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TITLE PAGE

‘Pink at the heart of it’: the containment of vulnerability by a man and a boy in therapy for sexual abuse

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BIOGRAPHICAL NOTE

Seamus Prior is a psychodynamic counsellor, specialising in therapeutic work with children, young people and adults who have experienced sexual abuse. He lectures in Counselling and Psychotherapy at the University of Edinburgh, while maintaining a therapeutic practice in two community health settings.

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ABSTRACT Through detailed exploration of countertransference experience and its use in practice, this paper uses a single case study to illustrate the centrality of the acknowledgement and containment of vulnerability in the recovery process for abused children. Working chronologically through the course of therapy, I analyse the child’s employment of chaotic behaviour as a defensive strategy, the tie to the bad object, working with ambivalence to therapy, responses to the manifestation of controlling and dominant behaviour, and the metabolising function of the therapeutic relationship. Highlighting the significance of supervision in creating an essential space for thinking, my examination of working through the countertransference includes both the capacity and the failure to tolerate the re-evocation of feelings of vulnerability and powerlessness in the therapist, and the unexpected re-emergence of the therapist’s personal experience of childhood victimisation. This case study concludes with an exploration of how the integration of vulnerability may present particular challenges for abused boys and advocates for the distinct potential of the male therapist in their recovery process.

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INTRODUCTION

In his contemporary reformulation of the *compulsion to repeat*, Bollas (1987) explores the significance to therapeutic progress of the therapist working through their countertransference. He describes the client's need to externalise their pathological object relations in the transference and to bring the therapist to the place of the client's most distressing affective experience, in the hope that the therapist will be able to know this 'madness' and survive it. The therapist's task is to emerge from this state of madness with their own sense of self intact in order to help the client emerge from it also and restore a healthy sense of self founded on more benign object relations:

In this sense, the transference-countertransference lifetime is necessarily a going mad together, followed by a mutual curing and a mutual establishment of a core self. (Bollas 1987: 254)

This paper offers a detailed case study of such a therapeutic process and relationship with a boy who had experienced sexual abuse. It illustrates how I as the therapist contained and survived the boy's attacks and projections, so that the boy could begin to know and contain his distress and vulnerability along with his aggression and destructiveness. It serves as a case example of how the client's intrapsychic processes are made available to thought through the therapist's examination of the core dynamics of the interpersonal exchange, as these are made manifest in the countertransference. Through reflection on failure as well as the unexpected re-emergence of a repressed event from the therapist's childhood, this case study highlights the profound personal challenges in therapeutic

work with trauma and abuse, and the necessity of the therapist's active engagement with their own experience of power, control and victimisation.

With the work of Klein, Winnicott and Bion providing the core psychoanalytic theoretical foundation, this case study brings elaborates key concepts of W R D Faibairn (1952) and brings into dialogue conceptual resources from classical and contemporary object relations theory, attachment theory and ideas from trauma and abuse studies.

Setting, orientation and contract

The case material presented is from once weekly psychodynamic counselling over eighteen months with an eight year old boy whom I have called Thomas¹. The therapy took place in a specialist centre for children who had experienced sexual abuse and who were in the care of the local authority. The centre provided a range of services, including art therapy, counselling and psychotherapy, both brief and long term. Therapy rooms were equipped with art materials, a sand box, puppets and other toys. The work was supervised by a psychoanalytic psychotherapist. The terms counselling, therapy and therapeutic work are used interchangeably.

Thomas was referred to the centre by his social worker. After an initial six session assessment he attended weekly, with formal progress review meetings taking place every three months. He was accompanied to counselling each week by his foster mother who waited in an adjacent room. This therapy concluded after eighteen months when I left my post in the service. However, Thomas continued his therapeutic work with a transfer to the centre's art therapist.

THOMAS' HISTORY

Thomas was an eight year old boy, living in foster care. He and his siblings were removed from their parents one year prior to the therapy commencing, after Thomas had disclosed sexual abuse by an adult male friend of his parents, taking place in the family home. Although Thomas had not made direct disclosures of parental involvement in this abuse, child protection professionals were concerned that his parents may have colluded or been involved to some extent. There were documented child protection concerns relating to Thomas' parents, including domestic violence, alcohol abuse, neglect, and physical and emotional abuse.

