
CHAPTER 1

Psychoanalytic Play Therapy

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INTRODUCTION

Within the past 10 years, psychoanalytic play therapy has evolved significantly in several different directions, explicating further the nuances of therapeutic action and the underlying assumptions of the existing technique. Its scope has widened to include treatment of children with more severe **ego deficits** as well as neurotic compromises. The role of the therapist is emphasized as a full participant whose engagement with the child is an integral part of the play created, and it can fundamentally alter the very course of the therapy. Freud (1905) laid the foundations for psychoanalytic play therapy when he first wrote about infantile sexuality as manifested in the childhood of adult patients he came to analyze. Later on, his analyses of his own children and of Little Hans, through the intervention of the boy's father, gave him further experience and insight into the emotional development of children. However, it was his daughter, Anna Freud, who broadened the scope of psychoanalysis to children and made lasting, profound contributions to the study of personality development of the child.

Over the years, with the need to obtain greater understanding of the effects of childhood trauma arising from knowledge gleaned from the analyses of adults, the direct observation of children *in statu nascendi* was deemed necessary and thus laid the foundation for child psychoanalysis. While several theories about child analysis have evolved, Anna Freud's model (1965) is generally considered the most solid and integrated, positing the tenets and methodology by which to access and treat child psychopathology from years of clinical observation and research. The

methods of child analysis depend on the developmental standing of each patient, whether children or adolescents. As one tool of child analysis, play therapy has emerged as a fundamental technique, allowing the child analyst to guide young patients in recognizing their internal pressures and to help them resolve conflicts to speed development on its way.

As we delve into the clinical cases of Jason L. and Cassie B., I will propose a **postmodern** (contemporary history post 1950 and 1960) and biosocial perspective of play therapy. This perspective integrates some advances in neuroscience and early neural development that have taken place within the last decade. It also highlights the ever-widening scope of the child analysis and play therapy to include trauma imposed by ongoing environmental influences affecting the development of the child.

As first conceptualized by Freud, psychoanalytic theory views personality development as a dynamic, multifaceted process based on the concept of infantile sexuality with its sequence of **libidinal** phases from whence derive instinctual drives and their energies. All behavior is thus motivated by the expression of these drives and their **object cathexes**. Throughout the life span, the cathexes of psychic energy is realized by experiences with important object relationships, shaping and molding the individual character as well as expressing the libidinal and aggressive drives, adaptive ego functions, and superego demands. In other words, the personality develops out of the need to fulfill the pleasure principle, all the while attempting to negotiate reality demands without incurring superego strictures. Nowhere is this process more critically developed and honed than within the formative years between birth until the onset of the post-oedipal, latency years. While the personality continues to change and adapt, the traumatic neuroses that can occur during the first six years, ending with the resolution of the Oedipus complex, create the regressions, fixations, and exaggerated defensive maneuvers that comprise the symptoms of the psychoanalytic treatment. Psychoanalytic understanding has evolved over the years, informed by perspectives from **ethology**, the study of the biology of behavior, and anthropology. Moreover, current psychoanalytic thinking is enriched with perspectives from ego psychology, object relations, and self-psychology (Klein, 1932; Hartmann, 1950; Winnicott, 1965; Kohut, 1971). As a technique, psychoanalysis continues to aim toward restructuring the personality as a whole, doing so by way of reconstruction of repressed memories, fantasies, wishes, and experiences.

This chapter focuses on the indications for and application of psychoanalytic play therapy to the case of Jason L. and Cassie B. It is this author's premise that the psychoanalytic framework provides the most thorough and rigorous theory of personality development. As such, it

encompasses well-developed techniques for working with the psychopathology of childhood toward the ultimate goal of removing the impediments to normal development.

The widely held view of psychoanalysis as a Eurocentric, often misogynistic, theory of personality development merits some discussion. Criticisms of the androcentric nature of psychoanalysis have been numerous, coming from women psychoanalysts (Horney, 1967; Thompson, 1943; Miller, 1973) as well as feminists of the 1960s and 1970s who viewed psychoanalysis as condoning the oppression of women. They cite Freud's formulations about the differentiation between the sexes, penis envy, and female masochism, as well as his claim that women were passive, inferior beings. In contrast, Juliet Mitchell (1974) believes that Freud's analysis of the psychology of women contributed greatly to the understanding of women in our patriarchal society. She asserts that Freud was describing his observations of women, not offering a prescription for the role they should have in society, and that much criticism of Freud is based either on unfamiliarity with or misunderstanding of his work (Solomon, 1976).

Psychoanalytic writing continues to address itself to the question Freud posed of "What do women want?" with a clear understanding, and hope, that the answer to this question will illuminate the psychology of all—men as well as women. As for child analysis, its major theoreticians have been women like Anna Freud, Melanie Klein, and Margaret Mahler, to name a few. Throughout their thinking and writing runs a strong sense of appreciation for the psychology of both genders, not one as superior to the other. What they bring to the analysis, whether intrapsychic or extrapsychic, is entirely grist for the mill.

Psychoanalysis has also been criticized for its seeming lack of relevance to culturally diverse populations. My answer to this lies in the fact that Freud and his theory were set in the context of his age and times, formulated without the benefit of our awareness of cultural diversity as it stands today. In attempts to widen the scope of psychoanalysis to different populations, today's analysts do take into account the suitability of psychoanalysis for diverse groups and to increase our sensitivity to the cultural norms and issues they bring. Moncayo (1998) proposes a theory for articulating intrapsychic and extrapsychic dimensions of the theory, underscoring the need to redefine the psychoanalytic concept of insight to integrate the knowledge found in various cultures.

I shall begin with an introduction of child psychoanalysis as a theory and technique, with specific emphasis on the role of play therapy. Although other theories and methods of child analysis and therapy exist (Klein, 1932; Axline, 1969; Winnicott, 1971), Anna Freud's work is definitively associated with

psychoanalytic play therapy. For that reason, this chapter limits itself to her views and those of the Freudian perspective. Specific application to the case of Jason L. with the pathogenic factors of the manifest symptoms will next be considered, followed by the indications for and techniques of psychoanalytic play therapy as applicable to a latency-age child such as Jason L. The effects of family dynamics, parental psychopathology, and their possible effect on Jason's psychic development will be scrutinized. A discussion will follow of the prognosis for Jason L. and, to some extent, his family. The second case study of Cassie B. will also be addressed in this manner. Particular consideration of predominant familial factors which have contributed heavily to the psychic disturbances Jason manifests will merit special discussion and clinical attention. Finally, implications for future work with children and families with similar disturbances are addressed with an eye toward prevention of further psychopathology and encroachments upon the normal developmental progress.

PERSONALITY THEORY: FREUDIAN AND OBJECT RELATIONS PERSPECTIVES OF ATTACHMENT AND ATTUNEMENT

Freud first developed psychoanalytic theory out of clinical experience with patients suffering from symptoms caused by repression of childhood forbidden wishes, fantasies, and memories experienced in relation to important persons in their past. These were forbidden because of their sexual and aggressive content. From his observations came the basis of psychoanalytic theory, one that posits the personality develops out of the necessity of biologically based, instinctual urges that seek gratification. In the process of seeking drive gratification, conflict inevitably arises between the drives and the reality principle served by the ego, causing tension through the press of **signal anxiety** and depressive affect experienced in the "familiar calamities of childhood: **object** loss, loss of love, castration, and superego demands and prohibitions" (Brenner, 1982). Freud's concept of the infantile neurosis was revolutionary for its day as it posited early childhood as the scene for libidinal urges that the child directed toward primary objects, particularly parental figures.

Freud viewed human development as an **ontogeny** in which all individuals progressed in predictable, albeit dynamic, phases he termed the psychosexual stages of libidinal development. These are specifically the oral, anal, phallic, and genital stages. He proposed five models of the functions of the mental apparatus, namely the structural (the agencies of id, ego, and superego), the economic (urge of instinctual energy to seek discharge and return to homeostasis), the dynamic (moving from unconscious to

preconscious to conscious levels of awareness), the genetic (tracing back the origin of symptoms to the earliest years), and the hydraulic (psychic energy is considered a closed system, whereby it is either directed at an object or retracted, according to the needs of the system). While the personality is affected and modified by experiences throughout the life cycle, in classic psychoanalytic theory the major components of the personality are developed by the end of the oedipal phase. The stage of latency is thus a stage of quiescence of the instinctual urges following the generally tumultuous oedipal phase. It is a period for consolidating the gains achieved, during which time children normally direct their energies toward adaptive functioning in the world (i.e., school, peers, and social community).

As a clinical method, psychoanalysis strives to help its patients understand the nature and origins of their unconscious conflicts, whether they are ward-off drive derivatives, anxiety or depressive affect, defense maneuvers, or superego determinants. Through the use of free association and the analyst's function of interpreting resistance and transference, analysis proceeds from defense and character analysis to that of repressed wishes, memories, and fantasies. Treatment strives toward increasing the patient's self-awareness and capacity for problem solving, all of which eventually lead to a higher level of psychic organization (Ritvo, 1978).

Although it grew out of the reconstructions of adult psychoanalysis, child analysis differs significantly in many ways, chief among them the very nature of childhood, specifically the immature state of psychic structures such as the ego and superego. The child differs from the adult in four major ways: (1) basic egocentrism, (2) the immaturity of the infantile sexual apparatus, (3) the relative weakness of secondary process thinking, and (4) immature evaluation of time at various stages of development (A. Freud, 1965). Like biological pressures, psychic development also proceeds in a progression toward maturation, greater integration, and consolidation, with the gains acquired in an earlier stage serving as the basis for learning and mastery at the next level. As Anna Freud notes:

the urge to complete development is immeasurably stronger in the immature than it can ever be in later life. . . . The child's unfinished personality is in a fluid state. Symptoms which serve as conflict solutions on one level of development prove useless on the next and are discarded. Libido and aggression are in constant motion and more ready than in adults to flow into the new channels which are opened up by analytic therapy. (1965, p. 28)

She has advocated ascertaining the normal versus the abnormal, as the child analyst sees progressive development as the most essential

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function of the immature. She has furthermore proposed the concept of developmental lines along which normality proceeds, taking into account the intertwining of drive and ego development. Examples of such developmental lines include (1) from dependency to emotional self-reliance and adult object relationships; (2) from lack of control toward body independence; (3) from egocentricity to companionship; and (4) from the body to the toy and from play to work. She noted that child's play was the equivalent to the adult's capacity to work, and that a "disturbance could manifest itself in an inability to play or in excessive imaginative play at the cost of constructive play" (Miller, 1996, p. 147). She later included additional developmental lines that involved secondary process functioning: distinguishing between the inner and outer world; discharging mental excitation via mental, as opposed to somatic pathways; impulse control; and the developmental of a time sense and insight (A. Freud, 1979).

She introduced the concept of *developmental disharmonies*, which encompassed early disturbances of the "basic fault," a concept proposed by Michael Balint (1958) to describe early disturbances in the early mother-child relationship. Disharmonies were intrasystemic or intersystemic conflicts that could arise from several different determinants, including developments in drive expression, maturing ego functions, affect, object relations, and modes of attachment, as well as environmental influences. Miller states:

In order for the personality to be harmonious, growth on one developmental line needs to correspond with growth on another. Moderate disharmonies produce the many variations of normality. If the disharmonies are more severe pathology results. The analytic task is to trace the interaction between lines and to determine what components are causing the child's difficulties. (1996, p.152)

Anna Freud summarized the normal developmental process as consisting of the interaction of three factors: *endowment, environment, and rate of structuralization and maturation within the personality*. Furthermore:

Provided that all three are within the expectable norm, the child will arrive in every crucial developmental phase with the right inner equipment and meet the right environmental response, i.e., have a chance of normal growth. If, however, any of the three deviates too far from the average, the developmental result will become distorted in one direction or another. (A. Freud, 1965, p. 90)

Psychoanalytic writers such as Winnicott (1953; 1965; 1971), Mahler (1968; 1979; 1980) and others have written more extensively on the theory of **object relations**, thereby deepening the theoretical understanding on the intrapsychic life of the infant and young child. Each emphasizes different facets of the child's progress, first in symbiotic union with the mother and later toward differentiating the self from the other in establishing his or her own identity. Mahler, for example, introduced the theoretical concept of separation-individuation, a process by which the infant initially melds in identity with his mother in a symbiotic bond and, through a series of phases, emerges at the end of the third year as a separate entity. She writes that this achievement of the "psychological birth of the infant" is a gradual, unfolding process in the intrapsychic world of the infant and that actually all human life concerns an emotional bond with the mother, although the ties are lessened finally in adulthood.

