her' foster-parents were being pushed to the limit by a difficult child, and the field social worker, feeling the foster-parents lacked understanding of 'her' child's difficulties, and these conflicts could then be acknowledged and discussed. Attempts at further work with the foster-parents resulted, not in the offer of psychotherapy, but in the decision to remove the child from his placement, as it was felt that his former abuse was being replicated to some extent in the family.

Developing a therapeutic approach to casework

The workers felt that this had been a helpful consultation exercise and I recognized that I could have a role in offering a 'therapeutic approach' to complex social services referrals, through providing a forum for discussion to facilitate communication between different agencies or even between different sections of the same department. If the fragmentation and splitting, disagreements, conflicts of loyalty and rivalry which often entered the professional network via the troubled children and families could be addressed within the network first, by providing a thoughtful forum for discussion, perhaps there would be a better chance of succeeding in thinking clearly and planning for the real needs of the child.

This case also pointed to the particular difficulties of working with carers who are closely related to abusive birth parents. These placements often rely on an unacknowledged split between the 'bad abusive parents' and the 'good rescuing relatives'. The very idea of attending the child guidance clinic may have felt threatening to this family, as if they sensed that, if we scratched beneath the surface, we could discover more similarities than differences between the birth and foster-carers. This was confirmed when the foster-mother described punishing Keith for hoarding bread rolls in his room by stuffing them into his mouth and almost choking him.

As a result of this experience I changed my approach, redefining my role, with a strong emphasis on consultation, joint work, regular support for foster and adoptive parents and a service particularly geared towards children in transition, laying the least stress on the individual psychotherapy vacancies (which in time were filled). I also ensured that the senior management staff were clear about my role so that they could, in turn, give clear information to their team leaders and endorse with some confidence the work I was undertaking jointly with them. (The detailed framework of the service offered has been described elsewhere (Emanuel, 2000).)

This change in emphasis met initially with some hostility, mainly from managers, and a suspicion that I was simply withholding the very resource that social workers most wanted. My suggestion of co-ordinating network meetings first was felt to be time wasting, particularly by hard-pressed team managers who only occasionally attended these meetings. However, the painstaking telephone calls, hours of meetings, liaison, consultation and joint work began to pay off and I noticed a shift in attitude towards the service. When a social worker rang up to ask whether I would join him, his link worker colleague and their managers to discuss a case, offering me two possible dates that they had already agreed on, I felt very pleased, as this was the same social worker who, months before, had asked me why he should consider inviting the link social worker to a child's review meeting.

I was reminded of Krakauer's novel again months later, when I was sending out an appointment arranging an assessment and copied the letter to eight different agencies. I thought about how difficult and time consuming it is to maintain communication with the network surrounding 'looked-after children' (like expedition teams, all speaking a different professional language) and yet how essential it is to do so, to ensure that these children experience the same kind of 'holding' as a child from a well-functioning birth family would.

This seemed to be the major challenge of my post – to try to understand where and how obstacles to communication within different teams arise, and to try to promote ways of thinking about children and families which ensure close co-operation, to help the child feel safely held within the system. I have come to realize how, in order for a project of this kind to succeed, it requires the endorsement and support of the senior management team, which can filter down to the professionals on the ground in the same way as parental values help to create a family culture. Staff turnover, understaffing and lack of support for managers themselves appeared to militate against the development of this culture.

Social workers feel sometimes that they are serving many masters at once, working as professionals on behalf of the child, keeping an eye out for the press and needing to cover their backs, being aware of the law and court procedure. Similarly, I had two masters, and felt equally conspicuous as I tried to get things right for the children and the professionals, for the mental health team and the social services department. It was essential for me to have my own supervision and to feel supported by my manager.

Social workers are often subjected to painful experiences via their clients and sometimes the lack of a stable senior management structure and support can leave them either overwhelmed by the intensely disturbing projections they receive or using the same kind of second skin-type of defences (Bick, 1968) we see in the children in their care who are described as 'restless' or hyperactive. They may resort to hyper-busyness within the department, ensuring that every second is filled and no spaces are available for thinking. It is often difficult for staff, unaccustomed to the opportunity to stop and reflect on their work, to remove themselves from the relentless pressure of work, to think about a case. Being available to help professionals understand the powerful emotions communicated to them via the mechanism of projective identification can enable them, in turn, to be more available to the children and

their carers. It can be a great relief to professionals to recognize that their feelings of distress or inadequacy may, in fact, be emanating from a child or a birth parent, who is passing on unbearable feelings of upset or failure about their own parenting, to the social worker, who has to tolerate them on their behalf.

