

## Repeated Trauma Therapy with a Preschool Child in Foster Care

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Picture 1



"Houses", markers and pastel, 35x50cm

This article presents a case study of art and play therapy with a preschool child in foster care. The therapy was meant to help the child accept a reality in which previous trauma was reproduced: the mother's abandonment and the anxiety-filled relationship with her. Therapy lasted for about four years and was focused on how to tell a preschool child the truth – about his past and present – in a manner he can contain, with the goal of constructing a coherent narrative.

The article presents the analysis of the case while exploring different therapeutic interventions through art therapy. This is demonstrated using terms from psychoanalytic and narrative theories.

**Keywords:** Trauma, foster care, art therapy, narrative, play therapy.

### Introduction

This article focuses on therapy with foster care children, who are either removed from home as a result of a court order or alternatively due to parental incapacibilities. These children experience numerous transitions, usually in a sudden and traumatic manner. Sometimes removal from home is carried out without parental approval and under these circumstances an assigned social worker or welfare agent unknown to the child will escort the child to his/her new home. These children are transferred either to a boarding school, a temporary foster care family or temporary arrangements are made .

Foster care children's attachment experience with meaningful figures is usually uncertain. It includes experiences of emotional and physical neglect, and occasionally physical and sexual abuse. Separation from home, even if it is an abusive one, is always difficult.

Foster care children have a tendency to feel confusion and guilt and long for what is familiar. Usually, there is no one who can clearly explain to these children what is happening in a way that they can comprehend. This is partly due to the difficulty that adults experience in explaining to these children the circumstances of their removal from home and what will happen to their biological parents and families. They are uncertain about how to explain what the future will hold for each foster care child.

This article presents the story of one such child, whose therapy involved building a narrative of his experience of leaving his home and losing contact with his parents, in a way which he could understand and internalize. Constructing this life story was made in collaboration with the child's foster family, the assigned social worker and me, the art therapist. During our therapy sessions, this child was able to confront the reality of his difficult infancy and his separation from his biological mother.

Throughout this article there are pictures of works produced by Yossi and his foster family at different stages of his therapy (an alias used throughout the text, as are all other names presented). In addition, there are pictures of the playmobil figurines which were used to illustrate Yossi's life story.

### **Background**

Yossi was sent to foster care at the age of ten months. When he was four months old, his parents committed a very severe crime which resulted in his father disappearing completely and his mother being sent to jail for an extended period. Following the occurrence, Yossi was rushed to an emergency center and was then sent to stay with his mother in prison. At ten months old and following a period in which his mother was suffering of depression and was unable to care for him properly, Yossi was moved from her care and transferred to a foster family. This family included a mother, father and a nine year old son. It should be noted here that because of the

severity of his parent's crime, the foster care was defined as "confidential". Yossi's integration with the foster family was excellent; there were no reported behavioral difficulties, or any type of emotional hardship observed. Yossi perceived his foster parents as his real parents in every way.

When Yossi was two years old, his biological mother, who was then going through a prison release process, expressed a strong desire to meet and reconnect with him. This was two years after they had separated. Previously she had not shown any interest in maintaining contact with him. An attempt was made to establish meetings between Yossi and his biological mother, but these proved to be extremely difficult for Yossi. Since it was a confidential foster care case, contact between the foster parents and the biological mother were prohibited. Yossi refused to leave his foster parents to meet his biological mother and it was at this stage that behavioral difficulties arose, such as difficulty separating from his foster parents at kindergarden, severe agitation and aggression, including throwing stones and harming animals in the kindergarden petting zoo. At this stage the authorities decided to stop the meetings for a while in order to allow Yossi to deal with his circumstances and emotions in a safer and more therapeutic environment. At the age of two years and two months, Yossi was advised to attend art therapy, with the main goal of allowing him a space to tell his life story and to feel emotionally strong in order to meet his biological mother again.