INITIAL CONTACT

On his pre-therapy visit, Thomas and his carer were in a state of excitement and jollity from the moment I collected them from the waiting area. A party atmosphere prevailed. It was as if each were trying to keep the other entertained to avoid the painful feelings associated with their reason for being there. Thomas kept flying off at tangents, both physically and verbally. As I tried to explain the purpose of our service and how I worked, he wanted to know how the window opened, what time it was, and if he could take this toy car home. His constant interruptions left me feeling unheard and frustrated; stillness and reflection were impossible; chaos reigned. Yet amongst all his activity and non-sequiturs, Thomas allowed himself brief glimpses of insight, connection and focus, only to quickly flee from them again. When he tried to slide down the banisters from a dangerous height, I had to speak to him firmly for the first time and he ran away from me and hid under a chair, squeezing his slight frame into an impossibly tight space. I was left

feeling that I had been unduly harsh and punitive. When it was time for him to go, Thomas refused to leave and, when persuasion failed, his carer physically lifted him and carried him out of the room. As he passed, he flashed me a triumphant smile, cradled in his carer's arms like a baby.

I was struck by the strength and diversity of my feeling responses during and after Thomas's brief visit. While his chaotic and controlling behaviour left me frustrated and daunted, I was also aware of feeling hopeful due to the level of his *affective communication* (Casement 1985). Like many abused children, Thomas was very actively using projective identification to convey a myriad of confused and confusing feelings which he could not express in words (de Zulueta 1993). I sensed that my task would be to attend carefully to what Casement (1985) calls this *communication by impact*, listening to the *derivative* as well as the *manifest* level of his communication and find ways to reflect these feelings back to him in manageable form. It was already clear to me that my countertransference experience was going to be a vital "instrument of research into the patient's unconscious process" (Heimann 1960: 10) in our work together.

CHAOTIC BEHAVIOUR AS A DEFENSIVE STRATEGY

The chaotic behaviour I witnessed on his pre-therapy visit was a predominant feature of Thomas' early sessions. While he could become engrossed in certain play activities, he would often break off and move to another part of the room to begin something else or run out of the room to check on his carer. This was especially the case when I spoke to what was happening in the play, even when remaining at a purely descriptive level, such as 'The cars are bashing into each other'. Such comments would often be met by him

moving away and changing the subject, or singing loudly to drown out my words. I was left feeling I had hurt or offended him, that what I had to say was of no value or sense to him, and that my very physical proximity was toxic or abhorrent to him.

I understood his apparently chaotic behaviour as a way of managing his anxiety in relation to the threat I posed to him as both a man and a therapist. Freud reminds us how clients often re-enact what has been repressed through their physical actions rather than their conscious recall and how 'above all, the patient will *begin* his treatment with a repetition of this kind' (Freud 1914:150, original emphasis). Abused children fear re-abuse, especially by adult males, and their actions often illustrate both their actual external and their internalised defensive strategies (Horne 2001). Since the body itself is the site of physical and sexual trauma, the child uses body-centred defences to block out associated anxieties (Young 1992). One habitual mode of defence that some children adopt is to become 'moving targets' (Bacon 2001): their constant movement creates the illusion that they will evade capture; in creating chaos all around they appear to gain the upper hand, leaving the adults confused and uncertain. In writing of abused men in therapy, Kupers makes a similar observation: 'because they have learned very early never to trust another man, they keep the therapist at arms length or entrap him in seemingly endless targets' (cited in Briggs 1998: 109).

Thomas' verbal and physical chaotic activity also indicated a defensive response to the potential emergence of disturbing feelings in the therapy: by keeping himself busy, jumping from one thing to the next without pause, he precluded thinking and the possibility of accessing painful thoughts and feelings. His defensive strategy was

coercive too as it attacked my capacity for thinking, forcing me instead to experience directly and acutely his emotional world of chaos and confusion, rejection, hurt and loss. Only by creating a space to think for myself outside of my sessions with Thomas was I able to start putting words to my countertransference experience and consider the true nature of the traumatic experience which Thomas was reproducing in me through his communication by impact.

