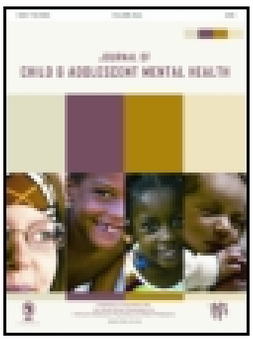

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Clinical Perspective

Encountering a cartwheeling princess: relational psychoanalytic therapy of a child with attachment difficulties and ADHD

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Objective: **This study was conducted to demonstrate the use and process of contemporary relational psychoanalytic child therapy to address the interpersonal implications of attention deficit hyperactivity disorder and interlinked insecure attachment processes.**
Method: **This therapy case study explicates the seven-month therapeutic process of a seven-year-old girl child highlighting the need for the child therapist to balance interventions aimed at both the internal and external world of the child. In essence, this account traces therapeutic scenarios of both painful and joyful material by means of paying close attention to the entwined transference and countertransference dynamics as well as creatively and authentically engaging with the child's way of making sense of self-states, others and even medication.**
Results: **Key features of this account include the foundational role of assessment and the compelling mediating role of a puppet as a co-therapist within the analytic space between psychotherapist and patient.**
Conclusion: **Uniquely, as an inclusive psychoanalytic therapy, relational psychoanalytic child therapy reconfigures internal object relations of the child while simultaneously ushering changes into their familial and school context by utilising the mutuality established between the child and therapist as a central pivot.**

Introduction

Allegra Zita[1] is a seven-year-old half-Italian, English-speaking girl. Her mother requested an academic and emotional assessment for her daughter, highlighting anger outbursts at school and scholastic difficulties. Allegra's mother relayed that she and her husband (both in their 30s) had been together for 12 years and have had 2 children, her 10-year-old brother and Allegra. Allegra's father was the sole breadwinner while Allegra's mother took care of the children.

Allegra was born at 40 weeks and induced after a lengthy labour, weighing almost 4 kg. She experienced breath-holding as an infant: she would scream, hold her breath for a few seconds, roll her eyes to the back of her head, and go blue and limp. Her breath-holding was assessed by a paediatrician, and reportedly remitted when she was two years old. Allegra was breastfed for two years and was toilet-trained at two years old. She reportedly reached her developmental milestones age-appropriately.

In terms of disciplinary methods, when Allegra was disciplined with a hiding she went 'berserk'. At times there was sibling rivalry and conflict between Allegra and her brother. Her mother attributed the brother's jealousy to Allegra being petite, sporty and 'outstanding at gymnastics', whereas her brother was sensitive regarding his weight concerns. Allegra was described as often overly active

and as displaying some insecurity and tearfulness. However, she demonstrated sociability and interest in others. Allegra's enjoyment of activities such as drawing and writing letters was described as 'mood dependent'.

In terms of the mental health of her family members, Allegra's mother had been diagnosed with bipolar disorder and was being treated by a psychiatrist who recommended that she consider undertaking psychotherapy. In the parent interview, Allegra's mother presented with a history of childhood trauma and relayed that during the previous year she took an overdose and engaged in self-harming and as a result was admitted to hospital and was away from her children for three months for 'intensive therapy'.

Allegra's mother, further, disclosed that she has had previous suicide attempts and has been self-mutilating since she was an adolescent which has had an impact on her children. There had also been depression in the maternal extended family and alcohol dependence of her own father. Allegra's father was described as having a 'non-emotional, hard, upbringing' and that his parents saw their grandchildren at least twice a week. Allegra's maternal grandmother and her partner lived in a distant city, but were in regular contact.

Scholastically, Allegra did well at preschool, however, she reportedly sometimes struggled in Grade 1. At the time Allegra was completing Grade 2 at a well-resourced girls' school. She was having difficulty concentrating in class. Her mother described Allegra as becoming tearful when she was unable to do something perfectly, as having anger that 'flares up' and engaging in shouting and hitting, yet she remained 'popular' with her peers. She further noted that Allegra appeared 'unstable', 'insecure' and 'hyperactive'. She voiced that Allegra's behaviour may be linked to 'non-boundaries' in terms of their not being sufficient limit-setting with her child. Allegra's teacher provided information regarding Allegra's behaviour within the school context:

> *She is an adorable little girl who is extremely helpful and kind to everybody. Unfortunately, she has had a number of outbursts in the past that have revealed a deep anger and frustration. The other members of class are often the brunt of her verbal attack (and even physical sometimes). She has been much better of late (…) [The need is to] ascertain the reason for this unacceptable behaviour and work with her to improve her social interaction and social skills.*

Initial assessment: doorways of understanding

On meeting, Allegra she came across as lively and endearing and she easily related to the therapist. A screening was conducted before the therapy started which constituted several tests: the Senior South African Individual Scale-Revised (SSAIS-R) (Van Eeden, 1991), Bender Visual-Motor Gestalt Test (Bender, 1938, 1946; Reynolds, 2007), Connors 39-Item (Parent) Rating Scale, Connors 39-Item (Teacher) Rating Scale, Stress Response Scale (Chandler, 1983), Teacher Temperament Questionnaire (Thomas & Chess, 1977) and projective drawings.

While completing her family drawing, Allegra verbalised that her brother loves rollercoasters and she had dreamt of being on a very scary rollercoaster with her brother. When completing the Draw-A-Person Intellectual Ability Test (DAP-IQ) she verbalised, "*I'm going to be tall — I'm too tall*" and then proceeded to erase and alter her height. This suggested ambivalence around maturity, in that how old is she expected to be in her family? Most memorably in her House-Tree-Person drawing (HTP) (Buck, 1981; Jolles, 1981; Wenck, 1981), she drew birds and then stated "*this one is dead*". Immediately, following this disclosure she mutated it into a butterfly. This may suggest that when Allegra came into contact with her feelings of deadness and annihilation she fled into optimism and spontaneity in a defence of reaction formation. Furthermore, the appearance of a butterfly can also be seen as a hopeful prognostic indicator for a therapy process that can usher in a metamorphosis for the client. Potentially, her zigzagged-scarred tree points to traumata in her developmental processes. Allegra's intellectual functioning was assessed and indicated a score within the low average range. A follow-up academic assessment, in a year's time, was recommended following remedial intervention and in light of recent traumatic events.

Sandplay: recreating a chaotic world

Sandplay, engages Garner's multiple intelligences of the individual (O'Brien & Burnet, 2000) and provides a visual depiction of the child's world during child psychiatric assessment (Ben-Amitay, Lahav, & Toren, 2009). From her sand tray, the key clinical observation of Allegra constructing her world was the 'overload' evident in the trays. She used both sand trays (Kalff, 1980) and packed every corner with miniatures using every bright stone, liberally sprinkling them in her world. Allegra chatted to the therapist throughout her construction. It is the opinion of the authors that Allegra potentially could have found all the choices available before her as over-stimulating and she thus was unable to self-determine or limit when she had had enough. It was if she had to have everything in an attempt to protect against the fear of subsequent deprivation.

