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CASE REPORT

Transgenerational Trauma Unfolded: A Qualitative Case Study of a Young Child's Psychotherapy

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ABSTRACT

This qualitative research study concerns the complexity of the concept of transgenerational trauma as unfolded in a child psychotherapy with a 3½-7 ys. old boy, referred for psychological assessment and treatment because of severe developmental delay, prolonged separation protests and oppositional behaviour. A systematic inductive-deductive qualitative analysis of the therapist's detailed notes of therapy sessions was carried out. This yielded four intertwined sources of anxiety in mind of the young child, together blocking his mental-emotional development: 1) Introjective identification with parental trauma and loss. 2) His own traumatic anxiety left by a dog attack and an episode of stone-throwing. 3) Precocious awareness of social discrimination. 4) Age-appropriate, but undigested developmental phantasy and related anxiety, conflict, and defense. In conclusion, this study elucidates the complexity of second-generation experience, even in young children, when considered in the psychosocial context of growing up. We know that severe retardation of early development may have lasting consequences for the child's further personality development and cognitive abilities. It is therefore vital that psychological and medical practitioners working with massively traumatised parents are aware of the complex relationships between parental anxiety and their young children's development of attachment and related separation-individuation.

Keywords: Qualitative case research; transgenerational trauma; dog attack; early separation-individuation; psychogenic retardation; developmental delay.

Introduction

The *purposes* of this single case study were a) *to explore a possible relationship between parental trauma and delayed infantile development*; b) *to demonstrate the power of qualitative case research as a methodology, well-suited to elucidate and document the development taking place during a psychodynamic child psychotherapy*.

The *scope* of this research is to increase professional awareness and knowledge concerning the possible relationships between on the one hand early retardation of mental, relational, and motoric development, and on the other, severe parental trauma and loss in families with a refugee background. The child and the family described here is just one of many. While preparing this manuscript, more than 45 armed conflicts and related atrocities took place around the world, sadly providing literal proof of how fast political and military violence may develop – children and parents caught as helpless victims in lifethreatening chaos, [1].

Informed consent for this study was obtained from the parents and the now adult young man himself. In addition, the case description is anonymised through thick disguise, including fictional names. Care was taken not to distort central background information, [2].

This concerns a 3½ – 7 ys. old boy, whom I have named Bharat. He grew up with severely traumatised parents with a refugee background. He was referred for psychological assessment and psychodynamic child psychotherapy on account of considerable developmental delay and severe separation anxiety. In the following are described: 1) the clinical case of Bharat and his family. 2) The child psychotherapy. 3) The applied qualitative case research methodology. 4) From this emerged four intertwined aspects of the child's experience, cohering in his mind as a mind-numbing anxiety, which prevented ordinary separation-individuation. During therapy a differentiation of anxieties took place, making possible an identification of its separate sources, namely: a) Introjective identification with massive parental trauma. b) Bharat's personal traumatic experience, partly related to a dog attack at 1½ ys. old, partly to an episode of impulsive stone throwing ruining the windshield of a neighbour's car. c) Bullying at the playground d) Unassimilated, ordinary developmental phantasy and related anxiety. 5) At the end, conclusions related to the complexity hiding in the concept of second-generation transmission of trauma.

The psychotherapy case – Bharat and his family

The 3½ ys. old Bharat was the second child of three children. His older brother was 7 ys., and a younger sister 18 mths. old. Their father fled to Scandinavia from a Far East country, which through generations have been ridden by atrocious ethnic persecution, violent dictatorship, and related civil wars. He was physical and mentally ill due to torture sequela, lengthy imprisonment in a violent and depriving environment, war experiences, and exposure to chemical warfare. The mother and the then 1½ ys. oldest brother Arwan arrived later, while Bharat and their younger sister were born in Scandinavia.

Bharat was referred for clinical psychological assessment and child psychotherapy by the local community at the instigation of an agency specialised in work with traumatised adult refugees. At referral, his general development lagged seriously behind in most areas, and his parents found him exceedingly difficult. He had shortly been enrolled in a pre-school kindergarten programme, which was given up because of panicky separation anxiety. Alongside the child psychotherapy, the referring agency continued working with the parents, while the therapist in cooperation with the community took care of the family and child focused parent work and supplementing support measures. Close multidisciplinary and cross-institutional cooperation were vital, and without these combined efforts, it would not have been possible to carry through the child psychotherapy.

At the point of referral, Bharat was described by the parents as alternating between alarmingly aggressive attacks on his younger sister and tearful screaming, rocking, and head-banging. The parents considered him a 'retarded child'. He was panicky afraid of attacks from other children and ferocious dogs and for these reasons refused to leave the apartment. *A clinical-psychological assessment* showed a traumatised, fearful, and somewhat emotionally deprived young child lagging alarmingly behind in all developmental areas. He had talked late and was well over three years before able to take part in a short dialogue. He did not walk before thirty months, then moved in a strangely stiff, almost robotic-like manner. This was still visible at referral, when the therapist noted a striking similarity between Bharat's strange gait and his father's painful way of walking due to former torture, especially to the feet (Falanga). The parents described two specific early events as contributing decisively to Bharat's long-lasting separation anxiety:

A dog attack at 1-1½ ys. of age: The parents with Bharat in his pram were taking a walk in their neighbourhood as a big dog suddenly jumped the pram, scaring the wits out of the parents and the child. No physical hurts took place but since then, Bharat allegedly panicked at any reminder of dogs. At referral, 3½ ys. old, he was described as terrorised by fear that a dog might suddenly appear and insisted on keeping food in his drawer to placate possibly intruding dogs. For this reason, he was said to protest desperately when forced to leave the apartment,

At 3 ys. old, Bharat had impulsively thrown a stone, which unfortunately crashed through the windscreen of a parked car: This caused the furious owner to seek out Bharat's father and verbally threaten him with the police. The father got acutely anxious and furious with the boy both on account of his own traumatic experiences with police officers in his birth country and because he feared a contact with the police might damage the family's residence permit.

