

Psychodynamic Milieu-therapy and Changes in Personality – What is the connection?ⁱ

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Abstract: This article refers to the results of a prospective effect evaluation study of three psychodynamic milieu-therapeutic institutions for children, which included cognitive and projective testing. After introducing milieu therapy and explaining its roots in psychoanalytic and developmental thinking, the specific results of the research evaluation are outlined. It is found that environmental therapy is very efficient on the level of ego-functioning, but concern is expressed in regards to the relational abilities of the children. These findings are discussed in relation to the practical, organizational and theoretical principles of the actual treatment in order to find ways to improve our understanding of how milieu-therapy works and how it can be improved. Finally it is discussed in which way recent theoretical and empiric research emphasizing the importance of the affect regulation and mentalization can contribute to the psychoanalytic theories in the milieu therapy.

Keywords: Milieu-therapy; effect evaluation; Rorschach; children; T.A.T;

Introduction: Milieu-therapy - Theory, organization and practice

Milieu-therapy has been described in a series of books edited by Hans Kornerup (1999, 2000, 2003). The collection of articles includes a description of the developmental psychological and psychoanalytic understanding which lies behind the milieu-therapy, and includes a very detailed description of how the theoretical thinking concerning milieu-therapy is expressed in practice. In the following we shall give a brief account for some of the most important developmental psychological theories and milieu-therapeutic ideas and praxis, before going on to describe a research study which attempted to evaluate this type of treatment within three institutions.

These three institutions all treat children aged 6 to 16 years who suffer from severe traumas or early deprivation. The children are placed in the institutions by the social services due to the deficiency in their home environment. The children spend all week and often every other weekend and half their **holidays** at the institution. They live in houses with 8 children in each house and there is always milieu therapists present. The children attend the institutions internal school.

Milieu therapists are teachers and educatorsⁱⁱ who are thoroughly educated by psychoanalytic child therapists and experienced milieu therapists.

Object relational theory as the foundation of the milieu therapeutic contact with the children

In addition to solid theoretical knowledge, working as a milieu-therapist implies the ability to, work with ones' feelings and to manage, associate with, reflect upon and interpret the child's feelings – as well as reacting in a way as attuned as possible to the child's developmental level.

Milieu therapy has elements from attachment theory and self psychology (Bowlby, 1969; Stern, 1985). However, our basic understanding stems from Melanie Klein (e.g. Klein, 1975b) her follower Wilfred Bion (e.g. Bion, 1961) and the English school of object relations (e.g. Winnicott, 1965). They all focus on the idea that inner object representations of the child can create a distortion of the self and the outer world. Furthermore, they describe primitive defences focusing on psychotic dysregulation, acting out, projective identification and fragmented conceptions of self and others and the values ascribed to self and others. These concepts offer a very valuable understanding of what goes on in the children and their surroundings.

A great emphasis is laid on the earliest stages of development and its significance for the later development of the personality. According to Melanie Klein (1975a) a characteristic of infants is that they have an intense emotional life, and at this point they are only able to comprehend partial objects and not whole persons. In Klein's theory development complexes are termed 'positions'. These include both development of object relations, states of anxieties, and defence mechanisms. The earliest phase is referred to as the paranoid-schizoid position, where development is characterized by lack of boundaries between self and non-self, outer and inner, and the splitting of the ego and the outer world through projections and introjections into good and evil objects. The more mature state is described by Klein as the depressive position. Development in this position is characterized by the child's establishment of 'the good object' as an inner conception. The child has discovered that something from outside itself can be good and is therefore capable of experiencing love and hate towards the same object which is the precondition for the ability to experience oneself and the other as whole objects. The child can experience longing or feelings of loss of 'the good object', and also shame and horror at the thought of having been guilty of hurting others.

In order to arrive at the position, where it is possible to contain these difficult feelings, there must have been a caretaker, who has been with the child and has been able to receive the primitive and

archaic forms of communication which the child directs towards the caretaker, as the child has not yet developed the mental apparatus to contain these feelings itself.