Failure to negotiate successfully these subphases has ramifications for developmental deviance and pathology. For example, the toddler in the practicing subphase (approximate ages 10 to 18 months) experiences a "love affair with the world" because he is the center of his world as he narcissistically invests his own functions, his body, and the important objects of his world. In contrast, the toddler of the next phase, the period of rapprochement (ages 15 to 22 months), no longer feels the world to be his oyster. No longer does he believe in parental omnipotence or availability. He must woo back his mother's attention, seeks to come back to her often for refueling, and demands that she be interested in whatever he requires of her. Mahler writes that

likewise, at the other end of the erstwhile dual unity, the mother must recognize a separate individual, her child, in his own autonomous right. Verbal communication has now become more and more necessary; gestural coercion on the part of the child will no longer suffice to attain the child's goal of satisfaction. Similarly, the mother can no longer make the child subservient to her own predilections and wishes. (1980, p. 10)

The junior toddler must recognize that his love objects (his parents) are separate individuals with their own interests, and he must give up his delusion of his own grandeur, often through dramatic fights with his mother—less so with his father. This is a crossroad called the **rapprochement crisis**. If the mother remains emotionally available for the toddler during this period, if she shares his exploits and helps his attempts at imitation, at externalization and internalization, then the relationship between mother and child can progress to the point where verbal

communication takes over. At this time, “shadowing” of the mother by the toddler takes place. According to Mahler:

In normal cases, a slight shadowing by the toddler after the hatching process gives way to some degree of object constancy in the third year. However, the less emotionally available the mother has become at the time of rapprochement, the more insistently and even desperately does the toddler attempt to woo her. In some cases, this process drains so much of the child’s available developmental energy that, as a result, not enough may be left for the evolution of the many ascending functions of his ego. (1980, p. 11)

John Bowlby (1969), a psychoanalyst who trained with Melanie Klein, first introduced the concept of attachment of the infant to the maternal caregiver as critical to the survival of human beings, and that maternal deprivation could predispose a child to irrevocable damage by the age of three. He declared that separations from the mother are disastrous developmentally, because they thwart an instinctual need that mammalian species have.

Mary Ainsworth (1978), however, provided research substantiation for Mahler’s theory of separation-individuation and Bowlby’s theories. Through her Strange Situation paradigm in the laboratory, 12-month-old infants and their mothers were observed as first the mother was separated from them. During two different intervals, a stranger came into the room; during another period, the infants were left alone. Their reaction to the entire process was observed, especially that during the mother’s departure and return. Ainsworth found three distinct patterns of reactions in the babies that she followed longitudinally and termed them (1) securely attached, (2) ambivalent, anxious babies, and (3) avoidant anxious babies.

The first group protested and cried upon separation, but when the mother returned, they greeted her with delight, stretched out their arms to be picked up, and molded to her body. They also appeared easily consoled by her return. The second group, the ambivalently attached babies, tended to be clingy, cried profusely upon separation, and were fearful of exploring the room when left alone. They sought contact with the mother upon her return but simultaneously arched away from her angrily. They resisted their mothers’ efforts to be soothed. The avoidant group seemed quite independent of their mothers, explored the new environment without using mother as a base, and failed to turn around to ascertain their mother’s presence, as the securely attached infants did. When mother returned, they appeared indifferent to her, snubbing or avoiding her altogether.

As Ainsworth and her team followed these babies over years, they were able to make specific associations between the babies' attachment styles and their mothers' style of parenting. Specifically, she found that mothers of securely attached children were found to be more responsive to the crying and feeding signals emitted by their infants and readily returned the infants' smiles. Mothers of anxiously attached babies (ambivalent and avoidant) were inconsistent, unresponsive, or rejecting. These three patterns seen in the laboratory proved directly related to the way the babies were being raised. Succeeding studies of attachment showed that anxiously attached children at age two tended to lack self-reliance and show little enthusiasm for problem solving. Between the ages of three and one-half to five years, they are often problem kids, with poor peer relations and little resilience. At age six, they tend to display hopelessness in response to imagined separations. Crittenden and Ainsworth (1989) have also demonstrated that early experiences of infants with a traumatizing caregiver can also impact negatively on the child's attachment security, stress-coping strategies, and sense of self.

Anna Freud originally viewed child analysis as an extension of adult psychoanalysis, with modifications for the characteristics and developmental needs of the child. Both groups share the same goals: to make unconscious processes conscious, to analyze transference and resistance, and to establish a positive transference as a primary vehicle for change (Miller, 1996). Her thinking evolved dramatically over four decades, due primarily to her careful observations and analytic research with children in the Hampstead War Nurseries that she had set up with Dorothy Burlingham in London during 1942. This led to the creation of the Hampstead Child Therapy Course and Clinic. For Freud, the essential task of child analysis was to restore the child to the path of normal development, a goal that has coursed throughout her writings.

In 1963, she proposed the concept of *developmental lines*, along which normality proceeds, taking into account the intertwining of drive and ego development. Examples of such developmental lines include (1) that from dependency to emotional self-reliance to adult object relationships; (2) toward body independence; (3) from egocentricity to companionship; (4) from the body to the toy; and (5) from play to work (A. Freud, 1965). Anna Freud addressed the role of constitutional and organic factors that contributed to developmental disharmonies but by no means constituted true conflict between the agencies of the mind (i.e., the id, ego, and superego). She integrated them into her theory of causation of childhood pathology, however, as she posited that pathology came from two causes:

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one from intrasystemic conflict and the other from defects in personality structure caused by irregularities and failures along and between developmental lines. She discussed several technical adaptations to help the child with developmental disharmonies and ego disturbances, such as borderline pathologies, which although not true analytic work, nevertheless deserved analytic scrutiny for possible treatment. Thus, she widened the scope of child analysis in terms of type of pathologies as well as techniques to deal with them. Central to her work was her emphasis on the child-analyst relationship, a vehicle to provide a new object of attachment, a new superego identification, a suggestive influence, or even a corrective emotional experience (A. Freud, 1974, p. 72).

Psychoanalytic play therapy naturally evolved as a technique to enter the child's psychic world. Hermine von Hug-Hellmuth (1920), originally a teacher in Vienna, treated her child patients in their own homes and realized that unresolved parental conflicts played an important role in the creation or maintenance of the children's pathological states. She believed that analysis could help the child gain relief in play and restore psychic health, even if the child did not develop conscious insight. Play therapy would also be developed at length by analysts such as Melanie Klein (1932), Virginia Axline (1969), and others, but Anna Freud has contributed the most to the understanding of psychoanalytic play therapy for treating the pathological conditions of childhood.

Winnicott (1971) saw play as the creation of an intermediate area of experience between subjectivity and objectivity. This originates in the transitional object relationship, which stands halfway between the infant's subjective relationship with his or her mother and later object relationships. In addition to its intrinsically pleasurable and creative aspects, play also contributes to the gradual assimilation of anxiety caused by traumatic overwhelming of the ego by an experience too large to be assimilated in its entirety (Waelder, 1932).

Ostow (1987) maintained that play also

provides a mechanism for disengaging from frustration and disappointment in the real world by providing illusory gratification, thereby reducing tension and stress. Secondly, it provides relief from intrapsychic conflict by offering pleasurable alternatives. Thirdly, and perhaps most importantly, play allows for not the unrestrained pursuit of pleasure . . . but rather for the exposure to realistic or unrealistic challenges, the overcoming of which relaxes tension and replaces it with pleasure. . . . Play is a simulated, attenuated, and controllable reality. When the pain becomes too great, or the threat too formidable, the play can be terminated. (p. 200)

Play can promote the engagement and mastery of phase-specific developmental tasks and is a mode of coping with conflicts, developmental demands, deprivations, loss, and yearnings throughout the life cycle (Solnit, 1987, p. 214). Peller (1954) and Plaut (1979) have stressed that play is vital for adult development as well. In fact, Plaut underscores it as the third vital human activity that should be included in the definition for mental health, in contrast to Freud's more puritanical dictum of *love and work*.

Over the past four decades, developments in psychoanalytic play therapy have mutually influenced many changes in child analysis. Since Anna Freud first explicated them in *Normality and Pathology in Childhood* (1965), the goal of analysis was to liberate developmental forces that would allow the ego to "do its work" (Neubauer, 2001, p. 17); that is, to remove unconscious conflicts, repressions, and fixations. Unlike previous thinking, however, the emphasis is now placed on the analyst offering developmental assistance to the ego, to strengthen it and to help developmental reorganization of conflicts, defenses, and compromise formation. No longer can the child analyst stand equidistant between the id, ego, and superego in assisting the child patient to negotiate the factors that influence or derail normal development.

In contrast to treating children with largely neurotic conflicts, child analysis has begun to explore ways to treat children with ego impairments and more serious developmental problems (Ablon, 2001). Child analysts have manifested "greater awareness of objects relations, identifications, introjects and relational and interpersonal factors. . . . Technical considerations involving enactment and action, preoedipal foci, affect, uses of countertransference, and the therapeutic action of play have become important considerations of . . . child analysis." (Ablon, 2001, p. 28).

Following the prime directive toward free association in adult analysis, psychoanalytic play therapy is *nondirective*. That is to say, this technique invites the child patient to engage in active play, choosing the medium of toys, games, drawings, building blocks, logs, and so on. The child creates the themes, setting the direction and intensity of the play as he or she will. The analyst follows the child's lead, takes up the roles assigned by the child, and offers commentaries as necessary to label, describe, explicate or, occasionally, question the flow of the play. As Solnit (1987) writes:

Technically, the child analyst enters into the child's fantasies by how he responds and by how he does not respond. In general, the child analyst attempts to encourage the child's pleasurable elaboration of the fantasy-dramatizing-free play by going along with the child's make believe. He joins

the child and they play together. . . . Play suspends reality, puts the child into an active position, and converts felt deprivation into felt relief and a sense of pleasurable gratification on a make-believe basis. (p. 210)

Within this context the transference develops, enactments and reenactments show us in vivo the themes and issues with which the child struggles or attempts to master. Ritvo (1978) cautions that "interpretations should be offered in the idiom of the play, and the analyst must choose carefully the time and setting to offer them as the child is so intolerant of them and may become anxious, uncomfortable and uncomprehending in response to a direct interpretation, and to break off the communication by fantasy play" (p. 301). Neubauer (1987) sums up the three characteristics of play as "an expression of wishes and fantasies; . . . an enactment of these wishes in search of fulfillment, and it is an awareness of its nonreality" (p. 8).

Jay Frankel (1998) emphasizes two important aspects of play that inform the technique. First of all,

play is inherently therapeutic as it allows for the emergence and integration of dissociated self-states, symbolization, and recognition. As such, it implies freedom from external goals, pressure and threat. . . . The therapist offers herself, in a broad sense, as a transitional object, not as someone permanent in the patient's life . . . the patient can project onto the therapist or direct feelings at her, trusting that therapist can leave the theatre when the curtain comes down and return for the next performance ready for whatever role is assigned. Therapy offers a world for the patient to construct and reconstruct. It offers the child a safe place to play, one that is free from coercion, threat or pressure, and where the child will probe the therapist with behavioral "tests" which helps him discover if the therapist will behave differently from what they expect or fear, if the therapist can understand them, wants to engage with them and is committed to them. (pp. 150–153)

Secondly, Frankel (1998) takes Bromberg's (1996) concept of "self-states," the multitude of "selves" that comprise conscious experience of self, and distinguishes between those that are accessible to us and those that are disavowed, dissociated, or are less comfortable in daily living. Bromberg thus proposes that these self-states find expression in the relatively accepting therapy situation, as the therapist provides the child patient a relational field by which to experience the full range of his discontinuous self-states. "The goal is to be able to experience, accept and encompass conflict and discontinuity, not to make them disappear" (Frankel, 1998, p. 154).

As the play unfolds, the sequence of actions between therapist and child patient creates the ongoing mutual regulation of each partner, which allows the dissociated selves to achieve **symbolization**. Lachmann and Beebe (1996) suggest that the sequence of actions between patient and analyst models that of the evolving relationship between mothers and infants. In their ongoing interactions, both participants mutually regulate the relationship by subtle, nonverbal cues as well as verbal exchanges. The pattern of exchanges can create new expectations and alter the persistent themes held by the patient and thereby contribute to a reorganization of the patient's internal representations. The child patient comes to treatment with interpersonal dilemmas with hopes that the therapist will have a better solution than any they have created, and continually tests the therapist with pathogenic beliefs that challenge the therapist's commitment to the child and the therapy. Through the ongoing negotiation between child and therapist, play is created, and therapeutic action occurs.

As for the role of talking within the therapy, Frankel writes that children may not use words as easily as adults, because words may not be so meaningful to them. They are, however, quite fluent at communicating through action and at reading others' actions. A therapist's verbal interventions labels the inner state of the characters within the play, as well as describing aspects of a particular experience of the child. Frankel states:

When they do, they *can* be acts of recognition, likely to enhance the child's awareness of a self-state that is just beginning to emerge and foster its greater elaboration in the child's play. They also convey an attitude that values tolerating the communication of difficult aspects of oneself, rather than reacting against them. (1998, p. 173)

Recent authors underscore the relationship between child and analyst as crucial for change. Many authors (Cohen & Solnit, 1993; Solnit, Cohen, & Neubauer, 1993; Scott, 1998; Munoz, 2007; Birch, 1997; Ablon, 2000; Bonovitz, 2003) have written extensively about the therapeutic value of play in the analysis of the neurotic child, in which the play is translated, interpreted, and worked through. For the ego-impaired or developmentally deviant child, however, the play is essential as it provides the setting for the child therapist to participate and

open up the obstacles to a more normative progressive development. . . . The analyst as a real or new object gains in importance as compared to the analyst as a transference object. It is not a matter of either/or but how the predominance of the former (analyst as new or real object) has a shaping

influence on technique as a pathway to therapeutic leverage and action. (Cohen & Solnit, 1993, p. 62)

Neubauer (2001) discusses changes in technique that are influenced by the object relations point of view, reviewing the findings of the Boston Process of Change Study Group (1998) that stress the importance of moments of recognition between the analyst and patient in which relational knowing becomes the pivotal factor of change in resolving conflicts experienced. He underscores recent findings from the mother–infant model of interactions that suggest intervention strategies that lead to relational awareness and the reduction of the range of pathologies of development. Neubauer emphasizes their proposal of changes in technique, which include:

the technique of developmental assistance, alliance with the developmental forces that strive for the completion of development, the function of adaptation, and the stresses based on incongruency between developmental lines demanding developmental solutions. The object relations approach offers new explorations of the power of object interaction between patient and analyst. (2001, p. 24)

The analyst continues to use play in child analysis to aid the patient in resolving present and past conflicts.