The applied research methodology: A qualitative analysis of the therapist's case notes from the child psychotherapy and other case file documents

A 3½ ys. long therapy of twice weekly sessions compiles a lot of material, in this case a total of the therapist's detailed *process notes from 160 therapy sessions* as well as *notes from parent consultations and network meetings* with participation of the parents, the child psychotherapist, the community social worker, the therapists working with the parents, the teachers from Bharat's new kindergarten and later his school and after-school centre.

The process notes were written from memory immediately after each single therapy session without the aid of tape-recording. They contain descriptions in more or less minute details of the therapist's experience and memory of the single therapy sessions e.g., the play, the verbal dialogue, the emotional tone, and in general her experience of the relationship and the events enfolding during each single therapy session. Such notes for decades have been an important part of the methodology of psychoanalysis and psychoanalytic child psychotherapy. The process of writing and pondering session notes aims at facilitating the therapist's keen awareness and memory of the therapeutic relationship, the children's play, attitudes, and movements during the therapy session, as well as her own interventions, shifting emotional positions and countertransference, impressions, and related ideas. It may strengthen her mental-emotional immersion in the therapeutic process and relationship, thus facilitating awareness and memory of her own contributions to the relationship. From a psychodynamic point of view such process notes are essential, providing detailed information of the therapist's understanding of the relationship, the process, and the relative contributions of herself and the child to the play, imagery, and relationship, [3-4].

However, although containing factual information concerning the play and verbal dialogue, by necessity such notes are partial, highlighting the therapist's subjective impressions and personal understanding of the evolving dynamic relationship. They provide a highly subjective account of session events, which in important ways will differ from the story told by a tape-recording of the same session, [5]. Thus, the central parts of the data material included in this study were highly influenced by my subjective countertransference, memory, and personal inclinations. In addition, whatever the applied method of recording notes from therapy sessions and consultations, any qualitative case study contains an ever-present conflict between, on the one hand, providing enough details for the reader to understand and evaluate the research process, and on the other, at the same time providing a synthetized and readable, account of what took place in the consulting room.

As a check on this subjectivity, included were *information of Bharat's development outside the psychotherapy as described in parent consultations and network meetings with his parents, teachers, and the family community workers*. Since this information was provided by third party participants around Bharat and the family, it may be considered an important, more neutral source of knowledge about his development outside the therapy. This kind of external information may provide *a triangulating, independent check* on the therapist's hopeful subjectivity in assessing the child's improvement during therapy.

Although recognised principles for a systematic, qualitative analysis were applied, the main part of the data material is of a highly subjective nature, and therefore the results and conclusions also will be subjective, [6-9]. Hopefully though, the subjectivity has been sufficiently disciplined for the results to be recognised by other psychoanalytic and psychodynamic child psychologists and psychotherapists, thus providing trustworthy perspectives on the therapeutic relationship and the therapist's perception of the inner world of a child growing up in a severely traumatised family with a refugee background.

DEFINITIONS APPLIED IN THIS STUDY

- *Breaks:* Any time-limited interruption of the scheduled structuring of therapy sessions, planned or unexpected; no matter who decided the break, for what reason or duration, provided therapy was resumed at some later point, [9]. Breaks in the therapy are considered pivotal in bringing forth fundamental personal hopes and worries in close relationships, by Hinshelwood termed *core object relationships,* [10-11]. Tables specifying the occurrence of breaks in the therapy appear at the end of the article (pp. xx).
- *Relationship episodes:* Each session was divided into relationship episodes, defined as a single sequence of one and only one interaction between child and therapist, understood as a communication made by the child (whether in words, play, action, or silence); the therapist's subsequent answer or intervention (words and/or actions); and the child's response to this, [9].
- *Parental figures in mind*: any communication concerning figures that on a generational basis are given a vertical, adult position, attributed with parent-like authority, good or bad; external, internal; phantasy or transference-related.
- *Sibling figures in mind:* Any communication concerning figures that on a generational basis are given a horizontal position of the same standing as the children themselves.

The applied qualitative approach

The recognised *basic principles of qualitative research* were followed, providing 1) *transparency* of the principles guiding the selection of included data material, and 2) the qualitative analysis followed *an inductive-deductive circular movement*, going back and forth between the included raw data and the inferential conclusions at proceeding levels of complexity and understanding, [6-8]. This way of working may be compared to the helical structure of Kurt Lewin's learning spiral, [12-13].

The *selection of therapy sessions for the in-depth qualitative analysis* followed systematic and transparent principles developed in an earlier study[9]. Selected for qualitative analysis were *the first 7 therapy sessions + the 4+4 sessions occurring immediately before and after the first Christmas break in the therapy*. After this analysis, *a new sample to be analysed was* composed by *15 later sessions, spaced evenly out in the remaining part of the therapy until the planned ending, preferably chosen from stable periods without interruptions of the ordinary flow in this 2-weekly therapy*

The inductive-deductive analysis took place in *four separate, consecutive steps:*

1) A systematic, inductive line-by-line exploration of selection A, composed by 15 therapy sessions, including *the first 7 sessions starting the therapy plus the 8 sessions occurring immediately before and after the first Christmas break*. From this inductive exploration *four tentative themes for further analysis* emerged:

a) *Anxieties, worries, and sadness concerning the health and mental states of his parents.* Bharat directly linked this to his conceptions of *civil war and ethnic/religious persecution in their country of origin.* His awareness of the persecution and suffering of his parents is referred to below as *transgenerational transmission of trauma.*

b) *Bharat's own, first-hand experience of traumatising events (as described at referral by the parents)*. These past real life-events were felt by the parents to play a decisive part in his development of global anxiety, namely *a dog attack* and an episode where *Bharat by impulsively throwing a stone accidentally shattered the windshield of a neighbour's car.*

c) *Bharat's anxiety related to peers, including his experience of bullying* in a rough neighbourhood.

d) *Ordinary emotional conflict, anxiety, and curiosity linked to developmental phantasy* about, e.g. separation-individuation; Oedipal development and sexuality; sibling jealousy and peer conflicts.