The caretaker understands and interprets and acts in a way which accommodates the needs of the child, as well as digesting the child's horror, despair, rage and fear. The caretaker also returns these feelings in a more tolerable form and in a way which gives the child the ability to eventually contain and endure these difficult emotions. Bion characterizes this as 'reverie' meaning the ability to contain and digest the child's projections and give them back in a detoxified form. This thinking is central to our understanding and supervising the contact between the child and the caretaker.

Organizational psychology and group analytical thinking as a foundation of the structure in milieu-therapy.

Milieu therapeutic work demands that the organizational structure one works within is well thought out. The organization itself and its structure reflect the treatment, and is indeed a part of the treatment. One is so to speak dealing with the need to organize the milieu into a psychodynamic structure. The organization's relation to its members can be compared with the mother's function in relation to the infant. The organization must be capable of including, containing and detoxifying its members, so that the members can feel and reflect upon the task at hand.

The same unconscious processes are often seen to repeat themselves on a number of levels within organizations. Parallel processes can permeate a whole system, from client group, therapist group, other groups within the organization, group of leaders, and groups outside of the organization, for example the parents' group.

In the milieu-therapeutic organization there is an understanding that this reflection takes place in all sorts of processes, throughout all groups within the organization, right from the higher levels to the unconscious fantasies. The milieu-therapeutic organization therefore tries to create structures and space, where it is possible to work with these difficult processes.

The organization is built up with the intention of facilitating the milieu-therapists ability to **firstly** *carry*, in other words bear or contain; **then** *carry up* or associate, reflect, digest; and *carry forward*,

meaning to intervene and give the projections back in relation to the dynamic processes (Nielsen, 2005). This enables them to work with the primary task, namely to create the possibility for the individual child to develop. This can be compared with Klein's depressive position on the group level, and can take the form of various and often completely opposing interpretations of the child's behaviour and inner world, being put together to form a complete picture. This acknowledgement within the group and in the individual member can be associated with feelings of grief. When the organization does not function optimally, its way of dealing with these issues can be compared to Klein's paranoid-schizoid position. The various groups in the organization can – if one might say so – live their own lives. On the basis of partial objects special primitive defensive structures are formed, which in many ways masks or obscures the original initiative from the children (Bion, 1961).

A 7 year old child, who had already lived in innumerable places, appeared to be well adjusted and obliging in its presence on the ward. The child's life to date has been affected by dramatic problems concerning cooperation amongst the professional who have dealt with her. At the treatment home the milieu therapists felt that it was outrageous that the institution as a whole could not offer 'what was needed'. Furthermore, there arose a distrustful atmosphere amongst the milieu-therapists, who dealt with the child on a daily basis. In the course of the therapists work within the reflective structures, they discovered that there were many who had a significant and spontaneous disinclination to be together with the child. For example, everyone was intent that the child should have a positive vacation experience, but no one wanted to take on the responsibility for this. In working with this child it became apparent that there was a pattern in its behaviour, as an example, the child to a great degree could look neglected and forgotten, when the child's contact therapist came back from vacation. Through psychological observations it was revealed that the child repeatedly, in an extremely subtle way, managed to communicate the unfortunate remarks and omissions concerning the milieu therapist to the psychologist, while at the same time playing down or minimizing the importance of these observations. In the same way the child was able to enumerate its innumerable placements, in an attitude of noticeable disregard, while at the same time awakening a distaste and indignation in the psychologist. Once these unnoticeable contradictions and indirect messages could be identified and understood as projective and splitting defence mechanisms within the child, the work with the child became tolerable.

Projective identification, primitive splitting, devaluation and primitive idealising are in fact defences which both organizations and its members are exposed to and uses. It is necessary that organization acknowledges and deals with these mechanisms through supervision and training of personnel and through a clear decision making structure within the organization.