Yossi attended art therapy for almost four years until he was five and a half years old. The first eighteen months of therapy included meeting Yossi and the foster family once a week, and meeting the foster parents for supervision at changing intervals. Following the initial stage of therapy, the foster parents, with the assistance of the therapist, I, began telling Yossi about his foster care process. The story was presented using figurines to symbolize the biological parents, foster parents and Yossi. Each of the sessions had a uniform framework with the

goal of producing a stable, safe and consistent space for Yossi. In the beginning, the sessions started with a routine conversation. Following this, the story of Yossi's foster care process was repeated as a sort of mantra. Afterwards, Yossi would draw a picture with his foster family, draw a picture on his own and to close the session, all would play a game together. Gradually Yossi began to relate to his life story and express his feelings regarding the situation. At the end of this period, a decision was reached to allow for meetings between Yossi and his biological mother at the foster care's offices, accompanied by myself and the assigned social worker. At this stage, the therapeutic sessions were expanded to two to three sessions per week, where one session would include Yossi with his biological mother; a second session would involve Yossi and his foster care parents and would be dedicated to assist Yossi in processing these meetings. At times this session would also be with Yossi alone. Parallel to these sessions, there were supervision meetings.

The meetings with his biological mother disturbed Yossi. His biological mother's behavior during the meetings was anxious, disorderly and unpredictable. At this stage, Yossi began exhibiting new symptoms: severe encopresis, acute irritability, sleeping problems, difficulties separating with the foster parents and fear of abandonment. As a result of these difficulties, it was decided to decrease the number of meetings with his biological mother. They were reset at intervals of three weeks. Finally, due to the biological mother's difficulties in adhering to the visiting arrangements and Yossi's hardships, it was decided to cease the meetings completely. A new challenge was then presented to me: I needed to communicate to Yossi, in an empathetic way that he cannot see his biological mother any longer. This too was accomplished by use of figurine play and with the attendance of the foster family. Following the termination of the meetings with Yossi's biological mother, his physical and emotional symptoms subsided. Therapy lasted several more months in order to substantiate a safe

and coherent narrative for Yossi. At the end of the process, the foster family officially adopted Yossi.

### Theoretical Review

The background provided an overview of the chain of events within and external to the therapeutic framework. I will now examine these events from different theoretical perspectives that guided the art therapy process: art therapy, attachment theory, object relations theory, narrative therapy and play therapy. When observing Yossi holistically, these theories are intertwined. The different narratives in Yossi's life can be viewed as parallel to his different perceptions of the Self, which were constructed by the internalization of images of others. Yossi is a child who in many ways came to therapy because he was torn between an absent, unstable biological mother and an available and caring foster family. The traumatic past that he suppressed at the beginning of therapy resurfaced and disturbed Yossi as meetings with his biological mother are renewed and halted again and again. Therapy was conducted in an integrative manner and both creative and play methods were used to create a link between these different parts with the goal of combining them in a way that Yossi could contain and accept them.

Play therapy is based on the assertion that play is a child's natural means of self-expression. It offers a child an outlet to "play" out his emotions and problems, such as fear, hate, loneliness and feelings of failure and incompatibility (Axline, 1976). Similar to psychoanalytical approaches, play therapy has the potential to offer children an understanding of situations from the past and emotional experiences to encourage healing (Landreth, 2002). According to Ogawa (2004), play therapy is particularly effective in cases of traumatized children. Play therapy is relevant to this study because it was used to construct a coherent narrative which offered an explanation of the chain of events in the child's experience.

Attachment is defined as the connection between an infant and his mother or caretaker, and this connection encourages the survival of the child, by him/her depending on the adult figure who that nurses and nurtures him\her (Bowlby, 1969; 1982). Ainsworth (1978) describes attachment as the process which enables the internalization of deep emotions, desires, memories and expectations that can be used to interpret interpersonal experiences. Elaborating on this point, Becker-Weidman (2006) claims that children who exhibit traumatic attachment characteristics have internalized a negative model of the world, of grown-ups, of relationships and of themselves. Children with traumatic attachment disorders often display disorganized patterns of attachment, including developmental and psychological problems. Negligence and abuse may cause a severe dysfunction in neurobiological functions, including difficulties in emotional regulation and an incoherent life story. Furthermore, in their research, Lieberman & Van Horn (2008) claim that a child's attachment, which is defined by the child's relationship with the parents, needs to fulfill a unifying aspect of the child's life and play a major role in the different disciplines when evaluating and treating mental problems at an early age .