2) A strategical selection B comprised of 15 new sessions were *deductively analysed by the application of the inductively derived four categories* a-d as developed in step 1.

These 15 sessions were organised in *6 sets, each of which included 2-3 consecutive therapy sessions* occurring in an uninterrupted row of appointments (the regular weekend-breaks not considered a break in the flow of therapy appointments). These sets were *distributed relatively evenly in the therapy* between session no. 9 to the planned ending of therapy with session no. 160.

The aims at this level of analysis was twofold: a) to try out if the inductively derived categories were indeed meaningful, i.e., that rich examples could be found in the second sample of 15 sessions. And b) to enrich and develop the first tentative understanding arrived at in step one, by *adding specific clinical examples* taken from the therapy as a whole. These *enriched themes were then applied as a guide to a new, more systematic literature study* of

a. *Transgenerational transmission* related to the experience of atrocities of civil war, ethnic-religious persecution and genocide.
b. *Trauma caused by dog attacks.*

c. *The psychological consequences of childhood bullying in a psychosocially deprived housing area.*
d. *Ordinary emotional conflict, anxiety, and curiosity linked to developmental phantasy* about, e.g., separation-individuation; Oedipal development and sexuality; sibling jealousy and related conflicts.

In the final analysis of the clinical material, I combined *psychoanalytic and psychosocial theory in an effort to understand how these four areas of anxiety may have hindered Bharat's development, e.g., by creating fundamental emotional conflicts relating to early care and communication.*

The findings from this qualitative analysis of the case notes from the therapy are detailed below, linked to the related theory, and triangulated by notes from parent consultations and network meetings.

Findings – Four intertwined threads in a young child's experience of growing up in a traumatised family with a refugee background

Bharat's experience as communicated in the therapy is illustrated and unfurled below through examples from the therapy sessions. These examples are localized in time by numbers relating to the session number and the number of the relationship episode of the session.

How best to present such findings is not quite simple. Thus, in a real-life therapy, themes like A-D above do not appear as separate, clearcut categories in therapy sessions, but rather in mutually intermixed forms. To keep this in mind, the below examples from therapy sessions are presented in their chronological order of appearance, and the single session's specific combination of these themes noted. The discussion of the related theories is postponed to a later section.

Bharat's anxious, worried preoccupation with his parents' personal health and states of mind were conspicuous from the very start of therapy. He often communicated a direct personal awareness of parental illness and suffering both verbally and in play-scenarios, keenly aware of war, persecution, and imprisonment:

Examples from sessions 15-17:

Session 15 (last session before the regular weekend break of 5 days): "At arrival, Bharat's dad said that his son had a fever yesterday ... Bharat appears somewhat tired and listless, but … fetches water, pouring this into the sandbox. ... for quite a while, he drives a motorbike without a driver round and round and round, in a reckless, hazardous way" (RE2/15[1]).

… (Later in the same session 15): "… Bharat is painting … he repeatedly names the black colour "petrol-colour". (The therapist keeps quiet but becomes preoccupied with thoughts that at four ys. old, he did not yet learn the proper names of different colours)" … (RE6/15).

This early session communicates a complex compound of transgenerational phenomena and Bharat's own traumatic experience, all mixed up with Oedipal curiosity. The *motorbike without a driver,* endlessly going round and round became for several months to come a frequent occurrence at the beginning of sessions. In this session 15, Bharat's fever might of course contribute to a dizzy state of mind, but in the countertransference mind of the therapist the endless driving round and round of the dehumanised motorbike-monster engendered grim images of a forlorn and war-ridden mountain landscape, rows of dejected people fleeing, not certain to where, hoping to avoid persecuting soldiers and mops.

With "*petrol-colour*" Bharat may have referred to a mixture of the colour black and the petrol used by soldiers and mops in the family's country of origin to burn down ordinary people's houses. However, at this point, the therapist defensively grasped her toolbox as a clinical child psychologist, falling into thoughts of developmental retardation. At this point, probably defensively blocking intruding images of burning houses, ravaged homes, and people dying from arson, bombings, and poison gas.

In the next *session 16,* Bharat seemed anxious and kept distant. But soon, a complex, vicious compound surfaced, bespeaking his terrified preoccupation with traumatising images and related thoughts:

Session 16 (first after the regular 5 days weekend-break):
Bharat arrives in snowsuit and rubber boots; he refuses to take these off …(RE1/16). … Two dolls fight, … the one kicks and maltreats the other, … buries him deep in the sandbox. B names the sand: "dogshit "… He throws both dolls together into a mug of water. … A big crocodile arrives, Bharat says

[1] **RE2/15** refers to Relationship-Episode no. 2 of session no. 15. This way to anchor the described episodes according to their session number and position in the session are applied throughout this analysis.

"big, big monster eats them". … A little later, he throws all the dolls … into a bucket and names this a "monster house". … (Therapist mentions: … these two dolls must be ever so scared because of the dangerous events). At first, B ignores this, then in an adult, forbearing tone of voice tells her that this is not dangerous, because it is just toys. … (RE2/16).

In mind of the therapist, the maltreatment and drowning of the dolls in the monster house elicited images of torture jails, waterboarding, and mass graves. In mind of Behruz, they probably were partly rooted in being present when the parents were preoccupied by war related horrors in television, partly in his dim awareness of his parents' anxiety of the horrors happening formerly to the father, presently to close family members in their country of origin. Probably these terrible memories and images in mind of his parents were by Bharat absorbed in mind in scary combined versions that mixed up his dim awareness of parental traumatic experiences with fragmented inner images of the chocking, sudden appearance of the big dog jumping his pram. To these inner phantasy images probably were added aspects relating to his own sadistic phantasy, probably derived from the young child's developmental imaginations concerning the marital relations between his parents.

