'I don't know, it's just a feeling and it just comes':

A Discourse Analysis of Anxiety during Child Psychotherapy Assessment

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Abstract

Anxiety is one of the most significant mental health concerns for young people in the UK (Poppleton, Ramkission & Ali, 2019) and also occurs during Child Psychotherapy Assessments which are a part of Child and Adolescent Psychoanalytic Psychotherapy Assessment practice (Rustin & Quagliata, 2000).

Despite this, no qualitative empirical studies were found in the literature examining the nature of anxiety specifically during CAPP assessments (Göttken et al.,2014; Weitkamp et al.,2018); this field study aims to address this gap by asking the question: what is the nature of anxiety which emerges during Child Psychotherapy Assessments?

A retrospective design applied Critical Discourse Analysis and Subject Positioning Theory to Psychoanalytic process notes to explore anxious moments. Two male participants were aged 15 and 4 at the time of their assessment with the researcher who was a trainee Child Psychotherapist.

Eight prevalent subject positions presented in four pairs reflected discourses which embodied the non-linear trajectory of anxiety, and the defences against anxiety, experienced within the duality of the therapeutic couple.

The ‘Powerful and the ‘Powerless’ embodied forceful discourses engaged with the acquisition of power, the ‘Predator and the ‘Prey’ were embedded within combative or hostile discourses and the ‘Disconnected Therapist and Child’ characterised discourses of alienation and disconnection. Finally, the ‘Explorative Therapist and the Complex Child’ emerged within subjective discourses concerned with reflection and the examination of identity.

The study operationalised three types of anxiety: persecutory anxiety, depressive anxiety and anxiety about annihilation from the conceptual CAPP literature (Abraham, 1994/1960; Bick,

1968; Klein, 1946; Rustin & Quagliata, 2000; Rhode, 2000); future research could consider how these types of anxiety emerge in other clinical contexts.

The study found anxiety to be highly prevalent during Child Psychotherapy Assessment and provides important insights into the child's experience of assessment work.

294 words

Declarations

I declare that the content of this thesis is all my own unaided work and that ethical approval has been granted by TREC. Confirmation of approval is in Appendix C.

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Introduction

With regard to mental health and wellbeing, anxiety is one of the most common concerns for young people in the UK (Poppleton, Ramkission & Ali, 2019); despite the proven benefits of using Child and Adolescent Psychoanalytic Psychotherapy (CAPP) in the treatment of anxiety, the nature of anxiety has been understudied in the growing empirical research base (Göttken et al., 2014; Weitkamp et al., 2018).

Ricky Emanuel perceives anxiety to be 'a premonition of emotion' and he writes:

'The classical Psychoanalytic view of anxiety is a signal or warning that something really overwhelmingly awful is just about to happen, so you had better do something about it quickly if you want to survive' (Emanuel, 2000.p12).

The perceived threat to survival perhaps explains why anxiety is such a powerful and relatable human experience, and why it is so important to understand more about the nature of anxiety.

During CAPP clinical work, the nature of anxious perceptions and behaviours is examined to learn how exactly the child's internal world objects are functioning; these insights help to understand the complex union between wider internal and external world factors which contribute to the child's pain (Emanuel, 2000).

Anxiety often underlies the type of mental health concerns which appear in Child Psychotherapy Assessment referrals within mental health provisions such as Child and Adolescent Mental Health Services (CAMHS), and thus the domain presents an important context from which to study anxiety (Rustin & Quagliata, 2000; Sherwin-White et al., 2003).

Despite this, no empirical studies exploring the nature of anxiety during Child Psychotherapy Assessments were found in a systematic database search of the CAPP literature; this is concerning because the nature of anxiety is examined during assessments and contributes to

the production of treatment recommendations which have an impact on the child's future (Mees, 2017; Rustin & Quagliata, 2000).

This empirical field study represents a response to the gap in the literature by exploring the nature of anxiety during Child Psychotherapy Assessment. Critical Discourse Analysis was the qualitative method employed alongside Subject Positioning Theory to analyse Psychoanalytic process notes, whilst exploring, from a Psychoanalytic perceptive, how anxiety was experienced during assessment sessions (Sherwin-White et al., 2003).

Study Aim:

To explore the nature of anxiety which emerged during 2 Child Psychotherapy Assessments offered within CAMHS.

Objectives:

- To employ Critical Discourse Analysis to observe and explore the subject positions or identities which emerged during anxious moments recorded in Psychoanalytic process notes.
- To explore the different types of anxiety which arose during CAPP assessment.
- To explore the nature of anxiety during Child Psychotherapy Assessment by examining the subject positions which co-occurred with anxiety.

Overview of Thesis

Chapter 1: The Literature Review

A narrative literature review of the CAPP literature about anxiety examines the empirical evidence base, and the conceptual and theoretical literature, to support the exploration of anxiety within the study.

Chapter 2: The Methodology Chapter

A qualitative methodology which employed Critical Discourse Analysis and Subject Positioning Theory to retrospectively explore the Psychoanalytic process notes from 2 Child Psychotherapy Assessments is documented. The operationalisation of 3 types of anxiety is also demonstrated within the chapter.

Chapter 3: The Findings and Discussion Chapter

This chapter demonstrates how Critical Discourse Analysis supported the exploration of eight prevalent subject positions which embodied the specific and divergent discourses which were constructed during anxious moments.

The subject positions were arranged in four pairs reflecting how anxiety, and other aspects of identity, was experienced within the duality of the therapeutic couple.

The chapter was organised into sections which examined each pair of subject positions and explored the interplay with the 3 types of anxiety: persecutory anxiety, depressive anxiety and anxiety about annihilation (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

Chapter 4: The Conclusion

The concluding chapter summarised the main findings and learning points reflecting on the strengths and limitations of the study and areas for future research.

Chapter 5: Reflections

Some reflections on the experience of conducting the field research were explored considering factors including personal and professional learning experiences and the challenges which were encountered.

Reference List

Appendices

Literature Review

Literature Review Query

How is the nature of anxiety explored within Child and Adolescent Psychoanalytic Psychotherapy (CAPP) literature?

Introduction to the Exploration of Anxiety

An initial, basic database search of scholarly literature conducted across multiple health care platforms found that the first ten articles discussed anxiety without any attempt at definition. Within general medicine and psychiatry, the term anxiety has been used imprecisely and ambiguously creating a conglomerate conceptual background which does not help to clarify the specific nature of anxiety, or how anxiety is experienced (Jablensky, 2019. p708).

There appear significant problems defining anxiety within the CAPP empirical literature (Göttken et al., 2014; Weitkamp et al., 2018). Göttken et al. (2014) observe this as part of a wider problem surrounding how baseline symptoms of anxiety are clarified because many studies do not operationalise the nature of anxiety; this interferes with exploring the specific nature of the anxious experience which is being tested or investigated (Göttken et al., 2014; Weitkamp et al., 2018). The nature of anxiety is better defined with the CAPP conceptual literature which suggests that the empirical literature requires updating (Göttken et al., 2014; Weitkamp et al., 2018).

Young people are not typically referred to CAPP for the treatment of anxiety; however, comorbidity with other symptoms or conditions is common, and anxiety is regarded as a fundamental emotional experience which is considered during clinical work to explore relational experiences developed from earliest infancy (Emanuel, 2000). Therefore, learning more about anxiety could support clinical work (Göttken et al., 2014; Kronmüller et al., 2005;

Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018). To establish whether a young person would find CAPP treatment helpful, they must first have a Child Psychotherapy Assessment, and there is agreement that anxiety emerges during the assessment process (Rustin & Quagliata, 2000).

Aims and Objectives

The review aims to explore what can be learned about the nature of anxiety by examining how anxiety is defined and understood broadly within the context of general healthcare, before investigating the specialised CAPP empirical and conceptual literature.

The first review objective is to explore how anxiety is addressed within a selection of literature from a general healthcare perspective. The second review objective is to notice the specific way anxiety is defined, explored and studied within the CAPP empirical literature.

There were no empirical papers which studied anxiety within the context of Child Psychotherapy Assessment which constitutes a gap in the literature. For this reason, wider specialist Psychoanalytic and Child Psychotherapy perspectives were considered to first explore key concepts and theoretical considerations which explore the nature of anxiety before examining how the concept emerges in the CAPP literature about Child Psychotherapy Assessment. The third objective is therefore to explore how anxiety is addressed within a selection of CAPP conceptual papers; these papers investigate the range, complexity and variety of anxious presentations, which can manifest during treatment, consultation and assessment work, alongside theoretical considerations.

Before broader perspectives on anxiety are considered, the purpose of specialised Child Psychotherapy Assessments will be outlined exploring the significance of learning more about anxiety within this context. Following this, the review methods will be detailed before

exploring the findings of the systematic literature search which reviewed both the empirical and the conceptual literature on this topic.

Child Psychotherapy Assessment

Child Psychotherapy Assessments are designed to decide whether CAPP treatment is the right therapeutic intervention for a child or young person by observing how they experience CAPP thus ascertaining whether further treatment is likely to be helpful (Horne and Lanyado, 2009; Mees, 2017; Rustin & Quagliata, 2000); this specific purpose differentiates Child Psychotherapy Assessments from Psychoanalytic State of Mind Assessments (Mees, 2016) and other specialised assessments conducted within the profession (Horne and Lanyado, 2009). Other functions are to assess the level of external support available to a child (Rustin & Quagliata, 2000) or whether the time is right to consider offering CAPP (Mees, 2017).

A Child Psychotherapy Assessment has the purpose of assessing enduring or chronic emotional problems which have resisted other therapeutic methods (Horne& Lanyado, 2009), and therefore a range of clinical presentations, or emotional or behavioural problems can be explored (Rustin & Quagliata, 2000).

Child Psychotherapy Assessments are conducted within a Child and Adolescent Mental Health Service (CAMHS) as well as within other statutory bodies such as schools and specialist educational settings (Benjamin & Benjamin, 2022). The referral usually comes from a primary care team after seeing the child for a broader initial assessment (Rustin & Quagliata, 2000); however, a G.P or a family member may refer a child in the case of private practice (Horne and Lanyado, 2009). The request may be part of seeking support for the first time; however, the request may be for specialised support or to change from a current care pathway (Petit & Midgley, 2008).

An assessment typically involves 3 individual sessions of CAPP as well as an initial consultation, and a feedback meeting, with the child's family; the feedback meeting will discuss recommendations about having CAPP in the future (Rustin & Quagliata, 2000). A report is written with treatment recommendations which can include receiving CAPP, or a different treatment or no further treatment (Mees, 2016). Usually, parallel parent work with the family is recommended although occasionally individual treatment is planned with the child (Rustin & Quagliata, 2000). Consultation to the wider network, or with the child's school, may also be recommended to support professionals working with the child (Horne and Lanyado, 2009).

Child Psychotherapy Assessments are a crucial feature of CAPP clinical work because they provide a comprehensive synthesis of the personality and create clinical formulations and recommendations which ascertain suitability for CAPP (Petit & Midgley, 2008).

The Significance of Learning about Anxiety during Child Psychotherapy Assessment

The process of having a Child Psychotherapy Assessment is likely to be an unfamiliar experience, which can be felt as intrusive or disruptive; furthermore, anxious uncertainty can be stirred by waiting for recommendations about the child's clinical formulation or about their options for future support (Rustin & Quagliata, 2000).

During clinical work, anxiety can create stress and inhibition which can be disruptive to establishing a therapeutic relationship (Terradas, Domon-Archambault & Drieu, 2020). Subsequently, anxious inhibition can limit exploration of the child's experiences which reduces the therapist's capacity to gather the necessary information, or to fully assess the individual, impacting the scope or the accuracy of recommendations (Mees, 2017; Rustin & Quagliata, 2000).

On the other hand, the specific nature and quality of anxious feelings illuminates how the child's personality functions, the strength of their defences and how they relate to others; these factors are crucial to ascertaining whether CAPP is the right treatment for a child, as well as understanding more about how the child's concerns manifest (Rustin & Quagliata, 2000).

For these reasons, it seems important to explore the nature of anxiety which emerges during Child Psychotherapy Assessment, both to enrichen the empirical knowledge base with detailed information about how anxious experiences manifest, and also support therapists to conduct assessments.

Literature Review Methods

The review was structured using a Narrative Literature Review design. Narrative Literature Reviews do not usually follow a prescribed structural model (Ferrari, 2015); instead, the structural flexibility which is characteristic of this style can incorporate a broad range of literature, gathering wide and focused knowledge around a specialised topic (Coughlan, 2008).

Since Narrative literature Reviews embody a narrative thread which allows for the introduction of concepts and themes developed by theoretical discussion, this type of review can be used to synthesise a variety of different types of literature (Ferrari, 2015). This review responds to a complex literature review query addressed both broadly and from within a main discipline; the Narrative Literature Review model was therefore useful to synthesise specialist texts alongside general literature on the topic of anxiety, and the development of theoretical discussion investigated multiple conceptual backgrounds operationalising both general and specialist terms (Ferrari, 2015). The literature reviewed revealed multiple, conflicting and diverse perspectives which required critical analysis to examine

distinguishing factors, conflicts and complexities which was also possible within this model of review (Coughlan, 2008).

One criticism of Narrative Literature Reviews is that they do not strictly follow a systematic searching strategy which can lead to selection bias when choosing papers for review (Ferrari, 2015). To prevent selection bias, an initial systematic database search was also conducted, and criteria were outlined to justify the selection of literature; a purely systematic search strategy would likely miss niche literature necessary to respond to the relevant conceptual components of this review query, and it was therefore necessary to create a hybrid approach which incorporated a manual search to retrieve specialist papers, books and journals (Ferrari, 2015).

Eligibility Criteria

The literature which is eligible for review includes literature on the topic of anxiety from a general healthcare perspective, a CAPP empirical perspective and a Child Psychotherapy Assessment perspective. To implement a system of quality control, the review selected complete and published papers which are indexed in electronic databases, library catalogues and key journals.

Empirical studies were of interest since the literature review will accompany a small qualitative study of anxiety during Child Psychotherapy Assessment; however, conceptual papers and literature published in wider medical, or psychological journals and books are also included. Empirical papers published by peer reviewed sources are included representing any methodological classification. Classical and contemporary conceptual and theoretical papers, qualitative and quantitative empirical studies, single and multiple case studies and literature reviews permit a response to all components of the review query.

The focus of the search was on literature which relates to children and adolescents up to 25 years of age was considered. All genders and groups from all sociocultural and ethnic backgrounds were included. The literature includes classical theoretical perspectives which date back to the writings of Sigmund Freud, who began publishing literature relevant to Psychoanalysis in 1895, up to current day publications.

Papers did not meet the eligibility criteria if they were incomplete, unpublished or did not consider Child Psychotherapy Assessment or anxiety. Papers which focused exclusively on adults were not included.

Search Strategy

The following question helped to focus the review query:

How is the nature of anxiety explored within the empirical literature about Child and Adolescent Psychoanalytic Psychotherapy (CAPP), and the conceptual literature about Child Psychotherapy Assessment?

Since responding to the review query required probing general and specialist collections of knowledge, it was appropriate to conduct an initial systematic database search, to probe the entire breath of available literature, before conducting a manual search of the specialist Child Psychotherapy Assessment literature.

Systematic Search

The following search strategy was designed and developed in the specialist psychology and psychiatry database PSYCHINFO (via EBSCOhost) and translated for application within the following databases; The Pep Archive (via EBSCOhost), PsycArticles and PsycBOOKS (via EBSCOhost), The Cochrane Library and PubMed.

The only limiter necessary was to set the date range from 1895 – 2021 since 2021 is when the search was completed. Following this, the search strategy was sufficiently focused to retrieve papers which related to the review query.

The combination of thesaurus terms which accompanied each search has been included below.

The following search was conducted in PSYCHINFO on 28.01.21-

Child	**Psychotherapy**	**Assessment**	**Anxiety**
Children	**Psychotherapeutic**	**Consultation**	**Anxious**
Youth	**Psychodynamic**	**Meeting**	**Panic**
Juvenile	**Psychoanalytic**	**Encounter**	**Worry**
Kid	**Psychoanalysis**	**Initial**	**Concern**
Adolescent	**Therapeutic**	**First**	**Fear**
Young	**Psychotherapist**	**Appointment**	**Troubled**

This initial search found 82 papers on Child Psychotherapy Assessment and 26 papers met the eligibility criteria.

The search retrieved mainly conceptual papers. The initial systematic search did not find any empirical papers which directly studied anxiety during Child Psychotherapy Assessment; therefore, to gain a fuller understanding of how anxiety is treated and understood within CAPP, the search was widened to include papers from a wider CAPP perspective. The wider search found 7 empirical papers which investigated anxiety. Since Child Psychotherapy

Assessment Literature and CAPP literature share a theoretical and epistemological framework, the knowledge about anxiety is relevant across both contexts.

The 7 empirical studies included both quantitative and qualitative methodologies, which usually adopted an observational stance gathering data from naturalistic settings; these included experimental, quasi-experimental and randomised controlled trials, a single case study and two systematic reviews appeared.

The conceptual papers included papers exploring clinical work and theoretical papers published in books and journals.

Manual Search

In addition to the database search, a manual search utilised references from retrieved papers to guide the search toward a more focused selection of niche literature.

Multiple citation searches found specialist references which helped to locate literature about anxiety specific to the context of Child Psychotherapy Assessment. Reference lists of key papers were also scanned for relevant material and to suggest further papers. The books which emerged in the manual search included *The Handbook of child psychotherapy* (Horne & Lanyado, 1999), *Assessment in Child Psychotherapy* (Rustin & Quagliata, 2000), *Anxiety: Ideas in Psychoanalysis* (Emanuel, 2000) and *Anxiety and the Anxiety Disorders* (Jablensky, 2019). A small number of specific journals were referenced many times, including multiple editions of the '*Journal of Child Psychotherapy'* and the *'International Journal of Psychoanalysis'*.

A further 14 papers were added from the manual search. 47 papers were reviewed in total and underwent a process of descriptive data synthesis to categorise papers in relation to key features.

Findings of the Literature Search

Introduction

The literature review query asked how the nature of anxiety is explored within the empirical CAPP literature and the conceptual literature about Child Psychotherapy Assessment.

The remainder of the review will respond to the review query by examining a selection of general healthcare perspectives to observe how the nature of anxiety is understood within a broad context, before focusing on how the nature of anxiety is explored within the CAPP empirical literature and the conceptual literature about Child Psychotherapy Assessment. The discussion will build toward understanding the nature of anxiety which emerged during Child Psychotherapy Assessment.

Anxiety from a General Healthcare Perspective

General healthcare papers tended to focus on the causes of anxiety (Combs & Markman, 2014; Stearns, 2012; Shri, R, 2010) and the impact of symptoms (Roy-Byrne, 2015; Beesdo, Knappe & Pine, 2009); however, there is less exploration about what the experience of anxiety is like, which means that the term can be discussed without being operationalised (Jablensky, 2019). Anxiety is considered a 'universally recognisable term'; however, the recognisability of the term discourages from the necessity to provide adequate definitions, and therefore creates imprecision (Jablensky, 2019. p.708).

On the other hand, there have been attempts to define anxiety more succinctly; for example, anxiety has been described as 'the physiological state of fear, unease or apprehension experienced by an individual in the face of an uncertain outcome.' (Poppleton, Ramkission & Ali, 2019.)

The definition of anxiety as a ‘physiological state’ helpfully ascribes an anatomical, bodily quality to anxiety; the reference to a psychosomatic component suggests that the experience of anxiety incorporates the interplay between body and mind (Poppleton, Ramkission & Ali, 2019). Anxiety therefore has a dynamic nature since it is experienced in relation to an emotional situation or circumstance (Poppleton, Ramkission & Ali, 2019).

The literature emphasises that children and adults experience the symptoms of anxiety similarly (Poppleton, Ramkission & Ali, 2019); therefore, anxiety is considered recognisable, sensual and dynamic, manifesting when apprehension or fear impacts ordinary behaviour and functionality (Jablensky, 2019; Poppleton, Ramkission & Ali, 2019).

Clinically Significant Anxiety

Clinically significant anxiety, or clinical anxiety, was identified as condition which requires treatment (Beesdo, Knappe & Pine, 2009; Combs & Markman, 2014; Poppleton, Ramkission & Ali, 2019). Within a general healthcare perspective, a distinction is made between clinical anxiety and anxiety which occurs sporadically as a casual symptom, or in response to genuine threat or danger (Poppleton, Ramkission & Ali, 2019).

Anxiety is thought to be clinically significant when the feeling is disproportionate to the eliciting situation and reoccurs with frequent episodes (Combs & Markman, 2014). The treatment for clinical anxiety is usually either medication, therapeutic intervention or a blend of both (Combs & Markman, 2014).

Anxiety Disorder

Occasionally, the terms clinical anxiety and anxiety disorder are used interchangeably within a general healthcare context; however, when a distinction is given, anxiety disorder is described as a medical condition which is diagnosed when the symptoms of clinical anxiety

persist or become intense (Combs & Markman, 2014). Anxiety disorder is viewed as more complex than single or infrequent episodes of clinical anxiety, may be linked to comorbidity or to require urgent clinical or medical intervention (Combs & Markman, 2014; Beesdo, Knappe & Pine, 2009; Poppleton, Ramkission & Ali, 2019).

Child and Adolescent Psychoanalytic Psychotherapy perspective on Anxiety

As within general healthcare perspectives, within CAPP empirical research, the terms anxiety, clinical anxiety and anxiety disorder were sometimes used interchangeably suggesting the presence of analogous or comparable features that would require similar attention or treatment (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018).

Overview of the CAPP Empirical Literature

CAPP empirical studies tend to explore anxiety within the context of CAPP treatment rather than assessment and use diagnostic classifications and parameters to specify how anxiety presents clinically (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018). Anxiety disorder status is typically evidenced using outcome measures borrowed from psychiatry and Clinical Psychology; for example, the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) fourth edition (Göttken et al., 2014; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018), the Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA) accompanied by the Social Phobia Anxiety Inventory (SPAI) (Salzer et al., 2018) and the Screen for Child Anxiety Related Emotional Disorders (SCARED) (Weitkamp et al., 2018).

Introduction to the CAPP Empirical Literature

The CAPP empirical literature referred to either clinical anxiety, or general or specialised forms of anxiety disorder which would usually be referred for therapeutic treatment or medication; for example, the quasi-randomised trials referred to either anxiety (Weitkamp et al., 2018), or General Anxiety Disorder (Göttken et al., 2014; Kronmüller et al., 2005) and the single case study referred to General Anxiety Disorder (Riso, Gennaro & Salcuni, 2018).

Some of the other studies referred to specialised forms of anxiety such as Social Phobia and Separation Anxiety Disorder (Milrod et al., 2013; Muratori et al., 2005) and Social Anxiety Disorder (Salzer et al., 2018). Occasionally, the studies included symptom specifications as part of the inclusion criteria; the list of symptoms referred to recognisable and general symptoms of anxiety such as worry or panic, suggesting that the nature of anxiety fitted with the standards appropriate to general healthcare models (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Salzer et al., 2018; Weitkamp et al., 2018).

The empirical study of anxiety included one dual perspective Randomised Controlled Trial (RCT) (Salzer et al., 2018) examining the efficacy of CAPP and Cognitive Behavioural Therapy (CBT) for treating social anxiety disorder (SAD) by assessing two intervention groups compared with a waiting list control group.

Three quasi-randomised trials (Göttken et al., 2014; Kronmüller et al., 2005; Weitkamp et al., 2018) examined specifically designed, tailored or short-term programmes of CAPP compared with a naturally occurring waiting list control group (Göttken et al., 2014; Kronmüller et al., 2005) or with a treatment group receiving 5 supportive sessions of generalised therapy to address everyday concerns (Weitkamp et al., 2018).

Some CAPP treatment programmes were specifically designed to treat anxiety; for example, Göttken et al. (2014) developed a 20–25 session weekly programme of manualized short-term Psychoanalytic Child Therapy (PaCT) which addresses anxiety by 'focusing on emotionality and exploration of distressing thoughts' leading to the 'identification of recurrent relationship themes via interaction and play' (Göttken et al., 2014. p149). The study evidenced that CAPP is effective in improving anxious symptoms, also noticing the remission of anxiety or anxiety disorder diagnosis, when compared with a waiting list control group in a naturalistic outpatient setting (Göttken et al., 2014).

Weitkamp et al. (2018) designed a programme of 25 individual sessions of CAPP, carried out twice weekly, and based on the models of Anna Freud and Donald Winnicott, which focused on anxiety as linked to underlying emotional conflicts; for example, between the wish for autonomy and the fear of separation from parents (Weitkamp et al., 2018). Treatment worked by allowing challenging feelings, such as aggression or a wish to separate, to manifest and be supported within the therapeutic relationship. The dual perspective trial tested the effectiveness of CAPP, based on improvements in anxiety, compared with a minimal supportive treatment of 5 sessions which explored everyday concerns without focusing on underlying anxious factors.

Kronmüller et al. (2005. p560) evaluated a programme of 'psychodynamic short-term psychotherapy (PSTP)' comprised of 25 weekly sessions of CAPP designed for children and adolescents with anxiety disorders, to evaluate treatment effectiveness based on the remission of anxiety.

The remaining studies included a clinical trial of a specialised form of CAPP called Child and Adolescent Anxiety Psychodynamic Psychotherapy (CAAPP), comprised of 24-sessions of manualized psychodynamic psychotherapy, which focused on understanding the emotional

meaning behind anxiety symptoms, and interpreting underlying conflicts of separation and attachment (Milrod et al., 2013). Treatment was delivered to 10 patients, aged 8 to 16 years, twice weekly for 12-weeks.

Muratori et al. (2005) utilised an existing subset of data from a study about CAPP and internalising disorders (Muratori et al., 2003) and used statistical elaboration and repeated measures ANOVA to focus on the impact of CAPP on anxious symptoms (Muratori et al., 2005).

Finally, a small qualitative single case study examined changes to the personality in response to CAPP (Riso, Gennaro & Salcuni, 2018); this study focused on an early adolescent affected by General Anxiety Disorder (GAD). CAPP treatment was weekly for 24 months and included 50 audio-recorded sessions used to explore the process of making underlying feelings conscious; the study was concerned with overall changes to the personality rather than specifically testing the impact on anxious symptoms (Riso, Gennaro & Salcuni, 2018).

Throughout the literature, the most common purpose of investigation was to test the effectiveness of CAPP treatment, based on improvements in anxious symptoms, in response to treatment (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Salzer et al., 2018; Weitkamp et al., 2018). Additional purposes of study included assessing the feasibility of treatment (Muratori et al., 2005) updating CAPP empirical literature (Göttken et al., 2014; Salzer et al., 2018; Weitkamp et al., 2018) or exploring and adapting treatment process and technique (Kronmüller et al., 2005; Milrod et al., 2013; Riso, Gennaro & Salcuni, 2018); however, there was limited exploration of the nature of the anxious symptoms.

Assessing Anxiety using Outcome Measures

The empirical studies tended to use tested and evaluated outcome measures to assess the impact of CAPP on anxious symptoms, suggesting that meeting the requirements of wider empirical research about anxiety was a priority (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Salzer et al., 2018; Weitkamp et al., 2018).

Göttken et al. (2014) used a standardised diagnostic model to assess anxiety at baseline and in response to treatment; a semi structured interview, referred to as the Preschool Age Psychiatric Assessment, or the PAPA (Egger, Ascher, & Angold, 2019), and the Berkeley Puppet Interview, or the BPI (Measelle, Ablow, Cowan & Cowan, 2018), allows a child to describe anxiety symptoms by using puppets. Parents and teachers of the children being assessed were given a 'Strengths and Difficulties Questionnaire' (Goodman, 1997), which is a 25-item screening instrument used to assess anxiety symptoms, and a 113-item Child Behaviour Checklist (Achenbach, 1991) which assesses total problems as well as anxiety. The PAPA and BPI were videotaped and scored on a 7 point scale system; when combined with the results from the SDQ and the CBC, the score indicated the level of anxiety. The level of anxiety was tested at baseline and immediately following treatment; a 1 hour abbreviated PAPA tested the level of anxiety at 6-month follow-up. Following this, data was analysed by statistical tests for categorical measures and a mixed-design, repeated measures ANOVA.

The other studies assessed outcome methods using unstructured or semi-structured questionnaires (Weitkamp et al.,2018) or tried and tested assessment scales (Kronmüller et al., 2005; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018) to assess the impact of treatment on anxious symptoms at baseline and following treatment. The scales included the Impairment-Score for Children and Adolescents (IS-CA), the Child Behaviour

Checklist (CBCL), the Psychic and Social-Communicative Findings Sheet for Children and Adolescents (PSCFS-CA) (Kronmüller et al., 2005) and the Children's Global Assessment Scale and Child Behaviour Check-List (Muratori et al., 2005). One study used the Shedler-Westen Assessment Procedure for Adolescents (SWAP-200-A) and the Defence Mechanisms Rating Scale (DMRS) to assess anxiety at the beginning of 12 sessions of a 2 years audio-recorded programme of CAPP (Riso, Gennaro & Salcuni, 2018).

Findings

The impact of CAPP treatment was assessed at different stages in the treatment process to notice the effect at different points; for example, assessment was at the end of treatment (Kronmüller et al., 2005; Riso, Gennaro & Salcuni, 2018), at the end of treatment as well as at 6 months follow up (Göttken et al., 2014; Milrod et al., 2013), at 6 and 12 months follow up (Salzer et al., 2018; Weitkamp et al.,2018) or at 6 months and 24 months follow up (Muratori et al., 2005); this means that the long term impact of CAPP was also assessed.

All of the studies found improvements to a child's clinical presentation immediately following CAPP treatment (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018) and one found that complete remission of anxiety disorder status had continued at follow up (Göttken et al., 2014). Göttken et al. (2014) assessed 30 children and found that 18 displayed full remission of symptoms at the end of treatment; 22 of 25 available at 6 month follow up showed 'complete diagnostic remission'. At 6 month follow up, 12 children were completely free of anxiety disorder meanwhile all children on the waiting list retained their diagnosis (Göttken et al., 2014).

These study findings were typically used to evidence that CAPP improves anxious symptoms and that improvements continue after CAPP intervention ends (Göttken et al., 2014; Milrod

et al., 2013; Salzer et al., 2018; Weitkamp et al., 2018). Studies used the findings to compare with the long-term outcomes of Cognitive Behavioural Therapy (Salzer et al., 2018) or to evidence the sustainability and practical feasibility of CAPP treatment due to the duration of results (Milrod et al., 2013). Göttken et al. (2014) used their findings to illustrate the specific benefits of treating anxiety with CAPP; for example, they argue that CAPP can help with anxiety because it 'places fewer cognitive demands by focusing on emotion, exploration of distressing thoughts, and identification of recurrent relationship themes via interaction and play' (Göttken et al., 2014. p. 149).

Overall, the studies evidenced that the benefits of CAPP for the treatment of anxiety are comparable with other interventions which have a wider empirical background (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018).

Exploring the Nature of Anxiety

What is interesting about the CAPP empirical literature is that only two studies explored the nature of anxious symptoms in detail (Göttken et al., 2014; Riso, Gennaro & Salcuni, 2018).

Anxiety has been described as 'anticipatory' created by a tendency to 'catastrophize' embodied by an initial resistance to exploring experiences (Riso, Gennaro & Salcuni, 2018. p119). CAPP treatment involved permitting resistance as well as underlying feelings to emerge and become conscious; therefore, reflective capacities which increase the capacity to 'think' and 'deal with stressors' (Riso, Gennaro & Salcuni, 2018. p120).

Göttken et al. (2014) also link feelings of anxiety to resistance and describe the therapeutic process liberating underlying conflicts which can manifest as anxiety. The detailed description of inclusion criteria helps explore the nature of the symptoms of General Anxiety

Disorder which manifest in the participants of their study; the symptoms include extremely shy, fearful and worried behaviours or, oppositional and aggressive behaviours accompanied by internalising anxiety (Göttken et al.,2014. p. 149)

The two studies attempted to explore the resistance to exploring underlying emotional concerns as an aspect of the nature of anxiety (Göttken et al.,2014; Riso, Gennaro & Salcuni, 2018). The remaining studies tended to introduce anxiety broadly by referring to a diagnostic category before focusing on a different area of research such as exploring how CAPP treats the symptoms of anxiety or evidencing the research process which was used to test the benefits of CAPP treatment for anxiety. Consequently, there was limited exploration of the nature of anxiety.

How Anxiety is treated using Child and Adolescent Psychoanalytic Psychotherapy

Riso, Gennaro & Salcuni. (2018) consider the treatment process to involve the development of a complex therapeutic relationship where anxious feelings can be explored. The study describes that anxiety initially reduces the expression of underlying emotionality, provoking malevolent defences which impact healthier means of coping with anxiety; the therapist can interpret this so that underlying factors can be processed (Riso, Gennaro & Salcuni, 2018. p120).

Göttken et al. (2014) also describe the therapeutic relationship as central to exploring anxiety because the therapist analyses their countertransference responses to understand pivotal areas of underlying conflict.

When considering how anxiety interplays with the development of a therapeutic relationship, Weitkamp et al. (2018) focus on the process of interpreting the negative transference which they describe as the identification of unconscious feelings which are felt to be unpleasant within the therapeutic relationship. Weitkamp et al. (2018) argue that early transference

interpretations allow anxiety to emerge in response to the realisation of feelings and wishes; in response, CAPP treatment will reflect on emotions with the hope of understanding the cause (Weitkamp et al., 2018. p301).

Ultimately, the papers agree that anxiety is not simply a symptom to be treated, but a dynamic feature of the treatment process (Göttken et al., 2014; Riso, Gennaro & Salcuni, 2018; Weitkamp et al., 2018). The emergence of anxiety interplays with the construction of a therapeutic relationship which interprets the emerging transference (Weitkamp et al., 2018), as unconscious feelings are made conscious (Riso, Gennaro & Salcuni, 2018), embodied by a central conflict theme (Göttken et al., 2014). These papers demonstrate the importance of understanding more about the nature of anxiety beyond symptom specification, and as a complex concept which interplays with the construction of a therapeutic relationship whilst articulating deeper emotional complexity (Göttken et al., 2014); Riso, Gennaro & Salcuni, 2018; Weitkamp et al., 2018).

Systematic Literature Reviews and Anxiety

Two systematic literature reviews featured factors relating to anxiety; the reviews aimed to update the evidence base for CAPP (Midgley et al., 2021) or to review CAPP treatment efficiency (Fonagy & Target, 1996).

Midgley et al. (2021) provided a major systematic review of the evidence base for Psychoanalytic and psychodynamic psychotherapy with children and adolescents, which included anxiety as a clinical presentation which can be treated by CAPP. The review emphasised problems locating CAPP literature about anxiety despite the effectiveness of CAPP treatment for anxiety which was evidenced by study outcomes (Midgley et al.,2021).

The review included several of the studies which appeared in this literature review (Göttken et al., 2014; Muratori et al., 2005; Salzer et al., 2018; Weitkamp et al., 2018) but excluded single case studies, review papers, meta analyses and studies with only qualitative findings; therefore, the single case study (Riso, Gennaro & Salcuni, 2018) and the purely qualitative papers (Kronmüller et al., 2005; Milrod et al., 2013) did not appear.

When the small and progressive nature of the evidence base for CAPP is considered, the fact that an RCT, and three quasi-randomised trials, have been conducted about anxiety since 2012, suggests the subject is gathering interest. A systematic synthesis of child Psychoanalytic outcomes identified anxiety as a predictor of suitability for CAPP treatment which further illustrates the importance of studying anxiety within the field of CAPP (Fonagy & Target, 1996).

Anxiety in the Conceptual Psychoanalytic and Child Psychotherapy Literature

The topic of anxiety is addressed widely within the conceptual literature about Child Psychotherapy which often develops ideas originating from classical Psychoanalytic literature. The conceptual literature is contributed to by child psychotherapists following specialised Psychoanalytic approaches; the contributions of Anna Freud (1922-1970) and Melanie Klein (1921-1960), as pioneers in the field of child psychoanalysis, appear particularly relevant across the literature.

The Conceptual Psychoanalytic and Child Psychotherapy literature integrates existing theoretical knowledge with clinical material without providing empirically tested data (Leuzinger-Bohleber et al., 2006). Unlike the empirical literature, the conceptual literature was less likely to focus on anxiety as a singular condition with disorder classification; rather, anxiety is explored as a dynamic feature of the personality which can illuminate unconscious factors (Parsons & Horne, 2009). Anxiety signified inhibition, or resistance to realising

unconscious demands (Rustin, 1982; Walker, 2009), to illuminate volatile ‘adolescent’ states of mind (Waddell, 2002) and to communicate preverbal states of mind (Terradas, Domon-Archambault & Drieu, 2020).

Many of the conceptual papers were concerned with how the discomfort created by anxiety can manifest in behaviour which creates further personal and social challenges; for example, when anxiety manifests as dysregulation or distress (Rhode, 2000) or aggression (Dyke, 1987). There was interest in comorbidity with prevalent concerns such as depression or obsessive thoughts (Parsons & Horne, 2009), or how anxiety intensifies due to experiences such as trauma (Trowell, 2000) or when there are serious underlying emotional concerns (Parsons & Horne, 2009).

Key Concepts Emerging from the Psychoanalytic and Child Psychotherapy Literature.

Various Psychoanalytic concepts emerge in the literature; these concepts have evolved from Psychoanalytic and Child Psychotherapy clinical work, and require clarification to understand how anxiety is observed, treated and understood from a Child Psychotherapy perspective.

Unconscious Phantasy

Sigmund Freud (1909) understood ‘fantasy life’ to be a powerful driving force in behaviour manifesting the fusion of repressed or inaccessible psychic material linked to wish fulfilment, fear and desire. Melanie Klein (1921) developed this idea to conceptualise ‘unconscious phantasies’, which are sometimes referred to as ‘phantasies’, emerging from the rudimentary, preverbal musings of earliest infancy. Phantasies are therefore developed from the embryonic visual, auditory and sensory perceptions experienced as infants seek causation for good and painful experiences, especially linked to feeding and receiving nurture (Klein, 1921).

From a Psychoanalytic perspective, phantasies continue to influence relational perceptions (Isaacs, 1948) and are often communicated non-verbally in body language or through the various ways that relationships develop or are experienced (Joseph, 1988).

Throughout life, phantasies continue to be embedded by infantile anxiety and the primitive experiences of terror, confusion and relief which underpin the process of growing and beginning to understand the world; therefore, the content of anxious phantasies, for example about what is happening and why, can illuminate factors linked to internal object relationships (Isaacs, 1948).

Internal Objects and the Internal World

Klein (1928) regarded phantasies to be influenced by the ‘introjection’ or the ‘internalisation’ of external experiences modifying innate constitutional and psychological drives, and the ‘incorporation’ of internal and external experiences within the personality structure (Klein, 1928. p187).