"The narrative approach rests on the assumption that narratives are not representations of reflections of identities, lives, and problems. Rather narratives constitute identities, lives, and problems (Bruner, 1991). According to this position, the process of therapeutic reauthoring of personal narratives changes lives, problems, and identities because personal narratives are constitutive of identity" (Carr, 1998, p. 486).

"Narrative therapists point out that story, or narrative, provides the conceptual framework for understanding the meaning of our lives. Story provides the basis for organizing and patterning life experiences into forms the human consciousness can comprehend. Stories demonstrate how lives change and determine which aspects of our life experience are expressed, understood,

and valued. Our internal self-narrative shapes our understanding and expression of our life experience" (Dunne, 2003, p. 229).

According to Freeman, Epston & Lobovitz (1997), narrative therapy utilizes a linguistic practice called "externalization", when one can separate the person from the problem. Separating the problem from the person during conversation eases the pressure of guilt and defensiveness. Instead of "being the problem", the person can "be in a relationship" with the external problem .

The object relations theory describes the infant's relationship with the first meaningful figure in his\her life. This figure is usually represented as the mother figure or any other figure that fulfills the parental function of caring for the infants' primary physical and emotional needs. According to Winnicott (1958), the infant bases his concept of the Self on interactions with the mother figure, and in this way the infant forms mental representations of social and physical relationships with others based on this initial relationship .

In his article, Winnicott (1956) claims that in the first months after birth, the mother is in a psychological state that allows her to be in tune with her infant's needs. Winnicott claims that this state is critical for the child's development and only at a later stage, following a long dialectical process between infant and mother and other figures in his life, the mother can gradually cease being completely absorbed in her maternal role as the infant learns to deal with the delayed satisfaction of his needs.

In an earlier article, Winnicott (1951) claims that the construction of a perception of the Self is directly connected to the dichotomy between the "Self" and the "non-Self", which is created out of the interaction with the mother, as the infant gradually understands that a separation exists between himself and the external object. In this process, the infant and the mother create a space for interaction called "potential space" (Winnicott, 1967). This space is always found on the boundary between the subjective and objective, between the internal and external

world. Within this space, creativity has the potential to develop. This space exists in every field of cultural and creative expression.

### Literature Review

According to Etchison & Kleist (2000), the goal of narrative therapy, is to change the personal perception that people "are" the problems, and instead view problems as an "external agent" of a person's identity. They claim that a change can occur when an opportunity for change arises. This method acknowledges that individuals grow and that every moment offers opportunities for individuals to create an alternative story, one that relies on personal inner strength and desirable outcomes for the individual's life. In their article, Cook-Cottone & Beck (2007) claim that the model of constructing a personal narrative through life, or "life story" is a meaningful facet of the building of the Self, therefore fulfilling a major role in adjusting the connection between the inner self and external systems. Whiting (2003) also emphasized the meaning of the personal narrative and described a qualitative research based on stories of children during their prepubescent years. The purpose of this study was to hear their life stories along a broad spectrum, including early memories, their current situation and how they perceive their future. It was found that among foster care children, there is a great deal of confusion concerning life stories. There is a recurring theme of the lack of knowledge as to the circumstances that led them to foster care and their future. Foster care children present a lack of clarity and multiple understandings of their foster care. However Whiting (2003) claims that children respond better if they are given early information regarding their foster care state even if the details and information aren't exactly clear. Without a clear story, there remains a vacancy for the formation of false and unreal fantasies and stories (Whiting, 2003). In his previous article, Whiting (2000) explains how children's life stories can help the therapist, foster parents, teachers and other care takers to better understand the

child and construct the therapy process to fit his\her specific personal needs. Garbarino & Stott (1992) are in agreement with these claims. They further suggest that working with foster care children will be rendered more effective if the focus of the therapy will be on the most relevant issues within the child's personal narrative. By this they offered the process of working with ambiguous problems, loss and confusion. In addition, they also argue that new approaches which employ friendly means of storytelling, such as creating a story book using art, are justified and effective.

