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Did You Steal Me? Child-Parent Psychotherapy (CPP) as Treatment Method in a Foster Care Relationship

The psychologist specialists Guro Vigestad and Anita Krøvel-Velle present a lovely therapy of a foster child and their foster mother in which Child-Parent Psychotherapy is used. The article is both moving, informative and thought-provoking, and highlights how vulnerable the relationship between foster children and foster parents can be. In conclusion, the article authors share their reflections on such a form of therapy.

The following text is a translation of an article originally written in Norwegian and published in Mellanrummet No. 47. The treatment takes place in a Norwegian setting.

Many of the youngest foster children, despite their short lives, have extensive relational experiences with several different caregivers. They may have experienced various degrees of loss, trauma, and neglect. Each child has also had to find their own ways to handle relationships based on what they have learned and what has been necessary for them.

Taking in a foster child generally involves a deep desire to help a child, with the hope that what one has to offer can assist the child in growth and healthy development. Strong emotions may arise when interacting with the child, as the child's his-

tory and the foster parents' experiences intertwine in complex ways. Parents who have been close to their children during frightening events will more likely recognize and understand the child's expressions of pain. In foster care placements, the pain must be received by caregivers who have not shared—and often know little about—the child's specific experiences prior to placement. The child's behavior can be perceived as incomprehensible and confusing to an extent that can overwhelm the caregiving system.

As therapists, we have over time noticed some

recurring phenomena in our work with struggling foster families and the way foster parents handle these challenges. We often observe that foster parents tend to remain in a theory-based approach to the child's difficulties and we sense a lack of spontaneity in their reactions towards the child. We assume that foster parents initially have the capacity for adequate care. At the same time, we are concerned that, in their efforts to manage something immensely demanding, they may constrain their natural emotions and actions, thereby inhibiting their inherent and intuitive caregiving qualities.

In this article, we share excerpts from a therapy process involving Isa, a 4-year-old, and their foster mother. We use the method Child-Parent Psychotherapy (CPP). CPP is a relationship-based treatment method for infants and young children, where the main part of the treatment occurs in a playroom with the child and caregiver. The treatment process with Isa and their foster mother illustrates what we perceive as a movement from a relationship marked by vigilance and emotional distance towards greater closeness, relaxation, and spontaneity. We aim to understand more about what contributed to the foster mother's ability to engage with the child's experiences and expressions on a deeper emotional level and which therapeutic factors helped enhance the foster mother's intuitive caregiving qualities.

We use a reflexive methodology (Finlay & Gough, 2003), where the therapist is both a participant and an interpreter of the phenomena that arise in the relationships. Reflective supervision is an integral part of maintaining methodological fidelity in the treatment. The case study of Isa and their foster mother is anonymized and rewritten, inspired by several foster families. The therapy sessions were filmed and reviewed in their entirety after the completion of the therapy process. Descriptions of what happens in the playroom are drawn from this material¹.

Our interpretations are grounded in the theoretical tradition upon which Child-Parent Psychotherapy (CPP) is based (Lieberman et al., 2015). The method has its origins in Selma Fraiberg's pioneering work with mothers who, due to traumatic childhood experiences, were unable to provide adequate care for their children (Fraiberg, 1980).

¹ This is one of the author's course of therapy, and the case presentation is therefore written in "I"-form.

Fraiberg was a psychoanalyst and social worker who applied psychoanalytic thinking to the field of social work, visiting vulnerable families and "practicing psychoanalysis at the kitchen table." The method is still founded on a psychodynamic perspective and a holistic approach that acknowledges the family's cultural values and living conditions. Later, the method incorporated attachment theory, recent knowledge about trauma, and developmental psychopathology (Lieberman et al., 2015). The goal of the treatment is to strengthen the relationship by facilitating the child's expression of their inner world (memories, thoughts, fantasies, wishes, and more) and enabling the caregiver to recognize, understand, and experience ways to meet the child's needs.

Several studies have examined the method's effectiveness for children with PTSD symptoms and behavioral problems (Lieberman et al., 2006; Lieberman et al., 2005) as well as for children exposed to recurrent traumatic and stressful life events (Gosh Ippen et al., 2011). Research finds that CPP promotes secure attachment and that these changes persist over time (Cicchetti et al., 2006; Stronach et al., 2013; Guild et al., 2021). The method has also been shown to help reduce the likelihood of foster care placements breaking down (Weiner et al., 2009).

We begin with a theoretical section in which we present an understanding of the impact of trauma on young children and what might inhibit caregivers' intuitive caregiving. Next, we outline the main features of the CPP method so that readers can follow and reflect on the therapy process described. Finally, we discuss specific dilemmas related to the caregiving practices of foster parents.

