

Elisabeth Cleve, translator Pamela Boston,  
*From Chaos to Coherence Psychotherapy with a Little Boy with ADHD*  
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Our appetite for mind and mood altering drugs created by the psychopharmacological revolution has been compared to an arms race, either use performance-enhancing drugs or risk being left behind, a loser. The United States reportedly produces and consumes more than 85 percent of the world's supply of Ritalin, a drug prescribed for children with ADHD. This drug enhances mental functioning even in healthy people, hence 'steroid of the brain'. How sobering, therefore, to read a step by step approach to the complex psychological treatment of a severely behaviourally disturbed child without medication. But more of that later.

Elisabeth Cleve, a psychologist/psychotherapist at Stockholm's Erica Foundation, a psychoanalytically based child and adolescent psychotherapy training centre, explores the controversial question 'to medicate or not to medicate children with ADHD' with a compelling story. She offers a rare insider's view of the sustained struggle psychotherapists experience who provide such treatment. Over seven years of intensive therapy she provided that empathic attunement, 'being with' a child whose many disabilities included symptoms of severe attention deficit and hyperactivity.

Her book's message is a powerful antidote to the pharmaceutical arms race. Page after page she reminds us that children's behavioural and emotional problems are responsive to understanding. She confronts her young patient's dangerous behaviours, physical and verbal assaults as well as taboo topics like racism. Her psychological tolerance and clinical 'duty of care' is stretched beyond reasonable limits. By holding the therapist-patient relationship as central to treatment she reaffirms the culture of psychoanalytic psychotherapy as a *necessary* element in effective intervention with such children. But is it *sufficient*?

Elisabeth Cleve knew from the start that agreeing to offer psychotherapy to Douglas was a monumental challenge. After all he had endured severe

conditions from birth till his adoption at the age of four: extreme deprivation, severe malnourishment, lice and bouts of diarrhoea. He was described as a child with an ‘on – off’ button and no space in between. That catastrophic early history filled her with ‘dread to think of what all this could mean for his future development but also to think of the strength the boy must have in order to survive.’

She also knew that ‘(P)rior to the family’s contact with our institute, Douglas had been given a large number of examinations, both somatic and psychological. On not a single one of these occasions were Douglas's parents encouraged to seek psychotherapeutic help for their son. In fact, it would be more accurate to say they were advised against it.’ (pxviii). But Elisabeth saw beyond the multiple DSM diagnoses Douglas’s ‘inner fighting spirit’ and ‘not giving up on life’. Douglas was very lucky to encounter her life-saving psychotherapy treatment.

Elisabeth Cleve’s extraordinary ‘documentary narrative’ is deeply embedded in the analytic tradition. She emphasises the developmental, interactional and regulatory basis of her young patient’s symptoms combining her clinical sensitivity with surprising firmness. For example, the first years of treatment were filled with chaos and terror as Douglas wreaked havoc on people and property. He broke windows, destroyed the clinic waiting area, urinated on the floor, actions accompanied by spine chilling howls, hideous shrieks.

In one session, suddenly without any warning, Douglas managed to break Elisabeth’s finger. She is overwhelmed. Another time she ends up bleeding from her leg. On another occasion, a bloody nose.

Elisabeth responds to these crises with a combination of urgent questions and ‘tough love’. What sort of treatment does this child need? is psychotherapy really the right treatment for him? in that case by who? am I really capable of giving Douglas what he needs? should I arranged to have an assistant in the room? how can a child be helped who hurts his helper both in body and mind?

Then the tough love.

‘I tell him with all the firmness I can muster that I do not accept his attitude. “I refuse to let you make my job a lousy job! In no way whatsoever will I put up with that! Never! If you destroy things, it will be lousy here and I will never allow that! Do you understand?”’ ‘Uh-huh’.

As the painstaking work unfolds, she links the matrix of aetiologies from Douglas's early development to the current severe attention deficit, hyperactivity and other symptoms. Ever mindful of intrapsychic processes she explores and exposes with brutal honesty both her young patient's and her own thoughts and feelings. She details scenes of heartfelt joy, harrowing bloody confrontations, laughter, tears and paralysing helplessness. Douglas' seven-year psychotherapy is literally worked through 'blood, sweat and tears'. Gradually Douglas transforms. Her attitude of commitment is matched by the constant support of his equally extraordinary parents, captured at the outset in their declaration that therapy 'is going to work, because it must work'.

