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How Child and Adult Analysis Inform And Misinform One Another

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My essay is in the form of an exchange between two other analysts and me. The first analyst is a respected classicist acknowledged for his contributions to theory. He works exclusively with adults and has a well-deserved reputation for effective results. The second is a woman, principally recognized for her clinical work with children. Her results are equally admirable, although it has been said that her interest in the children she treats often overshadows her concern with technical niceties. They have both agreed to help me prepare this essay with the title, “How Child and Adult Analysis Inform and Misinform One Another.”¹

Our exchange begins with each of them reproaching me for the title for overlapping reasons.

In a tone that is ironic, pedagogic, and somewhat autocratic all at once, the adult analyst declares that such a title has a “scope” problem, the subject matter is simply too broad. He continues,

What, for example, do you mean by “analysis”? No reasonably sophisticated audience agrees on what that process consists of in adults these days, much less in children. Some clinicians will expect you to focus upon conflict, others upon the status of the representational world, and the rest will assess your qualifications to address the subject by determining how attuned you are to

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¹ The phrase “inform and misinform” was suggested by Dr. Lee Jaffee at a meeting devoted to similar issues in December 1994.

- 3 -

defects in structures and deficiencies in functions. Are you planning to view the analytic partnership as designed to resolve dynamics, repair past objects, or as a way of enhancing relationships through an intersubjective exchange?

He concludes with a stinging flourish: “While your title enjoys the elegance of symmetry, you cannot possibly manage such a broad topic in a single article.”

The child analyst picks up from where our colleague has just left off. Her tone is equally critical, but softened by her naturally compassionate manner. She says:

He's right, there is too much scope. Even if you manage to carve out one satisfactory brand of analysis from the others, you will still be stuck with that “informing and misinforming” business. Some distinguished practitioners maintain that there are no noteworthy differences between the adult and child disciplines. As far as they are concerned, since the experiences of the first are so readily convertible into the second, the article ought to merely detail how each *informs* the other. Another group of equally distinguished practitioners voice an exact contrary position. They claim that child work differs so much and in so many respects that you need only explain how each is likely to *misinform* the other. Some adult analysis would regard it as tantamount to arrogance to maintain that child analysis could influence their work in any truly beneficial way, other than enhancing their confidence about reconstructions. You know all their arguments: From the patient's side, the children can't free associate, they don't dream as much, they're poorly motivated, they act rather than talk; from the analyst's side, it's technically difficult to maintain the expected stances—neutrality, anonymity, or even the currently fashionable, intersubjectivity, what with children darting about the consulting room, sometimes petulantly, sometimes with considerable excitement. You will have to carve out something both distinctive and specific about each to actualize such a title effectively.

I agree that their points are well taken. After a moment's reflection, I offer an approach that seems more manageable. I suggest that my first colleague provide a conceptual base for at least *one* feature of psychoanalysis that would be seen as fundamental for adult clinicians. I urge my second colleague to do the same for child analysis. Then we could discuss how each feature informs and misinforms the practitioners of the other discipline. In that way, we would both narrow the scope and address some of the questions arising from both sides of the aisle as well. I promise to provide the necessary illustrative clinical data.

The adult clinician begins with measured words: “It is true that the facts and theories of psychoanalysis are used to support a wide variety of therapies these days,” he says.

It is also true that all those different therapies unself-consciously represent themselves as *psychoanalysis* and all of them look at the others as *not* analysis

- 4 -

or *defunct* analysis; nevertheless, in spite of the climate of ambiguity and controversy established by such warring factions, it should be possible to extract an essential and distinctive bonding component from most of them.

Psychoanalysis, in its customary usage, has always meant accessing the unrecognized, whether the unrecognized is in the configuration of informing structures like the idealized self, the superego, and Kleinian “positions” or in the shape of unconscious beliefs like those derived from oedipal or preoedipal fantasies. Most analysts accept the idea that such structures and beliefs convey unique narratives from earlier ages, narratives that have turned disposition and events into personally meaningful experiences. Such underlying pathogenic narratives are taken apart—that’s what analysis means, after all—or, to use a more modern term, they are *deconstructed* during treatment so that the embedded psychological components can be put together in a new way.

He goes on, The advantages of the focus upon unrecognized structures and beliefs, is that it is congenial to those who are preoccupied with infantile conflict, to those concerned with antecedent trauma and abuse, and to those attuned to the consequences of empathic failures. The adherents of each of these sometimes segregated systems accept that at least some of the past encumbers the present and that it’s necessary to unravel the way the past has been processed to change the pathologic sequelae. To be sure, they disagree about technical procedures and about therapeutic action and about the impact that the balance between invention and discovery has on the outcome, but for all of them the psychoanalytic process in adults involves deconstructing the residues of the past that have taken up residence in prevailing structures and beliefs.

I nod appreciatively but point out that the protagonists of the pure here-and-now and the disclosure folks may feel excluded.