When Allegra was asked about the stones in her world, she told the therapist that they make things safe. This suggested to the therapist that her need for stability and unchangeableness in the sense that stones are solid and foundational and not easily changeable, unlike, at times, her mother's ricocheting mood. Amongst everything in her world what stood out was the huge dinosaur that overpowered everything else in the chaos. The stop sign and walled-off enclosed bear with palm trees and blue tiles seemed an island refuge or a vestige of nurturance despite the prevailing mess. In contrast, the 'dog stable' appeared to be a potential representation of happy family times being fenced off and thereby protected from the chaos. In the other tray, the whales appeared to be forming a circle in search of food, safety and provision.

Following the emotional and scholastic assessment, Allegra met the criteria for attention deficit hyperactivity disorder (ADHD), combined type (American Psychiatric Association, 2000); the therapist also noted a parent–child relational problem that was to be a focus for clinical attention. Utilising the Connors 39-Item (Teacher) Rating Scale, Allegra within the school context presented with severe symptoms of hyperactivity, impulsivity and oppositional behaviour, and slightly anxious behaviour. Within the home context, from the Connors 39-Item (Parent) Rating Scale Allegra displayed severe symptoms of hyperactivity, impulsivity and aggression and with symptoms of inattention and impaired executive functioning. During the school holidays her mother noted, "*She has been unbelievably impossible and having her at home 24-7 I see just how hyper she is... It is actually quite bad! She just does not listen or sit still for one minute*." Her Global Assessment of Functioning (GAF) score was 41–50 indicating severe symptoms. According to the Global Assessment of Relational Functioning (GARF) scale, the overall functioning of the family indicated GARF = 45 as: "The relational unit has occasional times of satisfying and competent functioning, but clearly dysfunctional, unsatisfying relationships predominate" (American Psychiatric Association, 2000, p. 815). Allegra presented with stress levels 99% higher than children her age, as measured by the Stress Response Scale (Chandler, 1983).

Interlinkages of ADHD and attachment difficulties

Over the last two decades the focus on personality dynamics has shifted towards understanding personality through its developmental influences (Millon, 1994). With this in mind, Lyddon and Sherry (2001) have linked attachment styles to personality dynamics and as such Lyddon and Sherry speak of "developmental personality styles" arguing that working models of self and others and cognitions form influential feed-forward beliefs held by the individual which serve as "protective actions" to meet their unmet needs and as such an individual's personality takes shape during childhood in light of their formative attachment experiences (Lyddon & Sherry, 2001, p. 405). Allegra appeared to present with indicators of an ambivalent attachment which at times of stress briefly presented as more disorganised, especially as a result of the traumatic events she bears witness to within her family context. The feed-forward belief becomes: 'If things don't go my way I can't tolerate it. Others are great; no they are not'. During sessions when the therapist did not indulge Allegra and become permissive she became frustrated and wished to put an end to the relationship or she became destructive. Such acting out potentially is a result of inconsistent

caregiving where a child has “little or no sense of stability or structure with which to regulate emotions” (Lyddon & Sherry, 2001, p. 411).

Due to her mother having a history of childhood trauma, Allegra and her mother potentially form a high-risk dyad, as the child can often act as a receptacle for the parent’s symptomatology (Kahr, 1996; Newman & Stevenson, 2005; Senior, 2002). Potentially, when Allegra was an infant there may have been ‘ghosts in the nursery’ in terms of parental transmission of trauma (Fraiberg, Adelson, & Shapiro, 1975). Unconscious transmission of the psychic projects of one generation into the next is seen as destructive ‘telescoping of generations’ (Faimberg, 1988). Kreisman and Straus (1991) point out that the intergenerational pattern of attachment difficulties can sometimes be traced back three generations where the parent–child relationship has been fractious. Individuals, with a history of abuse, report having lacked a real emotional relationship with one or more parents (Zanarini et al., 1997). Histories of adult individuals are often “desolate battlefields” scarred by intense conflict and emotional deprivation (Kreisman & Straus, 1991, p. 55). The intergenerational pattern is seen as a result of an individual’s upbringing as opposed to the identification of a specific gene.

With regard to precipitating factors, individuals with complex trauma are prone to insecure attachment styles, namely anxious-ambivalent and anxious-avoidant styles, which in turn hamper their ability to trust and be intimate with others (Fonagy et al., 1995). Mothers who were abused as children may carry unresolved trauma which may contribute to their children presenting with an insecure attachment style (Senior, 2002). Additionally, interfering and insensitive early parenting practices have been implicated in the later presentation of ADHD (Bauermeister, Alegría, Bird, Rubio-Stipec, & Canino, 1992).

A key perpetuating factor is the family members finding the child with ADHD difficult to manage and as a result conflict may maintain symptoms of ADHD and foster the later emergence of oppositional or conduct disorder symptoms (Mash & Wolfe, 2014). Family support is regarded as an essential protective factor for children with ADHD. Allegra enjoyed relationships with all her grandparenting figures and this provided her with experiences of caregiving when her mother was unable to. McGoldrick (1993) highlights how Italians place a high value on a sense of family loyalty, *la famiglia*, and is seen as “one’s greatest resource and protection against all troubles” (p. 370). Thus, therapists need to sensitively align themselves within this natural support system.

Defining relational child psychotherapy

The following poignant extract became a useful compass in navigating the realm of relational psychoanalytic therapy:

> The intimate edge ideally becomes the point of maximum and acknowledged contact at any given moment in a relationship without fusion, without violation of the separateness and integrity of each participant. Attempting to relate at this point requires ceaseless sensitivity to inner changes in oneself and in the other, as well as the interface of the interaction as these occur in the context of the spiral of reciprocal impact (…).The “intimate edge” is, therefore, not a given, but an interactive creation. It is always unique to the moment and to the sensibilities of the specific participants in relation to each other and reflects the participants’ subjective sense of what is most crucial or compelling about their interaction at that moment (Ehrenberg, 1992, pp. 33–35).

Relational psychoanalysis is an overarching contemporary psychoanalytic therapeutic movement incorporating object relations, interpersonal psychoanalysis, attachment theory, self-psychology and psychoanalytic feminism and Intersubjectivity Theory. Stephen Mitchell (1988), the founding father of relational psychoanalysis brought together the self-theories of Winnicott (1971) and Kohut (1971), with the object theories of Klein (1932) and Fairbairn (1952), and the interpersonal space between self and other theories of Bowlby (1969/2005) and Sullivan (1968), and the intersubjectivity of Benjamin (1988). Aron (1996) argues that potentially: “the most important aspect of the term *relational* is precisely that it includes the relation between the individual and the social, internal objects and external interpersonal relations, self regulation and mutual regulation” (p. 67). Distinguishing features of the relational psychoanalytic approach comprise a questioning stance

in relation to 'objectivity', a relativistic view of reality and context and an emphasis upon dialectical processes. Mutuality between the therapist and client is prized; as such it is a two-person psychology. Yet, both individuals having a mutual influence upon each other is not synonymous with equality, in that therapy remains a 'non-fully seesawing asymmetry' where the therapist is open to being both influential and influenced primarily for the client's benefit (Aron, 1996).