Milieu therapy in practice

Milieu-therapy and its thorough planning of Time, Task and Territory constitute a frame for the milieu-therapist to offer contact to the child. Time, task and territory refers to the expectation that it should be clear to both children and adults in the organisation where to be, when to be there and what to do. The repetitive and recurrent patterns lay a foundation for the child to establish an inner representation of interactions and from this the ability to generalize representations of interaction (RIG) as described by Daniel Stern (1985). The child accumulates episodes of being together which resemble one another and which eventually becomes 'generalized episodes', and from these there is created an experience of the core of the self, which in turn is the starting point for the child's further self-development. (Mørkegård & Voetmann, 2000).

In practice it involves the working out of a structure in which each child is guaranteed qualified adult contact in a foreseeable daily routine.

The everyday life of the 8 children in each house (ward) is organized around ordinary family routines. The children differ in age comparable to siblings.

All children from a house attend the same class at school with the same two or three teachers but are taught at their individual level. After school various activity are planned either for the whole group, for smaller groups or for the individual child. Some of these activities are planned as recurrent weekly activities such as football, swimming, "girly group". Other activities like hide and seek, Lego-building are planned on a day to day basis. Fortnightly all children attend "children discussion group" lead by a milieu therapist and a psychoanalytic child therapist. One third of the children receive bi-weekly psychoanalytic therapy.

When a child is brought into a milieu therapeutic organization, interest is centred around how the child will carry its old environment and modes of relating into the new surroundings, and how this affects the milieu in the treatment home. Milieu-therapy stresses that the child should come to live

in a decent environment, where the personal relationships as well as the impersonal structures can deal with the issue of the child's idealization of the old milieu, while flooding the new surroundings with its own inner chaos (Bettelheim, 1971). This is considered a prerequisite before the child can be healed.

The milieu-therapeutic professional language emphasizes the importance of working with setting, attachment, role casting (meaning the child's attempt to impose specific roles on the present surroundings, which derive from the earlier experiences of the child), and experience with relationships (Birkholm & Aarkrog, 1999). Working with the milieu-therapeutic setting deals with sticking to task, time, territory and role.

The milieu-therapist helps the child to put words to feelings, which were not reflected or acknowledged in the child's early childhood. The experiences of the child are often repeated in play, which places a great responsibility onto the milieu-therapist to be sensitive and responsive to this. The milieu-therapist's intervention is often necessary, and the milieu-therapist's role in the game can be to talk with the child about the discrepancy between the game and the real life and the ambivalence this gives rise to. The goal can be to teach the child to discriminate between false adjustment of self in the game and the true self in milieu-therapy environment, where the child learns to recognize its own needs and feelings. Playing also represents development of games which have been transmitted within the group of children. These develop social, as well as cognitive skills in adjusting to rules within a subculture, where the individual is aware of its place and role in the hierarchy as seen below:

During the winter vacation there were not many children on the ward, and three children were playing a game, where they worked at a treatment home. In the play, two of the children were milieu therapists, and a boy was a substitute. They enrolled their stuffed animals to be contact children and they played that they were writing work plans and basic structure schedules. While they were writing, they were sitting close to the milieu-therapist, who said that it was okay if they continued the game the next day. The next day they expanded the play group to include a boy who plays the leader of the ward.

The milieu-therapist asked about the role and examined whether there was agreement in the group. Normally the boy was not known to be a leader in the group, but in the game he was serious, wrote

on the computer and was the leader of the meeting. At the meeting all were dressed up, and he (the leader) made the substitute aware of the fact that he did not like that personnel wore high heeled shoes. Otherwise, he asked the contact therapist how they were doing. The children told about their contact 'stuffed animals' and described their family backgrounds. There was a lively discussion about drinking too much, sniffing, and smoking hashish or about a parent who wants to buy a lot of new clothes when the father came out of prison. In the game the children were conscious of the exaggeration, and the 'leader' rejected an explanation that the 'stuffed animal' had come to the treatment home because it had crossed the street on a red light. The others agreed with the 'leader' and the meeting ended with the 'leader' asking if his personnel felt that he was just, and they all answered that they felt that he was. At the end of the game each told, in a collegial dialog about how they felt and how their day had gone. A milieu-therapist sat beside them and wrote in the diary that it was fine to see and listen to their game.