My adult analyst colleague knits his brow and shakes his head. “Even the here-and-now adherents acknowledge the influence of the there-and-then,” he says, “and the technique of disclosing purports to be another way of overcoming impaired representational structures in part by highlighting disparities in being and behaving. I think they will be engaged.”

I summarize his position as succinctly as possible. “You would say that an essential feature of the theory and practice of adult analysis is the focus upon the *line* of continuity that leads from the present back to the past. I like linearity. It is both clinically useful and a distinguished form of scientific thinking. Such a formulation is persuasive.” I continue, “The first section of the essay is in place: How does the concept of linearity inform and misinform child analysis?” I turn to my child analyst colleague. “What can you suggest about child analysis that is equivalently distinctive so that we might complete the equation?”

She responds, Curiously enough, I have a problem quite analogous to the one we’ve just heard. Child analysts are quite preoccupied with what they call

- 5 -

“the developmental point of view.” Regrettably that term is as ambiguous and as controversial as is the word “psychoanalysis.” Every therapist claims not only to be a psychoanalyst these days but also to be influenced by developmental considerations—it’s become quite a fashionable shibboleth. For some, ‘developmental’ specifically means that separation-individuation is a critical underlying feature in human growth throughout life. For others, especially those tied to cognitive work, it means an alliance with Piagetian theory and the way cognitive structures influence knowledge. For others still, it suggests changes in the growth of representational structures as a consequence of human interactions. And these do not limit the differences. Although they are important ideas and useful frames of reference, it is not the first thing I think of when I think of the developmental point of view.

I comment that I hope she can come up with something as useful and unifying an essence as was the notion of linearity offered by our adult colleague.

She continues, Actually, what I have in mind may very well fit the bill. I suggest that you restrict your attention within the developmental point of view to the importance of *developmental hierarchies*. Developmental hierarchies are, after all, the center of the developmental process according to many respected theoreticians anyhow, and are the organizational underpinnings of much of what the separation-individualists, the cognitively committed, and the object-relationships people have in mind. Therefore, it is not only a common bond for all these different interest groups, it is a distinctive and essential guidepost for child clinicians. As I implied, developmental hierarchies are as much of an essence in child work as accessing the unrecognized links to the past is with adults.

Our adult colleague is pleased with the symmetry but explains that he is not familiar with the term developmental hierarchies.

Could she elaborate?

Well, the developmental hierarchies are a fundamental conceptual feature of psychological growth. Developmental hierarchies describe a maturationally informed sequence of steps in progressive psychological organizations that emerge between infancy and adulthood. Another way of looking at it is that developmental hierarchies define increasingly differentiated “minds” through childhood and adolescence into early adult life. Theoretically, each new mind is triggered by an inherent maturational program and dependent on necessary experientially derived nutrients to grow coherently. Each new mind innovatively brings together and, more importantly, to a variable degree, *transforms* components of previous minds, the current surround, and emerging instincts, objects, and equipment. Each can be examined empirically by assessing the status of the derivatives of drives, objects, affects, equipment, adaptation, regulatory apparatuses, values, microstructures, and so forth, and each can also be configured conceptually. But this is the *critical* feature: The resulting

- 6 -

transformational impact on structures and functions makes the developmental hierarchies *discontinuous*, meaning there are no especially recognizable antecedent links that account for the new appearance. Each new mind coordinates the subordinate prevailing realms of instincts, objects, equipment, and experiences during periods of growth, and each step forward is characterized by the appearance of innovative structures and functions.

She turns to me and says, “Notice that the word ‘step’ contrasts nicely with the ‘line’ we’ve just heard about. Steps imply the *nonlinear* or *discontinuous* sequence in the progressively emerging organizations.

The concept of developmental hierarchies is an essential framework for child analysts, because child clinicians measure success by the achieved consolidation and coherence of each newly emerging mind in their child patients. For example, when child analysts introduce treatment to a four or five year old they’re not happy in merely monitoring symptom relief or even behavioral changes; they attend to how successfully their patient becomes immersed in latency. Like adult clinicians, their focus is an *intrapsychic* focus—not only the intrapsychic dynamics or the nature of the self-and object-representations but also the status of the expectant emerging mental organization. Latency, for example, is characterized by the appearance of one of those developmental hierarchies, a new mind that arises and consolidates between the ages of six and ten. Earlier hierarchical organizations precede latency, subsequent to latency more complex minds will erupt.

The adult analyst attempts to digest what sounds like a new idea: “You are saying that this sequence of minds proceeds in *transformational* steps rather than in straight lines; that is why you label it discontinuous rather than continuous. While that sounds intriguing, I can’t quite imagine the clinical relevance.”

