

Do Children Get Better When We Interpret Their Defenses Against Painful Feelings?

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This paper represents a step toward trying to integrate clinical and research perspectives. To achieve this integration, analysts need to be clear about the clinical constructs and specific interventions they utilize as they try to unpack the concept of "therapeutic action." In trying to understand "how" interventions work, technical interventions need to be clinically formulated in a narrow fashion within the more global therapeutic approach in which the particular analyst practices. In this paper, I address one specific technical approach. I discuss the therapeutic importance of an intervention, especially during the beginning phases of an analytic or dynamic therapeutic process: interpretation of defenses against unwelcome affects, a technique in whose development Berta Bornstein was instrumental. This paper puts forward the hypothesis (which remains to be systematically empirically verified or refuted) that this approach is not only a core element of defense analyses but may very well be common to all good psychodynamic treatments, regardless of the manifest theoretical orientation of the therapist or analyst, and regardless of the analyst's or therapist's explicit consideration

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that he or she is utilizing this approach. Clinical material from the literature is discussed in order to illustrate the technique and to show how, when analysts are attempting to demonstrate the value of other or new interventions, analysts may ignore how they are, in fact, utilizing the technique of interpreting defenses against affects.

INTRODUCTION

CHILD AND ADOLESCENT PSYCHOANALYSIS HAS BEEN ENRICHED BY AN extensive clinical literature dating back to Hermine Hug-Hellmuth, who worked prior to both Melanie Klein and Anna Freud (Hoffman, 1995). Despite the limitations of mainly using clinical reports for the development of a scientific discipline (Fonagy, 1999), a systematic approach to this vast clinical literature is crucial in order to mine the clinical reports both for clinical generalizations about therapeutic action as well as for hypothesis generation to be then evaluated systematically.

This paper is a step toward a goal of trying to integrate clinical material with research methods (Bucci, 2005). To achieve such an integration, analysts need to clearly spell out the clinical constructs and specific interventions they utilize as they try to unpack the concept of "therapeutic action." In trying to understand how (or even if) various interventions work, technical interventions need to be clinically formulated and described in a specific fashion within the more global therapeutic approaches within which the particular analyst practices. In this paper, I address one such specific technical approach. I discuss what I consider to be the therapeutic importance of a specific intervention, interpretation of defenses against unwelcome affects, first delineated by Berta Bornstein who was instrumental in the development of this technique. It is a technique especially useful during the beginning phases of an analytic or dynamic therapeutic process, but applicable throughout the treatment process.

I will first provide a brief example from my work to illustrate how "interpretation of defenses against unwelcome affects" may appear in a therapeutic context.

A nine-and-a-half-year-old boy who entered treatment because of aggressive problems was in the middle of a four-time-a-week analysis (Hoffman, 1989) when he "circumspectly alluded to fights between his parents when they were alone in their bedroom. He told me that he wet less when he built a fort around his bed (he shared a room with his sister), and he showed me a model of the fort. He wanted to

play 'hit the donkey on the butt,' showed me his butt, and asked that I throw the nerf ball at him. Before I could respond or we could begin the game he said that he was tired. I said that he became tired because his feelings were uncomfortable. He did not respond to this, but told me that his half brother could beat anyone because he was not afraid. When he started to act tough with me, I said that he acted tough in order to make believe that he didn't worry about being hurt but that he was really trying to provoke me to hurt him, as in his asking to be hit in the butt. Discussion of his masochistic wishes and the defenses against them allowed his aggression to subside even though he continued to deny his wish to be hurt (page 70).

In this brief vignette, I illustrate how I demonstrated to the patient how he warded off uncomfortable feelings: by becoming tired to avoid both the danger that I might gratify his masochistic wishes and hit him in the butt, as well as by avoiding talking about those feelings. I also said that he avoided his unpleasant affects when he acted tough with me to prevent awareness that he was worried that he would be hurt by me as a result of his provocations.

The hypothesis put forward in this paper (which, of course, I cannot prove with the few examples I provide but has to be systematically verified or refuted) is that this approach is not only a core element of defense analyses (where the adage is "interpret defense before drive") but may be common to all good psychodynamic treatments, regardless of the nature of the child's pathology, regardless of the manifest theoretical orientation of the therapist or analyst, and regardless of whether or not the analyst or therapist consciously identifies his or her utilization of this approach. I would go so far as to say that this approach is so fundamental and ubiquitous that some authors, who are understandably more interested in explicating novel approaches or theoretical or therapeutic innovations, may lose track of the fact that they are effectively utilizing the technique of interpreting defenses against unwelcome affects. Unfortunately, this technique may be considered to be an "old" technique and thus omitted from contemporary discussions about the nature of the therapeutic action in any particular treatment or treatment in general. Although many of the ideas discussed in this paper have been discussed in a variety of contexts by too many authors to enumerate (dating back to Anna Freud, 1936), the novelty in this paper lies in highlighting in an organized way the therapeutic power of this systematic approach to defenses against unwelcome affects in children (and adults for that matter).