Interpretations in psychoanalytic play therapy continue to be important, although one is guided by the age of the child, his or her capacity to tolerate anxiety provoked by the interpretation, his or her capacity to understand the meanings of words used, symbolic and otherwise, and the phase of the treatment in which the interpretations are delivered. Frankel (1998) stresses the mutuality of play for both analyst and child patient. Further elaborating on the mother–infant model of therapeutic action developed by Lachmann and Beebe, he notes that there is a mutual influence and regulation in the unfolding of the play, and the

interaction between patient therapist is the matrix through which the relationship has therapeutic effect. . . . The therapist regresses along with the patient. . . . It seems safe to say that the way the analyst plays with the child is strongly influenced by the child and that the mood of the play is created by both patient and analyst. (Frankel, 1998, pp. 175–176)

Hoffman (2007) stresses the therapeutic importance of an intervention and how it works, particularly in the opening phases of an analytic relationship.

He also discusses the role of interpretation of defenses against unwelcome affects, a technique that has been particularly effective in overcoming resistance, instead of interpreting direct drive material.

In summarizing the influence of Anna Freud's developmental psychology into current theories, Mayes and Cohen (1996) stress several tenets for a modern developmental psychology of children:

1. Examining transactions between biological or genetic factors and external environmental conditions as related to patterns of disordered behavior.
2. Focusing on individual patterns of adaptation and maladaptation.
3. Allowing that individuals may shift between normal and abnormal modes of functioning as a consequence of differing developmental stressors and environmental conditions.
4. Utilizing naturally occurring events or "experiments of nature" to understand the expected developmental ontogeny of specific functions.
5. Employing the conceptual frames and methods of multiple disciplines to study any one mode of function, adaptation, or behavior. (p. 130)

Over the past two decades, much research has been conducted on the effect of trauma and stress in ways in which children perceive, metabolize, and rework these events across development, as well as the variation of traumatic intensity, depending on the child's developmental level. Research in neuroscience has highlighted the differential levels of capacity to tolerate arousal in children, with

those children with a predisposition to become excessively aroused in novel situations are at increased risk for being acutely, and perhaps chronically, overwhelmed in any number of traumatic circumstances. The neurophysiological core of self-regulatory capacities in children involves the interaction of inhibitory and excitatory mechanism in the central nervous system. . . . The regulation of arousal serves as a gating mechanism to optimize orientation and attention and thus information processing and learning. (Mayes & Cohen, 1996, p. 132)

Differential arousal regulation by the activation of neuromodulators can account for the variation in what children experience as traumatic. The more mature these mechanisms are, the less the experience of what is traumatic. These differences in the biology of arousal regulation also interact with the level of environmental stress and chaos. Mayes and Cohen (1996) point out that children living amid chaos and environmental

neglect have less reserve in their ability to tolerate stressful events at any maturational level and any level of arousal regulation. They state:

Children who have especially labile arousal-regulatory capacities and who live in chaotic environments are more susceptible to the developmentally debilitating effects of stress than children in less chaotic environments or those with more integrated arousal capacities. (Mayes & Cohen, 1996, p. 133)

Contemporary psychoanalysis has begun to open a dialogue with neurobiology and the neurosciences, creating a great deal of interest in the potential interface of psychoanalysis with neurobiological constructs and research. Damasio (1999), for example, focuses on "core consciousness," the awareness of what we think and feel, which forms the basis for our basic sense of self, and posits that it is impossible to separate consciousness from emotion. Panksepp (1998) proposes the new discipline of "affective neuroscience" to bring together the findings of many psychological sciences in order "to provide a neurological understanding of the basic emotional operating systems of the mammalian brain as well as the conscious and unconscious states they generate" (p. 5). Recent research on temperament and attachment disorders also point to the important role contributed by biological, genetic, and constitutional factors that influence the course of development.

A further note on one specific neuropsychological condition bears mention here. Attention Deficit Hyperactive Disorder (ADHD) is a syndrome that does not appear to be a unidimensional dysfunction, but one of the interaction of several neuroanatomic networks, with the resulting behavioral triad of impulsivity, hyperactivity, and inattentiveness (Barkley, 1997). It is marked by a failure of executive function, which includes a disturbance in the capacity to inhibit "prepotent responses, interrupt response patterns when feedback indicates responding is becoming less effective (a sensitivity to errors), and protect delays in responding and the periods of self-regulation (executive control) those delays permit from being disrupted by sources of interference" (Barkley, 1997, p. 82). This inhibition is also essential for the smooth operation of other executive functions, such as "(1) nonverbal working memory, (2) internalization of speech (verbal working memory), (3) self-regulation of affect/motivation/arousal, and (4) reconstitution" (Barkley, 1997, p. 154).

Traditionally, child analysts have resisted recognizing this disorder as a discrete diagnostic entity "with a complex etiology that requires a multifaceted approach to both assessment and treatment" (Gilmore, 2002,

p. 373). More recently, however, psychoanalysis has begun to view the syndrome as a failure of synthetic ego function, which affects multiple systems, including the cognitive/learning capacity, the interpersonal dynamics in terms of attachment patterns, peer relationships, and finally, the core experience of self. Treatment for children with ADHD must consider the chronic disturbance in ego integration, organization, and synthesis that characterize this disorder. Gilmore (2001) suggests certain therapeutic modifications to the analytic technique, such as the requirement for limit-setting and the greater attention to potential outbreak of impulse. The analyst provides an

empathic but continuous integrative force . . . addressing the inevitably idiosyncratic content played out in the transference and in unconscious derivatives . . . (doing) what the patient cannot do: reflect on his disorganized internal experience or his defensive and/or inborn rigidity . . . integrate discontinuities in affect and self-experience . . . modulate through insight the eruption of impulsivity (which of course is harnessed to conflict), and facilitate tolerance for the overstimulation of intimate object relationships through work in the transference. (Gilmore, 2001, p. 1288)

Other treatment interventions are also useful, such as small classrooms, use of shadow teachers, highly structured behavioral modification techniques, and medication, which is often essential to reduce internal disorganization and drive pressure. Gilmore underscores the need for dynamic treatment to help the patient integrate the pervasive impact of the ego disturbance in conscious experience and to repair the related difficulties suffered in object relations.

MODEL OF PSYCHOPATHOLOGY: CONFLICT AND STRESS; NEUROPSYCHOLOGICAL UNDERPINNINGS OF TEMPERAMENT

As the infantile neurosis forms the nucleus of the psychoanalytic view of psychopathology, child analysis is indicated when there exists

conflicts raging between the different agencies of (the child's) internal structure, i.e., processes which consume the energy at the disposal of the person instead of leaving it available for the various tasks of life; unsuitable *defenses* against drive activity which cripple the efficiency of the ego and restrict its sphere of influence; *anxieties* which at their height create an inner atmosphere unfavorable for the smooth unfolding of important ego functions; *fixations* of large quantities of libido on early developmental stages

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which impoverish further psychosexual advance; regressive moves in the area of either drives or ego which undo development severe *repression of aggression* which limits any kind of productivity activity. (A. Freud, 1968, p. 37)

Child analysis is indicated for those situations of neurotic compromise, wherein exists an imbalance in the aggression–lack of aggression continuum, between id and ego pressures, and between ego and reality pressures.

Temperament as an important neurobiological variable was first studied by Stella Chess and Alexander Thomas (Thomas & Chess, 1957; Chess, Thomas, Birch, & Hertzog, 1960) in their New York Longitudinal Study of Child Temperament, which began in 1956 and continues to this day. Their study of 138 Caucasian children from middle-class families and 95 Puerto Rican children from lower-socioeconomic families from infancy to seven or eight years of age with psychiatric interviews and special sensory, neurological, psychological, and IQ testing revealed nine categories of behavioral style: (1) activity level, (2) rhythmicity (regularity), (3) approach versus withdrawal, (4) adaptability, (5) threshold of responsiveness, (6) intensity of reaction, (7) quality of mood, (8) distractibility, and (9) attention span and perspective.

Cluster analysis revealed three clear categories of temperament in two-thirds of the sample:

1. *Easy children*, 40 percent of the total, showed regularity, positive response to new stimuli, and high adaptability to change. They also appeared to relate well to strangers and accepted frustrations well.
2. *Difficult children*, about 10 percent, showed irregularity in biological function, withdrawal from new stimuli, nonadaptability to change, irregular sleep and feeding schedules, and prolonged adjustment to new situations, reacting to frustration with tantrums.
3. *Slow-to-warm-up children*, 15 percent of the sample, combined mildly negative responses to new stimuli with slow adaptation with repeated contact. Unlike difficult children, they showed mild intensity of reactions, whether positive or negative, and less irregularity of biological functions. Initially hesitant, they gradually came to show positive interest and involvement if allowed to re-experience new situations over time and without pressure.

From the data of the New York Longitudinal Study of Child Temperament, Chess and Thomas proposed a concept of the “goodness of fit”

between parental expectations and children's temperament, which became the focus of their therapeutic interventions. Parents were taught to recognize and make appropriate adjustments for such phenomena as biological rhythms, sleep-waking schedules, intensity of response, distractibility, and the like. The authors found that guiding parents to modify their own behavior to correspond with their children's temperaments was more effective than their former emphases on "conflicts, defenses and anxieties" (Lefley, 1998, p. 144).

Chess and Thomas wrote that any parental mismatch and disapproval that might emerge may generate anxiety and subsequent behavioral symptoms in the child, particularly when the parents' anger was triggered. "Nowadays, the goodness of fit transactional model is one of the basic models used in a broad spectrum of child mental health services, ranging from children's psychiatric inpatient services to pediatric practice and work in schools" (Lewis, 1998, p. 689). Their seminal work on temperamental styles can also be considered a precursor of the concept of attention deficit disorder, which will be discussed in a later section of this chapter.

Current thinking also stresses the impact of environmental factors that impinge directly or indirectly on development. These include divorce, neglect and physical abuse, incest and sexual abuse, living in the inner city with rampant and pervasive crime and drug and alcohol abuse, and the devastation of war, famine, and drought with resulting migrations, to name only a few. Any of the foregoing can exert a pernicious effect of derailing development from its normal course.

GOALS OF TREATMENT: INTRAPSYCHIC AND EXTRAPSYCHIC EQUILIBRIUM IN THE CONTEXT OF DEVELOPMENT

The ultimate goal of child analysis is to explore, understand, and resolve the etiology of the arrests, fixations, regressions, defensive operations, and so forth, which bind up important sources of psychic energy to aid the resumption of normal development. Unlike adult analytic patients, however, the child is essentially a work in progress, and, as such, powerful maturational trends will occur despite whatever neurotic compromises have developed. Of course, the strength of the compromises will definitely affect the extent to which these normal processes will hold sway. At certain times, they may be completely overwhelmed and overshadowed by the ongoing battle between the two factions of id and ego. Developmental lines such as the line toward work and toward body integration must all be evident to qualify as cure in the classical sense.

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The goal of child analysis is not a regressive re-encounter with the past of stored, repressed memories, although at times regression in the service of the ego can be adaptive and promote development. Rather, as the child is still creating these experiences for remembering, the goal of treatment is to aid development so that growth and maturation can take place at a normal pace, more or less in keeping with the child's chronological and mental age. Ultimately, the most essential goal is to return the child to the path of normal development from which he or she has been derailed.

In contrast to the aforementioned conflicts between the agencies of id, ego, and superego, extrapsychic conflicts are those between the self and the external environment, which include parents, siblings, peers, teachers, coaches, school, medication, ethnic group, and religious affiliations, to name only a few.