Measuring the effect of milieu-therapy

In 2000 a prospective effect evaluation project was initiated in three treatment institutions offering milieu-therapy for children between six and fifteen years of age with severe traumas and early deprivationⁱⁱⁱ. Over a period of 4 years 24 Danish speaking children all suffering from severe traumatized and deprivation in early childhood were included in the quantitative part of the research project. The methods used were standardized, psychological cognitive and projective testing. The pre tests (status 1-testing) took place some months after the enrolment and re-testing (status 2) after 2 years of treatment. The objective was to give a qualified estimation of whether or not the child's personality structure had changed. The accumulative data was to figure in a local database, which should serve as the basis for future relevant research, including follow-up studies. (Nissen & Kornerup, 2002).^{iv}

As illustrated above, the treatment the children receive is based on an organizational and educational practice anchored in several theories. This kind of treatment cannot meaningfully be dissolved into single, observable units of interventions. In addition, the actual focus of treatment is not on the child's observable behaviour itself, but rather the disturbed personality structure and its development that this behaviour is a reflection of. When we wish to know, whether we are

changing precisely the structure in the child we wish to change, it is imperative to use instruments which seek to measure the personality structures, defined and described in a theoretical frame of reference, which lies in an extension of our understanding of the children and the treatment.

Positive changes in behaviour or expressed statements from the children may stem from changes in the personality structures themselves or may simply be an expression of the false self. Projective tests originate from an understanding of developmental psychology and psychoanalysis; however the analysis' are now supplemented with a cognitive and character based theory of personality (Mortensen, 2001).

These tests delve below the apparent and observable surface and reveal aspects of the unconscious and the un- and disintegrated states in the child. This makes them suited when trying to answer the question of whether a development has taken place in the direction of greater integration and more awareness.

Changes in personality structure and interpersonal relations have traditionally been difficult to estimate due to the subjectivity of projective psychological assessment. However, these difficulties can now to some degree be overcome by using John E. Exner's empirically validated comprehensive system for administering scoring and interpreting the Rorschach test developed over the last decades. The TAT (The Thematic Apperception Test) can now be scored by Westerns Social Cognition and Object Relational Scale aiming at quantitative summarization of a persons inner object world from a cognitive and object relational theoretical frame of reference and Cramer's Defence Mechanism Manual (Nissen and Hansen(2006).

The battery of tests used in this study aims cover a broad spectrum of the child's inner life regarding cognitive functioning, ego functioning and level of object relation.

The tests employed are WISC III, Rorschach ad modum Exner (2003) and TAT – scored by systems developed by Western (1990) and Cramer (1991) respectively. The project includes a statistical analysis of the total results of all the tests employed.

The tests are typically used in clinical practise as elements in a general clinical evaluation of the

individual child. A change in one parameter will not always reflect a decisive development in a positive or negative direction, as this is seen in connection with the total clinical evaluation of the individual child. However, if there are many parameters which point toward an actual pathology, and a subsequent decrease in these parameters, this is presumably a reflection of a positive development, independent of the individual context, which is also noted in the conclusion of the report (Nissen & Hansen, 2006)

Method and Results

There was no control group in the study. Due to the **relatively** modest amount of children included, detailed statistic analysis on the significance of age, gender and specific institution or ward or other interesting variables was not possible.

As there was no control group we do not know how the children would have developed without treatment or with a different kind of treatment.

Instead a comparison between status 1 and status 2 is done, partially for each separate test and partially for the number of children who stands out in so called indexes. Significant changes in the total values was recorded and published in Nissen and Hansen (2007).

This article represents an attempt to bridge the gap between these quantitative findings of personality changes and the qualitative understanding of the psychological processes in the children and in the organization.

