Supporting Children and Adolescents through Educational Psychotherapy

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Introduction

In this keynote I want to introduce you to the work of Irene Caspari and to an approach to working with children with emotional difficulties which she pioneered. This approach is called *Educational Psychotherapy.* Although it is first and foremost a way of working with individual children in the therapy room, it can be used with groups of children and can involve parents and teachers. I shall suggest that it offers insights which can be useful to teachers who are seeking ways of helping children who are experiencing difficulties in learning in the context of the ordinary classroom.

I shall show that although educational psychotherapy has much in common with a number of approaches to work with children suffering from emotional problems of one sort or another (e.g. play therapy; narrative therapy), it is distinctive in a number of ways.

I shall identify some of the theorists whose ideas underpin educational psychotherapy, and show how these ideas provide a coherent theoretical basis for this approach. In doing so, I shall identify a number of core ideas or principles which underpin the practice of educational psychotherapy.

I shall give some examples of clinical and school-based work undertaken by educational psychotherapists in order to show how the approach works in practice.

The work of Irene Caspari and the Caspari Foundation

The approach which we call educational psychotherapy was developed by Irene Caspari, who worked at the Tavistock Clinic in London from 1954, where she eventually became Principal Educational Psychologist. She worked at the Clinic until her death in 1976 after a year of distressing illness. Her life was not an easy one:

> "Irene Caspari was born in Germany in 1915. At the age of 20 she was sent to England with her younger brother to escape the Nazi persecution. She worked as a school matron, supporting her brother and paying for his education. She developed meningitis and was only saved by one of the new drugs which had

recently been developed. Before the war she visited her parents in Germany and tried unsuccessfully to persuade them to join her. She never saw them again.

Irene managed to train as a Froebel teacher, took up her first teaching post in 1940, and worked in primary schools for eight years. She also took a degree in modern languages and was a language teacher in a grammar school for a further five years. She suffered a further loss when her brother left to join two elder brothers already settled in the USA.

These early experiences influenced her profoundly throughout her life. The capacity to struggle against the odds, to survive through her fighting spirit was certainly partly responsible for her subsequent achievements. In addition she acquired an understanding of the problems of the class teacher and never lost touch with them.

In 1953 Irene trained as an educational psychologist and began an association with the Tavistock Clinic which lasted the rest of her life……

From the time of her appointment to the staff of the Tavistock Clinic in 1954 she was deeply involved in teaching, especially in the training of educational psychologists in the Department of Children and Parents…….." (Caspari/Irvine, 1986, Elise Osborne's Foreword, pp.i-ii)

Although our interest in her today is as the founder of what we now call *educational psychotherapy*, Caspari's interests were wider than this. She was concerned throughout her career with the work of schools and teachers more generally. For example, she wrote about new approaches to the supervision of student teachers doing their teaching practice in schools (co-authored with John Eggleston, who was then on the staff at the University of Leicester), and her one published book - *Troublesome Children in Class* (Caspari, 1976) was published in the *Students' Library of Education*, a series specifically for those training to be teachers.

In 1973, she co-founded and chaired the *Forum for the Advancement of Educational Therapy*, and when she died, she left the major part of her estate to furthering the aims of the Forum (Caspari/Irvine, 1986, p.iii). At some point, the Forum changed its name to the *Forum for the Advancement of Educational Therapy **and Therapeutic Teaching***, in recognition of the fact that Caspari's work was by no means limited to one-to-one psychotherapy, but could influence how teachers relate to, and work with, children in their classrooms. In 2007, the Foundation decided to change the term 'educational therapy' to 'educational *psycho*therapy' as a more appropriate term. (Salmon & Dover, p.1). About this time, the organization also changed its name to *The Caspari Foundation.* The Foundation has its offices, therapy rooms and training centre in London, and I am a trustee and member of its governing council.

What is distinctive in Educational Psychotherapy?

