TECHNIQUE IN CHILD AND ADOLESCENT ANALYSIS

Edited by

Michael Günter

Translated by Harriett Hasenclever

KARNAC

2011

CHAPTER FOUR

What about the transference? Technical issues in the treatment of children who cannot symbolize

Maria Rhode

Throughout the history of psychoanalysis, the question as to whether any given group of patients could benefit by it has centred on the nature of the transference that those patients developed and on the need for technical modifications. These debates have proved fruitful for theories of mental structure as well as for theories of technique. Child analysis was perhaps the most important early example of the widened scope of psychoanalysis, along with the treatment of psychotic patients. Work with children has of course itself been greatly extended in the past 30 years, so that the "normal neurotic" child hardly figures in our practice, certainly not in the public sector. Instead, we see traumatized, abused and refugee children, children in foster care, children on the oncology ward, psychotic or borderline children, or those with autism or with serious developmental delay and learning impairment. All these children tend to be overwhelmed by primitive anxieties concerning physical and psychic survival. Because of this, they resort to extreme measures to protect themselves, and they may experience a therapeutic approach as an additional threat.

My aim in this chapter is to consider a number of technical issues that arise in work with children whose capacity for symbolization

is impaired, for whatever reason. This impairment obviously affects their ability to play, as well as their capacity to speak and to make use of spoken interpretations. It also has important implications for the handling of the transference. The transference is, after all, a symbolic area of experience: we relate to our analyst *as though* he or she were a parental figure. However authentic the emotional experience, there remains the capacity to think about it: with one part of our mind, we can engage with our analyst who is acknowledged as being separate from us, in order to understand the experience of another part of our mind. This capacity to enter into a triangular relationship, to take up what Britton (1989) calls the third position, is at best rudimentary and fleeting in children whose symbolic capacity is incompletely developed. For one reason or another, they have not been in a position to go through the process that, as Hanna Segal (1957) has suggested, provides the foundation for symbol formation: namely, working through ambivalence in relation to another person who is recognized as being separate from themselves. This means that they remain in the realm of symbolic equations as opposed to that of symbolism proper. In this realm, there is a failure fully to distinguish the symbol from the object symbolized, self from other, internal from external reality. Separateness is experienced as catastrophic to self and other, so that differences are smoothed over and similarities are exaggerated. The quality of "pastness", which, as Freud (1895d) pointed out, is essential for the patient to recognize in order to stop suffering from reminiscences, easily becomes blurred, so that memories can take on the terrifying quality of flashbacks.

All this means that a child with problems in symbolizing is unlikely to be able to benefit from conventional transference interpretations. In order to establish an emotional connection, and express what we have in mind in a way that the child may find helpful, we will have to modify our conventional technique. I think it is essential, however, to be clear that such modifications are only a step, however necessary, on the road towards the more conventional kind of work that becomes possible once the child's symbolic capacity has developed. Ultimately, we are working towards a situation where verbal interpretation of the positive and negative transference will become possible and sufficient. In this, I find myself very much in agreement with Michael Günter's position with regard to the Squiggle game: an invaluable technical device that can allow us to establish

therapeutic contact in cases where this might not be possible by verbal means alone, but which, we hope, will lead to contact on a verbal level (Günter, 2007). Such a position in fact gives us much greater freedom to experiment with technical variations where that may be necessary, and to distinguish between helpful flexibility, on the one hand, and enactment, on the other.

As is well known, Bion (1962) thought that the process of containment led to the generation of alpha elements, which are the building blocks of symbolic activities such as dreaming, thinking, and remembering; and that there were three main components to containment. The first of these is receptivity: the mother or therapist must be open to the emotional communication of the infant or patient. The second is transformation, in the course of which the mother's or therapist's unconscious reverie acts on beta elements, "inchoate sense impressions", to generate alpha elements and meaning. The third is "publication", by which the result of this transformation is communicated (Mitrani, 2001). Different aspects of the male and female functions of the therapist interact at all stages of this process. While receptivity may be seen as stereotypically female and publication as stereotypically male, Bion emphasized the central role of the mother's love for her baby's father in the process of unconscious reverie that makes transformation possible.