My supervisor helped me see how Thomas was adopting and moving between all the positions in the drama triangle: one moment he was controlling, ignoring and interrupting; the next he was the distressed victim, hiding under a chair to protect himself from imagined blows; when persuaded to emerge, he began playing the clown, keeping us laughing and entertained and not thinking about the traumatic events that had brought us together. A child abused by trusted figures learns that the source of support and protection is simultaneously the source of threat and danger, leaving them in a state of constant tension and insecurity, a state attachment theorists call *dissuagement* (Holmes 1993; Howe *et al.* 1999). New opportunities for intimacy and attachment, such as the offer of a therapeutic relationship, will re-evoked the fear and anxiety associated with earlier attachment relationships and concomitant defensive strategies such as hyperactivity, hypervigilance and coercive relating (Bacon 2001; Howe and Fearnley 1999). While apparently disorganised, I understood Thomas' behaviour as a physical mapping of an organised adaptation to emotional stress characterised by confusion, avoidance and control.

THE TIE TO THE BAD OBJECT AND A THERAPEUTIC ERROR

In his initial session Thomas' first act was to introduce a house into the sand, pour sand into it, become upset that it was being dirtied and ask for my help to clear out the sand and restore it to its earlier condition. Immediately after this he showed me a boy figure who was a 'public disgrace' because of the 'bad thing' he had done. The boy was punished by being run over and buried. Soon after Thomas walked to the feelings poster and pointed to the picture illustrating the word guilty. In this short period of time I gained a strong sense of his internalised badness, his feelings of guilt and self-blame, his perception of being contaminated, and how these feelings were overwhelming to himself and in his fantasy overwhelming to others. I also wondered if he felt responsible not just for his experience of abuse and neglect but for the destruction and loss of his family and home.

In his second session, Thomas told the story of a father who stole his son's truck and was then caught up in a car crash and had to be rescued. He told me that this was my father and I had to rescue him. When I hesitated and mentioned the possibility that I might not want to rescue my father, because of what he had done to me, Thomas became angry and upset and ordered me to say that no matter what my father had done, I would always rescue him. As I hesitated again, he became shriller and more insistent, dictating emphatically word for word what I had to say: 'No matter what my dad's done, I'll always rescue him'. Even in the context of the game, I could not say these words and at this point I addressed what was happening between us and the possible reasons for Thomas becoming upset and insisting that I say these words. In response he stormed off

to the far corner of the room and sat with his back to me refusing to speak. The session ended in mutual hurt and confusion.

Exploring these events in supervision, my supervisor helped me see that I had moved too quickly into challenging Thomas' defences and that he felt rejected and abandoned as a result. In this intense sand play, Thomas had re-enacted the extent of the acute dilemma he had experienced in his family and which persisted still in his internal object relations; he was caught between love and hurt, between attachment and abandonment, between self-sacrifice and self-preservation. Instead of remaining with and speaking to the impossibility of this situation, I moved towards reassurance and education, trying to show him didactically that he was good and blameless while the fault lay with others.

In time I came to understand Thomas' inner world through Fairbairn's (1943) concept of the 'tie to the bad object'. At the heart of therapy is 'the person's narrative relation to himself as an object for reporting and reflecting on' (Bollas 1987: 60); yet, for many abused children, the core self is a bad self, for this is the only possible construction of meaning for early childhood abuse and neglect: 'I was hurt because I am inherently bad, did bad things, had bad thoughts and wishes. I deserved the abuse'. Since the idea of having a bad parent is unthinkable to a child, threatening as it does all sense of safety and predictability in the world, the abused child employs what Fairbairn (1943) terms the *moral defence*: he creates a good parent, no matter what the actual circumstances, and assumes responsibility for the abuse. Fairbairn illustrates this process of meaning-making with his cosmological analogy: 'it is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil' (Fairbairn 1943: 66-67).