Numerous pitfalls, of course, exist within the treatment. Even when play therapy is used, the analyst can hardly coerce the child patient to use it in the same way that adults might utilize free association. This is so simply because of the cognitive limitations specific to their phase in development. Ritvo (1978) reminds us,

What contributes so much to the importance of the transference in the analytic process is not only what makes possible terms of understanding, interpretation, and reconstruction: it also restores the feelings of immediacy, reality, and conviction to psychological phenomena arising out of the past. This is part of the process of ego becoming where id was. . . . For this part of the process to occur and progress requires the existence and functioning of an ego which can observe the self and set in motion the recognition of distinctions between past and present, between objective danger and neurotic anxiety, which arises out of the interplay of wish, fantasy, and inadequate understanding due to the immature thinking of the child. . . . Though we can argue that the analytic process and the therapeutic action of analysis depend in children, as in adults, on the analysis of the transference, defense and resistance, the process in children not only must be adapted to the development of the child, but is in many instances limited by his developmental status as well. (1978, p. 300)

Interpretation of **transference**—the way in which the patient's view of and relations with his or her childhood objects are expressed in his or her current perceptions, thoughts, fantasies, feelings, attitudes, and behavior toward the analyst—continues to be the tool by which the analysis derives its mutative effect. With child patients, transference may and often does

reflect aspects of present-day relationships with important objects, especially the parents. According to Ritvo:

The basic transference, unless it is interfered with by a powerful dynamic force such as the ambivalence of the parents toward the analysis, is a major determinant in the child's portraying discomfort, anxiety, and symptoms in the fantasy play in the analysis. . . . Even if the analyst cannot count on the child's active conscious participation in the analytic process, the basic transference provides a directional force for the child to present his conflicts and symptoms via play, fantasy, verbal communications, and behavioral interaction with the analyst. (Ritvo, 1978, p. 301)

The analyst must always keep in mind, however, that as the children still have their primary objects with them, there is less motivation for child patients to experience transference manifestations or partial transference reactions. Furthermore:

Analysts have repeatedly emphasized that the child has less of a tendency or need to make transferences to the analyst because he still has his primary love objects in his daily life for instinctual drive gratification or for symptom formation, which lessens the involvement of the analyst in the transference or the transference neurosis. (Ritvo, 1978, p. 297)

Failure to experience the analyst as an object of transference does not necessarily detract from the importance that a validating, new, *real* object can play in helping the child understand his or her internal conflicts and/or overcome developmental deviations. Cohen and Solnit (1993) describe poignantly the role of the child analyst as a real object in their case material of analyses of developmentally impaired youngsters, stating

it is not a matter of either/or but how the predominance of the former (analyst as a new or real object) has a shaping influence on technique as a pathway to therapeutic leverage and action. . . . The child identifies with the analyst in tolerating change and in foregoing the familiar stickiness of the deviant developmental views and expectations associated with learning disabilities and distorted self-esteem representations. In turn, this analytic work, including the interpretation and working through of neurotic conflicts and defenses, enabled these children to use their differentiations in object relationships to promote capacities for object constancy, friendship, and identifications that can be elaborated and liberating. (p. 62)

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Child patients can demonstrate many types of resistances, chief among these that of being brought to treatment rather than coming of their own volition. Ritvo states:

With children, the analysis is rarely undertaken upon the request of the child, especially in the case of children under 9 or 10. The active and informed consent of the child patient is likewise rarely obtainable at the outset of the analysis and at best is only gradually attained in the course of the analytic work. The attainment depends on the child's developmental progress in abstract thinking, language, cognition, the capacities for self-observation and self-evaluation, and the ability to project present conditions into the future. The child's active participation in the process is perforce more sporadic and less reliable than that of the adult. (1978, p. 297)

Finally, it is vital to stress that in addition to offering interpretations in the idiom of the play, the analyst must choose carefully the time and setting when interpretations are offered directly because the child is so intolerant of them. "If confronted with too much interpretation in reality when defensively still resistant, the child can be prone to become anxious, uncomfortable, and uncomprehending in response to a direct interpretation, and to break off the communication by fantasy play" (Ritvo, 1978, p. 301).

CASE STUDY 1: JASON L.

CASE FORMULATION: TEMPERAMENT AND ITS CLASHES
WITH THE SOCIAL ENVIRONMENT

The case of Jason L. illustrates in bold relief many of the distortions and arrests Anna Freud stressed, which arise when the three factors of normal development go awry. While the course of normal development does not always proceed smoothly, the interaction of endowment, environment, and rate of **structuralization** and maturation within the individual are absolute prerequisites for normal development. I shall thus attempt to view this case through the lens of these three factors, first considering together Jason's constitutional endowment and rate of structuralization and maturity. I will also propose that he be viewed as having many indications consistent with a diagnosis of Attention Deficit Hyperactive Disorder. Third, I will consider familial dynamics that have interacted with his particular set of constitutional and ego deficits, specifically the familial history and present symptoms manifested by his mother. Lastly, I shall

attempt to describe the ecosystem pressures with which this family struggles daily, now so commonplace in these modern times.

From the prenatal period on, Jason manifested symptoms in physical factors that raise the possibility of later constitutional vulnerability and temperament disturbances (Chess, Thomas, Birch, & Hertzog 1960). This is strongly suggested by the mother's prenatal complications requiring bed-rest from the 26th week on, his low birth weight despite full gestation, and mother's denial of substance abuse. His constant irritability and poor sleeping suggest temperament disturbance, and his hypensensitivity to clothing, having his hair washed or nails cut, or changes in his life also suggest a need for stability and sameness of routine. These circumstances are likely to raise the question of constitutional variables operating to disturb the psychic equilibrium of the infant in the earliest months, creating in the infant a psychic sense of the body being out of control. As his mother already felt guilty about the difficult pregnancy, she worried about his survival, holding him constantly. A baby held constantly would also likely suffer some reaction once this period has passed, an inevitable fact of life once the mother resumes her life and the demands of the infant are crowded out by competing factors (e.g., the birth of siblings, mother's return to other responsibilities, etc.). Jason walked and acquired toilet training within normal limits, suggesting adequate motoric and neurologic development.

Psychologically, however, he was reportedly an irritable, difficult toddler who complied poorly with her demands and threw violent tantrums when frustrated in his aims. These can be interpreted as Jason's experiencing autonomy strivings, which abraded the needs of his mother. This also led to autonomy and control issues, which course throughout his life. Her inconsistent limit-setting and spanking hardly set the stage for a consistent, positive mother-infant bond, as well as his defiance of authority, creating also a feeling of permission for violation of personal space through the physical punishment delivered. This is later carried out to the extreme in her hitting and bruising him. Her remark that he took several hours before he would warm up to her after attending preschool also suggest the ambivalent attachment pattern found by Mary Ainsworth (1978), now setting the template for their future interactions.

Furthermore, this writer would suggest that his history of impulsivity, overactivity, and risk-taking, as reported by parents and teachers, as well as his results on the WISC IV, specifically a Working Memory Index of 100 and compromised Processing Speed of 110, lend support for the possibility of ADHD in this bright but grandiose and unreflective child who could describe barely his own characteristic attributes, positive or negative. His

immaturity and poor peer relations, as reported in the Behavior scale of the DTORF-R, also suggest difficulty in keeping still for movement or group activities where he must inhibit his normally active and determined self. For the most part, his behavior is destructive, defiant, and singular, hardly recognizing of mutual engagement with others his age.

On the Achenbach scales, Jason's parents differed markedly on their view of his difficulties, with his mother endorsing many symptoms while his father seeming more lenient and generous in his assessment of Jason's negative behaviors. While mothers generally report a child's behaviors with greater accuracy, perhaps because of the length of time they usually spend with children when they are young, Emilio seems particularly unreflective in his acknowledgment of Jason's core difficulties. The parents' report of his complaints of boredom, restlessness, agitation, and difficulty focusing, even on things he enjoys, further suggest the presence of ADHD.

In addition to his temperamental difficulties from birth leading to the question of ADHD, Jason's moodiness and full-blown rage attacks suggest also the issue of a bipolar disorder, as exemplified by his unpredictable and explosive rage attacks when frustrated. ("The slightest thing sets him off.") As is frequently the case, bipolar disorder and ADHD are often comorbid conditions. His throwing down his books after school seems mild compared to his deliberate throwing of the lotion bottle against the wall when performing the MIM task with his mother. Here, his anger and frustration are immediately expressed in a destructive act that would likely threaten his mother with his defiance.

For her part, his mother appears to act with annoyance and removes the lotion. Sensing her beginning to withdraw, he throws the bottle against the wall, perhaps to keep her engaged even if she is angry. In turn, she withdraws her attention completely. This demonstrates *in vivo* the cycle of rejection that both feel toward the other, another example of the rejecting pattern of attachment discussed by Ainsworth et al. (1976). It also demonstrates how quickly Jason dilates with rage when he feels his mother's intolerance of his moods.

Jason's already tenuous impulse control and frustration tolerance seem to decompensate quickly in the face of emotional distress, resulting in the maladaptive, acting-out behavior that comprised his behavior disorder. Several of these provocative episodes also eventuated in physical abuse by his mother. More significantly, however, Jason shows significant attachment and separation-individuation disturbance vis-à-vis his mothering, a likely result of maternal withdrawal and depression during the latter part

of the second year of his life. These, indeed, occurred during what would normally be the *rapprochement subphase* of the process toward achievement of individuation as described by Mahler (1980). This phase is usually a period characterized by the baby's moves away from the mother only to return to her for "emotional refueling." Unfortunately, in this case, Jason's mother was unavailable for him to return to home base, as it were, as she was undergoing yet another difficult pregnancy with his sister Carla, and he was relegated to the care of the grandmothers. Matters could not have fared worse for him as his mother experienced a much easier time raising his sister, causing her to treat his sister with more outright affection.

To add to this, he was ousted from his favored position still further when sent to preschool at age four, perhaps causing him to wonder about how mother and daughter were bonding without him. This might have been experienced as further rejection of him, as evidenced by his protest upon leaving and his distancing upon reunion with his mother. Indeed, the resistance toward school continued to present day. One notes, for instance, that his worst behavior is usually the hour after school, whereupon he arrives furious and raging, requiring some time to cool down before he can reconnoiter with his mother. His more tractable and compliant behavior with his mother during the weekends further raises the question of his anger and protest about separating from her during the weekday. When there is more time for both parent and children to relax from the pressures of school and work, the entire family system appears more tranquil.

Jason's unresolved dependency, autonomy, and oedipal needs in relation to his mother all appear to coexist and are characterized by his anger and hostility, rendering Jason rebellious and defiant where his mother is concerned. While he longs for a more loving relationship with her, as noted in the observations made during MIM tasks, his disappointment over her perceived betrayal by favoring his sister may signify the need to maintain distance from her, even at the expense of unmet dependency needs. His oedipal longings are tinged with envy, and he appears to have turned away from his mother toward his father for emotional supplies.

Symptomatically, Jason's disruptive behavior can be parsimoniously viewed as an acting out of frustration and rage felt toward his mother for her perceived coldness and controlling behavior toward him. While his warmer and more nurturant relationship with his father compensates to some extent for the contentiousness and rebelliousness of his relationship with his mother, it hardly approximates his disappointment over the ambivalence of this primary relationship. Moreover, my basic premise is that disturbances of attachment and bonding existed early on between

Jason and his mother, setting the pattern of relating for this dyad that has since been exacerbated by maternal depression, postpartum and long-term, along with his mother's seeming preference for his younger sister.

Structurally speaking, Jason had to grapple with developing his own identity at a time when the primary caretaker of his life, his mother, was in the grips of her own ongoing depression, which rendered her psychologically unavailable to her toddler son. His maturation could have developed more normally if these factors had not intervened to cause his fixations in the phase of anal-sadism. Thus, his marked rebelliousness and hostility bespeak the enormous disappointment and rage he feels toward having supplies withheld from him. This is actualized later in development by his destructive, antisocial behavior.

Jason has evidenced a selective capacity for more integrated object relations, as for instance in the relationship with his father. Here, he allows his dependency needs to emerge, and his father appears to be a willing partner to provide the nurturance he seeks. This stands in marked contrast to his behavior with females. His anger toward female authority figures is persistent and causes him to relate with almost equal ambivalence and rage toward other females in displacement. An example of this is the differential reaction to his female teachers versus his male student aide. Males are felt to be less dangerous and ominous, whereas females irritate him because they seek to control him excessively. Toward the latter, he evidences in bold relief his lability, variable impulse control, immature judgment, and lack of even age- and phase-specific insight. Thus, he evidences part-object relationships, split off by the presence of intolerable anger. Females who have disappointed him in the past are tainted, whereas males are perceived as more loving and approachable.

Jason continues to mourn the psychic abandonment by his mother through depressive withdrawal. Although his tie with his father seems relatively unambivalently loving, it rests on a foundation of hostile dependency toward his mother, thereby setting the stage for poor object ties with subsequent object relationships, especially with female figures. Further complicating the picture are each parent's distinct ways of parenting each child in the family, due as much to their ethnic and socioeconomic differences as to their individual personality characteristics. For example, Mary came from a middle-class Caucasian background, whereas her husband came from a lower-socioeconomic Mexican one. She also had a father and grandfather with volatile behavior and prolonged mood swings, as well as a father with alcoholism. While Mary's parents were divorced and she was alienated from her mother and sister, Emilio hailed from a

close-knit, first-generation Mexican family, which seemed fairly functional despite the alcoholism of his father and brother.

Thus, Jason appears to be the third generation in this family suffering from mood disorders. His parents differ enormously on their own achievement strivings. Employed as a secretary in a law firm, Mary harbors greater ambitions to further her education, even as she is aware of the impediments toward this goal, reflecting her middle-class origins. On the other hand, Emilio is content with his position as a supervisor in a blue-collar job. Neither parent has more than secondary education and the possibilities it portends.

The diagnostic protocol is revealing of several important basic components of Jason's ego structure, defenses, and resources. An intelligent child, he nevertheless seems more immature than his measured intelligence would suggest. His poor attachment history and possible ADHD and bipolar disorder (Papolos & Papolos, 1999) lend support for the ego disturbances that he experiences consistently. He relates, also, in unpredictably immature ways, which appear motivated by a regressive need to be a younger child, perhaps reflecting his envy of his younger sister, and as a way of satisfying age-appropriate but thwarted dependency needs. Such can be seen at one end in his clingy behavior toward his father and, at the other extreme, his strident defense against showing vulnerability and neediness to his mother. Indeed, he lacks a well-developed observing ego and cannot comprehend the effect of his behavior on others. While this is certainly age-appropriate, given the egocentrism of this age, Jason appears unable to have any insight into his difficulties.

