

Developmental trauma: *From protection to connection – working towards a ‘secure base’ in the treatment of an adopted adolescent boy*

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Humans need connection. Essential to our survival are other human beings. We thrive in relationships we can feel safe in and need healthy attachments to develop a secure sense of ourselves in the world, to become adults, capable of empathy and care for the communities we live in.

Developmental trauma happens when safety and interpersonal connection, naturally sought by all infants in their earliest attachment relationships, are repeatedly rejected. This is hugely traumatising to the infant/young child's system. Early childhood experiences of physical, emotional and sexual abuse, neglect, early loss and separation, multiple placement moves, severe physical ill-health, multiple medical interventions and parental mental ill-health leave people feeling profoundly adrift from themselves and their relationships. It is now also understood and accepted that developmental trauma can lead to worse outcomes for individuals later in life (Felitti, *et al.*, 1998)

I am an integrative child and adolescent psychotherapist working with fostered and adopted children. I have come across the myriad ways traumatising attachment relationships continue to profoundly colour and shape their feelings, thoughts and choices. *“Being traumatised means continuing to organize your life as if the trauma were still going on, unchanged and immutable, as every new encounter or event is contaminated by the past”* (Van Der Kolk, 2014, p. 53). These children find it hard to trust, to feel connected to and safely held in the mind and heart of others. Baylin (2016) describes how whilst securely attached children enjoy, and even expect, connection the traumatised brain will reject it and often exists in defence mode. This article offers a snapshot of how I

became a ‘secure base’ (Bowlby, 1988) for an adopted young boy, whose mind and body existed, at first, in ‘defence mode’.

My therapeutic approach is creative and playful. Hughes’ (2007) ‘playfulness, acceptance, curiosity and empathy’ (PACE) model is a tool for working with traumatised individuals and their families, using non-judgemental and exploratory enquiry. I also benefit from integrating a range of ideas, primarily from attachment and regulation theory (Schoore, 2003), neuroscience (Siegel, 1999) and object relations theory (Winnicott, 1971). These approaches have in common the need on the part of the therapist to create a secure and containing environment from where the client can begin to experience a felt sense of safety and curiosity about their own internal states, their relationships and, in time, their journey to adoption. Alongside some individual work with clients (particularly teenagers) I believe family involvement in the treatment (carefully negotiated in order to feel supportive for all parties) of adopted children and young people is vital for supporting positive outcomes. I have utilised the experience and expertise of family and systemically trained supervisors to support this aspect of my work.

When I first met Kyle, a 15-year-old adopted teenager, I was struck by his expressionless, yet extremely intense, stare. He was leant forward in his chair, clearly on edge and guarded. His shoulders were broadly flexed, and his body looked stiff and rigid. I knew his body was in survival mode. I thought about *“body armouring”* (Reich, in Almass, 2001, p. 165) and wondered about the possibility of violence in Kyle’s early life. Looking into his history,

I learned his birth mother had been in a violent and abusive relationship with Kyle’s father whilst pregnant with Kyle. I would speculate that he was born in survival mode, and it seemed his body remained there, watchful and protective to never again experience the sense of helplessness and fear he will have felt in utero, and as an early infant. Winnicott (1971) believed the physical holding from the mother of her baby laid the groundwork for a person’s sense of self and identity throughout their lives. Kyle’s earliest felt sensations and his body’s stress response were set up to be alive to danger. Research tells us that domestic violence is nearly always associated with other systemic risk factors: in Kyle’s case possible poverty, maternal depression and intergenerational trauma passed down in the family. Kyle’s earliest experiences of caregiving were not of the attuned, secure and attentively loving caregiver, but of a terrified, depressed and traumatised mother.

Initially, in my countertransference, I too was on edge around Kyle, connected with feelings of fear and vulnerability. In these moments I would temporarily avert my gaze, breathe deeply and mobilise small movements in my legs and hands to stop me from moving into freeze mode. This kept my thinking alive and my body regulated and receptive to being present for Kyle. I thought about how effective this survival strategy was as a protective mechanism in Kyle’s life, but also how it also isolated him from people too. Kyle expressed feeling little genuine warmth and connection with others and admitted never really feeling close to his adoptive parents.

One of the early aims of therapy was to support his nervous system and external

family system to feel safe, so that he could begin to experience the benefits of connection with others in small ways. I did this by tracking his non-verbal cues and body language, and experimenting with proximity between us. I ensured too that I paid close attention to my own body, listening to whether it felt safe to approach Kyle with a question, invitation to creativity, or just to sit in silence. During our sessions, I would tilt my head slightly when talking, trying to form a ‘face-heart’ connection that would invite him into contact with me. Deb Dana (2020) says that this simple act is part of a complex system of messages running along the autonomic nervous system, letting us know, in people’s faces, if it is safe to approach or not. This has been called the ‘social engagement system’ and forms part of Polyvagal Theory (Porges & Dana, 2018). The social engagement system of traumatised people is very often dampened, muddled or in a state of alarm (Rothschild, 2000). It misreads people’s intentions as cues of danger and threat, rather than as an invitation to connection.

My use of PACE became especially important here too, for it supported what Hughes (2007) describes as the *“intersubjective dance of co-regulation”*. Essentially, when I was being playful, accepting, curious and empathic with Kyle I was attuning to his non-verbal cues in a manner that would keep us both along the continuum of connection. I used the continuum (Figure 1) to assess his level of reciprocity to connection, and to carefully attune to this and adjust my approach accordingly. This helped support Kyle to start to feel safe with me so that we could begin to look at some of the feelings he had about his life, past and present.