For example, a social worker, Sean, described to me a very 'frightening' experience of supervising contact with Kia aged 3 and his mother, who appeared to 'flip into a terrifying psychotic episode' during a contact session. Mother bombarded Kia with incoherent information, to which he responded by smiling politely and appearing to cut himself off from the intrusive noise. Sean found himself feeling fearful of something dreadful happening to Kia when his mother took him to the toilet, becoming suddenly so panic-stricken when they went into the toilet together that he began banging frantically on the door and shouting. He then went home, collapsed for 36 hours and felt he was 'going mad'.

I suggested that perhaps Kia had no way of verbalizing his feelings of terror, confusion and anxiety, so he projected them into others, in the hope that someone would understand his emotional states by having to experience the feelings themselves. Perhaps that is what had happened when the social worker suddenly felt panic-stricken on Kia's behalf. Sean felt relieved that he did not need to take his feeling of 'going mad' personally, but could understand it more as a communication from Kia about his panic and terror when with a 'mad' mother. This could be important in recognizing just how frightening contact with his mother in her current disturbed state of mind could be. It may also have alerted Sean to a concern that, without protection from these disturbing episodes, a vulnerable part of Kia might soon be killed off emotionally, as he becomes increasingly 'cut off' from his feelings.

Double deprivation revisited: work with foster-parents to prevent placement breakdown – and triple deprivation

The concept of 'double deprivation' came to mind when I heard about 12-year-old Jason, whose violent, unmanageable behaviour had led to the breakdown of his previous foster-placements, and whose current placement – his last chance for family life before residential care was considered – was in serious difficulties. Jason had experienced abuse and neglect in his birth home and subsequently with his father and stepmother who had rejected him. Like Martin, the patient described in Henry's paper, 'Doubly deprived', there was a menacing quality to Jason's behaviour, with a continual threat of violence. He used knives to terrorize others, while appearing to be 'devoid of feeling' himself, unreachable like a 'brick wall' (Henry, 1974). This defensive, brick-wall attitude can result in the child losing the care he is most in need of, since foster-parents have difficulty coping with the feelings of rejection, inadequacy, fear and helplessness projected into them, without regular support, and placements often break down.

Since Jason's birth parents remain ostensibly 'co-operative', although uninterested in caring for him, and unable to do so, he is voluntarily accommodated and can be withdrawn from his current foster-placement at any time. The placement was in crisis when I was asked to become involved and attended a planning meeting. I noted in this first

meeting that the link worker (supporting the foster-carers) had not been invited and I was alerted immediately to the theme of exclusion that would underlie this case, stirred up by this boy's profound feelings of exclusion. In this meeting, there was a suggestion from the child's social worker (field worker) and her manager that the link worker was not doing enough to support the placement. I heard that Jason was verbally so abusive and rejecting to his foster-mother that she had pretty much withdrawn, and foster-father had taken over, unilaterally dealing with Jason in order to 'protect' his wife.

At the time I was curious about this extreme situation, where one half of the couple appeared to be so completely flattened. I wondered to myself whether this clearly competent field social worker could be finding it difficult to make space for the more diffident-sounding link worker to take on his full role, and whether this dynamic could reflect in any way what might actually be happening between this foster-parent couple, whose capacity to work in a united way as parents appeared to be under fire by Jason. Could this foster-father also be finding it difficult to make space for his wife to take on her full foster-mothering role? After a further meeting involving both field and link workers, it was agreed that the link worker and I would meet with the foster-carers together, without Jason, since they sounded desperate about the situation, and urgently needed support. There was no point offering individual psychotherapy if his placement was to collapse with catastrophic consequences for him (see Sprince, 2000).

