We examine the work of icap, a clinic for Irish people in Britain, to describe an (Irish) idea of ‘home’ within a psychoanalytic/group-analytic discourse, and some aspects of its clinical significance in providing culturally-sensitive psychotherapy. Our work weaves through four axes of trauma: the dislocation embedded in all migration, irrespective of the social or economic circumstances of the migrant; the long domination of Ireland by England, and some of the resulting complexities in Irish migration to Britain; childhood abuse, within the ‘home’ and within the Church-run institutions sanctioned by the Irish state; childhood neglect and deprivation. In clinical practice these levels interpenetrate and interact with each other.

Early trauma followed by migration impacts on the patient’s internalised ‘home’; culturally-specific loss and yearning are then central to the creation and maintenance of identity, and linked to narratives of ‘home’. In trauma ‘home’ can become frozen in an idealised and/or terrorised state, whereas the creation of a healthy internalised ‘home’ depends on a creative fluidity, a need intensified when actual departure from the home country requires identity adjustment. We touch on the significance of the physical body and external ‘home’. Composite case studies illustrate these clinical themes. [197]

KEYWORDS: HOME, IDENTITY, LOSS, TRAUMA, IRISH, CULTURAL AND ETHNIC DIFFERENCES, CULTURAL FACTORS, MOURNING
Hitting home: Irish identity and psychotherapy in the UK

Is ar scarth a cheile a mhaireann na daoine (Traditional Irish proverb)
(It is in the shelter of each other that the people live)

Introduction: the Irish context

Home is central to our identity, the bedrock of how we define ourselves. Yet the idea of home itself is not simple. ‘Home’ is a construct, created in memory after the event, comprising both pleasure and pain. Where memory is obstructed or otherwise mediated, ‘home’ may be constructed round a fantasied ideal, or a memory of trauma. Most powerfully it is constructed round both.

This is true for individuals, but also for societies through the ‘tent’ of national identity (Volkan, 2001). For Irish people, colonisation by the English over 900 years is a given, underpinning the relationship between the two modern states and their people[s]. An estimated 5 million Britons are of Irish descent, and we are currently seeing a new wave of economic migration from Ireland to Britain.

All immigrants face the challenge of mourning the loss of the home country and coping with feelings of alienation, loss of identity, loneliness, as well as dealing with prejudice and discrimination. Irish immigrants experience some of the highest rates of mental and physical health problems in the UK, and these issues persist into the second generation. Irish men are the only migrant group whose life expectancy worsens on emigration to England. (Livingston et al., 2001, Bhugra, 2004),

This paper is rooted in the work of a clinic working predominantly with the Irish in Britain. ICAP provides psychodynamic individual and group psychotherapy, and has been identified as a centre of clinical excellence by a recent independent study (Fonagy et al., 2012). In addition to the dislocation of immigration, the majority of ICAP’s clients bring the challenges of childhood deprivation, often rooted in economic poverty. Many were neglected and physically and/or sexually abused at home. One-third grew up in the Irish
church-run ‘homes’ where starvation, degradation and physical abuse were the norm, and half of the male survivors report sexual abuse (McGee et al., 2002, Murphy et al., 2005, Ryan, 2009, McAleese 2013). The uncovering of church and state’s collusion in this abuse makes grim reading. Many former residents of the Institutions fled to Britain; it is estimated that 37% of CICA respondents live in the UK [Ryan, 2009].

However the experience of alienation at home may be compounded in migration to Britain, the state which subjected Ireland for so many years, yet where 7% of the population today is of Irish descent. It is difficult to do any justice to the very complex and resulting themes in a couple of paragraphs, to reflect the range of personal psychological positions that Irish people, who may also be married to, or children of, ‘Brits’, take up in relation to Britain. Nevertheless, for Irish people, the question of Britain is an important, and divisive, factor. For example, memories of the brutal repression of the Black and Tans, and of the Irish-on-Irish violence in the years that followed, often are felt so deeply that silence is the recourse, even now. Or Irish neutrality during World War II, which had broad support, an assertion of Irish sovereignty as well as essential for survival -- the latter answer given by the Irish foreign minister to those who saw neutrality in the fight against fascism as ‘appalling’. Nevertheless many Irish men joined the British army, for a variety of reasons; and, if they returned, were often rejected at home. More recently, British financial assistance to the Irish economy was motivated not by charity, remorse or post-colonial guilt, but by the fear of losing its largest export market.

Nine hundred years of history littered with atrocity leave a legacy riddled with contradiction at all levels; recently the Troubles in Northern Ireland, the Birmingham bombings [1974] and the wrongful imprisonments that followed create inner conflicts varying widely in their tone and emphases, as well as according to where the individual lives. Generalisations about the relations between the two countries are rarely useful, since there is no one Irish view of Britain and therefore no single psychological relationship. A comprehensive review is not possible here; we rather aim to highlight aspects which arise in icap’s clinical work and about which little has been written. For example, Britain as a refuge from intolerable difficulties at ‘home’ is a recurring phenomenon, readily recognised by our therapist
colleagues in Ireland, yet may be surprising for some in the UK. The question of individual survival, rather than national identity, often seems closest to the mark for icap’s clients, most of whom have come from ‘homes’, family or institutional, that were economically as well as psychologically precarious. For these migrants, a ‘home’ in Britain may be not the optimum choice, but the most viable.