Klein (1929) stated that the nature and capacities of the mother or caregiver are introjected and incorporated within the child’s personality during feeding; therefore, the breast is the first libidinal ‘internal object’ felt to satisfy the desires of the infant (Klein, 1935. p262). Klein observed the personification of unconscious drives in the play of children to reveal that internal objects develop a more complex nature as children grow, impacting how relationships and the external world are perceived (Klein, 1929).

The internal space within the mind compiled of internal objects, modified by phantasies of both internal and external experiences, is referred to as the internal or the ‘inner world’ (Klein, 1940. p362).

Transference and Countertransference

Within the Psychoanalytic and the Child Psychotherapy literature, transferences are described to emerge when previous experiences are re-enacted and re-experienced within present relationships (Freud, 1911), or when internal factors influence perceptions of relationships and the external world whilst playing, socialising or conducting other kinds of creative tasks and pursuits (Klein, 1921).

During clinical work, the nature of the transference relationship which develops between a therapist and a child is analysed to reveal insights about the child's internal and external experiences; therefore, creating an 'analytic situation' involves reserving the interference of personal desires and agendas to observe the unfolding transference revealing the emotional life of the child (Klein, 1926; Bion, 1967).

'Countertransference' refers to the therapist's personal response to the patient which includes their experience of the transference relationship which is invited (Freud, 1911). Countertransference was originally considered a hinderance to examining the transference during clinical work since responses are entwined with the therapist's own emotional life (Freud, 1911). More recently it has been suggested that examining the unconscious nature of countertransference can provide access to obscured or inaccessible dimensions of the transference relationship, and therefore analysing countertransference can permit further insights about the patient's internal world to emerge (Heimann, 1950).

The complexity involved when examining countertransference appears to involve acknowledging the limitations of subjectivity when tracking the unfolding transference; however, it has also been suggested that factors such as anxiety emerge in countertransference which can helpfully illuminate the impact that the patient has on their object, or the challenges which emerge particularly when the child has complex needs or

difficulties (Alvarez, 2012)**.** Parsons & Horne (2009) therefore insist on the importance of examining countertransference responses, which typically change throughout therapeutic work, to notice developments in the way that the child experiences their internal objects and how they relate to others.

Containment

When examining anxiety, the literature explores emotional 'containment' which is an internal process developing from infancy when unprocessed and preverbal experiences, such as anxiety, are projected into an object who can tolerate and identify with the emotional quality providing an experience of containment (Bion, 1962). This process is sometimes referred to as 'container/contained' and describes how infantile anxiety is contained by understanding gestures or words which help to digest emotional experiences; during this process, the infant internalises the containing and integrative functionality of their object which builds emotional resilience (Bion, 1962).

The Significance of Sigmund Freud and Melanie Klein in Understanding Anxiety

Early in his career, Sigmund Freud became interested in capturing the constitutional essence of anxiety by exploring its role within the unconscious mind (Freud & Breuer, 1985).

Freud described anxiety as something which is created by a tension between creativity and destruction, 'eros' and 'thanatos', or the 'life and death drives', which conflict with conscious factors such as morality or inhibition (Freud, 1922).

Melanie Klein developed Freud's theory on anxiety in her first International Journal of Psychoanalysis paper, 'The development of a child' (Klein, 1921). Klein agreed that when unconscious desires conflict with inhibitions, anxiety is the byproduct (Klein, 1921 p22). Klein observed that children represented anxiety in play through characters, symbols and stories; she advocated that, as with the adults, the 'analytic situation', created by

interpretations which resolve resistances and the persistent tracing of the transference, addresses and subsequently reduces anxiety (Klein, 1926. p137).

Initially, Klein described anxiety as ‘an effect as well as a neurotic elaboration of the Oedipus complex’ (Klein 1926. p130); the Oedipus complex refers to a developmental, internal experience stimulated by factors such as experiencing separateness from internal and external objects, intensifying emerging sexuality, creativity and autonomy, whilst stirring feelings such as loss and jealousy as well as the wish to preserve relationships.

Later in her career, Klein moved beyond the conceptualisation of anxiety as a feature of conflicted instincts to explore the link with internal objects which she saw as modified by anxious experiences (Klein, 1928.)

Through the study of anxiety attacks in children aged two and three, Klein observed anxiety to manifest as ‘inhibitions in play’, ‘dislike for festive occasions’ and ‘exaggerated sensitivity’ which signified the mobilisation of emotionality linked to oedipal factors inspiring sexuality, creativity, aggression and guilt (Klein 1926. p131).

Developments in Klein’s Theory of Anxiety

This field study develops Kleinian perspectives on anxiety which consider how the infant perceives the mother’s body; she observed the satisfaction experienced during feeding to produce an idea of a ‘good’ feeding breast-object, and painful experiences, such as hunger or discomfort, to stir the perception that a ‘bad’ frustrating or withholding breast-object causes the pain (Klein, 1946).

As has been explored, Klein referred to early perceptions and musings as ‘phantasies’ which remain in the unconscious mind stemming from the very earliest experiences of feeding, and

the rhythm of being satisfied and kept alive by the breast which is a symbol for the mother, or the primary caregiver's, capacities (Klein, 1935. p262).

Klein considered early phantasies to embody anxiety about the breast as the first libidinal object; 'persecutory anxiety' is characteristic of the 'paranoid schizoid position' when a 'persecutory breast' or 'persecutory object' is perceived to induce discomfort; simultaneously, the painful and unwanted aspects of emotional experience are split off and projected into others who begin to embody these negative feelings through processes of identification (Klein, 1946. p99). Persecutory anxiety is therefore characterised by paranoia and the fear of retaliation creates 'inhibition, alarm and a sense of persecution' (Klein, 1935. p269) and managed by 'splitting' (Klein, 1929. p208), the 'denial of psychic reality' (Klein, 1935. p262) and the projection of unwanted feelings into external objects and reality (Klein, 1929. p208).

The paranoid schizoid position is experienced throughout life in constant fluctuation with the 'depressive position' which emerges in infancy when persecutory perceptions of the object are reformed by the appreciation of both 'good' and 'bad' traits and eventually the perception of a complex object (Klein, 1940. p345). The infant begins to develop feelings of love and gratitude for the object, beyond primitive perceptions of persecution, and phantasies about biting or devouring the mother's breast produce 'depressive anxiety' linked to guilt or remorse, or linked to concerns about damaging the object including their goodness; in other words, one's own destructive urges are registered as the conflict between love and aggression is tolerated (Klein, 1946.p99).

Donald Meltzer disagreed that infants are born into the paranoid schizoid position believing instead that preconceptions of blissful unification from prenatal life are projected into the mother's face and breast; he observed the infant to experience heightened sensitivity to the

first object, which accompanies the realisation of love and beauty, and depressive anxiety is stirred by the apprehension of the unknowability and the unpossessable nature of the object which later collapses in helplessness since separateness is experienced as abandonment (Meltzer & Williams, 1988).

What seems different about Meltzer's depiction of the depressive position is that there is no idea of being held in mind by the object; therefore, the apprehension of beauty emerges without faith or trust in a resilient, attentive object and therefore depressive anxiety is intensified by the risk of losing the goodness which has just been found (Meltzer & Williams, 1988). For Klein, depressive anxiety emerges when a resilient, attentive object can be experienced, and therefore gratitude emerges alongside concerns about damaging the object through ambivalence, or through emerging autonomy, which can only develop when there is an idea of being held in mind by an attentive object (Klein, 1946).

These theories examine the nature of depressive anxiety differently; it is important to notice the difference between depressive anxiety which illustrates the perception of a complex, resilient and attentive object, therefore signifying emotional development, and depressive anxiety which evokes an earlier stage of life; however, both theories accept that depressive anxiety embodies the concerns which arise as the apprehension of goodness in the object is perceived (Klein, 1946; Meltzer & Williams, 1988).

Defences against Anxiety

The Psychoanalytic and the Child Psychotherapy Conceptual literature explored how anxiety typically emerges alongside various defences against experiencing the associated pain and discomfort. An overview of the defences will support understanding how anxiety and the defences against anxiety interplay and are conceptualised from this perspective.

Projective Identification

The defensive use of projective identification draws on the notion of the unconscious phantasies which develop as infants attempt to make sense of internal and external world experiences (Klein, 1921). When experiences of anxiety become too unbearable for the psyche to tolerate, a process of 'splitting' occurs in phantasy which is felt to embody the projection of unwanted feelings into external objects who identify with the content (Klein, 1929. p208). Projective identification can be used defensively to experience a sense of ridding oneself of unwanted emotionality (Klein, 1946), as well as used communicatively to seek understanding or emotional containment (Bion, 1962).

Omnipotence

Omnipotence is a term given to the system of defences against the experience of disintegrative anxiety stirred when infants for one reason or another cannot experience themselves as being supported or held (Symington, 1985).

Under these circumstances, omnipotent defence, also known as the 'survival function', is activated because the infant has not yet developed trust in a containing object, or the resilience to bear primitive fears about disintegration; omnipotent defences emerge linked with phantasies that the infant will fall apart without an object to provide integrative or consolidative functionality (Bick, 1968; Bion, 1962; Symington, 1985. p.481).

Omnipotent defences include activities such as holding the body rigidly, exercising repetitive movements or fixating on sensory stimuli perceiving these activities to keep the infant alive and 'held together' (Symington, 1985). The concept draws on the notion of 'second skin functioning' which emerges when a containing object cannot be experienced to gather and hold the infant's body and attention (Bick, 1968). When a containing object cannot be experienced, the threat of disintegration drives an anxious compulsion to produce sensations

which imitate the feeling of being held and contained (Bick, 1968; Symington, 1985). Throughout life, omnipotent defences against infantile anxiety, or 'falling apart', are activated when anxiety is intense, when a containing object cannot be perceived or when the psyche has not developed other means of managing the threat posed by anxiety (Symington, 1985).

The Denial of Psychic Reality

Fears and anxieties are an important component of internal or 'psychic' reality; however, when challenging emotional material cannot be incorporated and integrated within the psyche, the process of splitting by projection constitutes the denial of psychic reality and provides temporary relief from fear and anxiety (Klein, 1935).

When the anxious content of psychic reality is avoided over time, ceaseless cycles of splitting and projective identification can distort how things are experienced creating problems with perception (Klein, 1935). Meanwhile the impact of fears and anxieties cannot be accepted and integrated which decreases resilience and depletes the personality (Joseph, 1988).

Idealisation

Processes of idealisation occur when positive or amenable aspects of the personality are projected into others, as part of a phantasy that identifying with a benevolent state of mind will make relationships feel more comfortable (Meltzer, 1975). Processes of idealisation function to avoid the anxiety stirred by addressing the more challenging aspects of relationships linked with factors such as aggression or destructive urges (Meltzer, 1975).

Processes of idealisation can provide temporary relief from anxiety because internal and external relationships are experienced in an idealised way; however, since the other dimensions to relationships are avoided and unexplored, the development of resilience and emotional complexity is reduced (Meltzer, 1975).

Identification with the Aggressor

When aggressive or destructive urges materialise in actions which create terror, the anxiety stirred can be defended against by identifying with destructive or aggressive aspects of the personality (Freud, A. 1946).

The process of identification with aggression involves denying feelings associated with helplessness; feelings of vulnerability are therefore located in others or in the environment (Freud, A. 1946). The identification with aggressive functionality is therefore a defence against experiencing oneself as helplessly vulnerable to aggressive or destructive factors (Freud, A. 1946).

Reparation

Processes of reparation are described to defend against the disturbance and the conflicts which emerge from depressive anxiety (Klein, 1935).

When the good and complex object can be perceived, awareness of phantasies about sadistic and aggressive attacks on the object produce intense feelings of guilt (Klein, 1935). The acknowledgement of ambivalence drives a wish to repair the object for reasons including the desire to experience the goodness of the object, and to continue to internalise and incorporate the good object within the personality (Klein, 1935).

Manic Defences

When the despair stirred by depressive anxiety becomes overwhelming, early or primitive defences, such as omnipotence or the denial of psychic reality, are provoked in an urgent or manic way (Winnicott, 1935; Segal, 1988).

When manic defences are stirred, primitive phantasies about controlling or triumphing over the object are revisited to escape the guilt linked with ambivalence, or the anxiety created by

experiencing dependency on the ‘good’ object and therefore the associated feelings of vulnerability (Winnicott, 1935; Segal, 1988).

Beneath the surface of manic defences, which can manifest as forceful, euphoric or frenzied behaviour underpinned by destructive or triumphant phantasies, terror also permeates about how the damage inflicted may completely destroy the object (Winnicott, 1935; Segal, 1988).

Manic Reparation

Processes of manic reparation emerge when the activation of manic defences against anxiety intensify alongside the mobilisation of guilt, regret and other components of depressive functionality (Segal, 1988). A powerful dilemma emerges due to the desire to triumph over the object whilst experiencing equally consuming desires to repair the damage perceived to have been done in phantasy (Segal, 1988).

When the robustness and the containing functionality of the good and complex object can be perceived, the drive to preserve and identify with the good object becomes paramount to the manic defences against anxiety; therefore, urgent or manic processes of reparation manifest underpinned by phantasies about restoring objects and relationships to their health and functionality (Bion, 1962; Klein, 1935; Segal, 1988).

Classification of Child Psychotherapy Perspectives on Anxiety

The literature review found 11 types of anxiety within the contemporary CAPP literature which referred to new and classical conceptions of anxiety; this is not an exhaustive list and aims to provide a selection of the range of ways that anxiety is explored within the profession.

The four types which were discussed most frequently were persecutory anxiety, (Klein, 1946), depressive anxiety (Klein, 1946), anxiety about annihilation (Abraham, 1994/1960; Bick, 1968; Klein, 1946) and separation anxiety (Klein, 1940; Benjamin & Benjamin, 2022).

The other types included castration anxiety (Freud, 1909), infantile anxiety (Klein, 1929), infantile anxiety about disintegration (Bick, 1968), paranoid or psychotic anxiety (Klein, 1927), hypochondriacal anxiety (Klein, 1935), automatic anxiety (Freud, 1940; Emanuel, 2000), signal anxiety (Freud, 1940; Emanuel, 2000) and social anxiety (Benjamin & Benjamin, 2022).

Within the literature, there was an assumption that anxiety is linked to the mobilisation of unconscious urges or drives (Bronstein & Flanders, 2012) which stir discomfort (Rustin, 1982; Waddell, 2002) and are projected outwards (Parsons & Horne, 2009). Kleinian notions of anxiety were evident when anxiety was considered within the context of the perception of internal objects partly crafted by the experience of early nurture; these experiences were described as impacting the capacity to appreciate benevolent relationships, or the capacity for anxiety to be soothed (Rustin & Quagliata, 2000).

The literature tended to assume that anxiety has a quality of displeasure linked to the tension between conflicted unconscious urges (Freud & Breuer, 1985); this idea is reiterated by papers which perceive anxiety as the mobilisation of unconscious feelings (Bronstein & Flanders, 2012) which can stir discomfort (Rustin, 1982; Waddell, 2002) based on internal conflicts (Parsons & Horne 2009). Like Freud, many of the papers consider anxiety to become problematic within a therapeutic relationship; for example, Rhode (2000) describes that anxiety can transmit panic which sometimes obstructs or inhibits the development of a therapeutic relationship depending on factors such as the intensity of anxiety, trust and resilience (Rhode, 2000. p26).

Benjamin & Benjamin (2022) explored social and separation anxiety when assessing the emotional development of primary school children; they found that separating from family to attend school stirred anxiety due to grief and loss conflicting with emerging autonomy which

made new relationships feel overwhelming (Benjamin & Benjamin, 2022.p 16). Benjamin & Benjamin (2022) noticed symptoms of excessive sadness which linked to concern about the welfare of family whilst 'unhelpful coping mechanisms' emerged in response to anxiety; these included, clinginess, rejection, overfamiliarity, compliance and unpredictability. Benjamin & Benjamin (2022) noticed that children sometimes wished to escape their anxiety by becoming lost in the building, refusing to attend class or adopting a commanding attitude (Benjamin & Benjamin, 2022.p 16).

From a post-Kleinian perspective, all 11 types of anxiety can be categorised in 3 ways; as either persecutory anxiety, depressive anxiety or anxiety about annihilation (Abraham, 1994/1960; Bick, 1968; Klein, 1946). This is because the 3 types of anxiety reveal the different and specific ways that the internal object is experienced in phantasy correlating with fluctuating internal states of mind; the paranoid schizoid position, the depressive position, and also the autistic contiguous position which was conceptualised some decades later (Ogden, 1989).

The following sections of the literature review were used most explicitly to operationalise anxiety within the study. For this reason, several direct quotations are used rather than paraphrased which serves to increase the level of clarity about the features of each type of anxiety. These quotations should enable cross referencing with the typology of anxiety characteristics which appears later in the Methodology chapter.

Persecutory anxiety

Terradas, Domon-Archambault & Drieu (2020) assessed children with histories of complex trauma, such as parental mental illness, abuse and deprivation, to explore how the personality grows and how children relate and communicate with others. From examining how the children related during assessments, Terradas, Domon-Archambault & Drieu (2020) observed

3 preverbal ‘prementalising’ stages; the teleological mode, the equivalence mode and the pretend mode of functioning related to the state of mind of parents, noticing that anxiety was stirred as the child attempts to comprehend the emotionality of others and their environment (Terradas, Domon-Archambault & Drieu, 2020. p28).

Persecutory anxiety was characterised by a tendency ‘to see the world through a distorted lens’ or ‘becoming hypervigilant due to feeling easily threatened or attacked by others’ (Terradas, Domon-Archambault & Drieu, 2020. p37). The process of internalising disturbed states of mind from parents was linked to problems identifying more benevolent emotional situations (Terradas, Domon-Archambault & Drieu, 2020. p37).

With the conceptual literature, persecutory anxiety was often linked to the ‘inability to perceive benevolence’ and linked to an ‘expectation of reprimand or criticism’ (Rustin & Quagliata, 2000. p123). After assessing children for Child Psychotherapy within an outpatient clinical setting, Mary Walker (2009) observed ‘an expectation of critical treatment’, ‘placation of others’ and ‘intense reactions to any hint of criticism or rejection’ or ‘withdrawal based on an expectation of hostility from others’ (Walker, 2009. p12).

Parsons & Horne (2009) conducted assessments with young people involved with the juvenile justice system and noticed withdrawal based on an expectation of ‘external disapproval’, ‘hostility’ and ‘anger’, whilst ‘struggling to move beyond a sense of persecution’, suggesting they had negative perceptions of reality (Parsons & Horne, 2009. p52). When conducting assessments with families with emotional complexities, it was found that persecutory anxiety was linked to ‘promulgating hate’ and ‘sowing despair’ ‘creating lies and confusion’ whilst ‘emanating persecutory anxiety’ which meant that ‘the blame for malevolence was located in other family members’ (Rustin & Quagliata, 2000. p122).

Overall, the literature reiterated the original Kleinian conceptualisation of persecutory anxiety as a sense of persecution based on perceiving threats of harm or criticism coming from the object or the external world. What is clear about how persecutory anxiety is described across the literature is that this type of anxiety features a distinct absence of worry or concern for the object's welfare combined with limited awareness of the subject's own destructive, critical or aggressive urges; meanwhile the potential for benevolence is overwhelmed by fantasies which perceive the other as critical, threatening or dangerous.

Depressive anxiety

Depressive anxiety is also described throughout the conceptual literature. Margot Waddell (2000) found depressive traits of 'guilt and somatic problems' when assessing adolescents; like Klein, she views depressive anxiety as stirred by 'oedipal conflicts' about 'change, separation and identity' which stir 'tangled family alliances and identifications' (Waddell, 2000. p155). Waddell (2000) notes that attempts at autonomy increase awareness of 'ambivalence' toward objects and guilt is a consequence of disharmonious wishes to harm the object.

Waddell describes depressive anxiety as a consequence of revisiting oedipal conflicts, and the 'emotional ferment stirred up by puberty and it's complex aftermath' which is linked to 'experiencing the turbulence of ordinary life in an amplified way'; she suggests that attuning to depressive anxiety is vital when assessing adolescents to engage 'troubled and often confused teenagers', supporting the realisation of 'internal conflicts' as a developmental feature of adolescence (Waddell, 2000. p145).

Depressive anxiety emerged when examining 'prementalising' modes of functionality during the assessment of children (Terradas, Domon-Archambault & Drieu, 2020). When 'the pretend mode of functioning' emerged in an 8-year-old boy, anxiety led to imitating the

behaviour of others in an attempt to connect whilst supressing his true feelings; meanwhile, depressive symptoms, such as ‘trouble sleeping’, ‘sadness’ and ‘loss of interest in activities’ also emerged (Terradas, Domon-Archambault & Drieu, 2020.p 39).

Terradas, Domon-Archambault & Drieu (2020) found that depressive anxiety was often hidden, misunderstood and overlooked, accompanied by a tendency to seek to please which prevented the child from exploring their true emotional life and capacities; the depressive symptoms were explored as a sign of healthier development during moments when the child could be in contact with how they really felt (Terradas, Domon-Archambault & Drieu, 2020.p 39).

Walker (2009) observed depressive anxiety manifesting as ‘sadness about the loss of the object’ within an initial assessment of a 15-year-old girl within a Child and Adolescent Mental Health Service (CAMHS) service. Walker (2009) described ‘tearfulness’ and that the girl ‘engaged in checking or ritualised behaviours’, and she concluded that a fear of abandonment created anxiety as well as hostile and fearful treatment of the therapist (Walker, 2009. p13). The papers suggest that when children are separated from family, both depressive and persecutory anxiety can emerge as concern about the absent family is combined with hostility and fear aimed at the therapist, or other adults (Benjamin & Benjamin, 2022; Walker, 2009).

Anxiety about Annihilation

The conceptual literature revealed that anxiety about annihilation is different to persecutory and depressive anxiety due to the dominance of processes of ‘object annihilation’, which are different to other projective processes and unconscious defences against anxiety (Abraham, 1994/1960)

One way to think about object annihilation is through the organisation of libido during psychosexual development; object annihilation is part of the anal expulsive phase which emerges before the capacity to perceive either persecutory or good objects emerges (Abraham, 1994/1960). Anxiety can manifest as muscular convulsions, tremors, spasms and jerking or propelling movements driving by unconscious phantasies about annihilation by forceful projection (Abraham, 1994/1960).

Klein deemed object annihilation a projective 'schizoid mechanism' which splits the personality because unwanted aspects of experience are thrust outwards (Klein, 1946); however, the process is different to 'splitting' which projects unwanted aspects of the ego (self) into the object, because the mechanism of object annihilation is experienced to destroy both the object and the ego through projection in phantasy (Klein, 1946).

Klein argues that unconscious processes of object annihilation produce anxiety of a different quality linked with the phantasy of 'inner annihilation' or 'ego disintegration' (Klein, 1946). There is therefore a conceptual difference with depressive and persecutory anxieties, which are characterised by the fluctuation in schizoid mechanisms depending on the perception of good and persecutory objects, experienced with varying degrees of separateness to the self or the ego. In the case of object annihilation, there is a different relationship to the object and to separateness from the object; anxious alarm concerns the phantasy that the ego and the object are at once bound together and annihilated (Bick, 1968; Klein, 1946; Rhode, 2000).

Ester Bick (1968) regards the integrative function of early nurture to counteract early phantasies of object annihilation by incorporating the object in the internal world, whilst projective processes stimulate the sense of a separate ego or self. During this process, the phantasy of a protective skin-like membrane which is the psychic equivalent of skin is produced; this boundary between ego and object forms the perception of internal spaces and

activates projective processes, or schizoid mechanisms, develop which are the basis of relating internally with objects (Bick, 1968).

When a nurturing object cannot be experienced during earliest infancy, loose parts of the self are felt to be held together precariously by sensations, sights and sounds, and ‘catastrophic anxieties’ are stirred when preconceptions of helplessness and dependency, embodied by hunger and the requirement for survival, threaten disintegration (Bick, 1968).

Throughout life, when a containing object with integrative capacities cannot be perceived, the ego can be experienced to disintegrate once more and anxiety about permeability develops (Bick, 1968). The catastrophic fear of permeability characterises the autistic contiguous position when a flexible boundary between the ego and object cannot be experienced to ‘hold’ the self together; this state of mind is accompanied by intense terror and confusion, especially of a sensory nature (Ogden, 1989). Bick therefore observes a 'second skin formation’ to develop in response to the terror of permeability; this can manifest as overreliance on bodily or intellectual resources to replace the experience of a containing object (Bick, 1968).

Anxiety about annihilation therefore embodies the terror of disintegration to an infantile state of helpless permeability, as well as the expulsive projective defences which develop in response to phantasies of object annihilation (Abraham, 1994/1960; Bick, 1968; Bion, 1962; Klein, 1946). Wilfred Bion developed this theory observing that infantile anxieties reduce as the infant introjects the containing function of the mother’s ‘reverie’, incorporating the good object as well as the capacity for ‘alpha’ or depressive functionality; this is referred to as emotional ‘containment’ (Bion, 1962; Klein, 1946).

The conceptual literature about Child Psychotherapy Assessment describes anxiety about annihilation as manifesting in specific ways including expulsive bodily activities, which

imitate internal evacuative projective mechanisms, perceived as eradicating the persecutory object and any object which represents the persecutory object in the external world (Abraham, 1994/1960), or second skin formations aimed at pseudo independence in the absence of a containing object (Bick, 1968; Bion, 1962).

Maria Rhode (2000) observed ‘elemental terrors to do with annihilation’ when she assessed children with communication disorders; anxiety was communicated in fears of ‘falling, spilling out’ or of ‘losing body parts and of burning or freezing’, and she regarded a profound ‘terror of death’ to persist (Rhode, 2000. p10). Rhode describes a quality of raw terror about survival distinguishing this type of anxiety from other anxious presentations; therefore, the child’s play becomes characterised by either ‘helplessness and chaos or detachment’ which can evoke panic in the therapist (Rhode, 2000).

Rhode (2000) observes anxiety about ‘imploding in, or spilling out’ manifesting as disorientation, panic and helplessness; for example, ‘flapping hands’, ‘collapsing on the floor’ or depicting holes and gaps in play combined with heightened anxiety about falling through the holes (Rhode, 2000. p16). Alternatively, Rhode describes the experience of chaos as manifested by ‘hours spent twirling hands’, ‘obsessions with holes and spinning objects’ or, ‘ruining’ and ‘knocking things down’. Alternatively, the child can dissociate from their feelings, appearing numb or disconnected from what is happening around them, as a means of escaping the pain (Rhode, 2000); further defensive behaviours include the ‘stereotyped movement of limbs’, ‘repetitive movements for long periods of time’ or ‘alternating between floppiness and unnatural rigidity (Rhode, 2000. p21).

The evacuation of anxiety through the body seems to embody the phantasy of annihilating the object; meanwhile a second skin formation is formulated by frantic, discombobulated movements which substitute the containment of an object (Bick; 1968; Rhode, 2000).

Sometimes dissociation is the perceived way to escape the pain (Rhode, 2000). Margot Waddell (2002) depicted anxiety about survival and annihilation in the assessment of adolescents; she observed ‘emotional dislocation’ manifesting as unjustified panic about terminal illness or death, and that adolescents can cry or become overwhelmed or ‘paralysed by fear’ (Waddell, 2002. p372).

The quality of permanence described by Rhode is not described in Waddell’s assessments of adolescents where anxiety about annihilation is linked to fluctuating moods and ‘inner turbulence’ as part of ordinary adolescent development; however, she argues that these feelings must be addressed to avoid intense anxiety obscuring other concerns (Waddell, 2000. p145).

Review of the Child Psychotherapy Assessment Conceptual Literature

Before exploring how anxiety impacts the way that Child Psychotherapy Assessments are experienced, an overview of the Child Psychotherapy Assessment literature will be given to provide a background to the context.

The Child Psychotherapy Assessment literature incorporates a range of assessment contexts; for example, using a Psychoanalytic approach in multi-disciplinary assessments (Youell, 2002) assessing children with complex needs (Rhode, 2000; Rustin, 1982; Trowell, 2000), or with those who have suffered trauma (Rustin, 1982; Trowell, 2000). Quite often the papers describe assessments in private practice or outpatient clinics; however, the literature also describes assessments conducted in inpatient hospital settings (Ramsden, 1999), or more atypical environments such as the family courts (Youell, 2002), or schools (Benjamin & Benjamin, 2022) including those for children with specialist emotional and behavioural needs (Dyke, 1987).

The papers examine the requirement to adapt a different approach when assessing children with complex needs (Dyke, 1987) or to acknowledge the confusion and distortion of the transference when assessing children with communication disorders (Rhode, 2000).

The literature explored subjects such as the challenges created by presuppositions during assessment or the impact of destructive tendencies, which can lead to cancellation or the disruption of sessions, when assessing adolescents (Bronstein & Flanders, 2012; Waddell, 2002). Further topics of exploration included assessing psychic functioning within the context of trauma (Terradas, Domon-Archambault & Drieu, 2020), the interplay of race and culture on assessment (Gibbs, 2009), the impact of the rigidity of assessment categorisation within diagnostic psychiatric assessments (Hoffman, 2020) and the complexity that child protection factors place on conducting assessments (Velsen, 1997). The limitations offered by traditional Psychoanalytic models when considering current clinical presentations were also considered (Parsons, Radford & Horne, 1999).

Many of the papers describe successfully adapting assessment technique to attune to specific clinical needs (Dyke, 1987; Parsons, Radford & Horne, 1999; Rustin & Quagliata, 2000) or to respond to the wider staff group beyond the dyadic transference with a child (Ramsden, 1999; Rustin & Quagliata, 2000). Collectively, the papers illustrate that successful assessment work continues to be conducted by applying core Psychoanalytic skills (Rhode, 2000; Rustin, 1982; Rustin & Quagliata, 2000), adapting assessments to attune to traumatised children (Trowell, 2000), by honest reflection on practice (Youell, 2002) and by learning from the unfolding transference experience (Rhode, 2000; Rustin, 1982; Waddell, 2002).

The Exploration of Psychoanalytic Technique during Assessment

Within the CAPP literature, there appears a tendency to explore how exactly Psychoanalytic technique is used during assessment. The papers refer to specialised Psychoanalytic, or

internal world, mechanisms in a nuanced way examining factors such as ‘projection’, which is described as the expulsion or the communication of unconscious feeling (Bronstein & Flanders, 2012; Mees, 2016; Parsons & Horne, 2009), or ‘projective identification’, which is described as useful in clinical work because therapists can identify with unconscious material and then support the child to explore emotional conflicts and deeper emotionality (Rhode, 2000; Rustin, 1982; Waddell, 2002).

Within the literature, a range of Psychoanalytic mechanisms are described in various ways; for example, projection is viewed as the manifestation of unconscious communication (Parsons & Horne, 2009; Rustin, 1982), as a means of communicating preverbal anxiety (Rhode, 2000) or a mode of evacuation during adolescence (Bronstein & Flanders, 2012; Waddell, 2002).

The literature also focuses on how a Psychoanalytic approach utilises internal world mechanisms such as projection or projective identification to address challenges encountered during assessment. For example, in a classic paper, Margaret Rustin (1982) details how projective identification helped to reach a six-year-old boy troubled by suicidal thoughts and Psychosomatic symptoms. Rustin (1982) describes struggling to connect in an initial meeting with a child who remained unresponsive, flat and lethargic; eventually Rustin observed despair in the transference as indicative of the child’s desperation to be enlivened, and therefore she adopted responses which attuned to his despair and encouraged internal growth (Rustin, 1982).

The benefits and limitations of a purely Psychoanalytic approach was considered alongside the way that cultural and ethnic components impact how assessments are experienced by both the patient and the therapist (Gibbs, 2009a). Gibbs (2009) explored how anxiety surrounded factors linked to ethnicity, especially when there were obvious cultural or language

differences, and how stereotypes and prejudices can lead to the premature termination of assessments.

Gibbs (2009b) views many therapists to attempt to adopt ‘a colour-blind approach’ which is described as idealistic, erasing individual experience and the more challenging realities; she encourages an ‘inter-subjective based view’ considering ethnicity and other societal factors to understand associated feelings and integrate with wider emotionality (Gibbs, 2009b. p. 119).

On a similar note, many papers challenge the avoidance of socioeconomic, ethnic and cultural identities during assessment work; therefore, refuting the classical idea that ‘work by purely analytic means’ reaches the unconscious mind (Klein, 1927. p.143). Therapeutic ‘zeal’ or idealisation is explored as negatively impacting clinical judgement (Rustin & Quagliata, 2000). Alternatively, there is an idea that children are best understood within a flexible approach considering contexts of race, nationality, gender and the ‘complex interconnections’ of family and society (Rustin & Quagliata, 2000. p. 3).

Maria Rhode (2000) described offering conjoint sessions to a child with a mild communication disorder reflecting that ‘transgenerational factors’ should be included and addressed during assessment (Rhode, 2000.p 27). Overall, there is consensus that a flexible approach to assessment work, which links external and internal factors, is necessary to considers all facets of the child’s experience (Rustin & Quagliata, 2000).

The Impact of Anxiety on Conducting Assessments

There appears to be agreement across empirical and conceptual literatures that anxiety has a role in signifying the quality, nature or potency of a child’s pain (Göttken et al, 2014; Milrod et al, 2013; Parsons & Horne, A, 2009; Rhode, 2000; Rustin & Quagliata, 2000; Weitkamp et al, 2018); however, there is less agreement about whether anxiety can also be a troublesome symptom which disturbs the process of assessment.

Some Child Psychotherapy Assessment papers acknowledge that anxiety has the potential to become overwhelming for both the therapist and the child (Rhode, 2000; Terradas, Domon-Archambault & Drieu 2020; Waddell, 2002). Terradas, Domon-Archambault & Drieu (2020) maintain that anxious communications can be an unhelpful obstacle to gathering the necessary information from an assessment because it can obscure other factors which require attention.

Alternatively, several papers in the edited volume *Assessment in Child Psychotherapy* regard anxiety as having a communicative role when children struggle to put things into words, perhaps due to emotional distress, illness or trauma (Rustin & Quagliata, 2000). For example, Margot Waddell (2000) describes how the experience of anxiety can articulate the presence of distressing memories or feelings which are part of the ambivalence about having an assessment (Waddell, 2000. p155).

Some therapists appear conflicted on the matter; for example, Maria Rhode (2000) considers that anxious feelings, which can manifest in a powerful way in the transference during assessments, can facilitate or inhibit the communication of the child's pain depending on other factors such as the intensity of anxiety and the child's capacity for trust and resilience (Rhode, 2000). Rhode (2000) describes anxiety as eliciting powerful countertransference responses which can impact judgement and lead to ill-considered actions; she views the evacuative function of anxiety as transmitting panic limiting the therapist's capacities and potentially obscuring other issues which require support (Rhode, 2000. p26).

Despite this, Rhode (2000) also perceives the communicative role of anxiety whereby countertransference experiences can communicate crucial emotional factors which may otherwise be obscured from the assessment (Rhode, 2000. p11).

Similar issues were addressed in a systematic synthesis of child psychotherapy assessment data held at the Anna Freud Centre. This study reviewed 763 diagnostic assessments to investigate the outcome of child Psychoanalytic work and to assess the factors which contribute to successful child analytic treatment. The findings addressed anxiety as 'a predictor of positive treatment outcome' describing anxiety as 'an indicator of the quality of the representational world' (Fonagy & Target, 1996); this suggests anxiety can indicate and represent particular features of personal experience. However, the study also describes that anxiety can distort and inhibit understanding (Fonagy & Target, 1996). The study therefore demonstrates that each instance of anxiety is different, and anxiety can be both helpful and disruptive to conducting assessments.

Interestingly, the debate about whether anxiety is helpful during assessment emerged within a small-scale study which investigated the nature and function of Psychoanalytic assessment work within a single CAMHS team (Petit & Midgley, 2008). In this study, 5 Child and Adolescent Psychotherapists were interviewed about their experiences of assessment and the term 'contaminate' was used to describe an infectious quality to anxiety; the word was later replaced by the word 'shared' which was felt to better describe the communicative quality of anxiety which is useful to clinical work (Petit & Midgley, 2008). The fine line between perceiving anxiety as a contaminant and a highly useful feature of clinical work is therefore captured within this dilemma.

Discussion and Conclusion

The literature review query asked how the nature of anxiety is explored within Child and Adolescent Psychoanalytic Psychotherapy (CAPP) literature.

The CAPP empirical literature referred to either clinical anxiety, general or specialised forms of anxiety disorder, and used diagnostic classifications and parameters to specify how anxiety

presented clinically; the studies explored anxiety within the context of treatment rather than assessment, and were concerned with investigating the impact of CAPP treatment on clinical presentations of anxiety rather than exploring the nature of anxiety (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018).

Each of the studies found improvements to anxiety immediately following CAPP treatment evidencing how CAPP can be beneficial in the treatment of anxiety (Göttken et al., 2014; Kronmüller et al., 2005; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018; Salzer et al., 2018; Weitkamp et al., 2018); however, further research might also explore the nature of anxiety to update how the term is understood within the field (Göttken et al., 2014; Weitkamp et al., 2018).

The fact that anxiety was assessed using diagnostic outcome measures borrowed from the fields of Clinical Psychology and Psychiatry suggests that anxiety has a diagnosable nature and is considered a clinical condition which requires treatment (Göttken et al., 2014; Milrod et al., 2013; Muratori et al., 2005; Riso, Gennaro & Salcuni, 2018). Arguably, the use of outcome measures has a way of aligning anxiety with other impacting, acute or chronic healthcare conditions which are the focus of clinical tests and trials. Evidencing the impact of CAPP on anxiety by using diagnostic outcome measures observes the requirements of wider clinical research into the treatment of anxiety, and CAPP has been evidenced to be useful in the treatment of anxiety within these empirical studies.

The Three Types of Anxiety which Emerged within the Child Psychotherapy Literature

The review found that 3 different types of anxiety: persecutory anxiety, depressive anxiety and anxiety about annihilation appeared in the Child Psychotherapy literature which was

dominated by conceptual papers influenced by classical Psychoanalytic theory about anxiety (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

An important finding was that each of the 3 types of anxiety indicated specific and different ways that the internal object was perceived in the phantasy; this explained the different perceptual, emotional and behavioural manifestations of each of the 3 types of anxiety (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

Persecutory anxiety signified that the internal object was perceived as persecutory and threatening (Klein, 1946). The apprehension of the benevolence of the object created emotions such as anxious guilt or remorse when depressive anxiety emerged during assessment. Anxiety about annihilation embodied the fear of disintegrating to a helpless state of permeability, as well as manifesting the anxiety-driven, expulsive projective defences which developed in response to phantasies of object annihilation (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

Whether anxiety was inhibitive or communicative during assessments depended on various factors; these included the intensity of anxiety, the nature of the transference and the external situation around the child, including whether there was support from family (Rhode, 2000). CAPP practice involved the construction of a complex and receptive therapeutic relationship which analysed factors such as anxiety as part of the child's internal world relations (Rustin & Quagliata, 2000).