Theoretical section

Trauma in the early years can have serious consequences for a child's future development (Sjøvold & Furuholmen, 2020). Young children have limited capacity to understand and process their experiences. Studies show varying findings regarding the impact of age on the harm caused by trauma (Trickey et al., 2012). It is noted that the immaturity of young children can, in some cases, be a protective factor and, in other cases, represent an additional vulnerability (Salmon & Bryant, 2002).

However, what is emphasized is the crucial role of a supportive caregiving system in determining how trauma affects a child's ongoing development (Fong et al., 2019; Nordanger & Braarud, 2017). Foster children carry with them severe disruptions in care, frequently accompanied by other stressors and traumatic experiences. A Norwegian study (Lehman et al., 2013) finds that 1 in 2 school-aged foster children meet the criteria for a psychiatric diagnosis. The study reveals a high degree of comorbidity and particularly high risk among children who have experienced neglect from their earliest years. Therefore, the need for qualified and tailored help and treatment appears to be exceptionally important.

When young children experience severe neglect or are exposed to traumatic events, especially when caused by those meant to protect them, it will affect the child's perception of the world around them, leading to difficulties with trust and affection in close relationships (Lieberman & Van Horn, 2008). The infant does not passively respond to these experiences but has active survival strategies. Fraiberg and colleagues demonstrated how, even from the earliest months of life, the infant develops strategies to protect itself and those it depends on (Fraiberg, 1980). Fraiberg describes observations of what she called early pathological defenses, such as avoidance behavior (for example, selective avoidance of eye contact), freeze reactions (immobility, such as not showing fear when afraid), fight reactions (restlessness, aggression), affect transformation (such as forced laughter when afraid), and reversal (self-harm) (Fraiberg, 1982). We believe these phenomena in infants overlap with what is described in attachment literature as insecure attachment strategies and disorganized patterns. The attachment field emphasizes that young children exposed to repeated fear, without help in managing the emotion, seem to be at risk of developing disorganized attachment strategies, and it has been shown that this also occurs in relationships where the parent themselves has psychopathology (Solomon & George, 2011).

It must be assumed that many foster children will have had experiences that required the development of pathological defenses in infancy, which could later evolve into insecure and disorganized attachment patterns. In a new relationship with foster parents, this may manifest through ambiva-

lent reactions and confusing behavior, either with strong emotional expressions or a lack of them.

Foster parents' own experiences from their upbringing will influence their parenting when they meet the new child they are getting to know. Selma Fraiberg et al. (1975) used the term "Ghosts in the nursery" to explain how one's own painful caregiving experiences affect expectations and perceptions of the child when one becomes a parent. Ghosts are experiences from childhood that we do not consciously remember. When, as children, we experience fear that is dismissed by caregivers, we may suppress the fear itself as a coping strategy. What is repressed is not the events themselves, but the associated feelings of fear and helplessness. Fraiberg emphasizes that this is a normal phenomenon. In all parent-child relationships, even predominantly good ones, ghosts will sometimes surface in such a way that "unwanted scenes from the past" are repeated with one's own children (Lieberman et al., 2005). However, Fraiberg observed that it was not the extent of trauma in one's own upbringing that determined whether the ghosts became overwhelming, but rather the degree to which one had developed a survival mechanism by identifying with the one who caused the pain (the aggressor).

An important prerequisite for breaking the power of the ghosts and the compulsion to repeat is connecting affect with experience; allowing childhood's repressed feelings of fear and helplessness to surface and be received (Fraiberg et al., 1975). By opening to and accepting the caregiver's pain, the therapist can facilitate a shift where the caregiver gradually becomes open to the child's pain. Lieberman and colleagues further developed Fraiberg's ideas and introduced "angels" as an antidote to the ghosts (Lieberman et al., 2005). "Angel moments" are childhood memories associated with feelings of being supported, held, and loved. They demonstrate how helping parents reconnect with forgotten emotions tied to angel memories can open new possibilities. Where angel memories do not exist, creating and noticing new angel moments with the child in the present can have a similar effect.

