



# Thinking about the bad mum or dad

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How do we help a child process the fact that Mum or Dad couldn't manage to provide good-enough parenting? **Joanna North** offers guidance

**I** have been reflecting recently on how we help children to make sense of the reality of a parent who has been abusive or unable to provide good-enough parenting, with the consequence that the child has been taken into care. Before we can do this, we need to understand why children are taken into the care system. What might have happened in their lives to precipitate this?

When a parent's care has resulted in significant harm to the child or is 'likely to' result in significant harm, a child will be placed into the care of the local authority and the State becomes a parent to the child. Despite popular media myth, it is not possible for a child to be taken away from a birth parent without a robust amount of evidence produced in court to prove that their care is not good enough<sup>1</sup>.

We're not talking here about families going through a period of adversity when parents become bad tempered and illogical and take their minds off the job of parenting for a while. This can happen in any family system, and in our current society parents are frequently stressed by the competing demands of earning a living in a reduced economy and supporting children to grow into happy and well-balanced young people who participate fully in the social

world. Families are often short on time as well as money. They are stretched to their limits but are able to take good-enough care of their children, keep them safe and help them to feel loved, and give predictable and consistent levels of care. As an expert witness in family court cases, I see that parents who do not manage a good-enough level of care can be divided into two categories. The first is when harm is based on cruelty and intent. The other is harm that is based on a myriad of conspiring circumstances, such as neglecting a child's needs through very poor innate parenting skills. In the first category, I have come across very few cases where parents are intentionally cruel and harmful, but plenty of such cases do exist. These cases become matters for criminal law, and children will obviously be placed in local authority care. Helping a child to integrate the trauma of harm in their young and impressionable mind is often what we will have to attend to when working in this field.

The second category is most common, and about 90 per cent of the cases I deal with are when a constellation of factors has conspired to reduce the circumstances of the parent and the overall quality of care. These factors will include stress, undiagnosed and untreated mental health

## the bad parent

conditions, low income, learning difficulties, problems with drug and alcohol addiction and domestic violence. It is also highly likely, but not always the case, that another conspiring factor will be insecure attachments from a parent's own childhood – where they received a poor sense of containment, safety, love and care. The parent's own childhood neglect crosses the generations and is mirrored and replicated in the care of their children. Parents are often completely unconscious of neglectful tendencies stored in their memory systems. More usually, parents have no idea of the developmental needs of a child, so a child may be expected to be too independent and take care of their own needs, with the parent ignoring a child's need for support. Frequently, older children in the family may be expected to take care of the needs of the younger children – which stresses those older children and erases fun and play from their own lives. Parents have commonly had insecure backgrounds themselves or may be poor at reading their child's communications and distress signals, culminating in great anxiety for the child.

Changing such parents' behaviours so that they can keep their children might look simple from our perspective, but parents often struggle with these problems and cannot find the right amount of help in a given time frame, and will therefore lose their children to the care system.

So, given that we are presented with children within the care system, how do we help a child think about a parent who has not been good enough in any of these ways?

### Living with a confusing paradox

We are often faced with a paradox in therapy, which can be stated as 'I love my parent even if they hurt me'. Life cannot get more confusing for a child – or even an adult. I observe many children and adults who struggle with their preoccupation with this dilemma. Separation from a parent, even if they are a harmful and neglectful parent, will always be a scar across the mind of a child and cause a deep sense of sadness and loss – and probably some despair. It will form part of their life story and at some stage, depending on the care that they get, or even the therapy that the child will receive, it will fall to an adult to help a child to integrate that unfathomable experience into their mind in order to bring some resolution.

These conflicting tensions of love, fear and harm can often disturb a child so deeply that it affects their learning, disorganises their behaviour, makes them afraid of relationships with carers and/or pushes them into psychotic states. Children within the care system are frequently trying to live with unresolved trauma resulting from harm, and it pervades their dreams and makes them afraid of sleep. They can be left full of anxiety and unable to envision future goals or experience happiness – let alone get on with the developmental tasks of childhood through play and forming relationships. Yet somehow the damaging and pathogenic parenting relationships remain precious in the child's mind.