My initial thoughts were confirmed in our first meeting, where foster-father described Jason's increasingly violent and disruptive threats to attack and destroy them. As he declared himself strong enough to cope with Jason single-handed, foster-mother faded into the background, looking exhausted and utterly flattened by these assaults. We heard from foster-father that Jason 'hated mothers' as a result of his past experience. They were taken aback, but momentarily interested, when I suggested that perhaps Jason might miss foster-mother's maternal care, as his verbal abuse of her usually comes at the end of a long day of her absence at work. He might feel rejected and reverse the situation, giving her an experience of rejection. The couple's pattern was replicated in the relationship between me and my link worker partner – our first work together – where I talked almost exclusively, and he faded quietly into the background.

Over the first few meetings, the foster-parents described what sounded like an escalating series of threats and attacks on foster-father, often in mother's absence, first with a sharp compass, then with two kitchen knives, and one physical attack with kicks and punches. These were accompanied by taunts that foster-father was 'thick', a reference perhaps to an impenetrable 'brick-wall object'. They complained that Jason 'felt nothing', and seemed to have 'no memory' of the incidents, losing himself for hours in violent playstation games.

I thought this was an extreme situation whereby, in the interests of apparently protecting foster-mother from attack, she was being pushed increasingly to the margins of the parental couple, hardly daring to return home after work, while foster-father, full of defensive bravado, claimed he could cope with it all. I suggested to my link worker partner that driving a wedge between his foster-parents and disrupting their parental functioning might serve to increase Jason's anxiety and persecuted attacks, but at this stage my partner felt identified with foster-father's protective motives.

When we later learned about foster-father's own childhood history of neglect and recent losses, the link worker could see how foster-father may have felt the need to take charge of some area of his life, and we could approach the work ourselves more united in our understanding of the situation.

There was, of course, intense anxiety about the case, and a realistic concern about the carers' safety, which I shared. At a meeting I agreed that, of course, their safety was a priority, but suggested that, instead of ending the placement, it could be suspended (temporary accommodation found for him with a view to his return to this family) while work continued with the carers, and possibly with Jason. I felt that only work with the foster-parents on the impact of such a disturbed child on their parental relationship could achieve a positive future outcome. Replacing Jason with another disturbed child would probably result in a repetition of this pattern, and a terrible loss for the child. Losing them as a fostering resource would be a tragic waste, since they had much to offer. I had noticed that, as foster-mother became increasingly anxious about the risk to their safety – would he murder them, set the house on fire? – foster-father appeared to minimize his fears. When I asked them how frightened they felt, foster-mother acknowledged her terror, father said he could cope.

I thought that the more Jason felt he was faced with an impenetrable 'brick-wall' object, the more the attacks were likely to escalate in intensity, as a way of trying to force into foster-father some of his feelings of hurt, distress and fear – possibly terror. Foster-father needed to allow some of Jason's feelings in through his defensive armour, or increasingly violent means to penetrate would be used. If the parents could be helped to work together to understand and move towards sharing their feelings of vulnerability and redress the balance, so that foster-mother could be less permeable to Jason's powerful projections, and foster-father be helped to be more permeable, the placement could possibly be saved. This was agreed by everyone, in a remarkable leap of faith, and a local placement sought but not found. However, the very act of suggesting an 'out' for the carers, while maintaining their support, calmed the situation down considerably.

Work continued with the foster-parents and, in addition, I offered to see Jason together with his social worker for an assessment, for three sessions, which revealed the extent of his distress and disorientation as he collapsed on the floor of the consulting room like a baby one minute, then talked about being 'the master of the house' the next.

He also gave a graphic illustration of what must go on at home, when he attempted to create a split between me and the social worker, through trying to get first one then the other of us to tell him whether we knew a certain chess move – all about kings checkmating queens, which is what he was attempting to do – to paralyse us as a couple. We stood firm, demonstrating that we would not allow ourselves to be split in this way. At the feedback meeting, the foster-parents were relieved that we recognized just what an emotionally disturbed and damaged child they had to deal with. Unless foster-carers can be offered a regular space where they can be helped to think therapeutically about the meaning of the children's communications and behaviour, we cannot expect them to remain receptive and thoughtful when under constant bombardment by projections of a most disturbing nature.

