

INTEGRATING THEORY AND CLINICAL PRACTICE

Dimensions of the Child Analyst's Role as a Developmental Object

Affect Regulation and Limit Setting

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This paper will attempt to explain certain dimensions of the child analyst's role as a developmental object in an effort to better clarify the nature of that function as well as demonstrate that it is an important part of most child analyses. A review of the literature reveals a bias toward differentiating this function from that of promoting insight with the belief that these two functions determine different treatment modalities. Therefore, many authors suggest that being a developmental object is necessary only in the treatment of seriously disturbed children and/or those whose familial histories require a departure from a "genuinely" analytic stance. A case of a prelatency boy is presented to demonstrate the child analyst's need to serve as a developmental object in regard to setting limits in order to promote affect regulation. Closer scrutiny of these interventions raises the possibility that they may simply have been transference of defense interpretations at a concrete level commensurate with the child's level of cognitive development. This possibility is highlighted as an area for further study.

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The author wishes to thank Drs. Stephen Silk and Judy Yanof for their helpful comments on earlier drafts of this manuscript.

The Psychoanalytic Study of the Child 58, ed. Robert A. King, Peter B. Neubauer, Samuel Abrams, and A. Scott Dowling (Yale University Press, copyright © 2003 by Robert A. King, Peter B. Neubauer, Samuel Abrams, and A. Scott Dowling).

ESPECIALLY IMPORTANT IN DISCUSSIONS OF CHILD ANALYTIC TECHNIQUE is the need to consider both insight and the analytic relationship with the analyst. This perspective has led child analysts to be cognizant of what has been traditionally viewed as the non-transferential nature of their relationships with the child patient from the earliest days of child analysis. Thus, Anna Freud (1965) in her earliest writings about child analytic technique emphasized the need to form a positive relationship with the child to better prepare him or her for a proper analytic experience. Recently the provision of developmental help rather than insight has been found to be crucial in successful outcomes when treating very seriously disturbed children (Fonagy and Target 1996a).

Despite this awareness that many aspects of the analytic relationship and frame contribute to the ultimate therapeutic benefit of child analysis (Ferro 1999; Smirnoff 1971), there continues to be a surprising degree of ambivalence over the degree to which various interactions other than interpretations should be acknowledged as being part of the analytic process rather than parameters (Hurry 1998). Most child analysts are taught that just the regularity of scheduling, the analyst's emotional equanimity, the putting words to emotions and behavior are all mutative in their own rights. Similarly, it is increasingly accepted that the act of playing with children in analysis promotes important ego functions and facilitates structural change even when interpretive activity is minimized or virtually absent (Scott 1998; Mayes and Cohen 1993a; Cohen and Solnit 1993; Frankel 1998). The above-described activities of the child analyst, traditionally considered as outside the scope of insight work, may be alternatively viewed as vehicles for the analysis of structural factors in the young child's life, while remaining cognizant of the limited capacity for symbolizing and verbalizing possessed by the young child. Such developmental immaturities may require that various confrontations/clarifications of ego/superego functioning involve concrete, behavioral interventions rather than or in addition to verbal interpretation. We know that interpretation does more than promote insight into unconscious processes that impede development (Sugarman 1994). Analysands, both adult and children, may choose to experience interpretations as an affirmation and acceptance of previously disavowed aspects of the self-representation in addition to providing cognitive and conscious awareness of previously defended aspects of themselves. Such affirmation can promote greater integration within the self-representation (Ornstein and Ornstein 1994).

Given this seeming acceptance of factors beyond verbal interpreta-

tion as mutative by child analysts, it is striking how much confusion and ambivalence about including such dimensions as part of the analytic process with children continues to exist. Recently, Hurry (1998) has found it necessary to remind us that such aspects of the treatment frame (what she calls developmental therapy) need to be both accepted as a legitimate component of the child analytic process and to be integrated theoretically rather than seen as parameters. "Child analysts have always used such techniques as helping a child to be able to play, to name feelings, to control wishes and impulses rather than be driven to enact them, to relate to others, and to think of and see others as thinking and feeling. They have done such work intuitively, and at times, lacking a fully developed theoretical framework in which to view it, they have undervalued and sometimes failed to record it" (Hurry 1998, p. 37).

The need for the child analyst to be a developmental object as well as a provider of insight appears often in the child analytic literature (Chused 1982; Sandler, Kennedy, and Tyson 1980) and is a staple in seminars and presentations of work with children. How it should be implemented or integrated with our theory of technique remains an obstacle to its clear definition, however. For example, the aspects of child analytic technique described above by Hurry have been called a different technical approach than traditional child analysis, which in turn gives rise to a different process. Fonagy and Target (1996b) introduced the term "psychodynamic developmental therapy" while Greenspan (1997) wrote about "developmentally based psychotherapy." These differences in terminology are based on the belief that techniques aimed at addressing developmental deviations require a treatment approach going beyond the promotion of insight into unconscious conflict as they define it, and thus qualitatively distinct from it. Fonagy and Target (1996b) explicitly differentiate the use of the relationship with the therapist as the primary vehicle of therapeutic change from their definition of standard child analytic practice with interpretation being the primary mutative vehicle despite their finding that both factors occurred in successful child analyses (Fonagy and Target 1996a). They believe that the different approaches are relevant for different types of psychopathology and that sicker children need developmental therapy while healthier children can be treated primarily with standard analytic technique (i.e., verbal interpretation). This position is congruent with Fonagy et al.'s (1993) distinction between patients who suffer from distorted or repudiated feelings and ideas and those who have inhibited prominent mental processes leading to deviant development. Greenspan concurs that

the different approaches are applicable to different types of children when he argues that children with less developed egos need a developmentally based psychotherapy that relies more on the relationship with the analyst for change.