Superego weakness is also seen in his reaction to being caught setting a fire with a friend. He avidly seeks to avoid all mention or discussion of his conduct disorder, as noted in his initial silence during the opening interview and during confrontation after setting the trash can on fire. Nor does he assume much responsibility for his own behavior, even when confronted with the contrary. His sobbing and crying when finally admitting his culpability is more suggestive of the shame and fear of punishment he felt rather than any well-organized remorse or sense of guilt for having destroyed property. Indeed, superego deficits are roundly suspected from this vignette, raising the specter of more antisocial acts in the future if his hostility ascends. While they can be seen as isolated acts of rage, they are fundamentally acts of defiance and attempts to humiliate in displacement, almost always at internalized authority figures who are experienced negatively.

At this juncture of his psychic life (i.e., in the beginning of the latency phase), Jason could be expected to be maturing out of the narcissistic

egocentrism of this phase to a more advanced level of conscience development. His oedipal conflicts are negative, however, and show fixations with the unavailable, hostile maternal **introject**, thereby slowing the progress of this crucial phase. Defensively, Jason's chief ways of coping against overwhelming affect appear to be habitual avoidance and externalization, although this can appear to regress toward outright denial and projection in the face of extreme threat. Such renders him, thereby, a child who resists fiercely admission of culpability of his pervasive acting-out behavior. He also utilizes splitting and projective identification as major coping mechanisms against his anger. Thus, he is more capable of investing love with one object and hating the other, showing thereby a great difficulty in integrating the two polar opposite affects within one singular identity.

In this same vein, Schore (2002) discusses the infant's psychobiological response to trauma as being comprised of two separate response patterns, hyperarousal and dissociation. He notes that

in the initial stage of threat, an alarm reaction is initiated, setting off the sympathetic nervous system of response of increased heart rate, pressure and respiration. . . . But a second, later forming longer-lasting traumatic reaction sets in with dissociation, in which the child disengages from stimuli in the external world and attends to an "inner world," involving numbing, avoidance, compliance and restricted affect. (Schore, 2002, p. 451)

Jason generally remains reality-bound, however. Despite the pervasiveness of his anger and his capacity to dissociate aspects of his thinking when rageful, at no time does he lapse into psychosis or delusional thought disorder, despite the abundance of anger he experiences. More possible, however, is his vulnerability toward psychopathy if his anger and sense of helpless rage go unaddressed.

While diffuse and labile in affect, Jason evidenced generally appropriate mood when observed with both parents in the MIM. Apparently, his mood alternates with the presence of the particular adult whom he has well differentiated. Thus, his object relatedness appears intact even if taxed to the extreme by his resentment of his mother's distance and coldness. Such prolonged oedipal fixation for his mother rests on a template of frustrated preoedipal wishes to have an exclusive, dyadic relationship with her. With his sister present, possibilities for this relationship are virtually nonexistent.

Hartmann's (1950) concept of an "average expectable environment" for each child appears poorly realized for Jason, despite each parent's obvious intent on providing it for both children. In the case of Jason's mother, her

psychopathology based on early deprivations appears impressive. Her own depression appears to stem from an early history of familial disturbance and losses. For this reason, she reacted with anxiety to possibly losing Jason immediately after his birth. This anxiety, normal for first-time mothers, has dynamic roots in her anger toward her father and men in general. She may have distanced herself defensively from Jason in order to stave off feelings of loss if he were truly ill. Certainly, it is safe to characterize her childhood as deprived and burdened, permeated with a sense of loneliness and isolation. This is evident in her dysphoric description of her relationships with her mother and sisters. It also motivates her to avoid her mother, as she is prone toward offering depressing reminders of their family's past, as well as the mother's perceived lack of empathy for her marital and family difficulties. Mary appears to have little contact with her sisters, perhaps seeking to avoid any envy she might feel over their supposed success in marrying upwardly mobile men. Was she disappointed that she married someone who was not equally accomplishing?

Throughout, Mary has minimized and denied the extent of her own depression and neediness, despite the occurrence of several fairly serious depressive episodes in her life. The question is raised, here, of the neglect she may have suffered from her own family as she endured these episodes. The cycles and vicissitudes of depression certainly suggest a long-standing need for intervention early in her life, neither of which seemed noticed or offered. As an adult, Mary appears quite narcissistically concerned with her own conflicts, and hence seems unreflective about the extent to which she was presently inflicting psychic and physical harm on Jason. Her lack of sensitive attunement to his needs attest to her level of narcissistic involvement and depletion of nurturance. Her own impulse control seems poor in that she hit him several times, sufficient to cause bruises. While there is no reported history of her being physically abused as a child, the question is raised as to the type of discipline she received during childhood, especially with her history of a father who was alcoholic and violent. Her lack of urgency when reporting her abuse of Jason is worrisome in that she may feel justified in delivering such punishment in response to his misbehavior. To be sure, avoidance and denial appear a favored defense against anxiety in this family. As both parents seem to minimize the seriousness and implication of Jason's conduct disorder, they also turn the same lens toward their own personal issues.

Mary's blunted affect about her parents' divorce and father's subsequent death during her adolescence seems impressive. She has apparently repressed whatever unresolved oedipal longings remained for her father

by the time of his untimely death. Experiencing her mother as depressive, she may have longed for some comfort from this parent, but this need remained unrequited. Mary's difficulty relating to males repeats itself now with her own son: Jason's need to identify himself as a male is something that she can poorly relate to, having been raised in an all-female household. It is safe to surmise that she held anger toward her father for his drinking and violent behavior, causing the family to break up and sink into more dire circumstances, of which her mother reminds her regularly.

As for Emilio, he appears to be a man who did not have the psychological awareness or emotional strength to confront Mary's depression in order to help her or the family. To his credit, however, he appears to be a warmer, less remote parent than Mary, able to engage their children's compliance in a more pleasurable and gentle way. He seems entirely more patient and concerned in engaging their interest in the tasks of daily living, as in meal preparation, and he appears generous with praise and affection. His own report of relations with his family seem unilaterally favorable, despite the question of the extent of his father's alcoholism on his own development. His view of his mother as being nurturant but almost invisible hardly bodes well, however, for his understanding of the female gender. Thus he seems to be more emotionally available to devote psychic energy to playing with his children and manifests more of the sensitivity and attunement that Mary cannot give Jason.

The results of the dyadic and family assessment illustrate *clearly* the different parent-child interactions. Mary, for example, lets Jason struggle with his house drawing and intervened only after a while. Lacking much support, Jason produced little and sought to quit the field as soon as he could. With his father, however, he felt a greater sense of parental interest and involvement. His father also helped him with less criticism and judgment. Thus, Jason's interest in the task was captivated, and he created a drawing that was longer and more elaborate. With this encouragement, his production highlighted more clearly his above-average intellectual potential. Definitely, there is more evidence of playfulness and humor on the part of Jason's father than in his mother. The latter shows little empathic understanding for what he felt, indulged little in his need for face-saving measures, mindless of the shame he felt when confronted with possible failure. His father showed far greater sensitivity to this fact in his play with both children, cajoling them to do tasks even as they were protesting. Eventually he elicited far greater cooperation from them. They even viewed the task as fun and pleasurable, when hitherto it had been irksome when supervised by their mother.

Such an episode highlights clearly Moran's (1987) view of the role parents have in integrating play into their interactions with their children:

We believe that loving parents who are in tune with their children playfully react to the child's anxieties with highly specific, well-timed interventions. Such responses are empathic, but the link between parents' behavior and the child's anxiety remains precocious for both parties. Such parental responses aim to ease the child's dilemma by introducing a modicum of enjoyment and thereby increasing the child's options for mediating or solving conflict. (p. 17)

Likewise, Plaut notes that parents' ability to enjoying playing with their children is a significant indicator of the quality of functioning of the family as a unit (Plaut, 1979).

Finally, one needs to heed the words of Anna Freud with regard to the impact of environmental factors:

What needs emphasis, though is the fact that there is no one-to-one, invariable relationship between the fact of parents being absent, neglecting, indifferent, punitive, cruel, seductive, overprotective, delinquent, or psychotic and the resultant distortions in the personality picture of the child. Cruel treatment can produce either an aggressive, violent, or a timid, crushed, passive being; parental seduction can result either in complete inability to control sexual impulses ever after, or in severe inhibition and abhorrence of any form of sexuality. In short, the developmental outcome is determined not by the environmental influence per se, but by its interaction with the inborn and acquired resources of the child. (Freud, 1982, p. 93)

Diagnostically, Jason does not manifest autoplasmic resolutions to internal conflicts sufficient to qualify for neurotic disturbance. He does not, for example, evidence capacity for the flooding of ego versus superego pressures. If anything, he is more prone toward release of and acting out of the more primitive instinctual pressures, seeking alloplasmic resolutions that are antisocial and even nascently psychopathic. He does not manifest the beginning signs of guilt sufficient to allow for assessment of normal conscience development. Only when faced with punishment does he even admit that he has acted on his destructive impulses. Thus, he does not fit well the criteria for child analysis and should be considered a child with a diagnosis more consistent with character pathology or borderline personality organization. His marginal defensive structure renders his thinking prone toward defensive decompensation and acting out.

Diagnosis of children should be undertaken with some caution, given the developmental givens that are still operative. Perhaps Jason is most parsimoniously considered a child with unresolved separation-individuation issues who cannot yet internalize and integrate the fury he feels vis-à-vis his maternal introject. Constitutionally, he could be considered a child with the comorbid conditions of ADHD at the very least, with bipolar disorder at the most. Play therapy, not child analysis, appears more suitable and is thereby recommended.

TREATMENT GOALS: ENHANCED SELF-ESTEEM, EMOTIONAL REGULATION,
AND IMPROVED FAMILY DYNAMICS

Psychoanalytic play therapy aims at targeting the fixations, regressions, and, if possible, developmental deficiencies and deviations that affect the child and derail normal development. It is the premise of the treatment that once these impediments are removed—at least to the extent that the child has obtained sufficient relief from tormenting tensions and anxieties or has established sufficient trust in his environment of objects and arenas of functioning—that normal developmental trends, especially during specific touchpoints in the child's life, can therefore be resumed. Keeping in mind the foregoing discussion of Jason's symptoms and those of his family and the ecosystem, this writer proposes the following objectives:

1. On a short-term basis, Jason will cease and desist with his most rageful forms of protest, that is, the acting-out behavior he has demonstrated through the fire-setting. In addition, therapy will address the arenas of daily life wherein his self-esteem can be improved. That is, ways to cooperate more willingly with certain individuals (mostly female authority figures) whom he must obey despite his almost constant resistance and resentment. Treatment will focus on teaching him ways to handle his anger and aggression when triggered by interactions with people with whom he experiences conflict. The therapist will engage Jason's cooperation in the therapy to the extent that the treatment alliance can commence. This is essential for later working through of important, deeply entrenched pathology toward final resolution of long-term issues.

Jason's progress in achieving this goal will be reflected in his enthusiasm for the therapy, despite his initial resistance and denial that anything might be wrong with him or that he might be the subject of conflict for his family or teachers. If therapy works, a dramatic decline will be noted in his antisocial behavior in approximately six

weeks, about the length of time for a child his age to gain a sense of trust in the goodness of this new relationship in his life.

2. Long-term goals include (a) addressing the long-standing issues of attachment, bonding, and longing for his mother, which is so conflictual; (b) assisting him in verbalizing his needs from her rather than acting on them in rageful acts; and (c) helping him to reconcile with certain aspects of her own personality, especially in those areas where he feels most keenly disappointed in her. These would include his need for more affection and empathy from her, his need to feel her presence rather than absence in the sense that she tries to understand his feelings rather than deal only with his survival needs.

Therapy should also aim at realigning the relationship he has with each parent, to make each more balanced and psychically stable and multidimensional. Achieving this goal will be much more difficult, as he must overcome a basic lack of trust in his mother and her abiding attachment to him. This goal is reached when he is able to integrate the various splits of affect and ideation he has with relation to this parent: when he can integrate love and hate, good-mother and bad-mother issues, into a singular unity of one person who loves him in her own particular way, even if this falls short of all his expectations.

3. Psychotherapy for his mother with her own individual therapist seems absolutely crucial. It remains uncertain at this point whether she would have sufficient ego resources to undergo psychoanalysis. At the very least, she should undergo her own psychotherapy on a fairly constant basis, at least twice per week. Issues of concern for her include her multiple losses (father and normal family), her resentment of parenting two children while working full-time, and her thwarted ambition to improve her lot in life to approximate her middle-class origins. A treatment goal would be to assist Mary in recognizing the extent to which her own past disappointments, deficits, and losses have caused her depression, sufficient to render her a neglecting, unempathic, and even numbed mother who has yet to provide a sufficiently nurturing environment for the development of her son.

Hopefully, therapy will also help her gain insight as to her own neediness and easier connection with females, as reflected in her enmeshed, tight relationship with her daughter Carla, to the detriment of that with Jason. Psychotherapy will likely be long and intense for Mary, given the degree of her pathology and the denial and projection she utilizes to keep her anxieties at bay. This too will depend on her capacity to engage in her therapy, her willingness

to explore exceptionally painful aspects of her past, and her anger and sense of futility in possibly altering her life.