Ghosts can be seen as a metaphor for what prevents parents from recognizing and receiving the child's emotions. Even though foster parents are assessed as suitable and wise caregivers, they, like

everyone else, carry their own experiences of loss, lack of being understood, or shame associated with anger or other feelings. In our encounters with foster families who are struggling, we sense that there is a caregiving capacity that has been lost or that the parents no longer have access to. We observe an absence of bodily immediacy, a lack of spontaneity, and a sense that emotional resources, which we believe they inherently possess, are unavailable in moments when the child expresses deep emotional pain. We find that the term that best describes what they have lost is "intuitive parenting" (Papousek & Papousek, 2002). This concept, used in neuropsychology and infant research, refers to the behavioral and interpretive capacities of caregivers, which are found across cultures and often operate as automatic caregiving qualities that parents are typically unaware of.

As far as we know, the term is not used in psychodynamic literature. We believe that the phenomenon we are trying to describe overlaps with what Winnicott refers to as the "good enough mother" (Winnicott, 1971/2005). Under normally favorable caregiving conditions, these inherent caregiving qualities are available, and experiences with one's own caregivers become part of the intuitive caregiving repertoire. We think that there must be something in the very circumstances of being a foster parent, and/or something that happens in the relationship with the child, that can inhibit and obstruct this capacity in foster parents.

Main features of Child-Parent Psychotherapy (CPP)

When young children re-live frightening experiences, they will need the support of caregivers to make sense of the memories and to establish or re-establish a sense of safety and protection. The goal in CPP therapy is to help the caregiver receive and understand the child's emotions and expressions, thereby supporting healing and development. CPP is based on the idea that children have an inherent drive to use play to communicate and make sense of the most pressing issues they are struggling with (Lieberman et al., 2015).

From an early age, children use play to help master developmental tasks, create meaning, manage fear, and process experiences (Fraiberg, 1959). We

agree with Stänicke et al., who in their new book "*Lek og kreativitet*"² (2021), emphasize that psychotherapy with children must offer play as a modality to safeguard the child's right to express themselves according to their own capacity and terms. A fundamental aspect of play is that it encompasses both reality and fantasy, allowing it to contain paradoxes and contradictions in ways that language alone cannot. This is the strength of play in creating what Winnicott called the "potential space," or an intermediate area between reality and fantasy (Winnicott, 1971/2005). If play is interpreted solely as either fantasy or reality, this potential space collapses. Play possesses qualities that allow painful experiences and themes to be explored and shared on many levels, including body based.

In CPP, the treatment process is divided into three phases: the foundational phase, the core intervention phase, and the termination phase. The foundational phase is considered a crucial part of the therapy, involving a joint exploration and creation of meaning about what the child has experienced and how those experiences manifest today (Krøvel-Velle et al., 2021). The child's experiences are mapped and gathered in as much detail as possible through conversations with foster parents and, when feasible, through meetings with child protective services and biological parents. Together with the foster parent, we attempt to understand how events may have been perceived and experienced, based on the child's developmental level and capacity. In addition, discussions are held about the foster parents' own childhood history, identifying any potential stressful experiences.

This forms the basis for a case formulation, and together with the caregiver, a plan is made for how this will be introduced to the child and what play materials may be important to have available. The introduction to the child, which includes what the child has experienced, the emotions and reactions they are showing, and what therapy is, is termed the "triangle of explanations" (Lieberman et al., 2015). Once the child enters the room, the core intervention phase begins. The goal is to give the child some understanding of why they are in therapy and to communicate an invitation and permission to bring up and explore difficult themes. Key attitudes and goals in CPP are to make difficult emotions and themes shareable, and to support the

² The title of the book translates: "Play and creativity"

caregiver in helping the child (Lieberman et al., 2015).

In the foundational phase, the therapist and caregiver establish a shared understanding of the child's and caregiver's history, from the adult's perspective. After the "triangle of explanations," the goal is to create a therapeutic space where the child can express their memories, perceptions, questions, fantasies, and related emotions. The therapist follows the child's mode of communication and tries to understand the messages conveyed through this. This could be symbolic play with the materials used in the triangle of explanations or other materials, thematic play, behavior, and language. Each therapy session presents a vast array of potential themes and therapeutic choices.

The term "Ports of entry" (Stern, 1995) is used in CPP to raise awareness of all the possibilities that arise continuously (Lieberman & Van Horn, 2008). The therapist will have long-term goals for the dyad based on the understanding formed during the foundational phase, along with ideas about what will be most change-promoting in the present moment. For example, in the initial sessions, the therapist will focus on helping the caregiver feel secure and "lean into" the play, while signaling that the child's expressions are taken seriously. Based on what unfolds in the therapy room, the therapist chooses an intervention and follows what then arises. The treatment can take place in a clinic or through home-based visits. There is an emphasis on creating a stable framework for the therapy, with weekly meetings and having consistent play materials available.