Stabilizing the foster-placement was a priority before individual work could be considered, and to this end the link worker agreed to continue working with me on a fortnightly basis, meeting for 15 minutes before the sessions, to touch base and exchange information. Gradually foster-father became more able to acknowledge Jason's vulnerability, which touched on his own childhood experiences, and mother felt supported enough to play an active part in Jason's care. Very soon Jason's physical attacks ceased completely, and the placement stabilized. A wary truce set in, whereby, in order to avoid confrontation, the foster-parents kept contact with Jason to a minimum. They were perturbed by his overly physical approach to school friends, and agreed sadly that they had little physical contact with him. My co-worker and I, who had grown correspondingly closer and more united in our approach, tried to help them develop a more intimate relationship with Jason, bearing in mind the rules limiting physical contact of foster-parents with children in their care. They acknowledged that the main reason for keeping their distance was that they have always felt he would reject their approaches, as he exudes a message not to get too close.

We explored how this brittle unapproachable stance is Jason's only defence against disappointment in situations where he has always been rejected or expected to take the initiative like an adult. Foster-mother described how hurt she felt one day when Jason had ignored her and approached her husband for all the small maternal comforts she usually provided. Later they mentioned that Jason, who had returned that day from a visit to his mother, had told them about her plans to move in with her current partner and his children. I suggested that Jason may have felt unable to put into words how rejected he felt, so he gave foster-mother an experience of being cold-shouldered, the least favoured parent, just as he may feel the least favourite of his mother's children. This time foster-mother could draw her husband's attention to the split and gain his support for her hurt feelings, and we discussed how they could begin to slowly verbalize for him some of their understanding of his emotional states.

After several months, the foster-parents expressed gratitude for the help they had had in understanding Jason's behaviour and wondered whether Jason too could benefit from this sort of help. Now that my link worker colleague and I had a good working relationship, and a solid alliance with the family, individual psychotherapy was a viable option, but at this point I knew that I would be leaving the clinic shortly, and we planned an ending to our work.

In my final meeting with them foster-mother described a call from Jason's mother asking him to feed her cats, while she was on holiday, to avoid putting them in a cattery at great expense. She was prepared to pay him £40 for the week. I felt shocked as I took in the painful implications for Jason, of having to nurture her other 'babies', whom she could not bear to foster out, even for a week. Jason had just been given a key to be at home by himself for a while, and they described his still infantile need to keep in close touch with them on their mobile phones.

The poignancy of the contrast between the gradual stages of independence introduced by the foster-parents and mother's request was striking, and highlighted the complex relationship foster-carers have with birth parents, as a refusal could lead to a removal of Jason from their care, and an agreement could put him in a painful situation he may be unable to cope with.

Envious attacks on foster-carers

I shall continue to draw on material from Jason's case to consider how feelings of envy and rivalry, stirred up in deprived birth parents, can be unwittingly acted out within the organization, with destructive results.

The very nature of their situation as 'looked-after children' implies the presence, or at least an awareness, within the children and social services, of two sets of parents, foster or adoptive parents and birth parents, whatever their parenting capacity. Since many of the looked-after children I was involved with were voluntarily accommodated, even though they had been neglected or rejected by their parents, birth parents exert a powerful presence on foster-families, which can sometimes disrupt or sabotage the placement. Feelings of competitiveness and envy can get stirred up in birth parents, who discover that their children are receiving better parenting and material advantages in their foster-homes. If these are acted upon, they can disrupt good relationships that may be just beginning to form between the child and his foster-carers, social worker, or child psychotherapist. Some birth parents, driven by their own needy, child selves, may find it difficult to allow their children to receive something good from anyone else, particularly if they themselves feel unsupported and inadequate.

This basic dynamic, of families set against each other, can be replicated in the network in a range of ways between different agencies and professional groups. This was powerfully brought home to me when Jason's foster-parents described how, to their surprise, their first Christmas had gone really well. Jason had loved his presents from them. The only outburst had come when Jason had gone to see his father, who generally showed little interest in him. Perhaps Jason's excitement about his presents had spilled out and evoked feelings of envy or inadequacy in Jason's father at the material and emotional care his son was receiving elsewhere. In any event, shortly afterwards, the father had arrived unexpectedly at the foster-home, taken Jason aside, and verbally attacked him, reproaching him for never phoning him and a range of petty oversights. The roles were reversed, and Jason was expected to be like an attentive parent to fulfil his father's child-like needs.