Other child analysts emphasize that the meaning of the analyst to the child changes because of the developmental process paralleling the course of the analysis (Abrams 1988). This meaning is also affected by the stage of the analysis and the nature of the child's conflicts (Lilleskov 1971; Neubauer 1971). For example, adolescents look for new objects as they modify their superego identifications, leading them to regard the analyst as a love object, an ego ideal, etc. (Abrams 2001; Abrams and Solnit 1998; Scharfman 1971). This perspective implies that the child analyst will function as a developmental object for all children with regard to specific developmental issues. Yanof (1996) demonstrated this point beautifully in her treatment of a boy with elective mutism.

Thus, it seems likely that functioning as a developmental object is an essential component in child analysis. This paper attempts to contribute some clarity to this important concept by describing certain aspects of being a developmental object—limit setting and affect regulation. Bringing specificity to some dimensions of being a developmental object should hopefully integrate this concept into our theory of child analytic technique and improve our understanding of the child analytic process. In a different context, Busch (1999) pointed to a tendency within psychoanalysis to nurture certain myths when conceptualizing the psychoanalytic method. He said that the result of such myths was a developmental lag (Gray 1994) with regard to certain technical areas while other areas hypertrophy. The child analyst's role as a developmental object seems to be one such myth. Most child analysts believe that the necessity to function as one is so basic that we understand its importance as well as its dimensions, although the literature on child analytic technique suggests otherwise. Ordinary clinical wisdom does not appear to be integrated into our professional literature in a way that promotes its articulation or evaluation. Thus, we run the risk of believing that we have integrated the child analyst's need to help the child master developmental tasks into our definition and theory of technique. Such a false belief compromises our ability to study and improve the process of child analysis.

Vignettes from the analysis of a two-and-one-half-year-old boy for whom my function as a developmental object was significant will be presented to clarify my point. Traditionally defined interpretations of conflict were also an important part of the analysis (Sugarman

1999). But I will focus primarily on interventions in which I functioned as a developmental object for heuristic reasons. The complex subject of how to formulate the interaction between these two functions of the child analyst (promoter of insight and developmental object) will be examined separately (Sugarman, 2003). The focus here will be on conceptually clarifying two dimensions of the developmental object function—limit setting and affect regulation.

BOBBY

Bobby was a two-and-a-half-year-old boy when his parents sought consultation about his extreme regression following minor outpatient surgery for chronic otitis several months earlier. Bobby had been prepared for the surgery with a straightforward discussion, reading of age-appropriate books about hospitals, and attending the widely acclaimed orientation program of the local children's hospital.

Consequently his parents were surprised and dismayed when his behavior changed three to four days after the surgery. Bobby became seriously aggressive and oppositional; his anger and defiance continued unabated at the time of his consultation four months later. Physical attacks on his parents and brother (four years his senior) when angered began several days after surgery along with hitting and throwing things at glass doors and windows in defiance of parental prohibition. Bobby's toilet training regressed, and he also grabbed toys from his brother's friends while accusing them angrily of being "bad." A sleep disturbance wherein Bobby repeatedly awoke and entered the parents' bedroom had also developed. At times he would allow one of his parents to return him to his room where he would fall asleep again, and other times he would repeatedly return to his parents' bedroom until his father spanked him. At that point he would remain in his bed and fall back asleep. Bobby's parents agreed to five-session weekly analysis after all environmental manipulation and behavior modification techniques had failed.

RELEVANT HISTORY

Bobby was the second of two sons born to a professional family. His four year older brother, T., was constantly presented to me as the easy and good son in contrast to Bobby, who, almost from conception, was experienced by his parents as being difficult. They reported noticing that he had even been more active in utero than his brother. After birth he was perceived to have been noticeably louder and more ac-

tive than his brother. Their emotional tone when describing this greater activity expressed their disapproval and dismay.

Significant feeding problems characterized Bobby's first three months. Crying and refusing to suck despite being hungry predominated those early months until his mother isolated the problem to her ingestion of spicy foods. Bobby's eating became normal once she removed them from her diet. However, his first three months of attachment and affect regulation had been significantly disrupted.

Bobby's early temperament was loud and active; his parents were upset by his tendency to screech whenever placed in the car seat during his first four months. Developmental milestones were normal except for poor speech articulation caused by severe ear infections and hearing difficulties which had improved by the time Bobby was two. At approximately 20 months of age, a possibility arose that he had *accidentally* eaten poison mushrooms. This incident heralded a distinct pattern that became clearer when the analysis began wherein his parents repeatedly demonstrated an inability to anticipate Bobby's actions and to protect him from his own impulses. His mother administered medication to make him vomit; she interpreted its failure to work immediately as evidence of Bobby's *stubborn* refusal. Angrily she took him to the emergency room only to have him vomit as he was removed from the car.

Negativism began at 18 months but direct anger was notably lacking until after Bobby's surgery. Prior to the surgery, mild irritation when others could not understand his speech or when he could not keep up with his brother were the only manifest evidence of anger. In contrast he had been notably resistant to discipline, refusing to behave even before the surgery. Bobby would defy a rule immediately after it had been established and neither scoldings nor spankings altered his oppositionalism. When provoked in play group, he would fall asleep rather than react angrily. Although he could play with other children by age two, Bobby's favorite game was to knock down things that others had built. He also enjoyed building things and then knocking down his own creations. Thus, modulation of aggression had gone awry by age two so that Bobby inhibited direct expressions of anger while being severely oppositional.