The termination phase is also emphasized as an important part of the therapy. Saying goodbye can trigger earlier experiences of loss and separation. Termination is discussed well in advance with both the caregiver and the child, creating space for reactions and processing.

Case

Isa, a 4-year-old child, has been referred to Child and Adolescent Psychiatry (BUP)³ due to significant concerns about their development. Isa has been described as alternating between being clingy

³ BUP is short for «Barne og Ungdomspsykiatrisk Poliklinikk», (Child and psychiatry outpatient clinic).

and self-sufficient, displaying controlling behavior, and having intense emotional outbursts. Isa has lived in a foster home for the past two years. There is little known about Isa's experiences during the first two years of life, except that Isa lived with their mother, who struggled with severe mental health issues and financial difficulties. It is also known that Isa was cared for by many different, sometimes unfamiliar, adults during this period. Isa now lives with a foster mother and foster father. They have no biological children of their own and Isa is their only foster child. It is the foster mother who participates in the treatment with Isa.

Foundational Phase

During the foundational phase, both foster parents attended several sessions at BUP, where the focus was on understanding Isa's past experiences and how we can make sense of their current behavior patterns. I noticed that the foster mother often referred to Isa as "the child" rather than using their name, especially when discussing difficult events.

I also invited Isa's biological mother in for talks, to gain a deeper understanding of how she and Isa experienced the first years of Isa's life. This allowed me to get to know the mother, her perspective, her hopes for her child, and what she wanted Isa to know about why they can't live with her. Meeting the biological mother in person helped me, as a therapist, to carry her presence with me in my mind into the therapy room.

Isa's biological mother wishes for Isa to have a good life filled with positive experiences but believes that Isa would thrive best living with her. Meeting the mother gave me insight into her own experiences with broken relationships and painful memories from her time in foster care during adolescence. This helped explain why it is so difficult for her to believe that Isa can have a good life in a foster home and her ongoing struggle against the system. She conveys a sense that the foster mother is trying to take her place, emphasizing that she is Isa's rightful mother and should be the one making decisions about Isa's life.

The foster mother shares her grief over not being able to have children of her own and her strong desire to be a mother. She describes growing up in a good home where she was a "good girl," encouraged and rewarded for hiding and suppressing anxiety and sadness, with the feeling that her parents thought she was exaggerating whenever she showed her emotions. She recalls specific experiences

from her childhood where she felt emotionally isolated and developed strategies to avoid showing the anxiety she felt, particularly during her teenage years. The foster mother also shares that working with Isa's biological mother is challenging, as she feels that the biological mother does not grant her permission to be a legitimate mother figure for Isa. She expresses ambivalence about their visits, recognizing that they are important for Isa, but also noticing that Isa spends a lot of energy worrying about and trying to make sure their biological mother is okay. When Isa becomes angry, they often say that they want to go to their biological mother, pointing out that the foster mother is not their real mom.

In observations of the interaction between Isa and the foster mother, mutual engagement in play is noted, with Isa leading the way and the foster mother following, through which a shared narrative in the play develops. At the same time, we observe that Isa consistently avoids eye contact and turns away from the foster mother when stressed. Isa generally appears vigilant but with a flat mimicry and takes a commanding role over the foster mother. Isa's movements and tone of voice convey a sense of enjoyment in the play, yet it seems as if the emotions never quite reach the eyes. We get the impression that Isa has developed a strategy of showing "I can manage on my own" and "don't get too close, we're better off at a distance." The impression is that the foster mother responds to this by engaging even more actively in a play world (as-if quality), trying to make emotions feel positive again through play. We also sense that Isa does not perceive the availability and care the foster mother is offering and wonder if both may be experiencing a sense of loneliness in the relationship.

Did you steal me? Core Intervention Phase

In the first session, we introduce the triangle of explanations to Isa. Using dolls that represent Isa, the biological mother, and the foster parents, we introduce important people and experiences from her life.

In the continuation, after the triangle of explanations, Isa takes the dolls representing herself and her biological mother and hands the fostermother-doll to the foster mother. Isa then plays out small sequences where the child is in danger. The foster mother takes her doll and tries to save the child, but the Isa-doll pushes the fostermother-doll away and keeps the biological mother and child close together, where they laugh and enjoy themselves. This

scenario is repeated.

The foster mother seems focused on providing care to the little doll, but with a stiffness and an artificial quality in her movements. Her actions appear lighthearted on the surface, and don't seem to connect with the pain of being rejected. It is a powerful scene to witness, and I feel sorry for the foster mother, yet at the same time, I sense an irritation over her reactions—an irritation I am ashamed to feel.