Bharat seemed quite unable to be in touch with these terrible images, and like a forbearing adult, he told the therapist that since this was "*just toys*" nothing bad could happen. By this denial, he left it entirely to the therapist to know the full impact of the terror. Probably, this also was why he insisted keeping on his snowsuit for several sessions in a row, reminiscent of a kind of second skin protection, [14]. Maybe, the snowsuit armor at the same time might mirror the kind of impenetrable defenses needed by his dad to survive torture and imprisonment.

In *session 17* more hopeful glimpses of Oedipal curiosity and preoccupations appeared, but sadly, this immediately was driven away by bleak anxiety and fear of death related to Bharat's traumatising memory of the stone crashing through the neighbour's car window:

… Bharat plumps a boy-doll and a girl-doll together into a mug of water … moves them around, claims they are playing (RE1-RE2/17). An angry daddy-doll arrives and brutally kicks the boy … who falls from high up. The boy-doll hides deep in the sand to sleep. (T says that this poor boy was just playing at being man and wife with the girl, but now he got so terribly scared that he doesn't at all dare to play any more). B recovers the boy-doll from the sand (RE3/17). The boy and girl play at throwing stones in the water, … again the … furious daddy-doll appears, he kicks the boy, who falls to the floor. (The therapist: yeah, so sad, you got terribly scared when hitting that car). B … in a hurry secretively plumps a daddy & mummy doll into each their separate mug of water. (RE4/17).

7 mths later – session 39

Some weeks after the first Christmas break, *sibling envy* became especially prominent, often appearing together with especially scary phantasy of the parental past. These concerns appeared while he played as a confused split in identification between *the good-boy-me-with-a-hero-dad* versus *a bad-envious-boy-me-with-a-criminal-dad*. This confused doubt about the credibility and goodness of himself and his dad apparently contributed to the maintenance of a vicious circle in mind, intensifying the repeated power of Bharat's own past traumatic experiences as related to the dog and the car-window:

Session 39 (First session of week): … Bharat starts … by angrily claiming access to the locker with playboxes of other children. (The therapist acknowledges his wish but says no). Bharat protests but settles with his own box on the floor (RE1/39). … Inside a toy car, … he finds a … boy doll … left there by himself in an earlier session. … Bharat: "This is not me" … he plays that this boy is wild and naughty, saying: "He kicks up a row and makes stupid things. This is forbidden…". The police arrives to jail the boy, but he … dismantles … the police-motorbike and ruins the windscreen of a big car. (Therapist: This poor boy is so needy, …he can't help ruin things, even if forbidden). Bharat says that when he becomes a grown-up man, he shall not marry (RE2/39). …

He goes on playing: "Here comes his dad". A good father arrives, he can cope with anything and tells the boy how to behave and what to do. But somehow, the boy again smashes up the windscreen of the car. This is extremely dangerous, for maybe the big man, the owner of the car will kill the boy. (Therapist asks: How come, the boy ruined the windscreen)? Bharat says: "His own dad doesn't have a car – he needs the fast car for his dad to have" (RE4/39). …

Bharat goes on playing: "The boy steals a helicopter, … flies high up, crashes to the ground and dies. (Therapist says: Oh no, … he so much wished for his dad to have this strong car, but also because he himself wishes one day to become a big strong daddy with a car himself). Bharat protests: "No, not at all, when I become a grown-up man, I will never marry" (RE5/39).

… At the end of session: The boy falls from high up, crashes to the sand, which by now is not sand, but has turned into dogshit. A big strong horse with white socks arrives, Bharat points to these: "Blood on its

legs, they had to dress the feet, because back in X-land they beat it until the blood comes". (The therapist feels sadly horrified that Bharat, obviously, knows too much about this issue. She cannot think of anything helpful to say and keeps quiet). Bharat goes on playing: A mare with a foal arrives but she cannot take proper care of her foal, since all the time, she accidentally puts it in muddy places of the sandbox, where the water is too high, causing the foal nearly to drown. (RE6/39) …

Bharat starts this session in the mood of *sibling envy*, claiming access to other children's boxes. At first, he is able to accept the therapist's no, but when confronted with the baby doll, left by himself inside the ambulance, his confused suspicion of betrayal returns. He reacts with: "*This is not me*", probably also voicing a split confusion in his mind between right and wrong, basically related to the question: *Did my dad go to prison in X-land because of hero-like courageous activities – or was it because of common, criminal activities* stimulated by envy? His confusion of a split identity between *the "good boy-me" and a "bad envious, omnipotent boy-not me" holds the risk of a split identity in his further development*. A risk which may become further strengthened through internalisation and identification with psychosocial processes of bullying and discrimination.
At the end of session 39, Bharat related to a mare unable to take proper care of her babies. It may not be unreasonable to assume that this sensitive child also had intensely identified with his mother's sorrow and anxiety, and maybe from this developed the idea that marriage only causes problems, meaning that you will become unable to take proper care of your babies.

In the following sessions, Bharat repeatedly played out this same scenario with a boy ruining a police car and the windscreen of a big, flashy car. This apparently had a double significance. On the one hand, his way to tell me of continued envy and repetition compulsion related to the traumatic events of throwing the stone. On the other hand, signifying the risk of a split identity between a good and a bad Bharat. This split may have been reinforced by the traumatic power of the crashed windscreen, creating a vicious inner circular, traumatic repetition, repeatedly re-activating the scary and painful question, whether he himself, his dad, and his family were good or criminal people.

There were probably several reasons why *Bharat did not dare enter a phantasy of becoming a grown-up, married man able to produce babies*: He might believe it forbidden to envy the ill dad/the worried parental couple their mutual love relationship. But even more, he probably felt so very close to his dad and so much aware of dad's anxiety and sadness about if and how he would be able to protect and provide for his wife and children. Bharat did sense or know too much of the horrors the grown-up dad had lived through; he may have believed this to be an unavoidable part of life as an adult male. He had certainly very early been so very much aware of, introjecting and identifying with his dad's damaged feet and odd and troubled way of walking.