We could therefore think of a helpful technique as embodying the situation in which the child, or patient, can be helped to integrate aspects of his personality within the framework of an Oedipal couple whose separate and complementary functions he can learn to tolerate and identify with. The setting will ideally contribute to the process of containment both by virtue of the limits it presents and by virtue of the support it provides to the therapist. It is hard to provide a sense of stability, let alone to think, if one is rushing around the room trying to protect too many shared toys from being thrown out of the window. Within such a setting, and supported by her relationship with her own internal objects, the therapist will strive towards the right Oedipal balance, in which the child's experience of her receptivity makes an interpretation—the masculine function of "publication"—feel like a source of strength, not like a hostile invasion or projection. I agree with Moustaki's (1994) formulation that anything serving to support the right position of the patient vis-à-vis the therapist-as-a-couple may be regarded as

an interpretation, whether it is delivered through the medium of words or the medium of actions. In contrast, anything that disrupts this Oedipal balance could be viewed as action, or enactment, even if it is mediated by words. After all, physical containment or holding is the natural means of communication with babies and small children. Conversely, we can all think of times when we have used words to relieve our own feelings, even if what we said seemed to possess all the formal characteristics of an interpretation.

The two groups of children with impaired symbolic capacity on whom I wish to focus are children on the autistic spectrum and children whose behaviour suggests borderline psychosis. I would like to highlight two main contrasts between these two groups, and to suggest that they have important implications for technique.

The first contrast concerns the question of the child's distance from the Oedipal couple whom the therapist represents. Very schematically, one could say that the autistic children are too far away—Frances Tustin (1981) used to call them "shutters-out"—and need the therapist's help in bridging the distance that Donna Williams (1992) called the "death gap". Borderline children, on the other hand, are "drawers-in" (Tustin, 1981): they relate in a way that obliterates distinctions, whether between self and other, between different aspects of their own personality, or between the symbol and the thing symbolized. There is the additional complication that autistic defences are often deployed against psychotic anxieties (Rhode, 2002), but this falls beyond the scope of this chapter.

The second contrast is related to the first: it concerns the way these different groups of children relate to bodily experience. Children with autism, as is well known, use self-generated bodily sensations as a means of encapsulation, to cut themselves off from other people (Tustin, 1981). This means that some forms of bodily contact have long been recognized as a necessary way of attracting their attention (e.g., Meltzer, 1975); and indeed it may also be necessary in relation to anomalies of their body image (Haag et al., 2005). Frances Tustin (1981), for example, describes holding an autistic child's flapping hands at the same time as interpreting, "Tustin can hold the upset". In contrast, psychotic and borderline children, in my experience, often become over-aroused even by verbal contact, which can feel to them as though it were physical and erotized. As many workers have noted, interpreting an impulse can seem to

have the effect of strengthening it, so that the child appears to be taken over by it and swept up into acting it out (see, for instance, Kut Rosenfeld & Sprince, 1965). This means that the therapist working with such children will need to rely even more than is usually the case on the physical and temporal boundaries provided by the setting.

An unhelpful transference interpretation

I would like to begin with a vignette of a transference interpretation that went wrong. During the first assessment session, when he was alone with me after some sessions together with his mother, I had been pleasantly surprised by the symbolic capacities displayed by Charles, a nine-year-old boy with autism, who played communicatively with dolls inside the dolls' house. Then he switched to using the ball: rolling it in my direction so that I could roll it back, then rolling it under the chairs and tables and crawling underneath them to retrieve it. Several times he brought it close to me, and then moved away again. All this time I described what the ball was doing—exploring different places in this new room, coming close to the lady and going away again, moving back and forth between Charles and me. Eventually he wedged the ball between the wall and a central heating pipe that ran along it, made sure he could get it out again, then put it back with every appearance of pleasure. I said first that the ball seemed to have been looking for a nice, warm place to be, but that it was important to be sure it wouldn't get stuck there. This seemed to make sense to Charles, who continued to play at lodging the ball between the wall and the pipe and taking it out again. Then I made a mistake: I said it was important for Charles to feel that he could get close to me and wouldn't get stuck. In spite of my phrasing this carefully, he dissolved in panic, screaming and crying in terror. Nothing I said could keep him in the room, though possibly, if I had provided a humming-top, we might have managed without needing to find Charles' mother. I can only suppose that Charles' symbolic capacity broke down when I made the transference interpretation: that referring to him and myself, without mentioning the ball, made him feel that what Britton (1989) calls the triangular space necessary for reflection and thought had collapsed. When this happens, any "pretend" element gets lost, and feelings

become statements of fact. Charles needed the ball as a third object: it was not sufficient for him that, as Alvarez (2000) has stressed, I had been careful to focus on what he needed, not on what he was afraid of. I shall return shortly to the importance of this phenomenon for children with autism.