In a study by Becker-Weidman (2006), it was shown that efficient therapy requires the relating to emotional adjustment. The findings point to the attribute of "safe attachment", which means that dependant and cooperative communication as a key element in the manner in which interpersonal relationships positively affect the child's inner integration. Later in the article, Becker-Weidman (2006) claims that dyadic therapy (parent-child) is effective because it relies on the personal adjustment between the therapist and child, the parent and child, and also between the therapist and parent. Becker-Weidman (2006) adds that the existence of emotional adjustment allows for a dyadic regulation of emotions between the therapist and the child, so that the child can feel safe and relaxed, and experience a trauma from the past while integrating the experience and not disconnecting emotion from memory. This type of therapy incorporates the parents. Becker-Weidman (2006) concluded that this is a significant process because there is opportunity for mutual observance and sharing of processes and emotions. Here each develops a relationship based on the common experience. He claims that this therapy allows for the development of healthy attachment between child and parent and thus a relationship of trust and security is created. Attachment and consistency are aspects that receive significant attention in the life story model. For example, Nelson & Fivush (2004) claim that the dyad between child and mother relates to a safer attachment.

Habermas & Bluck (2000) consider the life story memories to be a factor that expands the understanding of constructing a coherency between events and the concept of the Self. According to many researchers, reconstructing the narrative offers an individual the opportunity to explore and express emotions through story and can be used for healing and offering new meanings to life events.

According to Landreth (2002), play therapy is a therapeutic approach which, in the presence of a trained therapist who can interpret the play, allows children to express themselves through play. Specifically, play therapy utilizes the advantages of play and provides children with meaningful opportunities to symbolically share and process their emotions and thoughts. Similar to psychoanalytical approaches, play therapy has the potential to offer children an understanding of situations from the past and a corrective emotional experience to encourage rehabilitation. According to Clausen and his associates (Clausen et al., 2012) long-term investment in children's mental health significantly affects their developmental trajectory. Long-term therapeutic relationships lay down the groundwork which enables the child to form and maintain other healthy relationships with peers or adults. Using psychoanalytical elements of play therapy can affect the mental health of foster care children, and most likely contains the potential to change long-term consequences for these children.

## Analysis

### Part 1- The Hidden Shadow

Yossi's connection with his biological mother appears to have been good in his first four months, until the traumatic experience occurred. The connection was good enough in Winnicott's (1956) terms -"primary maternal preoccupation". This can be deduced from the fact that Yossi succeeded in establishing a safe attachment (Ainsworth, Blehar, Waters & Wall, 1978) with his foster mother after all the displacements earlier in his life. That being said, there are no doubts that trauma is part of his

life. He was alongside his mother during their awful experiences of extreme violence inflicted by his biological father. His mother was also in danger and feeling anxious. Immediately after the incident, Yossi was taken to an emergency center and was returned to his mother in prison a few months later. When Yossi was reunited with her, she was not emotionally available to him and was described as suffering from depression, PTSD, anxiety and fearing for her and her son's lives. In Yossi's experience, the figure in his life that kept disappearing and reappearing had become an absent presence. Andre Green (1980) offers a description of the inner world of a child whose mother has undergone severe trauma: "The result is change, an actual shift, occurring abruptly to the image of the mother. Up to that point, a rich and happy relationship was forming with the mother... one that is genuine, and then it is suddenly stopped, as if it remains stuck at a certain point of friction" (p. 20). The mental change that Yossi experienced was a complete change. Since the violence and abandonment occurred at a pre-verbal stage, Yossi couldn't understand what was happening and worse, the object wasn't available to contain and hold him and mediate the change. He not only experienced disappointment, but also an inability to create a coherent meaning in the perception of the object. The emotional difficulties that Yossi felt when he met his biological mother again, roughly three years later, including nervousness, fear of abandonment, persistent crying, aggression and more, have since become a recurring occurrence. One can assume that possibly, when experiencing abandonment, Yossi tried to "fix" the relationship with the object, to awaken and re-ignite the object's relation to him, his mother's "live company" (Alvarez, 1992). Yossi's biological mother could not respond to his needs and he was later moved to his foster family .

