

# 國立臺北教育大學補助教師出國參加國際學術會議

## 心得報告

112 年 12 月 13 日

報告人姓名	洪素珍	服務單位 及職稱	心理與諮商學系
會議時間	自民國112__年12__月2__日起至民國112__年12__月3__日		
會議地點	國家： 日本                      城市： 京都                      地點： Kyoto Research Park / Zoom Hosted by Association of Jungian Analysts, Japan (AJAJ)		
會議名稱	1st Child & Adolescent Conference in Asia: Specialized in Clinical Case Studies		
發表論文題目	中文：被領養小孩初期治療的內在客體困境 英文：My Name Is Garbage: The Internal Object Dilemma Faced by Adopted Child in the Early Stage of Therapy		

## 報告內容：

### 一、參加會議經過：

正式會議有兩天，會後個案交流會議一天。詳細請見附件。

### 二、參加會議心得：

從各國(美國、法國、香港、澳門、日本、大陸、台灣)治療師的報告中，看到各國兒童青少年心理健健康議題的共通性，例如憂鬱和網路的議題，但也有因文化而不同的議題，例如日本對於受虐兒童的介入系統很被動(比起台灣)。或是因疫情而引發的治療困境的思考及使用線上治療的挑戰等。另外，工作的方式的多元性與界限的議題，也因取向的不同而有所差異。

### 三、建議事項：

### 四、攜回資料：

因為是以臨床材料為思考核心，所以，所有資料現場給也現場回收。所以不能帶回資料，以維持保密的專業倫理。只有一篇理論較多的資料可以從網上閱讀。

Between Fantasy and Reality: The Significance of Play in Infant Observation and Child and Adolescent Analysis

幻想與現實之間：嬰兒觀察和兒童青少年分析中遊戲的重要性

Brian Feldman (布萊恩·費爾德曼)

請見附件。

### 五、論文內容：

## Summary

Adopting a child is a painful and potentially traumatic experience. This is because adoption only occurs when the child's family of origin or adoptive family undergoes traumas, such as the passing of one or both parents, their inability or unwillingness to take care of the child, or years of unsuccessful attempts of adoptive parents to conceive a child of their own. In either case, these traumas will be reflected in the relationship of attachment the adopted child will develop with their adoptive parents in the process of being brought up as well as in the state of the child's internal object. The "reality" of the adults has little significance for the child, for whom the sudden passing of beloved parents may be perceived as a kind of malicious abandonment. Although the adoptive parents may tell the child that he is "the chosen one", he may still choose to believe that he has been taken away. No matter how many times he has been told that his adoptive parents are now his "actual" parents, he will never disregard the fact that he has been given up by his birth parents. Children with unpleasant adoption or caregiving experiences in their early years will develop problematic phantasies and anxieties about their internal parent objects. These internal object relationships will significantly hinder them from establishing secure and intimate connections with their adoptive parents, potentially causing great harm to the relationship of attachment (Barth & Berry, 1990). In treatment, the case can find a place within the therapist's mind through projection and introjection. This report delves into the foregoing

subconsciousness and the developmental dilemmas of the internal object of the case stemming from adoption through one of the therapy sessions of a four-year-old girl.

## **I. Introduction**

Adopting a child is a painful and potentially traumatic experience. This is because adoption only occurs when the child's family of origin or adoptive family undergoes traumas, such as the passing of one or both parents, their inability or unwillingness to take care of the child, or years of unsuccessful attempts of adoptive parents to conceive a child of their own. In either case, these traumas will be reflected in the relationship of attachment the adopted child will develop with their adoptive parents in the process of being brought up as well as in the state of the child's internal object. These internal object relationships will significantly hinder them from establishing secure and intimate connections with their adoptive parents, potentially causing great harm to the relationship of attachment (Barth & Berry, 1990). In therapy, the patient can find a place within the therapist's mind through projection and introjection.

