

CHAPTER 1

Psychoanalysis and Child Rearing

Kerry Kelly Novick and Jack Novick, Ph.D.

Psychoanalysis and Child Rearing

Kerry Kelly Novick and Jack Novick, Ph.D.^{1,2}

In this chapter we suggest that current controversies around the psychoanalytic concepts of narcissism, omnipotence, specialness and so forth derive from reliance on a single-track developmental model. A single-track model, used implicitly or explicitly by almost all psychoanalytic theorists, posits that normal infants and children function in ways that would be considered pathological in later life. This way of thinking is contradicted by modern infant and developmental research. Additionally, it contradicts common-sense experience and is therefore not a useful model for parenting.

On the other hand, Freud and many other writers also posited a dual-track model, which simultaneously allows for both healthy and pathological choices throughout life. In this paper, we describe some of the ways in which a dual-track model, which we have elaborated as “two systems of self-regulation,” can be usefully applied to theory, technique, and applications with all those involved with children.

The editors of this book asked us to write about psychoanalytic developmental theories of narcissism, grandiosity, and omnipotence and their relevance to parental dilemmas over discipline and indulgence through time as both psychoanalysis and the world have changed. This

¹ Kerry Kelly Novick and Jack Novick are both child and adult psychoanalysts, trained at the Hampstead Clinic (Anna Freud Centre), the British Psychoanalytic Institute, and the Contemporary Freudian Society. They are Training Analysts of the IPA, and founders of Allen Creek Preschool, Ann Arbor, Michigan, where they are in private practice.

² Novick, K.K. and Novick, J. (2014). Psychoanalysis and child rearing. *Psa. Inq.* 34, 5: 440-451.

is an important question in general and it also provides a microcosm in which to examine some basic premises. This issue is devoted to weighty topics like narcissism, grandiosity, exceptions and entitlement. These terms and concepts have long histories, with overlapping and evolving meanings. They have profound implications for theory and technique of clinical work; there are questions about their meaning for models of development. We understand the continuing confusion and dispute around narcissism and omnipotence as a result of historical analytic adherence to a prevalent single-track model of psychic development. In contrast, we have found it useful to follow the alternative psychoanalytic tradition of a dual-track developmental model in devising a model of two systems of self-regulation. In addition to solving some theoretical puzzles and offering profound technical implications, the two-systems model clarifies ideas and makes them more accessible and useful for clinicians, parents, and all who have an interest in child development. In this chapter we will contrast different conceptualizations of the development of omnipotence. A crucial measure of a developmental theory, however, is how helpful, accessible and relevant it is to parents and clinicians of all kinds.

TRANSLATIONAL RESEARCH

Freud's work is a model of what has recently been called "translational research" (Toth and Cicchetti 2011). Translational research looks at the transfer of knowledge to a) diagnosis, prevention and treatment, and b) the application of results from clinical trials into everyday clinical practice. But it can be hard to predict what aspect of a theory may be taken up into general parlance and it is bound to be changed, simplified, and even distorted in the process. This depends not only on the nature of the theory, but surely also on many other factors of history, the current zeitgeist, the challenges of the moment, and more.

Freud emerged from and hastened the passing of a nineteenth-century society in which parents wielded autocratic power. When Freud first published his ideas at the beginning of the twentieth century, psychoanalysis almost immediately had a direct and liberating

impact on culture. One of the new freedoms was permission to focus on the self and look inward. The language of psychoanalysis was, in its original form, direct, evocative, forceful, and carried radical ideas that could be grasped and reacted to by a wide range of people, including Marxists, Zionists, Socialists, artists, teachers, feminists, young people seeking sexual liberation, and parents looking for guidance. Early psychoanalytic language had the power and adaptive force to engage with and change large segments of the community. Both the theory and the language that described it came at a pivotal historical and cultural moment of change.

In Freud's description of little Hans (1909), a number of important issues emerged that conveyed a psychoanalytic concept of child rearing, even though that was not Freud's explicit agenda. Even in Hans' enlightened, middle-class family, it was so ordinary for a child to be threatened with castration if he didn't stop masturbating that Freud doesn't even remark on it. The prevalent image of children at the time was that they were little wild animals who had to be controlled from the outside by threats, punishments, shame, and the possibility of eternal damnation. Little Hans' "irrational" thoughts were being contradicted by his mother and his father, and it was Freud who insisted that Hans be taken seriously, that his inner life had meaning. This is what constituted the revolutionary contribution of psychoanalytic ideas to child rearing at the beginning of the twentieth century. Instead of seeing children as savages to be tamed (see, for example, the case of Schreber, whose father promulgated a popular system of controlling children by tying them up (Freud 1911a)), parents were encouraged by psychoanalysts to respect and listen to their children, liberating them from the yoke of repression.