What is distinctive about educational psychotherapy is (1) that it is the child's learning - or, rather, their difficulties in particular learning tasks such as reading - which initiate the therapy, and remain in focus throughout; (2) that the therapist is not just a therapist but also a teacher; (3) that the aim of the sessions is both to explore and alleviate the emotional difficulties hindering the child's learning *and* to bring about learning by the child (i.e. it is both to provide therapy and to *teach*).

Educational psychotherapy makes use of **play**. Children are given opportunities to play with toys, dolls, puppets, play-dough, art and craft materials (cutting, pasting, colouring etc), as well as being allowed to use, in their play, the spaces and other objects available in the therapy room. Educational psychotherapy thus bears a similarity to **play therapy**. However, it is distinctive in that *competitive games*, connected with learning tasks, are intentionally introduced, and the relationship between the play and the child's learning difficulties are central to the therapist's work.

Educational psychotherapy provides children with opportunities to be **creative.** Children are invited to make up and write stories, make pictures, sculptures, models etc, and to use the diverse contents of the therapy room to construct fantasy worlds and play out fantasy scenarios. It thus has similarities with **art therapy, drama therapy and narrative therapy.** However, it is distinctive in that creative and imaginative activities are interspersed with, or combined with, *learning activities* which relate specifically to the learning tasks with which the child has difficulties.

What theories inform this approach?

Like all therapies, the practice of educational psychotherapy is underpinned by a distinctive theory, influenced by, and derived from, particular theories in psychology. As the word 'psychotherapy' denotes, this approach is underpinned by psycho*analytic* theory. Thus, the thinkers most often cited by educational psychotherapists are psychoanalysts or researchers in the psychoanalytic tradition originated by Sigmund Freud. Less often cited are the educational theories which are presumed by this approach. Here we may think of Friedrich Froebel who placed **play** at the centre of a child's development, and who famously remarked that "play is the child's work". [You will recall that Irene Caspari was Froebel trained as a teacher]. But we may also think of Vygotsky and his concept of the *zone of proximal development* and of 'scaffolding' the child's learning, of the teacher helping the child to move from a position of what she can do only with the teacher's help to the point where she can now do it on her own. Vygotsky comes to mind also because of the emphasis he put on learning as a social or collaborative experience, as something which results from **interaction** between the teacher and learner, rather than (as Piaget presented it) something which goes on inside the child's head. We shall see in a minute, that the **relationship** between the educational psychotherapist and the child is fundamental in understanding how educational psychotherapy works.

Some core ideas and some key thinkers

From the reading I have done and the ideas I have encountered in my work with the Caspari Foundation, it seems that the most significant ideas in educational psychotherapy come from the works of Melanie Klein, Wilfred Bion, D. W. Winnicott and John Bowlby [the list is not exclusive]. These core ideas are as follows:

1.   **The earliest experiences of the baby and its relationship with the mother and other carers, through infancy, are incredibly important in developing the child's capacity to think, to form relationships, and to cope with the challenges it encounters through life.** Underpinning this principle is the concept of what is called *object-relations* associated particularly with the work of **Melanie Klein**. Object-relations refers to the way the infant comes to conceptualise and relate to objects (particularly the mother) or parts of objects (such as the mother's breast), and how this makes possible, and impacts on, the child's development as a self. It is through object-relations that the baby experiences satisfaction and frustration, (in Klein, the 'good' and 'bad' breast), love and hate, and the connection between the object 'within' the child and the object external to the child, out there in the world, and thus the mother (and other objects in the world) as separate from the baby itself. In the process, some objects are important for the child to make the transition from all things being internal objects to being separate in the world. As **Winnicott** says: "The object represents the infant's transition from a state of being merged with the mother to a state of being in relation to the mother as something outside and separate" (1971/1974, p.17). He calls these *transitional objects*, the most instantly recognized being the 'security blanket' which is both the mother and not the mother. From these earliest object-relations come the many *defence mechanisms* which we develop as babies struggling to survive the onslaught of feelings we cannot understand. Here, too, are the origins of destructive feelings of aggression against the person who frustrates our desires (the 'bad breast'), our need to love, and to please others (in order to be rewarded with gratification of our desires), and of **ambivalence** towards others (that we can both love and hate someone at the same time).