Volkan [2001] is a perceptive biographer of national hatreds, describing the ‘chosen trauma’ of a nation, an event of which the failure to mourn becomes a defining feature of national identity. When, under stress, national identity has become an important element of personal identity, it can become frozen, preventing development at either personal or cultural levels. These are some of the forces which have helped ossify conflict in the Balkan region of south east Europe for the last 700 years. Thus for some Serbian people, the ‘chosen trauma’ of the battle of Kosovo, lost in the 1300s, could justify atrocities at the end of the twentieth century. Although knowledge of the true sequence of events following that battle has been lost, the fantasy fixes a sense of profound loss and resulting entitlement. In this way, Serbian identity came to include perennial mourning. Perhaps it is no coincidence that one of us, while working in the Balkan region, was assured of the cultural similarities between the Serbian and Irish peoples.

Too long a sacrifice, as Yeats observed, can make a stone of the heart (Easter 1916). That poem is a passionate celebration, and compleicaprenunciation, of Irish heroic identity emerging in the face of British brutality: ‘a terrible beauty is born’. “It is not the literal past, the ‘facts’ of history, that shape us, but images of the past embodied in language”. (Friel, 2000). But heroes require war, and war requires that we demonise the other: in Ireland, the compleintertwining of fantasy and history gives rise to conflicting ideals of home which have led to terrible conflict and civil war:

> We had fed the heart on fantasies  
> The heart’s grown brutal from the fare;  
> More substance in our enmities  
> Than in our love

Yeats, W B, Meditations in time of civil war [2000]
History is a kind of home, and the ‘chosen trauma’ is one articulation of that. Several facets of ‘chosen trauma’ might feature in the Irish social unconscious (Author 2010). The traumata of migration, colonisation by the English and the abusive enmeshment of Catholic Church and State combine to form a Social Unconscious with subtle variances in colour and tone according to whether the subject remains in Ireland, or leaves to find another home, and whether that is in England, or elsewhere. There is a terrible conflict about this also. Sometimes between those who see history differently.

In Irish, ‘sa bhaile’, home, means not merely a dwelling but a place in the world. It is a symbol of shelter and comfort. The Oxford English Dictionary offers ‘a place, region or state to which one properly belongs, on which ones affections centre, or where one finds refuge, rest or satisfaction’. However in an occupied territory, refuge cannot be guaranteed; there may be no shelter at times from the brutality of the coloniser, so that the very walls of home are not secure. For Irish emigrants, the fear of homelessness may lend particular strength to ‘home’, the unconsciously transmitted legacy of the evictions accompanying the famines of the 1840s.

If ‘grief is love that has become homeless’[^2], then grief is a foundation stone of migration. Disappointment and hopelessness at home leads to emigration, and disappointment in the new country is resolved in attachment to a fantasied ‘home’ which no longer exists, if it ever did. A further disappointment awaits those who go ‘home’ with the expectation that all will remained unchanged, or that their welcome will be unmodulated by envy or resentment.

When real life is harsh, fantasy assumes particular importance; the long years of starvation and deprivation have perhaps strengthened this force in Irish consciousness. For Irish people living outside of Ireland, there is a pull towards an idealised image of home, an inauthentic sameness within which all difference is annihilated, or ‘massification’ (Hopper, 2003), stifling rather than contextualising individual identity. Of course the Irish are no more all ‘the same’ than anyone else, but the fantasy is especially persuasive for denizens of
a country where the first question anyone asks you is not ‘what do you do?’ but ‘where are you from?’

In the Irish countryside, people longed for foreign cities. In foreign cities, they re-imagined an Ireland that had not interested them when they lived there.

(O’Toole, 1997, p135)

In ‘The Master’ (2005), Colm Toibin inverts this rural idyll by imagining a journey made by the novelist Henry James, a naturalised Englishman, across subjugated nineteenth century Ireland under English rule:

‘...a squalor both abject and omnipresent. There were times during that journey when he was not sure whether a cabin had been partly razed to the ground or was fully inhabited. Everything seemed ruined or partly ruined. Smoke appeared from half-rotten chimneys, and no one, emerging from these cabins, could refrain from shouting after a carriage as it passed or moving malevolently towards one if it slowed down.’

In the novel, this brutalised countryside is set against the ‘refinement’ of the English rulers of Ireland, a fantasy itself demolished by the scrutiny of the exquisitely refined James. The desire for the comparative ‘refinement’, pleasure and ease of the occupiers’ lives is a further facet of the inter-national dynamic: the ‘Anglo-Irish’ were relatively wealthy and educated, an object of desire and emulation as well as of envy and resentment. Their lives represented a fantasied release from poverty and hardship. Deeply embedded in the psyche, in many aspiring Irish families, education is intensely valued as a route out of poverty to the good life:

You get an education in order to get money, and that is all you need to get, in this life. Get it. Orla’s got it. She’s got it that she’s to get it, and then she’ll get Elizabeth’s approval. [Ni Dhuibhne, 1999]
Historically this may well be a reaction to the penal laws of the eighteenth century, which denied education, professions, or land inheritance to the Catholic Irish, thus ensuring and perpetuating their deprivation [Kee, 1976]. Kee, an English historian, comments: ‘Catholicism and all the older traditions of Ireland, including the Gaelic language, now coloured poverty with a special identity, making the poor, even more than in most countries, a nation of their own.’ It is notable, and tragic, that the children who grew up in the institutions were systematically denied an education, as though the historic deprivation enacted on the nation was unconsciously re-enacted upon them.

