

The Analyst at Work

A contemporary child-case discussion

It is with great pleasure that I accepted the kind invitation to share my thoughts on Ann G. Smolen's presentation of her challenging case. What follows is what I would like to consider as a contribution to the essential debate in which we, child analysts, must engage.

The analyst first presents to us the background data of Georgie's life before he was adopted and taken to the United States at the age of 8 months. Let us summarize some of the most salient points. Georgie was:

- in a state of abandonment and dire neglect
- in a hospital lying down in a crib with no stimulation
- significantly undernourished
- seemingly younger than his actual age
- shown to have no response to sound
- seen to have a blank, wide-eye stare
- found to have language impairment
- found to have his fine motor skills delayed.

It is really difficult not to be overwhelmed by the breadth and depth of the neglect in the early moments of Georgie's story. At this point the question I ask myself is: Is it possible to know this information – the background data concerning the situation before the adoption – and at the same time not be affected by it nor have one's opinions tainted by it? Both the quantity of the background information given and the quality of its contents work against clear objectivity, as far as this is ever possible. Better would have been to ignore the previous information but, logically, this is not possible. Indeed, this is one of the characteristics of child analysis. We almost always meet the parents before meeting the child, and this is the right way to proceed not only for legal reasons, but because we have to give the parental couple the opportunity to decide if they are satisfied or not with the analyst who could be taking care for their child, even if the therapist will see the child only for a consultation.

These initial interviews with the parents will provide the analyst with information and this data will help 'draw' a particular picture of the child in the analyst's mind, a kind of lens which will inevitably colour what he/she will hear, see and feel. This factor should always be taken into account as a kind of 'prejudice' that acts against the freedom or the openness an analyst needs to attain in facing the unknown with, as Bion used to phrase it, "no memory or desire".

Equally surprising to the early moments of his life is the response shown by Georgie once he was brought into a family framework and given professional help. When faced with the description of the baby the father met in their first encounter, we as specialists could easily have thought of a case of arrested development. There is a boundary which is not very easy to

define in this kind of infantile pathology between the physical and the emotional qualities of development in infancy. We know that development has a neurological aspect but the emotional one feeds into it to a significant degree. There are relevant texts which deal with this topic but the particular framework of this contribution and my own psychoanalytical background do not allow for a full discussion of the neurological aspects of the case at this particular moment. Anyway, the infant's response to human care speaks for itself in terms of the importance of the emotional input in the early development of the child.

As the analyst reports, Georgie fully recovered his hearing once he was given a home and the necessary medical care. He also rapidly developed an engaging smile. It is well known that this kind of smile represents the recognition of the other, no matter which theoretical framework regarding the early psychic development a psychoanalyst may embrace. It is a fundamental step in the construction of the notion of the self.

There is another very important point that has to do with the fact that Georgie is an adopted child. This is a typical piece of information that could overburden the analyst's mind during the course of the treatment. When we are dealing with an adopted child, it is necessary to consider several issues: the child, the parents who give the child up for adoption even if consensually, the adopting parents, the relationship between the child and the biological parents, the relationship with the adopting parents, the relationship between the adopting parents and the biological ones, the relationship between the parents and the analyst, and, of course, the relationship between the child patient and the analyst which could be considered as yet another 'adoptive' relationship at an unconscious level. When I say relationship I am referring to that set of very complicated links that operate at not only conscious but unconscious levels. These interactions are going to be expressed in the transference-countertransference relationship in the analytical process. And last but not least, another point not to be overlooked is the same-sex character of the parental couple. There is no doubt that these are new times for us as professionals; we are living in a new world, very different from the one in which we were brought up.

We are now facing a very fast transformation of the institutions. The current family model is no longer the traditional bourgeois nuclear family where the heterosexual monogamous married couple was the standard configuration of the so-called 'normal couple and sexuality'. Psychoanalysis was born in those times and now gender studies have opened up a whole new space in the area of sexuality and the configurations of couple. We now see children who come from multiple family structures: monoparental families, divorced families, assembled families, homosexual parents, etc. We are living in a moment of sudden changes and I think that we have to maintain our strict analytical attitude; what I mean is that it is necessary to try to observe and tend to reflect. We could say that the case that we are dealing with here has some very specific social aspects and we will have to pay close attention to them.