His foster-parents often expressed bewilderment that just at a point when things were calm, Jason would provoke a scene, wreck their peace of mind, just as father's visit had wrecked a peaceful evening. It helped us to understand how difficult it was for Jason to trust his carers and allow them to see how dependent he was on them. He might always feel that someone (internal or external) would not be able to bear the fact that he had a caring placement and, in a fury, would barge in and remove him. In fact, Jason begged his foster-parents not to tell his father too much about their holiday, for fear of stirring up his envy.

Acting-out of envious feelings in the network

The incident described above helped me to understand something that had been puzzling me for some time and which is linked with my earlier point about the need for endorsement from the highest level of management. I had noticed that, with

several cases, initial meetings had been set up, arrangements for meeting carers and child were in place, and at that moment something would come, like a bolt out of the blue, and disrupt the proceedings. In one case, the social worker had been sent by her manager to tell me that a duplicate referral had been made simultaneously to an out-of-borough specialist agency, and that they would be following that up instead. I was shocked, perhaps a bit like the foster-carers were, by this sudden intrusion. The so-called ‘facts’ justifying a referral elsewhere did not seem to add up, often revolving around finding therapists who would be ethnically matched to the children and foster-carers, but who did not materialize.

In the same way as children may convey a preference for their foster placement over their birth home, which can result in the disruption of the placement, a similar dynamic may have been operating between me and the team managers, resulting in similar disruption. The team managers, particularly when there are changes and reorganizations going on at a level above them, may feel at times rather under-supported and under-resourced, always at risk of being blamed, and criticized – like the deprived birth parents they work with. They may then find it difficult to see their social workers receiving support and thoughtful input from me, as if I were perceived as the foster-carer, giving their social workers a symbolic version of Jason’s Christmas presents. This could stir up unconscious feelings of rivalry in managers, who may end up removing the case from me, like the birth father who threatens to disrupt his child’s foster-placement. This need to compete may explain why, regardless of stretched budgets, managers produce expensive out-of-borough placements. It may be an unconscious effort to tempt back their ‘children’, where money hardly seems to be an issue.

The dynamic of competitiveness and rivalry was so powerful that, in one case, where the child ended up being referred to an outside agency, instead of to me, I found myself potentially ‘fighting’ over a psychotherapy case with a close colleague of mine, who was making arrangements for the child’s therapy within his service. I became aware that the child in question had been competed for, and battled over, since she was a baby and that I was at risk of re-enacting this situation. I changed my approach, offering to remain involved in the role of holding the network for the social services department, while the child was transported for treatment elsewhere.

As a result of these experiences, I tried to make a more active alliance with the team managers, meeting with them individually, and requesting that we run the work discussion groups set up for the social workers jointly, as a way of unifying our two approaches. I found that this increased attendance at the group, reduced conflicts of loyalty in social workers, who were unsure whether to turn to me or to their manager with a problem, and improved the quality of observation and discussion in the group. Material often pointed to splitting and fragmentation within the network.

For example, the fostering link social worker presented 8-year-old Farida to a discussion group run jointly by myself and the link worker manager. Born with a deformity, rejected and scapegoated, she had been on the ‘at risk’ register since she was 2 years old, but had been voluntarily accommodated in a sort of ‘respite’ arrangement, whereby she stayed with her foster-carers during the week and with her mother for the weekend, to enable the latter to maintain her disability allowance. Stepfather

was intimidating to mother and the children, and remained a distant, critical figure. Farida was hyperactive, dangerously preoccupied with heights, slept poorly, wet her bed nightly and ate and hoarded food compulsively. She would leave the door wide open when she went to the toilet, perhaps a communication about how she experienced no firm boundaries around her – the door was always open, as she moved from one home to another up to four times in a week.

