



Dyadic Developmental
Psychotherapy (DDP)
With Young People and Adults who have
Grown Up in Care
Kim S. Golding



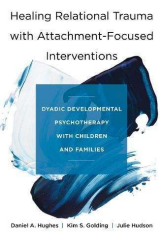
Overview

- What is DDP?
- DDP: a model for Practice
- Central Features of the DDP Model
- Key principles illustrated with an example
- The power of storytelling
- DDP with adult care-leavers: an example
- Conclusion



What is DDP?





Healing Relational Trauma
with Attachment-Focused
Interventions

DYADIC DEVELOPMENTAL
PSYCHOTHERAPY
WITH CHILDREN
AND FAMILIES

Daniel A. Hughes | Kim S. Golding | Julie Hudson

Hughes, D. A.; Golding, K.S. & Hudson, J. (2018) Healing relational trauma with attachment-focused interventions: Dyadic Developmental Psychotherapy with children and families NY: W. Norton & Co, Inc

Dyadic Developmental Psychotherapy

Dyadic Developmental Psychotherapy (DDP) enables children who have experienced relational trauma within their original family to benefit from new relational experiences that are crucial for their development.

(Dan Hughes, 2018)




In: Hughes, D. A.; Golding, K.S. & Hudson, J. (Dec. 2018) Healing relational trauma with attachment-focused interventions: Dyadic Developmental Psychotherapy with children and families NY: W. W. Norton

Traumatic events strike against our minds and hearts and create a story that is fragmented, with gaps, and is distorted by strong emotions from which the child shrinks and hides. These stories are rigid, with meanings given to the child by the one abusing her. From these jagged stories of shame and terror that arose from relational trauma, DDP is creating stories of connection, strength and resilience.


Dan Hughes, 2018

Dyadic Developmental Psychotherapy

- DDP is a model of intervention based on theories of Attachment and Intersubjectivity, for children who have experienced developmental trauma.
- It is a relational approach with a focus on building intersubjective relationships.
- This allows the child to experience increased attachment security.




DDP: A Model for Practice




Dyadic Developmental Practice

- DDP also provides a set of principles that can inform and enrich parenting; and can support the child outside of the home eg at school
- DDP is based on helping adults to develop and use connection with the child to build security.
- DDP with behavioural support provides a 'connection with correction'; relying on the mentalization skills of the adults.
- This recognises the importance of relationship and regulation before reflection.



Dyadic Developmental Practice

- When traumatized children are supported by therapeutic parenting.
- And they have support in schools where difficulties are understood.
- They will develop some safety & security.
- This provides a solid foundation for therapy.
- Therapy needs to be sensitive to the attachment and relationship needs of the child with her parents.
- DDP is a therapy supported by a practice model.




Central Features of the DDP Model



DDP is a Relational Model


DDP has its primary focus on building relationships.
This places importance on connection.
Connection means that a relationship will be:

- Safe.
- Non-defensive.
- Predictable, reliable and available.
- Protective – provides attachment security
- Reciprocal - intersubjective.
- Attuned to internal experience as well as outward behaviour.




Intersubjectivity

- The heart of DDP is connecting through the intersubjective relationship.
- This relationship experience is essential to healthy development.
- But it is a source of fear for the developmentally traumatized young person.



Intersubjectivity


- If young people are to experience security then they need to feel safe in connection; to experience influencing and being influenced within safe and healthy relationships.
- Often the young person, in a state of fear, has led the adult away from connection, using controlling behaviours to influence the other without being influenced.
- Within DDP the adult connects with the young person; leading him or her back into connection.



PACE

Connection is made through the attitude of PACE

- Playful: joy in relationship. Spontaneous, fun and light.
- Accepting: Unconditional, directed at all the other's experience.
- Curious: Non-judgemental and active.
- Empathic: Felt sense of the other, actively experienced and communicated.



PACE

- If intersubjectivity is the heart of DDP then PACE helps the heart to beat.
- The attitude of PACE offers an unconditional relationship expressed through playfulness, acceptance, curiosity and empathy.
- It expresses a deep interest in the inner life of the other communicated through curiosity about and acceptance of this experience and empathy for the struggles this experience can bring.
- It demonstrates the fun and joy in the relationship alongside a willingness to share and support the young person as needed.