At this point in the therapy, the therapist often felt overwhelmed by sadness that Bharat knew too much about the horrendous events of pain and loss. She vividly remembered how at the referral, Bharat himself walked in this remarkably similar odd way. She suddenly felt to understand how this boy, the reunion child of the parental couple, from a very young infant may have felt ever so close to and identified with a damaged dad.

Session 80 – Late spring before the second summer-break

At this point, Bharat was 5½ ys. old. The parents and the kindergarten felt him to develop very well with improved general mood, relatedness, and age-level motoric and cognitive abilities, for instance eye-contact, language, and social relations with other children. The kindergarten described him at level with his age-group in curiosity, interests, and social play.

At the advice of the therapist, Bharat had been informed by his parents and the kindergarten about sexuality and birthgiving. In the therapy, he became very fond of new knowledge, partly about the world and its natural forces and mechanisms, partly related to age-appropriate curiosity about procreation, gender issues and family relationships. These two lines of development seemed in his mind to be closely intertwined, reminiscent of Klein's earliest descriptions of Oedipal anxieties as a barrier against new learning[15].

He apparently had developed a more secure identification with his dad and often pondered his own early beginning, questioning: "*how come, I was different?*":

"*… Bharat says, he is no longer afraid of dogs, but … takes care only to pat small dogs, not big ones" … (RE4/80). …. He continues in a pensive tone of voice: "When I was little, I didn't … look at people, because I saw a skeleton in the stomach" (RE6/80). …. He goes on, talking about playing with water in the kindergarten, relating this to his present anxieties,*

e.g., …"*Some children … get wild with the water" … then asks, "does it hurt, if an ant pees on one"? and, "does it hurts as much as if you are stung by a bee"? (RE7/80). … Shortly after, he ponders his own beginning of life and why he himself was different: "I know … babies drink milk with their mum, … quite fresh milk, babies like it well, but … when I was a baby, I didn't drink milk by my mum, because this tasted sour" (RE8/session 80).*

After 2½ ys. of therapy

During the third summer-break, the illness of Bharat's dad for a time got worse and required hospitalisation. While anxious about this, Bharat was able at the expected age to start school with a support teacher. At this point – the threshold of latency – existential questions relating to life and death took centre stage in sessions. Not surprisingly, given his personal family life with a severely ill parent in pain, Bharat's speculations often concerned the risks of illness, bodily damage, and freedom of movement. For a time, therapy sessions became saturated by a certain sadness and anxiety related to loss, sometimes re-activating lingering reminiscences of the old chaotic thinking of catastrophes, e.g., bringing up horrific images of brutal confinement in too narrow spaces, damaged feet, and other forms of brutal torture. Yet, even so, Bharat seemed able to keep up relatedness, asking for help, mourning his dad's illness, and recovering his poise.

Considering his seriously delayed development at referral, maybe the most surprising was an ever-growing spirit of enquiry into the big questions of life, survival, and dead:

Sess. 122: (First session of week, some weeks after the end of the summer-break, and two weeks after his first day at school):

"*Bharat seems reluctant and subdued; turning his back at me … (RE1/122) … He goes to the zoo, asks: "where are all the animals"? These are as usual in his box, which stands right before him. (The therapist mentions this, adds that he just started at school). Bharat puts animals into the pens (RE2/122). First methodically, each kind in each pen, but then chaos erupts. A man gets his feet bitten off by a zebra, and Bharat packs several much too big hippos and rhinos into the same small pen … (RE3/session 122).*

At this point, Bharat was overwhelmed by sadness and anxiety, probably partly related to the experience of being a brand-new schoolboy in a rough neighbourhood, and partly to the illness and absence of his dad. This may have been part of his initial question: "*where are they all*"? As yet, the therapist does not fully grasp the chaotic anxiousness evoked by his father's illness and absence. Left alone with his anxious sadness, Bharat's play in the next moment became invaded by chaotic violence. In mind of the therapist, this aroused scary and painful images of torture, damaged feet, and brutal confinement in overcrowded spaces.

Yet, Bharat's abilities for reparation and recovery were surprisingly sturdy. In the next episode of the same session, he was able in phantasy to bring comfort to his dad, while he himself recovered a spirit of enquiry:

***Session 122 (continued)**: "Bharat searches his box for plastic flowers to click together for a bouquet, he starts to create this, but soon stops, complaining that someone went missing. Searching his box for more flowers, he throws the doll-family and the ambulance aside together; then goes on, in a frantic hurry searching for more flowers. (T mentions the long summer-break and Bharat starting school, while his dad … had to go to the hospital. Maybe Bharat longs so much for him, needing these flowers for his dad to have). At this point, Bharat discovers a dead marigold at the floor (RE4/122). He says: "I know this is dead, but how did it get in here"? He takes the marigold into his hand, looks at it searchingly, then carefully places it into the sand. … The marigold soon is lost in the sand, then recaptured by Bharat. He repeats this several times, each time rediscovering and naming its lack of life. … (RE5/122).*

9 mths later, 3 mths before end of therapy

Bharat at 6 ¾ ys old was doing well in his everyday life according both to his parents, teachers, and the pedagogues in the after-school centre. He certainly had developed very much but even so; at certain times weak but still discernible traces of own his old anxieties and traumas were liable to pop up:

Session 155:

… Bharat draws a square with a small red cross in the middle, tells: "this is a broken window, chucked out from a swimming bath". … "the red means that the window glass is broken". Beside the broken window, he draws a swimming bath and a boy diving, while other boys are waiting for their turn. Another boy takes a bath, beneath a shower… Bharat asks therapist to write "swimming bath" on the drawing and with care copies her writing (RE1/155). … Later: He draws a skateboard: "Because, at home, I have one like this". … (RE3/155). Then he starts drawing "an alien" … who… "lives in the sky and owns a spaceship" … (RE4/155). …

Later same session: "… he tells: "… a man in TV said that all those who was born in another country must be killed". (T is stunned, cannot think of anything to say, then gathers her wits, saying that Bharat must have been scared if this might be true). Bharat says: "NO, he himself was not afraid, but if his dad had heard this he might have been scared"(RE5/155). He goes on drawing, now the torso of a man with a head, but without legs and arms. These he draws by themselves at a new piece of paper, then cuts them out. He tries several times to glue these arms and legs onto the torso of the man, but they won't stick" … (RE6/155).