Establishing contact: Bridging the gap or establishing distance

The processes involved in establishing contact with a child will be different according to whether the child's predominant anxieties and defences are psychotic, autistic, or borderline. In each case, though for different reasons, interpretations about the child's feelings are often insufficient and sometimes unhelpful. The most important aim, I believe, is to establish the presence of an observing function—the therapist's—that is focused on what is happening within the room, no matter in which member of Ferro's bi-personal field (1999) the experience may at any point appear to be located. This is the line of thought that led Bion to emphasize the importance of "it" interpretations ("It feels so sad", for example, rather than "You are feeling sad" or even "You need me to understand how sad you feel"). Again, a premature transference interpretation is avoided (Blake, 2001).

With children on the autistic spectrum, the first task is to establish a shared frame of reference: to find a way of bridging the distance between child and therapist. This may involve interpreting in the countertransference, though this is often more difficult than it is with children who can symbolize. This is because the countertransference may manifest itself as a bodily experience; even when it is a feeling, it may be harder to clarify its specific quality. It often takes a long time to recognize it as a communication (of despair, for example) rather than a realistic view of the situation. Mostly, in my experience, interpreting in the countertransference and describing the child's behaviour are both essential, but they are often not enough to establish contact at the beginning of treatment.

Bridges: Toys and stories

While such verbal interventions could be understood as an expression of the therapist's receptive, feminine function, I would agree with Didier Houzel (2001) that the therapist's active drawing the

child into contact—Alvarez's "reclamation" (1980)—is an expression of masculinity. Taking the initiative in this way is made easier through the use of appropriate toys. It can be very useful to provide toys that are particularly relevant to areas of anxiety that characterize an individual child or a particular group of children. For example, ever since a boy with autism made creative use of the tiny mirror on a piece of dolls' house furniture, I have made a point of providing a hand-held mirror when I see children for whom existential anxieties are important, and whose need for mastery makes it difficult for them to rely on the therapist's mirroring function. For children without speech, I have found a transparent, musical humming-top that contains small animals particularly useful: the structure of the toy makes it possible to address the phantasy that the therapist's words and voice are a function of figures that live inside her. I would understand this in terms of Bion's idea (1957) that patients whose own capacity for symbol-formation is undeveloped have to wait, sometimes for years, until the outside world presents them with an ideograph that is capable of embodying the issue that concerns them. Sometimes it can be fruitful, where possible, to provide a toy that links to a specific reference a child has made, by means of a song for example. Children's references to songs and fairy-tales, as we know, are not in any way arbitrary or meaningless. In contrast to the way one might handle this with a neurotic child, where the aim is to elucidate each individual child's response to a given fairy-tale, I believe that it is important in treating a child on the autistic spectrum to show that one is familiar with the songs, nursery rhymes, and television programmes that are a part of everyone's cultural experience. (With a borderline child, this generally just heightens the confusion between self and other). The fact that both child and therapist can attend to a toy, song, or story—that it is not the exclusive property of one person only—helps to modify the dangerous world of predators (Tustin, 1986) inhabited by children on the autistic spectrum, in which either everything belongs to them or they feel that everything has been torn away. (Later, once this necessary foundation has been established, the therapist can go on to differentiate between this kind of universally shared knowledge and those television programmes that the therapist could not be expected to know about unless she happened to be present when the child watched them: but this recognition of difference requires a background of shared reference to make it manageable).