The exploration of the nature of anxiety therefore demonstrates an important dimension of CAPP practice when investigating the wider nature of the child's pain; therefore, understanding more about the nature of anxiety seems crucial to supporting CAPP practice when conducting Child Psychotherapy Assessments.

Methodology

Research Question

What is the nature of anxiety which emerges during Child Psychotherapy Assessments offered by CAMHS?

Introduction

The literature review demonstrated that the exploration of the nature of anxiety requires updating within the CAPP empirical literature (Göttken et al., 2014; Weitkamp et al., 2018).

Within CAPP theory, there is a consensus that feelings of anxiety can emerge during Child Psychotherapy Assessments which are conducted prior to CAPP treatment (Rustin & Quagliata, 2000); however, there were no empirical studies which investigated the nature of anxiety during Child Psychotherapy Assessment which constitutes a gap in the empirical literature.

Children cannot be referred for CAPP treatment without first undergoing a Child Psychotherapy Assessment, which means that assessment is an important feature of CAPP clinical work; furthermore, anxiety emerges during assessments, becoming either helpful or unhelpful, depending on wider internal and external factors (Rustin & Quagliata, 2000). Exploring the nature of anxious symptoms during assessments can help Child Psychotherapists to understand more about a child's pathology, as well as how their overall personality functions (Emanuel, 2000). For these reasons, it is crucial to conduct studies which lead to a better clinical understanding of the nature of anxiety during Child Psychotherapy Assessment work.

Ontological and Epistemological Considerations

CAPP ideology perceives 'psychic reality' to be constructed by both conscious and unconscious internal and relational processes which embody the way that the personality

functions (Klein, 1935). Internal and relational processes are analysed during clinical work and are at the very core of practice when addressing concerns such as anxiety (Emanuel, 2000). The ontological position of CAPP is therefore one of interpretivism which understands reality to be internally and subjectively experienced and translated by subjective perception (González, Biever & Gardner, 1994; Mason, 2006).

Since internal and relational experiences, including those which unfold during clinical work, are impacted by subjectivity (Wideman et al., 2019), it was important to use a methodology which infiltrated the subjectivity of relational experiences to produce meanings (Rustin & Quagliata, 2000).

Qualitative research is embedded within a subjective epistemology which perceives reality to be socially constructed by perception fused with collective exchange; therefore, texts representing versions of reality can be analysed to provide insights (Morrow & Smith, 2000).

Qualitative paradigms collect visual or verbal data; for example, observations about components of relational experience such as language are considered (Morrow & Smith, 2000). Since inferences can be subjectively drawn, my own observations, reflections and analysis were utilised to penetrate the multifaceted components of the data to provide meaning (Morrow & Smith, 2000).

Anxiety can be communicated verbally and explicitly, or non-verbally through body language; it can also be represented symbolically within play or free associative conversation (Emanuel, 2000). Anxiety exhibits recognisable perceptual and behavioural features, such as becoming quiet and withdrawn or fretting (Beesdo, Knappe & Pine, 2009; Combs & Markman, 2014; Poppleton, Ramkission & Ali, 2019).

Anxious feelings also embody the unconscious transference and countertransference which are examined within CAPP practice to explore the specific nature and quality of internal

experiences (Heimann, 1950); therefore, qualitative methods of data collection were required to ‘uncover the story’ of participants and their anxiety (Morrow & Smith, 2000).

A qualitative paradigm was therefore selected to explore the nature of anxiety because subjective observations and representations of identity could be analysed as part of a detailed investigation of the features or characteristics of anxiety (Rustin & Rustin, 2019).

Study Design

This was a field study which used routine data created whilst conducting two Child Psychotherapy Assessments. A retrospective design examined sets of Psychoanalytic process notes after the assessment process had ended.

Study Location

The field study was conducted at an outpatient Children and Adolescent Mental Health Service (CAMHS) clinic, which was part of a National Health Service (NHS) hospital. At the time of conducting the assessments, I was employed at the clinic as a trainee Child and Adolescent Psychotherapist.

Child Psychotherapy Assessments were a standard part of my CAPP practice used to ascertain whether treatment would be helpful to children and young people. Conducting the assessments also allowed me to demonstrate the clinical competencies required to meet my training criteria.

Participants

The two participants were aged 15 and 4 at the time of assessment. The participants were both male and of Caucasian ethnicity, of British nationality and were from working class socioeconomic backgrounds.

Selection of Participants

Participants were selected for the study based on the following criteria:

Inclusion Criteria

- Suitable participants had completed a Child Psychotherapy Assessment with the researcher.
- Participants who were suitable for selection had experienced anxiety during their Child Psychotherapy Assessment.
- Only those who were considered healthy and unlikely to suffer through participating or being approached to participate in the study were selected.
- Child Psychotherapy Assessments were completed with young people ranging from age 4- 17 therefore participants were selected from within this age-group.
- Both genders were included in the original longlist; however, the data from two male participants was used because anxiety was most prevalent in their assessments.
    - Unfortunately, it was only possible to include children from working class socioeconomic backgrounds and of White, British ethnicity and nationality since these groups were the majority demographic represented within the clinic.
    - Participants who gave fully informed consent in writing, and for whom parental consent was also received, were considered.

Participants were excluded from the study based on the following criteria:

Exclusion Criteria

- Those who were undergoing a Child Psychotherapy Assessment, or CAPP treatment with the researcher, or with plans to do so, were excluded to protect ongoing clinical work and to avoid disturbing an ongoing assessment.
- Participants who did not give fully informed consent in writing.

An original long list of 6 participants met these criteria. I read the process notes from all 6 assessments and selected a short list of 3 participants who seemed most suitable because anxiety was easily recognisable during their assessment. The other 3 participants formed a reserve list in case anyone from the short list did not wish to participate.

Data Collection

The data was taken from Psychoanalytic process notes which are written immediately after CAPP treatment or assessment sessions providing a clinical record; process notes focus on observations, reflections and the analysis of how internal processes unfold in sessions, which facilitated the study of anxious experiences (Morrow & Smith, 2000; Sherwin-White et al. 2003).

Each Child Psychotherapy Assessment involved 3 sessions; therefore 3 sets of process notes were written about each assessment. Originally it was envisaged that 9 sets of process notes would provide adequate information about anxiety; however, anxiety proved to be more prevalent than anticipated in the data and therefore only 6 sets of process notes were deemed necessary.

The Child Psychotherapy Assessments were conducted during the first two years of my professional training in CAPP. Participants were recruited into the study by the end of the fourth year of training after gaining ethical approval and completing the assessments.

Ethical Considerations

Avoiding Researcher Bias in Process Notes Selection

Only process notes which had been previously considered in standard sessions of group and individual supervision with other Child Psychotherapists were used in the study to prevent researcher bias.

Standard ethical guidelines (Bond, 2004) were followed to ensure participants were not adversely impacted by any stage of the research process. Ethical measures included gaining ethical approval from the Tavistock and Portman Trust Research and Ethics Committee (TREC) and from within the Research and Development department of my clinical placement. I was also registered with the Association of Child Psychotherapists (ACP) and had obtained Disclosure and Barring Service (DBS) clearance to work with young people and vulnerable groups.

Ethical Telephone Recruitment Process

An ethical, retrospective recruitment process was conducted in the summer of 2022 and recruited 3 participants. In view of COVID restrictions, obtaining consent to participate was conducted by telephone to limit personal contact at the clinic. The reason for using a retrospective process was to avoid impacting on the young person's experience of the assessment by not recruiting them into the study until the assessment was completed.

There were challenges presented by recruiting the young people retrospectively. I was concerned about safeguarding potential participants from experiencing unfair pressure to take part; therefore, I did not think it was ethical for me to approach the young people personally. Therefore, a Child Psychotherapy colleague within the clinic, who had not been involved with the patients, supported me by conducting the telephone recruitment process. The colleague understood vital components of the study, such as the sensitive nature of process notes, which meant that they were in a good position to inform participants about the study. Since my colleague also worked with vulnerable groups, they were able to assess the family or young person's response to the phone call. I advised them not to continue if they sensed signs of distress or unhappiness.

My colleague made an initial telephone call to the 3 potential participants on the short list. At the recruitment stage, one participant was 16 (although he was 15 when he had his assessment); therefore, he needed to be contacted directly. I advised my colleague to suggest that the 16-year-old informed his parents to obtain their consent as well. Since the other two participants were under 16, it was necessary to phone their parents directly to obtain consent for them to participate.

The 16-year-old boy, and the mothers of the other two children, answered the phone call and were interested in hearing more about the study. The study was introduced at this stage including the fact that permission to use the process notes which I had written about them was necessary. Permission was requested to post an information pack to the family, which included information about the study, the consent form and a child friendly version of all documents. A second phone call was arranged for the following week after the pack had arrived to explore participation and to allow time for questions.

The 16-year-old boy and his father chose to engage in the second phone call together using the loudspeaker function. The children who were under 16 also participated in the second phone call using the loudspeaker function alongside their mothers; the study was introduced in a way which considered the 4-year old's level of understanding to help him to understand the purpose of the study. The right to withdraw from the evaluation was discussed in a way which could be understood by all participants.

The use of process notes in the study was explored in greater detail providing an opportunity to think about how the young people felt about sensitive and private information being used. The two teenagers asked if their names would be revealed, and they were reassured that

pseudonyms would be used. The mother of the 4-year-old boy read the child friendly version of the information and consent form aloud to him whilst on the phone and he said that he wanted to take part.

All three participants gave their consent verbally on the phone. Although it was not strictly necessary, the father of the 16-year-old boy also signed the consent form to indicate that he supported his son's participation in the study; therefore, all three participants and three sets of parents signed the written consent forms which were returned to the clinic.

Data Management and Storage

As the original plan was to utilise data from 3 Child Psychotherapy Assessments, 3 participants and 9 sets of process notes were originally selected for analysis. The notes were stored on secure NHS laptops; files were password protected and information was not used or shared without permission. The notes were recorded using pseudonyms to protect the anonymity and confidentiality of participants.

Data Analysis

Introduction to Critical Discourse Analysis

The investigative method used to analyse the data for this study was Critical Discourse Analysis. Critical Discourse Analysis is underpinned by a Social Constructionist ethos which perceives language as socially constructed by the complex interplay of subjectivity with collective social consensus (Berger & Luckmann, 1966). Critical Discourse Analysis can be categorised as 'language-based analysis' (Avdi & Georgaca, 2009. p657), examining how socially significant meanings are negotiated, co-constructed and facilitated by discourse which develops from collective human experience and interaction (McLeod, 2001; Willig, 2003).

Discourses have been described as bodies of verbal and written exchange (Wetherell, Taylor, & Yates, 2001a) and 'socially available systems of meaning' (Avdi & Georgaca, 2009. p656).

Understanding discourse in this way builds on the classical Discourse Analysis literature which views language as both representative and purposeful (Labov & Fanschell,1977; Mills, 1997); in other words, discourse communicates symbolically whilst carrying out functions as it evolves within specific contexts (Mills, 1997).

Critical Discourse Analysis also builds on Foucauldian Discourse Analysis which considers discourse to be constructed by underlying power dynamics (Foucault, 1980) influenced by the various contexts in which the discourse is produced (Willig, 2000; Wetherell, Taylor, & Yates, 2001a). Critical Discourse Analysis therefore seeks to deconstruct discursive strategies, such as argumentation, persuasion and reflection, which reveal how power structures and relations infiltrate the multifaceted dimensions of subjective reality (Avdi & Georgaca, 2009; Mason, 2006; Wetherell, Taylor, & Yates, 2001a).

Critical Discourse Analysis examines subject positions which embody the specific range of identities available within discourse; the range and variety of subject positions is influenced by various individual factors which impact identity, such as personality and the capacity for personal agency (Guilfoyle, 2016).

Wider collective and societal factors also influence the experience of identity; therefore, subject positions are strategic and purposeful, and embody socially constructed identities, which reflect the conglomeration of multifaceted socioeconomic, cultural and political factors within discourse (Willig, 2003).

Discourse Analysis and Psychotherapy

A review paper gathered the growing body of literature which uses Discourse Analysis to probe therapy transcripts (Avdi & Georgaca, 2007). The exploration of identity and subjectivity was found to be a key feature of the transcripts, and the discourses which

emerged included self-reflection, the negotiation of agency and the attribution and acceptance of blame and responsibility (Avdi & Georgaca, 2007).

Within therapeutic discourses, subjectivity can be described as a cohesive feeling of personal identity and oneness: the healthy illusion of being "oneself" (Bromberg, 1998). Subjective discourses also involve the exploration of multiple identities which can be integrated within singular narratives embodying cohesiveness (Avdi & Georgaca, 2009).

The analysis of therapeutic transcripts also revealed problematic discourses which corresponded with the maintenance of identities underpinned by illness and pathology; for example, discourses of disconnectedness and alienation embodied the way that diagnoses of Autism could be used rigidly or defensively preventing semiotic processes from occurring or considering the emotional component of behaviour (Avdi, 2005).

The Challenges in using Discourse Analysis to explore Psychotherapy Transcripts

The potential for personal biases or perspectives to interfere with the process of analysing therapeutic transcripts is a live issue; however, this can be avoided by using systematic analytic and procedural models (Frost et al., 2010). Critical Discourse Analysis can however be beneficial in producing a subjective 'reading' of therapeutic transcripts, which should be considered in terms of 'usefulness and not certainty' (Frost et al., 2010. p444).

Avdi & Georgaca (2007) observe the potential for reductivity when there is an assumption that the emergence of subjectivity is exclusive to the trajectory of the therapeutic process, or when wider societal and sociocultural factors, as well as factors related to ideology and power, are not adequately examined within the analysis (Avdi & Georgaca, 2007. p161).

Within the wider field of Critical Discourse Analysis, the context in which discourse is produced is crucial to examining subjectivity; for example, combative political discourses broadcast widely, or in the media, were revealed to have a destructive impact on the

construction of empathetic or reparative discourses which empathised with the perspective of others (La Mothe, 2012).

Systematic processes of Critical Discourse Analysis therefore promote the construction of 'complex subjectivity' which reflects on sociocultural and societal factors as well as the boundaries between individuals and the roles they play (Parker et al., 1997. p479-484). Many recent studies have deconstructed the idea that subjectivity is exclusively related to the trajectory of the therapeutic process; these studies also situated the discourses embodied by the therapist's role and agenda within the wider sociocultural context (Avdi, 2005; Avdi & Georgaca, 2007 & 2009; Burman, 1992; Guilfoyle, 2002; Kogan, 1998; Roy-Chowdhury, 2003).

The Procedure of Identifying suitable Assessments

I began the process of identifying suitable assessments for the data analysis by reading and re-reading the process notes from the 6 Child Psychotherapy Assessments which I conducted during my training. All 6 assessments featured multiple instances of anxiety which is common during assessment (Rustin & Quagliata, 2000). The 3 assessments with the highest prevalence of anxiety were selected.

This sampling strategy constituted non-probability, non-random convenience sampling which is commonly used in healthcare research (Morrow & Smith, 2000). Since the assessments took place as a part of standard clinical practice, the sampling strategy was time and resource efficient, limiting the risk of selection bias which may have occurred if participants were selected in a different way.

Preparing the Process Notes for Analysis

The process notes used pseudonyms which also appear in the thesis. The 9 sets of process notes were combined into a single Word document and the lines were numbered; this

document was stored securely and marked as the full data set to be analysed using discourse analysis.

The first step in analysing the data was to review the process notes to understand the nature of anxiety which arose within the assessments, the second stage was to consider the subject positions which featured in each assessment and the final stage was to consider which types of anxiety co-occurred with which subject positions.

Operationalising Types of Anxiety from the Literature Review

The literature review identified 11 types of anxiety; the four most prevalent were persecutory anxiety, (Klein, 1946; Terradas, Domon-Archambault & Drieu, 2020), depressive anxiety (Klein, 1946; Waddell, 2000.), anxiety about annihilation (Abraham, 1994/1960; Klein, 1946; Rhode, 2000) and separation anxiety (Benjamin & Benjamin, 2022.p 16; Klein, 1946). Initially, I focused on these four types because they were most prevalent in the literature.

Operationalisation of Anxiety within the Process Notes

During the process of identifying the 4 types of anxiety within the process notes, I came to the important realisation that separation anxiety was linked with both persecutory and depressive anxiety depending on how the internal object was perceived in phantasy (Klein, 1946).

When the object was perceived as ‘good’ and ‘complex’, features of separation anxiety, such as anxious guilt or ambivalence, emerged which were also characteristic of depressive anxiety. I found that separation anxiety was also linked with persecutory anxiety in the process notes when a ‘bad’ or abandoning object was perceived during lonely or tense moments such as painful silences, or when separateness or separation felt like abandonment (Klein, 1946).

By making this realisation and then cross referencing between my process notes and the CAPP literature, I discerned that there were 3 fundamental ways that the object could be perceived in anxious phantasies.

Persecutory anxiety linked with phantasies of a threatening or 'bad' object and depressive anxiety linked with phantasies of a 'good' and complex object (Klein, 1946). On other occasions, anxiety about annihilation emerged when terror of permeability accompanied phantasies that the boundaries between the object and the ego were experienced as undrawn, or the object was experienced as annihilated in phantasy (Abraham, 1994/1960; Klein, 1946; Ogden, 1989).

Subsequently, I found that all 11 types of anxiety explored in the literature review could be categorised as belonging to one of these 3 categories depending on how the object is viewed in phantasy. These 3 types of anxiety were therefore elementary, akin to primary colours, and the other types of anxiety manifested as variants of these 3 types.

I therefore eliminated separation anxiety from the data analysis because the features could be categorised under one of the 3 core categories: persecutory anxiety, depressive anxiety and anxiety about annihilation.

Each of the 3 anxiety types which featured in the analysis were operationalised, and the features which appeared most evidently in the process notes are displayed in tables 3.1, 3.2 and 3.3 which can be read alongside the reference from the literature review.

Psychoanalytic Typology of Anxiety

Tables 3.1, 3.2 and 3.3

Table 3.1: The Features of Persecutory Anxiety					
Feature of Anxiety	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**
expectation of hostility from others	Parsons & Horne, 2009. p52.	limited awareness of own destructive,	Parsons & Horne, 2009. p52.	perceiving attacks from others	Terradas, Domon-Archambault & Drieu, 2020. p37.

		critical or aggressive urges			
expectation of anger from others	Parsons & Horne, 2009. p52.	limited capacity to perceive benevolence	Rustin & Quagliata, 2000. p123.	absence of worry or concern for the welfare of others	Parsons & Horne, 2009. p52.
feeling fearful and easily threatened	Terradas, Domon-Archambault & Drieu, 2020. p37.	hypervigilance	Terradas, Domon-Archambault & Drieu, 2020. p37.	locating the blame for malevolence in others	Rustin & Quagliata, 2000. p122.
placation	Walker, 2009. p12.	withdrawal	Parsons & Horne, 2009. p52.	intense reaction to criticism or rejection	Terradas, Domon-Archambault & Drieu, 2020. p37.

Table 3.2: The Features of Depressive Anxiety							
Feature of Anxiety	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**
experiencing ordinary life in an amplified way	Waddell, 2000. p145.	somatic problems	Waddell, 2000. p155.	feeling conflicted about change, separation and identity	Waddell, 2000. p155.	sadness	Terradas, Domon-Archambault & Drieu, 2020.p 39.
worry about destructive urges or damaging others	Waddell, 2000. p155.	increased awareness of ambivalence towards others	Waddell, 2000. p155.	Guilt	Waddell, 2000. p155.	perceiving alliance with family	Waddell, 2000. p155.
showing loss of interest in activities	Terradas, Domon-Archambault & Drieu, 2020. p39.	trouble sleeping	Terradas, Domon-Archambault & Drieu, 2020. p39.	attempts at connection and/ or autonomy	Waddell, 2000. p155.		

Table 3.3: The Features of Anxiety about Annihilation							
Feature of Anxiety	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**	**Feature of Anxiety**	**Reference from lit review**

becoming paralysed by fear of death	Rhode, 2000. p10.	fear of falling	Rhode, 2000. p10.	a quality of permanence to anxiety	Rhode, 2000. p10.	panic about imploding or contracting terminal illness or death	Waddell, 2002. p372.
spinning	Rhode, 2000. p16.	emotional dislocation	Waddell, 2002. p372.	anxious play which depicts holes and gaps	Rhode, 2000. p16.	twirling	Rhode, 2000. p21.
crying	Rhode, 2000. p21.	stereotyped movement of limbs	Rhode, 2000. p21	repetitive movements which discharge anxiety	Rhode, 2000. p21.	ruining and knocking things down	Rhode, 2000. p21.
chaotic play or chaos symbolised in play	Rhode, 2000. p20.	acting disorientated	Rhode, 2000. p20.	floppiness and/ or unnatural rigidity	Rhode, 2000. p21.	dissociation or disconnection	Rhode, 2000. p21.

The theories which distinguished between the 3 types of anxiety often held contradictory ideas which were developed across many decades; therefore, I gained support from exploring the topic in supervision to process complex theoretical ideas.

During this process, I used descriptors of anxiety types from Tables 3.1. 3.2 and 3.3 and sought out examples of these perceptions and behaviours in my data. I found my process notes brought the theory to life which was crucial to arriving at an understanding of how the 3 different types of anxieties manifested and revealed unconscious perceptions of the internal object.

Understanding the complexity of how these types of anxiety related to internal object relations was an iterative process which involved continually returning to the CAPP literature throughout the analytical process.

After reading my process notes, I found many features of anxiety which also emerged in the literature review; however, the literature review explored fifty decades of assessment work, and therefore not all features of anxiety from the literature could be identified in the process notes.

Anxiety can emerge at any time during Child Psychotherapy Assessment (Rustin & Quagliata, 2000); for this reason, the entire set of process notes was analysed to identify moments of anxiety.

Analysing the full sets of notes meant that anxiety could be identified within various dimensions of the wider assessment process including meeting the child in the waiting room, the walk to the therapy room and at different points during the session. At this stage, considering the way that anxiety was transmitted or illuminated by unconscious processes was important. I was aware that projective identification can be communicative which is one reason why clinicians analyse their emotional responses; therefore, analysing my own anxious actions, thoughts and feelings supported the process of distinguishing between the types of anxiety which I experienced when I identified with the young person's emotional life (Bion, 1962).

I found that tracking my own experience of anxiety was challenging because I realised just how frequent and intense anxiety was for me during the assessments. I experienced guilt in retrospect when examining the destabilising impact that anxiety had on me because I worried that I had been less available to the young people; however, I came to understand that these moments were often underpinned by projective identification which was crucial to the containment of the young person's anxiety (Bion, 1962).

Sometimes the type of anxiety which emerged was obvious and conformed to the descriptors of anxiety types organised within the Psychoanalytic Typology of Anxiety; however, identifying anxiety was usually a complex process involving reviewing the process notes and comparing with the way that anxiety was categorised in the typology and then consulting the CAPP literature for further support.

At first, I found that I paid too much attention to countertransference (Heimann, 1950); however, feedback from supervisors encouraged the study of other factors such as body language, as well as verbal and non-verbal communications such as silences, to address both the conscious and unconscious aspects of anxiety (Emanuel, 2000). Attention was also given to the symbolism of play (Joseph, 1988; Klein, 1929) and how projective identification within the transference communicated the quality of anxious experiences (Bion, 1962).

I recorded the occurrence of each type of anxiety throughout each of the assessments by highlighting and colour coding the process notes so that the prevalence was visible and could be compared and contrasted. At this stage, it became clear that anxiety was prevalent throughout the entire assessment process because there were very few lines of the notes which were not colour coded. For this reason, and with support from my supervisors, I judged that the process notes from the third participant were not required as the first two assessment notes provided sufficient data for analysis.

The process notes from the 15-year-old boy, Kevin, and the 4-year-old boy, Liam, were therefore used since their notes had the highest prevalence of anxiety as indicated by the highlighted sections.

Hybrid Procedure combining Critical Discourse Analysis with a Psychoanalytic Reading of the Research Data

A hybrid procedure was used systematically to explore the nature of anxiety throughout the process notes which involved two distinct steps.

The first step was to use Critical Discourse Analysis to reveal the subject positions which emerged in discourse during anxious moments; investigating the way that the subject positions interplayed revealed insights about how anxiety was experienced (Guilfoyle, 2016).

The second step was to provide a Psychoanalytic reading which considered the different ways that the object was perceived within anxious phantasies; this step in the procedure was supported by reference to Psychoanalytic Theory to clarify whether persecutory anxiety, depressive anxiety or anxiety about annihilation emerged (Abraham, 1994/1960; Klein, 1946).

The hybrid procedure began by analysing the process notes in chronological order from the first session of Kevin's assessment to the last session of Liam's assessment. The colour-coded sections which signified anxious behaviour were investigated line-by-line to identify the subject positions which were apparent during these moments of anxiety (Guilfoyle, 2016). The subject positions were then grouped and categorised by commonalities linked to the concepts and themes which arose. For example, the subject positions of the 'victim' and the 'perpetrator' shared themes of danger and persecution and the 'mother' and the 'child' shared themes of nurture and growth. I created a table which categorised the subject positions under recurrent themes and commonalities which also helped to identify which subject positions were most prevalent.

At this point, the second step in the procedure was conducted and a Psychoanalytic reading explored how the object was perceived in the phantasies which underpinned the anxious

experiences that I recorded (Abraham, 1994/1960; Klein, 1946). I then identified which of the 3 types of anxiety emerged in relation to the subject positions. Finally, I made 3 tables to categorise and identify the subject positions which emerged alongside each of the 3 types of anxiety.

When employing Critical Discourse Analysis, processes of subject positioning were linked to the situational dynamics of a dyadic clinical encounter between the subject positions of the 'adult-therapist' and the 'child-patient'; therefore, power relations were also examined including how power and the position of the therapist interplayed with anxiety and the clinical responses to anxiety (Willig, 2003). The subject positions of the 'author' and the 'reader' were also recorded as a fundamental part of the interpretivist methodology which analysed and interpreted a subjective account of a clinical encounter.

I was a trainee Child Psychotherapist when I conducted the assessments, and therefore the notes were written to be explored in supervision whilst noticing how my practice responded to clinical competencies. The notes were also written to support me to process my emotional experience of the sessions and to gain insights which informed the treatment recommendations that I made for each child.

I included the analysis of wider situational factors to observe the impact on processes of subject positioning; for example, when I attempted to establish my own identity as an authoritative or powerful leader of the session, or when my own agendas or concerns linked to the communication and transmission of anxiety between me and the young person (Bion, 1962; Willig, 2003). I also considered the impact of socioeconomic factors on the construction of personal identities to observe the impact on the available subject positions and the processes of subject positioning (Willig, 2003).

The strategic quality of spoken discourse was explored to notice how this linked with the subject positions which arose; for example, the use of lexical intensifiers and metaphor or discursive strategies such as reflection, persuasion and argumentation (Avdi & Georgaca, 2007). The features of unspoken discourse were also probed, since processes of subject positioning can be embodied by body language or non-verbal activities such as silence, to consider the meaning (Guilfoyle, 2016).

At first, the use of the hybrid procedure produced a small selection of recurring subject positions, which mainly corresponded with the emergence of depressive factors linked with my identity as a therapist wishing to support and progress the assessment of the young people (Klein, 1946). On reflection, I realise that I was nervous about considering a wider range of subject positions because this would mean exploring visceral, and often uncomfortable, emotional experiences within the process notes. I felt nervous about examining my own clinical work and exposing my practice to scrutiny, but I was also worried about interpreting my phantasies using Psychoanalytic Theory and therefore examining challenging aspects of my identity within the thesis.

There were moments in both assessments when I was identified with a predatory figure which was particularly painful to acknowledge, especially because I was working with vulnerable children who had experienced abuse. I also worried about reflecting on occasions when I communicated my anxiety to the young people and added to their discomfort. Overall, I feared that exploring the subject positions might stir uncomfortable or distressing feelings for me.

Support and feedback from my supervisors encouraged me to consider my phantasies to reveal crucial insights about the nature of anxiety, and I gradually grew more resilient to exploring a wider range of subject positions and then analysing my phantasises using

Psychoanalytic Theory. I began to think more creatively about the different aspects of the 'patient' and the 'therapist' identities by paying closer attention to factors such as the use of language and metaphor. I found this revealed a richer variety of subject positions which embodied various aspects of identity within the discourse.

For example, the subject position of the 'helpless patient' emerged in Kevin's assessment from a line which read 'there is silence and Kevin coughs and fidgets with the arm of his jumper, plucking at his sleeves and then looking around'. I examined the line again considering the use of metaphor regarding the verb 'plucking', noticing the implication that Kevin was fidgeting and plucking at his sleeves like a despairing trapped animal. This metaphor revealed the subject position of the 'helpless prey animal' which was repeated throughout the process notes and became one of the core subject positions. The final steps of the procedure were to explore how the object was perceived in phantasies and to link with Psychoanalytic Theory. On this occasion, I identified persecutory anxiety about a 'bad' object who kept Kevin prisoner; these kinds of crucial insights were discussed in the Findings and Discussion Chapter as part of exploring the nature of anxiety (Klein, 1946).

The subject positions for both participants were reviewed to extract the most prevalent, and then to notice commonalities which were categorised under a core subject position. For example, the subject positions of the 'helpless child', 'the escapee' and the 'endangered child' perceived the presence of a threatening other underpinned by the theme of persecution and the struggle for survival; however, since these subject positions emerged alongside imagery and language which depicted an experience akin to surviving a predator in the wild, they were consolidated under a core subject position of the 'prey animal'.

8 core subject positions were most prevalent: the ‘powerful and the ‘powerless’, the ‘predator and the ‘prey’, the ‘disconnected therapist’ and the ‘disconnected child’ and the ‘explorative therapist’ and the ‘complex child’.

The features of each type of anxiety were cross referenced from Tables 3.1, 3.2 and 3.3 and finally the Findings and Discussion section explored how these subject positions interplayed with the 3 types of anxiety.

Findings and Discussion

Introduction

The eight core subject positions are organised in four pairs which reflects the duality of the therapeutic couple (Bion, 1962; Meltzer, 1973), and they appear in the sequential order in which they appeared within the process notes.

All eight subject positions were highly prevalent; however, the powerful and powerless subject positions were the most prevalent because they resurfaced in conjunction with each of the other subject positions. The ‘predator’ and the ‘prey’ and the ‘explorative therapist’ and the ‘complex child’ were equally prevalent, and the ‘disconnected therapist’ and the ‘disconnected child’ were the least prevalent subject positions.

Due to the turbulent emotional atmosphere of both assessments, the subject positions shifted frequently; consequently, all eight subject positions were evident across all sessions of both assessments.

The core subject positions are:

The ‘Powerful’ and the ‘Powerless’

The ‘Prey’ and the ‘Predator’

The ‘Disconnected Therapist’ and the ‘Disconnected Child’

The ‘Explorative Therapist’ and the ‘Complex Child’

The 'Powerful' and the Powerless' Subject Positions

The powerful and the powerless subject positions embodied forceful or commanding discourses; since the acquisition of power relies on establishing powerless counterparts, these subject positions appeared in binary oppositional format during moments when we attempted to assert power over each other (Foucault, 1972; Harper, 2007).

A core task at the beginning of the assessments was to establish our respective roles, and our agendas included concerns about how to proceed with the assessment; power dynamics therefore seemed to embody the discourses which were concerned with establishing a hierarchical order of command or authority (Billig, 2006). Consequently, identities of powerfulness and powerlessness dominated the beginning of the assessments, and therefore presented associated factors which required careful examination (Billig, 2006; Guilfoyle, 2003. p335).

The way that the powerful and powerless subject positions underpinned experiences of anxiety was also considered in opportune moments throughout the chapter.

Kevin's Assessment

When I first arrived to begin 15-year-old Kevin's assessment, I knew only a little about him from his case file and the impression that he gave during the initial meeting which took place one week previously. I knew Kevin had recently been removed from his mother's care due to abuse and domestic violence; he currently lived with his father and stepmother who had both accompanied him to the initial meeting.

Kevin did not speak very much during the initial meeting, but I observed nervous jitters which reverberated through his body like spasms. Kevin also coughed frequently and fidgeted with his coat. I suggested that Kevin had three individual assessment sessions with me, which would be held weekly in the therapy room where we had the first meeting. I recall

that Kevin met my eyes only once, when he nodded to signify that he wished to return for an assessment. At that time, I experienced Kevin as a young person with the world on his shoulders.

Extract. 1.0 explores the experience of meeting Kevin in the waiting room of the clinic where he was waiting accompanied by his stepmother, Tina.

The 'Authoritative Therapist' and the 'Nervous Young Person (and Family)'
Extract. 1.0

1. *Kevin and his step-mum are in the waiting room; I notice the light is off, I'm surprised that they are*
2. *sitting in dimness. They both smile and greet me in a nervous, polite way and I wonder to myself if*
3. *they felt apprehensive or afraid to turn it on. I say hello and let them know that it's time for Kevin's*
4. *appointment; I add something about turning on the light. Kevin stands up, coughs lightly and puts*
5. *his hands in his pockets as I turn on the light and avoids eye contact.*

(Extract. 1.0, taken from Assessment 1, first session: lines 1-5)

In lines 3 and 4, I confirm that it is time for Kevin's appointment which constructs an initial discourse underpinned by perspectivation since I contextualise the purpose of meeting within the framework of the assessment process (Guilfoyle, 2003). On this occasion, discursive strategies also propel the action forward because Kevin is enticed to stand up when I say that it is time to begin (Guilfoyle, 2003).

The authoritative action of turning on the light seems aimed at facilitating the assessment by enabling us to see each other clearly. Lines 4 and 5 mention that Kevin stands up whilst coughing, and then puts his hands in his pockets and avoids eye contact, as though he is uncomfortable or nervous. Subsequently, I wonder to myself if Kevin and his stepmother were nervous or afraid to turn the light on.

There could have been many reasons why the family did not turn on the light; for example, they may have had mixed feelings about commencing the assessment, or they may have wished to hide from sight for various reasons including shame or fear. The fact that I focus only on the idea that the family were inhibited reveals a particular perspective; furthermore, discursive strategies of assumption and persuasion underpin my decision not to explore their personal motives (Guilfoyle, 2003).

The act of turning on the light whilst concluding that the family were nervous, limits more agentic or powerful subject positions from becoming available to the family; therefore, I establish a position of relative power and composure, partly socially constructed by the authority and the requirements of my role (Avdi & Georgaca, 2009). The consequence of establishing a powerful position is that the family appear less proactive, and therefore they pick up the binary oppositional nervous and 'not-knowing' position (Guilfoyle, 2003. p341), providing evidence that the acquisition of power relies on positioning the other as relatively powerless (Foucault, 1972).

The Impact of Unconscious Phantasy

Since I authored the process notes, it is important to also consider the influence of my unconscious mind on the way that I positioned myself and the family. One of the ways that I expressed my unconscious mind was through 'phantasies' which emerged as I explored how events unfolded and relationships developed (Klein, 1921.p 37).

There is an important distinction to be drawn between 'fantasies' which are more implicitly linked to wish fulfilment and often more accessible to the conscious mind (Freud, 1909) and phantasies which embody unconscious emotional complexity stemming from the very earliest experiences of feeding (Klein,1935. p262); for example, in lines 1-3, I have a phantasy that

the family were too inhibited to use the light, much like a child who is fearful of the breast and then unable to feed (Klein, 1946).

Child Psychotherapists are trained to identify with a young person's internal world, and to analyse the nature of their own phantasies to understand how infantile parts of the personality function (Miller, 1989) and to explore the nature and quality of internal objects to understand the interplay with lived experience (Rustin & Quagliata, 2000).

The fact that I do not explore my phantasies with the family suggests that I wished to exercise reserve and to continue developing my initial impressions of the family; however, the fact that I am able to observe the family and draw conclusions about them is a powerful position. The family are aware that I am observing them which is therefore a less powerful position for them to be in.

Unconscious phantasies evoke primitive and infantile experiences of powerlessness, and therefore phantasy life involves intense power dynamics which shape how we perceive and treat others (Isaacs, 1948); perhaps this is another reason why my attempts at establishing myself in the powerful subject position appeared so entwined with my phantasy life.

The Impact of Projective Processes

When I turn on the light in line 5, there is a sense that I was compelled to take immediate action to rectify a situation which made *me* uncomfortable. I omit to examine the unease or confusion that I likely felt; instead, I wonder if the family experienced apprehension or fear. In other words, the family became the embodiment of the nervous feelings which I split off, which constitutes the defensive use of projective identification (Klein, 1946).

There is no way of knowing for certain what the family experienced, and they may indeed have experienced their own worries as they waited for the assessment to begin; if this was the

case then perceiving each other as apprehensive would likely have consolidated a ceaseless cycle of splitting and projective identification with each other's fears (Klein, 1946).

The process of locating disavowed aspects of emotional experience in others by projection provides only temporary relief (Freud, 1911). Furthermore, when projective identification is defensive, 'psychic reality' is denied; in other words, I was unable to examine the impact that my internal experience had on the way that things unfolded with the family (Joseph, 1988).

I wonder if I used projective identification defensively in this moment because I was embarking on a new and uncertain experience, and I could not bear to feel destabilised by accepting that I had no idea how the family felt, or what their intentions were. The power structure which emerges as a result suggests that the acquisition of power relied on forcing the family into a subordinate position; therefore, binary oppositions emerged in the discourse when I positioned the family in a way which avoided exploring my own sense of powerlessness (Foucault, 1972; Harper, 2007).

Consequently, I do not discuss the lighting with the family; rather, in line 4, I add 'something about turning on the light' which seems unusually indeterminate, perhaps indicating that I was emotionally detached and unwilling to examine the event in greater detail. Emotional detachment occurs when unconscious projective processes function defensively to disavow the aspects of emotional experience which have become unbearable; in this case, I seem to wish to escape experiencing myself as powerless whilst embarking on a new experience with a family that I had just met (Joseph, 1988).

The 'Nervous Therapist'

A few moments later, I reveal a different perspective on the lighting in the room which explores the situation in a new way.

Extract 1.1

11. *I feel a bit nervous and think about being right under the spotlight, I wonder if*
12. *that's why the light was off. I look at Kevin attempting to help him feel at ease but he looks away*
13. *quickly and shuffles his feet seeming tense.*

(Extract. 1.1, taken from Assessment 1, first session: line 11-13)

In line 11, I appear to identify with Kevin's nervous manner which I liken to being right under a spotlight. The association to being under a spotlight evokes a sense of being scrutinised, which provides a more nuanced exploration of the quality of nervous self-consciousness which I was identifying with.

This demonstrates that reflecting on my emotional experience permitted processes of projective identification to function communicatively; I was therefore providing an 'analytic situation' where the unconscious transference could be analysed to provide insights about Kevin (Klein, 1926.p137; Bion, 1962). Simultaneously, I engage with reflection and elaboration which are discursive strategies which support the conglomeration of my thoughts; therefore, a process of 'discursive regulation' emerges within the discourse which becomes embodied by cohesive self-expression (Parker, 1998). The process of reflection therefore appears as both a discursive strategy and a clinical tool (Parker, 1998).