The following case study, and all others in the text, are composite representations with significant details changed.

Case study 1: Francis
A strikingly handsome young man, Francis quietly unfolded the tale of a childhood spent fleeing his disturbed, abusive mother and surviving through ingenuity, begging food as a young child and with his older brother ‘hiding’ in the fields in the summer. He felt constantly shamed when with his cousins and uncles.

Francis described how he made himself a model pupil at school, excelling at sport as well as study. He believed he had ‘hidden everything’ about home. He was greatly favoured, and fed, by his friends’ mothers, one in particular, who perhaps detected more of the true story than Francis knew; over several years he survived by spending time in friends’ houses – ‘never too long in any one’. He did well in his Leaving Certificate and travelled to London to study acting, supporting himself by modelling. After his brother died of an overdose Francis wanted nothing more to do with his family in Ireland.

‘My life looks good, but inside I feel shite. I am holding it together, I don’t think about how I feel.’

Francis came to Icap after getting his first big break, a part in a major British film. ‘If I want to be really good, I have to let myself feel. But I can’t do that without help.’ He
was constantly troubled by feelings of worthlessness which he could not entirely suppress.

He made a good link with a compassionate, maternal therapist, showing commitment and tenacity in attending therapy even when shooting. As before the external validation was present: his film role was a hit and was extended in the sequel; ultimately his success led to the ending of the work after a year.

Francis’ ambition and resourcefulness in the face of crippling inner demons expresses the split explored in the Irish novel quoted above; he has also the habit of making the best of what is available – ‘getting on with it’, however inadequate. Education and achievement are the way out of deprivation and neglect, with the hope of a magical solution to economic and emotional difficulties. The struggles and difficulty are hidden, and the person presents a face to the world that is very different from the lived experience. Francis achieved a somewhat easier relationship with his inner conflicts, but was not able to move beyond the idealisation of his therapist. His need for a positive experience was too great, and the habit of borrowing a better mother than birth had given him for ‘just enough help to get by’, too well established. The therapy supported him through present difficulties to further achievement, and may lay the foundation for more work later on.

**Second generation Immigration: cultural homelessness and liminality**

For the migrant who has moved to England, proximity lends particular power to the fantasied ‘home country’. ‘Cultural homelessness ‘(Vivero and Jenkins, 1999), is experienced by those whose sense of home is split across more than one domain, bringing with it an inner marginality. In icap we hear the notes of cultural homelessness, the voice of second generation experience (therapists as well as patients, and both the authors), having Irish parents for whom our homeland was not theirs. This creates ethnic enclaves within one family – a developmental challenge for the child, forcing her/him to accommodate to contradictory/ changing norms, values, verbal and nonverbal communication styles and attachment processes: home as a liminal space.
In a seminar on the theme of ‘home’, therapists often located home in a vehicle/liminal space – the ferry to Dun Laoghaire, or the Ryanair flight, caught between one ‘state’ and another, echoing childhood experiences of travelling to Ireland for the summer. Intriguingly O’Toole (1997) argues that the Irish imagination of Ireland, at home and abroad, is ‘defined by perpetual motion. To imagine Ireland is to imagine a journeyii.’

The culturally homeless may enjoy a broader cognitive and social repertoire, because of their multiple cultural frames of reference, alongside the emotional and social confusion that can flow from ‘code-switching complexities’, leading to self-blame and shame (Vivero & Jenkins, 1999). In icap’s clinical work, second generation patients do particularly well [Fonagy, 2012], perhaps because of the opportunity to make greater conscious or unconscious sense of this rich but bewildering background. An important aspect of cultural sensitivity is the capacity to contain these ambiguities and contradictions.

**Recent shifts in Irish ideas of home**

Ireland’s more recent past has seen a seismic shift in relation to homes. The ‘homes’ provided by the industrial schools were revealed to house systematic torture and paedophilia. The breaking down of the previously monolithic authority structure of the Church has taken place against this backdrop. The shame-driven secrecy about abuse in Ireland was extreme, and the public ‘shaming’ of the church in this regard may partly explain church resistance to a full acknowledgement [Gardner, 2011]. There is a danger that the contemporary Irish equation of abuse and institutional home allows a collective disavowal of abuse within the home of origin. In Ireland, as elsewhere, more abuse is perpetrated inside the family home than outside it.

The fantasied home adopts another form in some contemporary economic migration. The belief that ‘it is just for a few years’, means that ‘you have an eye on Ireland all the time’; Technological advances in transport and communications render migration both more tolerable and more difficult to complete, positioning new Irish immigrants more liminally than ever before. Some of the ‘Ryanair generation’ live ‘between’ – weekdays in England and weekends in Ireland.
Our focus in the remainder of this paper is the association of ‘home’ with getting to the heart of something, deeply – “Your comments really hit home.” Home is something at the very core of us.