4. Psychotherapy for Emilio is also recommended to ascertain his own difficulties in dealing with Jason and raising two children with a depressed, angry wife. It may explore his own frustrations, if any, in interacting with Jason. His therapy may also explore his feelings about his own family of origin, their backgrounds, his ambition, if any, and how he coped with his father's and brother's alcoholism. It may also address his basic defenses of avoidance and minimizing emotional conflict. Such an avoidant approach hardly suggests someone with sufficient ego strength and fortitude to grapple with emotional upsets as they occur.
5. Each parent will have separate sessions with Jason to address the ways in which they interact. This can be done by either Jason's therapist or a family therapist who deals with all of them. It would be more advisable if the latter were the case, to preserve the special quality of the individual work. Principally, the most difficult and crucial focus will be that of Jason and his mother, as they are the dyad most in conflict. His need for her approval conflicts roundly with his sense that she is cold, distant, and controlling, which no doubt has enormous ramifications for their future relationship if these issues go unaddressed. The therapist will need to grapple with two very different approaches to raising the same child, being careful not to give in to countertransference temptations to align him or herself with either parent against the other. One might be tempted to do so, given Mary's more glaring inadequacies as contrasted with Emilio's warmer and softer touch with Jason.
6. Joint parent counseling to gain their cooperation in treatment goals and to ameliorate and modulate further familial contribution to the symptoms he demonstrates is warranted. They will need to learn to work together despite their different reinforcement histories, as their ongoing support of the other will have important implications for both children, especially Jason.
7. School contact is needed to advise Jason's teachers of sufficient issues that would be obvious in their daily work with him. This would certainly be reasoned and discrete, as one must be careful not to violate the confidentiality of Jason or his parents. But the school serves as a valuable resource for information about his daily behavior, its vicissitudes and fluctuations. The therapist would do well to engage the help of teachers in fostering his self-esteem, in learning and actualizing his potential. More importantly, as Jason returns home

each day in a fury, one may hypothesize that the situation poses multiple challenges to his self-esteem, his sense of competence, and his sense of self-worthiness in the eyes of his teachers or peers, as school is such an important arena for the interplay of all these issues. School seems especially frustrating and is therefore a necessary field for exploring important contributions to his anger and frustrations. Engaging his teachers' cooperation in this endeavor, even in a general way, will yield valuable information about the pressure points that elicit his most disturbing reactions and affects.

TREATMENT DESCRIPTION: A PSYCHOANALYTIC METHOD

Basic techniques and strategies of this modality can be described as introducing the child to the play situation, allowing him a chance to explore it as he wishes, and talking while playing. In time, the child will develop a routine of activity, whether to start with a drama play, which he might continue from session to session, building of Lego pieces, or whatever. The therapist will elaborate on the play throughout, picking up themes to query and deepen, or she may choose to remain silent, depending on the child's reactions to the interpretation. Some children will want the therapist to take the lead; others will insist on total silence *but* absolute attention. Each child differs in his or her capacity to understand and to tolerate the therapist's verbalization and participation. If the therapist sets the tone of acceptance of what the child is willing to express, she will eventually communicate the idea that talking is more important and helpful than mere playing. When this occurs, the child comes to verbalize as well as play.

Change is measured ultimately by the proportion of playing to talking, as well as the quantity and quality of verbal production. By the latter, the therapist can also gauge the extent to which the interpretations have hit their mark, and the amount of maturation and age-appropriate development the child is undergoing. The therapist enjoins the child to speak every thought, as in the case of free association of adult analysis, but rarely interferes with any aspect of the play unless it poses dangers to either person or property. Even with this encouragement, the child may refrain from verbalizing innermost thoughts until either absolutely certain or trusting of the therapist. Even then, it may be difficult to drop the defensive armoring he has mounted to let another in on his private misery.

To this issue, one may speculate that Jason would absolutely hold on to his private misgivings for a long time to come, given the duration of his conflict with his mother. In such a case, the therapist should give him wide

berth to “open up only when he feels ready to discuss such things.” Eventually, the therapist will encounter the issue of the splitting mechanism, which is so prominently a part of his defenses. At such a point, it would be pointless to argue why he should love his mother despite her inadequacies. Instead, one should assist Jason with exploring the underlying need that fuels the angry neediness and other avenues for obtaining need satisfaction, whether from other sources (such as his father, teacher, etc.), his own natural resources, or whether he still requires them in reality.

Logistics: Playroom and Materials Psychoanalytic play therapy provides a setting whereby the child may play out and hopefully express the intrapsychic concerns that bring him to therapy. The setting can vary from therapist to therapist, from an office with a designated play area to an office with toys, work stations, closets full of toys, and so forth. It is usually a space created with a child’s needs in mind, a protected space wherein dramas can be acted or re-enacted without dreaded consequence (Loewald, 1987). Often, space permitting, there are designated areas created for the production of different children, a shelf on a bookcase, a file drawer, or the like, wherein the child may store things created, thereby creating an actual “holding environment” as well as a psychic one, which fosters the feeling of intimacy and ongoing connection between patient and therapist. Objects in the office, such as couch, desk, bookshelves, can also be used as part of the fantasy play, depending on the tolerance of the therapist and safety concerns.

The child patient chooses from the variety of paraphernalia available: drawing materials, dolls and doll clothing, blankets, toys, games, soft balls for baseball and basketball, and construction material to build things. Toys may include doll families and houses, animal and human puppets, soldiers, guns, current action figures, cowboys and Indians, and so on. Drawing materials may include the usual art supplies of finger paints and pencils, Play-Doh, markers, and papers; with very young children, a sandbox is also often useful for practicing fine-motor control without having commitment and finality when an error is made.

Although organized games such as checkers and Battleship have been less favored because they have structured rules of engagement, they are often preferred by latency-aged children (such as Jason), and can be played with as much passion expressive of unconscious motivation as any of the variety of less-structured activity. The difference is that latency children often attempt to obscure and hide the passion stirred up by the playing of the game; the empathic observer can, nonetheless, tap into the undercurrent of feeling for the conflicts and motivations that drive the play.

Indeed, analysts (Colarusso, 1987; Peller, 1954; Plaut, 1979) have posed that games have their own rhyme and reason in the play of this age population and are ultimately useful as well for acting out mental content.

As for modern video games—a fact of life for many children of this day and age—they are advised against because they are particularly structured activities with rules specified by the software program and preclude individual creativity. Thus, playing them is a solitary venture that excludes the role of the therapist. Utilizing them in play therapy is wholly discouraged. Regardless of the medium of toy chosen, it is vital to remember that the action of the therapy is in the interpretive work, not in the toy or game activity. The latter serve merely as tools by which the action of the therapy occurs.

Play therapy aims to elicit the child's thoughts, feelings, and wishes in indirect, nonintrusive ways. The therapist allows the child maximal freedom to play with the materials offered, so long as the people and property are safe within the treatment room. In other words, limits are imposed only on furniture destruction or homicidal or suicidal acts; all else is tolerated beyond that. This process can thus give the analyst a window into the child's unconscious mental life, with all the dreams, wishes, tensions, and pressures he experiences. The therapist can be either observing or participatory with the play constructed by the child, depending on his expressed wishes. In either case, the role of the analyst is to clarify and reflect on the ongoing events of the play, occasionally commenting on its action, the needs of the individual characters, and to offer interpretations, taking care to clarify underlying issues for the child within the idiom of the play. The analyst should take care not to disrupt the flow of the material offered by the child by premature interpretations or those too close to real life. This would be especially critical for a child like Jason, who recoils with any mention that the root cause of any problem in his life might be his own behavior. Interpretations too close to real life before he is ready for them would almost certainly reinforce his defensive need to avoid and deny.

Frequency and Duration of Treatment A frequency rate of two or three times per week seems sufficient and as much as Jason's developing ego can tolerate at any one time. This is also in recognition of the other factors that impact upon the particular case in hand: availability of parental support, other developmentally appropriate activities in which he may engage, and so forth. Within this context, his parents should be interviewed at least once per week to elicit their support of treatment efforts and to attenuate ongoing family dynamics, which may be contributing still to the symptom picture. The collateral treatment is considered vital in this case, as much of

Jason's pathology is intertwined around the issues with his parents, both intrapsychically and in reality.

As in the case of most child cases where parents are seen on a fairly regular basis, it is suggested that different therapists are utilized for each modality if at all possible. Jason's mother, to be sure, is entitled to a therapist of her own to deal with the enormity of depressive issues she manifests. The therapists should have ongoing consultation with each other. The separation of therapist/family specialist is advocated here to forestall contamination of the child treatment in cases where issues of trust would complicate the child's already existing difficulty in establishing the therapeutic alliance. Such a strategy might dovetail with that employed by Bearslee and MacMillan (1993), whereby a strategy for working with children of depressed parents can provide useful support for families to cope with the ramifications of the parent's affective disorder.

Specific Strategies Through whatever medium selected by the child, the play therapist would attempt to engage Jason in the task of revealing himself while in the act of playing. Various scenarios are possible, although one remains uncertain whether he would easily lose himself in the act of enacting the unconscious issues he has in this way. Latency children also tend to avoid the regressive pulls signified by certain activities, dolls, and such figures as toy soldiers and action heroes, eschewing them for more organized games instead. The therapist plays a relatively nondirective role in the choosing and playing of activities during the session, allowing the young patient to guide and steer the direction of the play. It appears highly likely, given Jason's difficulty with managing internal pressures in modulated ways, that he would choose to hide behind more rigorously and structured activities as provided by board games or organized play.

This having been said, should Jason choose role-playing with dolls, games, or whatever, the therapist allows him to "enact these conflicts through motor means" (Sandler, Kennedy, & Tyson, 1980, p. 137). One may hypothesize that many of these activities will deal with his issues with his parents, especially his anger and disappointment toward his mother that is more directly expressed.

Treatment Stages

Introduction/Orientation This might be a period of orientation to what the goals of therapy are and should be explicated in terms that the child patient can clearly understand. A *raison d'être* should be given to the child, regardless of age, to respect his intelligence and to answer questions about

why he must visit the therapist in the first place. Conditions for what a child can and cannot do, as well as what the analyst will and will not do will be given at the very beginning. The child will be introduced to the concept of play and talking in a relatively permissive setting, wherein everything—barring outright aggression and damage to person and property—will be permitted. This may also include a period of education wherein the child is introduced to the language of therapy. This might include naming his emotions, if required, giving him a vocabulary by which to express his internal states. An educative period along the lines described by Weil (1973) may even prove necessary in order to provide him with a period of time whereby he is initiated into the demands of treatment in a gradual, subtle way.

Based on his reaction to the initial interview, Jason will no doubt have some difficulty warming up to the situation if it suggests in any way of having him accept responsibility for misconduct. He may question roundly the necessity of having therapy in the first place, thereby refusing to verbalize his difficulties by playing instead. Eventually, however, he may shift into the mode of playing and verbalizing, a combination that will permit him to enact the conflicts experienced and have their meanings made clear.

The therapeutic alliance is established during the opening moves of the therapy. It is forged by both patient and therapist to deal with the patient's internal conflicts. The child patient must acknowledge in some way the existence of his internal conflicts and allow the therapist to help him articulate them and work with them toward resolution. The success of the therapy depends in large part upon the child's attitude toward the treatment itself and the therapist. While resistant, he must yet accept somehow the fact that he needs help and allow the therapist to provide it. He must accept the therapist's lead and have sufficient confidence and trust in her and the work she represents to permit the therapy to occur. The child may also be motivated by the presence of a new adult in his life, one with particular skills for helping him to surpass the difficulties of his life at the moment, whether they be with school or with home. While Jason shows no insight about himself and his own behavior being problematic, he admits that he feels unhappy and frustrated. During the initial intake interview, he warmed to the interviewer so long as emotionally charged subjects were avoided, thereby showing some enthusiasm for the attention of an interested adult.

From this portion of the intake interview with Jason, I hypothesize that he would be open and even enthusiastic about the prospect of therapy, thus rendering optimistic the opening moves of the therapy and therapeutic

alliance. Though he is obviously resistant to certain aspects of the therapy, he nonetheless seems open toward relating to adults if they relate to him without too many demands. Given the potential for transference reactions to females, a male therapist might prove less threatening to Jason. It may also provide yet another figure of identification, a developmental dynamic greatly appropriate for a latency-aged boy. This is not to preclude the effectiveness of a female therapist, so long as this potential is always kept in mind. The tenuousness of an alliance of this kind is always a factor to consider when doing the interpretive work.

Negative Therapeutic Reaction The term **negative therapeutic reaction** signifies an exacerbation of the patient's symptoms following a correct series of interpretations. According to Sigmund Freud, this phenomenon was caused by unconscious feelings of guilt, as seen in primary masochism, which he ultimately linked to the death drive. The negative therapeutic reaction has also come to be regarded as an essential key to understanding the limits of ego functioning. For example, a sexually abused female patient may experience through the transference that the analyst has fallen in love with her and consequently flee the analysis. Negative therapeutic reactions usually occur in the context of entire transference reaction or partial transference reactions. They occur when the negative aspects of the relationships to primary, internalized objects are stirred up in the course of treatment and can potentially threaten the therapeutic alliance if unrecognized or unacknowledged. Even under the best of circumstances, their power to disrupt the therapy cannot be ignored.