I heard that, in contrast to the past social worker, who had given in to mother's demands for the shared care arrangement, granting her the disability allowance and then leaving the department shortly afterwards, the newly allocated social worker had been denied access to the home. He was therefore impotent to proceed with his statutory re-assessment of the situation. As we were discussing this, one of the group members noticed a smirk pass between the link worker and her colleague, and asked about it. It appeared that the vision of a new field social worker, stuck outside the house and with his case stuck, feeling useless and foolish, seemed to evoke a smug feeling of relief in the link workers. The field social worker was in the firing line, while the link workers could look on from a distance. We wondered whether mother was passing on her feelings of humiliation and intimidation by stepfather to the social worker, enacting with him what she dare not do to her partner. I suggested that a similar dynamic to that of the family might have been being enacted here, between the link workers and the field social workers. In the same way as mother lacked support, her partner shouting criticism from upstairs, so the link workers, removed, like stepfather, from the firing line, were sitting back and criticizing the social worker's lack of potency with the family, yet not offering much support.

In the same way as Farida might feel more held together if her mother and stepfather and birth and foster-parents could co-operate together, so she might also feel more contained if the network avoided replicating the splitting devices of the family. I suggested that a meeting of the link social worker with the field social worker (with their managers), to endorse and support the field social worker's position, might enable him to fulfil a firm paternal function, keeping the child as his primary concern, and not resorting to placatory measures in his dealings with mother and stepfather. The group, supported by the manager, agreed with this, and a series of meetings was held with these workers, which I convened at their request, resulting in a (rare) decision being made to consider court proceedings to take Farida into full social services care.

Disorganized attachments in babies and the link to paralysis in the institution

As I hear, through consultation, about children in care, I have been struck by the fact that many children who have been severely neglected, emotionally and physically abused, sometimes born drug-addicted, still have access to their birth parents and there is a reluctance to move towards permanency and adoption, with its implications for reduced contact. This leaves them living in limbo, with many short-term placements, filled with unbearable uncertainty. Social workers and their managers may neither commit themselves to seek court action enabling them to remove the

child from birth families, nor yet do they feel they can in conscience return children to their families. (I am aware that there are often legal and other external complications, but the basic dynamic is one of paralysis or 'stasis' in the system.) Children are therefore often placed in voluntary care, whereby their carers have responsibility for them, but no authority or decision-making powers. Contact can be frequent, and sometimes distressing or abusive.

Clinical observation would lead me to suggest that many of the most disturbed 'looked-after children' display a 'disorganized attachment pattern' towards a birth parent. Some of the main characteristics of the child's behaviour in the 'D' category of attachment, on reunion after separation from mother, are a 'freezing of all movement, with a trance-like expression', rocking or collapse (Main, 1995). The child appears to be caught in an 'irresolvable paradox in which it can neither approach, shift its attention or flee, pulled between approaching his primary carer for comfort whilst simultaneously feeling the need to flee a frightening (or frightened) person' (Main 1995: 222).

In some cases this disturbed relationship may be reflected in the professional network, whereby social workers are faced with similar contradictory impulses, feeling they can neither turn away from and 'flee' a potentially enraged birth parent, removing a child from a neglectful or abusive situation, nor fully engage in supporting the birth family, knowing that they may be leaving a child at risk. This can have an equally disorganizing effect on social workers' capacity to respond thoughtfully to children's needs, leading to placatory responses or denial of the serious damage caused to children by their parents, in the same way as abused children need to deny on some level the knowledge of their parents' abuse. Social workers may experience a 'collapse of strategy', becoming as disoriented and confused about the passage of time as the children, which can lead to situations of 'drift'.

I have also noticed that, at the very moment when the organization moves towards taking steps to end the impasse, when the facts of a situation seem to be clear and indisputable, social workers report that the birth mother has 'opened up', disclosed her own abuse and deprivation. Once again they feel pulled in two directions, torn between attending to the needs of an infantile adult or the child himself, a situation exacerbated by the under-provision of adult mental health services, another layer of deprivation in the care system.

The conflict between placing the child's needs first and attending to the often child-like needs of the birth mothers may become intolerable in situations where the support and 'secure base' social workers seek from their own managers is not available to them. Managers may be unable to provide a 'secure base' to their social workers because of pressures on them from higher up in the organization and from society at large. The managers may themselves be subjected to pressures (see below) which could lead their social workers to experience them as frightened or frightening, rather than containing.