Specifically, relational child psychotherapy is a post-modern theoretical model of the last decade, yet it strongly draws upon the roots of traditional models of child therapy. Altman et al. (2002), in their seminal work *Relational Child Psychotherapy*, provide the relational psychoanalytic therapist working with children a way in which to understand how to go about applying such a rich history of predominantly psychoanalytic theory and technique to this unique population. Relational child psychotherapy draws upon the work of Anna Freud (1946), Melanie Klein (1932, 1961), and Donald Winnicott (1947, 1953, 1965, 1971, 1977) with the emphasis upon transference–countertransference, the conscious and unconscious processes of the child and the central role of playing.

Notably, relational child psychotherapy acknowledges that the therapist often needs to actively intervene within the process. To spearhead behaviour change and symptom relief, due to the urgent distress of the child, relational therapists have remained open to other therapeutic modalities such as cognitive behavioural therapy techniques on an *ad hoc* basis such as behavioural modification using a starchart (Altman et al., 2002). With regard to this case, the therapist alongside relational psychoanalytic therapy model (Altman et al., 2002), weaved narrative therapy ideas into the process (Freeman, Epston, & Lobvits, 1997), especially in relation to working directly with Allegra's diagnosis of ADHD by externalising the symptomatology as separate from her core identity to counteract shameful feelings or stigma in relation to having a mental health diagnosis. On occasion, thera-play activities (Jernberg, 1979) were also used to enhance contact and attachment processes in her therapy.

Key distinctions of relational child psychotherapy

First, there is a strong emphasis on the transference–countertransference interaction between the child and therapist. Second, the therapist ideally becomes a "new" object for the child, in that the therapist "may have a transformative impact on the child's internal object relations" (Altman et al., 2002, p. 10). Notably, the 'role' of the therapist is intentionally entwining as, "the therapist and her way of being *is* the intervention" (Bromfield, 2003, p. 5). The relational psychoanalytic therapist cannot effectively intervene from a distance or observer stance but rather is actively and intimately engaged in impacting and being impacted by the child, especially with regard to the dynamics enacted between them within the sessions.

Third, unlike strict traditional psychoanalytic models of working with the child in 'isolation', relational psychoanalytic child psychotherapy remains keenly aware of the wider context in which the child is planted, namely family and school relational fields. Stern (1995) speaks of the therapist discerning a "port of entry" (p. 16) into the system that will then through a ripple-effect have an impact on the family system in need of change. Parents are held as central participants in the relational field and the unfolding of treatment processes:

> Though we keep our work with the child in the spotlight — cherished, insulated, and nurtured — we never lose sight of the facts of the child's life and the bigger world in which she spends most of her days and hours (Bromfield, 2003, p. 5).

Parents can make or break a child's therapy process, as pragmatically parents bring and pay for therapy for their child. They are the primary source of information about their child and the home and most importantly hold leverage in the child's evolving development. From a relational psychodynamic stance, Bromfield (2003) emphasises: "we need parents not only to support the child's coming to therapy, but to support the changes she needs or is herself making. Parents can be our greatest allies or saboteurs" (p. 7). Thus, relational psychoanalytic child therapists prioritise taking into account the parents' relationship with the young child including unconscious processes that occur in their interactions. Importantly, the provision of safety and attachment styles to parents is gauged.

Intersubjectivity and recognition processes in the mother–child and father–child dyads are critical for the child's development (Benjamin, 1988).

> Optimally, the parent responds to the child not simply as an object but as a source of subjectivity separate from herself, and values the particulars of the child's inner world. Children seek recognition. Without it, they feel alone. Lack of recognition can be traumatic as it leaves the child alone with a part of herself that she cannot make sense of or come to terms with on her own. The parent's recognition thus shapes the development of the child (Altman et al., 2002, p. 85).

Within the relational psychoanalytic school of thought, psychopathology is seen from a particular vantage point. First, psychopathology is seen as a consequence of a mixing of the child's constitution and the environment. Second, psychopathology does not exist in ironclad categories separate from the category of normal development but rather relational child therapists speak of a psychopathology–'normal' continuum. Third, what is regarded as psychopathology is seen through the lenses of cultural heritage and personal values (Altman et al., 2002).

Leaning into the therapeutic process with Allegra

The therapeutic process agreed upon was that Allegra would have once weekly therapy of a time-limited nature (due to the therapist relocating at the end of the year). Additionally, Allegra's mother had individual therapy at the same time that her daughter saw a therapist and her son saw another therapist at the clinic. Two feedback sessions where scheduled with Allegra's mother and father to discuss Allegra's treatment and, occasionally, telephonic or email updates were provided by Allegra's parents which enabled the tracking of Allegra's progress. In this specific case, parent–child therapeutic work was not undertaken as the initial treatment, but was recommended when Allegra's mother had benefitted from her own therapy. As the therapy predominantly focused on the self-other relational configurations of Allegra, definitive comments on the parents' own processes and internal worlds cannot be made.

Allegra's seven month therapy was aligned with the founding goal of child therapy outlined by von Hug-Hellmuth (1920) that of: "the restoration of the psyche to health and equilibrium which [has] been endangered through influences known and unknown" (p. 287). To achieve this, Allegra and her therapist engaged in a "play process" but on occasion engaged in "direct dialogue" (Altman et al., 2002, p. 179) appropriate to her age level. Vitally, the relational child therapist's stance towards therapy is one of "unfolding" and a "discovery" (Ehrenberg, 1992, p. 157) and thus the treatment approach was continually altered to the strengths and vulnerabilities of Allegra.

Notably, relational psychoanalytic therapy differentiates itself from traditional psychoanalytic therapy with its inspired 'elasticity of technique' (Ferenczi, 1928, cited in Ballint, 1955). The therapist, like an elastic band, must yield to the child's pull, but without ceasing to pull in their own therapeutically beneficial direction (Aron, 1996). However, direct engagement with the child is often also clearly needed. An example of direct dialogue was when Allegra sat in an adult chair in the therapist's office and directly addressed the therapist by her name. When the therapist heard Allegra address her by name the therapist knew Allegra was being very serious and direct. The therapist replied, "*Yes*" and Allegra proceeded to state "*I am going to miss you*" and on another occasion "*thank you for your letter*".

Playful engagement

Open-ended symbolic play therapy was the central medium for expressing Allegra's difficulties in the therapeutic process which is valued by both child-centred (Axline, 1969; Landreth, 2002) and psychoanalytic child (Freud, 1946; Klein, 1932; Lee, 2009; Winnicott, 1958) theoretical orientations. Geldard and Geldard (2008) speak of imaginative pretend play where skills are rehearsed in preparation for later life:

> Young children enjoy pretending to be someone else such as a doctor examining a patient or a mother feeding her children. In their play, they dress up and make use of props, for example empty food packets when they are pretending to be shopping. Thus, they combine the use of objects, actions, words, and interactions with imagined people to produce a drama (pp. 225–226).

Specifically, Chazan (2002) delineates between "imitation (literal) activity" and "fantasy activity" (p. 12). Allegra in her imaginative play embraced using objects to represent other objects, and easily assumed the role of an imaginative creature or imitated an adult role which involved Allegra becoming the veterinarian or schoolteacher indicating a capacity for imitation play. Such dramatic play is seen as early as two to three years of age. She, also self-initiated playing out fantasy characters of superheroes, and monsters, and had an interest in fairies which is found in the play of three to six-year-olds. As such Allegra's transformation into a monster, princess or superlady would be regarded as "fantasy activity". Allegra appeared on the brink of seven to nine-year-old play in terms of her participating in sports such as gymnastics. However, her cooperative play and managing losing in board games still needed to be enhanced. As she takes hold of latency her fantasy play is likely to give way to daydreaming.