The child analyst nods and continues: “Here’s the part that is most clinically relevant,” she says:

Each emerging mind frequently coalesces about binding individual narratives, narratives that convert the ongoing biological and the interactive into personal meanings. That’s how hermeneutics are born and hermeneutics is a progressive process, too. And although new narratives inevitably draw components from earlier ones, over time features of the narratives are transformed as well. As far as clinicians are concerned, there are very few more interesting attractions than those narratives, the parts that remain fixed, the parts that become transformed.

The adult analyst is still puzzled and he says, “You obviously have thought of this a good deal; it has become self-evident to you. Help me understand. For example, let’s go over this idea of a *transformed* function? What is a transformed

- 7 -

function? I know about ‘compromise-formation,’ and I understand ‘integration.’ I could take a reasonable stab at ‘organization.’ Could you please give me a *clinical* example of a transformed function?”

She is up to the task.

I’ll give you a couple of clinical examples, one simple, the second more complex. First, the easy one. There is nothing in crawling that anticipates walking. Walking is the expression of a new organizational achievement in the motor sphere; it is a transformed mode of locomotion. Furthermore, there’s nothing in walking that allows you to reconstruct the earlier existence of crawling. They are empirical expressions of different hierarchical motor achievements. Much of motor development during the early years is similarly discontinuous. Second, the more complicated example. Take oedipal feelings. There is very little in preoedipal interactions that suggests the subsequent appearance of oedipal expressions and nothing in the sensual pleasure seeking of earliest life that gives any hint about the later sexual concomitants of desire. Oh, sure, we can speak of precursors but no earlier object-interactions anticipate the transformation of object relations that occur with the arrival of oedipality. Oedipal and sexual feelings are the innovative expressions of a newly emerging hierarchical organization—the oedipal mind, if

you want to use a really controversial label. The oedipal mind is the one that occurs just before latency. There are many variations of the kinds of narratives children weave as they put together the biological dispositions and socially inspired events they experience at that time. Transformation is hardly a new word in our discipline. It was not for no reason that one of Freud's chapter titles in "The Three Contributions" essay was "The Transformations of Puberty." Every conceptual thing I've been saying about hierarchies are virtual paraphrases of parts of that same essay.

I try to make use of her proposal by returning to the topic. "In thinking of developmental hierarchies," I comment to my child colleague, "child analysts are always looking *forward* toward the construction and organization of these potential new discontinuous minds while measuring progress by the successful arrival of the anticipated transformed functions, wouldn't you say?"

She nods.

I turn to my adult colleague and continue "... while the adult analyst is more inclined to look backwards to the disfigurements derived from the continuous past while measuring progress in terms of the degree with which deconstructions and reconstructions can promote the re-integration of the earlier embedded pathogenic components, isn't that your view?"

He nods.

I restructure the paragraph to encompass both positions.

The adult analyst is principally oriented to the direct links with the there-and-then, whereas the child analyst is also oriented to the expected nonlinear

- 8 -

emergences of the yet-to-be. The first is involved in deconstructing narratives, the second *also* in supervising the felicitous construction of new narratives. Adult analysts are principally concerned about disturbances arising when earlier forms *continue* into subsequent hierarchies *without* undergoing their expected transformations during successive hierarchies; the child analyst is also preoccupied with the potential disorders related to *discontinuous* growth on the fly, so to speak. Such attention concretizes their principle orientations. Congratulations. Both of you have managed to come upon some usable essences.

The child analyst says all these abstractions may be useful to establish a framework for moving forward, but that it is time for illustrative clinical material. She hopes my material will provide an opportunity to demonstrate the differences between linear and nonlinear, continuity and discontinuity, and will help us understand how each preferred orientation informs and misinforms the clinical discipline of the other.

I say, "Okay, let's try on the case of a girl named Alison."

Alison was brought to see me when she was almost seven years old. Her parents said they were worried about her poor school performance and limited friendships. Later, they added that they were also concerned about her preference for isolated imaginative play and her preoccupation with sex. She was an adopted child and they had always fretted about several features of the adoption. In the first place, they had originally considered adopting her when she was three months of age but put off the adoption for an additional eight months because they were hesitant about having a child altogether. During those eight months, Alison's care was so poor that it bordered on neglect. Both parents regretted having deferred their decision; the father, especially, said he could not forgive himself. Second, the child's biological mother was schizophrenic and had previously borne and scattered three other children about. They worried about what might be festering in Alison's DNA. Third, the biological mother and the scattered siblings were well known to the adoptive mother so that Alison occasionally played with them during large social gatherings. Because she was the youngest of the four children, she did not know what the others knew—that the strange distant lady who hovered about was their mother and that they were all biological brothers and sisters, probably with different fathers. The adoptive parents had never told Alison she was adopted and they wondered how and when to tell her and with what particulars.

Her parents initially addressed the school issues. Alison balked at the restraints and at the demands of school. She defied the expectable limits in ways that made her seem sluggish in general and intellectually dull in particular. As the consultations went on, however, it did not take too long to recognize that there was more to deal with than her distant past and her school adjustment. Partly out of guilt and partly to be informative, her parents finally described some of the contemporary difficulties in Alison's home life.