By taking on the badness, the child maintains their faith in an external environment peopled by good objects, but, as Fairbairn argues, this outer security is ‘purchased at the price of inner insecurity’ (1943: 65) as the child’s ego is now at the mercy of an internalised bad object which must be repressed and defended against at all cost. The child is left with a sense of worthlessness, an internal working model of ‘a bad or useless self, good only for exploitation and abuse’ (Holmes 2000: 41).

‘The bad object can only be released’, Fairbairn argues, when the therapist has become established as a sufficiently good object for the client, ‘otherwise the resulting insecurity may prove insupportable’ (1943: 70). In challenging so early his idealisation of his father and the filial bond, I was undermining the defensive constructions that enabled Thomas to maintain a sense of safety and faith in the external world. Fairbairn notes that a child cannot simply reject his bad external objects:

It is above all the need of the child for his parents, however bad they may appear to him, that compels him to internalise bad objects; and it is because this need remains attached to them in the unconscious that he cannot bring himself to part with them. (1943: 68)

Like the infant monkeys in Harlow’s experiments on primate attachment, the child clings to the abusive caregiver, no matter how hurtful, because the only other option is ‘the annihilating terror of total loneliness’ (de Zulueta 1993: 98) and such attachment can be ‘sometimes fiercer than ordinary good attachments’ (Hunter 2001: 100).

Supervision also gave me pause to reflect on whether I was unconsciously seeking to protect myself from Thomas’ pain by moving too quickly into interpretation rather than tolerating feeling useless and helpless in the face of not knowing, understanding or being

able to think clearly (Horne 2001). Instead of joining him in his play, remaining open to where it might lead, and tolerating the ensuing confusion and fear, I fell back on the familiar roles which adults adopt with children and which Winnicott cautions against: those of ‘a rescuer, a teacher, an ally or a moralist’ (1960: 162). I found it too painful to accept this young boy’s conviction of his essential badness and unworthiness and of his duty to love his father unconditionally.

AMBIVALENCE TO THERAPY, FEAR OF VULNERABILITY

Ambivalence to therapy was a predominant theme in Thomas’ work from the beginning. In an early session, Thomas was determined to do a ‘good’ picture and not another ‘messy, bad’ one like last week. As he repeatedly told me how happy he was, whistling the tune to the song ‘Girls just wanna have fun’, I sensed his desperate and futile wish to be, and be seen as, happy and carefree and found myself welling up with the feelings of hurt and sadness which could not be owned. In the sand tray, he played out scenes of destruction and disaster, but as soon as I attempted to name the scenes so vividly enacted, he moved off angrily to another corner of the room. The naming of feelings, whether sadness and loss or anger and hurt, was perceived by him as persecutory. With even the most oblique reference to the possible existence of other more difficult feelings underneath his carefree competent presentation, I had ‘spoilt his picture’, ‘ruined his fun’, ‘made him’ angry and unhappy and he would shout, accuse and rail against me.

I understood his ambivalence in relationship to me as not just a transference recreation of ambivalent attachment to his parents, but also representative of his profound ambivalence towards the therapeutic process of acknowledging, naming and owning potentially

overwhelming experiences and feelings (Drucker 2001; Segal 1992). The events which brought Thomas into the therapy room also comprised the very experiences he most wanted to deny, negate, or at least minimise; a situation Fairbairn (1943) termed *the paradox of therapy*. Like many abused and neglected children, Thomas had

a powerful wish to retain abusive experience as fragmentary, elusive, unnameable and unnamed in the mistaken belief that doing so will reduce the power of the experience and maintain it in the external world. (Heinemann 1998: 144)

Once we name a thing, we own it and it has a place in our internal world. In my work with Thomas, I was the man who sat, listened and attended, seeing beyond the busy industry, and talking to the feelings underneath the distractions and forced jollity. I came to represent the function of thinking and linking, of giving thought and voice to unthinkable, shameful and terrifying experiences and feelings. As such, I became the externalised voice of the bad internalised object and, by symbolic equation, a persecutory object *per se* (Rustin 2001; Segal 1964; Truckle 2000). As Heinemann so succinctly puts it, ‘We see ourselves as helpers; they treat us as the enemy’ (1998: 164).