The foster family, the parents and their nine year old biological son, accepted Yossi into their family with happiness, warmth and love and he formed a good, safe bond with each of them. This can be seen as further

evidence of Yossi's basic safe attachment tendency, which is most likely based on his attachment formed before the traumatic event. Children with safe attachment tendencies respond with distress to their mother's leaving them, but they can eventually calm down in the presence of another caring person (Ainsworth et al., 1987). One can understand that the bond between Yossi and his foster family, and in particular his foster mother, was characterized by Alvarez's concept of "reclaiming." This concept refers to recalling the child who experienced loss of the object in order to reawaken the possibility of reconnect. Alvarez (1992) claims that the reason for loss is less important and she rather highlights the recurring request to retrieve what was lost in the child's perception of the object and of the Self (Alvarez, 1992).

Yossi's attachment to his foster mother is a safe one. She can contain him, provide him with a supportive environment and tend to his emotional needs. When separating Yossi from his foster mother in order to meet his biological mother, he protests and cries. This reaction indicates his safe attachment with his foster mother. It appears that the meeting with his biological mother has awoken the earlier and repressed trauma. Longing for the object that disappears is a recurring theme and causes regression and a pattern of anxious reactions, such as uncontrollable crying fits and aggression. Here it is important to question as to how the two patterns co-exist: on the one hand, patterns of safe attachment are present, and on the other hand, anxious expressions of the trauma in relation to the object are present. To answer this question, I shall examine Mitchell's (1993) concept of the Self. Mitchell (1993) claims that an individual's Self is not an isolated structure, but rather a developing system that manifests in the social environmental. If the Self is formed by the experiences following interactions, then the individual has "multiple selves" in accordance to the different interactions they have experienced (Mitchell, 1993). When applying this idea to Yossi's situation, it can be seen that he has different object internalizations

interacting with different experiences of the Self which all coexist alongside one another in a dissociative manner. There is the experience of a reliable and available mother, who calls to Yossi "Come to me" (Alvarez, 1992) and dissociated from this mother is the menacing shadow of the internalized object of "the dead mother" (Green, 1980), Yossi's biological mother who abandoned him and was later unresponsive to his needs.

### Part 2- Names and Faces: Art Therapy and the Narrative Approach

Yossi's experience of the Self has two narratives. The good, stable, safe narrative is enacted by the foster family, whereas the competing, older narrative which undermines the former is represented by the meetings with his biological mother. This is a harsh narrative, filled with abandonment and deprecation, and has been ingrained in Yossi's body and mind. Since the renewed relationship with his biological mother, it is nearly impossible to maintain one narrative alone. Yossi's therapy focused on the attempt to bridge the gap between these two narratives and create a dialogue between them. In order to do that, I had to change the internalized narratives into explicit ones. In other words, tell Yossi his life story. According to Carr (1998): "The process of therapeutic reauthoring of personal narratives changes lives, problems, and identities because personal narratives are constitutive of identity" (p. 486).

Yet Yossi isn't alone in this situation. The foster family also needs to believe that the meeting is necessary and that exposing the older narrative will not undermine the stability of the current narrative to which they belong. For this purpose, I held meetings with the foster parents, in which we processed their fantasies of correcting and healing Yossi's pain. Like families adopting babies, Yossi's foster parents also believed that their love was enough for Yossi to overcome his pain and forget his older narrative (Lifton, 1994). In these meetings I explained to the parents that Yossi's older and harsh family narrative

cannot disappear. This narrative is ingrained in Yossi and manifests in his behavior. This was a difficult process for them. They faced the fear of the unknown during Yossi's meetings with his biological mother. It was this processing that enabled the foster family to provide a true source of support for Yossi. This quiet presence and containing Yossi's anxiety, pain and emptiness, enabled him to be in this space and gradually construct a narrative that will further allow him to meet with his biological mother- the disappearing object who returns to Yossi's life. From a therapeutic aspect, the narrative is the bridge between the conflicting internal objects and Yossi's new reality. The story, or narrative, provides the conceptual framework for our understanding of the meaning of our lives. The story provides the basis of organizing common life experiences into shapes and forms that the human consciousness can contain and understand (Dunne, 2003). Art therapy allows experiences to be given shape and color in a creative manner .