Most promisingly, her pretend play provided a wonderful opportunity to inculcate social skills in life situations such as appropriate behaviour in the classroom, when playing with friends and when eating out. Geldard and Geldard (2008) refer to this specific pretend play as "socio-dramatic play" (p. 226). For example, Allegra and her therapist took turns being the customer and the waitress:

(Allegra) Customer: *Can, I please have the menu?*
(The therapist) Waitress: *Let me get the menu.*
(Allegra) Customer: *Please can I have some strawberries, with some sweets, some of the sour ones, not those (pointing to items on display) and a snake please and some of those. Thank you.*

Co-transference: entwined transference–countertransference

In the play of child treatment, therapist and child get caught in a multitude of feelings toward each other (Altman et al., 2002; Frankel, 1998). From an object relations perspective, Ivey (1990) explains how the therapist is used as an object by the patient:

> Transference is the interpersonal externalisation of an internal object relationship (…) the therapist is treated as if she is the object of an internal object relation. How the patient uses the therapist as a transference object (if the therapist allows herself to be used) indicates the nature of the patient's early relationships with the parental objects. (p. 41)

The following enactments featured prominently: therapist as 'mother' and client as 'daughter'; and therapist as 'pupil' and client as 'teacher'. Allegra often through her dress-up playing put the therapist in the enactment as mother. What the therapist needed to pay particular attention to was: how did Allegra think the therapist viewed her? (Aron, 1996). The therapist often naturally fell into playing, viewing and being absorbed into the transference–countertransference of mother–daughter at these times and herein remained open to the feelings experienced in relation to Allegra. In that, the therapist found herself feeling the acute embarrassment, anger and frustration when Allegra misbehaved and did not comply, immense love when Allegra was endearing or inner feelings of utter fright, panic and worry when Allegra slit her throat with a play knife.

In a reversal of authority, Allegra often viewed the therapist as her misbehaving pupil who she as the Teacher needed to be strict with and assist in mastering writing. Here, the therapist as her young pupil, ended up feeling anxious, neglected and desperately trying to win the teacher's approval, yet Allegra was quick to shout at her if she made the slightest error. On occasion the therapist/pupil was sent to the principal's office or directed to sit in a rather uncomfortable naughty corner which proved rather difficult to get out of. In the vulnerable position of the corner, the therapist felt stuck and rejected in what was likely to be concordant countertransference, in that this is more than likely how Allegra felt when she was in trouble at school. This provided a wonderful opportunity for the therapist to ask the teacher/Allegra to help her get out of the corner and, as such, trouble. Geldard and Geldard (2008) have found that the child, in assuming the role of authority figure, develops empathy and new levels of mastery.

Relational therapists take projective identification further than object relations therapists, arguing it is not merely 'something' from the patient but rather therapists need to pay attention to the actual *interactions that go on between two people*. What did Allegra do and in what way did Allegra act that

would evoke those responses in the therapist? What is there in the therapist that would respond in that way to what Allegra did? As such projective identification is less about the patient and more an intersubjectivity process between participants of mutual influence. Furthermore, the therapist also has her own internal 'bad child' in that when being with Allegra the therapist was confronted with her own feelings of inadequacy and being unable to perform. An example of the therapist having to take a step back was when Allegra drank from an unidentified water bottle in the waiting room. The therapist immediately cautioned her that she must not do that as "*we don't know who it belongs to…*" and, additionally, she could get sick. She took no cognisance of what her therapist had said, and the therapist could feel herself feeling angry that not only was Allegra doing something potentially harmful, but now she was also being disobedient. The therapist also felt embarrassed that she could not have Allegra comply, and thought 'so much for an influential therapist' or 'mother' in the transference. In a split-second reflective moment the therapist realised she was not going to win, as Allegra was intent on disobeying a maternal authority figure. At this point, the therapist managed to change her thoughts, 'what is the worst that can happen — her mother returns and reprimands her for drinking out of an unidentified water bottle, or how do I know that this is not a game where it's actually her unattended water bottle before coming into the session?'

Winnicott (1947) speaks of "Hate in the countertransference" where the therapist owning hateful feelings towards the patient is critical for their therapeutic process. Winnicott's ideas that stood out in relation to Allegra include the idea that the baby is ruthless, treating her mother as scum. Furthermore, the baby tries to hurt the mother, periodically biting her, all in love and even when loving her mother it results in one-sidedness "so that having got what she wants she throws her mother away like orange peel" and that "the baby at first must dominate". Finally, "if the mother fails her baby at the start, the mother knows the baby will pay her out for ever" (p. 192).

Mutilating the hand that does not feed you

A key question often contemplated by the therapist was: "Who or what do I (the therapist) represent in the patient's internal world at this particular moment?" (Ivey, 1990, p. 44). Allegra's internal object relations of her mother and her became vividly apparent in the third session. While she was playing dress-up in her 'bedroom' the therapist was instructed to be on the phone faraway. The therapist at this moment felt like she had become the preoccupied mother. The therapist finally called out to Allegra and asked her what she was doing, as it felt foreign and neglectful of the therapist to not engage with her. In a subsequent crisis session with her mother the therapist contemplated the possibility that her overburdened mother may 'seek refuge' by spending an inordinate amount of time on her cell phone, which her children picked up on.

Allegra proceeded to first paint a picture and then wanting to paint the therapist's hands. When Allegra painted red stripes across the therapist's wrists and bloodied the therapist's hands the therapist realised she had become her mutilated mother. After the therapist had become her mutilated mother, Allegra proceeded to clean her therapist up. She was set on washing the therapist's hands and resisted the therapist cleaning herself up. At the time it appeared Allegra needed to express her desire to rescue her mother and cleanse and heal her. After the session, as the therapist cleaned up the paint materials, Allegra's display of the chaos, the therapist experienced a feeling of being somewhat disorientated and preoccupied, which possibly parallels the dissociative tendencies that Allegra's mother may feel when she self-mutilates and possibly the disorganised feelings that Allegra felt when confronted with her mother's self-mutilation or the attendant instability.

Compellingly, the third session of Allegra's therapeutic process can be juxtaposed with session 15 wherein Allegra confidently walked into the playroom with a special file for her art and a bottle of nail polish requesting to paint the therapist's fingernails to beautify her. At that point in the co-transference the therapist became her object of beautiful mother. The therapist was instructed to keep the nail polish on for the fortnight that they would not see each other. Interestingly, Allegra painted the therapist's nails again just before another break in therapy. It appeared that therapy offered her the opportunity for "an emotional corrective experience" (Alexander & French, 1946, p. 66), in that Allegra could now hold an internal image of an 'unmutiliated' mother that was not distressing to her,

as well as an attempt by Allegra to have the therapist hold an endearing internal image of Allegra in her mind during times of their togetherness and separation.