In my countertransference I felt torn. One part of me thought that perhaps this was all too much for him, that I should allow him a weekly hour of fun and play, that this therapy I was attempting was just too painful and demanding, that he was too young or too vulnerable to use it effectively. Yet I also knew that not to address the substratum ‘swirl of primitive, overwhelming affects’ (Heinemann 1998: 148) was to abandon the vulnerable, hurt Thomas and to collude with the defensive denial he had learned from his family, further enforced by a society which turns a blind eye to children’s pain and

requires boys in particular to play the invulnerable ‘little soldier’ (Durham 2003: Miller 1983, 1992). Furthermore, to not address the affective communication within our relationship in the face of his coercive attacks, to deny or censor the reality of my feelings and experiences as they emerged in our work together, was to abandon the therapeutic task and to abdicate personal authority in the face of a threatening and controlling other; in effect, it would replicate the abusive dynamics of his victimisation experience (Hunter 2001; Truckle 2000).

OMNIPOTENCE, CONTROL AND IDENTIFICATION WITH THE AGGRESSOR

For more than six months, Thomas tested me continuously with attacks on our work, hurling himself against every boundary I erected. In the room he attempted to silence and control me, to throw paint, sand and water over me and the furniture. While refusing to enter at the start, he resisted leaving at the end and threatened never to return or to make allegations against me. He tried to take things home, to interrupt sessions with constant trips to the toilet and to his carer. After a break he refused to come back and after he missed sessions, he accused me of not wanting him to come back. He insisted he would only continue if he could come every day and then rubbished me and our work when this was declined, accusing me of cruelty and unconcern. In effect, Thomas was testing me with his omnipotence and destructiveness, testing my resolve and commitment to remain available in the face of these assaults. My task was to demonstrate by example how to stand up to threat and intimidation, hold on to my authority without recourse to

retaliation, defend myself and the therapy against these attacks and afford containment to his fantasied omnipotence.

From Winnicott's perspective (Davis and Wallbridge 1981), the illusion of omnipotence is a powerful defence associated with the *primitive agonies* of annihilation and disintegration. In the normal course of development, the infant learns to have faith and security in the external world: the predominance of good experience over bad allows the child to internalize the benignity and reliability of others and of the self and thus relinquish omnipotent defences. For abused children, however, omnipotent thinking and relating pose particular problems as the experience of abuse heightens both the child's need for, and their fear of, their omnipotence.

Allied to the child's internal sense of self as unworthy of love and protection is the belief that they are responsible for causing the adult to hurt them and a consequent sense of self as monstrously powerful and destructive which provokes overwhelming feelings of guilt and anxiety. In sexual abuse the omnipotent fantasy is reified as the child is given ownership of a potent and dangerous secret which, if revealed, has the power to destroy relationships, families and even lives (de Zulueta 1993). In cases such as Thomas' where the child's disclosure results in family disintegration, this fantasied catastrophic power is realised.

Paradoxically, this power is gained at the expense of the child's real needs, their childhood and their self, through the repeated experience of powerlessness in the abusive interaction itself. The child feels simultaneously exploited, abused, treated as a mere thing, and superior, chosen, powerful and precious. One way to defend against the

anxiety and distress engendered by the former is to cling to the illusory power offered by the latter. The child may thus effect a schizoid defence of compensatory self-aggrandisement, based on the illusion of omnipotence, to counteract the utter defeat of agency and self-efficacy contained in the experience of recurrent assault on the self as subject (Fairbairn 1940).

These intrapsychic processes are core constituents in the development of the defensive strategy of identification with the aggressor (Freud 1936) and the concomitant interpersonal dynamic in this defence is the projection of feelings of vulnerability and distress onto and into an available other. Social norms and expectations for boys and men render abused boys susceptible to defending themselves through the denial and projection of feelings of vulnerability and powerlessness, for the cultural construction of masculinity is incompatible with the experience of victimisation and sexual abuse in particular (Horne 1999). They have no language or frame of reference for understanding such experience.