In these situations the social workers may be more vulnerable to feeling overwhelmed by the powerful projections of frightening or frightened birth parents. They may feel more anxious about what sort of mother they will be faced with when they approach her: a needy 'child' or an enraged, abusive mother. Since the splitting

between good and bad can be extreme in some disturbed birth parents, social workers may be idealized as a rescuer, on the one hand, or demonized as a 'hated' bad object, on the other. If, in the absence of adequate management support, social workers become reliant on their clients for feelings of appreciation, like needy mothers requiring love from their children, they are in danger of not allowing themselves to see clearly or act appropriately, and this may lead to an inability to take action at all. The fear of becoming the hated object may permeate all the way up and down the system, a terror of intimidation, which is sometimes conveniently lodged in the legal system and the courts.

I would suggest that this paralysis could be understood as a countertransference experience, a powerful communication via projective identification into the professional of the child's experience of collapse in the face of contradictory states. Unless this experience can be thought about in a containing setting, it can lead to re-enactment. However, this may also be a countertransference experience not only of the individual professional involved, but of the organization as a whole, and it may be reflected as an institutional dynamic on many levels.

My experience has been that it is the social workers who are exposed to the brunt of the emotional impact of these cases, while their managers distance themselves from the case, 'to be able to make clear planning decisions'. They too must realize, albeit unconsciously, that the overwhelming bombardment of intense feelings can interfere with thinking, although one might question the quality of decisions made based on such a split.

From my contact with the managers I became aware of how they too were subjected to the same disorganizing forces from higher levels of management, politicians and a society trying to cope with often unbearably painful dilemmas. They are equally faced with contradictory pressures – to ensure that children are not left to die of abuse and neglect with their birth parents, but also to work in partnership with birth parents. In essence, social and political opinion is itself paradoxical, posing an irresolvable dilemma about attending to the conflicting needs of birth parents and children and showing itself to be both frightened and frightening when faced with the unbearable truth about the cruelty and deprivation suffered by some children in our society.

One can understand how, when support and containment ('a secure base') are not available from the highest political and social levels, senior managers may themselves become 'disorganized', unable to formulate a strategy for coping or to support their workers. In these circumstances, senior managers may turn to their junior social workers for endorsement of their worth, just as social workers may turn to their clients for confirmation that they are valued, and needy parents may turn to their children for comfort.

To give a brief illustration: a social worker, Trish, had originally requested my help in persuading her manager that the foster-family where Penny, aged 4, and Simon, aged 13, were placed was the only possible placement for them. I was struck by her idealization of the placement, while her manager had reservations about it. When problems arose, the manager made the decision to remove both children, with Penny returning to her mother and Simon going to the extended family. The manager then went on annual leave. Trish was adamant that she would not leave it to the foster-carer to break

the news to Simon that his placement was ending that day, yet she did not seem to be able to do so herself. She felt immobilized, feeling too persecuted at the idea of telling him herself, yet unable to allow the foster-carer to do so. She ended up telephoning the school and begging his schoolteacher to go to the bus station, find Simon as he waited for the bus home and inform him about his placement ending, leading to a complaint from the school about the inappropriateness of the request.

This shows how difficult it can be for staff not only to face the pain and anger of children, but also the fury of foster-parents. I thought the reason why Trish had been so insistent on not allowing foster-mother to break the news to John was her fear of being blamed for the placement breakdown, turned into the bad object by the foster-mother. This is in contrast to the idealized view she had had of the foster-mother at the start. Deprived of management support herself, it felt intolerable to her to become the object of hatred, and she went to inordinate lengths to avoid it. In her persecuted state of mind the needs of the child could not be put first, and Simon was deprived of the dignity of a private space in which to learn this news, having to face it out alone at a bus station. I think we could understand this as a 'collapse of strategy'.

In addition, Trish told me that the birth mother had become increasingly hostile towards her, while idealizing another social worker. She described receiving a rude and imperious fax from birth mother, forbidding her to have access to Penny at home, commanding Trish to send her a travel warrant immediately so that she could visit Simon, and demanding instant payment of an outstanding grant which she had requested two years before, to fence off her back yard, which housed a dangerous dog. Trish told me that she had suppressed her fury and had written back politely, enclosing the travel warrant, and mentioning, in an understated way, mother's unpleasant tone. However, she had not posted the letter.