- 9 -

Mother and father were involved with some pretty serious marital discord that often led to open acrimonious exchanges. They were secretly contemplating a separation and wondered how they might also introduce this

information to Alison with minimal consequences. They also reiterated that they were concerned about what seemed to be Alison's precocious interest in sex. They linked it to some clandestine activities between her and a boy some three to four years older while the family was vacationing in the past year. They were not sure of the nature of the activities nor how long they went on, nor indeed, if anything sexual really happened altogether. They also noted that she carried herself in a somewhat provocative way on the beach that summer—a strange way of thinking about such a little girl—and that she masturbated a good deal. They rounded off their complaints by citing Alison's proclivity for solitary play and a compelling preoccupation with Barbie dolls.

My adult colleague interrupts to note that Alison's house is filled with secrets, that sexuality is a dominant theme, and that abuse might be a part of the picture. He suggests that the infantile sexual conflicts, compounded by seduction, are important sources of her difficulties. My child colleague notes she is excited and withdrawn, aroused and constrained. She worries what kind of latency Alison might be in for. I point out that each have responded to the initial data with their own preferred orientations: The adult analyst has traced a line of continuity from the present back to the past, the child analyst is more attuned to issues of corrupted psychological organizations with an eye to the future.

I go on.

When I first met Alison, I was somewhat taken aback by her appearance, in spite of the advanced warnings. She virtually floated into my office; her manner could only be described as ethereal and regal. She was a beautiful, even a sensual little girl, a large crop of blond hair sprawling out from her head in all directions. She was meticulously clothed in elegant children's wear and bore several Barbie dolls with her, equivalently garbed. She looked more like one of her dolls than like a real little girl. She was noticeably anxious and paced about my carpet, carefully tracing a rectangular pattern. Her parents had wanted to deceive her about the nature of the consultation to ensure that she cooperate in coming but I had discouraged them. I suggested instead that they tell her how worried they had been about school and thought she might be helped by talking with a person like me. However effectively they had transmitted that suggestion, she was obviously frightened by the situation anyhow. I made some comments about how difficult it was to meet a new person and this settled her down a bit. She noted some paper and pencils on my desk. Her eyes asked if she might have the permission to use them and I responded with an amiable nod. She drew a house in a kind of schematic way with a downstairs and an upstairs section. In her picture, parents were seated at the kitchen table and she had one saying to the other: "Shh-h, the children may be listening."

- 10 -

My adult colleague interrupts again.

Alison confirms my hypothesis that she lives in a house full of secrets. In bearing and words, she expresses pain and anxiety, mystery and sexuality. Her history is already embedded in her behavior. It's obvious that she knows more than her parents believe she knows and that she has been seriously effected by the past traumata. Transference demands being what they are, you will have to be careful to avoid being provoked into actually behaving like a deceiving and abusive parental imago.

The child analyst interrupts.

That is a reasonable *linear* approach to these initial data; I confess that many of my thoughts fall along similar lines. In fact, the way we child analysts scrupulously take histories invites such linear thinking. Conventional anamneses incline us to draw inferences about disposition, breaches in attachment and separation-individuation, instincts, objects, trauma, the consequences of abuse, and so on. Such an emphasis on continuities is a principle legacy of adult analytic methodology. Continuities *inform* child analytic work by alerting child clinicians to potential reconstructions and genetic interpretations. However, although history taking and linear thinking may be very useful, they can also be *misinforming*. Linearity becomes encumbering when clinicians *insist* on placing such information into prepackaged segregated lines, such as conflicts or object-relationships, or defective parenting. This isolates them, draws them away from other lines, not to mention from each other. Conflict-oriented clinicians seize on defenses and impulses, and object-oriented clinicians rapidly hypothesize about empathic failures. And those who see children as exclusively the products of parental misbehavior begin to gather together their writs of indictment. It is true that in properly conducted analyses of adults and children the material itself often leads to long periods where instincts, or object-relations, or abuse or dispositional factors become appropriately isolated centers of interest. However, when child analysts become *precociously* preoccupied with one of these lines of development and especially when they begin to pit that one line against all the others, this not only interferes with their attention to the multiple determinants, but it also impairs their ability to examine the status of the psychological organization as a whole, where all these different subordinate realms are brought together.

I note that my child colleague has just satisfied half the demands of the essay. She suggested that continuity *informs* child clinicians because it urges them to understand and integrate features of the past, but it *misinforms* when it also encourages thinking

only of self-enclosed, isolated lines of interest. Such segregation interferes with addressing how the different realms are brought together into new discontinuous entities.

Both nod agreeably and I continue with the case description.