When the foster family put their trust in my ongoing therapy, I began a series of family meetings with Yossi and all his family. The meetings were very structured and were characterized by a set routine, which enabled me to become a transitional anchor. Upon realizing I will be present in the upcoming meetings with the biological mother, I presented the family with a new creative game. First, the entire family leaves the room and then they are invited back individually to draw on one big page. Finally, the whole family is invited to the communal drawing and each tries to guess who drew which part of the entire drawing.



"Family Drawing," gouache, 50x70cm

Yossi's goal was to learn to identify the togetherness of both of us as part of his safe and stable family narrative. The absence of someone of the family will not obstruct the continuity of his experience. When the whole family returns together to decipher the drawing, it validates the position and identity of each family member. The family's presentations in the drawing are intended to strengthen the internalization of caring objects in Yossi's inner world, even when they are physically absent. I became a type of "transitional object" (Winnicott, 1995) for him, symbolically bridging the known parts of his family narrative to the hidden, unknown narrative that would arise during the meeting with his biological mother.



"Family Drawing," 50x70cm



"Family Drawing," markers, 25x35cm



"Family Drawing," gouache, 50x70cm



At the same time, I introduced the main creative, narrative tool that accompanied us throughout the therapeutic process - the game that narrates Yossi's life story using playmobil figurines.



Picture 2



Picture 3



Picture 4



Picture 5

White & Epston (1990), the creators of narrative therapy, claim that the therapist must create an "externalization" of the child's and family's problems in order for them to be able to relate to themselves, the relationships between them and the conflicts that characterize these relationships. This will be done from a position of aesthetic distance which enables observation without identification. In the externalization process, the problem becomes a separate entity; separate from the individual. It is personified and described by external means and so a change in perspective is enabled and integrated in a new narrative.

The game with the figurines involved several stages. In stage one, the figurines had no names and there was only the story. It was only when Yossi knew all the stages of the story well enough and when it was clear to him that the mother who does not caring for the child and abandons him can be amended by his foster family, did we move to the next stage - naming the figurines.



Picture 6



Picture 7



Picture 8



Picture 9



Picture 10

Identifying the figurines by name, Yossi went through a transition from a non-verbal space to a verbal-narrative space. The older narrative, which was dissociated, became the competing narrative and contradictory to the new narrative, and actually enables the new narrative's existence. Liberman & Van horn (2008) claim that therapy needs to take into account elements of the past and present, the external circumstances and the inner world, when the therapist's role is to work in between the subjective experience and the interpersonal behavior. With Yossi, I attempted to integrate all these aspects of life by working with him and his family on his life story. When I presented this goal to him, Yossi reacted to the story naturally and it seemed that we had successfully created a relatively smooth continuum. I hoped that integrating the

narratives into one connected storyline would make the forthcoming challenging meeting slightly easier for him .

During the first few sessions, we were all in the clinic together. Everyone was very excited, but Yossi seemed to accept the story naturally, perhaps because he was told the truth, in a matter of fact manner, and also because he was surrounded by a safe and secure environment. When explaining something to a child in a manner that he/she can understand, in the right atmosphere, it is likely that the story will be accepted as it was told. The story should not be frightening or traumatic, but will become rooted in the child's natural life story that they depict in their game (Winnicot, 1971). As therapy continued in this routine, the atmosphere became calm and the story was fully absorbed.

Part 3- From Hidden Shadow to Persona: The Trauma Returns

We have now reached the stage that throughout the entire process we did expect and were prepared for – the meeting with Yossi's biological mother. In preparation, we added an element to the game according to what was going to happen: mother Rivka wants to meet Yossi.