ANXIETY OVER AN INABILITY TO SELF REGULATE

Bobby began analysis by regressing swiftly and extremely at home. He persistently defied parental edicts, created huge messes, and broke things far more than he had done prior to beginning treatment. Ran-

dom urinary incontinence returned while fecal incontinence remained. Both parents seemed at their wits' end about such behavior as well as Bobby's darting suddenly and unexpectedly into the street or a parking lot. Bobby continually surprised his parents by running into hazardous situations as they invariably failed to keep a tight grip on his hand. I was struck by their difficulty with anticipating such conduct and thought how unsafe Bobby must feel in their company.

Bobby's early sessions were characterized by emotional inhibition, facial impassivity, and minimal manifest connectedness with me. Furthermore, his play was far less verbal and lacked the degree of fantasy elaboration that would be expected for a child his age. Bobby's play included creating huge messes or running wildly around the office, and the few constricted themes that he did verbalize always involved aggression. He seemed excited and out-of-control as he climbed over furniture, rattled doors, and tried to break or throw things. Therefore, I suspected that his newfound regression at home spoke to an inability to contain the anxiety generated in sessions by my failure to set limits on his play and messes. In my efforts to be empathic and neutral, I suspected that I had been drawn into an enactment. I thought that Bobby might interpret the absence of limits as a failure to keep him safe from his poorly controlled impulses in the same manner that his parents failed to defend him. I felt far more confused and bewildered than usual during these early sessions with Bobby, as he failed to respond, either with words or apparent shifts in play, to any of my interpretations.

Bobby's discomfort with aggressive impulses became apparent in his regular tendency to return to his mother in the waiting room, climb into her lap, and suck his thumb whenever he became angry with me or uncomfortable with the aggressive tone of his play. For example, he tried to rip apart the box of a puzzle that he had been unable to put together. I set a limit on his ripping and Bobby ran to the waiting room where he crawled into his mother's lap and sucked his thumb. I interpreted that Bobby did not want to be angry and so sat on his mommy's lap and sucked his thumb to make his scary, angry feelings toward me go away. He agreed but refused to leave her lap.

Two repetitive themes of dumping things on top of each other or crashing things into each other were Bobby's early rudimentary attempts to express his anger. Otherwise, Bobby's play was quite inhibited. Before I realized the need to address his wish to have me help him to feel safe with his aggression I often interpreted that the dumping and messing play had to do with his feelings about his poops or his anger. These content or impulse interpretations, not

surprisingly, made Bobby anxious and he fled to his mother. Bobby responded to one such interpretation by trying to throw things, then fled to his mother in fear of his poorly controlled aggressive impulses or of my fantasied response. Other times I interpreted that Bobby's expression of aggression in the play had to do with wanting help with his wild running and messing feelings because they felt scary. But even these interpretations of defense failed to attenuate his anxiety. Finally I realized that Bobby's defenses were simply too weak to control his impulses and anxiety that were being generated in our sessions. It seemed to me that he either lacked or inhibited the ability to represent his internal states and to think about them abstractly so that verbal interpretations were of little help in organizing his behavior. Therefore, I decided that I would have to act as an auxiliary ego until his defenses were strengthened. I instituted a variety of behavioral limits including encouraging him to help me clean up the office at the end of sessions. I hypothesized that Bobby needed me to demonstrate that I could help him contain his impulses which he could not control himself. As the analysis progressed it became clear that he also wanted me to demonstrate that unlike his parents I could make him feel safe from his impulses. Only in retrospect did I realize that Bobby may also have needed me to demonstrate concretely that his impulses and aggression were actually limited and not as powerful as he feared.

Bobby did tolerate his anger in the analysis better by the end of the first month as I became more adept at providing behavioral controls. For example, I limited the degree of dumping he was doing one session. Bobby responded by heading for the door to the waiting room until I interpreted his wish to flee from his anger at me because he was afraid that he could not be the boss of his angry feelings. For the first time Bobby stopped his flight and returned to playing as though he no longer felt overwhelmed by anxiety. I understood this increased affect tolerance to indicate an identification with my improved ability to help him contain his aggressive impulses. It also seemed that my limit setting had alleviated his anxiety over his presumed omnipotent impulses making him feel safe enough that he could begin hearing my interpretations and use them to gain some control over his affects and impulses.

My weekly meetings with Mrs. T. further clarified Bobby's need to use me to protect his safety. It soon became clear that throughout Bobby's short life both parents had failed to anticipate his impulsive behavior: for example, various sudden forays into the street or parking lot. Mrs. T. recalled an episode wherein nine-month-old Bobby

had choked so severely on something he had ingested that she called 911. Bobby's bringing up spontaneously "falling in a lake" at the end of one session, and at home, prompted his parents to remember a family trip when his father turned his back "for a split second" and Bobby fell in a lake one month prior to the surgery. A picture of parental benign neglect gradually emerged, highlighting Bobby's need for me to help him to learn to regulate his affects and impulses so that he remained safe and not anxious.