The Influence of the Therapist's Perspective

The fact that I authored the process notes constitutes an inherently powerful position. Although I attempt to provide Kevin's perspective in my process notes, my own opinions and agendas are also evident (Sherwin-White et al.,2003). Since the establishment of power is

linked to the enforcement of personal agendas, the powerful position is evident whenever my own agenda appears within my process notes (Foucault, 1972).

My clinical agenda emerged in my notes when I took actions to progress the assessment such as confirming that it was time to begin or turning on the light. An important consideration is that I was a trainee required to meet various training requirements including the successful and timely completion of assessments; this likely impacted on my urgency to establish the conditions necessary to conduct the assessments.

My position as a white, middle-class, Northern Irish professional influenced my view of the families, and likely also shaped the way that I was viewed by the working-class families who were of British nationality; the process notes therefore capture socioeconomic and cultural factors which impacted how our identities were experienced (Avdi & Georgaca, 2009; Willig, 2003).

As we continued to explore how best to move forward with Kevin's first assessment session, further tensions regarding the establishment of the powerful and powerless subject positions emerged.

The 'Powerful and the Powerless' Subject Positions
Extract. 1.3

14. *I let Tina know that she is welcome to stay and she assures me that she would like to wait in the*
15. *car as she needs to make a phone call. Kevin coughs again, he holds his body tensely and he is*
16. *trembling slightly; he looks down and plays with a loose thread on the end of the arm of his*
17. *jumper. I say that we will be in the same room as last time and I guide us from the waiting room.*

(Extract. 1.3, taken from Assessment 1, first session: line 14-17)

As a therapist working at the clinic, I had the authority to invite Tina to wait in the waiting room. The process notes reveal that I raise this subject on more than one occasion, which

constructs an assumption that the waiting room is the best place for her to wait. I therefore engage with perspectivisation underpinned by my principles as a therapist, which include inviting parents to wait as a supportive measure (Parker, 1998; Rustin & Quagliata, 2000). Capitalising on the authority of my role permits me to attempt to enforce my own agenda, and thus to appear in the powerful position.

Tina's decision to wait in the car deactivates my power and my agenda of persuading her to stay. Tina may have preferred to wait in the car for many reasons including a simple desire to leave the clinic; she asserts her identity as an adult who can make decisions and employ free will. In this moment, the power and authority involved with my role was challenged, and I had little choice but to accept the decision that Tina made as Kevin's parent.

Another possibility is that factors linked to social status reemerged here since concerns linked to privilege and class appear when there is an attempt to establish power (Willig, 2003). Tina's firmness and resolve may have therefore functioned to eradicate the chance that she was being positioned as powerless or belittled due to her social class.

Significantly, I do not explore the experience of having my power challenged. Rather, in line 17, I escort the family from the waiting room which seems like an attempt to reclaim a powerful position by using my authority to act as their chaperone.

Kevin did not offer his perspective at any point during these interactions; he may have wished to challenge Tina's decision to wait in the car, or to resist my guidance to leave the room but he seemed too frightened to explore his opinion. Rather Kevin's nervous manner, his habit of fidgeting and his uncomfortable body language suggested that he wished to distract himself from the things that he couldn't say.

Kevin therefore entered his assessment in a nervous and powerless position, which seemed to evoke his identity as a young person who had survived abuse and had kept his pain to himself

for a long time. I remained in a powerful position linked with the authority of my role, especially when my agenda or perspective emerged in my process notes.

The Impact of Power on the Exploration of Anxiety

The fact that anxiety interplays with the experience of powerlessness, or the desire to resist appearing in a powerless position, is considered later in the thesis; this is because the intense power dynamics at the beginning of the assessments required consideration before the specific nature of anxious moments could be observed (Billig, 2006; Guilfoyle, 2003. p335).

Inherent power dynamics also emerged in the second assessment when Liam arrived to embark on his first session. The beginning of the second assessment will now be examined to notice the first subject positions which emerged as we engaged with the task of establishing ourselves within our respective roles.

Liam's Assessment

The week before Liam's first assessment session, I had met Liam and his mother for an initial meeting. Liam was four years old, and he had been referred to the child psychotherapy team by a professional who was supporting his mother to recover from domestic violence. Liam had both witnessed and suffered physical abuse which continued until he was two years old. For the past year, Liam had been supervised away from other children at nursery due to his violent outbursts, and there were serious concerns about his wellbeing.

Liam's assessment took place following the outbreak of COVID-19 and the waiting room was not available to be used due to national restrictions which limited the risk of contracting the virus. Liam's age and vulnerability meant that he urgently required assessment and he was one of the first children to be permitted to have an assessment session 'face to face' at the clinic.

In the initial meeting, I found the anxiety stirred by the risk of contracting COVID-19 intensified worries about the frequency of assessment sessions and where they would take place. The agreement was that I would collect Liam from the doors of the clinic for all three sessions, which would be on the same day and at the same time each week. We also agreed that we would wear facemasks as PPE in the corridors, as well as observing national social distancing regulations when we were in the therapy room.

The 'Conflicted Mother' and the 'Hesitant Child'

Extract 1.4 explores the moment when I collected Liam from the doors of the clinic for his first assessment session. The doors of the clinic were beside the carpark and Liam's family always dropped Liam off at the front doors.

Extract 1.4

309. *Liam's mum is in the car with a man that I assume is her partner; she smiles and waves looking a*
310. *bit nervous and then gets out of the car and lets Liam out of the back. Liam gets out slowly and*
311. *his mum adjusts his mask and I hear her whispering something like 'go on'. Liam shuffles toward*
312. *me looking frightened and tiny. I say that it is time for his appointment and I almost want to lift*
313. him *up. Liam looks so serious and solemn that I begin to feel grave and gloomy. Suddenly I feel*
314. *like I am tearing him away from his mum.*

(Extract. 1.4, taken from Assessment 2, first session: lines 309-314)

As in the first assessment, my first words are to confirm that it is time for the appointment to begin which constructs an initial discourse, underpinned by perspectivation, establishing that the purpose of meeting is to embark on an assessment (Guilfoyle, 2003); however, this discursive strategy also permits me to reinforce that I am in a position of authority linked with my role.

In line 309- 310, Liam's mother waves at me and then whispers encouraging words to Liam; the depiction of her nervousness, and the fact that she lacks the conviction to speak loudly, conflicts with her supportive actions. Line 311 portrays Liam's hesitance by the description of slow movements and the fact that he requires encouragement to move forward.

During the initial meeting, we explored how the assessment would be comprised of individual sessions with Liam to permit unconscious factors linked to separation to emerge; however, since Liam was only 4 years of age, his mother was quite unfamiliar with parting with him outside of nursery school. Liam's mother therefore appears conflicted between her desire for Liam to have an assessment, and her identity as a worried mother of a young child; it is therefore plausible that she may have wished to accompany Liam but felt unable to ask to do so.

As in the previous assessment, an inherent power structure was linked to the authority of my role which underpinned the contemplation of our personal agendas; ultimately, my role in leading the assessment seemed to position Liam and his mother in the binary powerless position (Harper, 2007).

The 'Protective Therapist'

In lines 313 and 314, I explore a painful sense that I am tearing Liam away from his mother, perhaps identifying with their experience of being torn apart (Klein, 1946). The fact that I reflect on these experiences in my process notes evidences the use of reflection as a discursive strategy, which underpins self-expression, but also as a component of clinical work embodied by my attempts to attune to the family (Parker, 1998).

The description of Liam as frightened and tiny in lines 311-314 suggests that I experience a strong protective response to him; in this moment, the discourse is underpinned by

intensification which aims to convey Liam's fragility and my relative power as a grown adult (Parker, 1998).

The 'Powerful and the Powerless' Subject Positions

Liam was the first child that I saw following the COVID-19 epidemic. I collected Liam at the door rather than from the waiting room which was unusual, and I also wore PPE and implemented social distancing regulations which were new to me.

Implementing these changes provided a constant reminder of the risk of contracting the virus, and I recall how this destabilised my confidence about doing my job. Previously, I experienced my routine as a therapist to be reassuring and comforting, and I recall that feelings of powerlessness were stirred by the changes.

Despite this, I wished to support Liam and his family by continuing with plans to have the assessment at the clinic. There appears to be an urgency to keep things as 'normal' as possible, which might explain why I don't explicitly mention factors linked to COVID-19 in my process notes.

However, the abnormality of the situation is easy to detect. In line 310, I record that I was unfamiliar with the man who dropped Liam off alongside his mother. Although it is not extraordinary to begin an assessment before meeting each of the child's family members, I usually attempt to meet, or to be informed of, any adults accompanying young children to their sessions. The limited time that I spent with Liam's mother at the door made it difficult to explore this further; furthermore, I do not acknowledge that seeing an unfamiliar man unsettled me in my process notes.

In line 309, I record an assumption that the man is Liam's stepfather. Although I later found this to be correct, the use of assumption as a discursive strategy seemed aimed at drawing a

conclusion which escaped the discomfort of uncertainty, and the powerlessness stirred by not recognising the man who accompanied Liam (Parker, 1998).

In the initial moments of meeting with Liam, I attempt to maintain the protective and authoritative position of power which is inherent to my role as a therapist; however, I also appear destabilised by factors related to the COVID-19 epidemic, as well as by Liam's age and vulnerability. Therefore, I begin Liam's assessment in a much more threatened and powerless position than was the case during the first assessment. Liam and his mother appear hesitant and conflicted which embodies factors linked to their personal identities, but also seems linked to the wider societal worries which impacted the process of having an assessment during the COVID-19 epidemic (Kowalski & Gawęda, 2022).

As in the first assessment, factors related to power overwhelmed the relational dynamics when Liam and I first met; therefore, the emergence of anxiety was not considered instead focusing on the powerful and powerless positions which dominated these sections of the process notes (Willig, 2003).

The initial moments of both assessments illustrated behaviour which underpinned the tactical negotiation of power, employed within discursive strategies such as persuasion, perspectivation and argumentation; these strategies were stirred by factors such as the different levels of authority involved with our respective roles, and establishing our agendas within the assessment (Guilfoyle, 2003. p335).

As the assessments progressed, it became clear that experiences of power and powerlessness were evident during experiences of anxiety; therefore, the powerful and powerless subject positions were also considered when anxiety emerged throughout the thesis (Heimann, 1950).

The subsequent subject positions to emerge interplayed with persecutory, annihilatory and depressive anxiety. The first type of anxiety to emerge in both assessments was persecutory anxiety which interplayed with the prey and the predator subject positions.

The 'Prey' and the 'Predator' Subject Positions

Combative or hostile discourses were found to embody the predator and the prey subject positions accompanied by experiences of persecutory anxiety; an extended metaphor of a predator trapping or intimidating their prey revealed that the therapeutic relationship became experienced as extremely provocative or threatening due to the anxiety stirred in these moments (La Mothe, 2012). These subject positions were in binary oppositional format since the portrayal of a predator is underpinned by the act of pursuing a prey counterpart (Harper, 2007). The prey and predator subject positions developed alongside the perception that feelings of persecutory anxiety were actively provoked or induced within the therapeutic relationship, and a sense of blame spread like wildfire.

Within the literature review, the perceptual and emotional responses to persecutory anxiety during assessment included 'perceiving oneself to be attacked by others' (Terradas, Domon-Archambault & Drieu, 2020. p37) or a 'limited capacity to perceive benevolence' (Rustin & Quagliata, 2000. p123) and the behavioural responses included 'placation' (Walker, 2009. p12) and 'withdrawal' (Terradas, Domon-Archambault & Drieu, 2020); these anxious experiences were identified within the process notes whilst observing predatory and prey-like identities.

Personal identities of powerfulness and powerlessness also underpinned the dominance of the predator over their prey and were observable within the combative and hostile discourses which embodied persecutory anxiety (La Mothe, 2012).

Kevin's Assessment

The 'Trapped Young Person' and the 'Therapist who Induces Anxiety'

Extract 2.0 reveals that feelings of anxiety emerged right from the moment that we walked to the therapy room to begin Kevin's first session.

Extract. 2.0

18. *Tina tells Kevin that he can call her when he is done. I say that we will be back at 4.20pm if Tina*
19. *would like to come back. Tina nods and hurries away.*
20. *I smile at Kevin who looks very uncomfortable and like he just doesn't want to be here at all. I*
21. *repeat that we are in the same room, just around the corner and Kevin nods and says nothing and*
22. *follows with his head down. We walk to the room in silence and I notice that Kevin's head is*
23. *down the entire time but his eyes dart around him looking frightened; he walks quite close to me*
24. *but I sense I am the lesser of two evils and that he does not want to be close to me either.*

(Extract. 2.0, taken from Assessment 1, first session: line 18-24)

I had left the waiting room in a powerful position guiding Kevin to the therapy room. Kevin progressed nervously, walking a little behind me in a powerless position. Lines 21 and 22 relay that Kevin walks with his head down as though he is held against his will.

Lines 22 and 23 suggest that Kevin's anxiety increases as we walk together, as though he feels antagonised rather than comforted by my presence. Despite this, Kevin concedes to following me as though he experiences himself to be confined in the situation.

In lines 22-24, Kevin's frightened manner and darting eyes conjure up the behaviour of someone who has been hurt or attacked, or a victim of a crime. In line 24, I sense that Kevin perceives me to have induced his suffering. The nature of my phantasies become persecutory which suggests that I also experience anxiety about how the relationship is developing.

The way that the object is perceived during anxious moments indicates the type of anxiety which is experienced (Klein, 1946). Persecutory anxiety becomes apparent in the paranoid schizoid position as the painful and unwanted aspects of emotional experience are split off and projected into others who begin to embody these negative feelings through processes of identification (Klein, 1946. p99).

There is complexity when establishing the type of anxiety that I experienced when in identification with Kevin in extract 2.0. In lines 23 and 24, I wonder if Kevin's fearfulness is linked with an aversion to being close to me, which implies that I am concerned about my impact on Kevin, as though I could harm him. At first, it seemed possible that my concern about my capacity to damage Kevin by inducing his anxiety was characteristic of depressive anxiety (Waddell, 2000. p155); however, the description has a paranoid quality which is more typical of persecutory anxiety (Klein, 1946).

Furthermore, depressive anxiety is concerned with the damage which could be done to the 'good' object; however, in line 24, I describe myself as 'the lesser of two evils' which signifies that I have become identified with a 'bad' persecutory object, and the word evil eradicates any sense that I am perceived to have benevolent or redeeming features which suggests that I did not in fact experience depressive anxiety (Klein, 1946).

Alternatively, Kevin seems more fearful in line 20 which is suggested by the fact that he lowers his head as though he feels threatened. One possibility is that he perceives me as a persecutory object which is characteristic of persecutory anxiety (Terradas, Domon-Archambault & Drieu, 2020. p37). I grow hypervigilant in response to Kevin's body language and there is a sense that I watch him cautiously, which suggests that I also experienced persecutory anxiety (Parsons & Horne, 2009. p52).

One way of thinking about the way that we relate to each other is to consider that Kevin may have split off and projected his discomfort into me through a defensive process of projective identification, which meant that he experienced me as a 'bad' object and the embodiment of his fears (Klein, 1946). My phantasy of being the lesser of two evils also seems to evoke paranoid perceptions of the frustrating 'bad' feeding object, which is like a panoramic attack from both sides (Klein, 1946).

Extract 2.0 also reveals that processes of projective identification influence how identity is experienced; for example, I become hypervigilant when I identify with a persecutory object producing paranoid phantasies that I may have induced Kevin's anxiety (Parsons & Horne, 2009. p52), and Kevin acts as though he is a trapped animal, appearing to feel threatened and confined to a situation which provoked his anxiety.

The 'Jailer' and the 'Prisoner'

As Kevin's first session began, I noticed that he sat facing away from me. At first, Kevin shuffled around a lot and fidgeted with his clothes. I also noticed that Kevin had a persistent cough, and I recalled from his notes that a doctor had suggested that his cough was a 'psychosomatic tic' which worsened when he became anxious.

Kevin's cough was shallow and gruff, and he trembled wildly from the pressure created when he held it in, as though he wished to imprison his cough in his throat. I noticed that Kevin trapped his cough using his throat muscles and on other occasions he released the tension which set his cough free.

There were moments of very tense silence, and I remained hypervigilant suggesting that I continued to identify with persecutory anxiety (Parsons & Horne, 2009. p52); therefore, my notes from the beginning of Kevin's assessment contain observations of even small movements, such as when he shifted on his chair or looked at the clock. Kevin looked at the

clock so frequently that it was unlikely to have been simply to establish the time, and I decided to explore how his worries appeared to manifest by looking at the clock.

Extract 2.1

54. *I gently notice that he keeps looking at the clock, he coughs then stammers slightly; he coughs*
55. *again and finally speaks in a low croaky voice and says that he doesn't know what to say. I gently*
56. *wonder if he lets me know that he feels under pressure. Kevin looks up quickly and looks at me*
57. *and nods and I say that it can be hard to come and see someone new and there might be all kinds*
58. *of pressure inside about what to talk about when this is our first session alone and he might*
59. *be wondering what these sessions are all about. Kevin kicks his feet from side to side, then looks*
60. *right at me, nods and looks at the clock; I wonder aloud if something makes Kevin*
61. *feel like he needs to keep an eye on the time. Kevin nods, coughs and looks up at the clock*
62. *again, scans the room and then says he* just *does. I wonder if we can think together about what*
63. *that's about for Kevin.*

(Extract. 2.1, taken from Assessment 1, first session: line 54-63)

In line 55, Kevin describes feeling anxious because he doesn't know what to say. Later in the assessment, I came to understand that Kevin experienced enormous anxiety in relation to talking, which made him feel trapped when he experienced himself as under pressure to speak.

Over time, Kevin began to experience his sessions as a place where he could allow his communications to emerge in his own way; however, at this point, Kevin scanned the room in a hypervigilant way, as though he perceived it as a threatening environment (Terradas, Domon-Archambault & Drieu, 2020. p37). I did not sense that Kevin perceived me as a 'good' object capable of attuning to his unspoken communications, or that I would understand if he wished to have some space; rather, the way that Kevin acted suggested that he may have felt trapped with his persecutory object (Klein, 1946).

The domain of body language includes sighing, coughing and the other organic mechanisms which orchestrate the performance of the body, holding a representative and communicative function within discourse (Cassell et al.,2001).

Kevin trembled with the tremendous tension that he used to engage his throat muscles when he trapped his cough, and the abrasive quality to his cough was so painful that I often wished to shudder; therefore, Kevin projected his pain into me and I identified with the discomfort that he felt (Bion, 1962). Within my process notes, Kevin's cough seemed to be a symbol for the pain which he struggled to release thus communicating that he experienced sporadic moments of painful catharsis; therefore, I could explore Kevin's pain by examining the symbolism of his body language (Cassell et al.,2001).

In lines 60- 62, I express an interest in Kevin's body language when I wonder if he communicates with me by looking at the clock to articulate an urge to keep an eye on the time; this seems to resonate with Kevin because he looks at me, nods and then looks at the clock again. Following this, Kevin looks away from me and scans the room, as though he considers himself trapped rather like a prisoner staring at the four walls of a cell (Terradas, Domon-Archambault & Drieu, 2020. p37). Significantly, Kevin remained in the room throughout his sessions despite the enormous discomfort which flared up at regular intervals.

Kevin seemed to hold me responsible for his perceived imprisonment; therefore, in line 61 and 62, he edgily shuts down my attempt to explore the reasons why he looks at the clock by answering that 'he just does'. Therefore, we were not able to explore factors that might have emerged such as his ambivalence about having an assessment, or about talking with a new adult. Kevin's oracular and disillusioned response to my explorative question evokes a resigned and cynical captive who refuses to engage with their jailer, and I identify with the role of the jailer holding Kevin captive in the session.

The 'Predatory Aggressor' and the 'Wounded Prey'

Kevin's second session started with a particularly long and tense silence. After some time, I noticed that Kevin looked at the clock which I tried to explore within a dialogue with him.

Extract 2.2

113. *Kevin coughs and sways from side to side looking at his knees; he coughs again and says that he*
114. *just wants to know what time it is. There is aggression in this and I feel attacked and there is a*
115. *long silence.*

(Extract. 2.2, taken from Assessment 1, second session: line 113-115)

Lines 113- 115 relay that once again Kevin shuts down my attempt to explore his behaviour of looking at the clock in a way that I find menacing and l confirm that I feel attacked.

The way that I record the experience in my process notes suggests that subjective therapeutic discourses, which might deconstruct identity as part of self-exploration, are obstructed by my inability to exercise reflective capacities in this moment; therefore, I am unable to understand feeling attacked as part of a common countertransference experience (Avdi & Georgaca, 2009; Heimann, 1950). I am not usually sensitive to this kind of emotive exchange; therefore, the perception that Kevin wilfully perpetrated an attack against me suggests that a process of symbolic equation occurred, and I experienced his words as if they were a real-life assault (Segal, 1957).

There appeared to be ramifications for the discourse produced in this moment; for example, discursive strategies such as insistence and argumentation underpinned the unyielding statement that 'there is aggression in this'; therefore, a combative dialogue is embodied by an accusatory tone, which portrays blame and indignance, and therefore limits the opportunity for 'redemptive' discourse (La Mothe, 2012).

Combative discourse both describes and propels pugnacious relational encounters when inflammatory statements incite further problems, or when inflexible responses prevent subjective reflective discourses; therefore, combative discourse is characteristic of paranoid schizoid functionality (Klein, 1946; La Mothe, 2012). In other words, feelings of persecutory anxiety underpinned my perception that I had been attacked (Terradas, Domon-Archambault & Drieu, 2020.p37).

I was aware that Kevin had been removed from his mother's care due to physical and emotional abuse. I did wonder how Kevin had survived the terror and pain which he suffered, and how exactly he had internalised the violence he experienced. When I was with Kevin, I identified with a warring internal couple who provoked each other without the hope of communicating in a less combative way (Meltzer, 1973).

The 'Drowning Prey' and the 'Predator'

From the beginning of his assessment, Kevin often acted as though he was familiar with trying to evade danger. I sensed that he perceived a savage maternal object who could become predatory at any moment, and he experienced himself as vulnerable and in constant danger (Klein, 1946).

The clearest example of this dynamic emerged in Kevin's first assessment session. Around 10 minutes after arriving in the room, I sensed that Kevin was very anxious and that he did not experience himself as being free to leave the room, or to do anything to make things feel better for himself.

Extract 2.3

42. *There is a long silence and Kevin starts to shift around on the couch; he begins to cough*

43. *frequently and fidgets with his coat or his trousers. Kevin looks at me quickly and starts to seem*

44. *more uncomfortable, he puts his fist up to his mouth and gives a deep cough and begins to*

45. *tremble. Kevin looks all around the room and at the four corners of the ceiling; he breathes*
46. *quickly and his eyes dart around as he looks upward; I have an image of him drowning and*
47. *attempting to get up for air. I am filled with anxiety that expands like a balloon filling up with air*
48. *and I begin to panic that he won't be ok somehow, like he will drown.*

(Extract. 2.3, taken from Assessment 1, first session: line 42-48)

Lines 42 and 43 describe how Kevin shifted around, much like an animal snared in a trap wishing to escape. Kevin trembled with his fist in his mouth whilst looking at me, like a wounded prey animal watching a predator advance (Terradas, Domon-Archambault & Drieu, 2020. p37). Factors related to power become apparent because the predatory position encapsulates the perceived capacity to dominate Kevin who experiences powerlessness underpinned by limited capacities to defend himself.

Kevin appears to be struggling to breathe through panic in extract 2.3; therefore, his eyes dart around at the four corners of the ceiling, as though searching for safety whilst enduring a threat to his life. The metaphor of drowning evokes his powerlessness and the precariousness of the experience, and the discourse contains words emerging in rapid sequence which embodies his panic; therefore, discursive strategies of intensification, combined with the use of metaphor and exaggeration, provide a visceral account of a 'story' that Kevin is drowning as a way of examining the emotional quality of his panic (Sampson & Bertrand, 2023).

In lines 47 and 48, there is a sense that my lungs could burst. I do not say anything to Kevin in this moment which may be because I was composing myself so that I did not risk projecting my anxiety into him, and therefore making things worse. However, from Kevin's perspective, I may have seemed to silently watch as he struggled, like a predator watching a prey animal squirm whilst fighting to stay alive (Terradas, Domon-Archambault & Drieu, 2020. p37).

The treacherous emotional atmosphere which evokes a prey animal perceiving the power and threat of a predator underpinned the experience of persecutory anxiety which manifested in Kevin's assessment. I sensed that Kevin struggled with various challenges of having an assessment, including allowing emotional experiences to emerge whilst getting to know each other, and this was converted to either blame and suspicion or the experience of powerlessness (Rustin & Quagliata, 2000). On some occasions we both felt either trapped or under threat, and the temptation was to argue or to become silently suspicious and unable to explore our experiences in a helpful way.

Throughout Kevin's assessment, I wondered if having a female therapist stirred memories of being abused and unable to escape his mother when she provoked fear or caused pain. More than anything else, Kevin acted in a way which led me to become convinced that our relationship was doomed to become combative, and therefore persecutory anxiety seemed linked to experiencing a sense of feeling trapped within a harmful internal relationship (Meltzer, 1973). At other moments, I sensed that Kevin had an intense desire to stay and that he believed that things could be different, which created a ray of hope which grew with each session.

Liam also entered his assessment seeming to believe that relationships were doomed to become combative (Meltzer, 1973); like Kevin, the prey and predator subject positions were linked with experiences of persecutory anxiety. In Liam's case, factors relating to the COVID-19 epidemic and my task in assessing a vulnerable, four-year-old child also increased the intensity and frequency of experiences of persecutory anxiety.

Liam's Assessment

The 'Defensive Therapist' and the 'Idealised Child'

Extract 2.4

315. *I let us through the door and I say that we are in the same building as last time (Liam nods as*

316. *though recognising this) and I say that we are going to a different therapy room and Liam walks*

317. *close to me, looking up and down at me, and he is perfectly quiet; I really sense his fear.*

(Extract. 2.4, taken from Assessment 2, first session: lines 315-317)

Lines 316 and 317 suggest that Liam seems fearful; he seems to gaze at me for comfort whilst clinging to my side as though he places his trust in me. The description of Liam's lamblike meekness produces 'a story' about Liam which idealises his innocence whilst overlooking other aspects of his character (Sampson & Bertrand, 2023).

Although I do not reference COVID-19, extract 2.4 captures a sense of imminent threat; the fact that COVID-19 was contagious, and transmitted by physical contact, meant that having Liam's sessions in person meant that we faced a higher risk of transmission.

Throughout the COVID-19 epidemic, defences against persecutory anxiety increased because the virus was contagious and therefore interpersonal encounters posed a threat (Kowalski & Gawęda, 2022); therefore, omnipotent defences appeared 'in an attempt to deny the reality that, every day, people are dying from the virus' (Contreras, 2020).

Initially, my focus is on idealised aspects of Liam's identity as a young, innocent child; this is problematic because it romanticises his character whilst failing to acknowledge other aspects of his identity. Furthermore, the stimulation of omnipotence, as a 'survival function', appeared to defend against other realities such as the danger that COVID-19 posed, perhaps because I sensed this may have shattered my durability to continue working (Symington, 1985).

Lines 315 and 316 suggest that I may have communicated my embellishment of Liam's innocence to him by using an overly delicate manner when I address him. Interestingly, Liam responds by nodding, and he seems instantly more amenable; Liam's response to my manner seems to embody the defensive functioning of projective identification by idealisation which avoids processing the reality of the distress and anxiety which we both likely felt (Meltzer, 1975).

Although Liam may well have required a delicate approach due to his age and vulnerability; the defensive use of idealisation seems to evoke the partial and partisan discourses which circulated within society at the time, often headlined by the media, saluting doctors and nurses who helped the sick throughout the pandemic (Kowalski & Gawęda, 2022).

Although these discourses could be experienced as comforting, there was a tendency to avoid the distress that many professionals and patients experienced, and that many contracted COVID-19 from each other and became sick or died (Kowalski & Gawęda, 2022). Similarly, in my process notes there are moments when I construct partisan discourses composed of aspects of Liam's identity which idealise his innocence (Kowalski & Gawęda, 2022). Subsequently, I seem to split off any abrasive aspects of his character whilst projecting my perception of his idealised parts into him; in other words, encouraging a benevolent emotional atmosphere to emerge which seems partly linked to easing my own anxiety (Kowalski & Gawęda, 2022; Meltzer, 1975).

The 'Menacing Predator' and the 'Prey'

When we arrived in the therapy room to begin Liam's first session, I introduced him to his toybox which contained a babydoll, some peg dolls, wild and domestic animals and some other toys like a ball and drawing materials. I also introduced Liam to the doll's house and the furniture such as the couch and the drawing table.

During this experience, Liam started to whisper menacingly under his breath whilst turning his back to me. In my notes, I attempt to explore what Liam was saying and I record that 'Liam glares at me quickly which has a powerful quality of fury and shutting me out'. Factors related to power became evident because Liam appeared to take over control of the room by playing with the toys whilst ignoring me; meanwhile, I experienced persecutory anxiety and became withdrawn and less proactive (Parsons & Horne, 2009. p52). Therefore, I experienced persecutory anxiety whilst in the powerless subject position.

I was aware that Liam was still becoming familiar with the therapy room and likely to be nervous; however, his actions had a powerful impact which explains the affronted tone which I use to capture his glare suggesting that I felt excluded, and even a little frightened.

Later during Liam's first session, he began to explore experiences of violence when playing with the wild animals.

Extract 2.5

401. *Liam climbs off the chair and goes back to the animals. Liam starts to make some animal noises.*
402. *He gets the polar bear and says 'rooooar' and the polar bear eats the crocodile. I ask what's*
403. *happening and he tells me 'it's a fight' and then makes animal noises for the others. Liam goes*
404. *through each group and I sense he is really letting go as he makes the sounds. This continues*
405. *until the end of the session.*

(Extract. 2.5, taken from Assessment 2, first session: lines 401-405)

Until this point, I sensed that Liam had been supressing more aggressive urges which contributed to the pensive and tense atmosphere, and which seemed painful for him to hold inside. Extract 2.5 demonstrates that Liam finally abandons the restraint which I had observed. In line 402 and 403, Liam's utterances communicate that it was the predator's menace, underpinned by a capacity to win fights and prey on defeated victims, which he

identified with; therefore, subjective discourse permitted these aspects of his experience to surface and to be considered (Avdi & Georgaca, 2009).

Children are believed to symbolise emotional experiences in play, but also to project aspects of their identity into the characters and to re-introject aspects of this experience by projective identification, which means that they explore and process unconscious material while playing (Klein, 1929) Liam seemed to project his aggression into the polar bear who ate the other animals, and he then roared to signify that he identified with the associated aggression. Since predators can only fulfil their predatory function when another animal can be pursued as prey; therefore, the positions are in binary oppositions (Harper, 2007).

Liam did not imitate any sounds or characteristics of the wounded crocodile which suggests that he did not wish to empathise with or consider the emotional experience of the prey animal; however, I sensed that each time he roared to identify with the predator, the ignored prey animals were also on in his mind (Harper, 2007).

Liam's second assessment session took place exactly one week later. Liam was quiet and guarded as we walked to the room, and he whispered to himself as he had done in his first session when he started to play.

Eventually, Liam opened his toy box and chose to play by organising the animals; he grouped the wild animals together and it seemed significant that he left the domestic animals scattered across the floor, stranded and alone.

Extract 2.6 explores how we explored the way that Liam played with the animals.

Extract 2.6

495. *I notice that some animals are all by themselves and they must feel very left out; I wonder if*
496. *Liam wants help with some feelings about that.*
497. *Liam looks up at me and then he gets the rhino and the elephant and clashes them together.*
498. *Liam looks up at me like- did you see that. I notice they had a fight and he responds by looking*
499. *at me again which sort of communicates, yes they did. I wonder if Liam is letting me know that*
500. *fights are on his mind as well and maybe we can have some more sessions to help with that.*

(Extract. 2.6, taken from Assessment 2, second session: lines 495-500)

In lines 495 and 496, I wonder if Liam separated the animals to explore feelings of exclusion. However, I was also aware that the domestic animals were much smaller than the wild animals, and therefore Liam may have been alienating these animals due to the discomfort that their relative vulnerability stirred in him.

In line 497, Liam responds by looking at me and then clashing the rhino and the elephant together, as though to shatter my interpretation whilst letting me know that I had undermined the aggressive position that he wished to take. Liam pointedly looks at me which suggests that he wished me to know that he identified with the predatory animals; subsequently, he attempts to position me as the prey animal by colliding the animals thus communicating his desire to fight with me (Freud, A. 1946).

Lines 498- 500 demonstrate that I do not interpret Liam's wish to challenge me in the transference, and instead I wonder if Liam is letting me know that he needed my help. There could be many reasons for this; for example, I may have worried that interpreting Liam's desire to fight with me could stir very painful experiences which could only be faced within the security of longer-term therapeutic work (Rustin & Quagliata, 2000).

Another reason is that Liam projected his fear into me which was to position me as the frightened prey animal so that he could act as the predator; therefore, it seems plausible that I was overwhelmed by the violence of Liam's projections, and I resisted identifying with the prey subject position due to the intense level of fear which Liam stirred up within me.

Another way to describe the vulnerability which I wished to avoid incorporates positions of power and powerlessness. I avoided experiencing myself as helplessly exposed to the danger of being destroyed by a predator, and therefore my fear of powerlessness also underpinned the robust defences which were described in the discourse (Wetherell, Taylor, & Yates, 2001a).

The Identification with Aggression as Defence against Persecutory Anxiety

When Liam alienated the domestic animals by leaving them stranded alone in various locations across the floor, he seemed to communicate an internal process of splitting off the more vulnerable parts of his personality in favour of identifying with the aggression and dominance represented by the wild animals (Freud, A. 1946).

The fact that Liam chose to play with the wild or predatory animals suggests that the aggressive functionality of the animals who always survived the fight appealed to him; in other words, identifying with aggression was a defence mechanism which Liam felt was crucial to his survival (Freud, A. 1946). The predatory animals were dominant which provides a further reminder that the powerful and powerless identities were also explored when the predators exercised their power over the prey.

Subsequently, Liam avoided playing with the wounded or prey animals, perhaps because this would mean experiencing himself as attacked or at someone else's mercy (Freud, A. 1946). Liam's identification with aggression seemed to mean that he avoided the feelings of

persecutory anxiety which could have otherwise been stirred should he experience himself as wounded or attacked (Terradas, Domon-Archambault & Drieu, 2020. p37).

There were significant reasons for Liam to wish to defend himself against feeling threatened by persecutory anxiety. I was aware that Liam had both suffered and witnessed domestic violence in utero which continued until he was two years of age. I often wondered how Liam survived those experiences, particularly when his mother was wounded and unable to protect him. The fact that Liam chose to collide two strong animals seems to symbolise how he felt that he had to become threatening to defend himself and to survive.

Significantly, like Kevin, Liam seemed to perceive a combative internal couple who could only engage through fights and contests; meanwhile, I experienced being drawn into a war within a couple engaged in a deadly battle, ready to fight to the death (Meltzer, 1973).

Even when Liam was at his most menacing, I sensed that aggression was used as an armour because what he feared most was experiencing himself as vulnerable. I wondered if Liam scared and challenged the children at school to escape his fear by projecting it into them, whilst identifying with a predator who always survived (Freud, A. 1946). I did not sense that Liam could perceive a supportive or reparative couple who could make things better together (Meltzer, 1973). Rather, Liam seemed to feel that he would be deserted like the prey animals and left to struggle alone helplessly if he allowed himself to feel vulnerable.

I considered the fact that making interpretations about robust and complex internal defences can be difficult during an assessment due to the requirement for the safety and security of longer-term psychotherapy (Rustin & Quagliata, 2000). Liam's aggressive urges toward me seemed to be underpinned by terror of me, and of people in general. I was aware that I needed to be sensitive to the extremely vulnerable side of Liam which he appeared to guard with his life.

The 'Abandoned Prey' and the 'Merciless Predator'

Until this point in Liam's assessment, I noticed that he mainly located fear and persecutory anxiety in me, whilst converting his own feelings into aggression, which allowed him to experience only powerful aspects of his identity (Avdi & Georgaca, 2009; Freud, A. 1946). As Liam's second assessment session continued, I learned more about the vulnerable identities which he wished to avoid.

Extract 2.7

504. *Liam says 'roooar' and moves the cat around pretending to eat people. L tells me he is eating*
505. *everyone up; he gets the doll family and says 'ahhhhhhh' and scatters the people all over the*
506. *house lying on their backs. I ask what happened but he ignores me and walks away from the*
507. *house. This feels sudden and emotionless.*
508. *Liam returns to his box and rummages inside; he seems calm and unaffected by the violent scene*
509. *which he has left behind in the doll's house and I find myself alarmed and upset.*

(Extract. 2.7, taken from Assessment 2, second session: lines 504-509)

In my notes, I reported that Liam seemed particularly enthralled by a toy housecat which was much bigger than the wild animals. I wondered if Liam chose a tame animal that became big and dangerous to symbolise his experience as a small boy who became identified with fierce aggression, or to represent the danger of trusted objects becoming dangerous.

When Liam roars in line 504, he seems to signify that he identifies exclusively with the violent cat who prowled around eating everyone. Liam therefore identifies with a powerful, dominant creature that becomes merciless destroying everything in its path.

Liam suddenly stops playing and becomes emotionless; I record that he seems unaffected by the 'violent scene' thus depicting him as cold and detached. Subsequently, Liam deserts the dolls stranded on their backs, as though leaving them to suffer without the hope of aid or

support. I seem to experience Liam as having actively hurt me by walking away which suggests that I experience persecutory anxiety (Terradas, Domon-Archambault & Drieu, 2020.p37) when Liam withdraws from me (Parsons & Horne, 2009. p52).

After a while, lines 506-509 record that I attempt to explore the situation with Liam, but he ignores me. I respond by feeling alarmed and upset, as though I have been attacked and then abandoned in the aftermath of an attack (Rustin & Quagliata, 2000. p122). I was aware from Liam's file that there were occasions when he was left alone for hours because his mother was wounded, which helps to understand why he was so terrified of confronting his identity as a vulnerable boy who was abused and then abandoned. I began to realise that Liam was portraying this to me so that I could help him to process the feelings.

My sense was that Liam could not bear to feel persecutory anxiety or to perceive me as a persecutory object; therefore, he defended himself with aggression every time his anxiety was stirred (Freud, A. 1946). The more urgently Liam projected his terror and anxiety into me, the more the symbolism of his play collapsed, conjuring aspects of violence which seemed to feel real to us both, and therefore we both became heightened and terrified during sessions (Segal, 1957).

The quality of the experience of persecutory anxiety which Liam seemed so desperate to escape became evident when he whispered to himself, which conjured up the paranoia of a jealous and destructive internal couple, consumed by the expectation of hostile treatment from each other (Meltzer, 1973). Therefore, Liam also seemed to expect hostile, or intrusively jealous, treatment from me rather than benevolence (Parsons & Horne, 2009. p52).