I ask myself: Will the boy be able to accept a male-male parental couple or not? Will he question it? Will the parents be able to explain the situation

in an open way, or will they shelter him so well that they needn't explain the situation?

It would be necessary to meet Georgie to try to answer some of these questions. We have to go, as we usually do with all our patients, to the reason for the initial consultation. A list of unacceptable symptoms and behaviours brought Georgie to Ann's office at the age of 5. Some of the symptoms speak about aggression and its expression, hostility. Georgie showed different kinds of aggression:

- uncontained aggression towards his peers and his younger brother
- his toilet behaviour also reflecting the lack of limits with the expression of his hostility when he urinated intentionally on the floor
- his tendency to experience accidents in the street
- an interesting symptom is the weakness of jaw muscles and the occasional drooling. It speaks, in my view, of an inhibition of aggression in the sense of the impulse of sadistic biting.

First encounter with the boy

Georgie began his analysis when he was 5. It is noteworthy that, at the start of his first session, he showed no emotion when saying goodbye to his father. We could consider this to be a striking aspect of the first meeting with the analyst, but if we think that the little boy is used to separations the lack of emotion shown to his father becomes easier to understand. On the other hand, we could think that he uses strong defence mechanisms to deny his fears. It is well known that these first encounters with the analyst bring back very primitive and early anxieties for the little child involved. The first question he poses to the analyst goes straight to the heart of this point. Georgie asks if babies with worries go to see the analyst and, in doing so, reveals the immediate contact he makes with his own baby aspects. In some way he is asking Ann: "Are you going to be able to connect with my baby self?"

Speaking about babies considering the analyst's skills in this subject, we could be led to think that the boy is referring to a segment of his life – his first eight months – which nobody will ever know of, let alone understand. We know from the report that there are some videos of this time and it is hard to understand why videos exist if, at the same time, the child was neglected. Even this visual evidence can never fully demonstrate the emotional impoverishment and suffering of these first months. Georgie himself refers to this in his question/challenge when he asks about the babies with worries going to meet Ann. My feeling here is that Georgie can address the analyst in a very up-front manner in speaking about primitive states of mind, but it is in a somewhat adult fashion showing a marked defensive posture.

The analyst relates that in the first session Georgie also played with doll-house toys showing angry interactions between his doll-parents and externalizing his own aggression towards his father. One could rapidly understand this scene as the externalization of the *primal scene*, as we know from the psychoanalytical literature in child analysis and from our clinical

experience, but I think that it would be better to wait for the meaning to find us, and not the other way around. What is sure is that there is a measure of aggression involved in this first session which shows us that the 'baby George' has a high level of hostility that can explain his symptoms linked with troubles in socialization. The analyst reports that it was through aggression that he was able to connect with her. She then interpreted these contents in a very open way. The start of the analysis seemed to have raised persecutory anxieties that led the boy to avoid any contact, even a visual one, arousing the subsequent countertransference feelings of exclusion in the analyst.

He began gradually to make contact and to play with Anne, but mainly through aggression, hitting her on her body or on her head. After that, he began a sequence of play in which he had a seductive attitude towards the analyst putting together marble pieces representing the analyst and himself, but rapidly this was transformed into a 'combination' of their bodies and in the end, after burying the analyst to try to avoid the separation during the vacation, she is melted and transformed into 'nobody'. I think that this sequence shows the confusion and the terrific anxieties Georgie faces when confronted with separation.

The next and very important period in analysis brings together two issues: the question of not having a mother and the issue of the adoption. Here, I feel that the whole situation was conducted by the analyst and the parents in a very able way. They waited for the child to bring up the questions as they appeared in his life through different events like the death of the mother of one of his friends. He brought the *mother* material to the transference simultaneous to separation anxieties related to the forthcoming vacation. Soon after, he invented a story in which his own mother died even before he was born. He made up his own theory – that he was bought in a foreign country and, later, that he was a bug which transformed into a boy. I believe these to be the expression of his own fantasies which I don't find to be particularly unpleasant and, indeed, the concept of transformation is maybe even more common within the ambit of the contemporary child than it has ever been in the past.