SUPEREGO REACTIONS TO DIFFICULTIES
WITH REGULATING AGGRESSION

Following my first vacation Bobby tested me to see whether I could control his affects and impulses and keep him safe. He seemed to court disaster with his defiance at home while his parents continued to show remarkable difficulty in helping him control his behavior. While I was away Bobby burnt his finger on a hot iron, lay down in front of cars, ran impulsively into the street and through parking lots, and ran wildly up and down bleacher seats at a rodeo. His anxiety about losing my help in coping with his affects and impulses was striking. Upon my return, he balked at attending our sessions, fell asleep in the car on the way to them, and complained to his mother that he hated me; reactions which I interpreted as due to his feelings about my having left him for a week. During one session wherein Bobby had been shooting me, he ran out suddenly to his mother and started kicking her, seemingly illustrating that I was his mother in terms of his angry transference, and that my *abandonment* of him had been experienced from this perspective. During another session Bobby played at having the baby monkey hit the mother monkey and vice versa. Then the baby monkey started to hit another toy upon which Bobby conferred my name. His reported references to *bad guys* during such play sequences seemed to indicate that his guilt over his anger at me and his mother was lowering his self-esteem and making him feel like a *bad guy*. Bobby's renewed need to bring his mother into our sessions suggested that this conflict was making him anxious about object loss, and I suspected that his magical thinking and omnipotence led him to assume that I had left him because he was angry and bad. I chose to interpret his anxiety about affect regulation, saying that he wondered whether I would let his *bad guy* feelings get out of control which made him feel unsafe.

I again reinstated limits on Bobby's messes and impulse expressions in an effort to reduce his anxiety. Such limits included cleaning

up at the end of sessions so that he could see that his *messes* did not have to be permanent. He tested these limits by climbing on my bookcases. I forbade all climbing and interpreted his fear that I could not be the boss of his angry feelings. Whenever he started to test this limit I grabbed him and repeated variations of this interpretation. He would respond "fine" and snuggle into me while he had me read him a story. Bobby also tried to break toys at this stage of the analysis. I set limits on the breaking and said that I thought he was trying to figure out what was safe to do in my office. I explained that he would not feel safe from his breaking feelings if I allowed him to break things. Bobby also requested to *borrow* certain favored toys from me. In contrast to my usual practice, I allowed him to do so at this stage while interpreting his wish to feel that I liked him so that he could take those feelings with him. They made him feel I would keep him safe, and help him to be the boss of his feelings. Bobby also began to refuse to help me to clean up his messes at the end of our sessions, and became even more wild when I tried to clean up. This time, he seemed to experience my cleaning up as an emotional withdrawal characteristic of his parents' lapses in attentiveness that allowed his many accidents to happen. This sort of limit was no longer as reassuring as it had been at the beginning of the analysis. I decided to postpone cleaning until Bobby left because of his need at this point of the analysis to feel that he had my undivided attention. Within a few sessions he stopped his struggles about attending sessions and seemed eager and happy to see me.

ANALYSIS OF AGGRESSION

Continued analysis allowed Bobby's development to get back on track as he engaged phallic issues more clearly in the second year of the analysis. For example, he carried a long stick between his legs, hitting the door and ceiling of the office. Bobby said that he was not big like his father but he would get big and strong if he drank milk, adding a seeming nonsequitur that babies get thrown in the water and sharks eat them up. I said that he must want to be big and strong so as not to have to worry about that and he agreed. To myself I thought that this statement probably had something to do with the time he had fallen into the lake.

The lake incident soon became a preoccupation in sessions and at home. He told his mother that he feared he would drown when he fell in the lake. He told me that he had been afraid that a shark would eat him up so that he was all gone, and that this would make

his "mommy and daddy mad." This working through led Bobby to remember a time that his father had gotten mad at his defiance and started the car to scare him out from under it. In one session Bobby had a *good* policeman chase a *bad* policeman. Then the *good* policeman's Jeep needed to be fixed. It began to drive away while the man was underneath fixing it. I said that the car was driving with the man still under it, and Bobby replied that cars did not do that. I commented on how glad that must make him; he then said that sometimes cars do do that. I then recalled out loud how his daddy had started the car when he was under it. Bobby agreed that his daddy had done so but refused to discuss his feelings about it. In yet another session Bobby wanted me to play at running a car over him and then tried to wrap the venetian blinds cord around his neck. I stopped him and interpreted that he felt that he was bad and should be punished for his angry feelings about his daddy starting the car when he was under it; I added that he seemed to want me to help him be the boss of his punishing feelings because they were so scary.

Bobby's mother's resolve was soon tested by an upsurge in Bobby's explicit expression of anger toward her. Much of his anger was expressed verbally, and for the most part seemed like normal assertiveness. For example, one day Bobby told his mother that he was going to run away because she and his daddy were so mean to him. Angrily she told him to go ahead and he went to the neighbor's house. In this way his magical worries about the power of his impulses were heightened. Even verbal expressions of anger were dangerous for Bobby, carrying with them the dual dangers of object loss and loss of love.

Bobby's ability to express verbal fantasy improved markedly as conflicts over his own aggression remained central in the analysis. During one session Bobby wrapped his hand in a cord and said that it was in jail because it had thrown things at people. I reminded him that recently he had thrown a toy telephone at his mother in the waiting room, making him feel as if he was a bad guy. I added that he was telling me that his hand was in jail because he seemed still to want me to help him not do things like throw rocks that made him feel like a bad guy and unsafe. I suggested he was afraid that his angry feelings would hurt somebody or he would be punished. Self-directed anger remained evident; after I set a limit on his behavior in one session, Bobby turned the toy gun on himself. I then interpreted the defense against his anger at me; his angry feelings made him lose his good feelings about me, making him feel unsafe, so he shot himself instead. Bobby's anger remained directed at his mother also. For example, a *bad guy* said that he hated his mom and then fell down, and was

injured. I said that the guy felt so bad for hating his mom that he punished himself by falling down. Bobby's response allowed me to add that his angry feelings at his mom made his good feelings about her go away, and then he felt he had lost her. He expanded the theme to his mother being lost and taken by burglars, spelling out his fear that his anger led to abandonment. In another session a *bad guy* lost his mommy and went looking for her.