For example, Anthony, a child with fairly severe autism, spent most of his assessment sessions oscillating between being the Giant from *Jack and the Beanstalk* and a helpless, terrified victim. Over and over again he fell off the desk, struggling to reach the safety of a chair: he held onto the drawstring of his trousers, as though that could keep him safe, and his mouth was twisted into a tortured shape. Even when he stood high above me on the desk, growling "Fee, Fie, Fo, Fum" in the Giant's threatening voice, I had to be careful to make sure he did not fall. It was understandable that a child for whom falling and being dropped presented such a catastrophic threat should blank out anything—including my role as an adult—that could undermine his position as an all-powerful Giant.

One day, however, Anthony hummed fragments of the theme song for *Postman Pat*, a cartoon programme on children's television.[1] The words soon faded out into incomprehensibility, but still aroused powerful feelings in me. The last line of the song is "Postman Pat's a very happy man"; and, although Anthony did not sing the words, what he did sing conveyed a yearning for the sense of order and simplicity and happiness in everyday events which, at their best, children's television programmes can conjure up. Of course there was no way of knowing whether this was a tentative communication, or simply associations of my own; and when I spoke about Postman Pat, Anthony completely ignored me in a way that crushed hope.

By chance, some time later, I came across a little toy van with Postman Pat and his cat, and I decided to add it to Anthony's toy box. He gave no sign of noticing it; he did not even sing about Postman Pat anymore, so there was no opportunity to link the toy to the song. I felt I might as well not have bothered. But whether it was accumulated disappointment and exasperation when for the hundredth time he tipped out the contents of his box as though it were rubbish, or an obscure feeling that the brutal, contemptuous Giant needed standing up to, I found myself not talking in the way I normally did about how the toys should get out of the way; what rubbish they were; what rubbish I was; how powerful the Giant was. "Look," I said to Anthony, "here's Postman Pat. You used to sing a song about him, do you remember?"—and I sang some of the song before talking about Postman Pat who was a happy man, and how much perhaps Anthony wanted to be that himself, one day. Anthony

came over to me, looked at the Postman Pat toy, and began to play with it, pushing it along the desk. I wondered aloud where Postman Pat was going with his black and white cat; whom he was delivering letters and parcels to. The moment did not last long. Anthony soon moved back to the familiar position of being the Giant, standing high above me on the table. It would not even really be accurate to say that this had been a moment of shared attention; but it had been a moment in which the two of us had paid attention to the same thing, and it was brought about by an assertive action on my part, not by a containing comment.

The next shared moment was also mediated by a song, and was just that bit easier: I did not have to provide a concrete realization of something Anthony had been referring to, or to assert myself and my viewpoint. The song was Pat-a-Cake, and developed into a pattern whereby Anthony would sing about the cake, "and put it in the oven for Baby and me", or later, "for Mr Rhode and me", while my role was always to sing, "and put it in the oven for Anthony and me". This became an important point of reference for Anthony, so that, when he was at his worst and most unreachable, it was often enough to ask, "Do you want to sing Pat-a-Cake?" to re-establish contact. Clearly he would not have been receptive at such moments to a complicated verbal interpretation about the possibility of retaining a place of his own without being pushed out by a father or sibling, or pushing them out himself.

These two vignettes illustrate the usefulness of toys and shared references in establishing a helpful Oedipal balance for a child on the autistic spectrum. Not surprisingly, the technique that contemporary Freudians have called "interpretation in displacement" can be particularly helpful: it involves elaborating on the emotions that a character in a play scenario or a story might be experiencing. Echo Fling (2000), the mother of a boy with Asperger's syndrome, describes her amazement at discovering that her son could give a detailed account of everything that had happened at school once she introduced a toy puppet: something he had never been able to do in a one-to-one situation with her. This of course links with the example of Charles' need for his ball. I have the impression that many therapists sense intuitively what a child with autism can tolerate in respect of a "you-and-me" situation, and that, accordingly, they may sometimes address the child as "you", and at other times use the

third person as though they were a parent talking about him to the other member of the Oedipal couple.