**Home relies on intersubjectivity**

‘It is in the shelter of each other that the people live’ is a translation of an Irish aphorism: home is crucially about our relations with other people, experienced first in the body. This is central to contemporary ideas of identity development:

‘Identity is. . .a phenomenon that is embedded in a network of social interactions and relations.’ (Dalal, 1998, p190)

The containment relationship is the first kind of home, . . .home is first embodied rather than located, so to speak: home is being with mother, father and the other containing figures. [O’Connor, 2003]

From birth, and before, we are constituted through interpersonal exchange. The body is the conduit of early desire, the meanings of which are elucidated and interpreted by others. Contemporary developmental theory no longer theorizes constitution of the child’s self in a solipsistic vacuum but observes the primary dialogue as embedded in social matrices and a cultural ethos. Throughout life, inner and external realities continue to be co-constructed with others, and our bodies and minds are the product of shared experience. (Raphael-Leff 2005, p541)

Identity is understood not as a fixed quantity, but a shifting dynamic. Lifelong we make and re-make our sense of ourselves, through the medium of ‘exchange’ – innumerable tiny encounters with others, within which we compare, contrast and connect: the encounter with what is other, different, new to us (Author, 2004). Exchange is an iterative, reciprocal process; its repetitions allow change to take hold at deeper levels, echoing the repeated experiences of the infant which create internal learning structures (Trevarthen, 1979, Stern,
The absence or paucity of these exchanges constitute the fundamental neglect which deprives the child of the means to process joyful or traumatic experience; the necessary internal structures cannot develop.

The study of disorganized attachment offers a useful lens. Solomon and George (2011, p18) identify three major contexts within which disorganized attachment is common: ‘home-rearing with a disorganized and affectively dysregulated caregiver; following major separation from attachment figures in adverse conditions; and as a consequence of maternal deprivation in institutionalized children’. Many of icap’s patients have experienced one, two or all three of these, followed by the further dislocation of migration, the stresses of which they are thereby ill-equipped to withstand.

Case study 2: Aileen

Aileen remembers early life in Kilkenny with her mother: ‘she had no time for me, she was out in the pub every night’. Though she knew no care herself, as the eldest girl Aileen ‘looked after’ her younger brothers and sisters, dressing them for school and giving them any food that was in the house.

Solomon and George have argued that maternal helplessness, a failure of maternal containment, is a subtler and deeper injury than physical, emotional and sexual abuse; it is the failure of containment that prevents the trauma being shared or digested, and allows it to take hold.

‘Mother being out of control of herself, the child, or the situation, leave the child in momentary or prolonged states of feeling abandoned or unprotected. . . it is . . . the experience of abdicated care on the part of the attachment figure that is frightening for the child’ (Moss et al, 2011, p55)

In icap’s clinical work we repeatedly see that the neglect or deprivation accompanying abuse is the common factor that prevents patients from metabolising and moving past early trauma.
Aileen had no time for homework and was humiliated at school, ‘I never knew the answers’. ‘The nuns didn’t help, they looked down on me, they were only interested in the doctor’s daughters.’ At 14, going home one night, Aileen was raped by a group of older boys from wealthy families; she was too ashamed ever to tell anyone about it, until her icap assessment for psychotherapy, 35 years later.

At 16, when her mother’s new partner showed sexual interest in Aileen, she ran away, taking the ferry to Holyhead. Arriving at Euston, a kindly nun found her a place in a catholic hostel. She supported herself with cleaning jobs, and hoped to train as a nurse; but at 19 became pregnant and married. She never made friends, though one brother came and lived with her until her husband threw him out. She maintained ‘this is not my home’ and cherished dreams of returning home to Ireland.

Aileen’s story was not told like this at first meeting. It was like ‘seeing through fog’ with a headlight illuminating moments – the hurt, shame and disgust after the rape and the fear of her mother’s new man, the new life in London and ‘having to’ get married. The narrative emerged gradually in her therapy.

She arrived at icap after leaving her alcoholic husband of 26 years. He had abused and humiliated her and the children, rationed money and controlled her every move. Four of her 7 children had spent extended periods in care, and she was in touch with 4 of them, 2 of whom contact her only for money for drugs or alcohol. When her youngest, disabled, son, was placed in a residential home, and her husband ordered her not to visit him, she finally found the courage to leave. She now lives in a housing association flat with her youngest daughter, on whom she dotes; she is afraid that this daughter will also leave. She would love to see her grandchildren, if her two oldest girls would only agree to see her.

Aileen is bewildered by the path her life had taken and why she is so alone. She is suspicious of Brid, her therapist, and swings between compliant and defiant
behaviour. A year and a half into therapy, she fulfils her dream to travel home to Ireland, but returns devastated by the cool reception from her brothers and sisters. ‘Only Bernadette [her next youngest sister] had time for me’. Their questions about her children shamed and exposed her. Her crying is heartrending, and also angry: ‘What is left for me now’.

Brid tries to help Aileen understand and come to terms with what has happened, but it is too painful. Aileen gets enraged and storms out, deriding Brid and the therapy as ‘useless’. This re-enacts Aileen’s experiences with some of her own children, as well as her rage towards her own mother. She does not respond to encouragement to make further contact.