- 11 -

Alison's anxiety abated as the few hours of consultation went forward. Her drawing of pictures proved helpful. Looking back, I think it gave her a feeling of control—some call it ‘empowerment’ these days—in a setting she felt so helpless about. The in-control feeling was enhanced even more by way of a particularly dramatic session a month or two into the treatment. Alison arrived at the office and had her mother announce that she could not come that day but had sent her identical twin sister instead. Calling herself by another name, Alison greeted me, explaining that she, unlike her well-behaved sister, was a bossy, aggressive child. She ordered me about and required that I sit motionless for long periods of time, barked commands in a nonsense language that I was expected to understand, and warned me of dreadful consequences were I not to be obedient. With this new statement of the nature of the treatment interaction in place, she relinquished her drawings and began to create small dramas. The ‘good’ twin, Alison, returned after a while without much fanfare but bedecked with the imperious manner of the bossy twin.

I'd like to describe the changing nature of her created dramas over time. Some fundamental themes appear in all the dramas, yet there are changes in nuance and direction that are telling. As you will see, the dramas reflect the mixture of continuities and discontinuities.

Her first drama is about a princess. The princess is surrounded by a group of handmaidens; apparently she is content with palace life. However, in truth her father, the king, is a cruel and wicked despot. One day she flees the castle, fearing for her life. He tries to track her down, intent on recapturing or imprisoning her but she always manages to stay ahead of the pursuing armies.

My adult colleague interrupts. “This sounds oedipal to me. I could reconstruct a complex stimulating interplay with her father. An alternate possibility would be preoedipal determinants of such behavior. After all, she was abusively neglected for almost the first year of her life and then given away. There might very well be a preoedipal witch-mother lurking behind that king-father. It may be difficult to determine which defensively screens the other.”

My child colleague notes that such comments still indicate how the legacy of continuity so easily lures us into our preferred positions. She explains that training may have unwittingly prepared us to package data into established traditional configurations rather than learn ways to promote discoveries. She insists that the presenting material so far is simply too ambiguous to provide a foundation for anything but speculations. She believes that it is preferable to counter the temptation to tie data to embattled linear propositions and consider expanding our clinical framework by becoming involved with broader issues, the question of psychological organizations, for example. She confesses that this may betray a preferred position of her own; nevertheless, it is one that at least may provide for an expanded approach and for more diversified technical activities to help patients.

I acknowledge the divisiveness between the two of them and hope we can move toward some coordination of the two positions.

- 12 -

I continue with the data:

As this first drama is unfolding, the parents let on that they had decided to divorce. Partly inspired by their awareness for my preference that Alison *know* rather than not know, the mother also sits her down one day and tells Alison the whole story of her biological past. Within the first eighteen months of treatment, Alison visits the woman she had only casually known as a background stranger and now discovers is her biological mother and plays with the children she had only known as friends and now discovers are biological siblings. She absorbs this information with what seems to everyone to be extraordinary equanimity. She even writes about her discovery for a class assignment in school in a most dramatic way. It is quite an eye opener for the teacher and her classmates who meet the tale at first with disbelief. They react with far more shock and surprise than Alison herself seems to register about the entire matter. She has shunted her response to others.

I ask her about all of this but she waves my questions aside. She has made it clear to me that all the discoveries about her past and her responses to them are not to be the business of our sessions. The business of her analysis is to be her dramas. Naturally, as you will hear, it was not possible for her to entirely exclude her history from her ongoing stories.

The theme of the fleeing princess changes. In the next setting. I am assigned to play the part of a naive and innocent little boy who lives at home with his father. Alison appears with a gun and kills my father. I am horrified and afraid

she will take my life as well. She consoles and calms me by revealing a remarkable secret. She is not a stranger at all, but actually my older sister, and by profession, a detective. The man she killed was *her* father as well as mine. She had killed him because she knew he was a killer; he had abandoned her and our mother and soon would either abandon or kill me. She had saved my life. The two of us would now live together and work side-by-side as detectives hunting out other bad people.

The adult analyst interrupts.

That's quite a shift. It looks as if she had managed her concerns about being victimized by an abusive patriarch by splitting the father off in fantasy and doing it to him first, quite analogous to the way she shocked her teachers and the children in her classroom about her strange past while appearing immune to any response herself. In the story, it is not she who is naive, but the boy, and, notice, it is the father who is to blame for abandoning, not the mother. Anxiety, defense, infantile conflict—continuity certainly informs and I'm even more certain than before that the whole thing is oedipally driven.”

The child analyst addresses her adult colleague.