Popping up at the very start of this session, the old trauma of the broken windscreen apparently still carried some power in mind of Bharat; at this point, probably actualised by his knowledge of the planned end of therapy in a few months. By now, he seems better able to calm these worries by conjuring up a joyful scene of playmates engaged with activities suitable for his age. Through the main part of this session, Bharat keeps up this confident, energetic spirit of creation and enquiry, practising skills in writing and drawing, sharing his experiences with the therapist.

However, as the end of the session draws near, in the wake of a thrilling phantasy about aliens exploring new territories in their spaceship, Bharat apparently suddenly grasps the *double-meaning of the word alien*, as not only referring to the possible extra-terrestrial creatures to be seen from a spaceship, but also to the vulnerable reality that some people consider he himself, his family, and especially his father as aliens, i.e., unbidden strangers not properly belonging and unwelcome in this joyful Scandinavian swimming bath. Even so, hope may be found in the reality that Bharat did not give up, carrying on the reparative efforts in relation to his internal daddy figure by practicing his new skills with scissors and glue.

A theory-anchored discussion of Bharat's four worries

Concluding, the qualitative analysis of the therapy notes brought to the foreground pervading dilemmas in Bharat's mind related to separateness-togetherness. This inner situation, giving rise to panicky, paralysing anxious-ambivalent states of mind, had apparently from an early age compromised his development of separate identity and functioning, producing a severe developmental delay of attachment relationship, language, cognition, motoric abilities, and development of ordinary skills.

It may have played a role that Bharat was born as a reunion child of the parental couple, who had met again after being lengthily forced apart by war, persecution, and the father's imprisonment. During Bharat's early development, while rejoicing the reunion of the family, the parents struggled with grief and anxiety related to the loss of their birth families and country, housing problems, and the father's bodily and mental illness due to war, imprisonment, and torture. The infant Bharat may have introjected and identified with a heavy load of mixed parental feelings, e.g. anxieties about the future; joy in their new baby; relief of finding a safe place to live; depressive feelings of loss; insecurity about how to create a new life; anxiety related to residence permit and how to protect their children in this unknown society, etc.

The detailed qualitative content analysis of the therapy notes showed Bharat's play, speech and movements in the therapeutic relationship to contain *four different sources of anxiety running through the therapy as central, intertwined threads:*

Four sources of anxiety preventing separation-individuation in a young refugee child

1. *Transgenerational transmission of anxiety, loss, and trauma:* Bharat seemed closely attached both to his ill and sometimes despairing father, and to his loving, caregiving, and sometimes exhausted mother. Identifying closely with his loved father, he tended in a quite literal way to enact paternal characteristics, e.g. certain figures of speech and as mentioned, the troubled way of walking.
2. *First-hand traumatic experiences:* These were related to the dog attack of infancy and some months before referral to the unforeseen consequences of his own impulsive stone-throwing.
3. *Anxiety and humiliation related to childhood bullying and the family's status as refugees in a psychosocially deprived housing area, which at that point primarily housed native born Scandinavians.*
4. *Difficulties of mental and emotional integration of ordinary developmental conflict, anxiety, and curiosity linked to* e.g., separation-individuation; oedipal development and sexuality; sibling jealousy and related conflicts.

Ad1) Transgenerational transmission of parental traumatic experience – parental terror, pain, and hopelessness as unthinkable terrorised anxiety and anger in mind of the child.

Even the most devoted and caring parents at times find it difficult to protect their young children from the direct perception of their painful impressions

and memories as left in their mind and body by former persecution and atrocities. This implies that the child directly feels and identifies with the terror in mind and body of the parent, not knowing about what, where, and from whom these painful sense impressions, feelings, and related inner images emanate. This is likely to create a sudden confusion in the infantile mind of the child, an experience of blurred boundaries and anxiety, not knowing if this terrorised state of mind is their own or from where it emanates – their loving parent suddenly transforming into an unknown, victimised person.

As described, Bharat's actions and play scenarios sometimes had a striking similarity to his father's experience, mirroring unbelievable atrocities. This and the close similarity between the father's painful way of walking and Bharat's strange gait implies a boy in a state of introjective identification with the damaged dad. Acutely and painfully sensitive to his father's bodily and mental states of mind, in Bharat's fantasy this identification contributed to a terrorised confusion, which probably was further intensified by blending in with the pre- and unconscious, Oedipal-relational fantasy of a 3-4-years-old boy.

In parallel to Bharat's anxious confusion between me and not-me, in her counter transference the therapist at times felt flooded by a sudden, uncanny atmosphere, horrific images emanating in her mind e.g., endless rows of refugees, panicky fleeing through war zones and bombings, etc. In the wake of this, certain bits of her own family history and certain traumatic childhood anxieties uninvited came to mind, together with certain enigmatic impressions.

Thus, the children's enactment in play of introjective identification with parental trauma at times resuscitates in mind of the therapist long-buried bits of not directly similar, but in some ways related, painful childhood memory. I have come to think of such countertransference phenomena, not as a problem, but rather as a helpful, parallel process of discovery. In this, the children in their play enact traumatic images and perceptions introjected from their parents' minds; their confused imagery and feelings finding in the therapeutic relationship a recipient, able to contain and in her mind decipher certain parallel memories, in this case herself a second-generation child, born after the atrocities of world-war II. This kind of countertransference phenomena may have a certain similarity to the countertransference states of mind by Yolanda Gampel named "*Radioactive phenomena*"[16].