Throughout the rest of Liam's assessment, the defences against persecutory anxiety were pronounced and interplayed with aspects of identity embedded in discourse; for example, the

identification with aggression corresponded with menacing and merciless identities, and my omnipotence permitted defensive discourses (Freud, A. 1946; Symington, 1985). As in Kevin's assessment, urgent processes of projective identification (Klein, 1946) sometimes obstructed exploring the meaning behind actions in the moment (Segal, 1957).

After time, I came to understand that Liam shut me out by whispering to himself during moments when he became introspective because feelings of persecutory anxiety became too much to bear. The next section will explore the nature of anxiety about annihilation which became evident when the young people and I became emotionally disconnected; in the process notes, anxiety about annihilation manifested mainly as part of a system of defence against feelings of persecutory anxiety (Abraham, 1994/1960; Klein, 1946).

The 'Disconnected Therapist' and the 'Disconnected Young Person'

Discourses of panic, alienation and exclusion embodied the disconnected therapist and the disconnected young person subject positions when anxiety about annihilation was prevalent (Abraham, 1994/1960; Klein, 1946).

Within the literature review, the perceptual and emotional responses to anxiety about annihilation during assessment included 'emotional dislocation' (Waddell, 2002. p372) and the behavioural responses included 'the emergence of repetitive movements continuing for long periods of time' (Rhode, 2000. p21) which were identified in the process notes. Moments of emotional reconnection were also considered to examine the reparative discourses which embodied the experience of reconnecting with each other (La Mothe, 2012).

The interplay with the powerful and powerless subject positions appeared when anxiety embodied qualities of powerless panic and disintegration, or when there was an attempt to escape powerlessness by projecting the experience into the other (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

Kevin's Assessment

At around halfway through Kevin's second assessment session, my notes captured the way that persecutory anxiety arose when Kevin introduced the subject of a recent dinner with his mother.

The 'Rejected and Disconnected Therapist' and the 'Young Person in Denial'

Extract 3.0

218. *Kevin stops fiddling with his coat and tells me in a quiet voice that he saw his mum a few weeks*
219. *ago and they went for food and then adds that they went for an Indian. I ask how that was and*
220. *he snaps quickly, 'it was good… it was good to spend time together'. Kevin's face looks angry*
221. *now. I ask if Kevin is angry that I asked him about his mum and he coughs and says no and that*
222. *he feels happy thinking about it. I feel quite slapped in the face by such clear denial.*

(Extract 3.0, taken from Assessment 1, second session: line 218-222)

I was aware from the initial meeting that Kevin had only seen his mother on a few occasions, and his father let me know that the meetings were difficult to organise and painful for Kevin. Kevin's anger and insistence in line 220 therefore suggests that he denied painful realities about seeing his mother for dinner.

In lines 220-222, Kevin responds with insistent denial and appears angry. At this moment, Kevin withdraws from me and treats me like someone that he does not trust, which suggests that he experiences persecutory anxiety (Parsons & Horne, 2009. p52).

Line 222 suggests that I experience Kevin's denial like a personal attack intentionally orchestrated against me; the fact that I describe his denial as like a slap in the face confirms that I hold Kevin in mind as an attackingly rejecting persecutory object and I become irate and indignant in response (Terradas, Domon-Archambault & Drieu, 2020. p37).

The Foucauldian notion of ‘the centre’ could be used to examine the singularity of my discourse about the attacking quality of Kevin’s response, as well as Kevin’s discourse about his experience of the dinner (Harper, 2007). In this moment, neither of us seem able to consider alternative or multifaceted perspectives, or even that perspectives beyond a single, central notion exist (Harper, 2007). As a result, hostile, resentful and excluding discourses embody the disconnected therapist and young person subject positions, which are in binary equivalent form since they emerge within discourses that are mutually exclusive, and therefore we are both prevented from engaging with each other’s view or dialoguing the situation (Avdi, 2005; Harper, 2007).

Throughout extract 3.0, Kevin and I resort to blaming each other. I blame Kevin for rejecting or deceiving me by denying his real feelings, and Kevin seems to blame me for challenging his denial and therefore inducing his pain (Rustin & Quagliata, 2000. p122).

Following this moment, I recorded a long silence in my notes. Kevin fidgeted with his coat by circling and then prodding at a hole in his sleeve. I did wonder if Kevin’s attention was drawn to the absence of his mother, and the deficit he felt, or perhaps he felt the gaping hole symbolised the hidden emotional wounds that he was terrified to explore.

The hole exposed Kevin’s arm which is involved with crucial activities that support his body; perhaps Kevin was frightened to challenge denial, and other defences that he had, for fear of puncturing the internal structures that supported his mind. Occasionally, Kevin circled the hole in a gentle way which seemed to symbolise the gentle pace required to attend to his vulnerability, and his tentativeness about examining raw and unaddressed pain.

The ‘Alarmed and Disconnected Therapist’ and the ‘Sleepy and Disconnected Young Person’

Kevin became sleepy as he played with the hole on his sleeve. Extract 3.1 explores a few moments later when Kevin seemed to drift off to sleep.

Extract. 3.1

225. *There is a long silence and Kevin nods, sits back and looks out the window. Kevin's eyes begin to*
226. *get heavy. I feel a flash of alarm and I wonder if he will fall asleep. I am aware of how warm*
227. *the room is and the air is very heavy. I have flashing thoughts about whether I should speak or*
228. *try to stop him sleeping since we approach the end of the session, we will have to stop soon...*

(Extract. 3.1, taken from Assessment 1, second session: lines 225-228)

Kevin becomes heavy-eyed and sleepy rather suddenly, despite not previously appearing to be tired. In lines 226-228, I try to establish whether Kevin is sleeping, and the fact that I fret about waking him up suggests that this has made me unusually anxious.

Kevin seems oblivious to my panic and concern, and I seem unable to establish the quality of his mood or what he communicates through his disconnected sleepiness; therefore 'emotional dissociation' seems to occur, which sometimes manifests by sleeping, or by blocking out reality in other ways such as becoming numb and detached (Rhode, 2000. p21). Relational discourses are usually defined by attentiveness; therefore, Kevin and I become disconnected from each other at this point (Avdi, 2005).

It seems likely is that Kevin became sleepy as a means of escaping reality, including me and the subject of his mother which we had been exploring (Rhode, 2000. p21). Subsequently, I also become disconnected from ordinary realities, such as how falling asleep is not dangerous. At this point, I seem powerless which manifests in alarmist discourses which suggest that I feel that I have lost control of the session.

Extract 3.1 demonstrates discursive strategies of intensification, embodied by the use of lexical intensifiers such as 'very', to construct a visceral experience of terror and intrusion akin to an alarm flashing. The extract ends ominously with an ellipsis which evokes suspense

about what is to come; therefore, the discourse embodies my panic whilst also constructing the ‘story’ of my alarm (Parker, 1998; Sampson & Bertrand, 2023).

The way that I experienced anxiety may also provide helpful insights about whether unconscious phantasies of object annihilation emerged, and the nature of the anxiety produced (Abraham, 1994/1960; Klein, 1946). The image of ‘flashing thoughts’ evokes a state of continuous panic, which I link with a concern that Kevin will wake up unprepared for the end of the session, as though he would experience this as a shocking blow.

It seems more likely is that I experienced the threat that Kevin could fall asleep as the shocking blow, as though he is close to death. The intensity of my terror is so great that it seems that I identify with being threatened with annihilation and I seem to fear for my own survival as well as Kevin’s (Abraham, 1994/1960; Klein, 1946).

In the field of Quantum Physics, the term annihilation describes the collision of a subatomic particle and an antiparticle, which have equal mass but opposing charge, and is a process which destroys the pair and releases energy (Von der Linden et al., 2023). Interestingly, the phantasy that I have, which stems from a moment when Kevin and I held opposing perspectives, seems to be of a process of mutual combustion. Line 228 reveals that I continue to fret about the end of the session, as though this would be a death for us both, which suggests that I identify with visceral terror about somehow imploding in a process of mutual obliteration (Ogden, 1989).

The level of terror that I feel seems disproportionate to the reality of the situation; therefore lines 227 and 228 suggest that I consider waking Kevin up, which seems like a desperate wish to force myself back into his mind, as though my life depends on it (Ogden, 1989).

The 'Manic Young Person' and the 'Manic Therapist'

Extract 3.2 captures how Kevin responded when he woke up from sleeping which was right at the end of his second session.

Extract. 3.2

230. *Kevin suddenly jolts awake and bursts into a*

231. *big grin and says that he just fell asleep. I find myself relieved and like I have been woken out of*

232. *something as well. I find his bright surprise and laughter contagious and we both giggle...*

(Extract. 3.2, taken from Assessment 1, second session: lines 230-232)

Kevin awoke in a forceful way which indicates explosive manic energy. Before Kevin fell asleep, he had experienced persecutory anxiety; therefore, his grin in line 231 seems a little incongruent or premature, which suggests that he may have employed manic defences to defend against the anxiety stirred by being reacquainted with me and the realities which he fell asleep to escape (Winnicott, 1935).

When an individual emerges from a dissociative state, they can become anxious due to the process of becoming reacquainted with other people since this becomes linked with the original worry stirred (Rhode, 2000). Kevin's grin and manner seem incompatible with the anger and anxiety that he experienced before falling asleep; therefore, he appears to be engaged with manic defences against persecutory anxiety (Winnicott, 1935).

Line 232 details that Kevin's giggle is infectious, and we appear to connect again on an emotional level linked with giggling; therefore, relational discourses, which are defined by attentiveness and ingenuousness reappear (Avdi, 2005). I appear identified with Kevin's euphoria which accompanies manic defence, and I am unable to stop myself from giggling too (Winnicott, 1935).

Kevin left the session seeming calm and settled, meanwhile I experienced the room beginning to spin, which suggests that he had projected his anxiety into me, and I remained engaged with manic defences which made me feel as though things were spinning out of control (Winnicott, 1935).

The 'Anxious and Disconnected Young Person' and the 'Ignored and Disconnected Therapist'

Throughout all three sessions of Kevin's assessment, he let me know that he was anxious in particular ways; for example, he coughed persistently, fidgeted with his clothes and scanned the room in a frantic way which had a repetitive and anxious quality.

When Kevin behaved this way, I sometimes became distracted or frustrated by his movements which made it difficult to connect with him emotionally or to allow other experiences to emerge. I sometimes wondered if Kevin repeated activities to distract us from thinking together about his experiences; in a sense, the idea of confronting his pain became persecutory, and Kevin held me responsible for the associated anxiety since I offered him an explorative space within the assessment (Rustin & Quagliata, 2000. p122).

I also wondered whether Kevin fidgeted with his clothes, or shifted around on his seat, in a jittery, frantic way because he experienced moving this way as cathartic (Rhode, 2000. p21); however, it was less clear how exactly this behaviour interplayed with anxiety about annihilation.

Returning to Kevin's first assessment session may help to track how his nervous manner and body language linked with anxiety about annihilation; extract 3.3 explores when Kevin entered the room for the first time and eventually sat on the edge of the couch.

Extract. 3.3

49. *There is silence for 10 minutes and Kevin looks up at the clock and then down to his knees and he*
50. *rubs his knees, coughs and fidgets with his coat and then repeats the cycle of looking at the clock*
51. *and then rubs his knees and coughs and fidgets with his coat. I try to explore build up things like*
52. *school and family but Kevin seems to get more and more anxious; he takes gulps of air as he*
53. *breathes and then looks at the clock again*.

(Extract. 3.3, taken from Assessment 1, first session: lines 49-53)

Lines 51 and 52 confirm that Kevin's compulsion to repeat the same activities increases when I try to engage him in conversation which suggests that I stir persecutory anxiety in him (Rhode, 2000. p21). Kevin ignores my attempt to open a dialogue with him, and therefore he disconnects from me emotionally, and resorts to repetitive and compulsive means of discharging anxiety rather than talking to me (Rhode, 2000. p21).

My attempts to connect with Kevin by engaging him in conversation were unsuccessful, and I am forced to watch as Kevin expels his anxiety by evacuative movements. A process of 'emotional dislocation' is embodied by our discordance, and emotional dissonance, which disrupts the process of relating with each other (Waddell, 2002. p372). This was a different kind of process of disconnection which seemed more about disharmony than 'dissociation' as when Kevin fell asleep (Rhode, 2000. p21).

The 'Anxious Young Person' and the 'Therapist who connects by identifying with Anxiety'.

During Kevin's final session, I was more able to connect with him emotionally because processes of projective identification allowed me to understand the intense anxiety that he longed to escape (Bion, 1962). At the beginning of the session, I recorded a very long period of silence in my notes, and Kevin began to circle the hole in his sleeve.

Since this was Kevin's final assessment session, I wondered if he circled the gaping hole to symbolise factors linked to loss, or to let me know that ending the assessment left him experiencing a gap inside, which was painful because he was grieving and recovering from painful life experiences. I sensed that Kevin feared exploring grief and other painful associations to being apart from his mother, which remained painful despite the suffering that she caused him. As in other moments of Kevin's assessment, I sensed that I came to embody the pain created by addressing these realities because of my identity as a therapist and the fact that I encouraged him to explore his pain (Rustin & Quagliata, 2000).

Kevin may have circled the hole to symbolise his unconscious phantasy of annihilating me and the painful realities that I represented, as though I could disappear forever into the hole; the fact that he circled the hole in a continuous and repetitive way let me know that his repetitive behaviours may have been caused by the fear that persecutory anxiety would reemerge should he stop (Rhode, 2000. p16).

Some moments later, I noted that I moved very slightly in my seat and Kevin responded to this by moving; perhaps we were very attuned each other's movements, but it may also have been that autistic contiguous functioning reemerged meaning that we experienced limited space between us (Ogden, 1989).

Extract 3.4

248. *I shift in my seat and Kevin drops his coat at the*
249. *sound of my movement; he glances at me quickly and then at the door and then fumbles in his*
250. *pockets, picks up the arm of his coat again and then drops it trembling. I continue to experience*
251. *a fizzing type of anxiety and I wonder if I should help him by starting things off but I don't want*
252. *to open the session with my thoughts. I remind myself to focus on what he is showing me with*
253. *actions and try not to let anxiety overwhelm me.*

(Extract. 3.4, taken from Assessment 1, final session: lines 248-253)

The fact that the sound of my movements seemed amplified to Kevin suggests that either we experienced autistic contiguous functioning, or Kevin was hypervigilant which is common in young people who have experienced trauma (Ogden, 1989; Terradas, Domon-Archambault & Drieu, 2020. p37); therefore the nature of the anxiety which Kevin experienced is not immediately clear.

Lines 248- 250 suggest that I may have represented a provocative or unpredictable persecutory object because Kevin looks at the door perhaps wishing to escape. During assessments, noises and sensations can stir memories and internal experiences of trauma; perhaps Kevin was reminded of a challenging internal or lived experience because he fidgets with his coat whilst trembling as though he could collapse with anxiety, and then discharges his anxiety in an expulsive way that prevents me from connecting with his communications (Rhode, 2000. P21).

Subsequently, in lines 250 and 251, my description of 'fizzing anxiety' suggests that I feel I could be dissolved by the absence of internal bonding or integrative structures, which is reminiscent of unconscious processes of disintegration; I therefore appear to experience myself as permeable, and close to an unintegrated state of helplessness (Bick, 1968).

The fact that this was Kevin's final session seems relevant to the terror of disintegration which I experienced (Bick, 1968). I wondered if Kevin used distractive measures to annihilate our capacity to address the fact that we were ending to prevent painful associations; subsequently, I became identified with underlying terror about regressing to a state of helpless unintegration, which may have been how Kevin experienced ending the assessment (Abraham, 1994/1960; Bick, 1968). However painful this experience was, I did sense that it allowed me to connect with Kevin's fears.

Throughout Liam's assessment, anxiety about annihilation also embodied the cycle of disconnecting from each other on an emotional level. The cycle of disconnecting and reconnecting began at the very beginning of Liam's assessment as he left his family behind to embark with me on the journey to the therapy room.

Liam's Assessment

The 'Cold and Serious Child'

Extract. 3.5

415. *Liam's mum says 'bye', and for a second I think he*

416. *will ignore her, but he looks quickly at his mum and says bye in a cold,*

417. *serious way. I catch his mum's eye without meaning to and she smiles nervously and repeats*

418. *'bye', 'be good' in a nervous, singsong voice. Liam ignores this and seems to be in a world of his*

419. *own thoughts.*

(Extract 3.5, taken from Assessment 2, second session: lines 415-419)

One can wonder how difficult it was for a child of Liam's age to make sense of attending the clinic and leaving his mother behind to have the session, especially considering the complexity of managing COVID-19 restrictions which were still unfamiliar at the time.

Lines 418 and 419 record that Liam ignores his mother when she says goodbye a second time, which could have been for many reasons including that it was painful to repeat his farewell; however, it is also possible that he felt chastised by her placative reminder to 'be good' which suggested that persecutory anxiety emerged (Walker, 2009. p12). During the initial meeting, I had the impression that Liam disliked being reprimanded and therefore he may have wished to ignore the warning that he sensed in his mother's words (Terradas, Domon-Archambault & Drieu, 2020. p37).

Consequently, discourses of detachment and alienation are evident when Liam ignores his mother and retreats to his own thoughts (Avdi, 2005), appearing to withdraw and block out what happened around him (Parsons & Horne, 2009. p52).

The 'Ignored and Disconnected Therapist' and the 'Aloof and Disconnected Child'

I noticed that it was difficult to connect with Liam through eye contact or conversation. When we arrived in the therapy room, I noticed that he mainly chose to keep his back to me. After some time, I noticed that Liam looked at the doll's house as though he was interested in playing with it and I attempted to encourage his interest.

Extract 3.6

367. *I wonder if Liam would like to open up the house when he feels ready. Liam is really stiff but*
368. *this seems to allow him to gather a bit more agency and he puts down the lid of the roof and*
369. *opens the house. Liam lifts the dolls and plonks them in the house carelessly; Liam then turns his*
370. *back on me and starts to whisper really quickly and it is impossible to make out what he says*.
371. *I notice that Liam is whispering now and I am wondering what he is saying.*

(Extract. 3.6, taken from Assessment 2, first session: lines 367-371)

Lines 367 and 368, describe how initially Liam seems stiff and inhibited by nervous tension; however, he becomes more proactive after time, and he begins to relax. Line 369 conveys

that Liam throws the dolls into the house dismissively, and the verb ‘plonks’ suggests that he has become detached, or aloof, and that he is not aware of the careless way in which he acts.

In line 370, Liam ignores me and whispers to himself whilst holding his back to me, which are actions that prevent me from seeing what he is doing. Liam appears aloof and oblivious to the emotional distance that he creates by excluding me; meanwhile, I do not explore other reasons that Liam may have had to whisper, for example fear or apprehension, which suggests that I perceive a quality of hostility which is characteristic of persecutory anxiety (Rustin & Quagliata, 2000. p122). Discourses of alienation and exclusion embody the fact that we are emotionally disconnected from each other (Avdi, 2005).

The use of lexical intensifiers such as suggest that I experience growing panic which reflects my alarm when Kevin began to fall asleep in his assessment (Parker, 1998). Significantly, on both occasions my panic is about emotional disconnection which I seem to experience as a terrible blow (Waddell, 2002).

Extract 3.7 explores how I attempted to manage the panic stirred by the experience of feeling unable to connect with Liam.

The ‘Anxious and Disconnected Therapist’ and the ‘Hostile and Disconnected Child’
Extract. 3.7

376. *I focus on what Liam is whispering and I make out the name ‘Paula’ and I go inside my mind*
377. *asking myself silent questions, who is Paula, what is happening etc. I sense contempt when Liam*
378. *glares at me and I have a strong urge to crumble or to be wounded and beg him to speak to me;*
379. *meanwhile he is still whispering about the dolls.*

(Extract. 3.7, taken from Assessment 2, first session: lines 376-379)

Qualities such as attentiveness and features of subjective discourse such as reflection or correspondence are not evident in this moment; discourses embodied by alienation and

exclusion underpin my relentless internal questioning and my baffled attempts to understand the nature of Liam's whispering (Avdi, 2005).

The use of emotive adjectives and verbs such as 'beg' illustrate the use of intensification to describe a panicked and anxious atmosphere and my urgency to reconnect with Liam; however, in lines 377 and 378, Liam glares at me in a contemptuous way which perhaps serves to warn me off by communicating his hostility (Parker, 1998).

One way of thinking about this is that Liam communicated a phantasy of annihilating me by ignoring me, whispering, glaring or excluding me from his activities; this is important because what is missing from discourse, or the words which are 'unsaid', are powerfully communicative of how the unconscious is socially reproduced in discourse (Abraham, 1994/1960; Billig, 2006).

My response in line 378 is illustrated through a metaphor of crumbling to pieces. The imagery evokes a powerful sense of anxiety with qualities of disintegration, which suggests that I felt threatened by processes of fragmentation, or regressing to a state of primitive helplessness (Bick, 1968). At this point, I also appear in a powerless position because I experience myself as dissolving in response to the powerful position that Liam takes when he decides to exclude me; therefore, identities of power and powerlessness were embodied by anxiety about annihilation.

Significantly, the metaphor of crumbling echoes the 'fizzing type of anxiety' which I described in line 251 of Kevin's assessment; the important similarity appears to be that on both occasions, I sensed that the young people were engaged with projective or excluding behaviours which represented unconscious phantasies of annihilating me because they identified me with a persecutory object (Abraham, 1994/1960).

Another commonality is that both young people had experienced violence, abuse and severe developmental trauma which meant they were less resilient to experiencing themselves in powerless positions of helplessness (Bick, 1968; Bion, 1962). Therefore, I identified with anxiety and powerlessness which meant experiencing infantile disintegrative factors that the young people were not yet ready to bear; this was part of containing their pain (Bick, 1968; Bion, 1962)

Unconscious phantasies of object annihilation appeared to emerge in different ways in Liam and Kevin's assessment which revealed different aspects of identity (Abraham, 1994/1960; Klein, 1946). Kevin engaged with denial which was part of avoiding exploring his identity as a young person who struggled with anxiety and a difficult relationship with his mother. Subsequently, Kevin displayed frantic and repetitive projective activities which seemed to function to prevent me from observing and connecting with the anxiety that he wished to avoid (Klein, 1946; Rhode, 2000).

Liam orchestrated excluding behaviours and internal retreat which were part of an aloof or hostile identity which prevented us from connecting by exploring his anxiety; in both cases these behaviours signified that unconscious phantasies of object annihilation were underpinned by disintegrative anxiety and indeed the powerless subject position (Abraham, 1994/1960; Klein, 1946; Bick, 1968).

However, anxiety with a depressive quality also became evident in extract 3.7. I record an urge to reconcile with Liam; the word 'beg' suggests that I am worried about overwhelming him, and therefore anxiety seems to be produced by the intensity of my urge to repair our relationship (Klein, 1946; Segal 1988).

Depressive quality was the final type of anxiety to emerge in both assessments. Within Kevin's assessment, reflective and agentic subject positions illustrated the construction of

trust within subjective and redemptive discourses which permitted exploring and processing things together (Avdi & Georgaca, 2009; La Mothe, 2012).

The 'Explorative Therapist' and the 'Complex Child'

Within Child Psychotherapy, depressive anxiety is often considered a byproduct of depressive functionality which is a non-linear, evolving and fluctuating trajectory of the unconscious mind, embodying the development of the internal resources to bear complex emotionality, such as guilt or remorse, without splitting or using other defensive mechanisms (Klein, 1946).

Within the study of Discourse Analysis, subjective and reflective discourses help to integrate complex aspects of personal identity which, when experienced without fear, prorate self-awareness (Avdi & Georgaca, 2009). When subjective discourses appeared in my process notes, I welcomed the exploration of multiple aspects of identity and the young people were able to experience and recognise the presence of emotional complexity, which is a key component of depressive functionality, and the discourse embodied a wide variety of flexible subject positions (Avdi & Georgaca, 2009; Klein, 1946).

Within the literature review, the perceptual and emotional responses to depressive anxiety during assessment included 'the increased awareness of ambivalence towards others' and 'acknowledgement of wishes to harm others' which created 'guilt' (Waddell, 2000. p155) and the behavioural responses included 'showing loss of interest in activities' Terradas, Domon-Archambault & Drieu, 2020. p39); these features present some of the anxious experiences which were identified within the subjective discourses that developed.

Kevin's assessment will be examined first to explore how depressive anxiety emerged in relation to the exploration of complex aspects of his identity.

Kevin's assessment

The 'Maternal Therapist' and the 'Endeavouring Teenager'

Extract 4.0 returns to Kevin's first assessment session when he had been unsure where to sit having just entered the room.

Extract. 4.0

25. *Kevin coughs stood in*

26. *the middle of the room; he coughs again, looks at the clock and then at each of the chairs and*

27. *then coughs, laughs nervously. Kevin points and says 'which….?' then laughs again nervously. I*

28. *see a different side to Kevin now, he suddenly seems more 'teenage' and there's a sort of*

29. *jerky/trying new things kind of awkwardness which makes me warm and maternal toward him.*

30. *I wonder if K is letting me know that it's hard to know where to sit and K smiles seeming a*

31. *bit calmer.*

(Extract. 4.0, taken from Assessment 1, first session: lines 25-31)

The emergence of nervous humour seems significant to the mixture of pleasure and depressive anxiety which emerges when the 'good internal object' is experienced and as the ego is experienced as separate from the object (Klein, 1946).

Kevin's nervous smile and the nature of his humour constructs reflective and relational discourses which are encapsulated by the dilemma of choosing his own chair. The underlying subjectivity also embodies the wider tasks of endeavouring to establish agency and autonomy as aspects of his identity, which are common features of depressive anxiety in developing adolescents (Avdi, 2005; Waddell, 2000. p155).

Another way of thinking about Kevin's smile is that it embodied self-conscious pleasure in experiencing his 'self-contained individualism' (Avdi & Georgaca, 2009), or the healthy illusion of being agentic and cohesively "oneself" (Bromberg, 1998); therefore, the

experience of self-recognition enhanced his experience of identity and subjectivity (Martínez & Tomicic, 2018).

I acknowledge feeling maternal towards Kevin, and I make an interpretation which suggests that I understand his struggle without enforcing my opinion; therefore, a subjective discourse emerges when Kevin responds by smiling as though reflecting on my point (Avdi & Georgaca, 2009).

Shortly afterwards, I recorded in my notes that Kevin felt able to choose his own seat suggesting he was empowered by the subjective dialogue which emerged between us.

The 'Understanding Therapist' and the 'Anxious Young Person'

Toward the end of Kevin's first assessment session, he began to address the debilitating feelings of anxiety which I sensed were at the core of seeking support from psychotherapy.

Extract. 4.1

81. *Kevin sits forward and hunches over, looking at his knees and speaks in a croaky voice and says*
82. *he…he…he gets anxious. I wonder what anxiety feels like for him and he says 'I don't know*
83. *it's just a feeling and it just comes'. Kevin gestures to his chest and makes a circular motion…*

(Extract. 4.1, taken from Assessment 1, first session: lines 81-83)

In lines 81- 83, Kevin lets me know that anxious confusion is created by the unpredictable way that he experiences anxiety within his body. In line 83, Kevin circles his chest determining exactly where he experiences the anxiety, evoking an engulfing feeling which is akin to being swept up by a cyclone. The use of a sweeping circular gesture also seems to illustrate that Kevin was able to process this experience within reflective discourse which integrated complex aspects of his identity as an anxious young person (Avdi & Georgaca, 2009).

Extract 4.2 explores a few moments later as Kevin and I continued to explore the experience of anxiety.

Extract. 4.2

86. *I wonder if it makes it so hard to stay with just here and now.*

87. *Kevin nods eagerly and says his mind goes, just goes and then he repeats the circular gesture.*

(Extract. 4.2, taken from Assessment 1, first session: lines 86-87)

In line 86, I seem to reflect on the discombobulating nature of Kevin's experience of anxiety and Kevin nods to communicate recognition. Kevin therefore seems to engage with the reflective quality of the discourse which attunes to his experience, and articulates a level of resonance or understanding, which appears to support him to process his feelings (Avdi & Georgaca, 2009).

Throughout Kevin's assessment, I had observed that Kevin did not seem comfortable with putting things into words; on these occasions, I sometimes experienced an intense feeling of pressure in my countertransference linked to withholding my own speech during the long silences (Heimann, 1950). At times, I found that resisting my longing to speak was agonising, and I recall unbearable pressure, akin to pushing the negative poles of a magnet together.

On many occasions, I felt that I needed to resist strong urges to make conversation just to escape the long and tense silences which punctuated his sessions. Despite this, I felt that it was important to allow Kevin the space to explore his experience of the silence; however, I often experienced a powerful feeling of conflict from the part of me that wished to speak.

Extract 4.3 explores the end of Kevin's first assessment session when he began to put his fear of talking into words.

The 'Understanding Therapist' and the 'Trusting Young Person'
Extract 4.3

89. *Kevin nods, sits up straight and*
90. *says that it stops him from talking in school-he gets embarrassed. Kevin tells me that it's hard at*
91. *home as well because everyone at his dad's is noisy- they talk a lot. I ask if that puts Kevin under*
92. *pressure and he tells me that he prefers it when someone else talks and it takes the pressure off*
93. *him.*

(Extract. 4.3, taken from Assessment 1, first session: lines 89-93)

Kevin movingly confronts how debilitating his experience of anxiety can be in relational discourse embodied by attentiveness to the trusting relationship growing between us (Avdi, 2005). In lines 89-91, Kevin confirms that anxiety prevents him from talking which presents challenges at home because the others are noisy and talkative; he therefore arrives at the conclusion that his anxiety is partly driven by a specific fear of talking.

Interestingly, in lines 92 and 93, Kevin changes his mind and decides that he likes when others talk suggesting a more benevolent perception of conversation. This signifies the development of complex and flexible views and perspectives. I also sense that he wished to imply that he was beginning to experience less pressure when we talked things over together (Waddell, 2000. p155).

The Emergence of Multiple Subject Positions

Kevin's second assessment session took place one week later. Although there were moments when persecutory anxiety, and anxiety about annihilation impacted the exploration of Kevin's experiences; there were also moments when we became engaged with subjective dialoguing which enabled a broader and deeper exploration of Kevin's identity.

When I arrived to begin Kevin's second assessment session, I found him in the waiting room alone. The theme of abandonment emerged in my mind, and I experienced intense feelings of guilt and sadness as we walked to the room to begin the session.

After some silence, Kevin let me know that his father had tried to reach me at the clinic during the week to confirm that his session was on, and I was curious to understand more about how he felt. Extract 4.6 explores how multiple subject positions emerged as we explored the situation.

The 'Angry Young Person' and the 'Unreliable Therapist'
Extract. 4.4

124. *Suddenly, Kevin looks up at me and looks away quickly; I sense anger and I feel curious. I gently*
125. *repeat that he really does seem angry. He shrugs and kicks his feet and I wonder what that*
126. *might be about. He repeats that they didn't know if I got the message; this seems to*
127. *position me to accept this as a justification for his anger. I notice that it is as though I have done*
128. *something wrong. Kevin says 'because we didn't…' and then breaks off as though refusing to*
129. *finish the sentence. There is silence and I wonder if he is cross because I didn't call back and he*
130. *shrugs. I wonder if he lets me know that it is hard in between assessment sessions when I am*
131. *not there and can't be reached.*

(Extract. 4.4, taken from Assessment 1, second session: lines 124-131)

In lines 124 and 125, I interpret that Kevin seems angry which he doesn't deny. In line 126, Kevin elaborates on being angry because he did not know whether I got his message.

In line 126, the way that Kevin justifies his anger also implies that the family were left with feelings of uncertainty about whether I got their message. Kevin therefore attempts to position me as having let the family down by not returning their call; however, it did not appear like I agreed with being positioned this way.

The 'Firm Therapist' and the 'Rejected Young Person'

Despite Kevin's anger, I was aware that it is not standard practice for me to return phone calls because I prefer to discuss associated feelings within sessions. In line 127 and 128, I confirm that I am aware of Kevin's outrage but also that I disagree with him.

When I interpret that Kevin's anger is more likely to be because I didn't call back, I imply that his anger is due to feeling rejected. Kevin does not deny that he was angry because he felt rejected, and he shrugs which suggests reluctant agreement; therefore, a subjective discourse emerges and Kevin seems able to embrace a different way of thinking about what happened which relates to his identity as a young person who felt rejected by me in this moment (Avdi & Georgaca, 2009).

The fact that Kevin and I picked up conflicting or overlapping subject positions at this point in the assessment corresponded with the emergence of self-reflexivity, because considering different perspectives meant that there was less tendency to remain in rigidly fixed positions; in other words, the flexibility to examine a complex range of emotions increased the range of subject positions which were perceived to be available (Harper, 2007).

The significant increase in the availability of subject positions could be linked to the mood swings which characterise depressive anxiety, especially during adolescence, because perceptions of the object are reconfigured; therefore, the discourses which emerged as Kevin explored the missed call suggest that he processed various unconscious and conscious perceptions of me, and of the situation (Waddell, 2000. p155). Kevin is therefore able to explore multiple identities constructed of experiences such as anger, rejection and curiosity; in other words, he experienced depressive ambivalence about an object which is capable of both malevolence and benevolence (Avdi & Georgaca, 2009; Klein, 1946).

‘The Explorative Therapist’ and the ‘Complex Young Person’

The subject positions of the explorative therapist and the complex child were prevalent when depressive functionality, or subjectivity, embodied reflective and reparative discourses which permitted the exploration of complex aspects of identity (Avdi & Georgaca, 2009; Klein, 1946). The appearance of multiple and agentic subject positions signified that the development of internal resources was embodied by improved reflective capacities (Avdi & Georgaca, 2009; Klein, 1946; La Mothe, 2012).

Throughout the assessment, Kevin had let me know that he struggled with debilitating feelings of anxiety which impacted his home and school life. I was aware that Kevin had remained at home with an abusive parent for the first fourteen years of his life which had meant keeping his pain to himself. The fact that Kevin had lowered his defences to explore his experiences required trust as well as tremendous courage. Meanwhile, I was aware that the trust that we had established would make it difficult to end the assessment; therefore, I began to prepare to write an assessment report recommending weekly psychotherapy treatment which I was able to offer to Kevin.

As I arrived in the waiting room to begin Kevin’s final session, he seemed preoccupied with fidgeting with his coat in the repetitive way that had become familiar to me. I had the sense that Kevin was very anxious, perhaps because he worried about the future, or that I would discard him after the assessment, forgetting about the things we had explored together.

Around halfway through the session, I reminded Kevin that we would meet in two weeks to explore his experience of the assessment. A subjective dialogue emerged because Kevin sat up straight and smiled, which communicated that he understood why I was reminding him about the meeting, and that he was relieved by the reminder that we would see each other again soon.

Toward the end of the session, I sensed sadness as Kevin focused on playing with the threads hanging from a hole in his sleeve.

Extract. 4.5

276. *Kevin continues to play with the threads hanging from the hole in his*
277. *sleeve, lifting and smoothing threads, looking blank, distant, in pain. I wonder what made Kevin*
278. *poke a hole in his coat. He shrugs and hooks one finger through the hole and holds on tightly; he*
279. *lifts the arm of his coat toward me and I say that it feels like he is holding it up so I can see*
280. *better. Kevin laughs lightly like recognising this and drops his coat, then lifts it shyly in the air*
281. *and looks at me. I wonder if that is his way of letting me know that he does want my help with*
282. *thinking about things together. Kevin says yeah in a clear voice.*

(Extract. 4.5, taken from Assessment 1, final session: lines 276-282)

Kevin looked pained as he played with the loose threads hanging from his sleeve. I noticed that Kevin brought the same coat to every session and that he always drew my attention to the hole, which seemed to symbolise his feelings of grief about loss and deficit; he therefore appears to grieve and to process pain and sadness linked to ending the assessment, but also perhaps addresses anxiety about wider painful life events and losses (Terradas, Domon-Archambault & Drieu, 2020. p39).

Kevin appears to experience anxious grief about ending the assessment, suggesting he had experienced complex emotions such as gratitude, and that appreciating our relationship created sadness (Terradas, Domon-Archambault & Drieu, 2020.p39). I ask explorative questions and notice Kevin's actions which encourages further introspection because, in lines 278- 280, Kevin tightly hooks his finger in the hole; this action seemed underpinned by panicked despair, which he symbolised by the desperation to latch onto the material tightly, as though for dear life (Waddell, 2000. p155).

This was a moving moment when Kevin seemed to process complex factors linked to his identity as a vulnerable teenager who was grateful to have experienced a reliable, therapeutic relationship, and yet he felt a complex range of conflicting emotions about ending the assessment (Waddell, 2000. p155).

Kevin lifts his sleeve toward me in line 279, which I interpret as sharing his pain with me; however, since his finger was still enveloped by the material, he may have also wished to show me that he felt contained by the sessions, and that a gaping hole inside him had been filled which made it profoundly sad to end (Terradas, Domon-Archambault & Drieu, 2020.p 39).

Throughout extract 4.5, Kevin and I interact using verbal language and body language to construct responsive, creative discourse which encourages the exploration of multiple factors; for example, in lines 279 - 282, I interpret the fact that Kevin raises his sleeve toward me as a complex, multifaceted communication which acknowledges that he needs my help, expresses his desire to have treatment in the future and is underpinned by a communication of his attachment to me.

As the end of Kevin's assessment approached, I sensed fewer moments when persecutory anxiety created a combative dialogue or when anxiety about annihilation created discourse embodied by emotional disconnection. The emergence of depressive functionalities meant that Kevin was able to bear feelings such as anger, rejection and ambivalence, and he accepted my interpretations of aspects of his identity integrating flexible perceptions of himself. Subsequently, subjective discourses enabled him to articulate his mind and develop his resilience (Martínez & Tomicic, 2018).

In line 282, Kevin finds his voice when he lets me know that he wants my help; this moment is even more powerful when Kevin's fear of talking is considered, and how he entered the

assessment struggling to express his perspective. In the initial meeting with his family, Kevin had nodded to confirm wishing to have an assessment. Kevin finished the assessment having developed the capacity to use his voice to articulate the complex array of feelings which embodied his perspective.

As in Kevin's assessment, when Liam and I were engaged with subjective discourse, the other's perspective was welcomed alongside the exploration of personal identity and self-perception (Martínez & Tomicic, 2018). The emergence of subjectivity also interplayed with depressive functionality and anxiety linked to factors such as guilt embodying self-reflexivity (Klein, 1946; Martínez & Tomicic, 2018).

Liam's Assessment

The 'Understanding Therapist' and the 'Disorientated Child'

I was aware from the beginning of Liam's assessment that he was very guarded and tense. At first, I thought that Liam was exercising restraint by supressing his aggression; however, I came to understand that deeper complexity drove Liam to guard his feelings.