Open & Engaged

- The use of PACE to connect intersubjectively is only possible if the adult can stay open and engaged.
- If young people become closed, defensive, and/or hopeless it can be easy for the adult to join them in this closed, non-engaged state.
- The adults also become defensive; irritated or frustrated.
- All of these responses will close down the intersubjective relationship.
- When the adult loses the attitude of PACE and instead becomes disappointed, evaluative or judgmental, the relationship is disconnected.




Acceptance is a Challenge

- Parents can experience fear, hurt and lack of trust from the child as rejection or failure.
- This can trigger memories of other relationships which lead to similar feelings.
- This can lead to defensiveness.
- This impacts on parenting.
- This too can impact on the developing relationship.
- Parents need compassion and acceptance for themselves.
- Parents need compassion and acceptance from others.




Key Principles of the DDP Model




Case Example

- The key principles will be described, illustrated with an example of DDP for a foster boy and his foster mother. This is a composite example, based on children I have worked with. Some of the dialogue is taken from a real session.
- Henry was 5 years old when he and his younger sister, Chelsea, were removed into short term foster care. This followed experience of living in a frightening environment of domestic violence and parental unavailability. The children experienced neglect and physical abuse.
- The children were removed into a permanent foster home when it was clear that the parents were not able to make the changes needed to care for the children safely.



Key Principle: Preparation with Parents


- Need to prepare the foster carer, before working with the child.
- The attachment state of mind of the parent is important for the ultimate security of the foster child.
- Parents with an autonomous state of mind are more likely to care for children demonstrating secure behaviour.
- A parent will avoid intersubjective connection with her child if this leads to beliefs that she is failing as a parent and/or if it activates unresolved experiences from her attachment history.
- Parents need to be able to reflect upon their past attachment experience and make sense of the impact of the child upon them in the present.



- The foster mother was helped to understand her own sense of frustration that she could not connect with Henry.
- She noticed how hurtful Henry's self reliance and protectiveness towards Chelsea was, as she experienced it as rejecting of her care and nurture.
- She was able to link this to her own attachment history with emotionally distant parents who relied on her to take care of her siblings.
- With this understanding she was able to recognise how Henry had developed because of his own attachment history.
- She was more able to accept and have empathy for his need for self reliance and his need to protect his sister.



Acceptance is the Key



- Can we accept that the child is hurting, fearful and lacking in trust?
- Can we accept the child's need to feel in control?
- Without acceptance, child picks up our disappointment in him
- This reinforces the hurt, fear and lack of trust.
- With acceptance the child builds trust.
- Now he can allow us to gently guide him into new ways of being, feeling our acceptance when these become too hard again.



"Past experiences, in particular unresolved trauma, prevent us from being present to those who are in front of us, because it biases our perceptions. To be a mindful and effective therapist it is vital that we know how our own biases and wounds restrict our ability to be fully present to our patients. When we, as therapist, impose old (unconsciously held) stories on our clients' reality, they feel it and are likely to be retraumatized rather than healed."

Dan Siegel Chapter 7 Beyond the prison of implicit memory. The mindful path to well-being. P155 (in Sieff, D.F. (2015) Understanding and healing emotional trauma Conversations with pioneering clinicians and researchers. East Sussex: Routledge)



DDP Principle: Safety and Security

- Feeling safe and secure. Young people who have experienced developmental trauma will have great difficulty feeling safe; Neither will they turn to adults for safety.
- They will stay hypervigilant, hypersensitive and hyper-reactive. They will not trust the intentions of adults, having little confidence that they want what is best for them.
- The therapist will need to continuously monitor the young person's verbal and nonverbal communications as to how safe he is feeling.
- The therapist increases safety by accepting and acknowledging the young person's experience with PACE; and allowing the young person to take a break; move to a place of safety; or engage in activities that help regulate his affective state.



- We began therapy with Henry .
- The initial focus was on building a relationship.
- Activities were used which also helped him to feel more secure with his foster mother.
- This allowed us to explore together some of the ways he used to keep himself safe. What he came to call his 'major defences'.
- We explored the worry and fear underneath his anger and how hard it was to notice these feelings.
- Initially this exploration was very cognitive, but gradually Henry allowed himself to feel as well as to think.
- This will be illustrated with an example adapted from a session I had with an 11-year-old foster boy, similar to Henry.



DDP Principle: Connect and Chat

- Therapist begins with 'connect and chat' (establish story telling and rhythm).
- This helps to establish the intersubjective connection within a safe relationship.
- It sets a tone and rhythm for the whole session.