Perhaps you are demonstrating how linearity misinforms much more than how it informs. How can you be sure that what you've just described is not

- 13 -

your narrative, rather than Alison's? We've been urged in our clinical work to avoid replacing the unrecognized personal myths of our patients by simply supplying some of our own. Rather, our attempts are expected to be directed toward encouraging independent discovering. From my point of view, there is far more in the material than continuities and more than oedipal and even preoedipal fantasies. I would propose that it is also worth thinking how Alison has been assimilating discoveries about herself from outside and inside the treatment and creating a *new* binding narrative with the tools of her newly emerging organization. She has taken the information about the abandonment by her mother and made the unknown father the villain in the piece, perhaps disavowing aggression against her mother with such a move while entering into an alliance with her siblings. Rather than merely describe it in dynamic terms, it might be more useful to wonder how such events were assembled in the first place and how the original narratives are modified during her current period. For example, is it safe to love? Is it safe to trust? Her current narrative says it's not safe. No child analyst would be cheered by the existence of such an organizing fantasy. It's not a very good narrative to concretize instincts, objects, and new equipment and bring these components into an organization intended to optimize the forward progression. What is to be the fate of object-interactions, peer-relationships, notions of power, and regulatory patterns as well as moral values? The *new* creation of appropriate limits, adaptive strategies, and socially syntonic values requires as much monitoring in children as *past* isolated pathogenic conflicts and objects.

I try to summarize and extend the exchange of the moment. I note that the child analyst proposes equivalent attunement both to the transformational potential of the new developmental hierarchies and the integration that arises with the deconstruction of past unrecognized beliefs. Both perspectives assist her in promoting a felicitous new organization. These two preoccupations also influence her view of the therapeutic relationship. A child analyst wavers between being used as a transference object from the past and a necessary new object to actualize features of the present organization. I add that this is a technically difficult straddle much of the time and poses problems of incompatibility some of the time. Consequently, linearity informs her work by aiding the integration of the unrecognized past, but it can misinform if it interferes with her recognizing the therapeutic opportunities inherent in the newly appearing mind.

The adult analyst nods in a reflective mode. He agrees that continuity can both inform and misinform, and he also recognizes the significance of discontinuity for child clinicians. He wonders aloud about the other half of our assignment: How can discontinuity, so precious an orienting position for child analysts, inform and misinform adult colleagues?

I suggest that we look into more data and so I continue with the case description.

After many months, months that include her parents successfully negotiating a separation and divorce, Alison's satisfactory relocation to another school,

- 14 -

and a more than satisfactory adjustment to the disciplinary requirements, the drama undergoes another transformation. The new playlet begins in a simple enough way. Alison brings her Barbie dolls as is her fashion, assembles them along with the family of dolls she has discovered in my toy chest, and creates a new scenario. Henceforth, I will be required to play all the male roles, she all the female ones.

The scene opens with her assuming the role of a mother who brings her daughter to school to watch her appear in a

play. A father brings his son to watch him in the same play. The girl attacks the boy. She has noticed he has been attentive to another girl and this has made her violently jealous. The boy has no protection against the assault; he simply falls away badly beaten. It turns out that there is family precedent for such behavior: Years earlier, the boy's father had done the same thing to the girl's mother—excited her and then abandoned her. Revenge is in order for both generations.

This becomes the plot line for numerous sequels. Seduced, abandoned, revenge. Then seduced, abandoned with child, and revenge. Alison's spin on her own history is surfacing. In her spin, the women are always irresistibly attractive; their power rests in their capacity to seduce but they are powerless in the face of their own excitement. The men are weak because they cannot regulate their feelings of desire either, but they are strong because they can overcome the protestations of the women, sometimes by wile, sometimes by violence. Neither one has much regard for the child that results from their relationship. As one man after another attempts the seduction, a whole troop of Barbie dolls rally around the offended woman—like the handmaidens around the princess—to support her resistance. Eventually, they mercilessly attack the hapless man. His body is beaten in general, his privates assaulted in particular. After many months, there is a new wrinkle: The play itself becomes a source of focused excitement. She often accompanies it with surreptitious masturbation and for a while the masturbation becomes more intense and insistent when the women beat the men.

Both of my colleagues mutter that a beating fantasy is being consolidated and that a perverse development is a definite possibility.

I nod and go on:

In the midst of this unfolding drama she finally sadly tells me about past sexual encounters with a boy who had touched her “down there.” She had initially enjoyed the power of exciting him and the flattery of his attention. But subsequently, she saw him playing with other little girls. She was outraged. She had imagined that her attractiveness had been the bond that would hold him forever, but he was inconstant and merely driven by his own emotions. He deserved to be beaten, driven away, mocked, to become a victim of her abusive words, and even covered with excrement. It is terrible that she cannot hold on to him in spite of her beauty.

I ask each of my colleagues how they might address the data.

- 15 -

The adult analyst begins by describing the role of oedipal feelings, denied and projected, and the fusing of aggressiveness with libido. He is impressed with the attempts to bond and to control and suggests that sexuality may be used to serve more primitive needs, perhaps of an oral nature. He allows that failures of appropriate parenting in the first year or more of life have also had a decisive role on object stability so that relationships may be erotized to buttress the bond. He adds that he is quite impressed with the ability of children's play to open up windows on the past.