And work it does! Intimate psychotherapeutic moments provided in the secure space created by psychotherapy allow Douglas and Elisabeth to forge a unique relationship. How a terrified little black boy and a white middle-aged woman together dare to confront life's emotions is the compelling story captured in this book.

Cleve's eyes are always wide open to the raw, brutal truth of how early emotional and physical deprivation can herald a lifetime of disability. Elizabeth's therapy is infused with that special love Hanna Segal defined as the love expressed by a therapist when she really listens to her patient. Elisabeth truly listened to Douglas.

This amazing book reminded me of Virginia Axline's (1990) *Dibs in Search of Self*, as dedicated and desperate parents also entrust their son to the skill and wisdom of a consummate psychotherapist. Elisabeth Cleve, also a gifted writer, manages to capture therapy's fleeting moments, session after session providing Douglas with a second chance at life's developmental tasks. But did she need to endure such personal physical risk and pain? Would medication have still allowed Douglas to benefit from the psychotherapy without experiencing the agonies, not to mention Elisabeth's injuries?

Karen Gilmore's (2000) review of the psychoanalytic perspective on the puzzling diagnostic entity of ADHD noted that the many causes all result in a shared underlying core disturbance in ego integration (synthetic and organising dysfunctions and/or dysregulation). Based on all the evidence, she recommended that optimal treatment of the complex neuropsychiatric and neurotic symptoms was medication concurrent with psychoanalysis.

There is no record of Douglas receiving medication during his seven years of therapy. For me this raises contentious issues and questions how the best interest of a child is served when they have symptoms of ADHD.

Years ago I heard Professor Al Solnit tell the story of how he witnessed a dose of 'love' being more potent for pain relief than morphine as he worked on a burns unit. A child in severe distress was not responding to the powerful analgesic but surprisingly settled when comforted by her mother.

Now I am surely not advocating a 'drug free zone' in the pharmaceutical arms race for treatment of children with ADHD. But considering the complex bio-psycho-social and cultural issues that contribute to the medicalization of children's behaviour resulting in so many children being prescribed drugs to control their moods and behaviour problems, Anne Manne suggested that 'as a society we should stop dead in our tracks and ponder why.' (p10).

But what do we do after we stop? Cleve concludes her book with some passionate arguments and sobering facts. She claims that those who propose purely biological causes for children's complex problems like Douglas suggest simple and distinct causes and that these can not benefit from psychotherapy. 'I disagree emphatically with such generalisation.' (p201).

I tend to agree with her ethical stand that a 'child's diagnosis is not public property, even if the symptoms are highly conspicuous', that having children in an 'ADHD class' is as unacceptable as the idea of having a school class identified as a 'cancer class'. Elsewhere we argue that the ADHD label has been so overused, maybe even abused in our culture that it is time to 'Stop' 'Look' and 'Listen' to children's needs before we prescribe even more medication (Halasz & Rae 2005).

In that spirit, Elisabeth Cleve also listened to Douglas. It is only fitting to leave the final word to Douglas who, when asked by his mates what he does in therapy replied, **'I said I come here to practise how to stay calm'**.

Postscript

In view of Douglas's self-assessment of his life-changing therapy, significantly Greenspan and Shanker (2004) suggested that the essential developmental stages in the growth of the brain start with the need for

‘being calm...’. That calmness is a necessary experience for a baby’s brain development. For Douglas this ‘calmness’ was provided, years later, through the medium of psychotherapy. He had a second chance to complete the ‘unfinished business’ of his early development. Despite his catastrophic early years, Douglas seems to have achieved the capacity to stay calm through the special intervention of psychotherapy, even in the absence of drugs. This provides a new dimension to the meaning of ‘early intervention’ not only referring to the first weeks and months of life, but to the ‘early experiential pathways’ that subserve later emotional development. The story also raises an urgent and disturbing question: does an uncontrolled psychopharmacological arms race, like the other arms race, run a risk of threatening rather than serving its creators.

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