Therapist: 'So I see you got those new trainers you wanted.'

Henry: 'Yer, Mum and I went shopping on Saturday. They didn't have the one's I wanted.'

Therapist: 'That must have been pretty disappointing. You have been so looking forward to getting them.'

Henry: 'No I like these. They have a light in the heel and everything.'

Therapist: 'How lovely, to get a day out shopping with Mum, and to get the trainers you have been waiting for. Even though they weren't exactly the right ones, the light makes them pretty cool, right?'

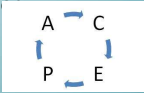
Henry: 'Yer, and I nearly didn't get them. Not after Friday night.'



DDP Principle: PACE

The therapist maintains and models "The Attitude":

- P** Playful connections.
- A** Accepting of the child's inner world.
- C** Curious about the meaning underneath the behaviour or other communication.
- E** Empathy for the child's emotional state.



Therapist: 'Oh, things were not so good on Friday, eh?'

Henry: Yes, Chelsea was being a pain. I was so mad with her.

Therapist: That sounds hard. Was she being annoying?'

Henry: Yes, or maybe. I don't know. I just got so angry with her.

Therapist: That sounds kind of confusing.

Henry (with tears in eyes): She was just being herself really. I shouldn't have got so angry.

Therapist: Oh Henry, it sounds like Friday night was tough. You got angry, and now you are feeling so bad about getting angry. I guess it's making you feel sad as well.


Henry: Not really sad, just cross with myself.

Therapist (playfully): That sneaky sadness, showing itself when you don't want it to. (Henry smiles sheepishly). It sounds like you are giving yourself a hard time over this. Do you want to tell me a little more about what happened?'



DDP Principle: Notice themes

- Respond to themes as presented by child with same storytelling, interested and curious tone.
- This maintains the intersubjective relationship allowing the child to continue to feel safe as the focus moves onto something more tricky to think about.



Henry: 'I pretty much lost it with Chelsea. She was being so ridiculous, lying down on my bedroom floor. We were trying to watch a DVD, but she was so irritating. I just got angry.'

Therapist: 'That sounds difficult. You were trying to watch the DVD together. Was she not letting you watch it?'


Henry: 'Well, she was, but she just wouldn't sit properly. I didn't want her lying on the floor. I got mad with her and Mum came up and sorted it out.'

Therapist: 'That's why you were worried about the shopping trip? You thought, maybe, that Mum would cancel because you got so angry with Chelsea.'

Henry: 'Yer, but she didn't. We went anyway.'


Therapist: 'I wonder why you got so angry. I know Chelsea is often irritating, but it is unusual for you to get so mad with her isn't it?'

Henry: 'I don't know. She just wouldn't do what I told her. She was a right pain.'



DDP Principle: Follow-Lead-Follow

- If the young person's story is to be co-constructed, to emerge out of joint storytelling, then the adult as conductor in the telling must both follow and lead in turn
- The therapist is therefore non-directive (follow) allowing the child to lead them into themes important to him, and directive (lead) to deepen exploration of the theme,
- Thus the therapist remains attuned to the child, as they both explore = Follow-Lead-Follow.
- In this way the adult finds a balance between being non-directive and directive, following the themes that emerge and leading the young person to a deeper understanding, whilst helping him to be safe feeling it.
- The adult sets a rhythm to the telling which allows the story to emerge.



Therapist: 'She can be very frustrating can't she?'
Henry: 'Yer, for me anyway. She just will not do as she's told.'
Therapist: "So, what were you actually angry about?"
Henry: 'Her not doing what she was told. I wanted to keep her quiet because of the visitors downstairs and she just would not do it.'
Therapist: 'So you had some responsibility to keep Chelsea quiet so they could have a good time. Were you feeling a sense of: 'I've got to sort this'?'
Henry: 'Yes, just shut up, do as you are told.'
Therapist: 'Because this is important?' And you were helping the adults out by trying to keep Chelsea amused.'
Henry (looking sad): 'And she just wouldn't do as she was told.'
Therapist (empathising): and she wouldn't do as she was told.