THERAPEUTIC ACTION

Understanding the nature of therapeutic action, that is, trying to understand how interventions are specifically effective (or ineffective, for that matter), has been an enterprise that has occupied psychoanalysts from the beginning of the field, dating back to the evolution of psychoanalytic technique by Freud. As is well known, Freud's central change in psychoanalytic technique involved the analytic approach to the inevitable resistances (that is, defensive responses) that arise in treatment. At first, Freud maintained that in order to bring about therapeutic change, the analyst's job was to attempt to overcome the patient's resistances in order to allow for free awareness and expression of unconscious libidinal wishes; the clear-cut problems which occurred with this technique led to the development of the structural theory. Freud understood that the resistances (defensive approaches), which were unconscious themselves, needed to be respected and analyzed rather than overcome. As Bush (1992) states, with the structural theory "a psychoanalytic working through of these resistances could truly be undertaken which would center on an understanding of the danger to the ego underlying the resistance" (page 1093).

In an early review in "The Nature of the Therapeutic Action of Psycho-Analysis," Strachey (1934) contended that the essence of psychoanalytic technique involved the "mutative interpretation" (that is, a series of transference interpretations which lead to modifications in the patient's harsh superego). However, Strachey also concluded that "the fact that the mutative interpretation is the ultimate operative factor in the therapeutic action of psycho-analysis does not imply the exclusion of many other procedures (such as suggestion, reassurance, abreaction, etc.) as elements in the treatment of any particular patient" (page 159).

Unfortunately, during its first century, psychoanalysis became weighed down by the seemingly endless and unnecessarily rift-promoting debates, often personality-driven rather than theory-driven. These debates have been essentially a result of the tension between two very broad conceptions of technique: interpretation and interpersonal relationship (Jones, 2000, page 3). On the one hand, some have been convinced that interpretation leading to insight, particularly focusing on the unconscious and the past, is the only mutative psychoanalytic technique; on the other hand, others have maintained that participating in and/or exploring the relationship between patient and analyst is the most critical therapeutic agent in psy-

choanalytic treatments, whether with adults or with children (see for example, Blatt and Behrends, 1987, and Chused, 2000). Clearly, both of these broad theoretical and therapeutic approaches are important in all analytic treatments, particularly with children. However, with some patients, relationship issues predominate, while in others, interpretative techniques are most prominent. With children, the consideration of developmental capacities and organization and the developmental process constitutes an added challenge when trying to uncover the therapeutic agent in any particular treatment (Abrams, 2001, 2003; Neubauer, 2003). For example, when trying to understand the nature of a child's capacity for insight, one has to take into consideration the child's developmental capacities (for example, Hoffman, 1989; Kennedy, 1979; Neubauer, 1979; and Schmukler, 1999).

In the contemporary child analytic and developmental literature, many stress the centrality (in treatment as well as in development) of the gradual enhancement of children's capacities for self-regulation of affects for their social, emotional, and cognitive development (Fonagy, Gergely, et al., 2002; Tyson, 1996, 2005). Certainly, an important aim of a psychoanalytic treatment is to help children develop their "capacity to make use of the signal function of affect" (Tyson, 2005, page 169) in order to further their adaptive resources in real life. Schmukler (1999), for example, maintains that before insight can occur, the child needs to be able to tolerate unpleasant affects, among other factors (page 340). In fact, many children (if not most) who are brought for treatment do have difficulty tolerating and modulating unpleasant affect states.

In the contemporary arena, there are a variety of conceptualizations of analytic and therapeutic techniques which are utilized to help children modulate their affects more effectively. One such example is the "mentalizing approach," which involves helping children discover their intentional stance or mentalizing capacity (Fonagy and Target, 1998; Slade, 1999). Fonagy and Target (1998) suggest that the development of a mentalizing capacity (finding meaning in one's own and others' psychic experiences) "underlies affect regulation, impulse control, self-monitoring, and the experience of self-agency" (page 92).

The question that needs to be asked is how does one differentiate the therapeutic impact of the "mentalizing approach" from other approaches such as "defense analysis," "developmental help," or a "supportive approach"? How similar and how different are the specific technical interventions that analysts use, when they assert that they

utilize one approach rather than another one? For example, Jones and Pulos (1993) and Jones and Ablon (1998) have empirically demonstrated that the specific therapeutic interventions utilized by a clinician in an individual situation do not necessarily conform to the clinician's avowed theoretical stance.