2.   **How the mother responds to the baby's needs and manages to contain its destructive, aggressive reactions to those occasions where its desires cannot be fully met, determines the child's capacity to develop self-confidence, resilience in the face of adversity, and a sense of being safe and secure in the world**. When the frustrated baby projects its frustration, anger, hatred onto the mother, the mother has to manage this somehow. **Bion** uses the word **containment** to describe the process of managing or coping with the barrage of feelings projected by the infant onto the mother. If, through what **Bion** calls *maternal reverie*, the mother can 'hold' the child's feelings, can sense, comprehend, understand the child's frustration and respond in such a way that the child *feels* itself understood, the child can come to understand its feelings of frustration. It is through this process that the child comes to have thoughts and concepts rather than just instincts and feelings. This is Bion's theory of thinking (Bion, 1967/1984, pp 110-119).

3.   **The quality of the attachment which the infant makes with its primary carer (usually the mother) and with secondary carers as its feelings are contained and its needs met, powerfully affects the child's sense of being valued, loved and secure, and its capacity throughout its life to form and sustain rewarding relationships with others.** If the attachment is a good one, the relationship is one which provides a safe place, or a **secure base** in which the child is able to express its feelings without fear of losing the love of the carer. **John Bowlby** and his followers (notably **Ainsworth**) have identified a number of different attachment patterns in infant behaviour: secure, avoidant, ambivalent or resistant, and disorganized (see Geddes, 2006, p50).

4. **Play is essential in the development of the child and in the lives of people of all ages.** Play uses, encapsulates and develops our capacity for imagination, and thus for empathy, creativity and a sense of self. The importance of play is stressed by **Klein** (who describes her use of toys and other forms of play in psychoanalysis of children as early as the 1920s; see Klein, 1998, chapter 8), and by **Winnicott** who says:

> "… it is play that is the universal, and that belongs to health: playing facilitates growth and therefore health; playing leads into group relationships; playing can be a form of communication in psychotherapy; and lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others" (1971/1974, p48).

5. **Through play - including creative and imaginative activities of all kinds - we can express emotions and play out situations and experiences which we find difficult or impossible to handle in real life.** In play, toys, shapes, materials etc **stand in for** *real* objects and persons in our *real* lives, in the same way as characters and places in dreams may represent aspects of our lives. Thus to interpret, discuss and analyse what happens in play (as in dreams) is to be interpreting, discussing and analysing what we are experiencing **unconsciously**
elsewhere in our lives. In educational psychotherapy, we talk of confronting children's issues '*at one remove*' (e.g. Caspari/Irvine, 1986, p. v, 84), or through *metaphor* (e.g. Salmon & Dover, 2007, pp. 91-92), or *indirectly*, such that the issues under scrutiny are less threatening and more containable.

6. **In the relationship between the child and psychotherapist, in their interactions, the child may cast the therapist in the role of significant others in its life, and act towards her accordingly.** This is known as **transference** and its importance cannot be over-stated. In **Melanie Klien**'s view, "…. the exploration of the unconscious is the main task of psycho-analytic procedure, and […] the analysis of transference is the means to achieving this aim" (Klein, 1988, p.123).

7. **There are causal connections between a child's specific learning difficulty (such as with reading or arithmetic), her experiences as an infant and within the family, and her emotions or feelings, and these connections are unconscious.** Of course, explaining behaviour in terms of unconscious motives is central to the whole psychoanalytic approach, but in educational psychotherapy it is the child's behaviour in the classroom, towards other children and the teacher, and when faced with specific learning tasks which the child finds difficult, that we are seeking to understand.

Educational psychotherapy in action.