The intense, uncanny quality of such experiences probably relates to the *children's inability to connect the double experience of a known everyday parent with the raw sense impressions of an acutely overwhelmed parental state of mind*. This may in mind of the young child give rise to a parallel inability to connect and separate past and present painful events and calamities. According to S. Freud[17], at the core of sudden experiences of uncanniness may be *the sudden realisation of a well-known object or situation abruptly changing into someone or something quite unknown and strange*. It seems likely that in the mind of young children, a similar sudden double experience of the acutely overwhelmed parent may reawaken early, split states of mind and with these phantasies *that within the well-known everyday parent, there is another, primitive and evil, bad object*[18-19].

Ad2) Bharat's first-hand exposure to deprivation and traumatic events

It is well documented that children in refugee families suffer an increased risk of exposure to traumatising events directly or indirectly connected with their family's refugee status, including e.g., loss of attachment figures; deprivation of ordinary parental care, nourishment, stability, playmates, and possibilities for school and education, and direct exposure to danger of life caused by war, forced displacement, lack of protection, personal persecution, and even torture[20-26].

In a strained family situation like Bharat, one cannot let be to consider if traumatising care relationships may contribute directly to the young child's global anxiety and severe developmental delay. Bharat was a wished-for child, born after the reunion of his parents in the relatively peaceful Scandinavia. But even so, his delayed and disturbed development with frequent attacks of rageful behaviour and burning sibling jealousy clearly was difficult and stressed the family. The fact that Bharat reached 3 ys. of age before referral for professional child psychological assessment bespeak a serious system-related neglect of a young child in obvious risk of severe developmental disturbance. Thus, the visiting health nurse and the staff of his earlier day nursery had not taken the appropriate and expected action in order to protect this young child, e.g., the alarming delay of language, ordinary motoric and cognitive capabilities ought in itself to have instigated an immediate referral to available public resources of psychological assessment and intervention.

During the psychological assessment and later the therapy, it became evident that Bharat's delayed development was linked to flooded states of his

mind, emotionally and mentally preoccupied by terrifying anxieties and related images preventing individuation-separation. These anxieties in a quite literal way mirrored his father's gruesome real-life experiences of torture, imprisonment, and war. So, consider the possibility that this sensitive and very bright boy through inverted introjective identification from very early carried in mind certain terrifying and painful parental experiences and related fundamental anxieties.
In the playroom, Bharat repeatedly, in hectic play portrayed a male doll – child or adult – who confronted war, prison, sadistic violence, bodily hurt, big hungry dogs and wild animals, and ultimately a violent and gruesome death. In these panicky chaotic scenarios, a soldier, a man, or a small boy was maimed or killed by a huge pack of wild soldiers, dogs or other predators.

The repetition in Bharat's play of aggressive, dangerously huge, and hungry dogs may be reminiscent of the infantile trauma, when a big dog jumped his pram, seriously scaring the parents. One may picture the small Bharat in the pram, the terrified parents, and the huge dog with open jaws and threateningly big teeth, standing there, looking down at the terrified baby. No wonder, then that trauma related to dog attacks in childhood tends to leave an especially long-lived anxiety, [32].

At other times, the same boy-figure, in Bharat's play phantasy identified with the aggressor, now himself actively creating catastrophes by throwing stones at cars. In the play, this inevitably resulted in a soldier or daddy figure's sadistic punishment of the boy, either in a way resembling the form of torture named waterboarding or being brutally beaten to death by soldiers.

Ad3) A young refugee child's experience of the uncertainty of residence permit - may we stay, or will we be expelled as not belonging?
Even in the relatively peaceful surroundings of an ordinary contemporary Scandinavian country immigrant parents and their children will meet prejudice and exclusion. Bharat e.g., as described at a certain point in the therapy anxiously related to rumors spreading in his school of threatening violence and possible evictions of refugees as strangers not belonging in Scandinavia.

This ability to perceive differences and similarities between human beings, e.g., as relating to specific physical characteristics or nationalities is an ordinary part of early sensory and emotional development enabling the young child's regulation of exclusion/inclusion of social stimuli, [27-30].

However, if social stress, unrest, envy, and exclusion are prominent in a society or certain social groups in this society, this may give rise to a collective, aggressive state of mind prone to foster shared paranoid group phenomena and related hateful processes often directed towards certain societal groups, e.g., refugee immigrants. The collective psychosocial-psychodynamic process of *discriminatory exclusion based on otherness* designates a *persecuted state of mind, in which the ordinary perception of differences between human beings is hijacked by fundamentally aggressive processes of splitting and projective identification,* [31].

The related group dynamics produces collective scapegoating, demonizing, and exclusion of certain persons and groups on account of e.g., their race, faith, nationality, political attitudes, gender, handicaps, psychosocial status, or other perceived physical and psychosocial differences.

Whether the children in our psychotherapy rooms identify with the victims or the bullying perpetrators, it certainly is important to recognise, address, and work through these attitudes in the perspective of experienced envy, neglect and exclusion. This work needs to address, both what takes place in the transference-countertransference processes of the therapy, but also in the children's external world in and outside the family.

4) Traces in mind of undigested developmental phantasy and related anxiety, conflict, and defence compromising the urge to know
In Bharat's therapy, the process of working through emotional problems related to this fourth aspect seemed central to kickstart his eventual development of skills and knowledge, catching up with his chronological age. This work included *pedagogical advice to his parents and teachers about factual sexual enlightenment* of how babies are created, born, and fed. In the therapy sessions this was followed up by focusing on his new interests in *babies and related issues of birthgiving, attachment-separateness; sexuality and love-relationships, and in general how to grow up and relate to the world at large*[32-37].

Especially in the context of pseudo-debility, anxieties concerning these fundamental facts of life often is an important part of the emotional obstacles to development, especially so when growing up with traumatised parents. Early developmental and objectrelated emotionality and phantasy so easily blend in with scary bits and pieces of the parental trauma history, which these children in one form or another always sense, hear about, or themselves were part of.