It is my contention that it is important for the progression of the field that analysts specify in a narrow fashion the specific intervention they utilize so one can evaluate the value of such an intervention as an agent for change regardless of the clinician's avowed theoretical stance. In fact, many contemporary psychotherapy investigators stress the importance of trying to identify the active ingredients of the therapeutic process of a particular treatment strategy. (Kazdin and Nock, 2003). A basic pre-requisite for such empirical investigation is that putatively therapeutic interventions be described with sufficient clarity that independent observers or raters can reliably agree as to whether and when that intervention has been used at a given point in the treatment. The theoretical "Tower of Babel" described above often obscures the actuality of a given analytic intervention, as very disparate interventions may sometimes be described under a single theoretical rubric, while fundamentally similar interventions may be described by adherents of different theoretical persuasions under a plethora of different labels.

INTERPRETATION OF DEFENSES AGAINST UNWELCOME AFFECTS

The first step in any therapeutic endeavor, of course, is engaging the patient. Without such an engagement treatment is not possible. I am suggesting that there is a fundamental technical approach to a child's *introduction* to treatment (or, any patient's, for that matter): understanding, addressing, and interpreting the patient's defenses against unwelcome affects. Only by evaluating the child's response to such early interventions can the analyst determine to what degree the child is amenable to further interpretive work and whether a deepening of the analytic process can occur. In fact, *to me*, a sine qua non of an analytic attitude is having an appreciation of and respect for the child's defenses against unwelcome affects.

With regard to terminology, Samuel Abrams (personal communication) has said, "I prefer protection instead of defense (it's a different implied metaphor) and I use explain rather than interpret—partly because it diminishes the authoritative position of the therapist and shifts the relationship toward one of co-operative partner." Although Abrams's language is certainly more descriptive, a-theoretical, and

closer to the language one uses with patients, I continue to use the terms "defense" and "interpret" because they are ingrained words in the lexicon not only of psychoanalysis and psychology, but also of the general intellectual community. Abrams is certainly correct that all interpretive communications to patients should not be made as if *ex cathedra*, but within the context of the relationship between analyst and patient.

The psychoanalytic literature on the nature of interpretation—via verbal as well as non-verbal communication—is vast. To me, it is most clinically relevant to consider an interpretation to be a communication from analyst to patient in which the analyst tries to explain something about the patient to the patient that the latter is not fully aware of (Brenner, 1996, page 29). In that sense, the analyst's communication is a hypothesis or a conjecture about the meaning of some aspect of the patient's verbal or non-verbal activity (Bibring, 1954, page 758; Spence, 1984, page 594; Brenner, 1996, page 29).

Historically analysts have made a distinction between clarification and interpretation. Bibring (1954) states that in therapy, clarification (a term he cites as originating with Carl Rogers) addresses "those vague and obscure factors (frequently below the level of verbalization) which are relevant from the viewpoint of treatment; it refers to those techniques and therapeutic processes which assist the patient to reach a higher degree of self-awareness, clarity and differentiation of self-observation which makes adequate verbalization possible" (page 755). "In contrast to clarification, interpretation by its very nature transgresses the clinical data, the phenomenological-descriptive level. On the basis of their derivatives, the analyst tries to 'guess' and to communicate (to explain) to the patient in form of (hypothetical) constructions and reconstructions those unconscious processes which are assumed to determine his manifest behavior. In general, interpretation consists not in a single act but in a prolonged process. A period of 'preparation' (e.g., in form of clarification) precedes it" (pages 757–758).

In other words, from Bibring's classical analytic perspective, clarifications refer to experience-near interventions, whereas interpretation refers to both an evolving process as well as to a more experience-distant. From the perspective of this paper, I need to affirm that the term, "interpretation of the defenses against painful affects," refers to an experience-near intervention which is an amalgamation of the concepts, clarification and interpretation. I will discuss how, when addressing a child's defenses against awareness of unpleasant affects, the analyst must not stray very far from the surface and

should *not* “transgress the clinical data” (Bibring’s idea of an interpretation), but rather stay as experience-near as possible. In the opening vignette, I demonstrated how I tried to stay close to the child’s experience when I communicated to him that he was avoiding disturbing affects.

It is also important to bear in mind that as an analytic process evolves, one always analyzes and interprets all aspects of a compromise formation—wishes, defenses, unpleasurable affects, and self-punitive trends, as discussed by Brenner (2002). In the context of this communication, however, I focus on those interpretative communications which mainly address helping the child understand how feelings are avoided or expressed (compare the discussion by Jones, 2000, pages 7–8). This preferential focus on the process of defense against disturbing affects includes the caution not to focus prematurely on a patient’s unconscious libidinal or aggressive wishes or, in fact, defenses about which the patient has no awareness at all. The analyst should try to avoid “guessing” what’s on the patient’s mind, although inevitably a certain amount of guessing always takes place. The ideas in this paper are consistent with Sugarman’s (1994, 2003) application with children of Paul Gray’s (2005) technique. In Sugarman’s (1994) words, the child is helped to expand “the control of the conscious ego over other structures of the psyche” (page 329).