Therapeutic acts speak louder

Often, Allegra reacted negatively when the therapist took the position of commenting on what she was doing. She resisted seeing the therapist as outside her interactions or taking on the interpretative function of a therapist. She wanted her therapist actively immersed and, as such, embedded in her world (Corbett, 2014). Here, her therapist found herself veering away from her prior experience of play therapy (Axline, 1969; Landreth, 2002) and finding a new key (intervention) to fit this unique lock (client's behaviour) (Dell, 1985).

Ehrenberg (1992) promotes "analytic interaction beyond words (…) the power of what goes on affectively between patient and analyst, the power of unconscious communication, and the degree of enactment and unconscious collusion that inevitably occurs" (p. 13). As such therapy is not only a talking cure but involves action and interaction (Aron, 1996; Frankel, 1998)

Relational therapists do not differentiate between words and acts (Maroda, 1991). The intervention through the process of therapy is not wholly interpretation, but rather the focus is on creating new relational configurations. The goal was for Allegra to have a new experience of relating based on a new relationship with her therapist. In the presence of another, all behaviour is communication and all interaction conveys meaning with or without verbalisations. Enactments between the therapist and child in the therapy can be defined in broad or narrow ways. In one sense play therapy can be seen as a holistic enactment by virtue of how children more often than not use the relationally-orientated therapist in their play process. Using ourselves as displacement objects (Chused, 2003) and allowing that reality to be explored in the now of the session is vital. Furthermore, the personal self of therapist, their engagement and their willingness to own that one's self is contributing to what is unfolding in the session provide valuable ways of having an impact to usher in change processes for the client (Corbett, 2014; Frankel, 1998).

Each therapeutic intervention (act) needed to invite the achievement of previously aborted developmental tasks (Smith, 1988). As such, "psychoanalytic play therapy intends to go beyond the immediate pain or difficulty and clear the way so that healthy development can resume from where it has been halted or detoured by external trauma or untenable internal conflict" (Bromfield, 2003, p. 2). For example, here, Allegra could verbalise bona fide fears around a maternal figure being hurt as well as enjoying her competencies as opposed to feeling that she cannot perform well at school:

(Allegra) Teacher: *Morning girls!*
(The therapist) Amy: *Morning teacher.*
(Allegra) Teacher: *Okay, today, we're gonna do? (…) We're first, we gonna sing Happy Birthday, and then we're going to do some Sets. (…) Okay, Amy, come it's your birthday, today.*
(The therapist) Amy: *Wow, it's my birthday today, teacher (...) Okay, teacher where must I come?*
(Allegra) Teacher: *Okay, we're going to sing to her. Okay, give me your hand, turn this way."*
(The therapist) Amy: *Like this?*
(Allegra) Teacher: *Ja [yes], Okay (…).*
(Allegra) Teacher: *Can, you go on your knees?, because I am a little bit short.*
(The therapist) Amy: *No, you are not short, you are the right size. (…)*
(Allegra) Teacher: *One-, Can you go flat?*
(The therapist) Amy: *Like this?*
(Allegra) Teacher: *Ja [yes]. What happened to your foot?*
(The therapist) Amy: *I was born like that. Remember, I told you?*
(Allegra) Teacher: *No, I never saw that on your feet.*
(The therapist) Amy: *What? What's on my feet?*
(Allegra) Teacher: *What's that?*
(The therapist) Amy: *Good question, I actually don't know. (…) Oh! Oh, it's Play-doh® [a tiny piece of red Play-doh® had stuck on my foot from the carpet].*

(Allegra) Teacher: *Oh, okay (relieved). Can you move more this way? (…)*
(The therapist) Amy: *"Oh, my word! This is very different."*
(Allegra) Teacher: *Oh, my goodness! You must just sit like this.*
(The therapist) Amy: *Oh, I am with you? You do gymnastics, show me.*
(Allegra) Teacher: *Sit like this.*
(The therapist) Amy: *Ja (yes), I don't know if I can do that. Let me try.*
(Allegra) Teacher: *"a [yes], there. That's perfect.*
(The therapist) Amy: *Ja [yes].*
(Allegra) Teacher: *Happy birthday to you. Happy birthday to you. Happy birthday, dear Amy. Happy birthday to you. Hip a hip Hoorah Hip Hoorah (…) Then count seven claps. One (clap), Two (clap) (…).*

Furthermore, here the continual negotiation between the real relationship and the transference relationship is highlighted. One can easily see the slips and slides into and out the past and the here and now. First, it demonstrates how sensitive Allegra was to the object of a bleeding mother (as she thought the therapist's foot was bleeding thereby potentially arousing her fears of the bleeding wrists of her mother). Despite the enactment, the therapist and Allegra both slipped into the real relationship when the therapist commented that Allegra need not be apologetic regarding her height and that she is a gymnast despite her being the teacher. Allegra too accommodated the real in asking whether the therapist can go on her knees in this 'party trick' of children and in light of the therapist's disability (which is mild cerebral palsy most visible in terms of the therapist's right limbs). The enactment held the potential to bolster Allegra's self-esteem in that she has body-kinesthetic intelligence (Cockcroft, 2009; Jacobelli & Watson, 2008) despite her academic difficulties and ADHD symptoms. Furthermore, she was able to teach others something of value, and the idea of 'trying' was encouraged to resolve industry-inferiority concerns (Erikson, 1963). Allegra's desire to be recognised as special is seen in her focus on the celebration of birthdays and waiting in anticipation for her special day at school. Notably, Allegra and her therapist had a mutuality which was touching as she easily responded with "*That's perfect*" which demonstrated her enhanced social skills, empathy and responsiveness to others.

Unsettling times

In her fifth therapy session Allegra appeared 'all over the place' and found it difficult to settle herself in that when presented with the usual activity choices she jumped from making a pool of water in the sand tray to becoming destructive towards it. After colliding cars together Allegra verbalised that she wanted to go to the playroom and then decided on the therapist's office. The therapist in an attempt to settle her checked whether that was her final choice. Once in the therapist's office she settled down to enacting her school life of a strict teacher (Allegra) who became angry at misbehaving Kelly (the therapist). Yet Kelly was then rewarded with numerous stickers when she demonstrated good work. This seemed to reflect Allegra's desire to be recognised. The therapist then attempted to reinforce her starchart at home by using puppets (a safe psychological distance) to explain how the reward system works to Allegra.

The day before Allegra's session her mother informed the therapist that Allegra was "*out of sorts*". The therapist attempted to assess Allegra with the Bene-Anthony Family Relations Test (Bene & Anthony, 1957; Bene, 1985; Brand, 1996), a psychodynamically-interpreted projective method for assessing the emotional aspects of family relationships from the child's perspective. It uses anonymous looking drawn figures which are attached to post boxes which allow the child, in a non-threatening manner, to disclose relevant statements about family members by posting the statement cards to the applicable family member (Parkin, 2001). All Allegra's answers to the proposed statements were steadfastly defended with 'everyone' in relation to the family figure representations, thus eliciting no information regarding her current experience of her relationships with her family members. Rather, Allegra desired to enact her role of teacher and the therapist as a pupil which potentially can be seen as a power reversal of the assessment situation. The classroom setting provided an opportunity to enhance feeling a sense of mastery and exploration of

playtime items. The therapist referred to how Slinky (a toy that represented the externalisation of her impulsivity) just likes to spring everywhere. At this stage of the therapeutic process Allegra was not responding well to accommodating others or letting others have choices.