Over a number of sessions revolving around his reactions to his father's temper, anger toward his father began to appear, and Bobby told me that he wanted to kill his daddy when he grew up because he hated him. Rapid regression after these expressions of anger followed. Bobby would fall asleep in his mother's lap in the waiting room prior to sessions, refusing to leave her. Interpreting his regressive behavior as a defense against his anger had no effect. During a session in which Bobby sucked his thumb, I reminded him how a few weeks before he had enjoyed showing me what a big guy he was; I recalled out loud his fear that he would no longer be babied if he were big. I then interpreted that he was afraid that his mommy might stop babying him if he acted like a big boy who showed anger toward his dad. Bobby confirmed this interpretation by returning to phallic play themes and ceasing to fall asleep on his mother's lap.

REGAINING DEVELOPMENTAL MOMENTUM

Soon we loaded our guns while Bobby had a *bigger gun* than mine that would kill me. We sailed off to sea together to shoot monsters. But Bobby decided that he wanted my ship, so he killed me. His immediate retreat to his mother in the waiting room was followed by a request to come trick-or-treating at my house, demonstrating how much Bobby still feared his anger. The subsequent play theme in which a horse fell in the lake and was bitten by a shark suggested that castration anxiety was replacing earlier anxieties as a feared consequence of phallic, aggressive strivings.

Continued working through these anxieties led Bobby to become more verbal about wanting my help with his bad guy feelings. Conflict expression was increasingly confined to sessions, and the T.'s seemed far more comfortable with his episodic aggression at home. Bobby stopped his more flagrant misbehavior and regained bowel and urinary control. Oedipal themes became predominant in his play during sessions. Consequently a brief regression to messing and defiant behavior in sessions seemed related directly to the phallic, ag-

gressive material. Exploration led first to Bobby's anxiety about my allowing him to *borrow* toys from my office. This parameter had come to represent a lack of limits over his aggressive wishes to steal my valuables. Bobby's exquisite sensitivity and wish to feel that the environment was both attuned and regulating of his omnipotently experienced affects and impulses became clear. I interpreted and stopped allowing him to take toys home. But the alternation between phallic-oedipal themes and messing-defiant regression continued. I finally interpreted to Bobby that he had been wanting to take my things—my toys, my ship, and probably my penis. I said that he was acting once again like the little boy who used to make messes, and was not following rules because he was afraid that his big boy *taking feelings* would make me angry; therefore I would try to take his penis away from him just as he feared his daddy might.

Bobby confirmed this interpretation by asking me to read him a story about a boy who was eaten by sharks, and then to tell a story about a baseball player who chased sharks away with his bat. I wove into the story an interpretation that the little boy wished that he could have a big bat like the baseball player. Bobby interrupted me excitedly to talk about the little boy getting a big bat and beating up the shark on his own. Bobby appeared at the next session wearing toy glasses, seemingly an identification with me.

Repeatedly themes of people being punished by falling off ships, or falling into water after *being bad* began to occur. In one session after shooting our guns we were constantly knocked off our boat by a storm. I wondered if we were being punished for shooting. Bobby first said no but then added that we had shot our moms. Then he remembered falling in the lake on his family's vacation. I suggested he thought it had happened because he had been bad and had angry feelings. Bobby admitted that this was so, and mumbled something about his father which I could not understand, and which he would not repeat. Later in the play I had my action figure express anger that his father had allowed him to fall in the lake. Bobby's figure responded that his daddy had pushed him into the lake one time because his daddy was mad at him. Our figures commiserated with each other about how angry they felt toward their dads for such behavior.

Soon Bobby elaborated directly in the play his fantasy that he had been pushed into the lake by his dad to punish him for his angry feelings toward his mother. In another play sequence a baby threw its mother into the mud after sticking its fingers in her face. Then the baby fell into the mud also. I interpreted that the baby was being

punished just as Bobby had felt punished by his dad, and Bobby agreed. His behavior continued to improve at home, and his flirting with danger seemed a thing of the past.

Oedipal themes became overt in the transference as Bobby cheated at board games with me, and then created obsessive rules that made it difficult for him to win. Or, after winning, he would declare that I had won also. I interpreted that Bobby felt bad if he defeated me. He agreed and asked if it was time to stop. I said that I thought he wanted to leave in order not to think about winning so much. His winning feelings made him feel like a bad guy who hurt me and who might get punished. Bobby resumed his competitive play, this time with action figures, and shot off the various body parts of mine, culminating in shooting off my figure's penis. He actually swaggered around the room after doing so. The analysis seemed to be progressing well. At this point I end my discussion of Bobby's analysis. Rather than providing an overview of the entire analysis of this interesting little boy, I will use the clinical material presented to elaborate further my function as a developmental object for him.

CONCLUSION

In these clinical vignettes I have attempted to describe a psychoanalytic process with a prelatency child wherein my role as a developmental object was a significant contributor. I hope that the vignette was sufficiently detailed to demonstrate that I also promoted insight, and tried to work within the transference as much as seemed clinically indicated. However, the immaturity of Bobby's ego and his representational world wherein his parents failed to help him regulate his drives and related affects, as well as the parents' actual problems in meeting these needs and stimulating his aggression required that I do more than solely promote verbal insight.

This became evident quite early in the analysis when I realized that my attempts to be neutral and empathic were experienced by Bobby as a failure to help him control his impulses and feel safe, just as he experienced his parents to be deficient in that area. His resumed out-of-control, flirting-with-danger behavior at home, as well as his chaotic behavior during our early sessions, were regressive expressions of anxiety that he found difficult to put into words or to modulate symbolically. At this stage of the analysis my words were insufficient to bind his anxiety about the omnipotent power of his affects which he seemed unable to use as signals to elicit defenses and inner control (Tyson 1996). When I put his anger into words prematurely, even

when I put his fear of anger into words, he became more anxious. Therefore, I instituted a variety of behavioral limits including the unusual-for-me requirement to help clean up his messes at the end of each session. By doing this I was functioning as an auxiliary ego and demonstrating to him that his affects and impulses were not as omnipotently powerful as he feared. Furthermore, I interpreted and explained that Bobby felt unsafe about his inability to be the boss of his feelings; he needed me to help him be the boss in order to feel safe.