Here, I'd like to pause and say that I consider infantile sexual theories, or even the 'family romance', as fantasies, constructions every human being needs to build as a bulwark against the unbearable notion of the unknown.

Following on the advice of the analyst when the parents explain to the child his life story, the boy reacts firstly in an aggressive manner, is then confused and, finally, behaves in a seductive way with the analyst. When the parents tell the young boy about his real origins, they deprive him of the *possibility* of his own fantasy about his origins and, in doing so, dump on him the reality which denies him of his previously-held theories. Maybe it is better not to have come from a mother in the first place rather than having grown in the womb of your mother only for her to 'abandon' you when you were eventually born.

As the end of the school year approached, the parents decided to stop the analysis but after some weeks the child's reaction makes them restart the therapy. The boy showed a regression regarding his initial symptoms and

began to show an aggressive and very primitive behaviour in the consulting room and to demonstrate being unable to keep the geographical boundaries of that consulting room by urinating all over the bathroom, filling the toilet with toilet paper, punching himself on his face and so on. I consider that Georgie showed the impact of the separation and the level of the anxieties aroused by the incident. The behaviour of urinating outside of the toilet of the analyst reminded me what dogs do to mark their territory. Punching himself could be a reminder of what he is capable of doing if they put him in the situation of being exposed to a new experience of separation from a person with whom he has constructed a strong bond.

Ann decided to call Dad for an experience she called "triadic treatment". Let us see what emerged from that period. In the first meeting, Georgie began to play basketball and felt uneasy as if Dad was intrusive when his father made some comments on his game. This interaction developed into a very primitive game that reminded me of 'Peek-a-boo'. The analyst gave an interpretation and the father said that he wanted to be part of his son's life and that he wanted to know what his son did in analysis. Georgie said something that revealed that he is a very clever boy and that he is in very deep contact with his emotions and, above all, with his position within the family structure. He stated that if his father didn't go with him to the sessions, it wouldn't have meant that he was not part of his father's life. And then he added in a very calm way: "Please leave". As the father refused to leave it was the boy who left the room. I think that this sequence shows us that the patient has the capacity to think, the profound understanding of what an analytical treatment means, and the need for intimacy both he and the analytical process have.

It is evident that a feeling of exclusion was in the air. Herb was maybe jealous of Georgie's relationship with the analyst, and has feelings of exclusion. One could think that the boy could feel the same regarding the relationship between Ann and Herb and is projecting these feelings onto his father, so that, when he goes out of the room, leaving Dad with Ann alone there, *he* is the excluded one. A *fragile* character appears and, despite the analyst considering that it represents some aspect of the boy's personality, I think that the patient is so intuitive that he grasps the fragility of his father that was confirmed later when Herb spoke about his own painful childhood with the analyst.

Ann's report of the "triadic period" of the treatment leads to the discussion of a very important point. How will the oedipal situation be worked through in this case? How will Georgie be affected by the fact of having a single sex parental couple? As I have said in the introduction, we still don't know enough about these new families' configurations. I do not have answers, I have questions which are about the unconscious basis of our bisexuality, the danger of thinking that a mother always performs a maternal role and a man a paternal one. I do not consider that the oedipal complex is written, so to speak, in our genome. But it is true that up to today the drive that organizes human relationships tends to organize what we could call a classical oedipal situation. Maybe that was the underlying reason for the triadic period in Georgie's analysis. Maybe Ann acted in the

transference the role of the Mother or it could be Herb who was in charge of that position and, when the boy said that Dad "was the busiest man in the world and didn't know how to play", he might be referring to the fact that he doubts if Herb knows how to perform the role of a mother.

The termination period

The first session of this period shows us the anxiety and confusion arising from the disorganization of the analytical scheme of treatment. Georgie refers to 'Fragile', a character from the early period, and to broken bones. The analyst gives an interpretation with regards to separation anxieties. We could think about the boy's subsequent references to a cast on his broken arm that kept him "nice and warm" as a sign of his understanding of the interpretation and his agreement with the analyst. In the same way, he continues speaking about himself being a transformer with a heart that "beeps" as a manic defence which changes a lively object that could die into an unanimated one which can be controlled even with a remote control. All this material is later mixed with references to lost brothers and dead relatives, but there was something that the boy did that seems very striking: he took a cup and sucks out from the toy "all bad memories and left only good ones". The manic defence is now again in action. I think that both the atmosphere and the discourse of the patient were referring to the possible end of the analysis and that he was trying to deal with the almost unbearable separation anxieties equated to death linked to his first months of life's experiences.