O’Connor [2005] speaks of the dynamic wherein the patient seeks ‘a home that is new and unfamiliar, though they are destined by the power of transference to find the disappointing, even disillusioning, old home also’.

Eighteen months later, a crisis in her relationship with her daughter leads Aileen to contact icap again. She wishes to see Brid, and desperate, begins to speak of her desires: on the one hand to kill herself, on the other to help her daughters raise their own children.

Brid understands her work as entirely about containing Aileen’s emerging feelings. She remains unobtrusive (Bollas, 1987) and patient. The ‘clinical process of recovery and repair. . . in the context of an ongoing, long-term, attachment relationship’ (Yellin 2012, xv) is no simple matter. Establishing ‘home’, or enabling the patient to make use of us (Winnicott, 1961), is painstaking work.

There is no miracle cure. Over siy years Aileen has re-established relationships with her daughters, and has warm relationships with her grandchildren, particularly her eldest granddaughter. One of her sons has begun rehab and maintains a fragile link. One day Aileen is talking about painting with her granddaughter; Brid opens the cupboard to reveal paints, and asks ‘would you like to . . .?’ At first Aileen doodles, then slowly becomes absorbed in making paintings during her session. Then she
begins to paint at home, bringing her paintings to therapy so she and Brid look at them together. Sometimes the paintings stay with Brid, and sometimes Aileen takes them home. They seem to function at first as transitional objects between sessions [O’Connor, 2005], helping Aileen maintain her fragile link with Brid in once-weekly therapy. Later, leaving them with Brid has a different significance. With painstaking help, Aileen is able to face some of her desolation and rage. She has visited her siblings in Ireland twice more. These painful visits allowed her to find more realistic relationships, and an understanding that Kilkenny is no longer her home. She has undertaken an access course, and is waiting to hear whether she will be accepted for a degree course next year.

Raphael-Leff (2005, p543) comments:

‘If the child’s interactive desire to understand, to restore, clarify and repair is generously met by willing parent/s and sibling/s, not only do secure attachments evolve, but s/he feels understood. A young child whose opinion is sought feels able to influence others who care. S/he develops a sense of agency—a belief in having the capacity to bring about a desired state.’

Just as maternal depression is a frequent antecedent of disorganized attachment, it is the absence of comfort from another when distressed that renders a painful experience traumatic. (Stolorow 2007, Liotti 2012) Aileen had never been ‘met’ or known interest as a child, and so had grown up effectively alone. Nevertheless, the longing for ‘home’ is innate, and through all difficulties her hopes had stayed alive. In therapy she gave expression to feelings and experiences that had never before been (able to be) shared, experienced the pain of having what she had not had as a child, and mourned. So began the painful process of forming realistic connections with others. Solomon and George’s comment on ‘the centrality of unresolved loss and dissociative processes in the behaviour of mothers and their disorganized children’ seems pertinent to Aileen’s family history and the intergenerational impact of neglect, addiction and trauma.
As she developed her first confiding relationship and began to experience Brid’s interest and concern, she began to improve the quality of relationships in her life, and even to achieve an education at last: something for herself, not for others. For Aileen, as for Francis, education is an external marker that she is worth something, and can ‘better herself’. In a country where education has been systematically denied in the past, its value is felt at a deep level. Aileen had never ‘fitted in’ at home. The alienation which led her to flee from Ireland, and the idealising memory of Ireland as the place she was not worthy to go back to, are somewhat resolved. She has begun to make a new home.

**Trauma as a home**

Home is quintessentially a place of safety, but for many of icap’s patients, the internal notion of home has been perverted to the point where it is equated more with trauma than with health.

What happens when trauma becomes a home in itself? For patients who experienced profound abuse and neglect as children, either at ‘home’ or in state-run ‘homes’, the experience of trauma became the most familiar base of all. Caruth (1991) stresses that the pathology of PTSD cannot be defined by the event itself, but, ‘rather, solely in the structure of its experience or reception’. Trauma has a temporal dimension which DeLillo (2001) captures in his essay on 9:11:

‘First the planes hit the towers. After a time it became possible for us to absorb this, barely. But when the towers fell. When the rolling smoke began moving downward, floor to floor. This was so vast and terrible that it was outside imagining event as it happened. We could not catch up to it.’

Greenberg (2003) points out that deLillo’s stuttering syntax emphasises the fitful and belated understanding that constitute the temporality of trauma. This delayed temporality is not an effect of the traumatic event, it is integral to the traumatic reception of an event. We therefore understand dissociation as a temporal dissonance, which may be immediately adaptive, but ultimately costly.
Trauma cannot be thought about without reference to memory, just as home cannot be divorced from memory. Memory can itself be enlisted in the service of perpetuating the experience of trauma, so that past relational trauma and present relational dysfunction become mutually reinforcing (Solomon and George, 2011, p43-44). Speaking about the past trauma, in therapy or elsewhere, can then become part of a pattern reinforcing the ongoing experience of being traumatised. We are working much of the time with a reconstructed ‘home’, a structuring of memories in which trauma itself may form part of the fabric of the home or become the home itself. Our final case study illustrates how difficult it is to create the psychological walls of ‘home’ when the foundations are suffused with loss.