In this first session, the child acts out a strong core theme: the little child is in danger, and when the foster mother so desperately wants to come to the rescue, she is rejected. It's as if Isa touches upon the foster mother's most intense desire—to be allowed to save—and at the same time, her greatest fear, that she might not be able to fulfill the task. We notice that the foster mother reacts to this without being able to connect with or contain the pain that arises. Isa's rejection can be understood as an expression of Isa's "pathogenic defense." This foster mother is well-versed in children exposed to neglect, and she understands that Isa's rejection is about something other than not needing or wanting her. Nevertheless, it hits her hard. We wonder if the foster mother's theoretical knowledge might be preventing her from giving real emotional weight to what is being stirred up inside her.

The foster mother's artificial cheerfulness evokes irritation in the therapist. One of the challenging but also powerful aspects of Child-Parent Psychotherapy (CPP) is the continuous work of holding both the parent and the child in mind simultaneously (Lieberman et al., 2015). Understanding and caring for the foster mother's reactions becomes the most important therapeutic task in order to be in a position to help the relationship at this stage.

The foster mother's experiences from her upbringing—being the "good girl" who solves problems and copes when uncertainty arises—can be seen as representing her "ghosts" in the relationship with Isa. Isa's "pathogenic defense" of rejecting with the attitude of "I can manage without you" is likely intertwined with an unacknowledged pain and doubt within the foster mother about whether she has a rightful place as Isa's mother.

In the sessions that follow, we gradually discover a recurring theme, now played out with animal figures. The dolls representing the family remain untouched.

The piglet is in danger and gets separated from its

mother. The foster mother controls the pig mother, who rescues the piglet. Both the pig mother and the piglet seem content once the piglet is saved; they cuddle and make happy noises. When they are at their most satisfied, Isa creates a new crisis where the pig mother must save the piglet again. Gradually, Isa introduces a thief who steals the piglet. Isa controls the thief, making it laugh wickedly, while letting the piglet express fear and that it misses its mother. I am assigned the role of the police, and at one point, I ask the thief: "Why are you so angry?" The thief replies, "I want a piglet too". From this point, the thief takes on a more complex character, sometimes angry and mean, but sometimes hurt and actually kind, simply wanting a piglet very badly.

In these sessions, I feel a sense of confusion as I try to understand what the thief might represent. I believe that what is happening is of deep significance. Every time Isa's piglet allows the pig mother to save it, I have the sense that it is more complicated than it appears.

We notice that after the first session, the child does not touch the dolls representing the family. We wonder if the child senses that it was too overwhelming for the foster mother and adjusts; they choose different materials to express themselves around the same theme. We find that this is a pattern seen in many therapeutic processes—when it may seem like the child is abandoning a theme, it often turns out that the same theme has just taken a new form. This experience helps us trust that what the child is showing has meaning, even when we do not understand it. In CPP, it is emphasized that this therapeutic attitude must be continuously cultivated to create a safe space where the child's inner world can be received.

In the seventh session, the thief comes and takes the piglet again. While they play this over and over, the foster mother turns to me and says, "I've been wondering if I am the thief—it's so easy to think the opposite, but now it has occurred to me that it might actually be the other way around." I tell the foster mother that she is brave for daring to consider that thought, and she smiles, saying that it's hard to think that way. Afterward, Isa and the foster mother become intensely engaged in the play again, where the piglet faces new dangers. Sometimes it's possible to help the piglet, and other times it's completely impossible.

In a fleeting moment, I experience that the foster mother is in touch with and able to share the pain related to rejection, before she quickly dives back into the play with an artificial lightness. I feel joy and a belief that something

essential happened in that moment, mixed with a frustration that they so quickly moved away from it again. The irritation I felt toward the foster mother in the first session is now gone, as if I understand her better and feel a sense of care for her, along with humility for the enormous task she has taken on.

What makes it possible for the foster mother to open to the possibility that she is the thief? Isa's play has a repetitive and somewhat insistent quality. For the therapist, it becomes clear that Isa has important things to convey, and that the play holds something deeper than simply a child needing to be rescued. In CPP, a key goal is to help the caregiver become curious about and believe in the potential of play, fostering an attitude where play holds multiple meanings and moves fluidly between reality and fantasy. When the foster mother shares the thought that she is the thief, this could be an expression of her interpreting the situation with an emphasis on external reality alone. On the other hand, it might indicate that she is stepping into a space where she is more in touch with her own vulnerability, allowing something spontaneous and embodied to emerge.