The seven core ideas or principles can be seen in the approach we call educational psychotherapy, as follows:

> The client is a child who is experiencing **emotional problems** which hinder its capacity to cope with the social and educational context of the classroom, and who is experiencing failure or **difficulty in performing educational tasks** (such as reading or arithmetic). The therapist is vigilant in looking for **unconscious connections** between the specific difficulty the child is experiencing in its

learning, and its life-experiences to this point. These experiences may include personal or family traumas of one kind or another, insecure **attachments** with the mother and other carers, and poor relations with its siblings, classmates and teachers.

The child experiences gratification or frustration in the learning context, analogous to the gratification or frustration it experienced as a baby at the breast. The therapist enters into a **relationship** with the child which is analogous to that between the mother feeding the baby: i.e. the therapist tries to meet the demands and desires of the child with digestible learning tasks, soothing support and positive feedback. Like Winnicott's 'good-enough parent', she is non-judgemental and strives to **contain** the child's highly charged emotional state, such that the child has a **secure base** in the relationship, and in the therapy room, within which it can explore, express and come to understand its feelings without fear of losing the love of the therapist.

The therapist is alert to the **transference** which takes place as the child acts out towards the therapist a range of feelings and desires directed at others. These include the desire to love and be loved, the anger and aggression that comes from frustrated desire, and the **ambivalence** it feels towards parents and siblings whom it may love, hate, fear, want to destroy *and* want to protect all at once.

The therapist's role is to interpret and understand the child's behaviour as the **unconscious expression of the emotional problems** which hinder its learning. Because the child has developed defence-mechanisms against the force of its emotions, confronting these emotions directly is difficult for the therapist and threatening to the child. The learning tasks set for the child are therefore interspersed with periods of **play** and **creative activity** (such as story-writing, painting, building and make-believe play), through which the child can use its imagination to express and come to terms with its feelings. In this way, the child's traumas, fears and desires can be safely explored '**at one remove**', by the use of **metaphor** and **indirect questioning** with the therapist.

Where the therapy develops effectively, the learning tasks will also be therapeutic, and the therapeutic engagement will be educational. Thus we may see the work of the therapist as both **educational psychotherapy** and **therapeutic teaching.**

Two case studies

1. <u>From **Irene Caspari** (Caspari/Irvine, 1986, chapters 5 and 7)</u>

Leonard, aged 12, attended a school for children with special needs (then labelled 'educationally subnormal') and was referred for treatment by a School Medical Officer for a range of problems, including his inability to read. "He was hyperactive, and described as unmanageable both at home and at school" (p.40), and in his reading found it impossible to combine or *synthesize* letter sounds to make three-letter words. Caspari describes three separate phases of Leonard's behaviour in the therapy sessions:

"Phase (a)   During this phase Leonard played repeatedly with toy cars which he made to crash into each other again and again. I was not involved in these games but merely present while he played.

Phase (b)   At this later stage Leonard started to play a game which he repeated session after session, in which he was first a villain who tied me up, and later in the session he would turn into a rescuer who freed me. This game recurred with minor variations until a session in which the following sequence of play occurred. Leonard entered the room and sent me out. He turned the furniture upside down, then called me in and tied my hands behind my back with string and gagged me with a tissue. He talked continually and enacted a mime [of] burning my back. Then he went out of the room, and in came Leonard the resuer. He then treated my back with medicine that would hurt, and gave me £10 for a new dress. When he had untied my wrists, he noticed that the string had left red marks on them. He was very upset by this, and never tied me up again.

Phase (c)   I introduced a drawing game called "hangman" in connection with the practice of synthesizing three-letter words, a skill he had particular difficulty in learning. Although he knew the letters and their sounds and could easily analyse the word cat into 'ka-aa-te', he was unable to put these sounds together to make a word. In this game [of Hangman], I gave Leonard ten three-letter words to read per lesson, and he could 'hang' me limb by limb by drawing a gallows and adding a part of the body to the drawing each time he synthesized a word correctly; similarly, I 'hanged' him stage by stage when he made mistakes. Leonard developed this game into 'torture chambers', and treated me on paper with great cruelty. His ability to synthesize, however, remained unreliable until the session in which he drew me for the first time as a woman instead of a pin man [stick man], and having synthesized nine out of the ten words correctly without help, said: 'Now I am cutting you loose', and drew a line through the rope." (Caspari/Irvine, 1986, p.41)