Psychoanalytic theory informed parents that their children were not beasts, but only being children, with all kinds of urges to feel good. As shocking as the idea of infantile sexuality may have been, it was clear that it issued from wishes to be close to one's mother and father. Those were positive, loving feelings. Aggressive and murderous wishes could be accepted by adults since they were just little children who couldn't implement them. The "Oedipus complex" carried the authority of classical mythology and literature, as well as deep resonances in those

who allowed themselves a degree of self-knowledge. Coercion and punishment for all these natural impulses were said to lead to repression, later neurosis and low self-esteem due to injured narcissism. Parents who wanted to prevent that fate embraced psychoanalytic ideas.

In this volume we are all talking about modes of thinking that Freud, Ferenczi and others called “omnipotent.” The theory that evolved at that time is clearly explicated in Freud’s “Two Principles of Mental Functioning” (1911b). The way Freud described babies in that paper defined the field for years to come. Building on Freud’s description, Ferenczi (1913) elaborated a schema of the stages of omnipotence from unconditional omnipotence in the womb, to magical hallucinatory omnipotence in the newborn, the omnipotence of magical gestures in the preverbal child, the omnipotence of animistic thinking of the older toddler, and then magic thoughts and magic words, where the function of speech is imbued with omnipotence validated by an adoring entourage of adults.

These stages were said to define the baby’s relation to inner and outer reality. They also were described as the fixation points for serious adult pathology, such as psychosis, hysteria, obsessional neurosis and so forth. Despite the ominous future potential of such pathological fixations, it is striking how Ferenczi, like Freud, describes these early infantile states in loving, joyful, sympathetic terms. Ferenczi summed up his developmental model, saying “All children live in the happy delusion of omnipotence, which at some time or other - even if only in the womb - they really partook of” (1913 p. 232).

This was the model presented to parents, with the charming picture of “His Majesty the Baby” that Freud described in 1914. The child was imagined as omnipotent, regulated by the pleasure principle well into late adolescence. Child rearing was reconfigured with the aim of liberating this happy self to promote creative flowering and healthy relationships. A reality principle applied too soon would lead to repression and neurosis. So the avoidance of repression in child rearing, just like the lifting of repression in treatment, was the take-home message of early psychoanalysis to the public.

Everyone was caught up in the excitement of those heady early days of psychoanalysis, including the analysts. Peter Heller was a 9-year-old

when he entered analysis with Anna Freud in 1929. Sixty years later, as a history professor, he wrote a memoir of his analysis in which he also vividly described the fervid Viennese cultural milieu between the two World Wars. The avant-garde Socialist circles of arts, letters and politics overlapped with the left-wing radical psychoanalysts, creating an atmosphere of liberated experimentation in all areas, including sexuality. He observed that “these people [analysts] acted out and dramatized their sexuality, and let themselves go in order to parade their opposition to convention...” (Heller 1990, p.340).

This was the psychoanalysis that captured people’s imaginations and spread also through American culture during and after World War II, reaching its zenith in the 1960’s and 70’s. Psychoanalytic ideas were so integrated culturally that films, books, cartoons and common parlance included casual references to, for instance, the Oedipus complex, anal character, Freudian slips, repression and so forth. Psychoanalysis was the treatment of choice for adults and children struggling with emotional troubles. Parents sought and used psychoanalytic guidance in child-rearing, particularly with books like Benjamin Spock’s well-rounded 1945 “Common-sense Book of Baby and Child Care.” What people took from it was a fairly unitary thrust toward feeding on demand, acceptance, permissiveness – basically not to quell the child’s natural omnipotence too harshly or too soon.

In the mid-twentieth century, several analysts, such as Anna Freud, Erik Erikson (1950), Winnicott (1964 [1949]), Bowlby (1969, 1973, 1980), and Selma Fraiberg (1959), had a big impact on general child development theories and practices. Anna Freud, with her experiments in nurseries before, during and after the Second World War, demonstrated the importance of the child’s attachment to the mother. Her work led to radical changes in medical practice and to Bowlby’s focus on the study of attachment.

She went on to build on Ferenczi’s and Freud’s emphasis on empathy (*Einfühlung*) to write her ground-breaking legal volumes on the “best interests of the child” (1973).