With Jason, possible sources of negative therapeutic reaction can occur with the presence of a female therapist who is seen as controlling and critical, resonating with his complaints about his mother and drawing on the conclusions of the projective data about his struggle with issues of control. Negative reactions can also be anticipated during the interpretation of Jason's defensiveness and denial of his misbehavior, especially around the issues for which he shows immense shame: the fire-setting, the disruptive behavior in school, and so on. He may come to view the therapist as yet another adult trying to wrest compliance from him unwittingly. Negative reactions may be noted in his resistance to verbal expression, in his general silence or avoidance of hot topics, or perhaps even in his refusal to play. Jason has shown in real life his defiance of certain rules and his tendency to enact his protest through action rather than verbalization. Therapy with him can expect behavior along the same lines until such time as he feels sufficiently comfortable and secure to articulate his negative feelings, especially those of anger, envy, and fear of

abandonment, these being the central affects that he cannot and dare not articulate to his significant, primary figures.

Working Through This process is an elaboration and extension of the relevant interpretation in different contexts or with different objects, whether it be the tracing of a particular conflict or partial solutions to a conflict, or the interpretation over and again of the same conflict or situation in its many guises. The end result is that the patient progressively withdraws his investment in a particular pattern of mental activity or behavior. Working through depends on the therapist's awareness that the interpretation is not the end goal. Rather, it is the consolidation and integration of the progress made following the right interpretation. As Anna Freud (1982) states:

To a greater extent with children than with adults, more of what the therapist has interpreted tends to slip away and to reappear in a new form, when it has to be interpreted again. It is really the constant reiteration of the interpretation that serves the working-through process, especially with the child. . . . Working through seems to be as much a task for the therapist as for the patient. In fact, a technical aspect of the therapist's work is to be aware of the working through needed in regard to further extensions of previously interpreted material. (p. 183)

Sufficient working through has occurred when the child moves on to the next level of development and is well established there.

For Jason, one can clearly see that the major issues to be worked through would include those of fear of abandonment by his mother, envy of his sister, and a general need for control of his environment. Other defenses and coping strategies need to be considered repeatedly, especially to control his impulsivity and need for action when he becomes emotionally stirred up. His masochistic need to "fight the good fight" with female figures as a way of warding off his dependency on them needs to be explicated in his relationships with both mother and teachers. Perhaps this will be manifested through the relationship with the therapist as well. Issues of trust and dependency will be turbulent for Jason, especially if his therapist is female, as he has felt roundly disappointed in his mother for her psychological withdrawal and her impatience and criticality, even when she is physically present.

Termination Termination in psychoanalytic child therapy is based on several important criteria, including the achievement of the analytic goal of

restoring the child to the path of normal development, the progress of the work, specifically whether or not the transference has been resolved, and the child's developmentally appropriate adaptation in his life outside the treatment setting, such as his functioning in school and at home as judged by the child, his parents, and the school. Furthermore, other important technical considerations include interruption by external circumstances, such as the patient or therapist moving away, the resistance of patient or parents rationalized into a "valid" external reason. Thus, whether or not the termination comes suddenly or whether there is some advance knowledge of it is a major technical consideration as well (Sandler et al., 1980, p. 241). Elsewhere, these authors note that

"the patient's experiences of being abandoned, neglected or separated from the mother play an important part in the child's reactions in terminating. The need to work through these responses and defenses against the loss of object is an integral part of the work of termination in child analysis. It requires working on the problem of the resolution of transference ties as well as on the tie to the real object. (Sandler et al., 1980, p. 248).

Given the foregoing, the end of the therapy can be predicted to be difficult for Jason, in view of his issues of abandonment and loss, presuming that the therapy has proceeded well with the therapeutic alliance and working through of important issues. He has shown a capacity for relating well to important objects, even when his anger has been mobilized at one time or another. He also evidences a real object hunger, longing for secure and safe objects on whom he can reliably depend. As such, he is likely to feel the loss acutely if he has come to benefit from the therapeutic relationship and if the transference has been successfully resolved. It is also likely that Jason may exhibit an upsurge of all his misbehavior as termination approaches in an unconscious effort to regain the therapy and forestall the pain of terminating.

EXPECTED OUTCOME OR PROGNOSIS: "GOOD ENOUGH" ATTACHMENT AND NORMAL DEVELOPMENT RESUMED

One should advocate caution in predicting the prognosis for the case of Jason. While he does not evidence severe pathology at this point, the potential for further difficulty remains large. One should perhaps consider the risk factors at play here, including his poorly developed neurotic defenses against anxiety, his immature ego structure and capacity for self-reflection and good judgment, his lack of superego development,

and his general feeling of deprivation and parental neglect. His self-esteem regulation thus appears vulnerable to decompensation so long as he is without sufficient self-regard, at this point a difficult thing to acquire. His early deprivation of his mother's attention and investment in him during the rapprochement stage has left him shaky and unprotected when in the throes of challenge to his self-esteem. He will remain vulnerable to other influences, such as peers, who pull him along in their escapades, as he hardly feels confident about asserting his own thoughts and wishes.

As for his family, his mother's long-standing and, as yet, untreated tendency toward depression bodes poorly for his developing a sufficiently good sense of attachment to her to make him feel secure and loved. The one note of optimism for improving her parenting would be her acknowledgment of her own constriction of affect and deficient parenting skills, as well as her willingness to engage in her own therapy. Only when she has resolved her own issues of abandonment, loss, and neglect can she be liberated from the sense of having to parent when she has been bereft for so long. She is presently unable to appreciate the support of her mother, as her feelings about this parent are tinged with anger and ambivalence. Instead, she continues to focus on the parent who abandoned her physically and psychically, namely her father. As these conflicts and torments are resolved, more psychic energy may be available to her to parent her own children.

Jason should eventually experience a greater sense of relief once his mother's psychopathology is addressed and ameliorated. His anger and rebellion are mild to moderate in severity, which are nevertheless not so heavily entrenched that his developmental path cannot be regained. His mother's tendency toward abusive behavior may be prognostically more difficult to resolve, as she seems to have reached the end of her limited capacity to nurture him more with patience and tolerance. To her credit, she is able to do so to her daughter, and thus may have greater capacity for him once her resistance toward parenting him is addressed in her own therapy.

It must be emphasized that Jason is not without strengths and resources. He is endowed with above-average intelligence and a good sense of reality testing. He understands cause-and-effect relationships, as well as the extent to which he will be held accountable even if he should deny his culpability when caught. In addition, he has a strong, unambivalent bond with his father, a figure who seems more empathic and tolerant of Jason's developmental needs than his mother. These would thus serve as protective factors against further manifestation of psychopathology, especially if his parents can be counseled about their children's developmental needs

for at least an “average expectable environment.” One can draw on their expressed, conscious wishes to parent well and their attachment to their children, such providing a motive even in the moments of profound self-absorption in their adult dilemmas of life.

CASE STUDY 2: CASSIE B.

CASE FORMULATION: A SIX-YEAR-OLD'S RESOLUTION TO THE AFTERMATH OF DIVORCE

From the very beginning, Cassie and Jason are two very different children confronted with different issues in their young lives. With the case of Cassie, we see that the bond between her and her mother is loving and unambivalent, from the time that she was born to the very present. This relationship was her source of comfort when the divorce occurred, a real rupture depriving her of the constant presence of her father, even when he was rarely home. She was able to use her mother as her secure base and has returned to her for refueling now that things are more difficult, as in the case of the divorce. Cassie is clearly an adored little girl, in much the same way that her mother was for her parents. Thus she reacts with sadness, anger, and helplessness to this rupture in their family, something that she cannot control, much less understand, despite her verbalizing that her parents had lost their love for each other. Though she saw little of her father, relative to her mother, her attachment to him is probably quite idealized, mixed with oedipal longings, which she is likely to experience at this phase of her development.

In contrast, Jason appears to have given up on this attachment with his mother, as she was so unavailable from the start of his life (i.e., her postpartum depression and afterward), and as a result of her anger and disappointment that he was such a difficult baby, with his sleep problems and pervasive skin sensory sensitivities. Plus his temper tantrums as a toddler and during subsequent years have left their mark on the whole family. This seems the major underpinning for Mary investing all of her unambivalent love in Carla and why she seems to have relegated Jason to her husband Emilio. One wonders if his outward appearance, being Hispanic-appearing with dark hair and eyes, had any unconscious bearing on her passive encouragement of Jason with her husband while she favored Carla, as she grew up in a household of Caucasian women.

Secondly, the manner of referral bears consideration. Cassie's mother initiated the appointment, not an outside agency, as she was concerned about her daughter's happiness and ability to cope with the divorce. She took on the need to solve this problem, did not deny or minimize it, and

realized that she and her ex-husband needed to resolve the problem for Cassie. She probably felt quite guilty that her little girl was traumatized by the divorce in a way that her older children did not seem to be. Her ex-husband was out of town, as usual, but he had agreed to the consultation, meaning that he knew about it and at least supported it. He spoke briefly with the therapist by phone. Throughout, he appears to be a distant father who takes far less interest in his children than does Emilio, however.

In Jason's case, the family was called into treatment by an outside agency, Child Protective Services (CPS), which deemed that Jason needed protection from his mother's abusiveness. For her part, she minimized the entire issue of her abuse, perhaps feeling justified in her harsh treatment of him, given his moody and aggressive defiance. Emilio, her husband, either did not know what she had done or did not want to acknowledge that she had physically hurt Jason. Actually, we really do not know his reaction to the abuse at all, whether or not he condoned it or did not want to stir up further conflict in the family that was already tense and traumatized by having such a difficult child as Jason. His mother does not express any remorse for hitting him, and we do not know her justification for doing this. Does she not fear any reprisal for having hurt him, as in having him taken away or being censured by authorities for her acts?

Thirdly, Cassie's behavioral symptoms are acute, not chronic, as in the case of Jason. Gradual changes in her behavior were noted only over the past six months, leaving us to conclude that the behavior has not been so entrenched. This stands in sharp contrast to the case of Jason, where problems began from infancy with his difficulties with sleeping, irritability, and sensory stimulation. Cassie's manifest difficulties are in the completion of work at school and with easy collapse into tears. She appears indifferent to playing with peers and has angry outbursts and tantrums. But these are new actions, not usually her behavior. This is a good example of a child's tendency to regress in times of stress, as Anna Freud would say, as decompensations of developmental accomplishments can occur when the child is particularly challenged. Now she needs more physical contact with her mother.

Jason does not seek contact with his mother; instead, he seeks out his father, with whom he has a less ambivalent bond. In essence, he seems to have given up on gaining his mother's approval and unconditional regard. Jason also has poor peer relationships, although they admire him for his independence and leadership qualities. Little do the peers realize that he has no sizable investment in having adults like him. He truly resists the authority they impose on him; in fact, he needs to be cajoled into doing

what they demand of him. This seems logical, with his history of defying his mother; by the time we meet him, he has decided to invest his attachments to male figures, because they are less critical of him than female figures, such as his mother and main teacher.

Early History Janet had an uneventful pregnancy, even though this was a huge surprise to both parents. Cassie was full-term, manifesting none of the problems experienced by Mary, Jason's mother, where she needed bedrest for three months prior to delivery. For Cassie, bonding occurred from the moment of her birth; they were not separated due to birth complications, as was the case with Jason. Her early years also proceeded well, as she developed according to the developmental lines Anna Freud had addressed. Jason had difficulty with affective regulation from the start and relating to others in general, based on his difficult, temperamental relationship with a mother who was too depressed and irritated to be sensitively attuned to his needs. Cassie had truly affectionate, kind mothering that was attuned to her needs, and clearly she profited from being a much-loved child.

Cassie suffered two losses simultaneously: her father when he moved out, and her mother because she had to return to work. She missed her mother after school and wished she did not have to go to after-school care. She accepted adult explanations for why they divorced and why her mother has to work, but she is sad about these events just the same. These are typical, understandable, and reasonable reactions, which therapy should acknowledge as real and fairly universal. She daydreams about parental reunion, which is also typical for children of divorce. Anger is also an expected reaction to these losses (Wallerstein & Kelly, 1980).

Family History Both of Cassie's parents came from solid, upper-middle-class homes where the fathers owned their own businesses. They were well-educated, well-to-do, and healthy, both physically and mentally. Both parents have good relationships with their families of origin, as opposed to the lower-middle-class families from which come Jason's parents. Jason's mother has aspirations to do better, but neither she nor her husband were college educated. No history of mental illness or substance abuse is reported on either side of Cassie's family. This, of course, is a real contrast to Jason's parents, who have alcoholism on both sides, and where a matrilineal history of mood disorders also exists. Cassie's father began to travel one to two days per week to have a job with which he was satisfied. Emilio had no ambition to improve his lot in life. He was satisfied with his job as supervisor of a cleaning service. Maybe his wife looked down on him

for this lack of ambition. She aspired to be upwardly mobile, but her husband did not.

Janet experienced a stressful pregnancy with her second child, Beth, due to two previous miscarriages. She also had one miscarriage after Beth, and her husband began to travel out of town three to four days per week. Cassie was their last child, after which her father had a vasectomy. Perhaps the rifts in this marriage were already so prevalent with his increased travel that it was a matter of time before he began to seek other relationships. In any case, the year of marital therapy apparently could not resolve the differences between them, and thus the divorce. The children seeing their father during the week and on alternating weekends seems like a routine custody and visitation agreement.