As Etherington states

The dissonance created by their socialisation often causes male victims to remain silent in their shame; or to identify with the perpetrator [...] as a way of psychologically defending himself from acknowledging his powerlessness. (2000: 202)

When the abuser is a significant figure in the boy's life, such as a father or father-figure, who serves as an Oedipal object for the boy's developmental process of gender identification and internalisation, the detriment to the boy's capacity to develop a healthy masculine identity is all the more profound.

LEARNING FROM UNEXPECTED RETURN OF PERSONAL EXPERIENCE OF CHILDHOOD VICTIMISATION

Getting close to an omnipotent and controlling child is a challenging and demanding task which necessitates the therapist's active engagement with their own experience of power, control and victimisation in relationships. While attempting to control every aspect of our encounter to maintain a necessary sense of safety, Thomas was simultaneously seeking to establish that he was not the supreme power and that he could be safe with another without having to control them. At some level, he knew that ultimately his omnipotence and controlling behaviour left him 'stranded in helplessness' (Hunter 2001: 80). Our relationship was like a game of hide and seek: he needed to defend himself against his relationship with me as much as he needed to be found and known and helped.

While knowing this intellectually, I was nonetheless often stunned, shocked and hurt by Thomas' attacks on me and our work together and I required a high level of support and supervision to be able to extricate my personal feelings of hurt, anger and sadness from this re-enactment in the transference of the abusive relationship dynamics from his past. I was only able to make sense of and utilise my countertransference experience effectively by attending closely to the self-other boundary which the re-enactment was so powerfully blurring.

In finding words for my countertransference experience, which included admitting to shameful feelings of distaste and even hate in the relationship, I was able to break out of the silence imposed by victimisation experience. In a pivotal supervision session around nine months into this work, while discussing how much I was struggling in my work with

Thomas, the memory of a childhood hurt of my own when I was around Thomas' age suddenly erupted into my consciousness. A boy whom I had considered my best friend at the time had inexplicably cruelly mistreated me, bringing our friendship to an abrupt end and damaging my trust in friendships for some time. Although one of the most shocking and upsetting events in my childhood, I had never spoken of it, not during my childhood, nor during my years of therapy, nor to anyone until this supervision meeting. Thirty years later, reflecting on my work with Thomas, I found myself mourning this loss and feeling rage at this betrayal, as if the event had happened only yesterday. This gave me significant insight into the shame and self-blame associated with the male experience of victimisation in the culture which Thomas and I shared. It also showed me how distressing repressed memories of my own childhood were being re-evoked in my work with Thomas and how the containment of these feelings offered by supervision allowed me to clear the necessary thinking space to remain focused on Thomas and his therapeutic needs (Walker 2004).

Supervision work on this experience helped me recognise that my core therapeutic task was to support and advocate for the victim part of Thomas who was denied, oppressed and repressed by the part of him who had identified with the aggressor, and yet do so in a way that offered empathy and understanding for how his adoption of this defence. Central in this was the acknowledgement of vulnerability in ways that were manageable and not too anxiety-provoking for Thomas. In the session following this realisation, in a quiet moment of play, I found a way to share these thoughts with Thomas, speaking to the parts of him that were fighting with each other and my job in listening to all of them and helping each of them be heard and known.

Soon after this session, Thomas himself found a narrative device for working with his ambivalence when he introduced himself one week as Timmy. He told me that Timmy wanted to be here to talk about his feelings and experiences, to play in the sand and do art, but Tommy wanted to be at home, like all the other boys, out playing football with his friends, and just wanted to forget about everything that had happened. Ralph (2001) describes how children in therapy spontaneously create alter egos to address in displacement aspects of themselves that may be too risky to acknowledge directly. Thomas and I were able to use his alter ego, Timmy, to talk about who was more present each session or at different points of a session, thus communicating metaphorically about his capacity to address difficult thoughts and feelings as the therapeutic process unfolded within and between sessions. The Timmy-Tommy dialectic became our shared idiom for communicating positions on the continuum of the acknowledgement and acceptance of vulnerability and for collaboratively gauging Thomas' evolving capacity to integrate feelings associated with his abuse experience.