Kyle’s parents described him as being angry with everyone and everything; he isolated himself from family and friends, and was extremely low in confidence.



‘Sunrise I’ by Arthur Dove (1936)

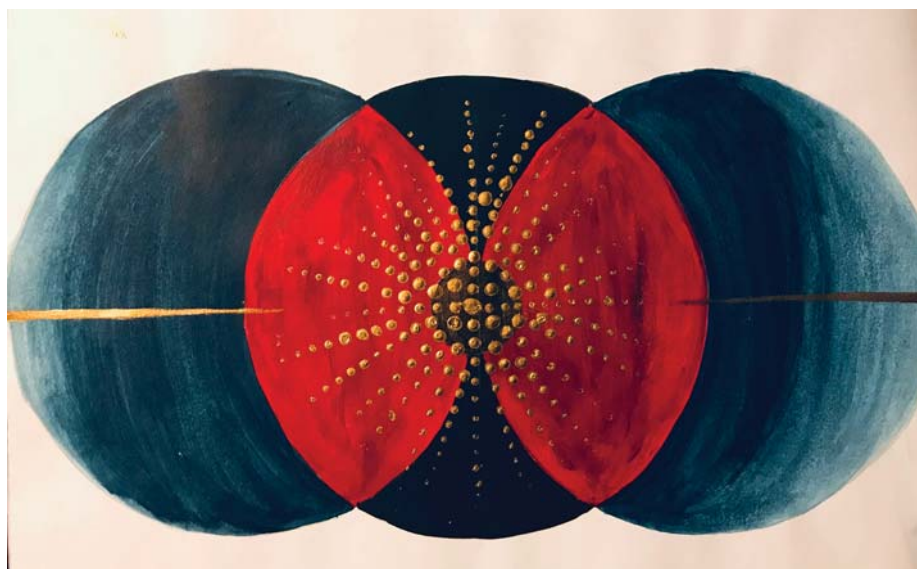
Early on, I also felt him to be emotionally numb, uninterested and distant from his emotions. For example, when talking one day he told me he didn’t understand why he was adopted and that this was the past, so didn’t really matter anyway. Yet, I also saw moments of emotion breakthrough, for example, when he shared that he would look frequently, at one of the only photos he had of his birth parents. He also couldn’t understand why people would want to be friends with him. He didn’t think himself at all enjoyable to be with. Kyle’s raging anger and denial about his early traumas as a baby served to protect him from the preverbal, yet viscerally felt, terror he experienced in his body and the terrible shame he felt towards himself as a person. One of the only times Kyle sought connection was through angry acts of destruction and conflict. Understandably, this was a safer emotion to feel, instead of vulnerability and longing, which perhaps was a painful reminder of his traumatic past.

It is widely known that adolescence can be a turbulent period in young people’s

lives as they reassess and redefine themselves as teenagers. Questions about identity and belonging are at the forefront of teenage preoccupations. Adolescents feel intensely and very deeply. This picture becomes ever more complicated for adopted young people who have experienced early separation and loss, and who carry the wounds of abandonment inside. In my experience, young people who have not worked through early developmental trauma as children come to therapy feeling confused and in crisis. They are often overwhelmed by thoughts and feelings relating to their adoption, and afraid of what all this means. They appear to be suddenly volatile and can feel rejecting and unreachable to their adoptive parents. Kyle’s parents described walking on egg-shells around him. Communication breakdown is common, and conflict can at times escalate to dangerous levels. Supporting the parents to understand Kyle’s behaviour in the context of developmental trauma was a vital part of the treatment plan



Figure 1: Continuum of connection, adapted from Deb Dana, 2020



'Secure Base' by Gonce Ahmet

to support improved home life and communication. With regular sessions Kyle's parents started to slowly redefine their son's behaviour in the context of his early-life trauma and began to modify their parenting to replicate the 'secure base' (Bowlby, 1988) of the therapy. Additionally, to support the parents with practical strategies in the 'here and now' and to help 'scaffold' an increase in small connections, I offered ideas from the NVR (non-violent resistance) approach to parenting (Brown, 2019).

Being a 'secure base' for an infant and young child, means supporting them to feel safe and secure in the own skin at first, and then in the wider world. This is achieved when the caregiver is reliably safe, consistent, attuned and loving. In Kyle and his parents' case, this also meant some unlearning of old relational patterns, and learning of new, healthier ones needed to take place before we could move into the next phase of our work together, which would support Kyle to grow in awareness about his and other people's feelings. Kyle is slowly learning that I can be trusted to keep us safe. Some months later, he sits back in his chair, arms loosely by his side, recalling his week. He smiles. We smile together. This is progress. Yet, there are also signs, too, of positive change outside of the therapy room, such as the small connections Kyle can now tolerate with his parents, be it sharing a meal together,

or chatting about everyday topics in a relaxed way.

It has been my experience that being a secure base for my clients does not end when they feel safe. With each new twist and turn of the therapy, and as we go deeper and further along, there are painful insights to be made. There are, of course, also positive discoveries too, such as when Kyle's compassion for a struggling friend highlighted his empathy and care for that person. In this moment he allowed me to notice and comment on this quality, without becoming defensive.

In this article I have shown how I return time and again, to the known and trusted anchors provided by the 'secure base'. Van der Kolk (2014, p. 79) says that "Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives". My wish for Kyle, is that with time and continued therapy, he will be able to access satisfying and meaningful relationships, and enjoy the many ways connections with other people can enrich and deepen his life, and support resilience in the future.

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