With this approach, from the very beginning of the therapeutic work, the analyst or therapist first tries to understand, then judiciously explore, and eventually describe the child’s current mental state—in terms of the defenses against a conscious awareness of the emotional pain that the child seems to be experiencing. As the analyst understands how the child is hiding the emotional pain from him- or herself (consciously or unconsciously keeping bad feelings out of awareness, avoiding direct verbalization, or disavowing the painful feeling states), the analyst needs to discern ways of addressing such defenses. When the analyst understands how the child is protecting him- or herself from painful feelings, the analyst can try to communicate this understanding verbally or non-verbally to the child. The child feels understood by the other person and as a result the therapeutic alliance and the analytic process can unfold.

The child’s defensive maneuvers are explored and eventually interpreted to the child in a careful, respectful, and developmentally appropriate way. Exploration of the defenses which the child utilizes to mask the emotional pain, ideally, leads to a situation where the child feels less threatened by the painful feeling states. This allows the

child to share the feelings with the other person in a more direct or more elaborated though disguised way. The child then feels in greater control of him- or herself, leading to greater mastery of affects and more adaptive interactions with the environment. In some children, over time, there may be greater verbal elaboration of his or her feelings and fantasies and exploration of the origins of the painful feelings. However, for many children the analyst’s interpretation of the child’s defensive avoidance of painful affects allows the child *ONLY* to discuss the painful feelings more openly. In other words, there is evidence of greater mastery of feelings and diminishment of maladaptive defenses without direct verbal exploration of the origins of the overwhelming states.

HISTORICAL DEVELOPMENT OF THE TECHNIQUE OF INTERPRETATION OF DEFENSES AGAINST UNWELCOME AFFECTS

In the 1920s, Anna Freud (1926) observed that children generally did not develop a transference neurosis. Melanie Klein (1927) maintained that this failure to demonstrate a transference neurosis was a result of the preparatory phase (where the analyst acted in an exaggeratedly benign and giving way). Anna Freud (1945) argued that “even if one part of the child’s neurosis is transformed into a transference neurosis as it happens in adult analysis, another part of the child’s neurotic behavior remains grouped around the parents who are the original objects of his pathogenic past” (page 130). In contrast, Klein (1927) espoused the idea that in analytic work with children, the analyst should not be concerned with the child’s relationship to the outside world and that reality issues and work with the parents were unnecessary and corrupting factors in a child’s analysis because they interfered with the development of a transference neurosis.

Anna Freud (1926) continued to stress that, as superego and auxiliary ego figures for the child, parents were crucial to the child’s life and therefore were needed to maintain the treatment. She recommended that the analyst needed to form an alliance with the child, so the child could trust the analyst, and as well as with the parents, in order to help them support the analysis both emotionally and realistically.

One resolution to the conflicting approaches between the Kleinian view and the Anna Freudian view was accomplished with the development of defense analysis with children. This technique may be

an unacknowledged forerunner of Paul Gray's (2005) conceptualizations about the lag in the utilization of defense analysis with adults (Hoffman, 2000).¹

Anna Freud (1966) explained, "So far as we were concerned, we explored above all the alterations in the classical technique as they seemed to us necessitated by the child's inability to use free association, by the immaturity of his ego, the dependency of his superego, and by his resultant incapacity to deal unaided with pressures from the id. We were impressed by the strength of the child's defenses and resistances and by the difficulty of interpreting transference, the impurity of which we ascribed to the use of a nonanalytic introductory period. This latter difficulty was removed later by Berta Bornstein's² ingenious use of defense interpretation for creating a treatment alliance with the child patient."

BERTA BORNSTEIN'S CONTRIBUTION TO CHILD ANALYTIC TECHNIQUE

Berta Bornstein (1945, 1949) spelled out the technique of defense analysis in children in papers that are still clinically and theoretically applicable, yet rarely referenced. The development of the technique of defense interpretation with children (whether the child participates in a four-time-a-week analysis or not), allows the analyst or therapist to observe, understand, and appreciate the value of the de-

1. In a personal communication, Paul Gray (2000) wrote, "As I suspect you anticipated I'm very pleased by your 'Exclusion of Child Psychoanalysis' contribution [Hoffman, 2000]. You are quite right about this neglect. Your drawing attention to a 'virtual exclusion' of child analysis in my writings prompts me to reexamine my own position. As a non-child psychoanalyst I've consciously resisted publishing my ideas about this area. In my various activities with a series of child analysts I try to engage their minds toward a greater sense of inclusion. My explicit, and consistent gratitude toward Anna Freud has allowed me to experience a degree of 'inclusion' of adult and child work that probably is not apparent except to those analysts with both adult and child training with whom I regularly exchange ideas. . . . as I look in detail at my own papers I am impressed with your noting my 'virtual exclusion'. Although I found that I 'exclude' it from my references, I firmly espouse the idea[s] in Anna Freud's 'Normality and Pathology in Childhood' . . . which recognizes what I feel is the important reference to transferences that derive from attachments to authority that are not primarily for purposes of gratification, but are for defense. As you know I regard this as a central issue that is emphasized in close process attention for purposes of conflict and defense analysis."