The main results were as follows:

The result of the effect-studies show according to Nissen & Hansen (2007, p.51) that: *“in spite of the fact that at the point of status 1 there were children who were severely disturbed in their personality structures, the milieu- therapeutic influence has achieved positive changes in their personality structures and functions in numerous ways”*:

- *A clear improvement was observed in the children’s capacity for employing their abilities on a daily basis.*

- *They are noticeably less mentally disturbed, both on the cognitive and the emotional levels.*
- *The children have achieved greater self-confidence, are more aware of the selves and express a greater degree of self-reflection.*
- *They are more in contact with their feelings, both the unpleasant and pleasant feeling, and they are able to express their feelings in a more controlled way.*
- *They have greater positive expectations to other people, and their expectations are more balanced and realistic.*

The authors further argued that the positive effect was a result of the milieu-therapeutic treatment, as the children had been in the institution almost all the time during the period.

In order to use these findings in a meaningful way, at our respective treatment homes, we must weigh our psychological/organizational and developmental/psychological knowledge up against each result and evaluate, which of our assumptions have been confirmed by the study and which assumptions have not been confirmed. In this way the study can be used both to increase our understanding of psychological development and to find ways to improve milieu-therapy, so that effective means can be strengthened^v.

Our qualitative analysis of the positive and negative findings consisted of a systematic and careful study and discussion of what each test exposes about the children and how the milieu-therapeutic treatment can have contributed to the result. All reflections were systematically registered.

Thereafter, the material was again studied in order to find common tendencies and connections or contradictions and from this develop hypotheses concerning the effect of the actual treatment on the specific areas of personality development studied.

The current article attempts to illuminate why progress occurred in certain areas and not in others and which elements in the milieu can be set to be decisive for specific changes.

Results as a reflection of the treatment?

Changes in the cognitive skills of the children WISC (Wechsler, 1998).

An interesting change from status 1 to status 2 is the increase in scaled scores in the cognitive tests, indicating, that the children have become much better at utilizing their intellectual potential. Generally, direct intellectual stimulation, academic performance and special skills are secondary in the milieu-therapeutic treatment plan.

The increase in the cognitive performance seems to confirm the assumption that intellectual development cannot be seen only as the realization of genetic potential in combination with intellectual stimulation, but develops in close connection to the general development of personality and social exchange in a broader sense. From an ego-psychological point of view we presume that their security and the confirmation of reality offered by the carefully structured daily milieu-therapeutic situations, allows for general access to their psychic resources, because the children are no longer exposed to fearful, incoherent and uncaring conditions. From an object-relational point of view it is assumed that the work to make the child aware of its psychological defence mechanisms, releases the child from pathological hindrances to cognitive development. In this way the increased cognitive ability can also be understood as a confirmation of the assumption that children's intellectual investment in the surroundings can be limited by a primitive, projective defence in the paranoid – schizoid position (Klein, 1975a)

One of the specific cognitive areas in which the children have increased their abilities significantly includes the index for perceptual organization. This indicates that children's abilities to non-verbal problem solution are increased. Furthermore an improvement in verbal comprehension, the ability to think abstractly and precise registering of the surroundings is found. The children have become better at thinking inductively, and proceeding from facts to general rules or principles.

A developmental psychological approach would suggest that this is due to the fact that the setting and structures in milieu-therapy are so consistent and repetitive, that it is possible for even very disturbed children to experience recognition and anticipation. This encourages the development of the self in the terms of Daniel Stern: The development of meaningful RIGs on the level of the formation of the core self (Mørkegård & Voetmann, 2000). These RIGs constitute in themselves the basis for the development of abstract major terms in the formation of the verbal self. Our hypothesis is that the children's verbal and spatial abstract abilities are developed as a consequence of being exposed to foreseeable and familiar structures, where time, territory and task are precisely defined,

rather than direct verbal stimulation in it self. From an object-relational point of view, an improvement in abstract, verbal and perceptual thinking can be understood as a reduction in the use of fragmenting psychic defence mechanisms, as the child dares to think and understand in terms of a whole objects.