The next session presented by the analyst shows Georgie to be very anxious, speaking about his own family as if it were composed of him, bears, dogs, mothers and grandfathers. We can see the way he uses confusion to deal with mental pain. Once we arrive at the 'Speedy' material, we are under the impression that something is happening that is putting pressure on Georgie. His "bad feelings" and his need "to stop before it gets to a bad point" are later enlightened by the fact that the analysis is interrupted only a few weeks later. In some way he knows that he won't be seeing Ann any more in a short time and it brings unbearable feelings of losing his object once again. He is describing a bizarre family and I must say that, in my experience, I have seen in very few cases of adopted children drawings of this kind depicting families of human beings mixed with animals.

When the end of the analysis is announced by the patient during one of his sessions, he looks openly distressed. Some painful interactions between Georgie, the analyst and the father take place and the interruption of the treatment arrived with all its pain and ambivalence, but also the hope of having an internal object that could be recalled: "I will always remember you". This was clearly displayed during the last ten days with the building of two houses with Lego, co-created by the boy and the analyst and then connected by Georgie.

The session presented by the analyst at the end of her paper took place nine months before the termination and in a period when the analyst wore a body brace because of an accident that occurred during the summer

vacations. It is easy to see that, after having tried to deny his analyst's condition, Georgie looks worried about the possible injury and negative consequences the accident could have caused Ann. Here in this session, we can observe some antecedents of elements that will appear later, during the termination period: the reference to a spider – a “bug”, like one of the components of the bizarre family; the plaster cast which will be present in the session when he speaks about broken bones; and finally the play with toys related to the fact of living in separate houses. The latter will appear in the last session where, playing with Lego, two separate houses are connected.

After a while, the cars–houses are replaced by two robots and after that again they are two brothers who lost contact after having been born in the same nursery. Later, he and his analyst are in a jail truck which suddenly is transformed in to a kind of underground hiding place where nobody could see either of them. We could easily approach this material from the point of view of what we know from the case after having read it, and even from the background material, but I think that it would be more appropriate to see the whole session as a prelude to the abrupt termination of the analysis. This interruption was a menace from the beginning not only because of the family situation, and the rivalry with the analyst, but also because of Georgie's condition in the first months of his life. The infantile trauma of having being abandoned at the hospital, the deprivation – both physical and emotional – he suffered, the lack of a nourishing object in his early moments of life – an object who could see and hear him – is a gap that we know will only be filled by the presence in the long term of an object which is available not only to feed him but to think of him. It is well known that for a human being to be able to *contain*, there is a need of the experience of having been *contained* by an object with whom one can be identified.

Final conclusions

After having studied and discussed this very interesting case, we will possibly find more questions than answers. This child belongs to a new family configuration. The post-modern family appeared in the 1960s, but we are just beginning to deal with the cases resulting from this in our consulting rooms. Furthermore, the sexual conflict which is at the core of our analytical task is dramatically changing. We have to take into account that social ‘parents’ are not required to have children. Something that was previously as obvious as that, for a child to be born, a family with a father, a mother and a sexual relationship were needed, is no longer the case. In some way, sperm and egg are independent of the body being a mother or a father. This fact will also oblige us to rethink the nature of incest.

In recent times, during the last 40 years or so, things have changed and the acceleration of the consequences of these changes seems to be increasing. Firstly, the central role of the modern family – that of raising children – is in full review. Secondly, the current ideal has more to do with a narcissistic vision of oneself, and less with the representation of a member of the oedipal trilogy: mother, father and child. We psychoanalysts have to reflect, observe, discuss and learn from our experiences in our everyday work with

children and from clinical meetings and exchanges like this one where we can get to know how other analysts work in other parts of the world. In my opinion, it is in this kind of exchange that lies the possibility of continuing the path to the so-called 'future of psychoanalysis'.

Virginia Ungar

República de la India 2921, piso 11, Buenos Aires 1425, Argentina
E-mail: virgungar@fibertel.com.ar / virginiaungar@gmail.com