Co-regulation of Affect

- The therapist helps the child manage moments of emotional dysregulation.
- Traumatized young people are likely to have poor emotional regulation abilities. They are not good at regulating strong affective states.
- They are helped if their affective response to events is co-regulated by the adults' affective response. The adults match the vitality and intensity of the affect whilst staying regulated themselves.
- They can then respond with empathy, verbally and nonverbally.
- This helps the young people to become more able to self-regulate or to feel comfortable seeking help from others when needed.
- In turn this can also help develop the capacity to mentalize (understand internal experience).

Co-Create Meaning of Experience

- The therapist helps to make meaning from experience; Young people are likely to struggle to make sense of both present and past experience.
- Their reflective capacities can be weak and they are often driven by their emotional experience.
- When their attention is held by the adults' attentive stance the adults have an opportunity to put words to experience.
- The young people gradually identify and more fully express their inner life; They integrate the meaning given to the experience through the interwoven perspectives of self and other.
- As young people develop their reflective capacity they become more able to reflect on their experience, giving them more flexibility in responding.

DDP Principle: Affective-Reflective Dialogue

- The therapist helps the child to engage in an affective-reflective dialogue allowing exploration of current and past experience.
- This brings the heart into connection with the mind, creating a rich story within which the inner lives of the young person can be explored, deepened, elaborated and made more coherent.
- The young person feels safe in the emotional co-regulation allowing his experience to emerge in a rich story which can touch and change the experience of those witnessing it.
- The story-telling which emerges from the A-R dialogue provides a deepening of connection which is both safe and healing.



Therapist: 'So it sounds to me like you were trying to look after Chelsea?'
Henry: 'Yer, I would have thought so, in a sense, but in the end she did get upset.'
Therapist: 'And you got upset. You were feeling so angry'
Henry: 'Yep'
Therapist: 'That sounds so tricky. Are there other times when you have tried to protect Chelsea and it hasn't worked?'
Henry: *(long pause and looking thoughtful)* 'No, I don't think so. No. Can you? *(to Foster Carer)*'
FC: 'You do feel responsible for Chelsea I think.'
Henry: 'Well yer, probably.'
FC: 'That you need to keep an eye on her and make sure she's okay.'
Therapist: 'Where does that come from do you think? Where does the need to look after Chelsea come from?'
Henry *(with sadness)*: 'I think, um, from when I was at home. When I was with my mum.'
Therapist: 'Ah, yes. You did a lot of looking after Chelsea at home didn't you. You were so little, such a lot of responsibility.'



DDP Principle: Attending to Verbal/Non-Verbal

- Every communication is non-verbal, some are also verbal.
- The therapist attends to both verbal and non-verbal communication;
- Notice discrepancies between verbal and non-verbal. Helps the adult understand the experience of the other and thus be more able to co-regulate that experience and reflect upon it.
- When verbal and non-verbal match the communication will be deeper and more open.



DDP Principle: Rupture and Repair

- Sometimes the child will withdraw from the relationship because of something the therapist says or does, or because of some difficult experience that the child is having.
- This weakens the intersubjective connection between them.
- The therapist takes responsibility to attend to the relationship, repairing any ruptures and letting the child know that the relationship is important.
- This restores the intersubjective connection.



Henry: *(Turning away from me to hide some tears)* It was fine. Mum was okay and I liked helping Mum with Chelsea.

Therapist: Henry, I am sorry if you felt I was being harsh about your Mum. That wasn't my intention at all. I was just noticing how sad thinking about this makes you feel. That's hard for you, feeling sad isn't it.

Henry: *(turning back towards me)* Yer, I hate crying. Anyway I didn't look after Chelsea too well on Friday did I?

Therapist: I can see how much that is hurting you. I am wondering if some of the hurt goes back a long way, to when you were at home and looking after Chelsea?

Henry: Maybe



DDP Principle: Storytelling

The therapist focuses on experience being mindful of themes of attachment, abuse and neglect.

- Miscuing of attachment needs.
- Fear of reciprocal connection and need for control.
- Fear of abandonment, rejection, isolation, abuse.
- Sense of being worthless and bad.
- Despair over being unwanted, unloved.
- Shame/rage associated with the above emotional experiences.

As this story is discovered the therapist tells it to the child.