Picture 11



Picture 12



Picture 13



Picture 14

Yossi began showing signs of curiosity and expectation. During one of the sessions preceding the meeting with his biological mother, Yossi added a plane to the game. Yossi said he was flying, and when asked: "Who are you flying with?" he answered: "With mother Rivka." And when asked: "Where are you flying to?" he naturally answered: "Home". Here Yossi was expressing an inner desire to unite the parts of the Self that were disconnected. To wishes to unite his mothers, to unite his inner worlds, and to bring his biological mother to the only home he knows - the home in which he presently lives. This is typical of foster care children. They seek to unite their two worlds and two mothers to whom they belong (Lifton, 1994). From my clinical experience, this fantasy often takes the form of the will of the child to bring his biological mother to the foster home in order to fix the rupture. At this stage, the impression was that Yossi had built an inner space for the figure of his biological mother. This was a space free from fear and anxiety, and did not impose on the space of his foster family. During another session, Yossi repeatedly called out: "Mother Rivka, now!" It seemed that an anticipation of the meeting was established.



"Houses," markers and pastel, 25x35cm

The meetings between Yossi and his biological mother took place at the foster care office. The decision of the location of the meetings with the biological mother arose from the desire to keep my clinic as a safe, protected space for Yossi and his foster family. There were four consecutive meetings with his biological mother, although at every meeting she had failed to arrive at the agreed time. She blamed her tardiness on public transport. Often Yossi and his foster parents had to wait 40-60 minutes for her arrival. The meetings between Yossi and his biological mother usually lasted less than 20 minutes, due to her tardiness, the administration work involved in coordinating the meetings and due to Yossi's age. The meetings were not progressing well and we decided to reduce the frequency of the meetings to twice a month. At the beginning of each meeting, the foster parents, Yossi and I all went into the room together and after a short while, the foster parents would leave to go into a side room. Yossi would remain with me and we would play or draw until his biological mother entered the room with the social worker. Yossi's biological mother would speak to Yossi and usually give him gifts. At times, the presents were not appropriate to Yossi's age. Nevertheless, he accepted them enthusiastically and would run to the other room to show it to his foster parents. By doing this, he was reassuring himself that his foster parents were right there waiting for him .

The meetings between Yossi and his biological mother were uncomfortable. She couldn't stop talking and she was extremely excited. Her questions to Yossi were repetitive;

she would not listen to his answers, she simply asked and answered them on her own. As the meetings progressed, the assigned social worker and I noticed that Yossi's biological mother was reacting in childlike manner from a place of pain and as a result she wasn't available to respond to Yossi's needs. It appeared that she was projecting her harsh childhood experiences onto Yossi. In the meetings we had with her after her meetings with her son, she told us of her experiences as a toddler and as an abandoned child without any protection and containment from her family. Additionally, she told us of the abuse she suffered. It appears that during the meeting between Yossi and his biological mother, she was reenacting her hard past and this "re-triggered moments or scenes from a different time with a different set of characters" (Fraiberg, Adelson & Shapiro, 1975). In reality, when she was inundated by emotions from the past, she could not listen or be available to her son. Yossi reacted with anger and his reaction frightened her. At times it seemed that she was becoming the child and he was becoming the hurtful presence in the room. Following this, I had to intervene and stop a meeting. In a conversation with me and the social worker, Rivka shared her feelings with us: "He scared me, he sent me back to my kindergarden experiences, and to the little girl I was when the boys abused me".

We made sure that parallel to Yossi's meetings with the biological mother we held therapy sessions with Yossi and his foster family at my clinic. At one of these sessions, I used a figurine to ask Yossi how he felt when he meets with his biological mother Rivka, and he answered: "I felt sad". Often once the meetings with his biological mother had commenced, Yossi exhibited a drastic change in his behavior both at home and at kindergarden. At home he began waking up during the night, calling for his foster mother, and asking her not to leave him. When waking up in the morning, he began rejecting his foster father's presence, even though their relationship was a close and healthy one. It is possible that this was a result of a

resurfacing of his unconscious older trauma, which contained the image of Yossi's biological father as a frightening and violent figure. Additionally, Yossi developed an encopresis problem.