Case study 3: Eoin

“Eoin” is 43, with has a history characterised by neglect and abuse. His mother’s excessive drinking resulted in foetal alcohol syndrome, and Eoin stayed in her care for 5 days before being taken into the care of a religious order near his home town, a ‘home’ later discovered to have a sadistic regime of beatings, torture and starvation. He becomes extremely distressed when recalling those clergy who physically assaulted him from the age of four onwards; perhaps the most traumatising experience for him was witnessing his peers being beaten by members of staff, often as punishment for “sins of omission” they were unaware they had committed.

On leaving at 15 for the streets, Eoin started a career of petty crime. At 20 he fetched up in London where he was homeless for several years. Alcohol protected him from the terror of what might happen if he allowed himself to be close to others. He met a woman in the park where he slept, and she encouraged him to come to icap. He would come very early from the park, and at first would wait outside. The woman, who turned out to be a therapist, would bring him a cup of tea and a bowl of water for his dog, until it was time for his appointment. Eventually this welcome was enough for him to come into the waiting room.

His therapy is slow, occupied as it has had to be with the gradual building of trust. His body has often racked with pain, he is prone to extreme stomach
complaints and tormenting headaches; alongside the talking, his therapist works slowly and painstakingly with his breathing, which helps him overcome the panic which can still overwhelm him in the present moment. While huge parts of Eoin’s memory are barren and empty, he is able to recall vivid details of the home in which he lived, and sounds and smells from the home that can catapult him back to his years of terror and deprivation. One day as he is again gripped by terror, his therapist offers him a small bottle to smell. The lavender oil helps Eoin recover himself in the here and now. He keeps hold of the bottle so that smelling the oil is under his control, and he knows that it is there if he needs it.

For Eoin, the body itself has become a home for trauma; his therapist comments that working with him has forced her to learn new ways of working, which were never part of her training.

Eoin has been sober for 8 years, and has found supported accommodation that he regards as the first secure home he has ever had. But his demons continue to haunt him, and the therapy is a slow dance with back steps as well as forward movement. The “wrong word” or look from his therapist can still cause the consulting room to become the hate filled home he was placed into as a baby, while the outside world can, similarly, be experienced by him as an abusive institution that regards him as an unworthy sinner deserving only contempt. In the transference his therapist is often a sadistic nun who tantalised him with longed-for/feared glimpses of warmth and hope, then mocked and abandoned him when he needed her. She is also at times a kindly kitchen worker, whom Eoin can now recall from his childhood, with tenderness and gratitude, for the moments of attention, the food and occasional caress she gave him. Eoin remains suspicious of everyone who approaches him, but he has recently begun to volunteer in the kitchen at a night shelter, a cautious step towards being with others.

It is not just that Eoin is traumatised, but that his very notion of home and identity is saturated by trauma. The world and everyone in it can constitute aspects of the
traumatising home he lived in as a child. Trauma has itself become his psychological home, just as trauma resides in his body. Working directly with the somatic aspects of his experiences allows Eoin a degree of personal control he has never before experienced, and keeps the processes of thinking and talking on track.

When the child’s experience is distorted through neglect or abuse, her/his capacity to make a self, that is, to achieve a sense of identity through satisfying interaction with others, cannot develop. Liotti (2012) advises a ‘dialectical balance between sympathetic emotional closeness and a more egalitarian cooperative attitude of exploration and co-construction of new meanings’. Even the capacity for interaction with others may only be achieved through slow, painstaking work.

‘uncorrected non/mis-recognition gives rise to the child’s sense of the unacceptability of desire. An undertow of formless unrepresented or negated desire comes to be expressed in adulthood as appetitive—bodily enactments, psychosomatic symptoms, physical addictions or compulsions.’ (Raphael-Leff, 2005, p543)

Work with many traumatised people has led icap therapists to flex the boundaries of psychodynamic work. The body has become a home for the trauma, and working with the breathing and the senses alongside analytic work are ways to enable the patient to recover control in the present moment, when traumatic memories flood them.

In two interesting papers [2003, 2005] on therapeutic work with homeless people, O’Connor posits entrenched homelessness as an extreme enactment of a failed sense of internal containment:

some people... encounter difficulties in their relationship to a physical space, whatever its form, which they might call home. Usually in the background for these people is an experience of home as a highly troubled, even traumatic, place... they have often felt an early sense of alienation within their families, with no clear and secure links with its members. It is a place in which they felt themselves not to
belong; they were or felt abandoned; they encountered abuse in many instances. Home, for them, is a hugely significant idea, but one that is also replete with problematic connotations. Homelessness for these people then is more than simply a state of having no certain abode; it is also an interpersonal and intrapersonal reality... a kind of alienated homelessness’

O’Connor’s delineation of the problematisation of ‘home’ is an aspect of Eoin’s situation, and is echoed in many of the stories of icap’s patients. As O’Connor says, those who very much need and seek a different home, are also destined to re-encounter the traumatic failures and disappointments of the original one[s] in the transference.