### **Background of the child patient**

Rainbow is a four-year-old girl who was diagnosed with Pervasive Developmental Disorder (PDD). She was adopted at the age of one due to her parents' passing caused by health issues. She possesses excellent speech and comprehension abilities, but she has often lost control abruptly ever since she was a kid. As her adoptive mother said, "Her explosions often screw the family up." According to her adoptive mother, Rainbow strives to leave a good impression on others, and people can hardly imagine her going through emotional explosion. For example, she has been admired by neighbors for being polite, greeting others, and offering to help the elderly. Nevertheless, she often loses control unexpectedly and can hardly calm down or be soothed. She is hypersensitive to touch, making it challenging to dress her in cold clothes in winter. She often behaves in a way that puzzles her parents, such as striking up conversations with strangers at the park, telling them the family's address and telephone number, and accusing her parents of mistreatment. Rainbow's adoptive parents mentioned that taking care of Rainbow had been quite challenging since her infancy. Therefore, they sought psychiatric assistance at the Pediatric Psychiatry Department shortly after the adoption.

### **Understanding of the Therapy materials**

The focus of this therapy session is the adopted child's journey to understand who she is. The therapy content aims to promote the understanding of different aspects of the materials.

#### **1. Therapy session: My name is garbage.**

Rainbow said, "I'm going to tear up my name" (her name tag was pasted onto the toy box). She tore up the paper and threw it in the trash can. I responded, "You must be feeling very unimportant. That is why you threw your name tag in the trash can." She nearly screamed, trying to drown out my words. Then, she pasted the torn name tag onto the bottom of the trash can. I said, "Your name tag

should be left in the trash can, more specifically, at its bottom, because part of you feels so bad about yourself to the extent that your name tag should belong there.” She screamed once more, taking another piece of paper and tearing it in two. Then, she pasted the paper just torn up right onto her name tag in the trash can and said, “You’ll be scared to death if you know what I really want to do.” I replied, “Your name tag should not only be left at the bottom of the trash can but also be covered so that no one will see her/it. Perhaps you are worried that I might be scared of you.”

She asked to help her tear the tape to secure the trash can. She played with the trash can, using it as a hat and rolling it on the floor. I told her that the trash can could serve different purposes. She said that she wanted to keep the trash can until her next visit. I responded that she wished part of her could have stayed here with me longer. But then, we restored the trash can to its original state as it did not belong in her box. She was furious and said, “It’s in my box now.” Then, she placed the trash can inside her toy box. I pointed out that she could not bear the inability to get what she wanted. Actually, the trash can did not belong in her toy box. She let out another scream and shut her toy box. I continued, “The agony stemming from the inability to get what you want can hardly be put into words. You may think I’m hateful because I refuse to give you what you want, as if I’m mistreating you on purpose. You feel utterly frustrated, unable to do anything but cry out for help and express your resentment.” Then, I told her that the trash can belongs in the therapy room and that it will always be here, waiting for her next visit, just like her play box. After a short, silent stare, she took the trash can out of her play box, together with her last piece of work, a moldy clay playground. She said the clay playground was broken, and then she tore it into pieces. Finding that there was no trash can, she said, “I’m going to scatter them on the floor.” She really did so and stomped on these pieces heavily. I said they were so bad that they were torn up and crushed. She placed all the pieces under the chair, stating that they would be left there forever and asking me not to take them out. I told her that she could not bear them as they were so bad, so she put them all under the chair, as if they would just disappear. She replied, “I have left them all under your chair.” I said that she asked me to keep all these bad pieces for her because she wanted to see if I could stand them.

Noticing that there was a piece of clay on the table, she said she was going to turn it into a bomb to “bombard” me (then she began). She said I was a really bad teacher. I responded that she was really mad at me because I did not give her what she wanted (she was not allowed to place the trash can in her toy box) and because she found it hard to keep all the bad stuff in her toy box, which, she was afraid that was going to ruin her box. Then, she tore off a piece of tape, stuck it on my back, and wound it around my back. I said that sometimes she felt I was bad, but part of herself still believed that we could stick together.