Therapist: 'I think you are feeling sad now, because I think we are getting quite deep about the pressure that has been on you to look after Chelsea. The pressure from living with mum and dad and perhaps having to do more looking after Chelsea than you should have done when you were little. I wonder, this is what I am thinking, about an 11-year-old boy who is trying to look after his sister, to help his mum because he knows it is important. Trying to make a situation good, and Chelsea wasn't letting you do it. So you were feeling a sense of: 'Oh no, its not working'. And I wondered if that triggered for you a deeper memory of when you were little and you were having to look after Chelsea and that's why you got so upset.'

DDP Principle: Involve the parent

- Help child to experience safe dependency, comfort, affection, and reciprocal enjoyment.
- Facilitates intersubjective experience between parent and child.
- In order to do this therapist has to develop own intersubjective relationship with the child. More use of self by therapist than in other therapies ie let child know the impact he is having on the therapist.
- Help child to communicate with parent (talking about, for, to); creating intersubjective experience between parent and child.
- Help parent to respond using PACE

The Parent is

- Present and actively involved.
- Enters into intersubjective experience with child.
- Experiences mutual enjoyment with child.
- Therapist and carer continually communicate emotionally with the child.
- Help child to be more aware of inner life of thought, affect, wishes and intentions as well as traumatic memories.

FC: 'Do you remember telling me how mum used to send Chelsea outside when you were out with your friend, Daniel was it?'
Henry: 'Yes, I had to look after her.'
FC: 'That was a really big ask wasn't it?'
Henry: 'Yes, and she went into the road and over to the corner shop and I wasn't there to look after her, as I was playing with my mate. Mum came out and asked me to look after Chelsea, but me and Daniel were so busy playing that we completely forgot that Chelsea was there. So she went on to the road. Mum asked, after we had played and come in, where Chelsea was and I said I didn't know. I didn't see her go anywhere.'

The Story

- In this way the story is co-created between the child, parent(s) and therapist.
- The therapist helps the story to develop, allowing the child to feel this affectively as well as to think about it cognitively.
- The parent responds to the story with acceptance and empathy.
- The child experiences safety moving into affect generated by recalling the experience, whilst being supported and comforted by the parent.

Therapist: 'Do you know what I am thinking? You must have been one scared boy when you realised that you had forgotten to keep an eye on Chelsea. I'm thinking you were so scared that you keep a really close eye on her now. You've forgotten that you don't have to do that all the time now, and you are still doing it. Because what might have happened? Chelsea might have been hurt, she might have died. What if a car had come along when she was on the road, and you would have thought that it was all your fault because your mum had asked you to do something that she shouldn't have expected a little boy to do. No wonder you felt angry and sad when Chelsea wouldn't do what you wanted to do, because it mattered. You were trying to keep Chelsea safe, and you've been trying to keep Chelsea safe for 7 years. Seven years you've been trying to look after Chelsea, trying to protect her in a way that a big brother shouldn't have to look after his sister. No wonder you get angry and sad when she wouldn't do what she was told. (to FC) He is such a brave boy isn't he?'

FC: 'I know he is, a pretty special big brother.'
Therapist: 'Such a special brother, but so hard for you, to keep her safe. So much responsibility for a little boy. So hard it makes you feel so sad. I just want you to turn to Jane and tell her how sad you feel.'
Henry: 'On no, not one of these. *(looks at Jane and says quickly)* 'I'm feeling sad at the moment, but I'll get over it.'
FC: 'I know you are and you don't have to get over it.'
Therapist: *(talking for Henry)* But I do, Mum. I hate feeling sad. I think you won't like me if I am sad. I want to look after Chelsea. I want you to be proud of me.'
FC: That makes me feel sad. I see how hard it is for you to know I am proud whatever you are feeling. *(Henry and FC hug)* And you know that brown eyed beauty that really annoys you sometimes. I'm the one that deals with her, right. She's your sister to love and to keep a beady eye on, but it's my job to deal with her.'



The Power of Storytelling



Storytelling


Relational support for young people is helped when the adult is able to:

- Use a story-telling style of communicating To engage relationally with young people.
- It is important to communicate with them in a way that holds their attention, and maintains their open and engaged state.
- This will not be achieved through lecturing, reasoning or even reassuring. All of these aim to change the young person in some way rather than demonstrating a genuine interest in understanding what the young person is experiencing.
- Young people are more likely to be engaged by stories than by lectures. A story telling tone of voice and rhythm is more likely to help a young person remain engaged and open to the adult.