Gouache, 35x50cm

It seemed that dealing with excretions was Yossi's means of maintaining control and creating a form of certainty in a situation that embodied ambiguity. The foster parents reported that Yossi refused to accept the boundaries that they set and would not do as told. He began lying about his excretions by claiming he had been to the toilet when in fact he was stopping himself from going. At kindergarden he became over-sensitive and would cry a lot. There was no doubt as to the connection between Yossi's emotional and behavioral deterioration and the meetings with his biological mother.

It was clear that Yossi was affected by the complexity of the situation and his biological mother's troubled behavior during their meetings. Her ambivalence was implicit to him. On the one hand, she had a real need to meet her son and on the other hand she was unable to contain him and be available to him. All these elements triggered memories of his traumatic and problematic part of the Self. But this was the part of the Self that was unspoken, the part that originated during the pre-symbolic stage, when the Self concept is partial and symbiotic (Kaplan, 2010). It became clear that Yossi's tension, which was embodied both in his encopresis and his dishonest behavior, was a symptom of the tension between his two parts of the Self, as well as between the two

narratives that we attempted to unite. It appears that the gap between the two narratives was only further exacerbated following the meetings, a gap under which Yossi was collapsing. The resurfacing of memories of the lost object and the part of the Self which did not receive "good enough" care triggered anxious thoughts and a loss of control that further triggered regression, which was embodied in encopresis, anxiety and violent behavior (Winnicot, 1995). Yossi's biological mother's inability to behave normally during the meetings echoes the abandonment he knows and remembers. Following these insights and the mother's difficult condition, it was decided to stop the meetings.



"Family," markers and pastel, 35x50cm

A month and a half after the meetings were ceased, the encopresis started to diminish and after a short while ceased completely. In the course of time, Yossi returned to his normative behavior. In therapy he needed help coping with his mother's renewed disappearance.

#### Part 4- Processing the Returned Trauma and Joining Narratives

Yossi's story is complete, but not over. Therapy lasted several more months. I had to adjust his story to the new situation that arose. A new part was added to the figurine story: mother Rivka wanted to meet Yossi but couldn't anymore.



Picture 15



Picture 16

Although the meeting was disappointing, Yossi did not need to deny his older experience, mentally and emotionally .

I assume that in the future Yossi will have the courage to ask more questions about the mantra I repeated to him since the beginning of the therapeutic process: "Mommy and daddy could not raise Yossi." There will come a time when he will ask: "Why couldn't they raise me?" When he will ask this, I can only hope that the meaningful people in his life will continue to tell him the truth in a manner he can contain in order to prevent the development of renewed anxieties and fantasies. Even though contact between Yossi and his biological mother ceased and there were regressive reactions, I still believe that the continued encounters that we allowed Yossi to experience with his history of trauma had significant therapeutic value. Yossi now has a complete life story, which fills the absence left by his biological mother. Yossi's pre-history is not a black hole whose demons threaten his stable narrative with his

foster family, which shortly after the end of therapy officially adopted him. His family stability isn't based on secrets and lies. If he wishes to, he can always fill that pre-history with more details, ask more questions and gain control of his life story.



"Houses," markers and pastel, 35x50cm

### Summary

This article describes a therapeutic process during which a coherent life story was formed for a child who had endured a traumatic and difficult infancy. The key therapeutic tools were presented, through which the life story of the child was told, together with the help of his foster family. The joint work with the foster family allowed for the development of a creative space in which the child was able to contain his history and past together with the current events of his life .

While this is a unique life story, a significant therapeutic intervention process took place and is presented in this article. This can serve other professionals in the field who seek to assist traumatized children and help them process their difficult situations and construct a coherent life story that contains meaning and understanding for them .

The use of this intervention process is applicable to foster care and adopted children, and also in situations where children have had a death in the family, illness, divorce, immigration, or any other traumatic event that disturbs the normal course of life .

In the literature review it was revealed that there are only a few models of therapeutic intervention for

preschool children who are in foster care. This shows that there is room for further research on this subject.

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