Bobby's history revealed a parental discomfort with handling aggression. His parents' disapproval of his aggressive tendencies began in utero, where his greater activity was interpreted as less desirable than his brother's passivity. They seemed unable to experience Bobby's aggression as the positive force in development that child analysts have found it to be (Downey 1984; Mayes and Cohen 1993b). It seems likely that Bobby's early feeding difficulties also intensified his aggression as a reaction to serious frustration and discomfort. From his mother's account it sounded as though Bobby's experience during his first several months was dominated by pain, unpleasure, and an inability to be gratified. Attachment difficulties would be expected. Only after that time could Bobby find any comfort or safety in his interactions with his mother. It appeared that his mother as well as his father found those early months so distressing that they implicitly experienced him as a bad seed in comparison to his quiet older brother. Thus, several of the risk factors for negative affect and general arousal that undermine affect regulation and cause psychopathology were present (Bradley 2000).

Developmental research has shown that the first 12 to 18 months of life determine whether aggression feels adaptive, essential, and positive or scary and dreadful (Mayes and Cohen 1993b). By the time that Bobby entered rapprochement, he had learned that aggressive impulses were unmanageable, frightening, and distasteful. Thus, psychic representations that are built up gradually through aggressive stimulation and discharge led to a representational world colored by frightening attacks and punishment. This translated to behavior wherein direct expressions of anger were notably inhibited by the age of two while oppositionality and negativism were far more extreme than is typical.

By the time of his first consultation the degree to which Bobby's parents and his early somatic traumas (feeding difficulties, ear pain) had overstimulated his anger while not helping him modulate it was already undermining his development. Furthermore, his parents

had difficulty in helping Bobby to internalize regulatory functions. Children become increasingly independent and individualized as they gain the ability for self-regulation through good enough parenting (Sugarman and Jaffe 1990). Bobby's parents' own conflicts about regulating their anger or tolerating frustration left toddlerhood an insurmountable obstacle for Bobby.

AFFECT REGULATION AND DEVELOPMENT

A major role of the parents of the toddler involves helping him or her to master three developmental necessities: (1) the differentiation and integration of self and object representations; (2) the regulation of drives and related affects; and (3) the maturation of autonomous ego functions, in particular reality testing and secondary process thinking. That is, the parents of the toddler provide key functions that allow for solid establishment and development of the psychic apparatus by serving as auxiliary egos at this stage and, hence, promoting internalization of key ego functions. In large part they do this through facilitating the development of object constancy (Tyson 1996). "Predictable emotional involvement on the part of the mother seems to facilitate the rich unfolding of the toddler's thought processes, reality testing, and coping behavior by the end of the second or the beginning of the third year" (Mahler et al. 1975, p. 79). Mentalization or reflective function develops, allowing the toddler to label and find his internal experiences meaningful (Coates 1998; Fonagy and Target 1998). In this way he learns to distinguish between his own inner wishes and interests and those of the mother, while also learning to regulate affects, control impulses, and experience self-agency. Internal conflict (Nagera 1966) arises and must be mastered for the representation of the beloved parent(s) to be internalized as a source of sustenance, comfort, and love (Mahler and Furer 1968). The parents must tolerate the child's mood swings and control battles while not getting so angry that they withdraw and/or respond in a critical or controlling manner. Bobby's mother found it difficult to tolerate verbal defiance while his father's rage over control battles made Bobby feel in danger (i.e., starting the car while Bobby was under it).

Aggression, in particular, must be regulated and modulated for the toddler's ego functions to expand. "Aggression more than the internalization of consistent nurturing fosters individuation, self-other differentiation, and the young child's recognition of object permanence and an external reality shared with the parent" (Mayes and

Cohen 1993b, p. 152). Ambivalence threatens to destroy the object whom he needs too much at this stage. Parental responding in a soothing and regulating manner with gentle but firm limits that are explained with words help the child to experience emotions that are not overwhelming or excessively frightening. Frustration tolerance and self-coping are taught when words are used to modulate intense affects. Identification with the parent and internalization of these regulatory functions allow the toddler to use affects as signals for actions (Tyson 1996). Such improved self-regulation promotes the development of mental mechanisms to delay immediate discharge. These delay and detour mechanisms are crucial for the ascendancy of secondary process thinking. They allow thinking to become relatively independent from intense drives and affects. Segal (1978) traces the capacity for abstract thinking to the mother's labeling of the toddler's internal states. It is the internalization of the mother's soothing that promotes cognitive development and improves reality testing by teaching the toddler to evaluate external reality in a more objective, less affectively biased fashion. Bobby's excessive concreteness at the beginning of the analysis suggests that he had not felt soothed.