Posed by model



What can we do to help?

### **1 Tread carefully**

Well-meaning adults have to tread carefully around the representations that a child may have of an abusing or less than good-enough parent. The representations of the parent in the child's mind will usually paint the parent as benign and idealise them. We cannot take that safe haven away from a child. However, the child will also frequently blame someone else for the sense of harm or fear they are left with. Because their fear will be acted out rather than placed in reality, it is often the substitute carer who has a hard time trying to organise the waves of emotion that threaten to overwhelm the child's life and their relationship with the child.

A child will commonly internalise abusive experiences, literally locking away an experience so that it is unseen, yet viewing themselves as the cause of the problem, blaming themselves for what has gone wrong. It is easier for the child to feel themselves as the bad object than see the parent as bad. This self-blame is more comfortable for the child than the realisation that a parent has been harmful to them. That redirecting of psychic energy then triggers a pattern or system in which the child's self-belief is eroded and their self-esteem undermined. They are bad – therefore they deserve bad things. This is why we have to tread carefully around the misconceptions they hold.

### **2 Pick up unconscious communication**

I have spent many hours trying to come up with constructive ways to help a child find peace of mind in relation to pathogenic parents. The most helpful and hopeful starting point is where the practitioner is able to pick up on the unconscious communication of the child. This will often mean that the therapist is affected by the child's fears or disturbance. But it is at the point where we can *feel* that despair or fear, for and with the child, that we can begin to show them that we understand their struggle. This is a signal that, as a therapist, we are engaged in a healing process. It is also why therapists notably need supervision and may find this job difficult. I don't know of any other profession where being helpful involves the deeply unsettling act of being disturbed by the disturbance of another. This might be described as 'the use of empathy as a therapeutic tool' or reading the transference material. It *is* that – but it is more. It reflects, in my view, the depth of communication that is possible between human beings – whether that communication is joyful or full of despair. Initially, we at least have to be open to these communications. As therapists, we therefore need a good store of information in the mind about this unique and primitive process of communication in order to help a child with the processing of these difficult states of mind.

### 3 Create the right environment

On the other hand, it's worth noting that human beings are very efficient at hiding the effects of trauma and abuse from both themselves and those who care for them. So it is our job to create an environment where sharing thoughts and feelings about difficult things is deeply acceptable and praiseworthy, so that ultimately we make it possible for children to share their worst fears or their worst secrets, their painful dreams and their negative emotions.

It is also our job to begin to imagine how *unimaginable* this is for a child. The best carers that I know, who get the best results in terms of helping children to settle, will be those who can find ways to share the hidden or unconscious story with the child and find a way to organise it within their own mind before helping the child to integrate it into theirs.

### 4 Never name and shame

If the first rule is to be open to the communication, the second rule is not to fall into the trap of naming and shaming the parent. How tempting it is to get mad at parental harm or incompetence! It is natural, and part of the journey of protecting the child, to want to condemn such a parent, but we cannot allow ourselves to get caught up here. We have to be able to tolerate various states of mind and emotions until we reach the destination, which is helping the child with integration, and this is often achieved by a deeper understanding of ourselves and our own processes. We might, for example, be hampered by our own worst fears. Our own defences get in the way and inhibit the child's flow of emotional information.