During Liam's first session, he started to whisper to himself whilst tossing the dolls which landed upside down and all over the floor. Some moments later, I attempted to explore with him what was happening.

Extract 4.6

379. *I wonder aloud to the room if sometimes things*

380. *feel like they've been turned upside down. Liam keeps his back to me but pauses and I sense he*

381. *is listening; I notice we are in a brand new room, with all these new toys and I wonder if Liam*

382. *wants to show me that he feels he has been plonked here and it's hard to know what way is up.*

383. *Liam swings toward me on his knees and then stands up brightly, walks to his box, lifts out the*

384. *wild animals and starts to line them up in groups of 2. 3 and 4. He stops whispering and he*

385. *seems less rigid.*

(Extract 4.6, taken from Assessment 2, first session: line 379-385)

The process of having an assessment can be challenging for young children who are less resilient to separation, and more likely to experience themselves as powerless and with limited control over what happens to them (Rustin & Quagliata, 2000). I was also aware that Liam had been restricted to his home during COVID-19, which would have added to his experience of powerlessness and confusion.

In lines 379 and 380, I explore how discombobulation makes everything feel turned upside down which seems aimed at communicating that I can understand how confusing this feels. Lines 380 and 381 suggest that Liam seems to listen, which signifies that he engages with what I have said and therefore accepts his identity as a child who is disoriented (Avdi & Georgaca, 2009).

Afterwards, in lines 383- 385, Liam begins to play with the wild animals which he used throughout his sessions to explore experiences of violence and trauma. Toward the end of his first session, Liam had addressed fights and battles by playing with the animals, and subsequently released the tension which he held in his body. When this happened, I was able

to talk to Liam about worries surrounding fights getting very frightening and out of control. As we left his first session, I wondered if Liam felt just a little more hopeful and understood.

The 'Child who Feels that he is Harmful'

Occasionally during Liam's assessment, he treated me and the toys with so much caution that it seemed likely that he experienced persecutory anxiety (Terradas, Domon-Archambault & Drieu, 2020. p37).

I also noticed occasions when Liam tip toed around, and played with the toys tenderly and gently, as though he was worried about the impact that his movements could have, or that he would somehow damage the toys; this type of behaviour was more typical of depressive anxiety (Waddell, 2000. p155). On these occasions, Liam could become so stiff that it seemed like he was frightened to move, as though the contents of his body could spill out everywhere (Klein, 1946).

Liam returned to his second session appearing very tense, especially when he looked at the doll's house; it was not yet clear how he felt about the aggression that he explored in the previous session, and whether he felt frighted or ashamed. I was aware that Liam had survived physical abuse, and he was very aware of the destructive impact of violence; therefore, I wondered if Liam fully understood that he could explore his feelings symbolically in play, because he seemed worried that he had done something wrong or that I was hurt or wounded (Waddell, 2000. p155).

The 'Resilient Therapist' and the 'Agentic' and 'Proud Child'

Extract 4.7 explores the moment when Liam returned to the doll's house in his second session.

Extract 4.7

443. *Liam shuffles over to the doll's house and slowly lifts the roof off and I*
444. *notice he remembers how to open the house from last week. He seems more confident now and*
445. *he opens the house and then smiles quickly; he then stands back as though to look at his work. I*
446. *notice that he has got the doll's house ready to play with; he grins-I feel warmth and affection.*

(Extract 4.7, taken from Assessment 2, second session: line 443-446)

In lines 443 and 444, I notice that Liam remembered how to open the doll's house from the last time; this reminder is a component of subjective discourse which recalls the previous session, whilst communicating that I am not angry or frightened, and therefore encouraging further exploration of aspects of Liam's identity (Avdi & Georgaca, 2009). Liam responds by opening the doll's house which communicates that he wishes to use the toys to explore his experiences, as he had done the previous week.

From Liam's response, I learned that a key factor in reducing the intensity of his depressive anxiety was to increase his confidence in the robustness and resilience of his object; I responded by encouraging subjective discourses which welcomed the exploration of challenging aspects of identity whilst emphasising that I was able to bear his pain (Avdi & Georgaca, 2009; Bion, 1962). As in Kevin's assessment, the emotional resilience and flexibility required to pick up multiple subject positions became evident, and we were less likely to use discourse to hold each other in polarised, oppositional or fixed subject positions (Avdi & Georgaca, 2009; Harper, 2007).

Lines 444- 446 suggest that Liam confidently persists with his endeavour to open the doll's house which requires agency; afterwards, in lines 445 and 446, Liam stands back to admire his work proudly and grins at my acknowledgement of his achievement.

In line 445 and 446, I notice that the doll's house is ready which lets Liam know that I am equipped to support him with the challenging emotions that playing could stir, and to bear his aggressive or destructive urges whilst embodying the role of resilient therapist.

The fact that Liam and I respond sensitively to each other suggests that the anxiety which had stifled Liam at the beginning of the session had reduced; I sensed that Liam no longer worried about damaging me or the toys, and therefore different and agentic subject positions which embodied emerging agency and self-reflexivity (Burck et al.,1998).

Significantly, perceiving me as a resilient, containing object accompanied multiple and agentic subject positions in discourse; therefore, the process of emotional containment was crucial to the emergence of Liam's agency (Bion, 1962).

The 'Maternal Therapist' and the 'Child who feels Understood'

During Liam's second session, I sensed curiosity and eagerness to play with the toys; however, he continued to treat the toys gently, as though he was frightened of breaking them. I recorded in my notes that he 'gently lifts out the toys and places them delicately on the ground, like they are made from china'; therefore, it seemed that depressive anxiety about damaging his object had reemerged (Waddell, 2000. p155).

I also recorded that Liam chose to play with the family of dolls which suggested that familial relationships were on his mind, and he wrapped the baby doll by covering half of the doll's body in the blanket, which seemed to symbolise the conflict between perceiving nurture and deficit; in other words, he experienced depressive anxiety about an object with both feeding and frustrating capacities (Waddell, 2000. p155).

Following this, Liam began to whisper to himself whilst removing the toys from his toy box; I recognised a countertransference of feeling attacked and excluded which had been familiar sign that Liam identified me with a persecutory object during his first session (Terradas, Domon-Archambault & Drieu, 2020. p37).

Significantly, on this occasion, I sense that a different kind of anxiety drove Liam's tentativeness because I responded by wondering if 'Liam was letting me know that I was new to him'. My response suggests that primary depressive anxiety about the beauty and newness of the maternal object may have underpinned the delicate way that Liam moved around and treated the room; if this was the case, I was aware that the experience would be very intense for him, echoing the heightened sensitivity of infantile anxiety when apprehending the object in the first moments of life (Meltzer & Williams, 1988).

The possibility that Liam experienced primary depressive anxiety allowed me to think differently about the behaviours and mannerisms which I had previously thought were due to hypervigilance or fearful persecutory anxiety; for example, I began to wonder if primary depressive anxiety drove Liam to reduce the volume of his speech, or limited him from playing freely, because he worried about damaging me due to an identification with the wish to preserve the maternal object experienced in the very first moments of life (Meltzer & Williams, 1988).

When I interpreted that perhaps my 'newness' impacted Liam, he responded by walking around the room and stopping right in the middle; therefore, I sensed that the interpretation resonated, and that emerging curiosity about the complexity of his identity liberated him from the anxiety which had been paralysing him (Meltzer & Williams, 1988).

Extract 4.8

472. *I notice Liam is standing just like he did in the beginning of the session and*
473. *I wonder if that feels like a good place to take everything in from. I feel surprised and curious*
474. *when he puts his hands up to his eyes and curls them depicting glasses, binoculars or something*
475. *about looking; he looks around the room through his hands. I wonder if Liam is letting me know*
476. *he watches really carefully and takes everything in. Liam drops his hands with a smile which*
477. *communicates feeling his message was understood. When he looks at me, I feel joyful and*
478. *his eyes are all lively.*

(Extract 4.8, taken from Assessment 2, second session: line 472-478)

In lines 472 and 473, I acknowledge Liam's resourcefulness in finding a good observational position, and the diligence required for him to carefully observe his environment. Liam responds by playfully curling his fingers around his eyes as though confirming that my words have supported him to process contemplative watchfulness as a part of his identity (Avdi & Georgaca, 2009) In line 476 and 477, Liam smiles with delight and appears to experience joy at having different aspects of his identity understood and appreciated.

At this moment, Liam was no longer identified with aggression to protect himself from his terror of vulnerability; therefore, the fact that he was not identified with aggression suggested that he trusted me, and perhaps experienced me as a resilient object who could bear his pain (Freud, A. 1946; Bion, 1962).

The fact that I did not get distressed by Liam's aggression felt crucial, and I wondered if the high level of concern which others felt prevented him from experiencing his behaviour as understood. I also realised that when others feared Liam, or became distressed, depressive anxiety about his capacity to damage others would likely be stirred in him; this would lead to

Liam conjuring up further aggression (Freud, A. 1946). Sadly, I was aware that other aspects of Liam's character were becoming lost and overlooked.

The 'Understanding Therapist and the 'Child who feels Harmful Inside'

In Liam's final assessment session, he continued to let me know about the pain of experiencing himself as harmful or dangerous.

Extract 4.9

584. *Liam doesn't say anything but he holds up the pan to show me and continues in the strong,*
585. *urgent voice insisting that 'we need to clean out the old food' and explains that 'old food can pile*
586. *up and up and go off'. I wonder if Liam is telling me about something old and bad piling up and*
587. *going off inside him, and that he wants my help cleaning it out.*

(Extract 4.9, taken from Assessment 2, final session: line 584-587)

When Liam imagines that the pan contained old food which had gone off in lines 584-586, I wondered if the pan represented his experience of a contaminated internal space and the old food represented the violence that he had internalised, which contributed to experiencing himself as dangerous. Lines 584 -586 emphasise that Liam becomes urgently insistent about cleaning the pan, as though acknowledging that he wishes to cleanse himself of experiences which build up inside and make him feel harmful.

I sensed that Liam wished to explore internalised violence and persecutory anxiety, but also the agonising depressive anxiety which emerged when he apprehended his object and worried about harming me or his environment (Freud, A. 1946; Meltzer & Williams, 1988; Waddell, 2000. p155).

In lines 586 and 587, I interpret that Liam desires my help exploring the reasons why he feels harmful or bad inside, instigating subjective discourses embodied by contemplative and

sensitive responses to each other, and Liam appeared less tense and anxious in response (Avdi & Georgaca, 2009).

As the end of Liam's final session approached, I reminded Liam that we would meet the following week to discuss having weekly sessions. Liam made the animals fight over and over in relentless battles which raged on without relief, and I experienced a countertransference of despair wondering if the fighting would ever stop (Heimann, 1950). I wondered if Liam experienced the ending of the assessment as a violent act, or if he worried that his feelings would rage inside ceaselessly until the sessions started.

Extract 4.10 explores how we began to think about this together as Liam's assessment drew towards a close.

The 'Understanding Therapist' and the 'Vulnerable Child'
Extract 4.10

620. *I wonder if Liam is showing me about fights going on and on and Liam nods and maybe Liam*
621. *also shows me he's worried because his fierce feelings come out in fights. Liam nods and tells me*
622. *they need to go to hospital now. I wonder if Liam is letting me know that he needs my help*
623. now and it's his time to be *looked after. Liam tucks the lion and crocodile inside the blanket. I*
624. *wonder if Liam is letting me know that he wants my help with making his hurt better. Liam*
625. *doesn't say anything and hands me the animals in the blanket.*

(Extract 4.10, taken from Assessment 2, final session: line 620-625)

In lines 620 and 621, Liam communicates that he has internalised unrelenting violence, which appears to have increased his fear about his own aggressive urges (Freud, A. 1946; Waddell, 2000. p155). In lines 621 and 622, Liam imagines that the animals need to be hospitalised, and a surge of anxious guilt seems to drive him to wrap the animals in a blanket,

perhaps symbolising an unconscious desire to repair the damage that he felt that he had done (Waddell, 2000. p155).

I also wondered if Liam wrapped the animals in a blanket because he was in contact with his vulnerability, and perhaps his experiences of being hurt. Within this action, Liam therefore reflected on and acknowledged the damage which had been done to him, whilst providing a powerful communication that he trusted me with his vulnerability and pain (Avdi & Georgaca, 2009). Liam and I are engaged with subjectivity in this moment which enables us to dialogue Liam's desire to repair the damage done to his internal world (Klein, 1946).

Throughout his assessment, I sensed that Liam experienced a combative internal couple, or a jealous couple that provoked only feelings of rejection or exclusion, which he managed by emotionally disconnecting from me and his feelings (Rhode, 2000; Meltzer, 1973). I found Liam to be a profoundly misunderstood child who had internalised violence, and was familiar with being treated as though he was dangerous which ignored the underlying emotional complexity; meanwhile, he was so terrified of experiencing himself as vulnerable that he identified with aggression to defend against both persecutory and depressive anxiety, which only created further misconceptions about his character (Freud, A. 1946; Waddell, 2000. p155).

Liam responded creatively to subjective therapeutic discourses which interpreted factors such as the disorientation which underpinned his struggle to understand himself and to feel understood (Avdi & Georgaca, 2009). Ultimately, I sensed that the violence that Liam had suffered, as well as the experience of being misunderstood, meant that he perceived damaged objects with limited integrative functionality (Bick, 1968; Klein, 1946).

Liam left his assessment in touch with the reality of his vulnerability as a four-year-old child who had been wounded by his experiences, and I sensed that he could perceive a helpful,

resilient and fruitful relationship with me (Meltzer, 1973). The construction of subjective discourses permitted new, flexible and agentic subject positions, and Liam accepted complex aspects of his identity such as his contemplative observance, and his capacity for joyful pride (Martínez & Tomicic, 2018). These features of Liam's personality became integrated within his identity as a sensitive, vulnerable child, with benevolent qualities, who was capable of both loving and being loved (Klein, 1946).

The Impact of Researcher Subjectivity on the Study Findings

Throughout the Methodology and the Findings and Discussion chapters, I explored how factors linked with subjectivity, and my role as both as the sole researcher involved with the study and the clinician who conducted the sessions which were analysed, impacted stages of data collection and analysis. Part of this involved acknowledging that my personal experience of the sessions influenced how the sessions were recorded and analysed. I will now reflect more specifically on how particular methodological and theoretical decisions influenced the conclusions that I made about the study findings; for example, by influencing the way that I perceived the subject positions or how I identified and interpreted moments of anxiety within the process notes.

When I conducted the assessments and wrote the process notes, I was training as a Child Psychotherapist on a programme which emphasised specialised Psychoanalytic, and particularly Kleinian and Post- Kleinian, theoretical and clinical methods. During this time, I also began to plan and implement the research design for this field study which would analyse the process notes from my own assessment work with young people.

When identifying moments of anxiety within the process notes, I viewed the nature of anxious moments through the lens of the specialised Psychoanalytic ideas, with a particular focus on Kleinian and Post- Kleinian theories, which were embedded within my clinical training and professional background. For example, I observed that anxious moments in the process notes were underpinned by phantasises, which can be analysed to reveal the specific way that the object is perceived in the internal world, impacting relational behaviour (Abraham, 1994/1960; Klein, 1946; Ogden, 1989).

I also viewed the nature of the anxious phantasies to link with 3 different types of anxiety mobilised by fluctuating, unconscious states of mind; the Paranoid Schizoid position (persecutory anxiety), the Depressive position (depressive anxiety) and the Autistic

Contiguous position (anxiety about annihilation) (Abraham, 1994/1960; Klein, 1946; Ogden, 1989).

The decision to observe anxiety using Kleinian, Post Kleinian and other Psychoanalytic theories influenced the way that I viewed the subject positions which emerged during anxious moments. For example, anxieties about being wronged or harmed were understood as 'persecutory phantasies' and categorised under the prey and the predator subject positions (Klein, 1946).

When anxious moments were accompanied by depressive factors, perhaps when reflective capacities emerged and deeper emotional complexity could be explored, or when ambivalence or anxious guilt appeared, 'depressive phantasises' were categorised under the subject positions of the explorative therapist and the complex child (Klein, 1946).

Finally, when anxieties were accompanied by a sense of alarm and phantasies of 'annihilation', I observed the disconnected therapist and the disconnected child subject positions to emerge (Abraham, 1994/1960; Klein, 1946; Ogden, 1989).

Since I found the nature and quality of all eight core subject positions to be underpinned by anxious phantasies and behaviours, the entire study findings were influenced by Psychoanalytic, and particularly Kleinian and Post-Kleinian, theoretical perspectives on anxiety (Abraham, 1994/1960; Klein, 1946; Ogden, 1989). It seems important to acknowledge that the study findings, and the way that I perceived anxious moments and the nature of the subject positions, would have been different had I been influenced by alternative theoretical perspectives.

I consider the decision to observe mainly Kleinian and Post- Kleinian theoretical perspectives on anxiety as a strength to my design because I found that understanding the nature of unconscious phantasies was crucial to exploring the way that we behaved, related and

positioned each other during anxious moments (Klein, 1946). However, I am aware that the application of a specific theoretical model limited the scope of the study findings, and meant that the other dimensions to anxiety, such as the social or the psychosomatic factors, were less thoroughly explored.

Further study in this area could consider these wider dimensions to anxiety using alternative theoretical models, perhaps utilising different perspectives from the field of Child Psychotherapy or Clinical Psychology; furthermore, comparing the findings would provide an interesting opportunity to explore how theoretical perspectives impact study findings when using Critical Discourse Analysis, or when providing a Psychoanalytic reading of the research data as well as within qualitative research more broadly.

There were also methodological decisions surrounding the research design which impacted the conclusions that I made about the findings. As explored in the Methodology chapter, there were advantages as well as challenges to creating a hybrid analytical procedure which combined Critical Discourse Analysis with a Psychoanalytic reading of the data, particularly because this meant combining two distinct analytic approaches which were often, but not always, complementary.

The hybrid procedure was most complementary when the nature of the subject positions revealed using Critical Discourse Analysis synchronised with the Psychoanalytic interpretation of how the nature of the object was perceived in phantasy (Klein, 1946). Interestingly, I found that investigating discourse and relational behaviour using Critical Discourse Analysis often revealed subject positions which were harmonious with the Psychoanalytic interpretation of underlying phantasy life; this finding resonates with Psychoanalytic theories which suggest that internal phantasy life interacts with external social

or relational behaviour, and that there is interplay between the dimensions of internal and external world relationships (Guilfoyle, 2016; Klein, 1946).

There were occasions when the analytic approaches were less compatible. I found that this happened most frequently when the words used by the young person conflicted with the nature of the anxious phantasies that I sensed or experienced (Guilfoyle, 2016; Klein, 1946). One example of this was when I wondered why Kevin was looking at the clock and he answered that he 'just wants to know what time it is.' When I first analysed the line using Critical Discourse Analysis, I observed Kevin to identify with the explorative child subject position because he answered my question rather pragmatically which initially seemed to suggest that he felt able to reflect on this behaviour (Guilfoyle, 2016).

However, despite the seemingly reflective nature of the words that Kevin used, I described feeling attacked in the process notes. Consequently, I used Psychoanalytic Theory to support the suggestion that Kevin used words aimed at shutting down the conversation due to the suspicion emerging between us. Consequently, I observed the prey and the predator subject positions to be dominant in this moment (Guilfoyle, 2016; Klein, 1946).

What this example shows is that combining two distinct analytic approaches sometimes created an opportunity for multiple or conflicting meanings to emerge from the data; for example, if indeed Kevin gave a simple, pragmatic answer to my question, which was not underpinned by persecutory phantasies, different subject positions would have emerged from the analysis (Guilfoyle, 2016; Klein, 1946).

When I encountered this type of challenge throughout the process of data analysis, I considered wider factors such as the situational context in which the discourse emerged. For example, Kevin displayed extremely nervous body language, which increased when he spoke or looked at me, which suggested that he *did* feel persecuted within a situation that he found

confronting. Therefore, analysing the wider situational context in which the discourse was produced supported my Psychoanalytic interpretation of the line.

The decision to consider the situational and the contextual dimensions to the discourse was a strength of using Critical Discourse Analysis, rather than other narrative or conversational approaches, in combination with a Psychoanalytic reading of the data. This is because I was able to consider wider factors, beyond the words used, which helped to reveal obscure or complex factors which impacted processes of subject positioning during anxious moments (Avdi & Georgaca, 2009). The conclusions that I drew about the study findings were therefore influenced by the decision to investigate the wider contextual and situational components to the discourse which was part of my research design (Avdi & Georgaca, 2009).

The decision to use a retrospective design also had implications for the study findings, especially because the data used was not initially collected for research purposes. This meant that the focus of the assessment sessions was not specifically on anxiety, and therefore my perspective on when and how anxiety manifested was influential when exploring the topic throughout the Findings and Discussion chapter.

Although using a subjective lens to explore the research data was justified within the implementation of a qualitative paradigm, it is important to acknowledge that my interest in the topic of anxiety influenced the way that I interpretated the findings. There were occasions when I perceived anxiety to emerge, based on analysing factors such as body language or countertransference, and the young person did not explicitly verbalise experiencing anxiety (Heimann, 1950). Since my perceptions of anxiety were inevitably influenced by factors such as my own emotional life, or the fusion of my professional and theoretical backgrounds with my research agenda, the conclusions that I drew about the study findings reflected my subjectivity as a researcher when considering how particular events were experienced.

When this is considered, the fact that I analysed my own process notes as the single source of data about anxiety presented various challenges. One challenge involves the fact that at a later point in my training, I provided long term treatment to both the young people who participated in this study which increased the risk that my conscious and unconscious impressions of the young people could influence the study findings.

One methodological decision that I made to address this issue was to analyse the assessment process notes retrospectively after both treatments had been finished for a considerable length of time. However, this had implications for the study findings beyond the ethical concerns explored in the Methodology Chapter; for example, producing valid study findings from analysing data which was not initially collected for research purposes relied on my capacity to conduct the hybrid analytic procedure systematically and without becoming biased.

I think it is important to acknowledge that it was impossible to completely prevent my conscious and unconscious feelings about the young people from influencing the way that I analysed the data. I did however find that using a systematic procedure of Critical Discourse Analysis enabled me to focus exclusively on the assessment sessions, by noticing the words recorded in the process notes in close detail, and therefore limiting wider information about the young people that I held in my mind from infiltrating the analysis.

What seems clear is that the interests and concerns that I held, as both the researcher and the clinician who conducted the sessions, shaped the conclusions that I drew from analysing the discourse. Future studies could improve on this methodology by analysing process notes written by a different clinician, or perhaps by examining process notes from multiple clinicians; this would permit the analysis of intersubjective perspectives to enrichen the scope of the study findings.

As explored earlier in the Methodology chapter, there were also strengths to analysing my own process notes because probing my unconscious phantasies facilitated a thorough and immersive Psychoanalytic reading of the sessions (Klein, 1946). The design could be improved by collecting data about anxious phantasies from other sources such as interviews, or audio recorded and transcribed clinical sessions, to add to the insights derived from examining process notes.

Since the hybrid procedural model was helpful in noticing how language and discourse embodies the emotional quality of process notes (Avdi & Georgaca, 2009; Sherwin-White et al., 2003), future qualitative studies could explore how different features of unconscious and conscious emotionality impact other clinical presentations or socioemotional concerns (Avdi & Georgaca, 2009).

The Implications of Study Findings for Clinical Practice, Training and Theory

The study findings also have implications for Child Psychotherapy clinical practice, training, and theory.

Firstly, the Psychoanalytic Typology created within this study could be used within clinical practice and training as a consultative resource to support clinicians in the assessment and treatment of anxiety.

Secondly, using a hybrid analytic procedure, such as demonstrated in this field study, could enrichen clinical practice by including the use of Critical Discourse Analysis meticulously and in a systematic manner when examining process notes.

Process notes are written as a standard part of Child Psychotherapy practice, typically read whilst considering factors such as the nature of the young person's internal objects, the potency of their defences or how unconscious demands are signified during clinical work (Sherwin-White et al., 2003). The way that process notes are currently analysed can offer an

opportunity to focus on issues which capture the therapist's interest or concern (Sherwin-White et al., 2003); however, using a systematic hybrid approach would also offer a broader, and more ubiquitous, examination of the process notes offering different insights. Furthermore, illuminating the alternative dimensions to behaviour, underpinned by processes of subject positioning, would illuminate behavioural patterns and repetitions which may otherwise have been obscured (Guilfoyle, 2016).

Analysing process notes using a hybrid procedure could be particularly beneficial when training as a Child Psychotherapist because part of the curriculum involves learning to explore relational behaviour within the context of unconscious phantasies (Klein, 1946). The use of a hybrid procedure could help to clarify how relational behaviour is underpinned by both processes of subject positioning and unconscious phantasies evolving the way that internal and external experiences are understood within the curriculum (Guilfoyle, 2016; Klein, 1946).

Final Summary

The findings and discussion chapter explored the main discourses and identities that embodied the assessments providing important insights about how anxiety was experienced within the internal world of the young people.

The powerful and the powerless subject positions appeared at the beginning of both assessments linked with tasks such as meeting to begin and then establishing how to move forward within the assessment. Initially, persuasive and commanding discourses underpinned my attempt to commence Kevin's assessment. Kevin entered his assessment in a powerless position which was part of his identity as a young person who had suffered trauma, and who subsequently experienced intense anxiety. Kevin's powerless identity resurfaced during moments when he became anxious throughout the assessment, though he also began to explore more agentic aspects of his identity after time.

Identities of power and powerlessness also appeared in Liam's assessment and were influenced by factors such as his age and vulnerability, as well as wider situational and societal factors such as with the risk of contracting COVID-19 (Avdi & Georgaca, 2009; Willig, 2003). The presence of defensive discourses initially embodied my inability to consider my powerlessness or the complexity of Liam's character (Billig, 2006; Guilfoyle, 2003). Meanwhile Liam used discourse in a way which avoided reflecting on his powerlessness, linked to the fact that he had survived trauma and violence by identifying with aggression as a means of escaping terror (Freud, A, 1946). Liam's defences against powerlessness resurfaced when he became anxious throughout the assessment (Freud, A, 1946; Billig, 2006; Guilfoyle, 2003).

The predator and the prey subject positions were the next to appear and were embodied by combative or hostile discourses and experiences of persecutory anxiety (Klein, 1946). In Kevin's assessment, I identified with a predatory object who had trapped Kevin in the room

to watch him struggle; meanwhile, he acted as though he was wounded or trapped in the experience, which was revealed in hostile discourses of terror or anger (Klein, 1946). Through producing fearful discourses, Kevin explored his experience of threatening relationships, and how alone and trapped he felt by being unable to imagine relating to me in a different way (Meltzer, 1973).

The construction of hostile and combative discourses underpinned Liam's identification with a merciless and aggressive predator; however, I sensed that underlying fears had driven him to rely on robust defences, and therefore I was aware of the terror which prevented reparative discourses from emerging (Freud, A. 1946; La Mothe, 2012).

Discourses of panic, alienation and exclusion embodied the disconnected therapist and the disconnected young person subject positions when anxiety about annihilation was prevalent (Abraham, 1994/1960; Klein, 1946). These discourses enabled both young people to express that they had a desire to retreat from relationships when they were anxious. Kevin demonstrated compulsive, ritualised or evacuative body language within discourses of panic; whereas discourses of exclusion conveyed Liam's aloof behaviour when he felt threatened by anxiety with qualities of helplessness and unintegration (Rhode, 2000).

My experience of this kind of anxiety also embodied discourses of panic and disintegration; therefore, by having these anxious experiences, I could understand the disconnected discourses which captured the ways that the young people attempted to escape powerlessness by defensive internal measures (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

The subject positions of the explorative therapist and the complex child were prevalent when depressive functionality, or subjectivity, embodied reflective and reparative discourses which permitted the exploration of emotionality such as depressive anxiety (Avdi & Georgaca, 2009; Klein, 1946). The appearance of multiple and agentic subject positions signified that

the development of internal resources was embodied by improved reflective capacities (Avdi & Georgaca, 2009; Klein, 1946; La Mothe, 2012).

Eventually, Kevin could address his terror of speaking which was part of finding the words to express his identity as an anxious teenager who also had the capacity to grow and develop (Avdi & Georgaca, 2009). The construction of subjective discourses enabled Liam to explore the experiences of violence which underpinned his identification with aggression; however, he was also able to explore complex aspects of his identity as a vulnerable child who required support for his pain (Freud, A. 1946; Avdi & Georgaca, 2009).

What seems clear is that examining these discourses and identities illuminated factors such as the nature of anxiety, and the strength and nature of defences, and interplayed with reparative functionality and the construction of a more robust and trusting relationship with me (Avdi & Georgaca, 2009; Klein, 1946; La Mothe, 2012).

Conclusion

Research Question

What is the nature of anxiety which emerges during Child Psychotherapy Assessments offered by CAMHS?

Study Aim:

To explore the nature of anxiety which emerged during 2 Child Psychotherapy Assessments offered within CAMHS.

Objectives:

- To employ Critical Discourse Analysis to observe and explore the subject positions or identities which emerged during anxious moments recorded in Psychoanalytic process notes.
- To explore the different types of anxiety which arose during CAPP assessment.
- To explore the nature of anxiety during Child Psychotherapy Assessment by examining the subject positions which co-occurred with anxiety.

Introduction to the Core Subject Positions

The discourse analysis of the process notes suggested eight core subject positions which manifested in pairs which reflected the duality of the therapeutic couple: the ‘Powerful’ and the ‘Powerless’, the ‘Predator’ and the ‘Prey’, the ‘Disconnected Therapist and Child’ and the ‘Explorative Therapist’ and the ‘Complex Child’.

The examination of the subject positions revealed how particular aspects of identity were experienced, as well as how internal and relational behaviour were impacted by anxiety during the assessments (Guilfoyle, 2016).

The Different Types of Anxiety

The study found 3 core types of anxiety within the process notes which corresponded with the findings of the review of the CAPP literature. The 3 types of anxiety: persecutory anxiety, depressive anxiety and anxiety about annihilation interplayed with the core subject positions in particular ways that were the focus of the study findings.

Anxiety and the defences against anxiety often emerged together; for example, defensive projective identification (Klein, 1946), the identification with aggression (Freud, A. 1946), manic defences (Winnicott, 1935) and omnipotent defences (Symington, 1985) required consideration to understand the child's experience.

Moments of anxiety were scattered throughout all sessions of the process notes in a non-linear trajectory including moments of conflict or overlap; however persecutory anxiety was the first anxiety to appear in both assessments, emerging toward the beginning and end of sessions, and reemerging during challenging moments. Anxiety about annihilation arose when anxiety became overwhelming requiring escape (Abraham, 1994/1960; Klein, 1946), and depressive anxiety related to either depressive functionality, or the capacity to apprehend the newness and goodness of the assessment experience (Klein, 1946; Meltzer & Williams, 1988).

The study found that persecutory anxiety was the most common type of anxiety during Kevin's assessment, and depressive anxiety was the most prevalent form in Liam's assessment. Anxiety about annihilation was the least prevalent type of anxiety in both assessments, appearing as both a defence against anxiety as well as being linked to underlying infantile anxiety (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

All three types of anxiety manifested in both spoken and unspoken discourse, which was detectable in my written observations of the young person's non-verbal body language or

behaviour, such as watching the clock, whispering or fidgeting. Anxiety was also explored symbolically within free associative conversation, or when Liam played with toys, which explored his internal world (Klein, 1929). During a powerful moment in the assessment, Kevin was able to find his voice and to dialogue his experience of anxiety explicitly which supports the theory that adolescents can demonstrate a comprehensive understanding of the causation of their problems (Waddell, 2000). In addition, all 3 types of anxiety were detectable within the quality of my anxious phantasies captured in my process notes (Klein, 1946; Sherwin-White et al., 2003).

The different anxiety types illuminated the functionality of the child's internal object which provides further evidence that the nature of anxiety can be analysed in clinical work to infiltrate and attune to the unconscious mind (Klein, 1946).

The Core Subject Positions

The 'Powerful' and the 'Powerless' Subject Positions

The first core subject positions to arise in both assessments were the powerful and the powerless subject positions which appeared in binary oppositional format. These subject positions emerged right at the beginning of both assessments and therefore embodied the task of establishing our respective positions and roles within the assessment. The data analysis demonstrated that unconscious and conscious power-seeking behaviour were evident, and also that the pursuit and acquisition of power meant positioning the other as the powerless counterpart (Harper, 2007; Foucault, 1972).

The experience of having an assessment was found to stir feelings of powerlessness in the young people due to factors such as accepting my position of authority, or adjusting to feelings of exposure or uncertainty about what was to come; subsequently, I was invited into a struggle for power which made it difficult to attend to other aspects of the emotional atmosphere (Rustin & Quagliata, 2000).

The powerful and powerless subject positions therefore illuminated a power struggle rooted in the situational context of having an assessment; this dynamic emerged most clearly in the waiting room, or at the door, before the first assessment sessions had begun. The study also found that the powerful and powerless subject positions reemerged when identities of helplessness, or the resistance against helplessness, appeared throughout both assessments. Therefore, the study demonstrated a relationship between feelings of powerlessness and anxiety as well as the acquisition of power and the defences against anxiety.

My identity as a therapist interplayed with picking up powerful identities on the occasions when I used my authority to enforce my clinical agenda in both assessments. Kevin's nervous avoidance was part of his identity as a traumatised young person who found it difficult to speak up which increased his powerlessness. Liam had also been traumatised which stirred powerful defences against vulnerability (Freud, A. 1946); at first, I struggled to perceive Liam beyond his identity as a small, vulnerable child which embodied my defences against the anxiety that he provoked in me.

It became clear that my feelings of powerlessness were also underpinned by factors such as my status as a trainee therapist who was required to meet clinical competencies linked with qualifying successfully. Although leading and guiding the families was inherent to the task of assessing their needs, I also adopted powerful positions in the desire to proceed with the assessments successfully which was part of the clinical agenda that I had as a trainee under assessment.

The fact that I authored the process notes myself was also revealed to be significant. The transparency of my notes suggests that I wished to present myself as an 'unbiased' professional; however, the use of discursive strategies, such as argumentation and persuasion, suggested that I enforced my agendas unconsciously to uphold my position of power. An

example of this was when I emphasised my opinion about the lighting in the waiting room; the fact that I did not include Kevin and his stepmother's perspective positioned them as powerless and lacking agency.

Finally, the study found that wider societal and socioeconomic factors potentially impacted the perception and pursuit of power, influenced by the differences in our socioeconomic statuses and nationalities. These points became more pronounced when I avoided addressing the biases and injustices which cause subordination explicitly in my notes (Willig, 2003). This finding indicates that Critical Discourse Analysis can provide crucial insights on factors which impact the relational experience of assessments.

The 'Prey' and the 'Predator' Subject Positions and Persecutory Anxiety

The predator and the prey subject positions illustrated that the young people experienced persecutory anxiety in different ways; however, both young people had been abused and therefore the subject positions linked with identities associated with trauma, as well as other internal and external life experiences.

The process notes revealed that Kevin acted as though he was trapped in the room or forced to speak with me. Kevin engaged with processes of splitting and projective identification which functioned to locate the unbearable aspects of his emotional experiences in me, and I subsequently identified with a predatory, persecutory object who had trapped Kevin in the room to watch him struggle (Klein, 1946). Liam explored qualities of menace associated with the identification with a merciless and aggressive predator which protected him from the terror of persecutory anxiety (Freud, A. 1946). Sequentially, through projective identification, I experienced the underlying terror of vulnerability which drove this behaviour (Freud, A. 1946).

The way that the predator and prey identities were experienced enabled the young people to communicate or demonstrate their anxieties which I sensed in the transference or countertransference (Heimann, 1950). Subsequently, my process notes revealed combative and hostile discourses which provided insights about how the young people experienced and protected themselves from persecutory anxiety (La Mothe, 2012).

The 'Disconnected Therapist' and the 'Disconnected Child' and Anxiety about Annihilation

The subject positions of the disconnected therapist and child were in binary equivalent form embodied by discourses of panic and alienation which revealed the young person's attempt to escape anxiety about annihilation (Abraham, 1994/1960; Avdi, 2005; Harper, 2007; Klein, 1946).

These disconnected discourses suggested that both young people retreated from relationships when they were very anxious (Avdi, 2005); however, their anxious behaviours proved to be very different. Kevin demonstrated compulsive, ritualised or evacuative body language, which functioned to distract and prevent emotional engagement, whereas discourses of exclusion conveyed Liam's aloof behaviour when he felt threatened by anxiety (Rhode, 2000). Both young people dissociated from me when anxiety with a disintegrative nature echoed primitive states of helplessness and unintegration (Rhode, 2000).

The alarm which I experienced through projective identification illuminated that I felt intense concern about how the boundaries of my mind were felt to dissolve. Understanding more about these anxieties, which were embodied by phantasises that being annihilated within the young person's mind would eradicate me in a concrete way, could be helpful in supporting clinical and assessment work (Abraham, 1994/1960; Klein, 1946).

I observed several occasions when both young people appeared more relaxed when I was able to process or verbalise the panic that I sensed when I picked up the disconnected therapist

subject position. This finding suggests that permitting feelings of panic to enter the transference contributed to successfully attuning to the child and providing emotional containment (Bion, 1962; Rhode, 2000). This finding also illustrates the benefits of examining the nature of subject positioning in discourse alongside the emotional content of clinical work to gain insights about therapeutic process (Avdi, 2005).

The 'Explorative Therapist' and the 'Complex Child'

Throughout the assessments, both young people explored crucial emotional experiences as well as challenging aspects of their identity. Subjective dialogues proved to have an integrative function by consolidating challenging experiences explored within reflective and reparative discourses (Avdi & Georgaca, 2009). The emergence of subjective discourses corresponded with increased depressive functionality, which indicated the increased internal resources to bear pain; therefore, subjective discourses were a dynamic feature of reflecting on pain within the process of the assessment (Avdi & Georgaca, 2009; Klein, 1946). Occasionally the young people also experienced depressive anxiety manifesting in various ways such as anxious guilt or increased sensitivity within the relationship (Klein, 1946; Meltzer & Williams, 1988).

Subjective and reflective discourses were found to be crucial aspects of the assessment process because features, such as self-expression and reflection, supported the exploration of identity, and therefore enabled me to assess factors such as the child's defences, or their resilience or their reparative capacities (Avdi & Georgaca, 2009; Klein, 1946; La Mothe, 2012).

When depressive functionality developed in the sessions, reflective discourses were constructed from interpretations and observations which encouraged the young people to explore complex and agentic aspects of their identity (Avdi & Georgaca, 2009); these discourses presented a non-linear trajectory throughout the assessments. One example of this

was when Kevin was presented with a dilemma about choosing a seat and the description of his nervous smile captured his capacity to reflect on his identity as an endeavouring teenager capable of persistence (Avdi & Georgaca, 2009; Klein, 1946).