## **2. Understanding of the therapy materials**

### **(1) Anxiety arising from the paranoid-schizoid position: Name loss and acceptance of the bad self-object**

A name is the parents’ identification of their child even before s/he is born. It is the first symbol

that connects her/him to herself/himself after her/his birth. However, for adopted children, they may lose their first name, severing the roots connecting them to their birth parents, and accept a new name, establishing a connection with their adoptive parents. For Rainbow, the question of whether she has existed in the minds of her birth parents can never be answered because “Yes” and “No” are opposite and split, which echoes the core of the paranoid-schizoid position, that is, “good” and “bad” are “irreconcilable”. Consequently, anxiety is heightened. If Rainbow cannot find the answer to this question, how can she believe that her adoptive parents (or therapist) can hold her in their minds? This also explains why Rainbow asked if I could remember the types of toy blocks she moved around the castle. In fact, she was trying to figure out whether she had been kept in mind by the therapist.

Scream is a means of expression frequently used by Rainbow in the first two years of her therapy. It indicates similar or different meanings in different therapeutic contexts. She tried to drown out the therapist’s interpretations using screams as if she tried to express her pain resulting from her disbelief that she could be understood or her desire to avoid confronting the root of her suffering. For Rainbow, the best way was to dump them into the trash can as if they would be magically disposed of, sparing her from feeling or thinking about them any longer. Klein (Rustin & Rustin, 2017) once referred to two psychological development positions, including the paranoid-schizoid position and the depressive position. She held that people oscillate between the two positions throughout their lives. Specifically, the first three months of one’s life are crucial for the paranoid-schizoid position. In this phase, the “good” and “bad” breasts are completely separated. This mechanism is used to cope with the anxiety arising from the paranoid-schizoid position, which is a protective mechanism generated in the primitive stage by infants who fear persecution by malevolent objects (Rustin & Rustin, 2017). In the early stage of her therapy, Rainbow’s screams seemed to have unexpectedly taken her back to the initial psychological development stage. When observing infants, we can find their extreme adoration for the breasts and their fury when the breasts arrive too late. Infants’ oscillation between emotional extremes can hardly be understood. This status is also typically found among individuals who have experienced developmental trauma. Opting for the extreme splitting of the good from the bad becomes an inevitable survival strategy for Rainbow when she has not yet been capable of grappling with the confusion or uncertainty about who she is. Hence, Rainbow’s adoptive parents are often puzzled by the discrepancy between her sudden outbursts of rage and her intimate affection when she is not frantic.

Neumann (1973) also differentiates two possible consequences of this primary trauma. The first option is apathy, an egoless state of decline. The child dissociates. The second option is the establishment as an emergency ego. The emergency ego is consumed with aggression. It is often provocative in a premature manner. The emergency ego is primarily concerned with survival and often perceived as a threat.

The emergency ego does not always allow oneself to connect with others leaves the child in a state of acute suffering. This perspective also helps us to understand Rainbow’s disarray behavior in

the therapy sessions and daily life.

The confusion reflects Rainbow's fear that the therapist has the interpretation (that is, she is not important or she is just garbage) or that the therapist has articulated her innermost fears, either of which is more than she can handle. Therefore, she can do nothing but scream and continuously throw away the unmanageable garbage. Meanwhile, the interpretations of the therapist, on the one hand, describe Rainbow's threatened inner world. On the other, the therapist becomes the bad object that has threatened her, voicing her fears. She uses the ongoing games to respond to the therapist's interpretations. On the one hand, she not only covered her name tag pasted onto the bottom of the trash can with another piece of paper but also seemed to have pushed it deeper into a place below the bottom of the trash can. She said that I would be scared of her, which is exactly what she was most anxious about, as well as her most profound existential inquiry: Can the object/therapist (adoptive parents) in front of her endure the fear and the unknown inner and outer experience that even she cannot manage? Or will they discard it like what she has done? If she is worse than garbage, will the object be able to stand her? She feared the potential rejection of the object. Therefore, she used a piece of white paper to cover her garbage name once again, pretending that nothing had ever happened, just as she did before, sticking a sheet of pure white paper onto a wholly black drawing. These contents unfold the moments when she was placed in the frantic paranoid-schizoid position and thus felt anxious, conveying the challenges confronted by her when she tried to figure out whether she could exist in peace.