2. Bornstein was part of the original group of child analysts who worked with Anna Freud (1945, page 7) in the 1920s.

fenses to the child and to point out (interpret) the defenses against unwelcome affects³ (Becker, 1974).

In her analysis of Frankie, Bornstein (1949) describes the play of a boy who was reacting dramatically to the birth of a sister. In his play "a lonely boy of 4 was seated all by himself, on a chair placed in an elevated position. The child's father was upstairs visiting 'a lady' who, he informed us, when questioned, 'is sick or maybe she's got a baby, maybe—I don't know, never mind.' He made the point that newborn babies and mothers were separated in this hospital. Casting himself in the roles of a doctor and a nurse, he attended to the babies in a loving way, fed and cleaned them. However, toward the end of the play, a fire broke out. All the babies were burnt to death and the boy in the lobby was also in danger. He wanted to run home, but remembered that nobody would be there. Subsequently he joined the fire department, but it was not quite clear as to whether the firemen had started the fire or put it out. Frankie announced: 'Ladies, the babies are dead; maybe we can save you!' Actually only those lady patients who had no babies were rescued by him. The one whom he several times—by a slip of the tongue—had addressed as 'Mommy,' however, was killed in the fire" (page 185). Bornstein describes how this game was repeated for many weeks and it was clear that Frankie lived in continual fear of retaliation, developing a phobia, having to stay near his mother all the time.

Bornstein explains that she chose not to interpret the child's unconscious wishes to hurt his mother because that would force the child to face unbearable impulses of retaliating against the mother for bringing a rival to this world. Nor did she simply allow for cathartic expression, nor did she just reassure him, nor condemn him for his "babyish" behavior. Rather, she states,

In order to bring about an ego change we chose for interpretation from the different themes revealed in the child's play that element in which the patient represented his ego. It was evident to us that he himself was the lonely 4-year-old boy in the hospital game, although feelings of sadness and loneliness had not been mentioned by him in his play. On the contrary, in his game he demonstrated only the defense against loneliness and sadness.

By placing the little boy's chair in an elevated position he had reversed the reality situation, presenting himself as omnipotent and successful. Thus he became a person who actually knew what went on

3. During a discussion, Betram Ruttenberg reported that during supervision with Bornstein, when a supervisee would say what he thought during a session, she would say, "No, but what did you feel?"

in the hospital, who directed the events, and who had no reason whatever to feel excluded and unhappy. The omnipotence, as well as the destruction of mother and infant, were used as defenses by which he denied the affect of sadness (page 187).

Bornstein's first aim was to help the child become consciously aware of his sadness before addressing his conflicts and anxiety over his aggression. She notes that *"it is noteworthy that the uncovering of recent emotions is often extremely painful for the child, more painful than the direct interpretation of deep unconscious content, which is frequently easily accepted by children and taken as a permission to obtain instinctual gratification"* (page 187 fn).

It is important to stress Bornstein's choice of technique as well as the techniques which she avoided. Bornstein:

1. Did not interpret unconscious wishes—i.e., aggression against mother (and baby)
2. Did not simply allow for catharsis
3. Did not simply reassure the child
4. Did not promote superego injunctions against his symptoms—i.e., she did not attempt to make him feel ashamed, guilty, or humiliated.

Rather, she focused on the child's defenses against his unbearable affects (sadness and loneliness) (see discussion below). The introduction of the need to understand the child's current emotional state and then interpreting the child's defenses against such painful affects proved to be a nodal point in the evolution of child analytic technique and child dynamic technique.

CONTEMPORARY CHILD ANALYSIS

Certainly a most important technique utilized by analysts is helping the child verbalize his or her feelings, the importance of which was highlighted by Anny Katan (1961). Unfortunately, many still consider that in a "classical" analytic approach the analyst's interventions (verbalizations) are predominantly "translation" procedures. For example, Mitchell (1998) states that "traditional classical interpretations were regarded purely in semiotic terms, as a decoding, a translation of the manifest meanings of the patient's associations into latent unconscious meanings" (page 839). Many have written about the counter-therapeutic value of the translation procedure involved when providing direct id interpretations to children. In fact, Bornstein (1945) stated, "As we know, play is the first important step in the process of sublimation. Continuous interpretation of its symbolic

meaning is likely to upset this process before it is well established. For the same reason it seems preferable not to interpret children's drawings, stories, or other forms of sublimation directly, but instead to use them as a valuable source of information about the child. At a later stage we may employ the knowledge gained from plays, stories, and drawings, just as we use the knowledge gained from the observation of his symptom-formation and his resistance" (page 156). Yet more than a half century later we still have not fully incorporated the risks associated with direct symbolic interpretations of analytic material.