Caspari's interpretation here (if I have understood it correctly), is that in situations where things (like words) are being broken up into pieces, Leonard is beset by fears about destruction that cannot be repaired. As a result, he cannot follow the necessary synthesis of letter-sounds in order to recognize words and thus to read. Although Caspari doesn't say so in as many words, it seems likely that at some point in his early childhood, Leonard had experienced something being destroyed that could *not* be put back together again, such as the death of someone in a car accident. Perhaps at some point he felt his destructive feelings towards his mother (when his earliest desire for the breast was frustrated) were so great that she would be irreparably destroyed. What Caspari *does* say is as follows:

"In the car crash game, Leonard expressed destructive feelings. In the villain-rescuer game he was in fantasy destroying and then repairing with medicine. He showed distress when he saw that he had really done some 'damage', the marks on my wrists which he could not put right as if by magic, and he showed obvious guilt about this. The hangman game consisted of synthesizing a human figure and then symbolically 'destroying' it……

In his reactions to the hangman game, he seemed to communicate that his inability to analyse and synthesize was connected with a lack of the experience that there was a possibility of reparation after destructive feelings, (as shown by his distress at the marks on my wrists in the villain-rescuer game). It seemed that during the hangman game he was only able to destroy me if the drawing did not really resemble a human being. After experiencing for a considerable time that I could enjoy the expression of destructive feelings, and that I in turn could destroy him on paper and yet like him as much as ever, he was able to represent me as a real person and to restore me to life by cutting me down. Having experienced this, he was able to apply the same mechanism to words, by breaking them up into sounds and then putting the sounds together again by blending them to read the word. In this way the game helped to deal with the synthesis of words'. (Caspari/Irvine, 1986, p.66).

2. From **Heather Geddes** (in H. High, Ed, 2012, chapter 7)

When he was referred for psychotherapy, Stan (aged 8) was a generally glum and miserable little boy, often involved in fights in the playground. His reactions to others were unpredictable, and often extreme. His father hoped that something could be done to help Stan control his feelings, and there was a concern also that there were blocks to his learning which needed to be resolved. His parents were separated, and at one point he lived for some time with his mother and siblings, and her new partner who was violent and unpredictable. During violent incidents between his mother and her partner, he would hide behind the sofa doing sums on his calculator. Geddes sees this as indicative of a combination of problems affecting both his social adjustment in school and his capacity to learn.

Often when she tried to engage him in activities where his feelings could be discussed, he would opt for activities which were strongly structured or predictable. When asked to talk about his family, for example, he spent a lot of time listing his uncles, aunts and so on, and lists of birthdays and ages. At other times, his choice of activity seemed very symbolic and suggestive of the unconscious anxieties and desires he was experiencing elsewhere in his life. Thus, for example, the first drawing he made in the therapy room was of the very naughty comic character Dennis the Menace. The book he chose to read was *Not Now Bernard* (by David McKee) about a little boy whose mother and father never have time for him.

The game Stan opts for in the therapy room is football, with the therapist in goal. There are also many drawings of football matches with the two teams pitted against each other, sometimes with a referee to ensure the rules are kept, which Geddes thinks may be a metaphor for Stan's family, divided and pitted against each other and needing someone to control it all. In several instances of transference, Geddes finds herself on the receiving end of the disappointment and rage he feels towards his mother but also the desire to be loved, nurtured and accepted.

It seems that for Stan, numbers (and other, similarly strongly structured and predictable objects and processes such as organized games) provide a sense of security, predictability and order that is almost entirely lacking in his life outside the therapy room. Only by addressing his feelings about his life and his family is he likely

to be able to cope with the relationships and the tasks of the classroom and the playground, and to be able to embrace activities other than Maths with some sense of engagement and purpose.

