

"Why Wasn't I Kept?" Working with Adults Shaped by Early Relational Rupture

Video Course

Vicki McKeown

Video Course
CPD hours: 3



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She is not difficult to work with. If anything, she is the opposite: articulate, self-aware, emotionally fluent.

She can describe her childhood with precision — the inconsistency, the unpredictability, the parent who was sometimes present and sometimes unreachable.

She understands, intellectually, that none of it was her fault.

And yet.

Something about the therapeutic relationship itself seems to operate under different rules. She monitors your tone. She notices when you seem distracted. She works hard — almost effortfully — to be a good client. When you reflect warmth, something almost imperceptible happens: a slight withdrawal, a subtle shift in register. Not rejection. Something more like bracing.

You find yourself wondering whether to say something — and then wondering why you hesitated.

This is not resistance in the conventional sense. It is a relational template formed long before she had language for it: the learned conclusion that closeness is conditional, that the person across from you will eventually find you too much, not enough, or simply not worth the effort of staying.



For clients shaped by early relational rupture, the therapy room does not feel like neutral ground. It feels like the place where the original verdict may be confirmed.

The Question Beneath the Surface

For some clients, the wound has a particular shape.

They are the adults who could not remain with their birth families — or who remained physically but experienced something functionally similar: caregiving that was unreliable, **conditional, or simply absent in the ways that matter most.**

Beneath their history sits a conclusion no child should have to reach:

Why wasn't I kept?

And beneath that question, the answer the child furnished in the absence of any other:

There is something in me that makes people leave.

This is not a belief they hold consciously. It is a belief they live — in the way they seek connection, manage closeness, and experience the therapist sitting across from them. It organises expectation before a single word is spoken.

And it is far more common than a looked-after history alone would suggest.

The same structure underlies the adult whose caregivers were present but emotionally unavailable. The child whose bids for connection were met with irritation, withdrawal, or silence. The young person who learned early that needing too much was dangerous — and that the safest strategy was to need quietly, or not at all.

The looked-after child makes this dynamic explicit. But it is the same dynamic.

When Survival Becomes Template

Early attachment experiences do not simply shape how we relate. They become the architecture through which we expect to be related to — including by the therapist sitting across from us now.

When early caregiving is inconsistent, neglectful, or chronically misattuned, the nervous system arrives at a conclusion that feels like knowledge:

Connection is not safe.

Over time, this consolidates into identity:

I am too much. I am not enough. I am unworthy of being kept.

These are not thoughts a client can simply revise. They are structural — embedded in the nervous system, enacted in relationship, and activated most powerfully in the very contexts designed to offer safety.



They appear in the consulting room as:

- The client who monitors the therapist's every shift in tone or expression
- The client who cannot afford to need — and works hard not to appear to
- The client whose warmth coexists with a quiet certainty they will eventually be disappointed
- The client who tests the relationship in ways so subtle they are barely visible — and watches closely for the response

These are not personality traits. They are survival strategies — precise, intelligent adaptations to early environments that could not offer consistent safety.

And without a clinical framework that recognises them for what they are, they can be easily misread: as ambivalence, avoidance, or lack of engagement. As the client not quite being ready.

The Therapist's Dilemma

Working with relational rupture of this kind places particular demands on the clinician.

The same dynamics that organised the client's early life will activate in the room. The therapist may feel the pull to reassure more than usual — to prove they are different, to work harder than the relationship can comfortably sustain. Or they may find themselves sitting with a client who seems engaged and yet somehow unreachable: present on the surface, defended underneath.

The risk is subtle: responding to the presenting competence rather than the underlying structure of fear.

This is the dynamic that makes this work both essential and quietly exhausting.

What This Evening Covers

Drawing on over fifteen years of direct clinical experience — with children, foster families, adoptive parents, and adults carrying the legacy of early relational disruption — Vicki McKeown offers a grounded, trauma-informed framework for recognising and working with relational rupture in adult psychotherapy.

The evening explores:

- How early relational rupture crystallises into adult attachment templates
- How identity-level shame shapes the experience of closeness, vulnerability, and therapeutic relationship
- How mistrust, testing, and withdrawal present in the consulting room — and what they are protecting
- Working with rupture without reinforcing shame or triggering further withdrawal
- Using attunement, psychoeducation, and therapeutic transparency to build safety incrementally
- Repairing therapeutic ruptures — and why how the therapist responds matters as much as whether they respond

This is not a formula for fixing disrupted attachment. It is a clinical map for recognising what is unfolding in the room — and for responding in a way that offers something the client's history did not.

Learning Objectives

By the end of this session, participants will be able to:



1. Articulate how early relational rupture shapes adult attachment dynamics and identity-level shame
2. Recognise the specific ways mistrust and shame present within the therapeutic relationship
3. Identify survival strategies — monitoring, testing, withdrawal, compulsive compliance — as adaptations rather than resistance
4. Differentiate between reassurance that soothes and reassurance that reinforces dependency
5. Apply trauma-informed, attunement-based approaches to relational repair
6. Navigate therapeutic ruptures with steadiness, without retreating or over-repairing
7. Develop clinical responses that build safety incrementally for clients who have learned that closeness cannot be trusted

Who This Training Is For

This evening is relevant for any clinician working with relational trauma, attachment difficulty, or shame — regardless of whether looked-after children form part of their current caseload.

The dynamics explored here are present across a wide range of presentations:

- Adults with histories of neglect, inconsistent caregiving, or emotional abandonment
- Clients with adoption, foster care, or disrupted family backgrounds
- Those presenting with persistent mistrust, relational testing, or cycles of pursuit and withdrawal
- Clients who describe themselves as "too much" or "not enough" — and who believe it at a level that insight alone has not shifted

No specialist adoption training is required.

About Vicki McKeown

Vicki McKeown is a psychotherapeutic counsellor and EMDR practitioner with over fifteen years of direct clinical experience. Beginning her career as a social worker, she retrained as a therapist after recognising that systemic work could not reach the depth required to repair disrupted attachment and process early childhood trauma. She has been in private practice in the North East since 2016, working integratively with clients across a range of presentations. She is an accredited member of the National Counselling and Psychotherapy Society (NCPS) and remains registered with Social Work England.

The child who concluded they were not worth keeping often becomes the adult who cannot quite believe they are worth staying with.

This training is for the clinicians sitting with those adults — and for the relational work that can, over time, revise a conclusion that once felt absolute.

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