THE METABOLISING FUNCTION OF THE THERAPEUTIC RELATIONSHIP

Our joint work in expressing and containing vulnerability was powerfully expressed in one session nearly one year into our work together. Thomas began by burying things in the sand. As soon as I began to speak he told me to 'Shut up'. When I tried to address his being angry with me and wanting to silence me, he began talking loudly over me. He accused me of not caring about him, not wanting to be with him, and each time I tried to respond he shouted at me 'Shut up. I'm not listening to you. There's no point you speaking. I don't care what you say.' After I fell silent and he calmed somewhat, I spoke

of him showing me what it felt like to be silenced, unfairly accused and unable to defend himself. He said mockingly ‘You only feel that way because you’re a baby, just a wee cry-baby’. I was stunned by the sneering in his voice, by this vehement expression of hatred of vulnerability. He moved away to the feelings poster and stood in front of it in silence. When I invited him to comment on what he was looking at, he shouted violently ‘Shut up, you’. Although he did not swear, I felt the swear words in the air between us. At this he became upset and disoriented, and began wandering around the room, silently crying. Still sitting by the sand tray, I spoke about him working hard today at blocking out sad and angry feelings. More than anything else, I felt his utter confusion and I said ‘Sometimes we feel all mixed up inside, just a big mess of confusing feelings’ to which he replied, with anguish in his voice, ‘I don’t know what’s wrong with me. I don’t know why I am like this, Seamus’.

Thomas spent the rest of the session at the art table painting a picture composed of blocks of different colours. He spoke about losing his family, feeling let down, hurt and not wanted. I acknowledged how hard this was and how difficult it was not to bring those feelings into new relationships. He told me that even though he knew he could trust me and his carers, he still felt that he couldn’t, that we might be lying and just pretending to care about him. In effect we addressed the long term effects of broken trust and its deep residue of fear and hurt. At the end of the session, the central part of Thomas’s picture was a small white square and before he left he told me he had just one more thing to do. He took the red paint and added a few drops to the white and he painted the centre of his picture pink. He pointed it out to me, saying ‘Look, it’s pink. Baby pink’. He took his

picture to show his carer with pride and satisfaction, pointing to the pink centre and saying ‘Look, Jenny, it’s got baby pink at the heart of it’.

This exchange illustrates how a major aspect of my work with Thomas was to create a safe space for the emergence of feelings of hurt, distress, rage and confusion, to demonstrate that these disturbing affect states, and experiences of frightening aspects of the self, could be tolerated, held and known, and thereby to help him introject and internalise this capacity to tolerate and manage such experiences. Bion defines this process as the *metabolising function* of the therapist, basing his thinking on mother-infant emotional communication and containment (Bion 1962, 1967). Put most simply, containment is the process of making feelings available to thought, enabling a dwelling in the feelings and the thinking on the feelings.

Thomas’ association of pink with babyhood, linking back to his attack on me earlier in the session for being a cry-baby, echoes the constellation of core gender and sexual identity themes in boys’ experience of sexual abuse (Durham 2003; Etherington 2000). To cry and be distressed is to be like a baby or a girl which social constructions of masculinity proscribe. To be the sexual object of a man is to be placed in the role both of victim and the sexual counterpart to a male, namely a female, which transgress culturally acceptable notions of masculine identity. In his necessarily limited knowledge of human sexuality, the only explanation available for the boy in this predicament is that this sexual act has occurred because either he is not a real boy but a girl or a homosexual boy. The boy also knows that men and boys should not allow themselves to be hurt and molested in this way, which may further undermine the security of his gender identity. The

experience of sexual abuse thus has the potential to generate a range of complex gender and sexual identity anxieties for boys, in addition to the profound distress elicited in a range of other intrapsychic and interpersonal domains. The consequent shame, guilt and self-blame which can emerge from this toxic combination of anxiety and distress predisposes the male victim to secrecy and non-disclosure, which may in turn limit his capacity for open communication, intimate relating and the development of self-awareness through life (Durham 2003). I interpreted Thomas' concluding actions in this session, his introduction of a colour he named 'baby pink' to the centre of his picture, which he subsequently defined as 'the heart of it', and his naming and indication of this both to me and his carer, as a powerful statement of this boy finding both the means and the language to express and integrate his vulnerability and ultimately to begin to make sense of his victimisation experience.