### 5 Name the experience

Good professionals find various positive ways to begin to talk about the parents who have failed their children. We can hardly say to a child: 'You drew the short straw there!' Or: 'Nobody said life was an even playing field.' It may be tempting to be over-sympathetic to the point of sentimentality. But the best stance I have found is one of being able to name the experience. So it could be both helpful and accurate to say: 'Your parents loved you but did not know the rules of being a parent or have the skills to look after you, and they did not understand how children think.' These descriptions tend to invoke discussion at an age-appropriate level and at least it separates out the manageable from the unmanageable. Besides, the statement is true. I have never yet met a parent who lost their children into care who did not say: 'I love my kids, they mean everything to me.' When parents say this, they really mean it. The inconvenient truth is that parents who harm their children or fail to care for them to an acceptable standard

frequently adore them. And so, often, they are left with the mind-numbing task of integrating (usually for the rest of their lives) the terrible thoughts of how they failed their child and lost them.

### 6 Help rewrite the script

The next part of the process is for us as professionals to find ingenious and creative ways to rewrite the script in a way that helps the child make sense of their story, breaking it up into digestible pieces. This is like putting pills into jam so that they do not get a bitter taste. I often tell the story of 'I knew a child who had that...' so that young people can realise they are not alone and that other children also have these experiences. Our stories can give children a foothold into their own world. *'Did I ever tell you about a boy I knew called Danny? He had to go and get looked after by someone else because his mum got cross too much and it frightened him and upset him. One day, his teacher noticed that Danny was frightened and upset at school and he could not go home to his mum that night as the teacher called a social worker who wanted him to go to someone safe.'* A small child might ask: 'Jo, do you see other kids here or is it just me?' Part of the child wants to be really special, but it is a perfect opportunity for me to make up a story about another child just like this one who also struggles with painful thoughts. From then on, the client realises fully and quite excitedly that our time is all about sharing their thoughts.

This flow of information can be achieved through any medium that best suits the child. Children can be engaged in art, music or dance, and, with older children, some plain talking and well-crafted counselling skills can be just the right thing. A child can also resolve these issues through work with animals or caring for pets. What is clear from the latest neuroscience is the idea that it is our state of mind that will have the biggest influence on the integration of difficult states in a child's mind. It is our kindly, secure and sensitive responses that will dictate whether or not a child opens their mind to resolution – or closes their mind in the hope of stopping the flow of their story<sup>2</sup>. As practitioners, we have to be in a psychologically and emotionally fit state to achieve this.

### 7 Let them choose the time

We have to be wise enough to know that a child has every right to close down their story for as long as they wish – and we have to be informed enough to notice the signals that suggest that they want to share their story, or a bite-sized piece of it, with us. As much as the right environment is important, the right time is therefore also important, and this may relate to the developmental stage of the child,



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combined with their sense of security. Sometimes, enough information has to be fed into the hippocampus (the information-sorter in the brain) for the trauma to be released and processed. And when a child is dealing with recall of trauma, we may have to lower our expectations of them coping with everyday life such as school, so that they can re-process and recover from the trauma.

In conclusion, in order to help children to integrate and come to terms with the idea that their parent really did *not* get things right for them, we have to be willing to engage in a process that may affect our own mind deeply. I recently presented this as the 5 Rs – our capacity to ‘receive, resolve, respond, repair and repeat’ the communication with the child<sup>3</sup>. Secondly, we have to learn not to judge the parents who failed in the job and bear in mind that they always would have preferred not to have failed. A compassionate response is really our only option, and information-processing on our part can frequently help this journey along (back to supervision again). Finally, we give that story back to the

child in an age-appropriate and digestible format so that the child can metabolise the story for now and make sense of their experience. Of course, children will often revisit the story as their lives progress. A story accepted at the age of five can be reprocessed in a dramatically different way for the same child at the age of 10 or 15 – or even in adulthood. The wonderful thing about the mind is that it will process and organise mental material into a tidy cupboard when given the opportunity for reflection and the right amount of information and psychological and emotional support. As practitioners, we are really helping the mind to do its job of *self*-organisation. Ultimately, our minds are capable of a flow of energy that enhances life. Freeing children’s minds from the difficult circumstances of their parent’s not-good-enough care is one more step towards helping them along to an equal playing field with children who come from ordinary and well-balanced homes where no one is threatened by harm – deliberate or otherwise. ●

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