These issues tend to pop up in forms *enmeshed with the family tragedies of persecution, violence, loss, and trauma*. On the background of repeated cruel man-made trauma and loss, parents may feel it difficult and painful to relate to these developmental issues with their young children, e.g. because reactivating the loss of close family life and dear attachment- and love figures, [25 & 38].

Conclusions

The infant's capacity for early introjective identification with parental states of mind are fundamental to healthy early development. But sadly, in the case of massively traumatised parents, their young children may come to introject and identify with complex trauma and related confused, terrorised, and apathetic states of mind. Therefore, a main concern in my work with young children of severely traumatised parents is the risk that these numb and painfully depressed states of parental minds seriously may impede their young children's early development of curiosity, exploration, learning and creativity.

While pondering Bharat's therapy, John Keats' beautiful poem "*in Drear-Nighted December*", came to mind, recalling that even when stuck in a deeply frozen and numb condition, sparks of bubbling life and curiosity may hibernate, while waiting for better environmental and developmental possibilities to create symbolic meaning. Especially, the last four lines of this poem aptly state a *latent paradox between on the one hand, a child's introjective identification with parental states of broken numbness and absence of helpful relationships, and on the other, the power of an awakening developmental thirst for exploration, knowledge, competence, and creativity*:

"…*The feel of not to feel it,*
When there is none to heal it
Nor numbed sense to steel it,
Was never said in rhyme."

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Appendix: Definitions and Tables 1-2

Definitions:

- *Before-break sessions*: 2-3 last sessions before the break, 2 sessions if comprehensive notes available, 3 if more necessary. Of the last 2 consecutive sessions before the second Christmas, only the second last, session 98, was available with dense session notes. Therefore no. 87 is included, this occurred in the middle of October with cancellations both before and after in an especially irregular period because of duty travelling.
- *After-break sessions:* 2-3 first sessions after the break. Break-set II contains 3 after- break sessions to ensure enough data, including session 103.
- *No-break sessions:*
    - Include two consecutive sessions
    - Occur at least 2 sessions before a break, no matter which kind of break and how long the break.
    - Occur at least 2 sessions after a break, no matter which kind of break and no matter how long a break.
    - By possible choice of more than two pair of no-break sessions, the two consecutive sessions included are the pair with the most detailed process notes.
    - A specific no-break session may be included only once in the break-set material.
- *During the fall of the third year of therapy*, a planned-for transfer of the therapy to another geographical locality and another administrative unit took place shortly after the third Christmas break. In December-March, this brought about considerable disturbance, increased the number of cancelled sessions and a decreased quality of the therapist's session notes. Also, as so often happens in casework with severely burdened child families, the family's community child case worker stopped, and it took several months before a new child case worker took up the case. Hence, all in all, notes from this years' Christmas break sessions were too scanty to be valid. This may in itself be included as evidence of the disturbing effect on the therapist of ruptures in the containing setting of the therapy, especially time structure and geography. However, not to miss out on the approaching ending of therapy, the researcher-after-therapy decided to form *the third break-set* not around the Christmas vacation, but rather of a more scattered combination of before-, after-, and no-break sessions. Thus only session 144 is a true before-Christmas break session, while the rest relates to other kind of planned breaks, especially the break related to moving locality.
- *Total length of therapy from session 1-163*: A total of 35 mths. After another 5 months a follow-up family session took place.

Table 1: Behruz – All planned & unplanned breaks					
Sess. no. 2 sess/week	**Breaks.**	**Sess. No.**	**Breaks**	**Sess. No.**	**Breaks**
1-3 (assess)	PL sib group 7 sess	4-10	PL summer I 6 sess	11-33	PL Christ I 5 sess
34-40	UE 1 sess	41-42	UE 3 sess	43	UE 2 sess
44-47	PL 3 + UE 1	48-49	PL 2 Easter I	50-53	UE 1
54-55	PL 1	56-62	PL 1	63-64	PL 2
65-73	UE 1	74-75	PL 1	76-82	UE 1
83-85	PL summ II 5 sess	86-88	PL 2 sess	89-91	UE 1
92	UE 1	93	PL 1+UE 1	94-96	UE1
97-99	PL Christ II -6 sess	100-101	UE 3	102-105	PL 1
106-107	PL 2 (busi.travel) + UE 3	108-111	PL 4 Easter II	112-115	PL 9 (official travel)
116-119	PL summ III 16 sess (incl. busi.travel)	120*-125	UE 1+ PL1	126-129	PL 3 (official travel)
130-133	PL 2	134-138	UE 1	139-141	UE 1
142-144	UE 4 + PL Christ III - 6 sess	145-147	UE 1	148-150**	PL 2 sess
151-152	UE 1	153-156	UE 2 + PL 2	157-160 End of therapy: late spring	PL 5 mths***
1 Family session before travel					
1 Family session after travel					

PL=planned breaks, e.g., ordinary vacations, therapist's official travels, church and bank holidays etc.
UE= unexpected cancellations, e.g., sudden illness of child, therapist, or dad's sudden illness preventing mum from bringing B to therapy, school outings, unknown reasons, etc

* Behruz was enrolled in school a couple of days before session 120.
** Session 150: The first session in new administrative & geographical surroundings.
*** After the end of therapy: A gap of 5 months before a follow-up family session.

Table 2: Sessions selected for analysis – 4 Christmas Break Sets				
Nos. of Christmas Break-sets Nos. of sessions	**Before break Sess. Nos.**	**After break Sess. Nos.**	**Length Therapy[2] (months)**	**No-break Sess. Nos**
I 8 sessions	31-32-33	34-35	6½ mths	15-16-17
II 8 sessions	87+ 98	100-101-102-103	17 mths	59-60
III 7 sessions	125+132	150+151-152	27 mths	122-123
IV End therapy 6 sessions	**The final date of end was set**	**The 3 very last sessions**		
	153-154-155	158-159-160	38 mths	

[2] As counted from session 1 of the therapy until first before-break session.

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