Winnicott explicitly built on Sigmund Freud’s statement that looking at a child’s development has to include the ministrations of the mothering person when he made the famous pronouncement that there is “no

such thing as a baby, there is only a mother and a baby” ([1949] 1964). His work led to an increased focus on the real interactions between mothers and children. In his public talks and on the radio he presented a model of translational research, using an effective delivery system to help parents understand complex psychoanalytic ideas. In this he was much influenced by Anna Freud, who introduced psychoanalytic ideas to pediatricians, psychiatrists, judges, teachers and parents.

Kohut and Anna Freud were colleagues from the early Vienna days. We imagine that some of his emphasis on parent-child interactions as critical to psychic development and mental health came from his close involvement with the active outreach work of the Viennese analysts to daycare centers, nurseries and schools. His assertion of the centrality of what parents “are” to the development of the “nuclear” self and its subsequent crystallization and maturation places the parent-child relationship at the center of development (1981).

Anna Freud and Winnicott saw their contributions as explicit extensions of Freud’s developmental ideas, while Kohut increasingly contrasted his ideas with Freud’s. All three, however, retained the original Freud/Ferenczi theory of normal infantile omnipotence only gradually given up under the impact of reality. Simplified, in a sense over-simplified, yet justified by this persistent psychoanalytic description of the happy omnipotent infant, the style of child rearing understood to derive from psychoanalysis continued the ‘liberation philosophy’ that had swept Europe in art, politics and sexual mores throughout the first half of the twentieth century.

But twentieth-century parents were thereby also left uncertain as to when or how they should set limits, impose frustration, punish misbehavior. At the beginning of the century children were afraid to lose their parents’ love; by the end of the century, at least in the United States, it was parents who seemed afraid they would lose their children’s love. Parents not only feared the neurotic consequences of repressing their children; even more they feared loss and angry reproach from their children if they set standards, made demands, or invoked any consequences of behavior. Like all revolutions that contain the seeds of their own destruction, there was bound to be a backlash to the extreme and simplistic psychoanalytic influence on child rearing.

Child therapists began to report different presenting complaints in children and parents. Instead of classical neurotic symptoms, an increasing number of child patients came with difficulties in self-regulation of behavior, feelings or attention. Teachers complained of defiant, disruptive students; parents reported feeling completely helpless in relation to ordinary daily situations, like meals, bedtime, dressing and more. In the popular view, psychoanalysis did not seem to offer anything useful; indeed, it seemed to have created a monster.

Within the theory there seemed at this point little alternative to the old emphasis on the happy omnipotent child, whose more modern description has often been couched in terms of attachment/attunement. From an original psychoanalytic conceptualization of the importance of the mother-infant bond, bolstered by studies of animal development, a whole field has arisen of clinical theory and techniques, and spin-off philosophies of child rearing, like “attachment parenting,” which may include ideas like the “family bed,” breastfeeding to advanced ages, and so forth. Building on an extreme and over-simplified understanding of attachment research, latter-day parents may set themselves the impossible task of total attunement and availability in the effort to prevent neurosis and low self-esteem in their children. This approach is based on a fantasy that the child should live in a Garden of Eden where no effort or work is required. This tends to backfire with the outcome of over-anxious, out-of-control, and incompetent children. These are often the indulged, grandiose, “special” children.

In the face of the demonstrated failure of the liberation philosophy of the psychoanalytic model to produce civilized children, helpless parents and teachers were presented by some academics and professionals with a reactive, repressive model of external controls, almost a reversion to nineteenth-century modes of domination. These take the form of behavior modification techniques and now, more pervasively and perniciously, medication in order to control children. ADHD and bipolar diagnoses and their accompanying prescriptions have increased exponentially in the past twenty years. 2.5 million American children are medicated for ADHD (10% of *all* 10-year-old boys); between 1994 and 2003 the number of children diagnosed with bipolar disorder

increased 40-fold, from 25 to 1003 per 100,000 children under 19 (Carlat 2010). This is not only the result of concentrated biased research and marketing by drug companies and some psychiatrists, but also represents a failure of psychoanalysis to develop and promulgate effective, accessible developmental models and applications of them. What different kind of model could return psychoanalysis to relevance in the wider world and also offer greater congruence with the findings of modern developmental research?

DEVELOPMENT OF OMNIPOTENCE

All psychoanalytic theories implicitly or explicitly include a theory of development. Each one carries a particular image of how babies and children experience themselves and the world. There is a Freudian baby, a Jungian baby, a Kleinian baby, a Bowlby baby, a Mahlerian baby, a Kohutian baby and so forth. But, as we noted above, all these babies are thought to be omnipotent by nature.