Similar scenes recurred when Rainbow tore and threw the moldy clay playground. For Rainbow, the fragments could also be used as weapons against the therapist, which was her test. She wondered whether the therapist could endure internal moldy, fragmented, and aggressive things, whether she could destroy the therapist, and whether the therapist was strong enough to survive the attacks of these fragments. For Rainbow, if she were really capable of destroying the therapist, it would prove that she was really bad to the extent that she could even destroy an object. This is horrible, indicating that it was her badness that caused her to be abandoned by her birth parents or that she was so bad that she even killed her birth parents. Meanwhile, she felt an intense threat from the object (therapist) as a result of her unmet desire (putting the trash can in her toy box) as if the therapist was going to kill her. Hence, she screamed again to express her terror and anger. However, as she had garnered experience in therapy, she knew that the play box would always be there and that the setup of the therapy room (trash can) would not be changed. During their mutual silent stare, Rainbow's anxiety resulting from the therapist's pressure was subdued, and she began trying to trust and wait for the next therapy session, like an infant expecting the breast's arrival, who has learned from experience that the breasts did not intend to starve her and that waiting was painful yet tolerable. According to the play content, the process that involves projective identification, reflection, and containment has subdued Rainbow's survival anxiety in the frantic paranoid-schizoid position, which is in alignment

with Klein's concept of "working through". It is inevitable in promoting psychological development, allowing the original fragmented and inexplicable intense anxiety to be put into words and thus become experiential and comprehensible. This process is not limited to infancy but will continue throughout life. It is a conscious psychological endeavor in the course of psychoanalytic therapy (Rustin & Rustin, 2017).

## **(2) Alpha elements and digestive function of the caregiver/therapist**

As Bion stated, "The combination of the alpha-element Oedipal pre-conception and the actual parents produces the 'concept of parents' (1963, p.93)". In simpler terms, assuming that infants carry an "expectation state" for good breasts and an unconscious, corresponding mental image of their parents, they can hardly find a sense of fulfillment when growing up in environments lacking care or with hostile or neglectful parents. Except for the previous pre-conception of "good", there is also something bad, that is, the terrible realities encountered in unfavorable environments. For example, in adoptive families, these dreadful realities may dominate the children's relationship with their parents and are projected onto their adoptive parents. Consequently, adoptive parents often grapple with the question: Why can't their children feel their love and concern (Cregeen, 2017; Rustin, 2006)? This is also the challenge plaguing Rainbow's adoptive parents.

Kalsched's (1996) concept of archetypal self-care system could describe this why it has been so difficult for Rainbow to trust her adopted parents. When the self feels its personal spirit is to be violated and that it cannot call on the ego, it creates an archetypal self-care system to protect the personal spirit from total annihilation. The self-care system mistakably perceives each new life event as a dangerous event. Because danger is perceived as a threat of utter destruction, the new is ruthlessly attacked. Often the initial trauma is no longer present but the self-care system is unable to hence remains destructive well after the danger has passed.

Similarly, in therapy, therapists must be able to bear themselves becoming the destructive or destroyed internal parent objects in the child's mind, which manifests through therapeutic play. For example, in the case of Rainbow, she harbored extreme resentment due to the therapist's constraint, deeming the therapist the worst person she had ever seen in the world. Therapists allow themselves to be destroyed within the child's mind while maintaining curiosity and refraining from judgment about the parental images projected by the child. If therapy progresses in such a way, it executes an "element of the mother's alpha function" as was described by Bion. This means therapists can accept any "object" (manifest through projection) from the beloved object (case) and therefore can accept the infant's projective identification, regardless of whether the infant perceives these feelings as positive or negative (Bion, 1962). It can be observed from the play that Rainbow's actions, from throwing her moldy clay fragments out of her play box and placing them under the chair (used by the case) to moving these fragments under the therapist's chair, seem like the process of finding a place to hold a hot potato held in her hands. The seemingly aggressive actions (dumping the negative stuff

into the therapist's inner world), in fact, are Rainbow's endeavors to search for a container capable of processing the moldy stuff. At the same time, emergency ego serves Rainbow's surviving, however, its adaption strategies leaves lacking the relational and reflective abilities that are often essential in order to engage in a therapeutic process that could free them from the constraints of this no longer necessary emergency ego (Bortz , 2011).

### Reference

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