After this session the therapist was called to the waiting room to assist in terms of a crisis situation regarding Allegra's mother who was feeling very depressed. Following an explanation of her situation, it was agreed that she needed to be hospitalised. Reflecting upon this, one wonders if Allegra being 'out of sorts' according to her mother was linked to her mother's precarious emotional state at the time.

When playing and reality collide

Two days after her mother's sudden hospitalisation, the therapist had a check-in session with Allegra where she expressed her anger at the therapist for the hospitalisation of her mother. This was seen most clearly in her refusing to engage with the well-liked puppet Wolf about what had happened. Allegra voiced that he is not real and threw him across the room. Winnicott (1971) identified that play occurs in a transitional space between the polarities of the real world and fantasy. Here, in a sense, Allegra communicated that there was no room for play when her mother was in hospital and she was left experiencing many emotions. Therefore she rejected inhabiting the third area where Wolf lives.

While sitting opposite the therapist, Allegra asked whether the therapist forced her mother to go to hospital. The therapist explained that, "*No. Your Mommy needs to rest a bit and you can go visit her*". Allegra replied somewhat angrily (overlaying her fear) that she did not want to go visit her as there were old people there. At this point, the therapist had countertransference feelings of wanting to hold her to reassure and soothe her. Allegra left the adult client chair and proceeded to sit behind the therapist's desk and rest her head on the therapist's desk. After waiting a bit, the therapist also slowly got up from the chairs where they had been sitting and bent down next to her at the desk. Allegra stated she did not want to be in the session and the therapist said something along the lines of, "*I know you are angry. Sad. And miss your Mom. We are only meeting today for another twenty minutes. I want you to know you and I are friends and I care…*" — following this Allegra agreed to play the board game of *The Very Hungry Caterpillar*® and enjoyed it, especially when she proceeded to win. After the session, she returned to her paternal grandmother and rested her head on her lap, meeting her noticeable need for maternal reassurance in the wake of separation from her mother.

The therapeutic space as a healing sanctuary

Profoundly, Allegra's therapeutic process highlights the potential of the healing power of the actual space where therapy takes place. Erikson (1971, cited in Chazan, 2002) refers to the office of the therapist as the *macrosphere* and here the therapist is privy to how the child engages and copes with the world as it really is in relation to the child's relative smallness and dependency on carers. Allegra felt most 'at home' in the therapist's office. She happily created the external/internal contexts she needed to work through in this safe context. The therapist's office thus weekly underwent spontaneous renovations into her teacher's classroom, the principal's office, restaurants, her home, the shops, and the stage; vividly depicting systemic influences in her life.

Interestingly, Balint's (1959) notion of 'arglos' seems to fit the atmosphere of the therapeutic process. Stewart (2003) defines arglos as including mild gratifications on the part of the therapist in a therapeutic atmosphere that is guileless and innocent in nature similar in intention to "the original undifferentiated environment of the early phase of primary love" (p. 215).

Fishing for stability

The arglos atmosphere, arguably, was not confined to the therapist's office, but became an essence between Allegra and her therapist. In session, during the time of her mother's hospitalisation, Allegra wanted to go for a walk in the clinic surroundings to the empty fountain where with a net she fished out rocks. She decided a particular huge grey smooth rock was the therapist's and on returning to the therapist's office she proceeded to write the therapist's name on the rock and

decorate it and put it on top of the therapist's bookshelf where it remained. Her need for rocks in her world is evidenced here as in her early sand tray session of liberally scattering shiny stones in her world to 'make things safe'.

Allegra and her therapist also had been to an open grassy space where she did cartwheels and could be free. At this point in the enactment she became a spontaneous cartwheeling daughter, and the therapist, the admiring parent. Creating or participating in an arglos atmosphere with Allegra was often rethought about to ensure that such regression remained benign in nature or a regression aimed at recognition. Winnicott also advocates a regression to dependence focusing upon "the holding function of the mother" (Winnicott, 1956, p. 302), the "facilitating environment" (Winnicott, 1965, p. 37) and the "good-enough mother" (Winnicott, 1953, p. 7) which became felt in the session while Allegra's mother was hospitalised.

Balint (1968) emphasised the need for the therapist to hold an unobtrusive stance and provide a holding that is as essential as the elements of life as such "an indestructible primary substance" (p. 167). Essentially, psychoanalysts of the Independent British tradition of object relations emphasise the individual's needs and desires for intimacy and holding.

Despite the monsters, life's no fairy tale

> Perhaps all the dragons of our lives are princesses who are only waiting to see us once beautiful and brave. Perhaps everything terrible is in its deepest being something helpless that wants help from us (Rainer Maria Rilke, 1929).

Allegra's internal object relations were most keenly seen in her enactment in the 10th session. The following internal objects came into being, namely: "princess", "monster", "superlady", "vet", and "performer". Once in the playroom she played out her concerns. She dressed up as a princess (which can be understood as her good self, the self that feels loved by her Mommy) and then she fell down splaying herself on the floor in need of rescue from the fireman (the therapist). Allegra then proceeded to dress up as a monster intent on frightening the therapist. The therapist duly responded with fear when encountering the monster. She then transformed into superlady (a strong, benevolent maternal object) where a (soft-toy) dog (vulnerable self) was harmed by the monster (a frightening object) slicing its throat. Fortunately, Allegra then became the vet (rescuer) who did surgery to save the dog's life. She then redressed into the princess dress and needed to go to the bathroom which may have reflected her anxiety evoked in her enactment.

When Allegra and the therapist returned to the playroom Allegra proceeded to be a rushed and busy nurturing mother preparing dinner for her child (the therapist). While slicing 'veggies' she unexpectedly sliced her throat (self-mutilating mother) which the therapist reflected looked 'scary and painful', from the vantage point of the therapist being her child. In the last five minutes Allegra dressed as a performer and performed dance moves in the reflection of the one-way mirror which appeared to be her at her most peaceful confident self. By enacting her internal self–other representations within the therapeutic space over time Allegra could integrate the dissociated aspects of her self and thereby recover a fuller sense of herself (Bromberg, 1996).

Treasuring Allegra for who she is

A week later at her 11th session Allegra appeared euthymic in mood and engaged lovingly with her mother. In session she appeared settled and actively engaged in making a treasure paperweight with jewels that depicted her unique shining qualities. With a sense of spontaneity she played a game with a hula-hoop where she was placing all the coloured balls, that were previously identified with different emotions, for example, a red ball represents an angry feeling inside, and then letting the balls loose and then proceeding to lasso them back into the hoop. This suggested an enactment of containing and uncontained feelings which may point to the quality of affect management within her home environment. Promisingly, during her enactment of teacher–pupil in this session Allegra mentioned to the therapist, her pupil, about being awarded stars on one's 'responsibility chart'. This alerted the therapist to the possibility that Allegra was responding to the starchart

in her wider context which could be linked to her improved cooperative behaviour and better processing and containment of her feelings.