In the following sessions, the thief has changed character and no longer steals the piglet. I get the sense that by opening to the idea that she is the thief, the foster mother is conveying to Isa, both through her body and verbally, that she has understood something of the message in the play. In my sessions with Isa and the foster mother, I become focused on how we can reconnect with the state the foster mother entered then. I choose to hold on to the feeling of pain and the sense that they don't dare to share this feeling "for real." I give voice and body language to this feeling when it arises in me, while the play theme of small animals in danger continues to unfold.

Isa becomes increasingly unsettled whenever I put words and expression to how Isa might be feeling inside and often starts throwing toys around. In one of the sessions, I ask somewhat helplessly, "What does Isa need right now?" as Isa throws things. The foster mother says she usually helps Isa by distracting or calming them down in her lap. The foster mother turns toward Isa and opens her arms, but Isa suddenly recoils, almost appearing frightened. "No, you didn't want that," the foster mother says, with pain suddenly evident in her voice. I feel a strong urge to alleviate the discomfort and lighten the atmosphere, but I decide instead to try to keep us in the moment and with the discomfort. I say, "It's as if Isa plays out the painful feelings through the play, but at the same

time, there's a shell, and I wonder how you can help Isa understand that you're here with them in the pain." Meanwhile, Isa hides under the table.

The foster mother looks at Isa with tenderness and warmth and, with a fragile voice, says, "Yes, what do you need?" Then Isa crawls out and into the foster mother's arms, and they rock quietly back and forth. The foster mother says, "I'm here, sweetheart," with a heartfelt and sore voice. Isa's emotional range shifts rapidly in the minutes that follow, speaking in a childish voice, sometimes crying and vulnerable, then with an angrier tone of voice. At one point, Isa scratches the foster mother's neck hard enough to make her bleed, and Isa seems remorseful about this. The foster mother says, "You were hurting inside, and now I'm hurting on the outside. It's okay."

In that moment where the foster mother is in touch with something painful and genuine, a newfound empathy is awakened in the therapist towards her. We wonder if this empathy contributes to the therapist gaining more belief in the foster mother's innate ability to withstand Isa's strong emotions, and if the therapist is then able to communicate this to her. It is as if the foster mother lets her own defenses down, allowing the intuitive to emerge. When the foster mother says, "What do you need?" it carries a completely different quality than the more artificial tone we saw in the first session. Isa may immediately sense this change, as they climb onto the foster mother's lap. We sense that Isa, the foster mother, and the therapist have now entered what Winnicott (1971) calls the "potential space," where the playful and spontaneous have a more natural place.

In the sessions that follow, there is a shift in the way Isa and the foster mother interact. Gradually, a new rhythm and pace emerge during the sessions. Isa seems to increasingly enjoy when the foster mother and I wonder about their inner state and needs, and I get the sense that they are more frequently looking up at the foster mother, meeting her gaze, and staying with it. Isa also seeks out the foster mother more often when strong emotions arise in play or conversation, and for the first time, I observe Isa accepting the foster mother's invitation to come closer when they are struggling. In the following sessions, it seems as though the questions Isa carries become more apparent, both in the themes of play and in Isa's ability to find words themselves.

In one session, the foster mother shares something Isa said at home: "I look forward to being a grown-up, because then I'll know where I live." I ask the foster mother

if anyone has explained to Isa who decides where they will live, and the foster mother starts fumbling with her words, saying: "Isa hears from their biological mother that they will live there while they are a child. It's so difficult to find the words I am allowed to say and can say, and no one has spoken concretely with Isa about this, and I can't promise them anything. But I will always love Isa, and I will always be mom."

After this session, I have a conversation with the foster mother alone. She expresses pain and anger related to not being allowed to fully be Isa's mother and make decisions for the child. She also shares her concerns about how it must feel for Isa—the confusion and insecurity they must be experiencing. Together, we reflect on the dilemma Isa faces: a strong desire for their biological mother to be their everyday mom, a sense of responsibility to carry the dream of their biological mother, and at the same time, fear of losing the most important person in their life right now. I tell the foster mother that I sense Isa's love and attachment to her is strong. The foster mother is deeply moved by this comment, almost as if it's not permissible to feel this way—that acknowledging it feels like taking a place she doesn't rightfully own, and therefore can't fully embrace.

Fraiberg et al. (1975) emphasize the importance of holding and hearing the caregiver, so that she, in turn, can hear the child. We wonder if the most painful aspect—and the "ghost" present in the caregiving relationship—was that the foster mother was uncertain about whether she had the right to "claim" Isa as her own. At times, she may have been overwhelmed by doubt about whether she was truly important to Isa and by the thought that Isa would be better off with their biological mother. This pain was neither shared nor acceptable, and in that sense, it remained isolated. By connecting experience and emotion, she could let go of her defenses and access her intuitive caregiving and emotional repertoire toward Isa.