Fonagy and Target (1997) describe the dangerous sequelae of what they describe as a "classical approach," as exemplified by a reported analytic interchange in which the analyst confronted the child's underlying unconscious wishes with remarks, such as talking to the child "about [the child's] his wish already to do what father and grown-up men (the big guns) do and explained about holes in women's bodies" (page 60).

They argue that the "classical model" "by which the patient is helped to recover threatening ideas and feelings that have been repudiated or distorted as a result of conflict and defense" is a technique for a limited number of neurotic children (1997, page 66). For certain children, they maintain that utilization of "developmental help" and what has come to be called the "mental process model" of treatment is more effective because the analyst engages the patient by "focusing on the thoughts and feelings of each person and how the child understands these" (1997, page 67).

Arietta Slade (1994) provides another example of the counter-therapeutic value of a direct "id or content interpretation" (page 102). She discusses how play with the child should be allowed to unfold without needing to prematurely decode the "meaning" of the play. Slade addresses the importance of integrating the child's affect in the play (page 92).

In this communication I stress that in what has come to be called "modern conflict theory," a defense analysis with children follows Bornstein's lead and highlights the central therapeutic value of understanding and interpreting defenses against affects. I need to reiterate and stress that with such an approach, I refer to a process whereby the analyst addresses the child's defensive maneuvers while avoiding direct confrontation of id content (at least for a long period of time).

In a series of papers, Yanof (1996a, b, 2000) discusses the lack of appreciation of analysis of defense in children. She discusses the decreased weight that has been given to interpretative techniques (in-

terpretation of defense and transference interpretation) in contrast to, for example, more recent emphasis on the child's play itself as a helpful promotion for the child's development. Unquestionably, in doing psychotherapeutic or psychoanalytic work with children, non-interpretive techniques are ubiquitous. These techniques (under the general rubric of "developmental help") include external management such as setting limits and education (see for example, Abrams 2003; Anna Freud, 1974; Fonagy and Target, 1997, page 61; Kennedy and Moran, 1991; Lament and Wineman, 1984; Miller, 1996). The younger or the "more" disturbed the child, the more often does one have to utilize non-interpretive techniques. Interestingly, Sugarman (2003) discusses how developmental interventions, such as physically having to set limits, may, in fact, be examples of "transference of defense interpretations at a concrete level" (page 189). In other words, the analyst communicates via his or her actions (not just with words).

Chused (1996) has also stressed the paramount importance with children of the analyst's developmentally appropriate non-verbal communication to the child, whether the child is "neurotic" or "developmentally delayed." Since children often have difficulties in hearing the analyst, alternative ways have been devised in communicating interpretations to children, such as talking about other children rather than about the patient him- or herself.

In addressing the difficulties analysts encounter when they attempt to directly and verbally address feelings with children, Yanof (1996) adds that "verbal interpretations to children may fail not merely because they are verbal, but because we may tend to interpret drive derivative material. Despite this, the child has as much, if not more, trouble than the adult in owning his own feelings and taking responsibility for them. **The child analyst may be tempted to call attention to the unconscious wish or unacceptable affect and by so doing bypass the child's defense.** This may increase the child's resistance and risk cutting off further elaboration of material. In addition, bypassing the defense restricts opportunities for the child to work on the maladaptive defense" (page 108).

In the final section of this paper I highlight two examples from the literature (one by Judith Yanof and one by Peter Fonagy) which illustrate the hypothesis that often analysts do not explicitly highlight how they address the affects against which the child is defending and how they interpret those defenses, and instead focus on the potential mutative aspects of other technical maneuvers. Without understand-

ing how children defend against an awareness of painful feelings, analysts will not be able to find ways of helping children achieve the "therapeutic benefit that can be gained when a child has an opportunity to express, verbalize, and understand intense feelings within the safety of an analytic situation" (Tyson, 2005, page 155). Certainly the data from these two cases do not prove the hypothesis (even inductively) that in all good psychodynamic treatments, interpretation of defenses against affects is critical. However, in these two representative cases (presented by two respected analysts to demonstrate two different techniques), the analysts, without expressly acknowledging the centrality of the intervention, interpreted the children's defenses against painful affects. It seems to me that this lends credence to my hypothesis.

ENGAGING A CHILD IN A THERAPEUTIC ENTERPRISE: ADDRESSING THE CHILD'S PAINFUL AFFECTS: TWO CONTEMPORARY VIGNETTES

AN ANALYTIC VIGNETTE BY JUDITH YANOF

In the most recent textbook of psychoanalysis in a chapter on "Technique in Child Analysis," Yanof (2005) does not refer to the use of interpretation of defenses against painful affects as an important technical intervention, even though, without naming it, she demonstrates how she utilizes this technique, which in fact, as I described above, she has discussed in detail in previous contributions (1996a, b, 2000).

