

INTRODUCTION TO CHILD PSYCHOTHERAPY

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HISTORICAL REFLECTIONS I: Sigmund Freud

Freud highlighted central place of children in society but he thought children were not analyzable

Freud developed theories based upon infancy and childhood

Some consider “Little Hans” as the first child analytic case but Freud only worked indirectly with his father

Infantile sexual theories

Other analysts had to discover the place for child analysis

HISTORICAL REFLECTIONS II: Melanie Klein

Long period of resistance before child analysis became credible

Adult analytic technique founded on free association & spoken words

Children's play, acting & preverbal communications were undervalued

Klein viewed child & adult analysis as sharing theoretical foundations but requiring different techniques

Klein's play technique made psychoanalysis possible for children

HISTORICAL REFLECTIONS III: Transference Neurosis

For a long time, it was thought that children could not develop a transference neurosis

Anna Freud: transference neurosis did not develop due to child's immaturity and dependency upon parents

Melanie Klein: transference evident from the very start of treatment

Anna Freudian technique focused on "affectionate attachment" (+ve transference)

Melanie Klein interpreted -ve transference to reinforce +ve transference & facilitate transference neurosis

Transference Neurosis

“.....with an intensification of transference, not infrequently a child will create bigger and bigger messes in the office..... Children move very fast—objects are broken, guilt escalates, and behavior gets out of control as the attempt to elicit punishment intensifies. A conflict is repeated rather than remembered and verbalized.if the analyst can provide (and the child receive) the structure necessary to halt regression and support self-observing ego capacities, if he analyzes rather than educates, a new solution based on experience can be forged.”

(Chused, 1988)

OBJECT RELATIONS THEORY AND PRACTICE

Therapeutic lens aimed at internal world of child & parents

“Internal parents” and actual parents

Therapist as developmental and transference object

Utilize analytic attitude and analytic listening

Attend to multiple channels of communication

THERAPEUTIC ACTION I

Inside an analytic field in which action occurs within *el vinculo* or “links”

Developmental Object (Tähkä, 1993)

- To identify child's developmental needs & potentials
- To facilitate a transformation in child's difficulties within Tx relationship

THERAPEUTIC ACTION II

Transference Object

Contextual transference

Therapist seems safe & welcoming (+ve)

Or child experiences therapist as threatening (-ve)

Focused Transference

- Child projects internal object relationships on to therapist
- Development of a transference neurosis

(Scharff and Scharff, 1998)

PLAY AS COMMUNICATION

Secure frame to create safety & welcome self-expression

Powerful way to reach child & engage in treatment

Expresses child's developmental vulnerabilities & strengths

Reveals significant themes and conflicts in the displacement

Defensive constellation as a shield against pain

PARENT WORK

Ongoing potential threats for parents to end therapy

Parents' insecurities, guilt, and disappointments in their child

Deficits in attunement to child

Competitive feelings of rivalry towards each other and therapist

Thoughtful consideration about ways to work with parents

THE THERAPEUTIC PLAY SPACE

Setting adapted to welcome the child physically and psychologically

Thoughtful selection of play materials

Does the setting welcome the child to elaborate play and express unconscious phantasy?

Can the therapist calmly observe and think without worries that toys or furniture will be destroyed?

CONCLUDING REMARKS

CHALLENGES TO WORKING WITH UNDER 5-YEAR-OLDS

Establish strong alliance with parents

Children have strong desire for immediate gratification

Boundaries & rule of abstinence

Play technique with regressive demands upon analyst

Strong countertransference responses in therapist

VIGNETTES

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