TREATING AGGRESSION IN CHILDREN

Bobby's difficulties in tolerating or modulating his aggressive impulses and affects demonstrate how much the child analyst must step out of the neutral role with such disturbances (Maenchen 1984). It is impossible for children to use interpretations of affect or impulse and to gain insight into their anger when they feel overwhelmed by what they experience as omnipotently powerful states. Furthermore, children such as Bobby do not allow us the luxury to gain an understanding of the motives for their aggressive behavior in the relaxed and gradual manner implicit in standard discussions of the use of insight with children. "Aggression can be simple discharge, reaction to frustration, a defense, resistance, provocation of punishment because of superego anxiety, and it can be predominantly sadistic" (Maenchen 1984, p. 402). Therefore, the child analyst must find a way for both him or her as well as the child to survive and to feel safe while trying to determine which of these alternatives is most relevant. Some child analysts argue that physical activity such as my holding Bobby to contain his climbing are parameters that can interfere with analysis of the transference (Weiss 1964). Countertransference is thought to be the culprit in such instances (Kohrman et al. 1971).

Most modern child analysts would agree that this view of transference may be appropriate for adults but not for children. It is commonly accepted that the child analyst must set limits to keep both partners safe in order to allay the child's anxiety that his or her feelings can destroy (Maenchen 1984; Olesker 1999; Scott 1998; Yanof 1996). Limits must be set—otherwise children such as Bobby become so anxious about losing control of their destructive feelings and impulses that they cannot use interpretations. By way of the behavioral enactments with the analyst, the child concretely represents the structural contributions to his anxieties. These can only become progressively more interpretable by verbal means as the analyst's limit setting helps the child understand the limits of his power and facilitates his ability to use mental structures to modulate his impulses (Sugarman, 2003).

Recent reports in the literature emphasize the analyst's need to serve first as a developmental object in helping children to regulate affects before being able to work in a more classically interpretive fashion (Olesker 1999; Yanof 1996). The articulation of emotions, transition of visual imagery into feelings and helping to modulate, delay, and channel the child's affects promote self-regulation, a sense of mastery, and a reduction in punitive defenses that allow for deeper interpretations about internal conflicts (Olesker 1999). Likewise, helping the child to lower his level of stimulation and to become self-regulating establishes an emotional dialogue with the child that promotes sustaining and regulating affects (Yanof 1996). Such interventions do not appear to hinder the development of transference or the analysis of it.

My work with Bobby was guided by a similar formulation. In part, I saw myself as behaving like the practicing-rapprochement mother whose predictable emotional involvement is necessary to facilitate the development of the toddler's thinking, reality testing, and coping skills. It seemed obvious that Bobby's intense rage toward both parents left him terrified that he would destroy his mother, his father, and/or himself. Thus, I tried to provide the gentle but firm limits that were necessary while providing a rationale in words so he could learn to tolerate frustration of impulse and to modulate his affects with words. I was containing him, articulating his internal states, and conveying the message that they were manageable, bearable, and understandable. In this way Bobby gained a perception of himself in my mind, facilitating the formation of a representational world of a self-interacting with others for comprehensible reasons (Fonagy and Target 1998). By the end of the first month of the analysis, Bobby

seemed to be identifying with my improved ability to control his impulses just as such maternal behavior helps the toddler learn to use affects as signals. Bobby's regressive symptoms began to abate, and he seemed to regain some of the mental development and capacity to delay immediate discharge that he had exhibited prior to his surgery. As this occurred his capacity for fantasy and verbal affect expression improved.

In my role as a developmental object I helped Bobby's internal world develop in other ways. His strikingly affectless demeanor at the beginning of the analysis combined with his almost inability to engage in symbolic play was unusual for a child his age. It appeared that his poorly modulated aggression toward both parents along with their own emotional reactions to him led Bobby's early superego introjects to be unusually harsh and restrictive. Thus, he seemed to be trying to control affects and fantasies as much as his young, immature ego would permit at the time of the consultation. He was demonstrating the degree to which important mental processes can be defensively inhibited by early conflict (Fonagy et al. 1993). In a sense my limiting more extreme regressions of affect and impulse, while at the same time accepting his affects and impulses without reacting angrily or punitively, allowed my interventions (both verbal and behavioral) to have a mutative impact on Bobby's developing superego (Strachey 1934). He became more tolerant of his affects and fantasies as he found that I insured his and my survival in the face of them, and as he identified with my interest, curiosity, and acceptance of his internal world as well as my benign superego.

TRANSFERENCE OR DEVELOPMENTAL OBJECT

It is important to emphasize that this role as a developmental object was done largely through focusing on the patient-analyst relationship. Most of the interventions which I view as involving my function as a developmental object to Bobby revolved around interactions between us. This is consistent with Fonagy and Target's (1998) notions about how to promote mentalization in children. "Work takes place strictly in the analyst-patient relationship and focuses on the mental states of patient and analyst. Interpretations are not global summaries, but rather attempts at placing affect into a causal chain of concurrent mental experiences" (p. 109). A definitional question of whether to regard such work as working within the transference arises. Cohen and Solnit (1993) take pains to differentiate this work from analysis of transference. "Paradoxically, in the context of treat-

ing developmentally deviant children, the analyst as a new or real person gained an importance in fueling the therapeutic process, while the analyst as a transference object, never insignificant, became less central in providing therapeutic change” (p. 60). In contrast Yanof (1996) opts for a wider definition of transference that seems to include our function as a developmental object. Thus, she emphasizes the central place of work in the transference in child analysis while describing a broader meaning of transference. “Work in the transference, I mean addressing the whole process that takes shape between patient and analyst . . . part of this process includes other aspects of the analytic relationship (the analyst as new, real, or developmental object)” (p. 105).