The child analyst concurs with much of that speculative train, but, not surprisingly, asserts that play is also a window on new organizational possibilities, on reorganizations and transformations that serve innovative new narratives and strategies for dealing with inside and outside dangers. It's also a time for new dangers, as well, but that's another story. She pauses for a moment to collect her thoughts so she can state her next idea carefully. She goes on:

Analysts are accustomed to think of the sequences in development in terms of sharply defined reorganizations, that is, oedipal replaces preoedipal, latency replaces oedipal, and so forth. That's almost certainly an inadequate schemata; there are far more variations and deviations in the styles of organizational emergence. Later hierarchies not only contain residues of earlier conflicts and object-relationships, they also harbor residues of earlier organizational styles—of variations and deviations. Therefore, it may also be useful for adult clinicians to think of *disorders of the developmental hierarchies* in addition to disorders derived from drives or objects.

She turns to me. “Do you have any view about the status of her developmental organization?” she asks.

“In the case of Alison,” I note:

Organizations are being burdened because of the serious disparity between her drive development and her development of object relations, the first too precocious, the second lagging far behind. Such an unevenness in development is likely to have a lasting effect on the configuration of her adult mind because it constantly taxes organizational capabilities. For example, she may be forced to use sexuality to establish object-contacts. A disordered hierarchy may be as much of a determinant of perversions as inept conflict-resolutions or faulty objects. Psychoanalysts are not accustomed to examine the organizational makeup of the minds of their adult patients, to consider things such as gross disparities between subordinate realms, a flagging of the maturational pull, degrees of fluidity, or the ways in which different conflicts from different developmental periods interplay with one another because of failures of transformations. *Child analysts would be making a valuable contribution to the technique of*

adult analysis if they could demonstrate the usefulness of evaluating the configurational nature of adult minds, configurations that would serve as foundation upon which such frame-works as dynamic

- 16 -

conflicts and object relationships are constructed. It would be a complex undertaking, but might vastly expand our clinical leverage.

The adult analyst notes that I have just moved our task along by describing how the concept of discontinuity can *inform* adult clinicians. It can inform, he summarizes, by urging them to evaluate the nature of the psychological organizations of their adult patients, as well as the typical constituent elements of drives and objects that everyone has long recognized to be of value. How does the child analyst approach the issue of developmental transformations from a technical standpoint, he wonders. How does she assist the developmental process? And, he adds, can such an approach be used by adult clinicians?

I suggest that the answer to those questions might show up in the data to follow. I continue:

As I watched her dramas, I saw Alison struggling with different subordinate realms of mental functioning, trying to organize them into an effective base to move forward. In the conflict realm, both oedipal and preoedipal coexist for her and screen each other; in the area of self-coherence, there is an exaggerated sharp division along gender lines: girls congregate with girls to defend themselves against the impulses allegedly arising only from boys. Obviously, it is she who also struggles with intense erotic feelings. Attributing poor impulse control to boys allays her anxieties about her own related affects, but gender isolation is not a preferred developmental outcome. There is a pervasive climate of helplessness and considerable anxiety concealed by quests for compensating power—murderous at times. She tries to find power in that exaggerated femininity. But that also is a poor base for establishing peer-relationships and for commingling with children her own age. The expectable repression and anticipated transformations are taking an undesirable turn here. Sexuality is not successfully regulated at all. It is mobilized, probably as has been suggested to also overcome object-hunger, and then denounced and assigned to the feared and hated males and fused with aggression to boot. The struggle for self-regulation takes the form of externalizing aspects of the self-representation and controlling others rather than herself. This mode of self-regulation is not an especially desirable outcome in latency, or any other phase for that matter, but it looks as if it's the best she can manage at the moment.

Since I understand that one of the tasks of child analysis is to use such play as a window upon *new* possibilities, I watch the play for evidence of her trying on new expressions derived from her emerging adaptive repertoire in the hope of tapping a more felicitous narrative. Technically, this overseeing of the construction of a useful new narrative to assist or facilitate the developmental opportunities is something akin to what Asher Rosenberg² recently described as the activity of coconstructing.

² Private communication, 1997.

- 17 -

Soon, I notice that as she isolates male and female, the one bad, the other good, some breaches occur in the sharp divisions. One little boy is more vocal and he's funny; he misses her when she's not around and he never is seen as a dangerous seducer. On the contrary, in the words she assigns him to speak he often makes fun of the foolish men and their compelling impulses. I recognize that this character may be drawing from some positive experiences in the past but that it may also be a *new* object, a new view of some people made available by way of the new organizational achievement of latency and the real connection to me. The little boy is a person undaunted by impulses of sexuality or aggression, a voice of reason if you will. By actively cultivating such a character during periods of play, a child analyst offers a developmental assist by facilitating the overcoming of rigid stereotypes and opening up a wider interplay in human exchanges. *Facilitating the construction of a new narrative that incorporates this more benign figure is a different technical activity than reintegrating the demons from the past.* In working with children, both kinds of technical activities are necessary: deconstructing the past and facilitating the construction of the emerging new narrative. This all makes child analysis a taxing enterprise at times because coordinating deconstruction and coconstruction, old and new, continuities and discontinuities is so complex.