The concept of normal infantile omnipotence is part of a single-track developmental model. In a single-track model normal children are routinely described as “autistic,” “omnipotent,” “paranoid-schizoid,” “depressive,” “polymorphously perverse,” “anal-sadistic,” “narcissistic,” and so forth, all examples of descriptors of severe pathology in adults. Adult pathology is explained as fixation or regression to, or persistence or arrest of what was normal in childhood. Adult normality and even creativity are explained as sublimations or compromise formations on the basis of infantile “perverse” impulses.

The classical psychoanalytic description is that the child is born feeling omnipotent and gradually and reluctantly, only under the impact of failure of the magical omnipotent system, turns to and accepts reality. This is where we part company with the mainstream traditional, single-track psychoanalytic models of development. In our model, it is the failure of reality that impels the child to turn to omnipotent solutions (Novick and Novick 1991, 1996a, 2007 [1996b]). To us omnipotence is not normal. Rather it is a defensive, compensatory belief, generated as a sometimes necessary response to the trauma of the failure of reality,

including real people, to meet what Lichtenberg (1989) described as the five basic needs embodied in his model of five motivational systems.

Many others have also criticized this single-track model; Frances Tustin, an eminent Kleinian pioneer in the field of autism, wrote a moving paper called “The perpetuation of an error” in an effort to correct what she saw as an untenable clinging to single-track theory (1994). It leads to neglect of the individual’s strengths, capacities, and push toward progressive development, with underestimation of the opportunities provided by reality experience, including treatment, and the role of parent-child interactions and relationships in healthy and pathological development. The single-track model with its emphasis on pathology does not speak to modern parents of the children they know or meet their needs for guidance in ordinary life challenges.

In contrast to this single-track model we have suggested in a series of writings that a dual-track model can revive the relevance of psychoanalytic theory to child rearing and move analysts again into a central position for parents (Novick and Novick 2001b, 2005, 2010, 2011). There are also implications for theory and clinical technique that improves outcomes (Novick, K.K. and Novick, J. 2005). In a dual-track model we assume that conflict and conflict-resolution are universal but neurosis is not. Neurosis is one of numerous possible solutions to conflict and ways to regulate oneself. It follows then that the normal mother-infant bond is not necessarily symbiotic, the anal phase is not in itself sadistic, the oedipal period need not be experienced as a trauma, latency is not a period of arid repression, masochism may be pervasive but it is not normal, and normal adolescence is not a period of emotional turbulence akin to a severe mental disorder.

Our formulation assumes a developmental path in which, from the very beginning, “healthy” or “adaptive” solutions to conflict may be achieved throughout life. We suggest that omnipotence, or its corollaries grandiosity, exceptionalism, entitlement, does not play a significant role in normal development, beyond an occasional appearance as a pleasurable accompaniment to daydreams, where the distinction between real and pretend is secure.

Rather, the presence of omnipotent functioning and beliefs is a sign of pathological solution to conflict. Parental over-indulgence is an

omnipotent attempt to force a child to love and not hate them, and validates for the child his omnipotent power to control others' feelings and actions, rather than staying in charge of himself. Since complete indulgence is an impossibility, children are left constantly dissatisfied and disappointed. The omnipotent beliefs on both sides are divorced from realistic limitations and capacities; this can lead to character distortions that are based on a feeling of frustrated grievance or victimization that entitles the child to be a special case who does not have to live by the ordinary rules that bind society together (Freud, 1916).

There is a long history in psychoanalytic theory of alternatives to the single-track model of early pathological functioning issuing in normal development. From Freud's "original reality ego" (1915, p.136) that preceded the "purified pleasure ego" (ibid p.136), through Anna Freud's (1965) focus on progressive development as the hallmark of health, to the present, there are elements of description of a potential dual-track model scattered in the analytic literature (for detailed discussion of the history see Novick, J. and Novick, K.K. 2001, 2003, 2005). But it has never been fully realized.³ This is partly because analysts have always generalized to development from their work with disturbed individuals, and thus their developmental models always revert to the single-track, leaving no room for the inclusion of creativity, love, work, collaboration, hope, mutuality, and cooperation in relationships and development.

Infantile omnipotence as described by Freud and Ferenczi represents an omnipotent fantasy of easy solutions to life's challenges. There is no work or change demanded in such a model. Many modern psychoanalytic approaches focus primarily on the very early mother-child relationship, with no attention to preschool, latency or adolescent transformations (Novick, J. and Novick, K.K. 2007 [1996b]). These theories often neglect the crucial role of work on the part of the child, in partnership with adults. The hallmark of latency is pleasure in work; healthy adolescent development includes working to create pleasurable engagement with new realities.