Allegra's relationship with her infant self

Allegra's usual choice of play activity was understood as *collaborative complex role-play* (Chazan, 2002). Here Allegra interacted with another person to enact a role, which she coordinated from the perspective of her co-player. Allegra intuitively ran her own process. This was seen most keenly in the 12th session where she brought her (newborn baby doll) baby Rachel. The numerous mother/daughter flips became apparent in the session. Allegra crawled under a covered chair in the therapist's office and it became a bed where she was pulling the covers over her head while the therapist was left holding Rachel. She then instructed the therapist to read a story. Her therapist proceeded to read a book she had read with her before, *How Do Dinosaurs Say I Love You* (Yolen & Teague, 2009).

Here, Rachel can be understood as Allegra's younger self — her as an infant and the alive vulnerable self that was within Allegra. This bedroom scene suggested that Allegra was playing out her mother's depression by being under the bedcovers; while Allegra, at a younger age, was attempting to secure her mother's recognition to parent her. The flips suggested a role reversal occurs with Allegra trying to comfort her mother while she was left in need of that very comfort herself. During the session the therapist found herself highly sensitised to Allegra's Rachel, as Allegra allowed the therapist to hold Rachel and mother her baby self.

Under the rule of stars: parents' feedback

It was decided in feedback with Allegra's parents that Allegra would be treated with medication to assist with her ADHD, continue with remedial lessons at school and continue with play therapy to address her relational difficulties. Allegra's mother relayed her concerns that she was excluded from an advanced group in her class in terms of her scholastic ability and that it seemed that her daughter picked up on not being at that level. In terms of discipline, Allegra's father at times became frustrated when she insisted on her own way and then shouting ensued.

The therapist recommended that the starchart being implemented by a mascot may assist in diverting the power struggle and some of the heightened emotion on to a mascot of the starchart. After all, cuddly mascots are inherently agents working their magic as allies and cheerleaders enabling embattled individuals who are in the thick of things to achieve their desired goals, whether in a sport's game or, as in this case, the game of life. As such, when Allegra was being defiant an already known, clear, suitable, brief consequence was to be instituted by the mascot. In a sense the family as a whole would agree to this unchanging structuring of the mascot. The introduction of the mascot potentially allowed her parents to adopt a more reflective position which could convey empathy yet maintain resolve. The psychoanalytic rationale of this behavioural modification technique was to prevent an escalation of uncontained emotion and activation of a destructive internal object relation, with the attending feelings of a sense of rejection, betrayal or punitiveness as well as inappropriate guilt or indulgence. Furthermore, Allegra could attack the mascot and the mascot would happily survive her, as seen in the way in which infants use their transitional objects (Winnicott, 1953).

Wolf: an unlicensed co-therapist

Along similar Winnicottian-inspired lines, Wolf, like a mascot toy in the therapy, survived being thrown across the room and having his face besmirched in black paint. In a similar fashion, his friend, Rat, had been swung by his tail, jumped on with both feet and sat on in frustration when Allegra was intent on destroying them. Being overwhelmed by one's anger is a key feature of children vulnerable to borderline pathology (Chethik, 2000). Fortunately, both Wolf and Rat lived through the destructiveness and their relationship with their favourite Italian little girl remained intact.

Wolf became the therapist's faithful co-therapist (Freeman, Epston, & Lobvits, 1997). In relation to Allegra he became an essential and ongoing rapport-builder in numerous ways. To foster a sense of competency in children, Wolf always tells children in relation to schoolwork that he can only count to five. On hearing this, children feel empowered to teach him many things. When confronted with the client's concerns, Wolf often creates a space for normalisation to counteract shameful feelings of the client. For example, Wolf had this impulsive habit of biting human's ears (and he proceeds to do this to the client's ears to make contact) and therefore he really needs the client's help and/or he understands how the client feels. Wolf, of course, resides in "the potential space" (Winnicott, 1971, p. 100), which allows one to really show how they feel; "the symbolic characters can give a free expression of aggression without causing anxiety or fear in the child, and also can give a free expression of love" (Bender & Woltmann, 1936). Thus, clients can use him in any way they need to express their hidden concerns whether loving or destructive. Wolf acts as an excellent assessor of rapport fluctuations and a non-intrusive traveller into the internal world of clients. As such, he is often the designated questioner of potentially difficult subjects and he gets away with it! Wolf became so central that Allegra, in their birthday celebration session, gave the therapist a friend for him, namely, Bearwolf, who book in hand, assumed a designated place on my desk. Needless to say Wolf and Bearwolf often then sat together as onlookers to the therapy. Recently, Bonovitz (2015) spoke about how the therapist's soft toy of a Salamander served as a lost part of the child patient that was retrieved by means of the therapeutic process.

Allegra's relationship with concentration pills

Stimulants are regarded as the most effective pharmacological treatment for ADHD (Kutscher, 2010) and thus methylphenidate was prescribed by Allegra's medical doctor, keeping in mind that ADHD is a multifactorial disorder (Pozzi, 2011). To normalise taking medication the therapist's co-therapist, Wolf, started taking a daily pill to assist him with his '*lupus morsus homoauris*'. Allegra knew this as Wolf's behaviour of biting humans' ears spontaneously. This became a non-threatening way to check-in on her medication compliance, for example, "*Wolf took his* lupus morsus homoauris *pill today (…) how are yours?*". The treatment outcome of Allegra taking medication cannot be accurately gauged as Allegra was not given the medication consistently during the therapeutic process.

Holding Allegra's mother's heart

Importantly, relational psychoanalytic theory, especially from a feminist stance, argues that holding, containment and metabolising affect is not empty of who the mother actually is. As such, the mother as a unique human being cannot aspire to be an empty container that can merely unaffectedly absorb the child's brought up psychic contents. Rather, holding (Winnicott, 1953, 1956, 1965), containment (Bion, 1962) and metabolising occurs as a dual influencing process, where the baby recognises their unique mother. Allegra seemed to have on a preconscious level recognised that her mother's heart could not withstand her aggression. Therefore she asked the therapist to hold her mother's heart (an adult-sized necklace with a heart pendant that belonged to her mother) before punching the boxing bag, as her mother's heart would get in the way. Chethik (2000) alerts the child therapist to be attentive to the child's language of "concrete metaphor" (p. 282).

Allegra's aggressive play here allowed her to put her conflict into a symbolic area. Whereas Allegra felt unable to confront her mother when she was depressed, she could in the sessions confront 'her' and even lash out at her and take revenge without fearing reprisal. She could also project her intolerable angry feelings about herself by putting the internal conflict on the outside, making it a concrete reality, 'the punchbag', which she could wrestle with more comfortably. Here, in the therapeutic space, Allegra had a "forum in which she could face herself, her conflicts, and the people in her life from a psychologically safer distance, hence more fully and openly" (Bromfield, 2003, p. 4).