The replay of the traumas of the past harmonizes well with the new little boy in her dramas. Soon, the need for rigid boundaries pass, and a whole family comes together under one roof: a mother, father, that same little boy, and two teasing sisters. The alluring Barbie dolls are now baby-sitters. Their preoccupation with sexuality and attracting boys proves to be an impediment to their caring for the children. The little boy announces his grievance about such mismanagement. He tells the parents that the baby-sitter is too busy doing bad things with boys to pay attention to them. The parents promptly fire the sitter. Alison momentarily withdraws from the play to tell me that

something like that once actually happened in her life. When she was three years old, a baby-sitter spent her time kissing a boy rather than watching out for her while they were all in the park together. Her mother fired that sitter. I say that she must have always worried a little if she could trust grown-ups after that. It is not a profound statement and it has not yet dug deep into her past and the influence of the primary objects in her life but she is in complete agreement and she soon returns to the play, preparing a further edition. The newly introduced narrative, however, already contains more useful elements to support further growth.

The adult analyst thinks about that little boy and my role in elevating him. He asks if my behavior is nothing more than promoting identifications—an activity quite common in adult work as well.

“Identification is somewhat different,” I reply. “In that activity patients take on some of the real features that they recognize in our behavior—tolerance for ambiguity or affects, for example, important ingredients for the treatment process. Facilitating a new object emergence,” I go on, “piggybacks on the surfacing

- 18 -

of innovative views of people that arise with new organizations. Assisting the new is different than underscoring the real.”

The adult analyst slowly digests this distinction between identification with actualities arising from without and the buttressing of new features arising from within.

After a few moments, he openly wonders if I am suggesting that we can also extend such technical assists into adult practice by promoting useful narratives for adult patients as part of the process. Is this another way that child practice can inform adult clinicians?

I say no. On the contrary, I go on, to do so would be using the concept of developmental hierarchies to *misinform* adult clinicians.

My two colleagues urge me to explain, particularly because this misinforming feature is the one last component that needs to be put in place to complete the essay.

Developmental hierarchies are anticipated *maturationally informed* organizational sequences during childhood and adolescence that usher in new modes of being and behaving. Some adult clinicians have proposed that something analogous also happens in the course of adult life. They suggest that events such as marriage, parenthood, empty nests, retirement, and even death can be regarded as equivalent *stages* of development. The proponents of such extensions of developmental hierarchies cite Erikson's epigenetic model to bolster their position, although his view was a psychosocial theory and not principally a biologically based one. Actually, he was quite leery of such concepts as parenthood as a *developmental* phase, for example. Those adult clinicians who favor extending propositions about hierarchies in this fashion argue that just as child analysts assist children in negotiating newly emerging *maturationally* informed organizations, adult clinicians should assist their patients in negotiating *socially* informed phases. Such an approach carries a danger for psychoanalysis proper in my opinion, the danger of using developmental theory as a way of sanctioning one group of contemporary values and fashions over another, thereby undermining the fundamental revolutionary potential of our discipline. There is no clearer or more serious misinforming of the concept of developmental hierarchies than that one, as far as I am concerned.

My adult colleague volunteers to summarize the proceedings as we prepare to conclude. “Your essay on the mutual influence of child and adult analysis can make the following three points,” he says.

1. Adult analysis is generally oriented around continuities. For adult clinicians, technical procedures are in place to deconstruct hidden narratives that convey past disturbances. Child analysis is *also* oriented around discontinuities, how minds at different periods of development transform instincts,

- 19 -

objects, and equipment into innovative new organizations. One stresses linear processes, the other nonlinear or transformational processes. Adult clinicians principally deconstruct and reconstruct consistent with linear propositions. Child clinicians deconstruct and reconstruct as well, but they also oversee the construction of new phase-appropriate narratives consistent with transformational propositions to optimize the biological potential. Each procedure sets a different form of therapeutic action into place.

2. Continuity *informs* child work by helping those who treat children look back at the origins of the contemporary disfigurements, but it *misinforms* them if it pushes clinicians into isolated battle grounds of preferred theoretical perspectives, thereby burdening their examination of the transformational opportunities inherent in bringing together multiple realms.
3. Discontinuity *informs* adult work by demonstrating the potential usefulness of evaluating the configuration of the adult mind, the end result of the highly variable antecedent progressive hierarchical sequence. Such an examination

broadens the scope of inquiry and may even ultimately lead to new technical devices to overcome organizational disfigurements. The theory of progressive hierarchies, however, also *misinforms* adult clinicians if the theory is extended into socially organized phases. Once that is done, it implies that analysts are principally there to promote prevailing social norms, thereby interfering with the acquisition of liberation and choice, two of the more valuable products of the psychoanalytic process.

- 20 -

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