Stories and DDP

- Pace can only work when we remain open and engaged and able to find the story being communicated.
- A new story emerges as emotion is regulated and experience is explored.
- The story is co-constructed as we follow where the child leads and lead where we hope the child can follow.
- Storytelling brings the reflective (content of the story) together with the affective (experience of the story)
- The verbal is enriched by the nonverbal.
- Therapist, Child and Parent are each involved in telling and witnessing these stories.




Stories and DDP

- Experience is made clearer through the construction of narratives that are neither lectures nor problem solving. But are simply stories
- Stories are sometimes playful, sometimes serious but always compassionate.
- Stories arise from curiosity.
- Stories are collaborative offering understanding with empathy and acceptance
- This leads to increased security as possibilities for what can be are opened up.



We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time

T.S.Eliot 'Little Gidding'. Four quartets




DDP with Adult Care-leavers

An Example




Background

- Rachel is the eldest child of three siblings who were all brought into care when she was 6-years-old.
- The children were all neglected, and subject to emotional abuse from their single mother. She also abandoned them at times and they were cared for by different people.
- The children remained in foster care until Rachel was 10-years-old and then her younger siblings returned to their mother's care. Rachel chose to stay with her foster carers, but had ongoing contact with her mother and siblings.
- Rachel remained in this foster placement until she went to University.



Therapy

- In her twenties Rachel decided to engage in therapy, supported by her boyfriend, Mark.
- She wants to make sense of her life experience, and also to become a more authentic person, to discover who she is underneath the defences that she knows she uses.
- She is frightened about what she will discover and fears that the person she really is will not be acceptable to me.
- She responds well to a DDP approach, relaxing into the unconditional relationship that I offer her, and becoming vulnerable as I respond to her with PACE.
- I discover that follow-lead-follow is helpful with Rachel and, alongside the co-regulation I provide, the A-R dialogue allows us to co-create her story.



Therapy: Understanding

'I live in a world of colours but see in black and white'

- Together we make sense of who she is.
- Her need to control, to hide behind a self that she thinks will be acceptable to others.
- Her need to take care of others to make herself acceptable to them.
- We discover how hard it is for Rachel to accept herself. It feels simple, others are good and she is bad.



Therapy: Opening up to Change

'Independence is seductive, dependence fills me with dread'

- Rachel has spent so long trying to be independent that dependence frightens her.
- She wants therapy to lead her to further independence, leaving behind what feels weak and vulnerable,
- I help her to learn to trust in dependence.
- She discovers a longing to be taken care of by her mother. This fills her with grief.
- I support Rachel as she faces what she has lost and grieves for it.



Therapy: Moving towards Acceptance

'I started this journey to become a different person. I wanted all the difficult stuff to go away. You tell me that I need to accept who I am and to find peace with what has happened to me. The idea of acceptance makes me grimace. How can I accept the bad, contaminated parts of me?'

- We discover layers of heroic defences that helped Rachel to survive.
- We feel like archaeologists as we work backwards from who she now is to what she has been. Each layer needs to be understood, accepted and embraced.
- Rachel is angry at what she sees as dishonest parts of herself that fooled everyone.
- We notice how as each defence failed she would build another one on top.
- She is full of grief that no-one saw the real child underneath, approval for her was always conditional.



Therapy: Finding Authenticity

'I know I want to be more than the parts of myself. I can't live fragmented any more but I do not yet feel whole.'

- Rachel steps out onto wobbly ground as she discovers who she can be.
- This is an anxious time, as she explores new boundaries that keep her safe. She can no longer be what others expect her to be. She fears in finding herself she may lose others.
- Rachel keeps a foot in the old world as she discovers the new. Sometimes she retreats back to familiar, firmer ground, but always finds the strength to move forward again.
- Rachel learns to embrace reciprocal relationships, relaxing the control she has always relied on.
- Mark supports Rachel, an attachment figure for her, but we also explore how they can be a secure base for each other.



Sometimes everything has to fall apart to find out who you are supposed to be.

Patrick Ness, Hay Literary Festival, 2018



The Russian Doll

Rachel feels like a painted doll living in a painted doll's house. But inside we discover that there are many parts that have struggled to survive.

- The Baby weak and vulnerable. She calls but no-one comes.
- The Angry Child. Full of strong angry feelings, and full of need for others to take care of her.
- The Golden Child. Always pleasing and taking care of others. Gaining approval for being this child.
- The Empty Child. Not knowing who she is, feeling false and unreal.