³ Lichtenberg's work, grounded as it is in infant research on normal populations, is a notable exception (1989).

The late twentieth-century explosion of developmental research in infancy and childhood all zeroes in on self-regulation as central. The new body of knowledge also definitively contradicts the assumptions of the omnipotent baby lost in hallucinatory reverie of the single-track developmental model. A dual-track model allows us to retain the clinical insights of analysts from Freud through Mahler, Winnicott, and others into pathological development while integrating the findings of modern infant research that describes the competent baby grounded in the reality of his world and his relationships (Novick, K.K. and Novick, J. 2011 in press).

From our clinical work on sadomasochistic power relationships and the defensive omnipotent beliefs and fantasies that organize them we have built on the dual-track model to postulate two systems of self-regulation and conflict resolution. One system, the “open system,” is attuned to reality and characterized by joy, love, competence, and creativity. The other, the “closed system,” avoids reality and is characterized by power dynamics, sadomasochism, omnipotence and stasis. Children operating in the closed system feel like entitled exceptions to the parameters of reality. With a two-systems model we have developed a different understanding of the role of omnipotence in mental life. Rather than the classical view that the failure of omnipotence forces the child to turn to reality, we suggest that it is the failure of reality that can force a child, at any point in development, to turn to closed-system omnipotent solutions, resulting in self-centered, entitled functioning.

The aim of self-regulation is the same in both systems. In the open system, the maximum use of one’s genuine mental and physical capacities to be realistically effective and competent is the method of mastering inner and outer forces and conflicts. This is the way a child develops positive self-esteem. In the closed system, the basis for mastery is omnipotent belief in the power and necessity to be a perpetrator or victim in order to survive. This too leads to self-esteem, but it is based on pathological, omnipotent manoeuvres. The closed and open systems do not differentiate people, that is, they are not diagnostic categories. Rather, the constructs describe potential choices of adaptation *within each individual at any challenging point in development.*

Adaptations involve a person in what is going on inside and outside in his world. Reality is what babies and children have to adapt to. Parents are the major reality of children's lives. They construct the context of the child's experience, define what's real, interpret what happens, and set goals. Engaging with this reality is thus central to the therapeutic endeavor.

With the failure of his seduction hypothesis Freud (1897) made a decisive turn away from external reality, which would include the effect of parents, to intrapsychic wishes and desires as the prime determinants of neuroses. The shift to the internal world was reinforced by a theory of development that emphasized endogenous unfolding of psychosexual phases independent of environmental influences. Influenced by this change in psychoanalytic theory, the past and current impact of parents was denied. Close reading of Freud's writings reveals that his practice was to integrate theoretical changes, rather than reject earlier formulations and replace them with newer ideas. But that complexity did not lend itself to easy translation into popular applications. Many of Freud's followers were more likely to embrace new theories to the exclusion of previous ones. They tended to use the changes in theory to justify ignoring the role of parents in the development and treatment of children, forgetting that, in the very paper where Freud sets forth a single-track transformation from infantile omnipotence to the reality principle at the end of adolescence, he also says that development in a child can only take place "...provided one includes the care it receives from its mother" (1911b, p.220).

Although child observation and the developmental point of view were at the core of psychoanalysis from the very beginning, psychoanalysis as a method of treatment for children did not start until the 1920's with the work of Anna Freud, Melanie Klein, Hug-Hellmuth and the Bornsteins (A. Freud, 1966). These pioneers were very eager to demonstrate that child analysis followed the same principles as the most recent models of adult work, and thus they further reinforced denial of the pathogenic or constructive impact of the family. This was especially true of Melanie Klein, whose theory and technique ignored environmental effects and presented child analysis as equivalent in all respects to adult

work. Modern Kleinians continue this style, as described, for instance, by Elmhirst (1988), Baruch (1997), and Pick and Segal (1978).

The inherent limitations of a single-track theory of development also inhibited child analysts from grappling with and formulating a theory and technique that integrates the central reality of the relationship between children and parents throughout life. The two-system model expands the possibilities of understanding the infinite variations in development and offers a wider range of techniques in treatment (Novick, K.K. and Novick, J. 2005). The open system allows us to reclaim a complete metapsychological view of the child, his parents, and their relationship over the life span, which encompasses both normality and pathology. The way is then open for psychoanalytic theory once again to become relevant to parents and child rearing. But what is the delivery system? How can parents access and make use of these new ideas? It takes an active effort on the part of analysts to communicate and apply these concepts.