It is also interesting to think about the point at which it is helpful to move out of interpretations in displacement, as well as about the point at which a shared story stops being helpfully imaginative and becomes something that needs to be limited. For example, a girl with Asperger's syndrome obsessively drew pictures of the characters in a cartoon series, both in her sessions with me and elsewhere. She responded with great interest and involvement when I elaborated on the emotions that the characters might have felt, and it was clear that she was changing the actual storyline in ways that helpfully communicated her own preoccupations. The habit of obsessive drawing, which was something that she could turn to anywhere and at any time, seemed to be providing a necessary safety net, so that she could risk thinking about feelings. However, when, at length, she told me that the character with whom she was particularly identified was able to speak but chose not to, this seemed to me to indicate that she was herself choosing to do less than she was capable of. Her incessant drawing, which had previously served to support her capacity to communicate, was now getting in the way of her development, since she was using it in order to blur the difference between times when we were together and times when we were apart. When I explained why I would no longer allow her to draw in the sessions, she attacked me physically in ways that she had previously alluded to as occurring in the cartoon series. Though of course it is essential to question one's own motivation in such situations, subsequent developments strengthened my belief that this opportunity for containment on a physical level was important, and helped her to take a step forward in relating to me as a separate person. Indeed, my own view is that this stage of physical containment forms an essential part of work with autistic and borderline children, and that it cannot be missed out if improvements are to be consolidated.

Turning now to borderline or psychotic children, I would suggest that the immediate task is not so much to establish a bridge as to create a safe setting. One boy I heard about recently, who systematically attacked everything in the room, became even more destructive when his therapist interpreted that he was angry with her. One could understand this as an example of the familiar pattern

by which addressing an impulse—particularly a destructive one—in a borderline child seems to confer added strength on that part of the personality (see Kut Rosenfeld & Sprince, 1965). But one could equally understand it as the desperate heightening of a communication that had not been recognized and addressed the first time—in this case, a communication of what it felt like to be invaded by concrete projections of chaos. When the therapist interpreted how important it was to feel that she could keep the child, herself, and the room safe, he began to settle down, though naturally this point had to be re-worked over and over again. But she was surprised by the amount of cooperation and reflectiveness that another part of his personality was capable of, and by the degree to which it soon became possible to link the irruptions of chaos to the end of sessions and to breaks between them.

Caspar, an eight-year-old borderline patient of my own, was referred for consistently making family life impossible and for not being able to use his intelligence at school. At the very beginning of treatment, he communicated by means of drawing, and seemed both surprised and touched when I suggested that perhaps the heavily armed soldiers he drew in front of a castle needed their weapons in order to feel safe. Very soon, however, he stopped drawing, and instead systematically set about discovering every weakness in the room, in the rest of the setting, and in my state of mind. He tore blinds off the window, pulled electric wires off the wall, smeared faeces around the lavatory, and blocked it with too much paper. He did his best to make me feel soiled in other ways as well, trying to get his hand under my overall even though I always wore trousers, while he talked about "women's secrets" with a perversely ecstatic expression on his face. If a safe castle had been available, I would happily have taken refuge in it. As for Caspar, he seemed to be ensconced behind unbreachable fortifications. For a long time, words did not get through to him at all, except when I talked about the despair and disappointment I was supposed to feel whenever his attacks started up again after a few minutes of relative calm. "That's right," he would reply with a laugh, "you're supposed to feel like crying."

What did get through to him, finally, was the discovery that I would prevent him from destroying the room. I removed toys and furniture, clarifying that this was to keep them—and us—safe, and that they could return later. I explained to his mother that for a while

I would need her to work with me by waiting in the car outside, so that there was somewhere to take him for a few minutes' breathing space if he looked like getting stuck in a mad, destructive spiral. At the same time, I conveyed the importance of not telling him off for behaving "badly", since we were attempting to create a setting that could withstand the worst he could do.

Very gradually, he began to feel safer. This, I think, came about through a variety of factors, including the robustness of the setting, the example of cooperation between his mother and me, and countertransference interpretations of my feelings of helplessness and despair that made it clear that this communication was being received. He began to be able to show some of his vulnerability, as well as his own experience of not being able to get through emotionally. He would enact banging his head against the wall and falling over, or huddling on the mattress under the blankets, like a tiny creature hiding from enemies and unable to move. In line with his growing appreciation of a setting that endured, he began to use the lavatory appropriately instead of interfering with its proper function.