Ultimately the questions revolve around how to define transference. At the beginning of the analysis my functioning as a developmental object occurred while I puzzled over what possible transferential meaning it might have; I believed that Bobby needed my help in containing impulses and emotions because he felt unable to control them himself while I remained uncertain about possible unconscious wishes associated with his actions. Therefore, I instituted a variety of limits while acting as a role model for identification. I hoped that identifying with my capacity to regulate his impulses and emotions through both behavior and words would promote some internalization of these regulatory functions—something that his parents had been unable to facilitate in him. I focused on the precipitant of his anxiety over losing control of his behavior or emotions as well as his defensive efforts to cope with his anxiety within the interactions between us. For example, I interpreted his fleeing to his mother’s lap and sucking his thumb early on as an effort to eliminate angry feelings at me that he found frightening. Although I considered that his anger might be associated with some fantasy about me, it seemed more important to demonstrate his defenses against his transferential affects. Similar interpretations were made when I set limits on messing, breaking, throwing, etc. At that point in the analysis I saw myself as attempting to enhance Bobby’s reflective processes and teach him that his behavior and mine had meaning (Fonagy and Target 1996b, 1998). Some might argue for adding to the interpretation, even at this early stage of analysis, a comment such as “You’re trying to show me you want me to help you be the boss of your feelings.” Such an interpretation would suggest a transference wish based on the assumption that Bobby’s out of control behavior at home was fueled by a similar wish. However, such an interpretation would have

seemed too far “out of the neighborhood” and not at Bobby’s workable clinical surface (Busch 1993). As greater evidence for it developed, I was soon able to address Bobby’s transference wish to have me help him to control his anger.

This transference wish became more clearly evident in Bobby’s striking regression around my first vacation, a few months into the analysis. My absence stirred up anxiety about both the loss of my ability to help him control his aggressive feelings and the fantasy that I had left him because he was so angry and bad. At that point I chose to make the first interpretation—to emphasize his anxiety about losing me as a developmental object who would help him control his angry feelings. Most child analysts would consider this a transference interpretation despite its emphasis on my developmental object function. By this point in the analysis it seemed clear that Bobby did not feel secure that his parents could protect him from himself. His misbehavior at home seemed to be a defensive externalization and attempt to provoke them into protecting him, something at which they repeatedly failed. My vacation had made me seem as unreliable to him as his parents. Interpreting his behavior in this way allowed me to make increasingly specific transference interpretations as the analysis progressed—eventually interpreting his anxiety that I would be as irate and punitive over his phallic anger as his father seemed.

But even this latter phase wherein transference interpretations were specific and direct continued to require me to function as a developmental object. Even at these times Bobby generally needed me to help him to regulate his anxiety with limiting behavior as well as with words. His parents’ own difficulties with modulating their impulses or with helping him with his seemed to require that I continue to serve as a figure for identification while promoting his greater insightfulness into the meaning of his own behavior. In other words, being a developmental object was coexisting with my function as a promoter of insight, something that I believe is common in child analysis.

The question becomes whether being a developmental object or a provider of interpretations is truly different. If one adheres to a narrow definition of transference as the projection and/or displacement of primary object relational paradigms onto the analyst, it make sense to distinguish the two functions as clearly as possible (e.g. Chused 1988). This is clearly the definition used by those who argue that developmental object functions are parameters that should be minimized at all costs (e.g. Weiss 1964). “If the child’s psychology is

in the past, if it is structuralized, then it can be analyzed in the transference. If the psychology is of the present, and is a continuum of the past, that aspect which is current and *not a transference* onto the parents cannot be analyzed at that time” (p. 593, my italics). But if one adopts a broader definition of transference as the externalization of aspects of the analysand’s internal structure into the analytic relationship, that is, transference of defense (A. Freud 1936), one must question how separate the two functions truly are. The limit setting and affect regulation that I provided to Bobby could be viewed as interpretations in the form of concrete, behavioral interventions appropriate to the concrete and egocentric nature of his thinking. Thus, the defensive omnipotence surrounding his aggressive impulses as well as the superego issues generated by them were externalized and enacted in our relationship. In this way, my setting limits was a confrontation and interpretation of his omnipotence and a concrete demonstration that his aggressive impulses were not as powerful or as dangerous as he believed. To the degree that his omnipotence also involved a wish for a gratification, my limit setting could be viewed as an interpretation of his omnipotent wish to do anything he wanted to with me. It was the only way that he could hear such an interpretation. Certainly Bobby’s developmental history and analytic material provide ample evidence of enough early internal structure and conflict to believe that his seemingly out of control behavior involved conflict induced regression, and not simply developmental deficit. Therefore, interpretation via limit setting would be an appropriate intervention for an ego capable of conflict and defensive regression.

In summary, I have attempted to delineate my function as a developmental object in Bobby’s analysis in an effort to help define the concept better. But close examination of the developmental object functions that I provided leaves open the question of how distinct this facet of our role as a child analyst may be. The behaviors which I limited and the affects which I helped regulate were expressions of structural factors and conflicts in Bobby’s inner life. And my limits, in essence, could be viewed as concrete interpretations of the aspects of ego and superego structure that Bobby used as resistances to the awareness of unconscious conflict and transference. From this perspective, interpreting concretely at a behavioral level commensurate with his developmental level may be simply a parallel to the way in which we interpret such resistances verbally with our adult patients.

It will take further study and careful attention to the way in which we work with child patients before this question can be answered de-

finitively. Bobby's analytic material does seem to indicate that we do the field of child analysis a disservice if we cling to the notion that neurotic children can be analyzed with only the provision of verbal interpretations. Interventions need to be provided in a way that takes into account the child's developmental limitations. For many children, functioning as a developmental object is an essential aspect of the analytic process. The analyst's behavior can be as important as his or her words in facilitating the child's ability for self-reflection and self-regulation. "Language is less often a useful vehicle for promoting insight than behavioral enactments. That is, insight in a child may sometimes arise more from doing and perceiving something in a new way within the session than from new cognitive awareness" (Sugarman 1994, p. 331).

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