DISCUSSION

When our work together came to an end through my departure from this service, Thomas and I worked through our ending and prepared for his entering a new therapeutic relationship with a female colleague. He managed this transition well. After his first meeting with his new therapist, I was informed of his quiet presence, his account of the activities he had enjoyed with me and his expression of delight at the prospect of beginning work with an art therapist. In the final review meeting which I attended, Thomas' foster mother reported on his continuing progress and what may be interpreted as the translation of therapeutic gains into his home and school life, as evidenced by his increasing capacity at school to concentrate on his work, stay calm and attentive, and

manage upsets, and his talking more freely at home about his feelings, particularly his bed time talks with his carer about his family history and his relationships with parents and siblings.

Of course, it is impossible to isolate the potential beneficial effects of this boy's therapy from the committed and profoundly reparative care offered by his foster family, the skilled support provided by his class teacher, social worker and other professionals, and the natural healing process resultant from the child's developmental trajectory. The account proposed in this case study is necessarily one version of events, a particular conceptual narrative and a partial retelling at that, from the perspective of the therapist, guided and constrained by theoretical orientation, supervision and personal approach to practice. Furthermore, the processes of containment, metabolisation and working through, in both the countertransference and the therapeutic relationship, on which this study focuses, are beyond measurement and verifiability and can only be 'known', in Bion's (1967) sense, at an experiential, relational and emotional level separate from that of cognitive functioning. Yet it is the core philosophical premise of psychoanalytic therapy that a profound emotional engagement in an empathic and attuned interpersonal relationship with a consistently present and available other serves as both the 'vehicle for change' and the context for the client's personal transformation (Leiper and Maltby 2004: 70). According to this premise, the therapist's reflective account of their experience of involvement in the relationship advances a valuable and valid construction of lived therapeutic experience, even if it cannot claim any absolute or incontrovertible truth or seek to represent the reality of the client's experience from their perspective.

In child therapy, the therapist serves as both a developmental and a transference figure in the child's life (Lanyado 2001). The male therapist affords the abused child, whether male or female, the opportunity to form a significant new non-abusive relationship with a male figure (Wheeler and Smith 2001) and thus to internalise a good enough male object. Referring specifically to the male victim of sexual abuse, Etherington states

Such relationships would provide him with an opportunity to mediate the effect of the abusive relationship and allow him an alternative learning experience out of which the seeds of his healing might emerge. (2000: 206)

While I cannot know how Thomas' therapy might have progressed had his therapist been female, in reflecting on the therapeutic process from my involvement in this relationship, I am mindful that this boy was helped to tolerate, accept and integrate the distressing affects associated with his experience of abuse through therapeutic work with a male therapist. Thomas found a man who made himself available to be hurt, confused and disturbed in the transference-countertransference relationship in which core dynamics of his abuse were re-enacted, tolerated and made sense of, without recourse to retaliation or abandonment. He was met in a real relationship with the consistent presence of a man who was prepared to break the taboo on talking about feelings of hurt, loss and victimisation, week in, week out, even in the face of his attacks, threats and aggression. He experienced a man in a reparative developmental relationship who embodied a masculinity in which the victimised part of the self could be contained and expressed while acknowledging his rightful aspirations to be known as a strong and courageous boy. He was helped by a man to symbolise and piece together the distressing fragments of his multiple traumatisation so that he could begin to construct a more viable and

coherent narrative of his lived experience (Emmanuel 2009). The therapy thus provided ‘a second chance’ (Rustin 2001: 283) not just to revisit and work through his experience of victimisation, but to learn anew what it might mean to be a boy and a man.

1. Note on confidentiality and presentation of case material: To protect confidentiality, I have changed names and removed identifying information, keeping the disclosure of background information to a minimum. This case study adopts a process approach (Klumpner and Frank 1991), focusing on my countertransference experience in practice and supervision. To do justice to this account as a case illustration, I represent selected actual exchanges and events as they occurred in the therapy. The case material is based on personal memory, supervision notes, agency records and contemporaneous process notes, including verbatim accounts of particular exchanges. It also draws on photographs of sand tray and art work created in therapy.

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