Child analysts have always stepped out of the consulting room, from the early free clinics in Vienna and Berlin (Danto, 1998, 1999) to Anna Freud's war nurseries, to the establishment of psychoanalytic schools, first at Hampstead, then in Cleveland, Houston, Cary, Birmingham, Ann Arbor, and Detroit, among others (Novick, K.K. and Novick, J. 2011, in press). These schools are the interface between modern psychoanalytic developmental ideas and parents. They constitute an actualization of a dual-track model of development, as they work both with closed-system pathology resistant to change and the open-system strengths that parents and children bring and develop further.

Such work assumes that psychoanalysis is a general psychology, applicable to the full range of human experience. It pushes us to abandon the pseudoscientific jargon of Strachey's translation of Freud and find a language that is immediate, relevant, and encompasses the whole child, strengths and positive capacities as well as conflict and potential for pathology. A mother at a psychoanalytic school described how she could make use of what child psychoanalysts had to offer her as she struggled with the usual challenges of parenting in the regular twice-monthly evening meetings of the parents in her child's classroom with two child

analysts: “The things I learned in these Wednesday evenings I brought home to my children. Supported by her teacher and classmates, my daughter is growing emotional muscle. Her joy, mastery, confidence and self esteem shine from her face. Children can easily grow up without developing their emotional muscles which can result in lives led in sadness and anger and a kind of emotional isolation” (quoted in Novick, K.K. and Novick, J. 2011).

“Emotional muscle” is one of the terms that have emerged from both our clinical and school work. It translates concepts such as ego strength, general characteristics of the ego, ego instincts, frustration tolerance, mentalization, and resilience, among others, into language that is experience-near and vivid to parents and teachers. “Emotional muscle” rests on assumptions about the centrality of open-system work in development. Similarly, we talk accessibly at the psychoanalytic schools of an “inside helper” rather than the superego, “two-way feelings” rather than ambivalence, “toilet mastery” rather than toilet training, “keeping people in mind” rather than object constancy, and so forth (Novick, K.K. and Novick J. 2010).

Here are some examples, taken from our book on Emotional Muscle (Novick, K.K. and Novick, J. 2010), of further work in relation to the open system with a group of toddler parents.

Nora, nearly 3, was ordering everyone around about what she wanted to do and what she wanted them to do. She seemed desperately invested in being the boss. Her parents were frustrated and felt helpless and angry. They didn’t want to squash her assertion or initiative, but her exasperated parents likened her to a dictator. In the context of the continuing discussion about who is in charge of what, the family consultant devised an activity for them to do with Nora and her older sister Katie.

They set up three buckets and threw balls of paper into them. One bucket was for what Nora and Katie were in charge of, one was for what their parents or teachers were in charge of, and the last was for what no one can be in charge of. Each person called something out in turn and decided, with the help of the others, which bucket to toss the ball into.

For instance, when Nora shouted bedtime, her parents said, “Bedtime goes into our bucket, but sleep time goes into your bucket because

you are in charge of your own body.” When Katie shouted, “Sunshine,” Nora, nearly three, said, “No one is in charge of that. It has to go in the last bucket.” Everyone cheered. Their daddy shouted, “Rain! I’m in charge of the rain!” The children laughed and contradicted him, insisting that his ball go in the last bucket. They also were learning from his joke that everyone may sometimes wish to be in charge of everything. And so it went.

This activity could be repeated over time since, as the children grew, there were changes in what they could be in charge of. One day, Nora said, “Let’s play the buckets. I want to put in there that I’m in charge of riding my trike and using the potty.” “Hurray” said everyone and they all enjoyed throwing in the balls for the new skills.

The buckets became a shorthand way of thinking and talking for all the parents and children in this group. Through the active teaching of who is in charge of what the children had gained a sense of mastery through knowledge, not only of what they could now actually control, but also of the things they did not have to be responsible for (pp, 110, 111).

When 3-year-old Nicky’s grandmother was ill, his mother felt very sad one day. Nicky saw her crying and looked worried. Then he began acting silly, trying to make his mother laugh. She understood his need and reassured him, “It’s all right that I am sad. It’s because I’m worried about Grandma. You don’t have to take care of my feelings, that’s my job. But thank you for noticing. I’m still sad, but it also feels good when you give me a hug.”