In her most recent contribution, Yanof describes an analytic interaction with a 7 year old boy which she identifies as an example of "developmental assistance." This boy "lacked the perseverance and frustration tolerance necessary to stick to a task in order to overcome his learning disabilities . . . [Yanof goes on to describe how] during the analytic sessions, Robert began to use Legos for the first time . . . [The] objects were difficult to build . . . [And] he began to complain that he could not do it—that he was not smart enough to do it. He immediately demanded that I do it for him. I made a technical decision not to do it for him but to support his plan to build the object. I did not interpret conflict, but *I told him that learning how to do things was hard work and it made everyone feel like giving up*" (stress added) (page 276). Yanof reports that with continued encouragement, work, and support, Robert constructed increasingly difficult models.

In what way did Yanof's intervention help the boy? Yanof states

that her work was an example of "development assistance." Was Robert's success a result of her encouragement and support? Was it a result of the comment in which she generalized (or universalized), that everyone who has difficulties feels like giving up? It is generally acknowledged that when an analyst or therapist universalizes problems, patients feel more at ease because of a diminishment in their sense of shame or sense of guilt. In this situation, as a result of Yanof's universalizing his feelings—that everyone felt like giving up—Robert could feel like he was not the only one with learning deficits who tended to give up.

However, is it accurate to say, as Yanof maintains, that she did not interpret conflict in this example? Certainly she did not infer unverbalized unconscious wishes and did not interpret conflicts over those inferred wishes. She did not make any symbolic translational comments. However, it seems to me that Yanof communicated to Robert that she understood his current and ongoing mental state—that giving up and failing (like in school) was much easier than allowing himself to experience unpleasant affects when something was very difficult for him to do.

Yanof understood the boy's defensive maneuvers (i.e., giving up in a myriad of ways) against very unpleasant affects (i.e., the affects associated with difficulty in doing his work) and communicated her understanding to him (that is, interpreted) the meaning of his "giving up" in an elegant, succinct way that utilized the common technique in child analysis of displacing the issue onto other people.

One could conjecture, although we do not have corroborating associations, that the experience of feeling understood allowed the boy to accept her continued encouragement and support. One would hope, of course, that with the ongoing analytic work he could tolerate the affects associated with his difficulties more easily and thus allow himself to try harder at his school-work (and allow himself to develop compensations for his learning disability).

If Yanof had not interpreted the defenses against his unpleasant affects, would Robert have accepted her support and her gentle rebuff when she did not help him do the project in the session? In other words, from the perspective of promoting the field of child analysis, one has to be very careful when one studies the impact of child analytic technique. One cannot rely on global judgments or descriptions when studying the effectiveness of a psychoanalytic or psychotherapeutic treatment. One cannot maintain that a child improved as a result of a "defense analysis," "developmental assistance," or a "mental

process model" treatment. One has to examine the details of the interventions even as reported by the analyst in order to try to identify the nature of the supposedly mutative intervention.

AN ANALYTIC VIGNETTE BY PETER FONAGY

Fonagy describes a little 4-year-old girl's defensive exclusion of him during the beginning of their work together (Fonagy, Gergely, et al., 2002). Fonagy states that he "decided to tackle her anxiety directly, that a relationship with me would exclude her Mommy, which might make Mommy become angry and love her less. Although this allowed her to let her mother leave the room, her anxiety had not abated entirely. Being alone with me made her immensely anxious. She defended against the anxiety by taking command of the environment. She ordered me, in an agitated way, to rearrange the positions of the chairs, her play table, and even my big desk, and then she charged me with the task of controlling the lights, to help her to 'organize the show.' It was daylight, so it was clear that the lights stood for another aspect of the environment that she needed desperately to bring under her control. I felt that she was moving the external furniture, both to make the unfamiliar territory of the consulting-room as much hers as mine and to prevent us from moving forward in our dialogue about her state of mind. *I said that she felt worried she would be moved around by me, like she moved the furniture about. But while she moved the furniture, she didn't have to think about her worries.* Later, I added that it was terribly hard for her that our time together began and ended so abruptly, just as the light came on for such brief moments" (emphasis added) (page 271).

Fonagy says that the "refocusing on her psychic reality was helpful" and that she played cooperatively for the first time. He describes a process where he interpreted the meaning of various situations by communicating to the little girl that she was defending against anxiety. The analysis evolved to the point where he said, "I know some little girls who are very frightened of being so excited, because their thoughts make them feel hot and muddled and then everything goes wrong. She said, 'I think I am one of those girls'" (page 273).