When I queried this seemingly placatory response, she said airily that she had heard from the school that they were not worried about Penny, so she supposed she could rely on them to monitor her. I reminded her about her clear remit to assess the child in her home, for the child's own safety, bearing in mind that her baby sister had been severely battered within the family home. She responded vehemently that it would 'have to go to court', as if only 'big father law' could be strong enough to force this mother to allow her access. I suggested that mother's demand for fencing could be a communication of her unconscious need for Trish to set firm boundaries with her, to remain thoughtful and not to be intimidated by her menacing tone. I pointed out how much mother had disturbed her social worker's peace of mind, and wondered if she thought mother could have a similar impact on Simon's state of mind, in which case it might not be in Simon's best interests to receive a visit from his mother in her current state. Trish could consider withholding the warrant until she felt mother would be able to use it more appropriately.

She felt relieved, and wrote to the mother clearly stating that it was her duty to see Penny at home and not enclosing the travel warrant. Having expected a furious explosion of rage, she reported with great surprise that the anticipated angry outburst had not occurred. On the contrary, mother had begun to allow her access into the home, and reasonable relations between them had been restored.

Trish's initial response, the unposted placatory letter, is exactly the kind of paralysis-inducing situation I am referring to. Nothing would change until, perhaps, a crisis occurred. The terror for the social worker was of never knowing when she could be attacked by the 'savage' dog side of mother or idealized (as represented by the other social worker). One could see the request for fencing to keep the 'savage dog' side of mother separate, but not too far from the more amenable side of her, as an attempt at helpful splitting.

Conclusion

'Estella, you must break his heart.' This is the injunction of Miss Havisham, in Dickens's novel *Great Expectations*, to her young protégé, as she sits frozen in time in her decaying wedding dress, the clock stopped at the time her fiancé jilted her. Estella is to re-enact for her, through her relationship with Pip, the trauma of rejection and abandonment, breaking the hearts and destroying the lives of others, as Miss Havisham feels her own life has been destroyed. Only this time, it is others who are to feel the pain. A cycle of destruction is to be continued, a 'repetition compulsion' re-enacted (Freud, 1920).

During this period of work with the social services department, I sometimes felt my heart would break hearing of the appalling experiences of some of the children, especially when their hopes and expectations would be cruelly dashed, and of the social workers, themselves subjected to abuse and criticism. This was replicated in my relationship to the organization, when I would find that at times my painstaking work to establish links between teams would be disrupted in a heartbreaking way, dashing hopes of holding a case within the network. The uncertainty I experienced about the permanence of my post echoed the anxieties of many children who lived in unbearable states of uncertainty about their future. The deeper the emotional investment one makes, the more intense the anxieties about it all coming to nothing, and one can understand these children's need to defend themselves against such involvement. However, it seems important to recall that the heartbreak has already happened before the involvement of any other professionals, the catastrophe has occurred, in infancy or young childhood, usually within the birth family. This primary heartbreak, like deprivation, enters the care system, impacting on staff throughout the institution.

I have sought to describe how my experience of trying to set up a service for looked-after children helped me to understand the ways in which the professionals within organizations may be caught up in unconscious processes in relation to the troubled families they work with, which may influence their responses. Drawing attention to these dynamics, and providing support and containment to the professionals has, in some cases, enabled them in turn to work together with their colleagues and other agencies in a way that is more containing for the foster-parents and children, and has prevented further deprivation. I have also tried to explore whether the 'disorganized/disoriented' attachment category for babies can help us to understand the paralysis experienced by social workers when faced with contradictory impulses and demands from needy mothers and needy children.

I shall end by quoting Britton writing about organizational dynamics:

It is the recognition of these provocative or paralysing effects in such cases which at least gives pause for reflection. Change as a *consequence* of 'realization', rather than change as an *alternative* to 'realization', may prevent patterns which cross not only individual but generational boundaries.

(Britton, 1981: 54, italics added)

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