When his grandmother died a few months later, Nicky became very anxious. He eventually confided to his mother that he was scared because Grandma died after he had been angry with her. Nicky’s mom could tell him that sometimes she too had been angry with Grandma, but that her feelings and Nicky’s had not caused Grandma’s death. No one was in charge of when that happened. Grandma was very old and ready to die. “Feelings are important to talk about, but they are just feelings and they don’t make things happen. Remember the three buckets? Grandma’s death would go into the bucket of what no one is in charge of.”

The toddler Nicky was helpless in the face of his mother’s sadness and the incomprehensibility of his grandmother’s death. He fell back on

a magical idea that he had caused it with his anger. Without his mother's helpful understanding and intervention, he might have carried this feeling of omnipotent responsibility and guilt forward to color his later development. Nicky's mother gave him an additional important lesson. She did not convey her experience of the grandmother's death as one of awful helplessness; rather, she presented it as a fact that can be encompassed. Acceptance of something that cannot be changed or affected is not the same as passive submission or resignation (pp. 112).

The two-systems model offers additional tools also when working with the more familiar omnipotent pathology that we would characterize as "closed-system functioning." A 19-year-old college student was sent to treatment by his mother because he was failing school, in a rage at everyone, especially his parents, and was constantly complaining about being let down by everyone in his life. When he first came, he said he had no wish for treatment, as he was fine. He claimed his parents and his fraternity were to blame for all his troubles. His rage was palpable and he felt he had a perfect right to be angry.

He was a well-built young man who spent considerable time at the gym. Early in our first meeting I said to him that he was letting his anger control him. Alternatively, he could learn to use his emotional muscles to make his feelings just the right size to be useful. A first goal could be to turn his feelings into signals rather than experiencing them as overwhelming, potentially traumatic, states that needed strong medications. Appealing to his capacities and his wish to be in charge of himself created a beginning therapeutic alliance and the groundwork for a conflict between closed, omnipotent solutions and a more realistic, open-system competence. He responded immediately to the idea of increasing strength by gaining self-control and mastery. In subsequent sessions we then explored the pathological parent-child dynamic where he dominated them with his distress. His parents felt so guilty and anxious that they could not refuse him anything.

Concurrent work with his parents throughout his analysis illustrated the general point that working with a two-systems model facilitates the transformation of the parent-child relationship. His parents moved from being collusive enablers of his omnipotent functioning to active en-

gagement with the reality of their and his strengths and weaknesses. It became clear that he had idealized his father; then a business failure so shattered his image that the boy had to create an omnipotent self who controlled everyone and needed no one. Once he and his parents began to enjoy the multi-faceted reality of each other's personalities, the idealization and the attendant defenses faded away. Good-enough parents and good-enough children do not need to idealize each other. Emphasis on the reality pleasure of work, persistence, trying and so forth (all important emotional muscles) meant that he did not have to keep searching for mirroring self-objects, but could enjoy his own competence.

Before Freud and Ferenczi wrote the papers that described and codified a single-track model of "normal omnipotence," Freud responded to little Hans in a very different way. When five-year-old Hans stands up to his father's moralizing and insists that thinking is not the same as doing, Freud exclaims in a footnote, "Well done, little Hans! I could wish for no better understanding of psychoanalysis from any grownup" (1909, p. 72). The distinction between wishes and actions, between pretend and real, between magic and effective action, between grandiosity and ambition, between specialness and individuality, between indulgence and responsiveness, between omnipotence and competence, is a fundamental assumption and contribution of psychoanalysis. A two-system model can reclaim that insight and offer parents in the twenty-first century usable and helpful psychoanalytic ideas to solve their dilemmas.

REFERENCES

- Baruch, (1997). The impact of parental interventions on the analysis of a 5-year-old boy. *Int. J. Psycho-anal.* 78: 913-26.
- Bowlby, J. (1969). *Attachment and Loss, Vol. 1 Attachment*. New York: Hogarth Press.
- (1973). *Attachment and Loss, Vol. 2 Separation: Anxiety and Anger*. New York: Basic Books.
- (1980). *Attachment and Loss, Vol 3 Sadness and Depression*. London: Hogarth Press.