The experience of unintrusive and subjective discourses were crucial to enabling Kevin to address his terror of speaking; this was a crucial point in his assessment which involved accepting complex multiple identities as a young person who had been traumatised and experienced anxiety, as well as his identity as a developing teenager with agency and the potential to grow (Avdi & Georgaca, 2009).

Liam responded creatively to subjective therapeutic discourses which interpreted factors such as the disorientation which underpinned his struggle to understand himself and to feel understood (Avdi & Georgaca, 2009). Liam responded to encouragement to explore the experiences of violence which underpinned his identification with aggression, whilst subjective discourses strengthened his awareness of complex aspects of his identity as a contemplative, joyful child who required support for the pain he had suffered (Avdi & Georgaca, 2009).

Learning Points about Anxiety

From the examination of the data, I concluded that anxiety was highly prevalent during Child Psychotherapy Assessment which occurred throughout all stages of the process notes; therefore, the field study provides evidence supporting the CAPP literature which views the prevalence of anxiety during Child Psychotherapy Assessments (Mees, 2017; Rustin & Quagliata, 2000).

I found anxiety to be easily identifiable within the process notes which supports the general healthcare papers perceiving anxiety to present with recognisable traits and manifestations (Jablensky, 2019; Poppleton, Ramkission & Ali, 2019). The fact that anxiety was prevalent

during the assessment of two males supports recent research findings, from general medicine and psychological contexts, which challenge the idea that females are more likely to suffer with anxiety or anxiety disorder (Kessler, 2012). The participants were aged 15 and 4 which supports the evidence that anxiety is prevalent during both adolescence and the pre-latency period of development (Waddell, 2002).

The examination of the process notes involved the application of Psychoanalytic theory and found that the anxious perceptions and behaviours in the process notes could be categorised as one of 3 types of anxiety. These 3 types of anxiety were operationalised by a Psychoanalytic typology of anxiety in the methodology chapter. The study findings supported the findings of the literature review which concluded that the 11 types of anxiety described in the literature could be organised within these 3 elementary categories (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

Persecutory anxiety embodied a sense of persecution (Klein, 1946), depressive anxiety embodied components such as anxious guilt (Klein, 1946) or heightened sensitivity (Meltzer & Williams, 1988) whilst anxiety about annihilation had qualities of disintegration which were defended against by evacuative or excluding behaviours (Abraham, 1994/1960; Bick, 1968; Klein, 1946). The manifestations and features which related to the different nature of each type of anxiety which were fully explored in the findings and discussion section.

The study therefore develops current CAPP theory about anxiety by evidencing that these 3 types of anxiety are elementary because the way that they manifest signifies fundamental differences in the way that the internal object is perceived in anxious phantasies (Abraham, 1994/1960; Bick, 1968; Klein, 1946; Meltzer & Williams, 1988).

The data analysis indicated that I experienced anxiety as a clinician when conducting the assessments, which I sometimes linked to personal factors or with my own worries and fears.

On other occasions, unconscious processes, such as projective identification, communicated the nature of the young person's anxious phantasies to me which became a useful feature of the assessment process enabling me to attune to the child (Bion, 1962).

The CAPP assessment literature considered how anxiety is experienced within the transference relationship, and therefore the study adds empirical evidence supporting the view that therapists gain insights about the child's emotional experience by carefully examining their feelings and responses towards the young person (Emanuel, 2000; Parsons & Horne, 2009; Rustin, 1982; Rustin & Quagliata, 2000; Waddell, 2002).

Overall, the study found anxiety to helpfully communicate the subtleties of emotional experience which enabled me to explore underlying factors in a nuanced way. For example, I was able to examine how anxious inhibition sometimes underpinned the delicate way that Liam treated me, which enabled me to observe experiences of primary depressive anxiety that were different to more persecutory experiences of inhibition (Meltzer & Williams, 1988). More commonly, throughout both assessments, anxiety was found to signify inhibition, or resistance to realising unconscious demands (Klein, 1946; Rustin, 1982; Walker, 2009), to illuminate volatile and pre-latency and adolescent states of mind (Waddell, 2002) and to communicate early, preverbal states of anxiety (Bick; 1968; Terradas, Domon-Archambault & Drieu, 2020).

The study also highlighted occasions when anxiety was problematic and perhaps inhibited the development of trust, or when suspicion and hostility drove us to disconnect from each other. On these occasions, I was sometimes overwhelmed by intense anxiety which I found to reduce my reflective capacities, or to activate defences against the associated pain and vulnerability (Rustin & Quagliata, 2000).

The impact of intense anxiety, or with engaging with the defences against anxiety, became most problematic when I was so overwhelmed that I became unable to examine my countertransference, and I could not assess the emotional quality of the situation (Heimann, 1950). One example of this was when Kevin became sleepy after experiencing intense feelings of resistance to exploring anxious feelings; consequently, anxiety about annihilation appeared in the transference, and provoked manic defences against anxiety, which prevented us from dialoguing the experience (Winnicott, 1935). This finding reflects the concerns of the CAPP literature about the potential for the transmission of anxiety from patient to therapist to negatively impact assessments, momentarily reducing observational and reflective capacities (Rhode, 2000; Terradas, Domon-Archambault & Drieu, 2020).

However, the study concluded that it was more often the case that the experience of anxiety enabled me to receive communications from the young people which supported the assessment process, as well as facilitating emotional containment to occur; for example, when Kevin circled his chest to express anxiety whilst seeming to symbolise that he felt understood and contained by my interpretations and observations (Bion, 1962).

The study found that anxiety and the defences against anxiety often appeared together which is a viewpoint supported by CAPP theory on anxiety (Emanuel, 2000). Anxiety about annihilation was found to develop as a defence against persecutory anxiety underpinned by a more primitive type of anxiety with a distinctive disintegrative quality (Abraham, 1994/1960; Bick, 1968; Klein, 1946).

The study provided a thorough exploration of the nature of anxiety which was missing from the CAPP empirical literature (Göttken et al., 2014; Weitkamp et al., 2018) concluding that understanding specific nature and quality of anxious feelings was crucial to assessing the child's internal world functionality, the strength of their defences and how they related to

others (Rustin & Quagliata, 2000). The fact that the nature of anxious phantasies can articulate unconscious factors, which would likely otherwise remain unexplored, suggests that exploring anxiety is crucial to adequately assessing the functionality of the personality during Child Psychotherapy Assessment (Rustin & Quagliata, 2000).

Finally, the fact that neither young person was referred for an assessment specifically because they experienced anxiety supports the view that anxiety often presents as a comorbidity with other concerns and disturbances of the personality; therefore, it seems even more vital that the nature of anxiety is considered during assessment work (Emanuel, 2000; Rustin & Quagliata, 2000).

Learning Points from Critical Discourse Analysis

One significant study finding was that different discourses and subject positions corresponded to the shifting experience of identity, including anxious identities, during the assessments. The literature predicted that the experience of identity is embedded within discourses becoming a dynamic feature of change, as well as the resistance to development (Avdi, 2005; Avdi & Georgaca, 2009; Billig, 2006; Guilfoyle, 2003; La Mothe, 2012; Willig, 2003).

Evidence of discourses which limited the exploration of identity were clear; for example, combative discourses restricted the capacity to experience identities beyond those of predator and prey demonstrated within suspicious or persecuted appraisals of what was happening in the session (La Mothe, 2012). In a similar way, the discourses of panic, alienation and exclusion circumvented terror which prevented the realisation of agentic, reflective subject positions within identities as a disconnected pair who were unable to construct reparative discourses (La Mothe, 2012).

The study found that discourse often encouraged the exploration of identity; for example, subjective and reflective dialogues strengthened self-expression and multiple, agentic and flexible subject positions were promoted within the exploration of wider aspects of identity (Avdi & Georgaca, 2009).

The study also found a relationship between depressive functionality and subjective discourses. This was because the development of the internal resources to bear complex emotionality were further integrated by the dynamic functionality of subjective discourses which processed aspects of personal identity (Avdi & Georgaca, 2009; Klein, 1946).

The construction of subjective discourses therefore contributed to the assessment of the young people by illuminating factors, such as the level of resilience or defensiveness, when they addressed challenging aspects of their identity (Avdi, 2005; Avdi & Georgaca, 2009; Rustin & Quagliata, 2000). However, the quality of combative, excluding or commanding discourses, and the identities which coincided with them, presented crucial information about how the young people experienced relationships when they felt threatened or provoked; therefore, these discourses also contributed to assessing the young people's needs and how they were functioning (Rustin & Quagliata, 2000).

Study Limitations

One limitation of the study was the potential to reduce the complexity of emotional experience in the attempt to provide cohesion. I do not wish to suggest that the experience of identity or anxiety was limited to the factors examined in this thesis, and I certainly do not wish to suggest that the full complexity of the assessment experience could be captured in a thesis of any length. I do however hope that the exploration of these two young people's journeys gives a glimpse of the complexity of assessment work, and the tremendous courage that young people can reveal in the face of adversity and in the pursuit of growth (Rustin & Quagliata, 2000).

The use of a retrospective design raised concerns when I attempted to gain ethical approval for the study from the Tavistock Research Ethics Committee (TREC). The issue raised by TREC concerned recruiting young people into the study after the assessments had been completed, which produced concerns because I was unable to monitor the wellbeing of participants who were no longer my patients.

I responded to the risks by designing an ethical recruitment process outlined in the methodology chapter which ensured that the young people were happy to explore participating, and that they were not placed under pressure to participate at any stage. The recruitment process was conducted by a Child Psychotherapy colleague who was informed to stop the process if signs of distress or resistance became evident. The recruitment process was deemed ethical by TREC; this experience supports the notion that addressing challenges which emerge during the research process develops sensitive and ethically sound methodologies (Dawson et al., 2019). However, future studies could improve on my design by recruiting participants prospectively so that the young person's well-being can be monitored throughout the assessment process.

An important challenge emerged when exploring the multifaceted nature of anxiety from both discourse analytic and Psychoanalytic perspectives; this proved to be challenging within the word limit and the time available. The construction of a complex Psychoanalytic typology of anxiety was necessary to create an explicit reference tool to interpret the study findings about anxiety; however, the identification of anxiety in the process notes proved to be more complex than anticipated involving consulting Psychoanalytic theory at every stage throughout the process of data analysis. Since the demonstration of Psychoanalytic theory was crucial to support arguments which distinguished between the complex and divergent features of anxiety, I developed a hybrid procedure which combined Critical Discourse Analysis with a Psychoanalytic reading of the research data to provide insights about how the

discourses, and the subject positions, interplayed with the anxious phantasies embedded within the process notes.

Study Strengths

A strength of the study was the use of the hybrid procedure which provided a rich and interesting examination of how the experience of anxiety was embodied by discourses, and related to subject positions, which revealed the nature of anxious phantasies which illuminated how internal object relations were functioning (Klein, 1946; La Mothe, 2012).

The procedure began by using Critical Discourse Analysis to explore the topic of anxiety. Anxiety was found to manifest in both spoken and unspoken communication in the data, which could be analysed in detail, permitting the intricacies and nuances of anxiety to be examined (Billig, 2006). The use of Subject Positioning Theory was also beneficial for exploring the nature of anxiety by illuminating how anxious identities impacted relational behaviour; therefore anxiety, and the defences against anxiety, could be understood by observing how anxious identities emerged within the therapeutic couple (Guilfoyle, 2016).

I noticed that the use of Critical Discourse Analysis sometimes provided insights which I could not make during the sessions; this happened most clearly during moments of symbolic equation (Segal, 1957). For example, when Kevin snapped at me after I had wondered why he might be looking at the clock, I was shocked and temporarily unable to reflect on persecutory factors which became clearer after considering the language that I used in the process notes (Billig, 2006; Segal, 1957). The analysis of process notes using Discourse Analysis therefore increased my understanding of the assessment sessions; as discussed, this suggests process notes could be read in this way to enrich standard CAPP practice and techniques (Avdi, 2005; Avdi & Georgaca, 2009; Billig, 2006).

A final strength of the study was that Child Psychotherapy Assessment provided a valuable clinical context within which to examine anxiety. Anxiety was highly prevalent throughout the assessments for various reasons including the newness and unfamiliarity of the assessment setting, and the fact that neither young person had accessed mental health support before. Consequently, it seems even more important to formally and systematically consider the nature of anxiety during assessments because the study has shown that anxiety is a major feature of the emotional experience for young people as they begin their journey of seeking help (Rustin & Quagliata, 2000).

Further study

Further insights about anxiety during Child Psychotherapy Assessment could be gained by conducting studies which use bigger samples and therefore allow to examine correlations and patterns which appear between larger data sets. My process notes contained reflections of a very detailed nature; however, it would also be interesting to gain insights from other data collection methods, such as interviews or video recordings. Studies which analysed other therapist's process notes could provide an interesting dimension to the exploration of subjectivity.

Quantitative methodologies could be used to study anxiety within this context; for example, to provide statistical information about the prevalence of anxiety during assessments, or by examining assessment outcomes which would strengthen the CAPP evidence base (Göttken et al.,2014; Weitkamp et al.,2018).

When considering the implications of the study findings on future Child Psychotherapy research, the Psychoanalytic Typology of anxiety could be recreated in studies which seek to identify anxiety symptoms or to explore the topic of anxiety. The Psychoanalytic Typology identifies 3 fundamental types of anxiety, with different manifestations and natures depending on specific anxious phantasies linked with fluctuating internal states of mind; the typology

has implications for future research by providing a categorisation system for anxiety symptoms which observes a Psychoanalytic, and a Kleinian and Post-Kleinian, ethos (Abraham, 1994/1960; Klein, 1946; Ogden, 1989).

As explored in the Literature Review chapter, less has been written on the topic of Child Psychotherapy Assessment than with other features of CAPP clinical practice; this study therefore provides insights about the experience of assessment work, whilst developing clinical and theoretical insights on the topic of anxiety, which could be utilised within Child Psychotherapy clinical practice, training, theory and research (Rustin & Quagliata, 2000).

The study of anxiety using the Psychoanalytic typology of anxiety produced in this study would be interesting in clinical contexts beyond assessment. Qualitative methodologies could focus on the relationship between power and anxiety, or perhaps identifying whether anxiety differs within various cultural contexts, or is impacted by gender, ethnic differences or socio-economic differences.

The appearance of primary depressive anxiety during Child Psychotherapy Assessment was particularly interesting to me because an assessment is a first encounter with a new therapist, and primary depressive anxiety echoes the first apprehension of the object; further studies could explore whether primary depressive anxiety is more likely to be stirred during first or initial meetings with young people (Meltzer & Williams, 1988). A study of first assessment sessions with a larger sample of young people would allow this to be explored.

I was personally struck by the power of my own experiences of anxiety about annihilation, which raised questions about how phantasies of permeability, and a lack of separateness between self and object, are accompanied by phantasies exploring destruction and mutual combustion. Further research could examine these kinds of anxious experiences in greater detail. I am aware that many of the features of this type of anxiety are often associated with

conditions such as Autism Spectrum Disorder (ASD) or Attention Deficient Hyperactivity Disorder (ADHS); studies could provide further insights about the way that the internal object is perceived in phantasy which would be valuable to professionals and young people who have these concerns.

Personal Reflections

I found the process of conducting this empirical field study to be both a challenging and a rewarding experience. The experience of having my original, retrospective recruitment design challenged was painful, and it was difficult to learn that a prospective design may have been better; however, I gained skills in resilience, and I was proud of successfully responding to feedback and designing a recruitment strategy that better supported my study.

I also found the experience of examining my own practice challenging, especially because I was in the early stages of training when I completed the assessments, and there were many things that, with hindsight, I could have done differently; however, I learned from the insights produced by my research, which will inform my future practice. I also found examining my own emotional responses a little exposing; however, I felt that the learning experiences and the insights which emerged were well worth this challenge.

Reflections

There is no doubt in my mind that learning how to conduct this research has been one of the greatest learning experiences of my life. I would now like to explore my personal and professional journey toward completing this small empirical field study which is recorded within a doctoral thesis. Since several chapters of the thesis include reflections on how I experienced the research process at various stages, I would like to reflect mainly on experiences which I have not yet explored, but which impacted the research process. I would also like to explore how the research could be developed in the future.

I began the research process whilst completing a professional training in Child and Adolescent Psychoanalytic Psychotherapy (CAPP). Prior to this, I had studied English Literature and Creative Writing in Northern Ireland, which is where I lived until I moved to England to train as a Child and Adolescent Psychoanalytic Psychotherapist (CAPPT). During the training, I found that I was compelled to capture my personal and professional experiences in notebooks and diaries. I found that the process of writing helped me to reflect on challenging or emotive aspects of my work, and I also felt that the act of writing connected me with creative aspects of my identity.

When I studied creative writing, I liked to write about children and to ‘dig deeply’ inside my character’s minds. I was aware that this was both a strength and a weakness because my writing was often too heavily influenced by psychological ideas. I had never heard of CAPP, but I always had an intuitive sense that observing children holds the key to the deepest aspects of human nature. One day a London-based creative writing tutor informed me about the CAPP method practiced at the Tavistock clinic and I have been captivated ever since. I had been volunteering with vulnerable young people for a long time, and I began to build a portfolio of work whilst completing a course in infant observation, and then relocated to complete the CAPP training.

These experiences were part of my journey to completing a study which explores the internal worlds of two children in very close detail (Klein, 1929). Throughout the research process, I was aware of the criticisms of CAPP research; for example, there are concerns about the failure to adequately operationalise the concepts being studied, or that paradigms do not attend to the standards and requirements of clinical research (Rustin & Rustin, 2019). Consequently, I took careful steps to ensure that I fully operationalised the concept of anxiety within my study; however, I experienced pressure throughout the research process, and I often worried about how my design would be viewed.

More recently, the CAPP evidence base is flourishing; however, the negative stereotypes about CAPP research remain (Rustin & Rustin, 2019). The impact on my confidence makes me wonder whether other CAPPTs struggle to believe that they can produce robust and valuable research. Conducting this study showed me that I had many transferable skills; for example, I have excellent reflective and observational capacities, and the ability to follow methods and procedures underpinned by complex epistemological or theoretical considerations. I learned that when it was difficult to meet deadlines alongside the demands of my work, or when problems emerged in the research process, I relied on reserves of patience, resilience and resolve which I developed whilst training as a CAPPT.

There were indeed challenges during the research process; for example, having my retrospective recruitment design challenged meant that I could not continue with my study for many months until ethical approval was gained. Learning how to examine the identities and subject positions which appeared within my process notes was difficult at first, and I struggled to embrace the process creatively. Subsequently, I focused too exclusively on my identity as a CAPP. Eventually I realised that I was worried about probing the more challenging aspects of my identity during data analysis, and also about exposing the intensely anxious experiences that I had during the assessments. However, by the end of the process, I

was proud of the valuable insights which I gained about anxiety. Throughout the entire research process, regular feedback and support from my supervisors was instrumental, particularly when I lost focus or became too immersed with specific tasks or subjects.

During the training, I felt compelled by the idea that process notes could be analysed systematically using Critical Discourse Analysis. Process notes contain reflections which evoke the internal world and are therefore a valuable resource supporting CAPP practice with young people. Like many CAPPTs, projective identification and countertransference are the cornerstones of my practice; therefore, I wanted to analyse process notes because they capture how anxious presentations are impacted by internal processes (Sherwin-White et al., 2003).

Toward the end of the research process, I found that I was able to analyse the process notes in a more sophisticated way. The use of subject positioning theory complemented my understanding of the various anxious identities that the young people embodied (Avdi & Georgaca, 2009). I perceived the construction of subjective, as well as hostile or disconnected, discourses to be a dynamic feature of the sessions with the young people, providing revelations about their internal world (Avdi, 2005; Rustin & Quagliata, 2000). As a result, I have developed an interest in using Critical Discourse Analysis and Subject Positioning theory, which informs my current practice with young people.

As a final point, I would like to reflect on the courage which the two young people demonstrated during their assessments. I was informed that during the recruitment process, Kevin expressed a desire to help others struggling with anxiety because he knew how hard it can be. Liam's mother expressed a particular wish to support CAPP research because the treatment had helped her son to make friends at school and to lead a happier life.

During the research process, these testimonies enabled me to rise above stress and exhaustion, and to find the stamina and determination required to complete the study. I hope that my research provides insights about anxiety which can help those who work with or care for young people like Kevin and Liam.

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APPENDICES

Appendix A: Participant Information and Consent Forms

Participant Information Pack for Parents and Guardians

An exploration of feelings of anxiety during Child Psychotherapy Assessments offered by CAMHS

What is this information pack about?

This information pack is about a study we are doing at CAMHS.

The study will help to learn more about the work that Child Psychotherapists do. A training member of the Child Psychotherapy team will carry out the study as a part of a degree to complete their training.

We have already been in touch by telephone, and you have given permission for us to send out this information. Once you have received the information pack, we will be in touch again by telephone to talk things over and help with any questions.

If you have any concerns about us contacting you, please contact ….. (team leader) on …… to discuss this. This may also provide an opportunity to discuss issues relating to the assessment; for example, feeling unhappy or dissatisfied with the treatment you received following the assessment.

If you no longer wish us to contact you with more information, please contact Joanne Dornan on …… to discuss this.

What kind of work will the study explore?

The study will explore Child Psychotherapy Assessment. This is an assessment done by a Child Psychotherapist. The assessment decides if Child Psychotherapy treatment might help with a child's particular needs.

We are interested in learning more about feelings of anxiety which can occur during Child Psychotherapy Assessment. We are particularly interested in how anxiety feels for children and young people. We are also interested in how exactly Child

Psychotherapists help with anxiety. Learning about this will support us to do better Child Psychotherapy Assessments.

Why have we contacted you?

We have contacted you because a child that you care for had a Child Psychotherapy Assessment in the last 3 years.

We would like to invite your child to take part in our study. This information pack provides details of how to be involved. A separate, child-friendly information pack is included to help your child to understand the study.

All efforts will be taken to ensure your child's best interests are protected. This will include ensuring that they fully understand their involvement in the study, what the study is about and how they will be helping.

What will taking part in the study involve?

Taking part involves allowing us to use Child Psychotherapy process notes which were written after your child's assessment.

These notes were written as standard practice and are kept in a confidential file at the clinic.

What things are recorded in process notes?

Process notes describe what happens during assessment sessions. How things felt and issues like anxiety may be explored. Process notes help the therapist to think about, and understand, what a young person might be feeling and communicating.

A summary of the contents of process notes is provided within the assessment report which was given to outline the main features of the assessment.

How exactly will process notes be used in the study?

Your child's process notes, and the notes from other patients, will be read, and thought about, to help us learn about our work during assessment sessions. A report will be written to gather this and help explore the topic of anxiety.

What do I need to do if I would like my child's notes to be used?

Both you and your child must sign separate consent forms to have their process notes used in the study.

A child-friendly version has been designed for your child and you can sign the consent form for parents/guardians. Both must be signed to give us permission to use your child's process notes.

Children *must* sign the consent form in order to take part and guardians cannot give consent on behalf of a child.

If a child wishes to take part, and a guardian does not agree, a member of staff will be in touch to think about things together and decide what is best for the child.

Will my child's name be used?

No. Your child's real name will not be used at any stage in the study. A different name will be given and used at all stages in the evaluation process.

Will anyone be able to identify my child from the information used?

No. No information will be used which could easily identify your child and this information will not be revealed at any stage in order to protect their interests.

How will my child's information be treated and kept safe?

There are strict guidelines at the clinic about what we do with personal information such as the kind we will use in the study. We will follow these guidelines carefully throughout.

For example, information about your child will not be shared, or shown to anyone, without your permission. Any information we have is kept on secure laptops and files are password protected. Only those with permission can open documents.

Can I change my mind about taking part?

Yes. We understand that you may change your mind.

If you do change your mind, please let us know as soon as possible. We will make sure that any information which we haven't already started working on is not used in the evaluation.

Ethical Approval

This evaluation has received formal approval from the Tavistock and Portman Trust Research Ethics Committee (TREC). This means that we have thought carefully about how to protect your child's interests and keep them safe.

The decision which is reached, about whether or not to have process notes used in this study, will not change or impact the treatment a child receives or anything else about their experience at the clinic.

If your child is on the waiting list for treatment, or has been discharged from the clinic, there will be nothing different about returning to the clinic in the future.

Please note that the Data Protection Policy advised by the clinic will be upheld. Confidentiality of information is subject to legal limitations, where disclosure of imminent harm to self and/or others may occur, and a small sample size may have limitations for anonymity. Information, protected by pseudonyms, will be used in a thesis and an evaluation report. Information may also be used in conference presentations and publications.

If participants have any concerns about the conduct of the researcher, or any other aspect of this research project, they should contact the Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Contact for further information

For further information, or if any of the information in this sheet is unclear, please contact:

Joanne Dornan

Child and Adolescent Psychoanalytic Psychotherapist in Clinical Training

Joanne Dornan

Joanne Dornan

Date 04.12.21

Participant Consent Form

(Parents/Guardians of children under 16)

A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment.

Please complete this form to give consent for a child that you care for to take part in the above evaluation. Please note that your child must also give consent by signing the separate form designed for children.

For further information please contact **Joanne Dornan.** Contact details are provided in the Participant Information pack which you should also have received.

Please tick the appropriate box:	TICK	TICK
I have received information about the study entitled: A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment which is being conducted as part of a trainee's degree to complete their training.	YES	NO
I have been able to ask questions about the study and I am happy with the responses I was given.	YES	NO
I am happy for information taken from process notes, about the child that I am responsible for, to be used in this evaluation.	YES	NO
I understand that the information may be discussed in reports, presentations or published in a book or journal.	YES	NO
I understand that no names or details which can identify the child will be used.	YES	NO
I understand that any information used in this evaluation will be kept securely.	YES	NO
I understand that rules and regulations regarding confidentiality will be followed.	YES	NO
I understand that I can choose whether to be involved in this evaluation.	YES	NO
I understand that I can choose to withdraw from the evaluation at any time before their information has been used.	YES	NO
I consent to my child's information being used in this evaluation.	YES	NO

Please sign below to agree to have your child's information used in this study:

Participant Name (please print)

_____

Participant Signature

_____

Date _____

Participant Consent Form

(Young People over 16)

A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment.

Please complete this form to consent to take part in the above evaluation.

For further information please contact **Joanne Dornan.** Contact details are provided in the Participant Information pack which you should also have received.

Please tick the appropriate box:	TICK	TICK
I have received information about the study entitled: A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment which is being conducted as part of a trainee's degree to complete their training.	YES	NO
I have been able to ask questions about the study and I am happy with the responses I was given.	YES	NO
I am happy for information about me, taken from process notes, to be used in this evaluation.	YES	NO
I understand that the information may be discussed in reports, presentations or published in a book or journal.	YES	NO
I understand that no names or details which can identify me will be used.	YES	NO
I understand that any information used in this evaluation will be kept securely.	YES	NO
I understand that rules and regulations regarding confidentiality will be followed.	YES	NO
I understand that I can choose whether to be involved in this evaluation.	YES	NO
I understand that I can withdraw at any time before information about me has been used.	YES	NO
I consent to my information being used in this evaluation.	YES	NO

Please sign below to agree to have your information used in this study:

Participant Name (please print)

_____

Participant Signature

_____

Date _____

Information Sheet for Children

A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment.

Why are we getting in touch?

We want to invite you to help out with a study that is going on at CAMHS.

A member of our team is doing this study as part of their training. The study is about something in particular called Child Psychotherapy Assessment. We are aware that you had a Child Psychotherapy Assessment when you came to CAMHS.

What was my Child Psychotherapy Assessment like?

Maybe we can help you to remember your assessment? Do you remember playing in the therapy room? There may have been toys and you would have had your own toy box? You may remember seeing the same person each time you came? Maybe you talked over things as you played and you may have thought about how you feel inside.

Why are we interested in your Child Psychotherapy Assessment?

We want to learn as much as we can about how children feel when they have a Child Psychotherapy Assessment. We are particularly interested in anxious feelings and in what we can do to help. Thinking about your assessment will help us to learn more about this.

How can I help?

We would like to use notes which we wrote about you. This will help us to learn new things. If that sounds like something you would like to help us with, all you need to do is to let us know by signing the consent sheet which we have sent out.

You don't need to do anything else after signing this sheet because we already have everything we need from our notes.

What happens next?

We have already been in touch with you, and the person who looks after you, by telephone and you said that you would like this information sheet.

Now that you have the sheet, we will telephone again so you can ask any questions you might have. We can read the sheet together if that might help.

If you do wish for us to use your notes in the study, we want you to know that we will be very careful with them. Everything will be kept in a safe place.

Remember that you don't have to agree to anything. We only want you to take part if you want to and feel ready.

So now it's over to you to make your decision!

All the best and thanks for thinking about taking part.

Joanne Dornan

Joanne Dornan

Date 04.12.21

Participant Consent Form

(Version for Children and Young People under 16)

A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment.

Please fill in this form if you would like to take part.

For help with this form please contact **Joanne Dornan.** Contact details can be found in the Participant Information pack.

Please tick the box to answer yes or no:	TICK	TICK
I have been told about the study: A Service Evaluation exploring feelings of anxiety during Child Psychotherapy Assessment which is part of a trainee's degree to complete their training.	YES	NO
I have been able to ask questions about the study, or talk about worries and concerns, and I feel happy with the answers.	YES	NO
I am happy for notes and information about me to be used in the study.	YES	NO
I have been told how my notes will be kept safe and secure. I understand that all rules will be followed to make sure this is the case.	YES	NO
Notes about me might be used to help with reports and presentations or might be used in books or journals. I understand that my name will not be used and it will not be easy to work out who I am.	YES	NO
I understand that I can choose whether or not to be involved and that I can change my mind at any time before information about me has been used.	YES	NO
I consent for notes about me to be used in this evaluation.	YES	NO

Please sign your name below to show that you agree to take part:

Participant Name (please print)

_____

Participant Signature

_____

Date _____

Appendix B: Process Notes

K and his step-mum are in the waiting room; I notice the light is off, I'm surprised that they are sitting in dimness. They both smile and greet me in a nervous, polite way and I wonder to myself if they felt apprehensive or afraid to turn it on. I say hello and let them know that it's time for K's appointment; I add something about turning on the light. K stands up, coughs lightly and puts his hands in his pockets as I turn on the light and avoids eye contact; again, I am struck by how uncomfortable he seems in his tall body, like he hasn't grown into it yet. K is a blonde and attractive boy who seems to carry himself as though he has ventured into the wrong place and is looking for a way out.

T says 'no' in a hurried tone and tells me that she is going to wait in the car. T's cheeks are flushed, I sense embarrassment, and urgency to get away, I find myself having an urge to ask her to stay. I feel a bit nervous and think about being right under the spotlight, I wonder if that's why the light was off. I look at K attempting to help him feel at ease but he looks away quickly and shuffles his feet seeming tense.

I let T know that she is welcome to stay and she assures me that she would like to wait in the car as she needs to make a phone call. K coughs again, he holds his body tensely and he is trembling slightly; he looks down and plays with a loose thread on the end of the arm of his jumper. I say that we will be in the sae room as last time and I guide us from the waiting room.

T tells K that he can call her when he is done. I say that we will be back at 4.20pm if T would like to come back. T nods and hurries away.

I smile at K who looks very uncomfortable and like he just doesn't want to be here at all. I repeat that we are in the same room, just around the corner and K nods and says nothing and follows with his head down. We walk to the room in silence and I notice that K's head is down the entire time but his eyes dart around him looking frightened; he walks quite close to me but I sense I am the lesser of two evils and that he does not want to be close to me either.

I let us in changing the sign to 'engaged'. There are two chairs and a couch. K coughs stood in the middle of the room; he coughs again, looks at the clock and then at each of the chairs and then coughs, laughs nervously. K points and says 'which….?' and then laughs again nervously. I see a different side to K now, he suddenly seems more 'teenage' and there's a sort of jerky/trying new things kind of awkwardness which makes me warm and maternal toward him. I wonder if K is letting me know that it's hard to know where to sit and K smiles seeming a bit calmer. K continues to stand still on the spot and I say that K can sit wherever he prefers and he chooses the couch and sits right at the edge with his coat on. K sits and looks around him and then begins to seem nervous again; he puts his hands in his coat pockets and coughs lightly. I notice that's where K sat last time as well with his dad on the other side. K coughs

and laughs at the same time and says that there wasn't much room and I say that I remember and we smile for a moment and I remember how his dad had joked about the tight squeeze. K says that it was and I wonder if K is also letting me know that it will be good to have some space for himself and K nods with his head down. I recap the structure of the assessment and say that we have 50 minutes and remind K that he doesn't need to plan anything, and that he can feel free to just let me know how things are in his own way so we can learn about K together. K looks up and nods and smiles.

There is a long silence and K starts to shift around on the couch; he begins to cough frequently and fidgets with his coat or his trousers. K looks at me quickly and starts to seem more uncomfortable, he puts his fist up to his mouth and gives a deep cough and begins to tremble. K looks all around the room and at the four corners of the ceiling; he breathes quickly and his eyes dart around as he looks upward; I have an image of him drowning and attempting to get up for air. I am filled with anxiety that expands like a balloon filling up with air and I begin to panic that he won't be ok somehow, like he will drown.

There is silence for 10 minutes and K looks up at the clock and then down to his knees and he rubs his knees, coughs and fidgets with his coat and then repeats the cycle of looking at the clock and then rubs his knees and coughs and fidgets with his coat. I try to explore build up things like

school and family but K seems to get more and more anxious; he takes gulps of air as he breathes and then looks at the clock again.

I gently notice that he keeps looking at the clock, he coughs then stammers slightly; he coughs again and finally speaks in a low croaky voice and says that he doesn't know what to say. I gently wonder if he lets me know that he feels under pressure. Kevin looks up quickly and looks at me and nods and I say that it can be hard to come and see someone new and there might be all kinds of pressure inside about what to talk about when this is our first session alone and he might be wondering what these sessions are all about. K kicks his feet from side to side, then looks right at me, nods and looks at the clock; I wonder aloud if something makes K feel like he needs to keep an eye on the time. K nods, coughs and looks up at the clock again, scans the room and then says he just does. I wonder if we can think together about what that's about for K.

K straightens out his legs and puts one foot on top of the other and then returns to sitting up and hunched over jittering. I am overwhelmed by anxiety and I keep imagining that he will run out of the room and I will lose him.

The silence goes on and on and K kicks one foot against the other and making swirling shapes with his heels on the carpet. K looks up at the clock and I find myself worrying that

eventually he will get sick of the pain and pressure and leave. I wonder if when K looks up at the clock, he is letting me know that part of him would quite like to leave'. K looks at me quickly and says no. He makes eye contact and sits up straighter and seems calmer. I say that it could just be me but for a minute, the pressure was so strong that I kept thinking he might just take off.

K laughs and I see a lovely warm side, he says he wants to be here, but doesn't know what to say. There is relaxed silence and K looks at me from out of the corner of his eye and then at the door which is to his left. I wonder if K is worried that I will leave? K looks at me quickly and then looks away and shakes his head but I sense that I have hit a nerve. I gently wonder if K is sure and he gives a lighter shrug and doesn't deny it. I wonder if K wants me know how hard it is to be left behind. K nods, draws a circle slowly on his knee with his finger. I wonder if the pressure and anxiety is a way to show how hard that feels. K looks up at this and nods and continues to seem calmer; he fidgets less and has stopped looking at the clock.

K sits forward and hunches over, looking at his knees and speaks in a croaky voice and says he…he…he gets anxious. I wonder what anxiety feels like for him and he says 'I don't know, it's just a feeling and it just comes'. K gestures to his chest and makes a circular motion- and goes silent staring at his knees. I wonder if the feeling is in K's chest and he nods and I add that it comes from nowhere and he says 'not…not…' and then adds 'no reason.' I say that when anxiety comes for

no reason it can be overwhelming and I wonder if it makes it so hard to stay with just here and now. K nods eagerly and says his mind goes, just goes and then he repeats the circular gesture.

There is a long silence and I feel connected to K and like he has trusted me with this. I notice that we have 5 minutes left and remind K that our next session will be next week. K nods, sits up straight and says that it stops him from talking in school- he gets embarrassed. K tells me that it's hard at home as well because everyone at his dad's is noisy- they talk a lot. I ask if that puts K under pressure and he tells me that he prefers it when someone else talks and it takes the pressure off him. As K talks, I find myself noticing how it seems really important that this comes up just as we are ending and K smiles as though agreeing. I wonder if time was part of the pressure and K looks right at me and says yeah. I wonder if part of K really wants to talk things over with me and that creates a worry about running out of time. K says yeah again loudly and looks thoughtful. I remind him that we have time next week for our second assessment session and K laughs lightly and looks away shyly. I say that I will see him next time.

K is in the waiting room alone and gives a little forced cough as I walk in. I feel affectionate toward him immediately but this is followed very quickly by a sudden striking feeling of loss. I am surprised at the speed and impact of this and the sad, low feeling persists as I watch K cough and walk toward me. It is like I have reached him and lost him in one moment.

My mind goes to the devastating pain of losing the life he had with his mother despite the suffering and how things were between them.

As we walk along, I wonder if Kevin is also thinking about his mother as we walk.

K coughs a few more times as we walk to the room; his light coughing is the only sound as we walk alone and he shuffles with his shoulders high and his head is down and locked into his shoulders. We arrive in the therapy room and Kevin walks straight to the couch and sits on the edge as usual, facing out the window. We sit in heavy silence. I sit with a heavy feeling of guilt and sadness leaving me confused; I can only connect the guilt to something incoherent about not thinking about him enough over the week or wondering if I am prepared for the session. I have a deep sense that I have let him down somehow.

Kevin coughs and sways from side to side looking at his knees; he coughs again and says that he just wants to know what time it is. There is aggression in this and I feel attacked and there is a long silence.

K coughs and then leans forward with his eyes on the floor; he tells me that his dad phoned to speak to me to check that it was the same time as last week, and to say they were coming, but they didn't know if I was told. I am quiet noticing to myself that his feelings about this are difficult to sense. I also notice that something about K seems very different; he seems more authoritative, more in

touch with agency. K continues to look at the floor and seems to be frozen on the spot. There is a long silence. K looks up, coughs and then looks all around the room and sighs loudly. I start to sense that he is a bit aggrieved and I notice that K seems a bit cross. K says no quickly and angrily and looks down at his feet kicking them back and forth.

Suddenly, K looks up at me and looks away quickly; I sense anger and I feel curious. I gently repeat that he really does seem angry. He shrugs and kicks his feet and I wonder what that might be about. K repeats that they didn't know if I got the message; this seems to position me to accept this as a justification for his anger. I notice that it is as though I have done something wrong. K says 'because we didn't…' and then breaks off as though refusing to finish the sentence. There is silence and I wonder if he is cross because I didn't call back and he shrugs. I wonder if he lets me know that it is hard in between assessment sessions when I am not there and can't be reached. K says that they just didn't know what happened. K's voice now has a flat tone which makes his words seem rehearsed. K tells me that he didn't mind because he knows that things happen. K mumbles something which sounds like 'people are busy'. It feels like he has completely stopped relating to me Suddenly K's voice becomes more animated as he tells me that 'they just couldn't get any information at all from the office'.