TREATMENT GOALS: IMPROVED FUNCTIONING IN THE MIDST OF FAMILY CRISIS

Cassie's eventual acceptance of the reality of the divorce seems to be the main focus of the therapy. She requires a venue to articulate her pain, to have her parents hear it and react to it supportively with a therapist present to do "translating to parents" if needed. This will take place in family meetings, which might occur about once a month. The individual sessions will focus on parental divorce, the sense of abandonment and loss that she experiences, and the aftermath of living without her father, having to cope and manage living in two separate homes with their different cultures, tempo, rules, and tolerances. This will be especially true if and when one or both parents decide to remarry and she must learn to accept the reality of the stepparent(s). Both parents need to support the other in the joint decisions made about the children. Both will need to show that they can negotiate civilly on their behalf, and this would be the best-case scenario, that of the low-conflict divorce (Donner, 2006.)

TREATMENT DESCRIPTION

Logistics: Playroom and Materials These remain basically the same as in the case with Jason. Cassie would be invited to play and talk with the materials within the playroom and to enact fantasy plays from them, as she wished. The only prohibition would be one of safety and restraint against injury to herself, the therapist, or the contents of the consulting room. She would be free otherwise to play with them ad lib.

Frequency and Duration of Treatment Individual sessions would occur once to twice per week to assist Cassie in addressing, exploring, and examining

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her conflicts, her anger and frustration, her longing for the return of her father, her abandonment fears now realized, as well as the external pressures she deals with daily, that of school, peers, siblings, and so on.

Specific Strategies In Cassie's case, the family therapy will involve her parents, even though they are divorced. Family sessions would occur once per month to address their concerns, to keep the therapist current as to their view of Cassie's behavior and progress, and will address how to manage them in the future. Although this would not be marital therapy per se, it would likely deal with their unresolved issues and conflicts, which may be still impacting on their relationship, and thereby, to their relationship with their daughter. Although these are likely to be fraught with difficulty, they still remind each parent of their responsibility to parent their daughter in conjunction with the other parent from whom they are now separated permanently. Thus, their capacity to negotiate together will be tested, but hopefully they will also learn to deal with each other fairly and reasonably.

The parent counseling also aims to gain their cooperation in treatment goals and to ameliorate and modulate further familial contribution to the symptoms she demonstrates. They will need to learn to work together as divorced parents, as their ongoing support or lack of disenfranchisement of the other will have important implications for how their children will experience the divorce. Their capacity to negotiate the requirement of raising the children will have a major impact on their children's future adjustment to the fact of their divorce and the feeling that they yet retain the relationship with each child despite the death of the marital relationship. Again, this is most adequately addressed by a separate family therapist who is sensitive to the complexity of issues arising from divorce.

Treatment Stages Treatment stages will proceed as in the case of Jason. Play therapy will address the themes she will bring up, most likely losing a parent, losing the way of life they all had together before her father's departure, as well as her accomplishing all of the developmental tasks that await her within the context and reality of the parental divorce, as the latter will likely have a lasting impact on her life.

EXPECTED OUTCOME OR PROGNOSIS: ACCEPTANCE OF THE NEW FAMILIAL REALITY

Given the fact that the basic foundations for Cassie's emotional development were laid down well, constitutionally, temperamentally, and family wise, the prognosis for her to resume her normal development, as well as her sense of psychic equilibrium, should be favorable, provided that all

other factors remain the same. That is, the family circumstances would improve eventually, that Janet would be able to handle the single-parenting well. She seems accustomed to it from the years of her ex-husband's traveling prior to the separation and divorce. Thus, this should not be a complete change, although her working does pose a large shift in the family and her availability to all the children, especially Cassie, who understands the least what is going on between the parents. Hopefully, Cassie can soon resume normal development in terms of healthy and satisfying relationships with all family members and peers and teachers, as well as take a renewed interest in school and learning. It seems reasonable that she will learn to accept the reality of a family that is comprised of two households rather than one, and that she will learn to survive and thrive in both.

CONCLUSION

These are two very different children: one has a host of congenital constitutional and temperamental problems, whereas the other was born with a healthy constitution. Jason was also beset with a mother whose depression came out soon after his birth and has remained because he was so difficult to parent. Cassie's mother was blessed with a child who had none of these difficulties but who had to face an external reality of divorce.

Jason's aggression and behavioral disturbance, though very much reflective of his individual character style and armoring, are multifaceted and multiply determined. On the intrapsychic level, he struggles with losses and his sense of abandonment by his mother. They also seem intimately related to his mother's feeling state and psychopathology. As the events of her life unfold, they are most deficient and depressing, given her losses, and she cannot give that which she has not received. Support and nurturance for her will ultimately allow her to parent more effectively. Jason requires a greater sense of security with the bond toward her. Without this, he will continue to see only his father as a nurturer and sufficient parent, thus coloring his general experience with female figures as cold, critical, and abusive. This will surely eventuate in greater pathology and fury toward women in general if not addressed in the present. His one, unambivalent source of support, his father, does not obviate the need for a less ambivalent relationship with the primary caretaker, his mother. Establishing future object relationships on that kind of a shaky foundation can only predispose him to conflictual, ambivalent relationships with female figures in the future.

Although not emphasized in traditional psychoanalytic play therapy, the work with the mother is all-important here. This author wishes to underscore the need to consider the mother's psychopathology as the key toward ameliorating the pathology shown in Jason. The scrutiny of the real-life object relationship between mother and son is dramatically different from that involving just work with the child patient alone. It is critical and worthwhile to consider the addition of the parents' and family therapies, given the sad state of affairs between Jason and his mother. His father's role is also critical, as he represents the good side of the parent split, but the integration of the disparate parts of the relationship toward his mother will ultimately assist Jason in resolving the full realm of his anger and frustration with her. In this regard, Cassie is much more fortunate because she has had a firm grounding and secure attachment on which to rely when reality turns hostile.

Let me close by reiterating that Jason and Cassie and their families are hardly out of the mainstream in terms of the psychopathology they evidence. They are surely children of our times, in terms of the types of symptoms they evidence and the kind of family pathology they experience. As a society and ecosystem, we would do well to consider the proliferation of disorders that now confront us as a result of the gradual dissolution of the family and the decline or failure of institutions that have hitherto provided structure and a sense of order for individuals in which to develop and thrive. Child abuse, alcoholism, depression, and divorce are only a few of the multitude of ills that beset our society today. Those researchers and clinicians concerned with the mental health of children should strive hard to define and implement the protective factors that allow childhood to be an enriched, affirming period of development, the ills of this society notwithstanding.

DEFINITION OF TERMS

EGO DEFICITS: Weaknesses or deficits in ego capacities, which include ability to tolerate anxiety, capacity to modulate and channel instinctual urges and superego demands, adequate reality testing and judgment, sense of reality of the world and self, adequate frustration tolerance and impulse control, the ability to conceptualize and utilize abstract thinking, and capacity to utilize appropriate ego defenses. Specific ego functions include perception, integration, defensive function, and so on. Ego weakness may result from childhood psychological trauma. Factors contributing to ego weakness include genetic inheritance and

intrauterine insults affecting cerebral function. Freud first suggested that unusually strong instincts on a constitutional basis might arrest development and thus affect ego weakness. From: Moore, B. E., and Fine, B. (1994). Yale University Press.

ETHOLOGY: The biology of behavior. Ethology has developed a nomenclature for describing the behavior of all living things in their natural environment using an approach that is naturalistic, experimental, and comparative. It describes the structure of a behavioral sequence, its immediate causes, its adaptive benefits (its function), and its origin in the evolutionary development of the species and the biological development of the individual. Ethology has established itself as an observational method in some of the existing social sciences, including genetics, ethoecology, ethoneurology, ethosociology, etholinguistics, and ethopschoanalysis.

INTROJECT: Derived from the term *introjection*, which is an unconscious defense mechanism whereby loved or hated external objects are taken within oneself symbolically. The converse is *projection*. Introjection may serve as a defense against conscious recognition of intolerable hostile impulses. For example, in severe depression, the individual may direct unacceptable hatred or aggression toward himself, toward the introjected object within. It is related to the more primitive mechanism of *incorporation*. The introject is that which has been introjected or incorporated.

LIBIDINAL: Having to do with the libido, which Freud defined in 1915, in an addition to *Three Essays on the Theory of Sexuality* (1905): "We have defined the concept of libido as a quantitatively variable force which could serve as a measure of processes and transformations occurring in the field of sexual excitation" (p. 217).

NEGATIVE THERAPEUTIC REACTION: The expression *negative therapeutic reaction* is used to describe a situation in clinical practice wherein the patient's symptoms are exacerbated following a correct series of interpretations. According to Sigmund Freud, this phenomenon was caused by unconscious feelings of guilt, as seen in primary masochism, which he ultimately linked to the death drive. The negative therapeutic reaction has also come to be regarded as an essential key to understanding the limits of ego functioning.

OBJECT: The expressions *change of object* or *choice of object* refer to the notion of a love-object. The theme of a change of object refers back to the earliest sources of object relations. In his *Three Essays on the Theory of Sexuality* (1905), Sigmund Freud described object-choice as being "diphasic, that

is, it occurs in two waves" (p. 200). The first wave occurs in the oedipal period and the second at puberty, when the definitive form that sexual life will take is determined. The sexual instinct that until then had been essentially autoerotic discovers the sexual object. The adolescent can choose a new object only after renouncing the objects of his or her childhood: "The finding of an object is in fact a refinding of it" (p. 222). Psychoanalytic authors have concurred in thinking that in both sexes, the primary object is the mother.

OBJECT CATHEXIS: A key concept from the economic point of view, *cathexis* refers to the process that attaches psychic energy, essentially libido, to an object, whether this is the representation of a person, body part, or psychic element. Implicit in Freud's early works, the idea of cathexis stems directly from the hypothesis of psychic energy. The term first appeared in 1895 in *Studies on Hysteria*, as well as in "Project for a Scientific Psychology" (1950c [1895]). It then recurs throughout Freud's works.

The term is used to designate various psychic impulses in energetic terms. As a result, *cathexis* is also used to refer to organizational psychic impulses, the interplay of symptoms and regressions, and the workings of attention and pain. Freud used it to describe major and modulated quantitative phenomena in symptoms and psychic processes. The term also denotes the binding of psychic energy to interconnected representations in the unconscious of the object. Cathexis points to the libidinal energy that is invested or attached to some representation or object (person) outside the ego.

OBJECT RELATIONS: Originally a loose school of diverse and often contradictory theories from the British psychoanalytic tradition, object relations theories may be defined as those that place the internalization, structuralization, and clinical reactivation (in the transference and counter-transference) of the earliest dyadic object relations at the center of their motivational (structural, clinical, and genetic and developmental) formulations. Internalization of object relations refers to the concept that, in all interactions of the infant and child with the significant parental figures, what the infant internalizes is not an image or representation of the other ("the object"), but the relationship between the self and the other, in the form of a self-image or self-representation interacting with an object image or object representation. This internal structure replicates in the intrapsychic world both real and fantasized relationships with significant others.

ONTOGENY: The development of the individual organism from beginning to maturation, whereas phylogeny is ancestral sequence or the development of the entire species.

- POSTMODERN:** A term describing a host of movements, such as in art, music, literature, philosophy, analysis of culture and society, and so forth, which occur within the period of time since the 1950s and 1960s, making it a part of contemporary history.
- RAPPROCHEMENT CRISIS:** Mahler (1980) termed this “a crossroads in the third subphase of separation-individuation process in which the junior toddler realizes that his love objects (his parents) are separate individuals with their own individual interests. The child must gradually and painfully give up his delusion of his own grandeur, often through dramatic fights with the mother . . . less so, with the father” (p. 10).
- SIGNAL ANXIETY:** Ferenczi describes this term as a version of anxiety that is developed by the ego to indicate danger and the necessity to start a defensive action. All anxiety is in fact a fear of experiencing a traumatic state, of the possibility that the organization of the ego may be overwhelmed by excitation. Signal anxiety is created by anticipation. It is controlled anxiety and used as a warning signal.
- STRUCTURALIZATION:** The process whereby the personality advances from the id to ego to superego agencies.
- SYMBOLIZATION:** The process through which unintegrated experience is transformed into communicable, understandable, “thinkable” thought (Freud, 1915; Freedman, 1985; Frankel, 1998). When the individual symbolizes, he comes to own what has happened to him and how he feels about it. It is bound up with the emergence and integration of disavowed states, the therapeutic effects of self-expression and the evolution of play. Symbolizing the experience allows us to process it, come to terms with it, and free ourselves from its grip (Frankel, 1998, pp. 157–158).
- TRANSFERENCE:** The term *transference* denotes a shift onto another person—usually the psychoanalyst—of feelings, desires, and modes of relating formerly organized or experienced in connection with persons in the subject’s past whom the subject was highly invested in. *Transference* (*Übertragung*; literally, “carrying over”) was first used in *Studies on Hysteria* (Freud & Breuer, 1895), and it gradually developed a more precise meaning over time with progress in the understanding of psychoanalytic treatment in its different dimensions. As of 2005, the term covers all of the transference phenomena met with in analytic practice, more specifically, transference love, the transference relationship, transference neurosis, narcissistic transference, negative transference, and so on. Transference involves transferring libidinal cathexis from one person to the form, personality, or characteristics of another.

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