- Carlat, D. (2010). *Unhinged: The Trouble with Psychiatry – A Doctor’s Revelations About A Profession In Crisis*. New York: Free Press.
- Danto, E.A. (1998). *The Ambulatorium: Freud’s free clinic in Vienna*. *Int. J. Psycho-Anal.* 79: 287-300.
- (1999). *The Berlin Polyklinik: psychoanalytic innovation in Weimar Germany*. *J. Amer. Psychoanal. Assn.* 47: 1269-1292.
- Elmhirst, S.I. (1988). *The Kleinian setting for child analysis*. *Int. Rev. Psycho-anal.* 15: 5-12.
- Erikson, E. (1950). *Childhood and Society*. New York: Norton
- Ferenczi, S. (1913). *Stages in the development of the sense of reality*. In: *First Contributions to Psycho-Analysis* (1952). *The International Psycho-Analytical Library*, 45:1-331. London: The Hogarth Press and the Institute of Psycho- Analysis. pp. 213-239.
- Fraiberg, S. (1959). *The Magic Years: Understanding and Handling the Problems of Early Childhood*. New York: Simon and Schuster.
- Freud, A. (1965). *Normality and Pathology in Childhood*. *Writings* 6:3-273. New York: International Universities Press.
- (1966). *A short history of child analysis*. *W* 7: 48-58.
- Freud, S. (1897). *Letter to Fliess [December 12]*. In: *The Origins of Psychoanalysis*, p.237. New York: Basic Books (1954).
- (1909). *Analysis of a Phobia in a Five-Year-Old Boy*. *S.E.* 10: 1-150.
- (1911a). *Psycho-analytic notes on an autobiographical account of a case of paranoia (Dementia Paranoides)*. *S.E.* 12: 3-82.
- (1911b). *Formulations on the two principles of mental functioning*. *S.E.* 12: 215-226.
- (1914). *On narcissism: an introduction*. *S.E.* 14: 69-102.
- (1915). *Instincts and their vicissitudes*. *S.E.*14: 117-140.
- (1916). *Some Character-Types Met with in Psycho-Analytic Work*. *S.E.* 14: 311-336.
- Heller, P. (1990). *A Child Analysis with Anna Freud*. Madison, CT: International Universities Press.
- Kohut, H. (1981). *Analysis of the Self: A Systematic Approach to Treatment of Narcissistic Personality Disorders*. Madison, CT: International Universities Press.

- Lichtenberg, J. (1989). *Psychoanalysis and Motivation*. Hillsdale, NJ: Analytic Press.
- Novick, J. and Novick, K.K. (1991). Some comments on masochism and the delusion of omnipotence from a developmental perspective. *JAPA* 39: 307-321.
- (1996a). A developmental perspective on omnipotence. *J. Clinical Psychoanalysis* 5: 129-173.
- (2000). Love in the therapeutic alliance. *JAPA* 48: 189-218.
- (2001a). Trauma and deferred action in adolescence. *American J. of Psa.* 61: 43-61.
- (2001b). Two systems of self-regulation. *Psychoanalytic Social Work*, vol. 8, 3/4: 95-122.
- (2003). Two systems and the differential application of psychoanalytic technique. *Amer. J. of Psychoanal.* 63: 1-19.
- (2005). The superego and the two-systems model. *Psychoanal. Inq.* 24: 232-56.
- (2006). *Good Goodbyes: Knowing How to End in Psychoanalysis and Psychotherapy*. New York: Jason Aronson.
- (2007 [1996]). *Fearful Symmetry: The Development and Treatment of Sadomasochism*. Northvale, NJ: Jason Aronson
- (2011). *Altruistic analysis*. in press. Novick, K.K. and Novick, J. (1987). The essence of masochism. *Psychoanal. Study Child* 42: 353-384. New Haven: Yale University Press.
- (1998). The application of the concept of the therapeutic alliance to sadomasochism. *JAPA* 46: 813-846.
- (2002). Reclaiming the land. *Psychoanal. Psychology* 19: 348-377.
- (2005). *Working With Parents Makes Therapy Work*. New York: Jason Aronson.
- (2010). *Emotional Muscle: Strong Parents, Strong Children*. Indiana: XLibris.
- (2011). *Building emotional muscle in children and parents*. PSC, in press.
- Pick, I. and Segal, H. (1978). Melanie Klein's contribution to child analysis: Theory and Technique. In: J. Glenn (Ed.), *Child Analysis and Therapy*. Northvale, NJ: Jason Aronson.

Essays from Cradle to Couch

- Spock, B. (1945). *The Common-sense Book of Baby and Child Care*. New York, NY: Simon and Schuster.
- Toth, S.L. and Cicchetti, D. (2011). Frontiers of translational research on trauma. *Development and Psychopathology* 23, issue 2, pp.353-355.
- Tustin, F. (1994). The perpetuation of an error. *J. of Child Psychotherapy* 20: 3-23.
- Winnicott, D.W. (1949). The ordinary devoted mother and her baby. In: *The Child, the Family, and the Outside World*. Middlesex, England: Penguin Books (1964), pp. 15-24.