The ‘forwards/backwards progress’ in Eoin’s therapy seems to relate to these difficulties in finding a new ‘home’. Having a reliable figure in the therapist who has worked with him for 9 years is in itself a very painful reminder of all the years in which there was no such person available. Eoin’s increased capacity to tolerate this pain is evidenced in his remembering of the kindliness of the kitchen worker at the ‘home’ in which he lived, as it is in his finding, at last, a physical home.

One of the subtler injuries of a childhood in the industrial schools is the loss of a geographically-located identity. Eoin’s story pinpoints this deprivation for former residents: ‘We were robbed of Ireland in the Schools’ said one, meaning that the ubiquitous sense of Ireland was absent there. Eoin cannot participate in the socially mandated Irish idealisation of ‘home’, nor identify his home town or village; like many survivors, he is tormented by that universal Irish question ‘where are you from’?, and his social interaction is further limited by the need to avoid this kind of questioning.

**Containing the impact of neglect: the organisational container**
A sign of being ‘at home’ is the ability to make oneself understood without too much difficulty, and to follow the reasoning of others without the need for long explanations; there is little need to provide background information. (Morley, 2000, p17).

This goes beyond the comfort of similarity. What is even more important than being similar to others, is being accepted by them. Without that, a person will not be at home. In a home, one needs to be accepted, welcomed, or at least tolerated. (Morley, 2000) this experience has been systematically denied to our patients who grew up in the Irish institutions, as well as to those who grew up in unhomely homes. The result of this deprivation is lasting difficulty in relating to oneself and others in a meaningful way.

Working with patients who have experienced severe deprivation and abuse in childhood requires the organisation to exercise greater flexibility, even at the most practical level. For the patient to arrive for therapy regularly and at the right time must often be understood as a developmental target, not a given, requiring a more active stance about non-attendance, willingness to use the telephone, and/or to allow the client to reduce the length of the session.

Funding from the Irish government allows icap to offer long-term therapy to people who were in the institutions as children, and to allow them to engage with it at their own pace. A network therapist comments on someone returning after a four year gap:

‘Had I not been able to see her again and for longer, I don’t think she would have got as far. There were times when she phoned me on the morning saying she was scared to leave the house and had no money to get a taxi. At first she missed quite a few sessions because of this but other times I could talk her through it and she got here (by two buses). Other times I spoke to her on the telephone and had her sessions in that way whilst encouraging her to try to get to me in person. In the end she came most times, a big breakthrough that took a lot of work on both sides.’
O’Connor [2005] observes ‘A cool distance is not a safe one for people who are in great distress’. For many icap patients a warmer approach is necessary. We speculate that this underlies some of the comments Fonagy records:

(My therapist) was a really, REALLY good listener. She was non-judgmental, kind natured and easy going.” (Fonagy et al, 2012)

However in offering a culturally sensitive service, we are not prescriptive about therapists’ relational style. Some patients need a higher degree of warmth and engagement, some are more comfortable with greater reserve; it would be unhelpful to idealise Irish ‘warmth’ as essential, though the capacity for compassion perhaps is.

First and second generation Irish therapists, who can hear the inflections of Irish speech and culture and are alive to the ambivalences and ambiguities experienced by the migrant, can offer patients ‘the ability to make oneself understood without too much difficulty’ and contribute to icap’s effectiveness.

“...Knowing (my therapist) was there each week... it was like a haven. Knowing she understood... she was Irish and so she knew where I was coming from!”

“...And (the counsellor) was Irish – I didn’t have to explain what it was like growing up in Northern Ireland because she also grew up there.” (Fonagy et al, 2012, p51)

Sometimes this Irish identity is ‘loaned’ by the organisation to the therapist, so that the symbolic yearned-for other is present in the room for the patient. One patient quoted by Fonagy as particularly valuing their therapist’s Irishness had, in fact, an English therapist. Perhaps ‘Irishness’ refers to an experience of feeling understood ‘without too much explanation’, a sense that the therapist understands not only what it is to grow up in Ireland, but also now to live as an Irish person in England. This idealising transference may be particularly profound when working with those for whom home/ institution was the site
of trauma. The yearning to be understood, to find a good home in the body of the building and the therapist, raises the danger, to which icap is vulnerable, of idealising ‘home’ so that disappointment cannot be faced, and idealisation of an unattainable ‘home’ is reinforced, entrapping rather than liberating our patients.

Our aim is to work with the necessity of modulated idealisation as a step on the road to health. Crucially, icap is a populated home: these data from the study point to the presence in the fantasied home of a secure attachment figure, ultimately offering an alternative to the frozen, terrifying hell in which many patients have dwelt; with time and long repetition, some disappointment can be faced, so that an experience of a good enough ‘home’ is the bedrock of treatment, and its idealisation can soften a little.

‘Home’ thus strikes a deep note with patients and therapists alike at icap, mirrored in the physical environment: the London centre is a sympathetically converted Victorian terraced house, whereas in Birmingham a more commercial environment has been rendered ‘homely’ despite its limitations; our national network therapists usually see patients in their home consulting rooms. These ‘home-like environments’ provide a safe physical space for thought to emerge [o’connor 2005]

**Conclusion: yearning for home**

We touched earlier on the Irish fantasy of home, wherein the yearning for home is more potent than its reality. Home is made powerful by the act of leaving it. Home is elsewhere.