Allegra responded very well to the voice recording of sessions seeing it as part of the fun. In her 17th session it appeared as if she often attempted to offer holding to her mother. She sang, "*The*

Climb" by Miley Cyrus, loudly in an effort to have her mother hear her in the office next door, as it was her mother's favourite song. Possibly, Allegra in her real-life context performed (positively) and acted out (negatively) in an attempt to evoke a response or reaction from her mother who was at times depressed, preoccupied and unavailable. This maternal 'absence' seemed to evoke fears in Allegra of her mother's availability over the long term, her capacity for maternal strength and Allegra's need for her mother's ongoing affection. This is potentially seen in Allegra adding made-up words (the bold words) to the lyrics of *The Climb* by Alexander, McCabe and Cyrus (2009):

Every step I'm taking,
Every move I make feels
Lost with no direction
(Am I gonna keep going? Am I gonna be strong? Just keep kissing.
Cos)*There's always going to be another mountain*
I'm always going to want to make it move
Always going to be an uphill battle,(…)
Ain't about how fast I get there,
Ain't about what's waiting on the other side
It's the climb (Yeah, Yeah)

Termination process: holding on to the good in the goodbye

Let the patient matter to you (Yalom, 2001)

Children vulnerable to attachment trauma feel unsafe unless they are near the protective object and experience the spiking of anxiety when confronted with the object loss (Chethik, 2000). In the 16th therapy session (after a break in frame in terms of a change of day) Allegra and the therapist had no choice but to face their inevitable separation. On walking in she sat in an adult client chair faced the therapist and said, "*I am going to miss you, when you go next year*". Initially, the therapist's heart jumped into her throat and then she replied, "*I am going to miss you too!*" Balint speaks of attachments formed in early childhood. He argues that individuals who have an insecure attachment style such as a disorganised style dread saying goodbye preferring to live "with the illusion as long as they remain in safe contact with a safe object, they are safe as well" (Balint, 1968, p. 30). Such individuals are found to cling to the beloved object to avoid being abandoned, as they strive to build stable object relationships. An example of an intimacy tearing, on the therapist's part, was where she hurried Allegra, as the session was about to end. Allegra received the therapist's haste as a rejection as she was typing the therapist a secret letter of love:

Dear [therapist's name]
I love you sosososososososososososososososssososososososo much
LOVE ALLEGRA

Allegra came to her 18th session dressed in her soon-to-be-birthday clothes. She spontaneously hugged the therapist in the corridor and on commenting on her beautiful *ballerina* tutu she corrected the therapist by stating that she is a *dancer*. She then went behind the therapist's desk and distanced herself. After a minute or two she looked at the therapist's calendar and asked which one was their birthday fairy as they both had their birthdays in the same month. This constantly shifting intimacy in the therapeutic relationship required a sensitivity to the intimacy edge as Allegra appeared to be anxious–resistant at times, which was reflected in her not coming to her 19th session as she was miserable. However, halfway through her mother's concurrent therapy (and her own) Allegra phoned her mother saying that she would like to come "*now*"! In an attempt to manage separation difficulties and the mixture of feelings around closure the therapist wrote her a letter. In the following session Allegra voiced her appreciation for the letter and the therapist and Allegra celebrated their birthdays with a party of sweet kebabs, strawberries and meringue cakes.

With regard to her peer relations it seemed Allegra's cooperation with others needed more refinement as she easily became envious and destructive which seemed to hamper her relationships with her brother and with peers, as initially voiced by her teacher. In the 18th session, when the therapist as her playmate played dress-up paper dolls, Allegra struggled to share and as a matter

of course wanted what the therapist had selected. Allegra resorted to declaring that she will not come see the therapist anymore as the therapist did not handover what the therapist had chosen for her own paper doll. Frustrated, Allegra took the shoes off the therapist's doll and threw them on the carpet, declaring that the therapist could, "*Fetch them*". When the therapist did not fetch them Allegra appeared to realise her impact and proceeded to play more appropriately. This interaction suggested that Allegra had not fully mastered reciprocal play, which emerges at ages of four and five years and is built on cooperation and the adaptive play strategy of altruism (Chazan, 2002). Possibly, it also indicated that Allegra was not confident of the longevity of relationships when she was unable to structure (or control) them.

At the 20th session Allegra hid behind the waiting room couch, as she had done on occasion before, expressing her need to be found (Ehrenberg, 1992). After being found she wanted to go to the playroom, where her brother goes. After the therapist set a limit Allegra proceeded to sulk in a chair in the therapist's office. The therapist reflected that she appeared to be sulking and that she could continue for 10 or 20 minutes or their whole time together as the therapist did not mind if she did. The therapist then proceeded to coax Wolf into listening to the recording of the previous session, which engaged her. Evidently, when the therapist was not automatically permissive of her desires, Allegra experienced frustration and she threatened to cut off their relationship. This suggested the tenuous attachment she felt with other significant figures. With the difficulties around separation and loss being already evident the final closing session on the designated day needed to be sensitively handled.

The closure session entailed Allegra and the therapist reviewing their therapeutic journey by paging through her special file that had mementoes from their time together and a certificate from Wolf and the therapist, in recognition of her being a cartwheeling princess. During the session she expressed ambivalence at what she felt was the therapist leaving her, yet, she was able to hold onto the positive from the therapeutic process. She found pleasure in showing her mother her special file of her journey after the last session. Her mother voiced the outcome of Allegra's therapy:

> *[Allegra] is doing so well! It's almost as if she has grown up a little! Partly the meds and I think your sessions have also helped her a lot! Her teacher is very happy with her work and I have to say her writing has come along beautifully!*

Reflections and the way forward

From the first session of her assessment Allegra and her therapist connected. One of her strengths is she naturally and enthusiastically engaged with people. Allegra and the therapist easily formed a 'meaningful connection' which was essential for her treatment (Chethik, 2000). Contemplating the therapeutic process the major achievement of the work was that it has positively contributed to Allegra's need to be loved for herself (Fairbairn, 1952).

Arguably, Allegra could have benefitted from therapy that directly addressed the 'motherhood constellation' (Stern, 1995), which entails discovering "angels in the nursery" as such caregiving experiences between her mother and herself (Lieberman, Padron, Van Horn, & Harris, 2005, p. 504). It was thought this should be a consideration after sufficient gains had been achieved in her mother's individual therapy. Another limitation to Allegra's therapeutic process was it came to an end due to a therapist-initiated termination due to relocation which appeared to be somewhat premature for meeting her needs. The length of Allegra's therapy process may not have fully provided her with a sufficiently internalised good object representation that could bode well for generalisation to the home and school environment over the long term (Chethik, 2000). Our study recommends that Allegra's improvements be built upon with an open-door policy for 'booster' periods of therapy towards psychotherapy throughout her childhood and adolescence to counteract intergenerational transmission of pathology (Fitzgerald, 1998). Landreth (2002) cautions that child therapy particularly is like growing orchids — it often takes seven years of hard toil and unconditional love before the child will unfold, to fully reveal and bloom in their rich potential. Though Allegra made great gains over 24 therapy sessions, there was still much that could be achieved in terms of her attachment needs and socialisation.

Tracing out Allegra's therapeutic process has illustrated that an insecure attachment style, intergenerational trauma and ADHD symptomatology are entwined (Ladnier & Massanari, 2000; Pozzi, 2001; 2012). Children who meet the criteria of ADHD can also present with an underlying insecure attachment and it is this relational pathology that can be effectively addressed with a therapeutic process when the clinician prioritises adjusting the relational configurations of the child in a predictable therapeutic space.

Notes

[1] All names have been changed. Allegra was chosen in Italian, it means "cheerful and lively" and Zita means "little girl". She was indeed a cheerful and lively little Italian girl.

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