However, it initially surprised us that the children apparently have not improved those abilities in the WISC sub tests, which are usually connected with freedom from distractibility. We had expected that the children's ability to pay attention and concentrate would improve concurrently with the reduction in their emotional difficulties. One explanation could be that both of the subtests describing distractibility include numbers. This might possibly explain their lack of improvement, as the children at the treatment home do not receive as much traditional mathematical instruction as their peers might. Alternatively, as suggested by Egeland et. al. (2006) one can question the validity of labelling the two subtests referred to here as "Freedom from distractibility".

We had also expected to see a significant improvement in the subtest Comprehension as one would think that this precisely reflects our work with the children. We teach them to think before they act and to oversee the consequences of their own actions and strengthen their ability to judge appropriately in social situations and to implement knowledge in a meaningful way. However, the mean score remained unchanged.

Taking a deeper look at our treatment practice, we find that it also implies helping the children to lay aside their pseudo-adult behaviour, and their all too self-reliant and mistrusting self, we teach them to ask for help, and we give them confidence that others will help them at a level corresponding to their emotional development, rather than their chronological age. For example question 6 in the comprehension subtest deals with what one should do if a smaller child fights you. Here the answer "find an adult", does not give the highest score in the test, but it is exactly what our children are encouraged to do at the treatment home.

Personality development of the children (projective tests)

The most striking change in the children's personality is a general improvement in their ego

functioning. The children have in many important areas become better at unfolding their needs and desires in a realistic way and to meet the demands of their surroundings.

Amongst other things the study shows that there is a considerable reduction concerning the pathology in the basic areas of cognitive activity. To explain this one can presume that the fact that the children no longer are exposed to various types of over stimulation promotes a spontaneous reduction in pathological processes. This is supported by the fact that Lambda^{vi} index in Rorschach is significantly decreased, which means that the children are more open and willing to experiencing complexity. One can hypothesize that the children at status 1 being emotionally pressured and their senses being overly stimulated reacted emotionally to this by avoiding and ignoring stimulus from within and without, thereby, they create a vicious circle of under stimulation. This assumption is confirmed by the finding, that the children's extensive use of denial as a defence mechanism in status 1 has been reduced in status 2 (though not in a statistic significant level).

Another significant finding in this study is that the quality of the children's perception has improved and they have become better at registering their surroundings in all its complexity. We think that the fact that their milieu is structured in such a way that it comes across to the individual child as meaningful and foreseeable contributes to the children's motivation to be interested in their surroundings and its nuances. The fact that fewer children stand out after 2 years in the perceptual thinking index (PTI^{vii}) in the cognitive area is presumably connected with these observations. The processing of the perceptions has also become more realistic and normal. We will interpret this as an immediate consequence of the great degree of reality correction that takes place on a daily basis in the "here and now" situations in the milieu of the treatment home.

The children's disturbed thoughts and ideas about other people seen in status 1 are reduced in status 2. This finding, as we understand it, is linked to the fact that at the treatment homes the children are encouraged and pressed to share their thoughts and feelings with others, which creates the possibility of correcting their disturbed ideas and feelings, in the here and now. Furthermore we think, that the earlier mentioned containing function of the milieu-therapeutic organization that soaks up and 'detoxifies' disturbances and suffering, may be reflected in this result.

On the emotional level the children seem to have become better at tolerating and containing unpleasant and dysphonic feelings, and to control the way that they show these feelings. On a general level this could be a reflection of the institution's ability to 'reverie', as the unbearable feelings are given back to the children in a digestible form, which they can manage. Specifically, the goal-directed work to mirror the children's emotional state and encourage them to relate to these feelings and express their inner states could explain these results. This specific form of intervention could also explain the finding that the children, to a greater degree, are able to reflect upon themselves.