When it began to be possible to describe his own behaviour instead of limiting myself to interpreting the despair he conveyed to me, I found it useful to say, for instance, "You are showing me someone who wants to stop us working together", rather than "You want to stop me working". This seems to me important for a number of reasons. It acknowledges that there is a constructive aspect to the child's personality as well as a destructive one; it shows that the therapist continues to remember and to speak to the constructive aspect; and it avoids pushing the child further into an unhelpful identification with the destructive part.

Like the other apparently borderline child I referred to, Caspar turned out to have been traumatized by systematic physical abuse by his father. I would understand his behaviour as an attempt to test out whether his own aggression, stimulated perhaps by a cruel experience of helplessness which he seemed to associate with being excluded from the Oedipal couple, was in fact so powerful that it got into his father and was responsible for his violent behaviour. In this way, the physical abuse led to a spiralling confusion between self and other, good and bad, from which the child despaired of escaping and that was compounded by erotization. Interpretations in the countertransference of helplessness and despair, which for a long

time were the only ones that he did not block out, were presumably experienced as a sign that a receptive, "feminine" aspect of me was open to his communications.

In contrast to the situation with autistic children, where the active, masculine aspect of the therapist (what Alvarez has called reclamation) is devoted to bringing the child into contact, the masculine aspect of the therapist working with borderline children supports the recognition of differences. Anything to do with the masculine, boundary-setting function needed to be achieved by means of the setting: Caspar seemed to experience any verbally-expressed firmness as a physical manifestation of a powerful and cruel sexual father, and this instantly fed his identification with the aggressor. In contrast, the more impersonal boundary-enforcing aspect of the setting allows a borderline child to test out whether his impulses can be managed. In this way, it supports the recognition of differences—between self and other, between internal and external reality, and between parts of the self. It is an obvious point that interpretations of the need for a safe setting will not be useful unless a safe setting can actually be provided, and that a child like this will need to witness actual cooperation in his interests between his parents and his therapist, not just to receive interpretations about a helpful parental couple. Equally obviously, in view of the pervasive erotization, it would be more than unhelpful to make use of one's own body in ways that might be useful with an autistic child.

Some grammatical and non-verbal aspects of interpretation

Finally, I would like to offer some very brief remarks on phrasing interpretations, as well as on some non-verbal interventions.

First of all, in contrast to our practice with neurotic children, I think it is important not to present oneself as a reflecting surface: not to use a verbal child's own words in an interpretation. Both autistic and borderline children need to feel that there is another person who is different from themselves and whom they can come up against. I find it much more helpful to make it explicit that the child is showing me something, or making me think of something: this has the additional advantage that it emphasizes that the child has the power to have an effect on a separate person.

Secondly, I have already referred to Alvarez' point (1992) that it is dangerous to talk about a child's fears, since he will take us to be

stating that they are facts. This is a feature of any patient who cannot manage the difference between self and other. In borderline and psychotic children, it is a function of excessive projective identification, as in the adult schizophrenics whom Rosenfeld (1952) describes. In children with autism, it is a function of the adhesive identification that is so characteristic of the condition (Meltzer, 1974). Either way, it needs to become second nature to be careful with phrasing: to say, "You need to be sure something won't happen" rather than "You're afraid something will". As the example of Charles illustrates, however, this is often not enough.

Non-verbal components of speech have an important role to play: the use of musical motherese, of the voice to perform the function that Stern (1985) calls affect attunement, as in a descending A-a-a-a-ah, that levels out, to convey the experience of falling in a controlled way and coming to rest. This can be an effective intervention with a child who could not listen to the same idea expressed verbally. Equally, imitating the child's actions, singing body-image songs, playing rhythmical tapping games, and so on, can make it possible to link with autistic children when words cannot. Like physical contact, however, I have generally found this kind of intervention to be both unnecessary and counterproductive with borderline children.

Attempting to theorize our technical practice is both essential and endlessly fascinating. The contrasts I have emphasized for the purpose of this discussion are of course exaggerated and schematic: some children, whose anxieties and coping devices fluctuate, will require the therapist to change tack many times within a single session, while others may move in the course of treatment from being "shutters out" to being "drawers in" (Rhode, 2002). In this chapter I have touched on a few areas only, which I hope may serve as a basis for further reflection.

Note

1. This material has previously been discussed in another context (Rhode, 2001), and is reproduced by kind permission of Taylor & Francis.