

## Therapy with Infants: Treating a Traumatized Child, by Inger Thormann and Inger Poulsen

Original article: <http://goo.gl/L3vJhU>



Therapy with Infants outlines a form of psychotherapy aimed at infants and young children who have experienced traumatic events before the age of three. With inspiration from French therapists, the specific method was developed by the book's authors, **Inger Thormann** and **Inger Poulsen**, who discuss here the origins and key themes of the work. Both are experienced therapists who have practiced in private and public settings for more than twenty years.

Many children, young people and adults carry traumas from infancy, for example stemming from difficult deliveries, premature birth or the separation of mother and child, perhaps in connection with adoption or illness. Often the people around the child do not see the trauma symptoms – including sleep problems, feelings of abandonment, eating disorders or general maladaptive behaviour – as associated with the early trauma. In infant therapy, the trauma is put into words, and the energy that was tied up in the trauma is released.



*Françoise Dolto*

Infants can benefit from therapy. And everyone can benefit from the methods of infant therapy, regardless of age. Our main source of inspiration is the work of **Françoise Dolto** (1908-1988), a paediatrician and psychoanalyst, and her student Caroline Eliacheff (1947), a doctor, child psychiatrist and psychoanalyst. Their most important insights were that 'Everything that is left unsaid ties up energy,' and 'Never allow the child's pain to be forgotten.'

Prior to the actual therapy process, the therapist interviews the child's parents or other caregivers. The interview focuses on watershed events, such as the loss of objects of affection.

Next, the therapist plans a course of therapy for the child, based on the information that the interview brought to light about the child's life. In the therapy process, the therapist relies on his or her empathy to imagine what it was like to be the child in these crucial situations. The therapist must be authentic and empathic. The therapist must always stick to the truth. If certain aspects of the child's life are unknown, that is the way it is. There should be no made-up stories, only the facts.

When the parents have approved the content of the therapy and confirmed the factual elements, the therapy begins. When they meet, the therapist greets the child in a respectful manner. The therapist introduces him/herself to the child. The parents are present as witnesses. When it is possible, the child should be seated on a chair in between the two parents.



We are both currently working in private practice, and we see many children, young people and adults with preverbal traumas. We see many prematurely born children and children from other countries who have been adopted. They come to see us because the children are not thriving and are struggling with eating difficulties, sleep problems, anxiety, hypersensitivity and other issues. Many wonder how therapy with an infant is possible.

Preverbal traumas can be so severe that they overwhelm the child. The trauma stays in the body as a permanent stress condition that disrupts the child's development. The child's nervous system does not have the capacity to process the event but relies on help from a mature nervous system that the child can 'lean on' – a nervous system that empathises with the child's trauma and knows how to find the right words – the words that describe the specific situation and the emotions we presume the child felt at the time.

This empathic process takes time, but when it feels right, the therapist is ready to engage the child's nervous system with his or her own nervous system in an authentic manner. The idea is not that the infant 'understands' the words. The idea is to allow the child to lean on the authentic therapist's nervous system.

The words are important for the therapist's acknowledgement of what happened. All therapy sessions are concluded with a HOPE. This helps resolve the trauma and enables child to resume his or her development. In therapy with an older child, the process is the same. Two nervous systems are synchronised, but in addition, the child now understands the words.

### **Example: Jimmy, 18 months old**

Jimmy's parents explained that Jimmy was very clingy and highly sensitive to separation. He had trouble falling asleep and letting go. He wanted to be with mum or dad all the time. Jimmy was still nursing and was able to relax during this close and intimate activity. If the distance to mum and dad became too great, he was extremely concerned.

The delivery was tough on Jimmy and his mother. Jimmy had been stuck in the birth canal, and after several minutes, surgery was necessary. When he finally came out, he was blue and had no pulse. He was resuscitated by the medical staff and subsequently underwent hypothermia therapy. By lowering Jimmy's body temperature they sought to minimise any damage from the hypoxia he had suffered. Jimmy was cooled to down to 32 degrees Celsius for 72 hours. He was placed in a cooling bag with no physical contact to his parents. When the treatment was over, he was placed in his parents' arms for the first time. At one year of age, he was diagnosed with cerebral palsy.

After in-depth talks with Jimmy's parents I [Inger Thormann] developed a therapy plan for Jimmy. In the therapy I addressed the traumatic experiences and losses in his early life by putting them into words: He had been stuck, unable to get out, and had been separated from his parents for a long time. What was it like to be him in that situation? I said that he must have been scared, that he must have felt alone and abandoned. In this frightening situation he received help, and this help was also put into words, as was his parents' love for him. The huge risks at the beginning of his life were overcome, and in the therapy I highlighted Jimmy's strength: He made it; there is hope.