For the next session, the foster mother and I have prepared an explanation of the legal process, using animals to represent the judge, lawyers, biological mother, and child welfare services. With this, we explain simply what happens in court, emphasizing that it is the judge who listens to everyone and then decides what is best for Isa. Neither the foster mother nor biological mother can make this decision, but both love Isa very much and want them to live with them. Isa sits close to the foster mother during the explanation, appearing serious and sad, but follows along attentively. The foster mother gently strokes Isa with care.

In the following session, Isa suddenly looks at me and says, "I have my own judge who decides what's best for me." Then they quickly move on to another activity. The topic no longer seems to cause chaos, and I get the sense that with this explanation, Isa may no longer feel the burden of choosing sides and can allow themselves to love both their foster mother and biological mother.

To bid farewell

We present the closure to Isa, explaining that now they and the foster mother can carry their story onward together—that they understand each other better, know they are good for one another, and that they need each other.

In one of the final sessions, Isa finds a doll, says that it has now grown up, and that it's visiting its mom. Isa gives the mom-doll to the foster mother. Isa takes their own doll and lets it visit the mom-doll. "Hello, my child," says the foster mother. Isa looks up at her and says, "No, it's not a child anymore, it's grown up now." The foster mother's doll responds, "Even when you're grown up, you will always be my child." "Yeah, yeah," Isa replies, sighs softly, smiles, and looks at the doll: "They liked that." Then Isa leans against the foster mother.

Reflections

From a relationship characterized by vigilance, which creates distance, we observe a development toward greater closeness, relaxation, and spontaneity. In the treatment process with Isa and the foster mother, we notice some changes in the foster mother that we believe are significant for what happens in the relationship. Initially, more externally controlled and hectic behavior is observed toward the child at moments when the child needs her the most, and when the foster mother may have the strongest desire to help. Throughout the treatment process, we see a shift toward her gradually showing more spontaneity in her reactions toward Isa, and these reactions are grounded in the emotional here and now. It is as if natural, inherent caregiving qualities were gradually allowed to emerge, which we have chosen to understand through the concept of "intuitive care" (Papousek & Papousek, 2002).

In addition to the general challenges parents face, there are unique characteristics and paradoxes in the role foster parents take on. They are expected

to be the person closest to the child, standing by them through the toughest battles and feeling the child's deep pain. By virtue of their relationship, they are tasked with helping the child develop in a healthy way. At the same time, their mandate involves the understanding that the children belong to someone else, and they must also support the possibility of the child being reunited with their biological parents.

Isa's foster mother seems to have strong inherent caregiving qualities, but it is as if she loses access to these in the most vulnerable situations, where Isa needs her the most. In such moments, her actions appear externally driven rather than grounded in an internal impulse. What is preventing the foster mother from allowing her intuitive care to emerge?

The child's history is largely unknown to the foster parents. They lack a network of implicit knowledge about the child's small and large experiences, which forms the basis for creating meaning and understanding the child. Foster parents will continually encounter something unfamiliar in the child, which does not intuitively make sense. We believe that these unique aspects of fostering a child, in themselves, present a high risk of overwhelming foster parents to a degree that impacts their caregiving. Additionally, the role of a foster parent comes with an expectation of professionalism that other parents are not subjected to. They are expected to have specialized knowledge about what traumatized children need and to demonstrate sensitivity beyond "normal parenting." We wonder whether this expectation, combined with the challenge of encountering an unfamiliar child, creates a distance from the inherent intuitive care these parents are presumed to possess.

It is our impression that foster parents often "hide" or suppress their own feelings, perhaps out of a desire not to frighten the child. This can lead to more instrumental actions taking over, and the "intuitive care" does not find space within the relationship. We also wonder whether the systems surrounding the foster home contribute to reinforcing this approach, where the professional and rational aspects take precedence, even among those meant to support and assist the foster families. If this is the case, foster parents may be at risk of becoming isolated in carrying both the child's pain and their own sense of inadequacy. A natural way to cope

with this might be to shut off emotions that are sources of closeness, intimacy, and vitality with the child, as carrying this burden alone can feel too overwhelming.