Therapeutic Story Groups

As I indicated earlier, the application of the principles and procedures of educational psychotherapy are by no means limited to one-to-one sessions in the therapy room. For example, Jenny Dover and Ruth Seglow have described the setting up of **parents' groups** where the discussion and observed behaviour of parents can provide the therapist with insights into the attachment patterns of the child and its parents, and the dynamics of the home and family from which the child comes. At the same time, the parents may find solace in the fact that they are not alone in the problems they are experiencing, and by hearing other parents recount their experiences, may work through their own 'at one remove'. And of course, teachers and classroom assistants may be drawn into supporting individual children who are being seen by a therapist, to create a supportive network of adults better able to contain the child's feelings and behaviour at school.

One particular approach which has been developed by Caspari staff is the **therapeutic story group**. Gill Morton describes a project in an inner London Borough, where the therapist works with a group of six children who are not progressing successfully in their school work, and who are variously withdrawn, isolated, aggressive, disruptive or lacking in self-confidence and resilience (a mixture is desirable). The group meets for one hour a week over 12 weeks. As Morton describes:

> "After a simple introductory routine, a collaborative, turn-taking game is introduced [such as Winnicott's 'Squiggles']. Then each week the group is helped to construct a collaborative narrative in which the metaphor of a journey, usually on as boat, is developed using everyone's ideas, which are scribed by the adults [teacher or classroom assistant and the therapist]. At the start of the first group session, the children are helped to select a colour pen as a 'marker' for their ideas. Children's special colours are used in the game and then in the story. The use of colour indicates that everyone's ideas are heard and thought about. The collaborative narrative, developed over a period of twelve weeks, encourages an experience of acceptance and belonging" (Morton, in H. High [ed], 2012, p.109)

Each week, the adults raise questions to be explored or for which answers must be imagined, e.g.: "We are going on a boat journey. What shall we need to take with us?" "There's something that looks like a bottle floating over there. Do you think it might have a message in it? What might is say?" "I can hear a noise coming from the cave in those rocks over there. Is it a creature? What does it look like and what is it saying?". Each of these foci allow children to be creative, but also to give voice to the fears and anxieties they may be feeling in their everyday lives. As well as contributing to the written narrative, the children are invited to draw pictures to illustrate the story and their interpretation of it.

In this way, the group serves as a 'container' for powerful emotions, and the same process of engaging with feelings "at one remove", by metaphor or indirect questioning, can be at work in the group as in the therapy room. The hope is that by this process, the children work on their individual issues, but also become part of a mutually supportive and accepting group. Meanwhile the adult who has scribed the weekly proceedings has been word-processing them (in the children's special colours) to produce a book of which they can be justifiably proud, with all that that means for enhanced self-esteem and a more positive attitude to schooling.

In conclusion

In this presentation I have tried to describe an approach to working with children who are encountering difficulties in their learning as a result of emotional problems of one sort or another. It is clear that one-to-one clinical work with such children requires great skill, proper training, and regular clinical supervision - as is true of any other therapy. I think this is true even of the work with story groups where the children have been chosen because of their particular needs, and are engaged in exploring quite deep and personal experience, albeit unconsciously. But that does not mean that 'ordinary' teachers cannot employ some of the insights and practices of educational psychotherapy in their day-to-day work. Indeed, many teachers already do so - in PSHE, in creative writing, and in group work, for example - albeit without realising they are doing so and without making the connections between specific blocks to learning and trauma in the lives of their pupils. Their potential for helping children to overcome obstacles to learning would, I believe, be greatly enhanced were they to know more about educational psychotherapy, and to be encouraged to work more closely *with* children's feelings rather than against them.

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Further Reading

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For the foundations of Attachment Theory, see:

Bowlby, J. (1984): *Attachment and Loss. Volume 1: Attachment*, Harmondsworth: Penguin, 2nd Edition).

For Vygotsky's theory of the social foundations of teaching and learning, see:

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.