Jimmy heard his story over three sessions at one-week intervals. He listened attentively during all three sessions. On several occasions he nodded and spoke up in response. He showed clear benefit from the infant therapy. The untold was put into words, and this set him free and released tied-up energy. Jimmy calmed down and accepted being put to bed in his own bed, unlike before, when he could only fall asleep stretched out on his mother's belly. Shortly after the end of therapy, he accepted being looked after by his grandmother, and later he accepted having his grandmother pick him up from the nursery. After the therapy, Jimmy only nursed once a day, just before he was tucked in for the night.

Jimmy's parents also received therapy. They took part in a group therapy process at the nearby regional hospital shortly after Jimmy was born. Here, the emphasis was on the parents' grief and anxieties. In infant therapy, the emphasis is on the child's experience. What had the experience been like for Jimmy? This angle was a relief for the parents. Their sense of guilt was reduced, and they saw Jimmy in a different light: as a strong boy with many resources, who had already overcome many challenges.



*"The words are important for the therapist's acknowledgement of what happened."*

**Example: Sandra, 9 years old**

A couple contacted me [Inger Thormann]. Their nine-year-old daughter was showing signs of anxiety and hearing voices. The voices were telling her that someone she loved was going to get hurt. Often, the voices mentioned her parents. If she heard the voices while she was in school, she had to check that everything was okay, ringing her parents on her mobile phone or even leaving school and running home (her father worked from home).

The voices became increasingly insistent and made it hard for her to fall asleep. She had seen two psychologists, who had referred her to psychiatric help. The parents had not seen a link between their daughter's symptoms and her early history.

Sandra had been adopted from China. She was a foundling, who had been left on the stairs to an orphanage. She was assessed to be two days old when she was found. An employee from the orphanage found her, and the orphanage took her in. The orphanage had wards for different age groups, each with its own group of caregivers. One ward was for children from birth to the age of two months; another was for children aged two to four months – etc.

The girl's Danish adoptive parents picked her up in China when she was just under one year old.

If we examine her story carefully, we see that the little girl first lost her mother. Then she lost the people who had cared for her during the first two months of her life. And then she lost the people who took over from them, etc. By the time she was one year old, the girl had lost her closest caregivers six times. At a very early age, the girl had learned that everyone she cares about and becomes attached to will disappear.

This early lesson was triggered when her best friend left for Africa for two years. She was about to lose her best friend. She was overwhelmed, and her anxiety was activated. She was afraid of losing someone close to her.

In therapy, I told the girl her story. I described her losses in depth, one by one, and I told her how those losses must have felt like to her as a little girl. She must have felt all alone and abandoned. 'It must have been very tough for you,' I said. She relived the pain and the abandonment, and she understood that this sense of abandonment was still a part of her. It was something that she carried with her. The energy that had been released in the traumatic experiences of loss was released. The girl grew stronger, and the voices went away.

Our work with infant therapy shows convincing results, and the method brings hope to both children and parents. Infant therapy also brings hope to young people and adults, who have had traumatic experiences that have never been put into words. Many have been in treatment for many years without achieving any real relief from the pain they have carried most of their life. Infant therapy reaches out to 'the inner child' who was abandoned and let down, and here lies the potential for the release of energy and personal growth.



Orphanage babies in China

We are very excited that [the book](#) is now published in English. This lets us share our experiences with the methods of infant therapy with a wider audience and thus hopefully bring relief to many traumatised children, young people and adults.

Inger Thormann, MA, qualified from the Danish Supervisory Board of Psychological Practice in 1997 and has worked since 1973 as a psychologist in residential facilities for children who have suffered neglect and abuse, at the Skodsborg Treatment Centre for Infants. She is the author of six books for professionals and six children's books, and is active as a film consultant, lecturer and teacher. She is also a sychologist in private practice.

Inger Poulsen was trained in body/gestalt therapy, sandplay therapy, and psychotherapy. She has worked with child, adolescent and adult psychology and psychiatry in Denmark, Sweden and Greenland. Since 1997 she has been head of the Family House, a psychotherapy clinic for pregnant women and families with young children. She is a psychologist in private practice offering infant therapy, early trauma therapy for older children, as well as therapy for adults who have experienced early (pre-language) trauma. She is also active as a speaker, teacher and supervisor for professionals in Denmark and Greenland.

Their latest work, [Therapy with Infants: Treating a Traumatized Child](#), has recently been published in English by Karnac Books.