It is especially encouraging that the children experience a greater degree of self confidence, and they experience themselves as being less injured. They seem to have achieved a more positive view of themselves and their own possibilities. Even though learning how to delay gratification of immediate needs is part of their treatment, we take care not to expose the children to situations or demands, that they cannot be expected to be able to meet. This may have contributed to their seeing themselves in a less negative light, and their more positive view of their own possibilities. Furthermore the milieu-therapist tries to **meet** the individual child with interest, care and recognition, which is assumed to encourage the child to identify itself as a lovable object.

As milieu-therapy (**as explained earlier**) is defined as a treatment form that deals with relationships we had expected that the greatest changes would be found in the area of interpersonal relations, as the work is goal-oriented toward developing in the children's relation to it self and others. However, none of the increases in the scores on the Rorschach in the realm of interpersonal relation are significant, although there is a significant increase in the number of children who are able to note and express their need for intimacy in a more normal way.

Furthermore, we were surprised and concerned that the number of H-answers (whole human answers), which express the child's interest in and understanding of other people has, as a whole, not increased. This is especially interesting, as the H-answer rises with age in a normal population (Exner, 2003). This has **led** us to consider how children are influenced by the other disturbed children and the violent behaviour which does occur from time to time in such a milieu, and whether this might cause the children to be fearful and reticent in their relation with one another.

Another concern of ours is that there is no significant change of EA (which refers to resources or contact with “inner life”), and since this parameter deals with the access to the realm of inner psychic resources, one could fear, that pseudo adjustment has not been altered noticeably. This makes us wonder whether we offer **sufficient** opportunities to form relationships.

In the TAT there is no significant increase in the children’s expectations to the emotional atmosphere in the interactions between people from negative to positive. This perhaps is connected to the earlier mentioned increased contact with the negative and dysphonic feelings, which we find signifies a reduction in the primitive idealising defence. However, there is some improvement in the children’s ability to relate to others, just as the children’s ability to understand social causality is improved. The children have also developed a more complex understanding of other people.

All in all, the general picture shows that on the interpersonal level an increase in the ability of the children to understand other people and their actions and motives on a cognitive level is seen. From an ego-psychological view this most probably connects to general bettering of the children’s reality testing. In an object-relational perspective this can be viewed as a move towards a position in which others, to a higher degree are experienced as whole objects, with both good and negative qualities, and thus as a weakening of the primitive and splitting defence. However, one gets the sense that the interest and motivation for engaging emotionally in others or even form attachments to other people, has not developed as we might have hoped in our treatment goals.

Final comments and conclusion

Room for improvement?

As a whole, the improved ability to perceive, reason, and process impressions from the surroundings in a more realistic way are the most clearly defined and persistently appearing changes that have occurred in the children. This change is consistently observed in several of the various parameters and seems unambiguous. Furthermore, some progress has been noted in the children’s emotional and social development. Seen from our theoretical focal point the children have progressed from a paranoid schizoid position towards a depressive position. In other words they

have evolved to a position where they are capable of feeling and containing unpleasant feelings, as opposed to fragmenting their experience of themselves and others with the ensuing serious lack of reality sense.

There is, however, an indication that the emotional, empathetic aspect of milieu-therapy is not as effective as we would wish it to be, and that the children, to a certain extent, still may present some degree of defensive pseudo adjustment or at least an uneven development of personality with affective difficulties underling intellectually based coping abilities. An explanation for this could be that the development of this area perhaps cannot be traced before a longer period of treatment has taken place. The relieving of paranoid defence symptoms is a prerequisite if a deeper attachment state shall become manifest.

In this case a time perspective of 2 years would be too short a period of time to measure change of the area dealing with attachment. Another explanation could be that precisely these aspects of children's development cannot be measured quantitatively. For example, we often see a qualitative development in the answers given on a Rorschach test, which are not reflected in the formal scoring system of the answers, and therefore are lost in the quantitative analysis. Finally, it is possible that there is room for improvement on the emotional, empathetic aspect of our treatment.