Even though Fonagy utilizes other techniques, such as giving meaning to the girl's activities, he constantly focuses on the child's protection against thinking about her worries. One can see the similarities to Bornstein's technique in this opening of an analysis. Compare the brief interchange between Fonagy and his patient with

Bornstein's (1949) description of the evolution of the beginning of her work with Frankie.

"In order to introduce this emotion into the child's consciousness without arousing undue resistance, the loneliness of the little boy in his game became the subject of our analytic work for several weeks. The analyst expressed sympathy for the lonely child who is barred from his mother's sickroom and who is too little to understand why his father is admitted. Frankie responded to the analyst's sympathy with growing sadness, which could be discerned only from his facial expression. The analyst's sympathy made it possible for him to tolerate this affect.

Once he had been able to face his sadness, Frankie showed relatively little resistance when his specific situation was examined. We asked whether by any chance he was a child who had been left alone while his mother was in the hospital. Or had someone taken care of him during that difficult period? He turned to his mother with the question: 'Was I alone, Mommy?' and before she could answer, he told about his father and his nurse's presence, adding that his nurse would 'Never, never leave him alone'" (page 188).

CONCLUSION

Yanof's comment about how other people handle difficulties, Fonagy's comments about other little girls, and Bornstein's comment about the boy in the game—all have the same aim *to help the child address painful affects in order to master them more effectively*. As Bornstein (1945) points out, "The child may lie about his daily experiences; but by observing his affects and their transformation we make ourselves independent of his voluntary cooperation. If emotional reactions are distorted, as, for instance, when the child shows a friendly smile instead of disappointment, or if he says, 'Who cares!' or 'Skip it,' when we expect him to be unhappy, we know that the normal course of affects and impulses has been upset. By minute observation we may gradually learn which situations in particular cause the child to hide or to transform his affects, and—in favorable cases—with whom the child identifies in his defense" (page 158).

There is a rich clinical literature in child analysis. It is important that empirical investigators not jettison this literature as simply anecdotal data of no scientific value as some empirical researchers have suggested. It may be possible to mine this literature to study systematically various aspects of treatment and technique, including thera-

peutic action. These systematic studies could be correlated with clinical studies and with findings from recorded treatments.

A few studies have provided evidence⁴ that treatment notes bear some degree of systematic relationship to session material as documented through recordings. In an early study of this question, Knapp et al. (1966) compared treatment notes and transcripts for the first 10 minutes of two sessions; they concluded from qualitative examination that much of the essential clinical material was preserved. The gaps or biases in the notes primarily concerned the analyst's observations of his own expressions in the session.

Bailey et al. (in press) compared texts and notes for 20 consecutive 50 minute psychoanalytic sessions using computerized text analysis procedures. The analyst consistently wrote detailed process notes during sessions for all treatments; the tape recording was done for these 20 sessions only for purposes of the research. While the analyst felt the notes were quite complete, they in fact captured only 35 percent of the words on tape. The note coverage was essentially equivalent for analyst and patient, with the patient accounting for more than 85% of total contents of session and notes. The study also compared word categories measured using computer dictionaries: for the patient, the tape/note correlations exceeded .80 for all dictionaries, indicating considerable validity for these dimensions; for the analyst, the correlations ranged from .42 to .85, indicating, as in the Knapp study, somewhat lower, but still substantial validity with respect to the content and style of the analyst's productions.

It seems to me that child analysts can study micro-processes, including written case reports in the literature (such as the ones discussed in this paper) as well as process notes⁵ in order to elucidate

4. At the New York Psychoanalytic Institute in collaboration with the Derner Institute in Psychology of Adelphi University, we have begun a Systematic Evaluation of 5 Decades of Treatment Notes from The New York Psychoanalytic Treatment Center of adult patients utilizing automated measures as developed by Wilma Bucci and Bernard Maskit (2005) and comparing them to clinical evaluations. This paragraph and the following one (in text, above) are excerpted from a detailed description of the project (Wilma Bucci and Leon Hoffman, Co-Principal Investigators).

5. In order to study narratives of detailed case reports of children and adolescents (including detailed case reports written for the literature), we will utilize a variety of automated language measures as developed by Wilma Bucci and Bernard Maskit. The language measures will enable us to identify nodal points in the treatment (e.g., points of valuable analytic work, points of potential disruptions in the treatment, interventions by the analyst to repair potential disruptions, points in the treatment where repair was not accomplished, etc.). Detailed process notes around such nodal

particular interventions and their impact on the child. In other words, we need to better elucidate the "operative factor in the therapeutic action," to use Strachey's (1934) vocabulary or the "treatment mediator," in the contemporary research lexicon.

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points will be examined with the automated measures. In addition, clinical evaluation of the material around the nodal points will be examined by experienced analysts blind to the study hypotheses in order to compare clinical evaluation with the conclusions of the automated measures. In future work, the process of psychotherapy and psychoanalysis will be compared using these measures.

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