I wonder how K felt about not being able to get information about me and he shrugs and

looks down at his knees and kicks his feet. There is silence and K coughs and fidgets with the arm of his jumper, plucking at his sleeves and then looking around. K looks at me again, coughs and shrugs and looks at his feet. I wonder if K is letting me know that he was curious about me during the week. K answers 'yeah', very quickly and in a lively tone which appears more like it escapes him. K breathes in and begins again in the flat tone and tells me that they just didn't know if I would know they were coming. I say well this is only our second assessment session so it might have got lost that the sessions are always at exactly the same time and in the same place every week. K nods and I remind him that won't change unless I let them know. K nods still looking down and I say but I am more interested in what is happening here with us because I sense that K was really quite cross and upset, especially because I didn't call back, which has stirred up deeper feelings, I think.

K begins mumbling and his words are difficult to hear; he says something about the office and then my computer which he seems to imagine is in a room in another building. I feel like I have been pushed out of my orbit and I can't quite grab on to anything. K is now in a rhythm speaking in a flat tone which seems like a voice recording rather than real raw words. I feel very far away from him and I wonder to myself about how to find a way back.

K is now talking about ‘enrichments in school’ and I feel quite numb and I imagine a river flowing and just floating along. I can’t hold on to anything he is saying about school, mock GCSEs etc. I find myself sitting up straighter and I ask K how is feeling right now. K stops, looks surprised and the trance feels broken. K asks ‘right now?’ and I say ‘yes, right now, in this moment’. K sits back in his chair and looks around at the four corners of the ceiling and says that he feels sleepy. He tells me that anytime he is at home he will be ‘looking at a computer’ or ‘on his phone’ but here everything just stops and it’s warm and he feels sleepy.

I feel curious and suggest that maybe not having distractions like a phone or a computer leaves us open to be more curious about feelings. K says that he wasn’t tired at all until he sat down here and now it’s like he could fall asleep. I notice to myself that I have an intoxicatingly sleepy feeling which feels deadly and I think of just drifting off to death. K sits back and looks out the window. I wonder when the sleepy feeling came and K says a few minutes ago. I ask if this was before we started to talk about the phone call and he says no, he started to feel sleepy maybe half way through the conversation. I wonder if this is linked to when I said that the anger and upset might be because I didn’t call back. There is a long silence and I try to pay attention to how I feel. I feel a little anxious wondering how K is managing this and hoping the intensity of the atmosphere isn’t too much.

K opens his mouth as though to say something and then looks down at his knees and coughs. I comment that it seemed like K was about to say something and then changed his mind. K shrugs looking down and then says gently that they just didn't know what was happening. I lean forward towards K and I wonder if K is letting me know that it felt like a rejection when I didn't call back. K shrugs again. I wonder what K thought was happening and he shrugs but sits up straighter and repeats that he didn't know. I use a playful tone and say that we often don't know things but that doesn't mean we can't be curious or feel all kinds of things about not knowing or wanting to find out. K looks at me quickly and laughs as though agreeing.

There is now a lively feeling in the room and K looks at me and then asks hesitantly if the receptionist sends a message to my phone or computer when someone phones. I wonder if K is wondering if they sent me a message to say he had phoned and he nods grinning. I wonder if K letting me know that this really matters to him and I wonder if he would like to know that it matters to me as well. K shrugs and says that I was probably busy. I notice that it's really interesting that K's mind goes straight to me being too busy to return his and there doesn't seem to be room for other reasons. K asks like what? I wonder what other reasons for not phoning I might have. K thinks and says maybe I wasn't in work that day. I playfully ask where I was and K shrugs and coughs and asks 'where were you?' in a really direct way. I notice that now it's like it's definite that I wasn't in work,

when just a minute ago I was in work but I was busy. K laughs and says it's because he doesn't know and I say yeah but that's really important because sometimes we just don't know what is happening with other people and that is really hard. I wonder if part of what we are seeing today is that we just don't know and that can stir up anger and curiosity and all kind of feelings which are ok to talk about together.

K nods and his eyes are bright and he is more upright on his seat. I wonder to myself if he is enjoying exploring his mind, and I think of a very young child enjoying the spotlight. K gestures to the corner of the room and asks if I remember when there was a fire engine there. I remember that it was there in the initial appointment and recall that the fire engine made K think about his favourite toys, from when he was younger, which are still at his mum's. K smiles sadly and I have a sad feeling. K recalls everything is back there as there would be no point in having it now that he is grown up. This feels sad because I am aware of contact arrangements and that he doesn't see his mum at home. K starts to describe the books which he used to read- detective books and a book called 'diary of a wimpy kid.'

As he talks, the mood is intimate and I feel quite privileged that is sharing this with me again. I find myself picturing a doll's house and then realise I am also imagining the roof coming off. K tells me that the books were 'just about a kid like him…fifteen' and I ask what he liked about them and he

tells me that there was always someone chasing someone else and you could guess who it was. He describes three shelves of books at his Mums and adds 'he basically had a library there' and laughs in a way which is both tender and proud. I wonder if K is letting me know that he has good memories which must make it hard not to see his mum at home. K then tells me that he doesn't read anymore. His voice is flat and has the rehearsed quality again as he says that no one reads anymore because they have Xboxs now and phones. I wonder if books make him think about things that are easier to push away and forget about. K nods and I am suddenly aware of the black duffle coat, which was beside K throughout. K fidgets with his coat, poking at what looks like a hole in the material and then pulls the sleeve up and down. The coat suddenly looks torn and ruined to me and I feel a sharp flash of anger. I wonder how K feels talking about his mum and K shrugs and says that all his stuff is back there. I say that I'm thinking about all the feelings and memories that might be there as well.

K has an angry look and I continue to feel a mixture of sadness and angry bitterness. K says he doesn't feel anything because they are toys and he was a kid and anyway they are back at his mum's. I find myself picturing a big black hole being filled up with K's books and toys.

K stops fiddling with his coat and tells me in a quiet voice that he saw his mum a few weeks ago and they went for food and then adds that they went for an Indian. I ask how that was and

he snaps quickly, 'it was good… it was good to spend time together'. K's face looks angry now. I ask if K is angry that I asked him about his mum and he coughs and says no and that he feels happy thinking about it. I feel quite slapped in the face by such clear denial. K continues to poke and pull at his coat. I wonder if K is letting me know that there are a mixture of feelings inside and that we need to go gently.

There is a long silence and K nods, sits back and looks out the window. K's eyes begin to get heavy. I feel a flash of alarm and I wonder if he will fall asleep. I am aware of how warm the room is and the air is very heavy. I have flashing thoughts about whether I should speak or try to stop him sleeping since we approach the end of the session, we will have to stop soon. I worry about this. K's eyes close and open slightly and close and open slightly and he seems content. As my panic reduces, I notice that I feel abandoned and rejected. K suddenly jolts awake and bursts into a big grin and says that he just fell asleep. I find myself relieved and like I have been woken out of something as well. I find his bright surprise and laughter contagious and we both giggle. K repeats over that he can't believe he feel asleep and I find myself smiling and say that it's ok and I let him know that he fell asleep just as the session was ending. K looks at the clock and looks back to me with a big grin and nods. I say that I will see K at the same time next week for our last session before the feedback meeting. K nods and I let us out finding the room to spin as I walk.

K is in the waiting room which is busier today and a small child is with his mother playing on the floor with bricks. I let K know that it is time for his appointment. K stands up and smiles at me and then puts his fist up to his mouth and coughs and walks toward me.

We arrive in the therapy room and K walks straight to the couch and sits on the edge as usual, facing out the window. I choose the usual armchair to his right. K coughs and shuffles forward on the couch; he looks at me hopefully and I imagine that he is building up to saying something and find myself smiling. K coughs and looks away and shuffles around on his chair fidgeting with his hands and the arm of his coat which he is holding on his lap; this occupies him for quite a long time and I fill with nervous energy and I feel like I would quite like to fidget with something.

K pokes his finger through the hole in the arm of his coat; he pulls at loose threads with his other hand and circles the material with his finger. This goes on and on for what seems like hours and I get dreamy and hypothesised by the repetitiveness. I shift in my seat and K drops his coat at the sound of my movement; he glances at me quickly and apprehensively and then fumbles in his pockets, picks up the arm of his coat again and then drops it. I continue to experience a fizzing type of anxiety and I wonder if I should help him by starting things off but I don't want to open the session with my thoughts. I remind myself to focus on what he is showing me with actions and try not to let anxiety overwhelm me. K continues to fidget with the hole in his coat and

the space left by his mother and about filling up that empty void. K coughs nervously and continues to keep his head down; I argue with myself about starting the session versus giving him space and time.

Suddenly there is a booming voice from a man outside the window, the man speaks in a strong, rural accent and asks 'hey up?' K and I both jump and look at each other at the same time and start to laugh. K says 'that was loud' in a quiet voice and he smiles shyly and warmly at me. I agree and I wonder if K is noticing that things were quiet in here as well. K nods and puts his fist up to his mouth and gives another cough. K shuffles around and then says 'it's….' and then shuffles around again and says 'it's quiet' and adds, 'don't know what to say.' I wonder if K is letting me know about that pressure again especially when it's our last session. K nods as I speak and I say that it makes me think about the first session and how it turned out that wanting to talk made K worry about running out of time.

K nods eagerly, stops fidgeting and sits up straighter and looks right at me seeming relieved and suddenly more present. K lifts the arm of his coat and laughs and says that he poked a hole right through this by fidgeting. I wonder if K fidgets when he's anxious. K laughs brightly and then adds that he is always fidgeting, his dad tells him to stop. K looks down at his coat now and sniffs and then coughs; his eyes have lost the warmth and he seems distant. I wonder if K heard me as being a

bit critical there, like I was telling him to stop. K shakes his head and looks down at his knees and there is a long silence. The silence goes on and on. I notice that it seems like K has gone away all of a sudden. K has a stony expression and he pokes at the hole in his coat.

We sit in heavy silence. I experience guilt and sadness and a sense that I have let him down. I think about how it is the final session and I would like to explore this further but K is now so guarded that I am not sure how he will hear it. K continues to play with the threads hanging from the hole in his sleeve, lifting and smoothing threads, looking blank, distant, in pain. I gently wonder what made K poke a hole in his coat. He shrugs and hooks one finger through the hole and holds on tightly; he lifts the arm of his coat toward me and I say that it feels like he is holding it up so I can see better. K laughs lightly like recognising this and drops his coat, then lifts it shyly in the air and looks at me. I wonder if that is his way of letting me know that he does want my help with thinking about things together. K says yeah in a clear voice. I remind K that this is our final session and I add that we will meet together in two weeks with his dad and T to explore whether or not he has found this helpful. K coughs and looks down and says nothing seeming tense. I notice that K has let me know in lots of different ways that he has found the sessions helpful and I think psychotherapy would be a good treatment to help K with the things which have been getting him

down. I add that I have a space for K so all he needs to do is have a good think about whether he would like to continue. K looks up brightly and nods eagerly.

After a moment, K speaks in a steady voice and gestures to his coat and says that he wore it down on one side from fidgeting and then the material was stretched so he just poked the hole right through. I wonder if maybe it all just got too much and he needed some relief, like a way through. K says that it does get too much because… and then his voice trails off and he says that he doesn't even know. I am feel aware of emptiness. I wonder if holes can sometimes be about emptiness like a big void that just needs filled up and K nods. I wonder if that's what K is showing me by hooking on to his coat and filling up that gap. K looks up at me and nods. I add but it's important to remember that holes are also a way through. I add that K has found his way here and he has talked to me about some difficult things which is not easy when we have only just met.

K looks at me and his eyes are bright and he smiles. I ask if K has any thoughts about how often he would like to come if we were to continue treatment. K asks if it will be here and I say that it will and he shrugs and looks around and then says that he isn't sure. I say that I noticed that K responded well to weekly assessment sessions because I think that helps with building the trust to explore things together. K nods eagerly and wonder if weekly sessions might be good for that and K gives me a big smile and nods. I notice that we are coming up to time and I check if K has any

questions to ask before we end for today and to complete the assessment. K shakes his head and seems calmer than when we started. I smile and let him know that I will see him in two weeks to talk about taking things forward. K stands up slowly and puts his coat under his arm and then looks out the window. For a moment, I feel like he doesn't want to leave and I find myself gently reminding him that we will be back in two weeks.

L's mum is in the car with a man that I assume is her partner; she smiles and waves looking a bit nervous and then gets out of the car and lets L out of the back. L gets out slowly and his mum adjusts his mask and I hear her whispering something like 'go on'. L shuffles toward me looking frightened and tiny. I say that it is time for his appointment and I almost want to lift him up. L looks so serious and solemn that I begin to feel grave and gloomy. Suddenly I feel like I am tearing him away from his mum.

I let us through the door and I say that we are in the same building as last time (L nods as though recognising this) and I say that we are going to a different therapy room and L walks close to me, looking up and down at me, and he is perfectly quiet; I really sense his fear. I talk to him about each door saying 'this one, this way' etc and he responds by walking closer to me and looking at me as we walk. We get to the room and I let us in and turn on the light; L

stands in the middle of the room looking frightened. L's back is to me and he looks at the wall which feels intentional; I think of a little rabbit caught in the headlights. I try to help him settle by introducing the room; I say that this is the therapy room and everything in here is for L to play with. L continues to stand completely still and tense and I sense he is really frightened. L's mask looks like it might fall off and I remember he was uncomfortable with a mask in the IA. I ask if L wants to take his mask down and he takes it off quickly communicating relief. I smile at L and say 'that's better' and he starts to speak really quickly, and in the monotonic, robotic tone which I recognise from the IA, which feels like an evacuation of words.

L's words are difficult to follow but I pick up something about a dragon and a dinosaur. As L talks, he moves toward me and hands me his mask and it almost feels like he is sleep walking; he seems disconnected from what he is doing and saying, and it seems like his words are coming out in a jumble, and I'm not sure if he is aware he is handing me his mask.

I manage to make eye contact and I notice that L is giving me his mask and L nods and I wonder if he wants me to hold on to things for him today. L nods again and I feel a strong connection when we make eye contact.

L continues mumbling in the robotic tone; he says that he has a dinosaur at home and also a dragon and something about how they stay at separate ends of his living room. L's head rolls

in little circles as his gaze moves all around the room; it feels like he is spinning away in the air and I am trying to catch him. I wonder what L's dinosaur and dragon are like. L doesn't respond but the question seems to calm him down and he does a big exhale and then looks around the room slowly and seeming interested.

L says 'this. isn't. a. very. big. room' in the unusual, robotic voice. I wonder is L is letting me know that he is deciding what he thinks about the therapy room. L looks at me quickly and I sense agreement and he steps forward and looks out the window. L's body remains tense and he says nothing and looks around like a traveller in an unfamiliar land. I wonder if L is wondering about why we are here. L nods and I say we are here to get to know each other a bit to see if I can help with things on L's mind. L looks at me and away again and I notice that L seems to recognise me, he glances at me, says 'yes' and loosens up slightly but remains very tense.

L suddenly points to his box and asks 'what is that?' and then looks around at the ceiling and at the table. I say that is L's toy box which is just for him and we can use the toys to think all about how L feels inside; he looks at his box, I sense curiosity. I wait for a moment and he asks 'what's inside?'; again I notice that his eyes move straight to the ceiling despite expressing

curiosity in the box. I playfully wonder if L is letting me know that he wants to look inside and L now looks at the box and shuffles over seeming curious.

L pulls out the blanket and asks 'why is there a blankey?' I notice to myself he is speaking more naturally and I feel relieved and like I am loosening up inside. L tosses the blanket on the ground and pulls out a pencil case with the family of mini dolls. As L lifts things from his box, the mood becomes playful as L rhythmically pulls out toys and looks at me with a curious expression waiting for me to comment on the things he is choosing. I say things like, 'that's the family of doll's, that's the phone etc'.

L turns to the doll's house and stares at it wordlessly. L suddenly stands very still and tense as he gazes at the doll's house, this feels to go on and on, and then he creeps forward and looks back at me. I playfully wonder if L has noticed the doll's house. L pauses for a moment and then tries to open the doors but the roof is blocking them from opening. I explain that L can lift the roof right off and that will help open the doors. L lifts off the roof hesitantly but doesn't open the doors; he waits anxiously as though waiting for more instructions. I wonder if L would like to open up the house when he feels ready. L is really stiff but this seems to allow him to gather a bit more agency and he puts down the lid of the roof and

opens the house. L lifts the dolls and plonks them in the house carelessly; L then turns his back on me and starts to whisper really quickly and it is impossible to make out what he says.

I notice that L is whispering now and I am wondering what he is saying. L glares at me quickly which has a powerful quality of fury and shutting me out. L continues to toss the dolls in the house and they land upside down and in various uncomfortable positions; L continues to whisper under his breath in this way. I feel attacked- or actually stung- by the fury in his glare and I work to compose myself.

I focus on what L is whispering and I make out the name 'Paula' and I go inside my mind asking myself silent questions, who is Paula, what is happening etc. I sense contempt when L glares at me and there is a strong pull to crumble or to be wounded and beg him to speak to me; meanwhile he is still whispering about the dolls. I wonder aloud to the room if sometimes things feel like they've been turned upside down. L keeps his back to me but pauses and I sense he is listening; I notice we are in a brand new room, with all these new toys and I wonder if L wants to show me that he feels he has been plonked here and it's hard to know what way is up.

L swings toward me on his knees and then stands up brightly, walks to his box, lifts out the wild animals and starts to line them up in groups of 2. 3 and 4. He stops whispering and he seems less rigid. The animals appear to be categorised into groups by type- cows, sheep, pigs etc.

L carries a pencil case to the table; his face is serious and expressionless. L lifts out the ruler and measures it up against the page and turns his back to me. I ask what L is measuring and he says the page and tips the pencil case upside down and slowly empties out the contents; this is done carefully and the pencils fall out in little drops. I wonder if L is also measuring up what we have here to make sure we have what L needs. L looks at me and smiles and then returns to his box; his expression darkens slightly as he looks in his box and I pick up a feeling of fury under tight restraint. L gets string from his box and brings it over to the table and cuts the string; L says 'yellow' and I say L is telling me that the string is yellow and I add like his hair. L looks at me and smiles at this and I feel a way in and I wonder if L would like to talk a little bit more about why he is here to see J today.

L nods his head and looks at me quickly communicating urgency to hear the answer. I say that J wants to understand how L feels inside and about things that make him angry or scared. L sits up on the chair beside me and sits staring at me seeming engaged. I say that we will meet up for 2 more times in this room and we will have all the same toys to play with and L will have his own box as well. L looks at the clock and I let him know that that we still have 10 more minutes left today.

L climbs off the chair and goes back to the animals. L starts to make some animal noises. He gets the polar bear and says 'rooooar' and the polar bear eats the crocodile. I ask what's happening and he tells me 'it's a fight' and then makes animal noises for the others. L goes through each group and I sense he is really letting go as he makes the sounds. This continues until the end of the session. I say that we have come up to time and I will see L at this time next week. L lets me help him put on his mask. I notice to myself that he walks back to the car in the same serious, frightened way that he came to the session.

L's mum's car is outside the clinic when I get to the door; she smiles and gets out of the car and lets L out of the back. L gets out of the car looking serious, tense and frightened. I am again struck by his massive, solemn eyes and how this contrasts with the small, colourful mask he is wearing. I think to myself about how he is like an old man in a tiny body.

L shuffles toward me, looking me up and down, I sense a conflict between hesitance and interest. I sense that L recognises me and is a bit more familiar with me than last week. I say that it is time for his appointment and L stares past me and walks right past his mum and moves quickly toward the door. L's mum says 'bye', and for a second I think he will ignore her, but he looks quickly at his mum and says bye in a cold,

serious way. I catch his mum's eye without meaning to and she smiles nervously and repeats 'bye' and 'be good' in a nervous, singsong voice. L ignores this and seems to be in a world of his own thoughts.

I let us through the door and notice L has returned to the 'shuffling' kind of walk. L shuffles forward and stops dead and looks at the floor. I say that it is this way and gesture to the door and L follows, shuffling with his head down. I sense protest as well as fear because he refused to look at me even though I sense he needed help to find the way. I remind myself that L is 4 years old. I find his solemnness overwhelming and it makes me feel worried.

On our way to the room, L looks mainly at the floor and I think about having the world on his shoulders.

When we get to the room, L doesn't seem to recognise the door. I open the door and guide us in and turn on the light and sit down; as I do this, L turns to me- almost like drifting toward me- and then he seems to realise something and quickly turns away and seems very, very tense. L stands rigidly for moments, locked in place, I can see that he is terrified. I feel upset now and aware of how tiny he is and how scared he must be. I remember the masks and I wonder if L would like to take off his mask like last week. L nods silently and takes off his mask and holds it. L's body is

still very tense and he holds the mask; he raises it in the air as though he is about to put it somewhere but then he stands and looks down at it like he isn't able to do anything further. I wonder if he wonders where to put his mask today, he nods silently and then turns to me with his eyes on the floor. I wonder if he wonders if I can hold it again today, he hands it to me and then looks at me and I feel a tiny flicker of connection.

L stands with his back to the window so he is facing me sideways. L looks around the room and seems a little bit looser. I decide to hold back and give him some breathing space to explore; it looks like he is drinking each thing in, one by one, with his eyes. L points with his finger to the doll's house and looks back at me and I wonder if L wants me to help with remembering things from last week. L nods.

I say that's the doll's house and L shuffles over to the doll's house and slowly lifts the roof off and I notice he remembers how to open the house from last week. He seems more confident now and he opens the house and then smiles quickly; he then stands back as though to look at his work. I notice that he has got the doll's house ready to play with; he grins- I feel warmth and affection.

L returns to where he was before, standing facing me but sideways; he smiles a bit

again and I sense he is feeling a bit playful and he starts to point at things around the room. I say that this feels like a game where J follows L's finger and names the toy. L smiles and points at his box and then looks at me and smiles knowingly; I say that I think L knows that one is especially for him and L giggles and moves toward his box.

L's eyes are glittering and he seems to be full of joy; he looks back at me and points at his box again and I sense he is building up to talk. I raise my eyebrows at L and nod and he says 'box'. I notice that L remembers his box and he stares at it for a moment. I find myself longing for him to open and play with it and I resist encouraging him by reminding myself that he will find his way when he is ready.

Slowly, L kneels down and takes off the lid; he pulls out the blanket and says 'blankey' and then tosses it on the ground. I think about a sense of familiarity with softness but also with being discarded. L lifts the baby doll, looks at the doll and then back to me. I ask who is that and he says a baby and then places the baby on the blanket and half-covers the baby. I notice some of the blanket is keeping the baby warm and some of the baby is cold. L looks at me again, this time for a moment longer. L points at the doll without looking and mumbles 'the girl'. I ask if the baby is a girl feeling aware that the baby is a boy doll; I think of his sister. I wonder if the baby girl has a name but L

ignores me and is focused on the box.

L gently lifts out the toys and places them delicately on the ground, like they are made from china. As he does this, the whispering begins again and communicates something similar about shutting me out. L lifts out the phone and then the ball and then opens the pencil case holding the mini doll family; one by one, he places each doll inside the house and then stands back to look whilst whispering to himself. I sense I am unknown, unpredictable and to be kept at a distance. I wonder if L is letting J know that she is still very new to him. L starts to venture further around the room and looks at me as he walks around in a circle; he then turns to the side and stands in front of me like at the beginning of the session. I notice L is standing just like he did in the beginning of the session and I wonder if that feels like a good place to take everything in from. I feel surprised and curious when he puts his hands up to his eyes and curls them depicting glasses, binoculars or something about looking; he looks around the room through his hands. I wonder if L is letting J know he watches really carefully and takes everything in. L drops his hands with a smile which communicates feeling his message was understood. When he looks at me, I feel joyful and his eyes are all lively. I feel aware of how important this last action was and that he needs space to let things come up in time.

L goes back to his box and opens the pencil case with animals- some are wild, some are domestic and also some are bigger than others. L chooses the horses and makes the noise of a horse gently; he lines up three horses together and moves on to the next animal. L lines up the animals in groups but he also separates depending on size; therefore the small and big animals are also separate. Most of the animals are in pairs or groups of three but a few are on their own. L tells me that the daddy sheep, which is a big bull, needs to go in as well. I notice that the daddy sheep is much bigger than the others but there is no response. L continues lining up the animals wordlessly and I ask questions about what the animals are doing but there is little response.

L chooses a big rhino and then he starts whispering again; I sense L wants to withhold the information which is whispered and I am to feel rejected.

L whispers under his breath and I feel positioned to be intrusive if I ask what he is saying- but I am left out if I don't join in.

Liam continues to group the animals together and I notice that the smaller or domestic animals are always alone and that they don't have a group- as the bigger animals do.

I notice that some animals are all by themselves and they must feel very left out; I wonder if L wants help with some feelings about that.

L looks up at me and then he gets the rhino and the elephant and clashes them together.

L looks up at me like- did you see that. I notice they had a fight and he responds by looking at me again which sort of communicates, yes they did. I wonder if L is letting me know that fights are on his mind as well and maybe we can have some more sessions to help with that. L gets a small lion and a big house cat and clashes them in the same way. Afterwards, he puts some animals in the house and makes the house cat roar and swings it about the house destroying and knocking over everything in its path. I ask what is happening and he tells me he is getting everyone. L says 'roooar' and moves the cat around pretending to eat people. L tells me he is eating everyone up; he gets the doll family and says 'ahhhhhhh' and scatters the people all over the house lying on their backs. I ask what happened but he ignores me and walks away from the house. This feels sudden and emotionless.

L returns to his box and rummages inside; he seems calm and unaffected by the violent scene which he has left behind in the doll's house and I find myself alarmed and upset. The lion and the giant house cat are positioned on the top floor and right in the middle of the house with the wooden people scattered everywhere below; the animals look fierce, and like they are just about to strike

again, but they have been frozen in the air. I notice that it looks like some very fierce animals have taken over the house and then they stopped all of a sudden. L, who was walking toward the table, stops and looks back and walks toward me. L looks at me shyly and sits down on the chair beside me and touches the arm of his chair. I wonder if L is letting J know that there are feelings inside that I can help with. L continues rubbing the arm of the chair whilst looking up and down from me. After a moment, he leans right over and touches his cheek against the arm of the chair; L has a big open mouthed grin as he does this. I ask what the chair feels like and L says warm and I have a warm feeling. I wonder if L might want to come and see me more in the future so that we can talk more about how L feels inside. L nods which communicates wanting to come back. I say that we have come up to time for today and L lets me put on his mask and we walk back to the reception.

L's mum is 5 minutes late; she texts me to say that they got stuck behind a learner driver the whole way here and they will be 5 minutes. I wonder if I am to be the learner driver holding them back. I feel positioned as an outsider, waiting, and it is also very cold outside.

I'm thinking about where might be best to wait when the car pulls up; there are a few cars parked at the door which is unusual and J gets out and I see the top of her head over the other parked cars. L

is obscured for a few moments and I can't see him. Suddenly they both come into view and I see that J is holding L's hand as they walk toward me. J looks up and down from L communicating concern which is comforting to see. L looks at me directly and I notice he doesn't look as frightened as on previous occasions.

I say that it is time for L's appointment. J says 'off you go' and L lets go of her hand easily and says 'bye'; he has a very serious, solemn way with him which has become familiar to me. L walks close to me and I let us through the first door. I guide us toward the second door and L stops and holds out his finger in the playful way that I recognise from the room. L points his finger in both directions and then looks at me which feels like a question. I find myself smiling and answering 'this way'. L responds by loosening up and following looking a bit more confident and I continue to sense less fear than before.

As we get to the room, I sense L is following my guide rather than recognising the way. I open the door and notice I had left the light on; L stands in the middle of the room again and I sit down. I feel much lighter for some reason- which hits me when I sit down and the chair feels bouncy or light. L puts his hands up to his mask and turns to me as though to check he can take it off. I stay reserved and wait to see what he will do. L pauses for some time and then takes it off really slowly and then holds it in his hands looking at it. I sense determination; he made the decision to take off the mask

and wanted to follow through. I say that I notice L knew that he wanted to take his mask off and he did that right away today. L looks at me quickly and gives a small smile. I sense he is relaxing into the session. I remind myself not to crowd him and to step back and allow him to explore things.

L looks behind him, and then back to the mask in his hand, and I stay silent and watch. For a while L stands very still and starts to look more frozen again; he looks all around him slowly and hesitantly and then back at the mask. Our eyes meet suddenly and I feel a flash of connection which is like a beam of sunlight. L responds by looking at me more frequently and then looking back and forth whilst taking in the room. L says 'where' and then mumbles something like 'put'. L looks back at me and I wonder if L is wondering where to put his mask today. L brightens at this and turns to me and hands me the mask. I wonder if L wants J to hold on to things again today, like in our other sessions, and L nods and I add that this is our last session for a little while but we will see each other again very soon after a little short break.

L doesn't say anything and goes straight to his box and walks with a more confident stride. L lifts out the blanket again and this time puts it on the sofa. L lifts out the baby doll and looks at it and then flicks the eyes open and closed; the eyes move quickly and he reacts with sort of excited surprise and looks at me quickly with a smile. I wonder if that was a surprise and L starts to talk to me about the toys in his box. L uses a quiet, serious but steady voice which is different to the whispering or

robotic tone. L describes the toys by saying things like, 'that's a doll' and 'lift it out' and I realise he is narrating his immediate thoughts and actions. L puts the doll down on the towel and plays with the eyes again and says 'the eyelashes are long'. L then puts the teddy on the towel as well. I notice L is wrapping both the baby and the teddy in the towel this time. L tucks the teddy further into the towel and I notice he is making sure both are well wrapped up; L then returns to the box and lifts out the tea set. L says 'we need a…' and then his voice stops as he looks around for something whilst holding the kettle.

L searches all around and then his eyes return to me and then he looks all around again gesturing to the bottom of the kettle. L tells me that we need a 'juuusss juusss' and swirls his hands around and points to the bottom of the kettle. I take from this that he means a place to boil the kettle but I'm not sure. I notice that L needs something for the kettle and L nods and I wonder if he is hoping J has the things he needs. L responds by walking trustingly toward me holding out the kettle and repeats that 'we need a…' and again acts out placing the kettle on something. L looks all around the room again and adds 'to make it cook' and I wonder if L is saying that it is time to get started. L grins at this and I feel a burst of affection. I suddenly want to guide him to the sink because I sense he would enjoy the water but I stop myself as he hasn't asked.

L picks up the sauce pan and pretends to clean it with his sleeve and begins to talk to me about 'old food' and how we need to clean the pan because the old food from yesterday is here. L speaks in a strong urgent voice and I feel interested and ask questions about the old food and where it came from. L thinks for what feels like a long time and I actually think he has forgotten, or is ignoring me, and then he says 'it's from us' and 'we need to clean it out'. I wonder if L is letting me know that there are old feelings about and maybe we can clean things out together.

L doesn't say anything but he holds up the pan to show me and continues in the strong, urgent voice insisting that 'we need to clean out the old food' and explains that 'old food can pile up and up and go off'. I wonder if Liam is telling me about something old and bad piling up and going off inside him, and that he wants my help cleaning it out. L cleans inside the pan again with his sleeve and turns back to face me; when he speaks, he opens his arms really wide and it feels like he is addressing the room. L announces that 'we are having pancakes' and 'we need a place for…. ' L looks at the bin now and I watch him feeling so fascinated. L pretends to pour the contents of the pan into the bin and moves to the sofa. I notice L put some old feelings in the bin until he is ready to look at them with J.

L looks back at me when I say this and smiles and then makes a boiling noise for the kettle and sets out two plates. L lifts the lid of the box from the floor and places it upright on the sofa. He has a

595 busy, lively energy now and I feel relaxed watching him. He seems relaxed as well and he lifts out
596 two sets of knives and forks. L keeps two on the sofa and walks toward me slowly. L hesitantly
597 holds them up and for a second I wonder if he will freeze but he gives them to me. I say L wasn't
598 sure at first but he decided to give J the knife and fork. L bursts into a proud smile and rushes back
599 to the cooker, he almost trips up with excitement on his way back.

600 L makes the noises of cooking and pretends to move food from the saucepan to the plates making
601 sizzling noises and seeming lively. L chats to me about making pancakes and chocolate sauce and
602 then brings me a plate. L returns to his plate and pretends to eat and he has such a lively energy
603 that I really feel like he is in a kitchen surrounded by steam and cooking equipment. I joke that J and
604 L have started cooking now and L laughs.

605 After a while L decides to get the animals out of the box. L scatters them out in a gentle way and
606 brings me a cat and a cheetah. L returns to the animals and chats to me; L tells me the cheetah is his
607 favourite because they are fast and have 'excellent hunting skills'. I notice the way he speaks
608 changes now and makes me think of a wildlife documentary. L is chatting about animals confidently
609 and I feel worried about interrupting him but I also want to give him notice of time. I notice we have
610 10 minutes left to talk all about this. I sense protest because L glares at the clock and then tells me
611 in a slightly cross voice that 'the cat can climb trees but the lion can't' and that 'the rhino and

elephant are friends'. L tells me that 'lions eat pigs because they are beef'. When he says this, I feel a flash of fear and despair imagining a battle ahead.

L is on the floor with the animals now and he holds the lion and the crocodile in the air and acts out a fight; the lion goes 'roooooar'. L collides the lion and crocodile together; the crocodile falls silently to the ground. L then creates a fight between the rhino and the elephant and the rhino wins and then he lifts the lion and the crocodile and repeats. The animals fight to the death over and over and L is really lost in this play whilst making roaring noises. I sense that there can be no winner and it will go on forever without being resolved. I think about endless destruction.

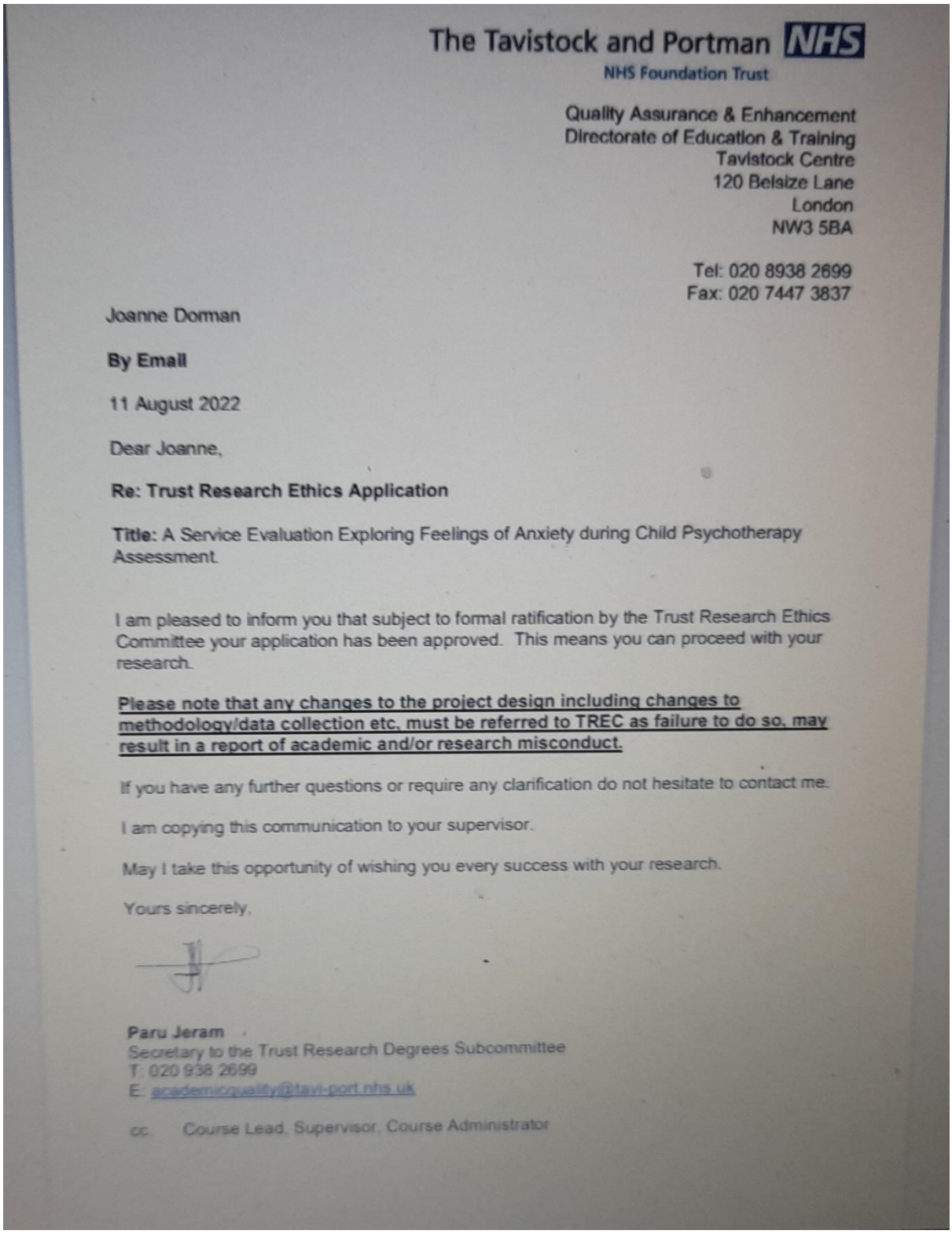
I wonder if L is showing me about fights going on and on and L nods and I wonder if maybe L also shows me he's worried because his fierce feelings come out in fights. Liam nods and tells me they need to go to hospital now. I wonder if Liam is letting me know that he needs my help now and it's his time to be looked after. Liam tucks the lion and crocodile inside the blanket. I wonder if Liam is letting me know that he wants my help with making his hurt better. Liam doesn't say anything and hands me the animals in the blanket.

L tells me that the lid of his box is the hospital. He makes some noises which remind me of when he was making the food and I wonder if L is taking care of the lion and the crocodile in hospital. L tells me that they get pancakes at hospital. L plays for a while and I tell L that we have 5 minutes left and

I wonder if we can tidy up the animals and the toys together so that everything is inside L's box for J to keep safe until we see each other soon.

L asks me questions about the toys as we tidy up like 'where do I put this' etc. I say that L can put things in his box in the way he likes. L seems to enjoy this. At the end, I let L put the lid on and he asks me 'if it will all be there next time?' I wonder what L thinks and he nods. I wonder if L is saying that he senses J will keep everything really safe in his box until next time. L smiles. I pick up L's mask and he walks over and allows me to put his mask on. I notice lively eyes again. We walk back to the door with L close to me and I notice he grows serious and quiet again as we make the journey back.

Appendix C: TREC Approval Letter



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Joanne Dorman

By Email

11 August 2022

Dear Joanne,

Re: Trust Research Ethics Application

Title: A Service Evaluation Exploring Feelings of Anxiety during Child Psychotherapy Assessment.

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
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cc. Course Lead, Supervisor, Course Administrator