Further theoretic and practical development

In order to sharpen and achieve a more nuanced attention to what happens on the emotional level, between child and adult during the course of treatment, we note that recent research in developmental psychology could offer new ways of developing our milieu-therapy. The recent research of Peter Fonagy points towards the importance for care takers and therapists to have the ability to 'mentalize'. By 'mentalize' is meant the ability to imagine mental activity, to grasp and interpret human behaviour as expressions of intentioned mental states such as needing, longing, feeling, assuming, having goals, intentions, reasons (Fonagy et. al. 2004). This capacity is developed via the mother's affect regulating function in her contact with the infant. Disturbed attachment behaviour and/or lacking 'mentalizing' abilities in the mother will have the consequence that the child's affects are not adequately regulated. This insufficiency will result in the child's deficiency in 'mentalizing'. Schore, Stern and Fonagy emphasize the fact that lack of harmonization/matching in the dyadic emotional regulation contributes to the development of a

long list of psychic dysfunctions, especially borderline states in adults (Sørensen, 2006).

The therapeutic consequences of this theoretic insight, is that the most important task for the therapist is the regulation of the, at times, violent feelings and emotions of the patients. In order for the treatment to be effective, it is not enough to deal with the cognitive aspects or to gain insight in the reasons for these states. Stern emphasizes that the therapist's wordless (unspoken) ability of auto-regulation of his/her emotions, as the basis for his/her ability to help the client, plays a central role in the therapeutic process, as does the therapist's ability for 'mentalizing' (Sørensen, 2006). Furthermore, it is advised that a direct focus on 'mentalizing' therapy should be a central issue. In this way one works with developing the ability to put oneself in the place of another, to understand others' behaviour as an expression of feelings, motives, and intentions, which are different from ones own, as they arise in the here and now of situations during the therapy.

This thinking lies to a certain degree in line with our thinking, but places stronger **emphasis** on the importance of the non-verbal emotional regulation aspects of the interaction between the child and the milieu-therapist and explicitly on the 'here and now' relations. **This** area of relating is **one that** we aim to develop in the children; therefore it is natural to consider how the organization could create conditions which might permit implementation of the above described into milieu-therapy. The concrete focus on the here and now situations is very much in accordance with our milieu-therapy praxis, and could be developed further with focus on concepts like 'mentalization' and atunement.

The perspective of further development of milieu-therapy in the light of recent attachment and neuropsychological theories and their understanding of emotion regulation and work with 'mentalizing' ("having the patient's mind in mind") therefore points, in the direction of greater emphasis on the relational aspects and the personality of milieu-therapist (Bateman & Fonagy, 2006) The organization must develop in a way so that more attention can be directed toward the emotional exchange between the milieu-therapist and the child in a more nuanced way, just as the theoretical apparatus in the organization should be expanded to include the concepts mentalization and affect regulation.

In the play sequence earlier described the children demonstrate their identification with the milieu-

therapists very convincingly. However, apparently they do not see the therapists as individual persons with whom they have an intimate emotional relationship, but they relate to them in terms of their very trustworthy roles. This highlights in our view, just as the research did, both what we can give the children and what we still cannot give the children.

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- i Part of this paper was presented at the EFPP congress "Play and Power" in Copenhagen in May 2007
- ii An educator or pedagogue in Denmark is educated to take care of children of all ages and disabled or psychiatrically ill adults.
- iii The project was carried out by Nebs Møllegård, Sølyst, Elvergården, in a collaboration between The Danish University of Education, the consultant group 'Proces' and the psychologists Kim Gabriel Hansen and Elsa Schmidt.
- iv An independent PhD study by Irene Højlund, 2006 was connected to the project as well an evaluation rapport by Elsa Schmidt (2005).
- v The authors of this article represent an expertise in clinical application and interpretation of the tests employed. In their daily work the first four authors implement and supervise milieu-therapeutic work at two of the institutions.
- vi Lambda refers to the frequency of pure form responses and relates to the issues of economising the use of mental resources (Exner 2003)
- vii The PTI index is used to assess thought disturbance (Exner 2003)