Sinason (2011) linked this to a more universal experience of migration by suggesting that yearning is always a key feature of diaspora. And trauma itself may be seen as a bridge between disparate experiences; alienation is an increasingly normal state in our post-modern world, where simple ideas of identity can no longer hold sway. We might wonder whether yearning is not central to all ideas of home, and so to all identity. Yearning is about desire, about the passions and drives that form us.
Consciousness is rooted in the awareness of an absence. Whether emergent desire is formulated as yearning for mutual recognition or for the desire of the other; a fervent wish for fused non-differentiation, for restored connectedness, bodily boundlessness, or transformative soothing—ideation is perceived as elaboration of a lack. (Raphael-Leff, 2005, p540)

Here we can also hear echoes of Bion’s ‘Theory of thinking’, where consciousness arises from perception of a lack. The yearning for home is also the yearning for our selves, the truest expression of our identity. It is a yearning that can never be fully satisfied.

Precisely because desire is articulated through fantasy, it must carry its own impossibility. Imbued with unrealizable narcissistic projections, the object of desire always threatens to expose the lack of fit between desire and its realization. Maintaining desire’s opacity and distance from its object is necessary for perpetuation of desire itself. Raphael-Leff, (2005, p540)

As migrants we seek a ‘home’ as we engage in the lifelong task of experiencing, and so making, our identity. For the healthy pursuit of this task, we cannot afford to allow our vision of home, or of ourselves, to become too rigid. (Dalal 1998, p10) It is a slow and painstaking journey for many of our patients, who may take years to trust the relationship that can allow them to experience something new.

An idealised fantasy of home can be a route to increasing capacity to hold an internal idea of home, intimately connected with personal identity and reimagined and rebuilt within the therapeutic space. The kind of space in which this is possible is tracked in many traditions – Bion’s (1959) containing, Winnicott’s (1965) holding, Bowlby’s (1969) secure base, Foulkes’ (1990) individual within the group matrixic. Home is a powerful metaphor for the experience of severely traumatized patients, connecting in the transference with (an imagined) someone ‘bigger stronger, wiser, kind’ (Zanetti, Powell, Cooper and Hoffman 2011) for the first time, and, after groundwork(s) sometimes spanning years, learning to make use of it. (Winnicott, 1971).
However, an idealised representation of home can also become frozen, an object of unrealisable yearning and a fixed barrier to real experiences of ‘home’, or belonging, in the here and now; the memory forever substituting for the possibility of new experience in which we make ourselves anew. ‘Home’ must not become a concretised icon, as it so readily does for the Irish emigrant. For the migrant, the path to health resides in [re-] encountering disappointment, loss and lack in a containing context, and so developing the capacity to engage with new experiences, and remake identity by their light: to re-make ‘home’ within, so as to be truly at home in the present, and in the adopted country. For icap. and other organisations working with severely deprived and traumatised migrants, a good ‘home’ involves an essential acceptance, responsive to the individual and permeable to change, to allow each person to remake their ‘home’ within, achieving an easier commerce between the past and the present, the old country and the new.


CHRISTINE THORNTON is a group analyst and organizational consultant in private practice since 1990, author of several books and papers; her last book, Group and Team Coaching (Routledge, 2010) has enjoyed national and international success, and has been translated into European and Asian languages. She is interested in the impact of trauma work on psychotherapists and their organizations, and is currently writing about supervision, teams and organizational development. Christine was until recently Clinical Director of icap, and serves on the Ethics Committee of BAPPS and the National Training Advisory Group of the Institute of Group Analysis. Address for correspondence: [hello@thorntonconsulting.org]

ICAP offers culturally sensitive psychotherapy to Irish people throughout the UK, particularly people who grew up in the Industrial Schools and/or experienced trauma in early life; an independent study
(Fonagy et al., 2012) found icap particularly effective in working with people who are ‘hard to treat’.

For more information, contact Geraldine Ryan, Clinical Director: [Geraldine@icap.org.uk]

ALAN CORBETT D Clini Psy is Chair of the Training Committee of the Institute of Psychotherapy and Disability and a member of the Training Committee of the Guild of Psychotherapists. He has been Director of Respond, and Clinical Director of the CARI Foundation and ICAP. He is a training therapist and supervisor and consults to a wide range of organizations. He teaches on a number of psychoanalytic trainings in Britain and Ireland, lectures internationally and publishes widely on disability, psychotherapy and trauma.


---

i Only 5% passed the Leaving Certificate. The vehement attachment to education was echoed recently in the loss keenly felt by survivors of ICA, when Irish Government withdrew educational support for their children and grandchildren.

ii During the years of economic expansion, one of us, then living in Dublin, recalls conversations with cab drivers, who would shift from recalling the beauty or bleakness of their rural childhoods -- often characterised by poverty, the skin of homes stretched tight by parents, siblings, grandparents -- to talk of their new homes: their villa in the Algarve, their holiday home in Greece. Those conversations are different now. The cabs drive past ghost estates on the edge of Dublin, stretches of homes that will never be lived in, and the drivers talk of their never ending drive to clear debt: equity has become negative, and home has become a prison. If Irish culture is defined by perpetual motion, it is economically driven motion as much as anything else.