So far, we have highlighted the unique burdens and dilemmas that are woven into the very role and framework of being a foster parent. We wonder if these characteristics together might overwhelm the caregiving system in such a way that the foster parents' own "ghosts" grow stronger and more entrenched. We question whether Isa's foster mother, at the beginning of the treatment process, resorted to identifying with the occasional rejection she experienced in her own childhood, as she handles Isa's intense emotional expressions with emotional distance. It seems that the foster mother is not recognizing the profound pain Isa is conveying through her behavior.

What contributed to changes in the relationship between Isa and the foster mother, and which therapeutic factors may have led to increased access to the foster mother's intuitive care?

Through the exploration of the foster mother's own history, the therapist gains insight into her experiences from childhood. This fosters greater curiosity and openness in the therapist about what might be underlying the foster mother's reactions in the therapy room, especially in situations where the therapist witnesses the child being rejected. The foster mother's feelings are given a rightful place in the therapeutic space, on equal footing with the child's feelings. In Child-Parent Psychotherapy (CPP), there is an emphasis on the therapist's responsibility to hold both the child and the parent in mind, with the goal of helping the adult to help the child (Lieberman et al., 2015).

When a child sends confusing signals about their needs and their behavior doesn't make sense to the adult, it places significant demands on the caregiver to respond appropriately. To help alleviate the difficulties that arise in the relationship, we believe that foster parents may need assistance in delving deeper into their own experiences of pain. This is important because the foster child can evoke an intensity and depth of emotions in the adult, stemming from their past experiences, which they may not have struggled with before. On the child's side, they may need responses from the adult that resonate with their own expressions of pain.

For parents and children who have experienced

the same painful event, they can to a greater extent recognize and empathize with each other's pain. A foster child, however, may need this connection from caregivers who haven't shared the same experiences, requiring the foster parents to find this empathy from somewhere other than shared history.

In Isa's case, we believe it was crucial that the therapist created space for and acknowledged the foster mother's pain, specifically related to the feeling of not having a rightful place as Isa's mother. Once this happened, it became possible to see and highlight the significance she had for Isa. This can be viewed as parallel to the idea that ghosts of the past are released when suppressed emotions are acknowledged (Fraiberg et al., 1975).

Moving forward, the therapist emphasizes and reflects the value she sees in the relationship. This can be thought of as representing "angel moments" (Lieberman, 2005), which contribute to the foster mother gaining greater access to the care repertoire she has inherent in her. An example of this is when Isa scratches the foster mother while sitting in her lap, and the foster mother responds by saying: "You were hurting on the inside, and now I'm hurting on the outside. It's okay."

Isa uses play materials to express feelings, pose questions, and reveal experiences. By using the piglets and the thief, Isa encapsulates paradoxes and contradictions in their inner emotional life in a way that words cannot fully convey. In this way, Isa invites the foster mother and therapist into a "potential space" (Winnicott, 1971/2005), which is both fantasy and reality, contributing to giving experiences emotional depth in a form that is manageable.

For Isa and the foster mother, it was as if their individual—and the relationship's—core themes were enacted through the piglet that was stolen and the question that emerged: "Did you steal me?" It was as though Isa's trauma of loss and being abruptly taken away from caregivers intersected with the foster mother's grief over not being able to have her own children and her uncertainty about whether she was important enough for Isa.

To participate in therapy while also being an observer and reflecting on what is happening is a natural part of being a therapist. At the same time, this can present methodological dilemmas. Finlay and Gough (2003) highlight that by using reflexive

methodology, one can gain deeper insight into the intersubjectivity that arises in a process. Through the treatment of Isa and the foster mother, the therapist has gained a deeper understanding of the struggles that arise between them. Since the therapist is part of the relationship, the therapist's own attitudes and theoretical understanding will influence interpretations of the changes. The therapist has invested time and effort into the process, which may lead to overvaluing changes resulting from the therapeutic process. In CPP (Child-Parent Psychotherapy), reflective supervision is incorporated as part of the treatment, allowing the therapist to receive help in taking different perspectives and raising various hypotheses and interpretations of what is happening. The therapist has also reviewed recordings of the entire therapy process afterward, so they can re-evaluate the process and what occurred along the way. This process has led to deeper insights for both the therapist and the co-author. The goal has been to describe the clinical material as comprehensively and directly as possible, allowing the reader to form their own opinions and raise questions about our interpretations.

Conclusion

In Child-Parent Psychotherapy, we invite the caregiver into a playful space where the child is given the opportunity to reveal their inner life. Both the child's and the caregiver's experiences and emotions are given a rightful place in the therapy room. When working with foster parents, we find that the method can serve as a pathway to rediscovering "intuitive care", both because the foster parents' own ghosts are taken seriously and because the child, through play, can share their inner world with an emotional depth that the foster parent can receive.

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