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AUTHOR Feinberg, Daniel
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ABSTRACT

This paper discusses a case study of therapeutic intervention with a 2-year-old boy. The child's major presenting symptom is intractable insomnia caused by nightmares, but his problems are linked to general patterns resulting from early paternal loss. The report analyzes the first 30 sessions of treatment. Discussion focuses on the unusual durability of the symptom, technical problems encountered during therapy, and implications for preventive psychiatry. (DP)

AN ANALYSIS OF INTRACTABLE NIGHTMARES IN A TWO-YEAR OLD BOY

Daniel Feinberg, M.D.
White Plains, New York

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Introduction

A neurosis in a two-year old child, if the major presenting symptom is intractable insomnia due to nightmares, can be a critical medical problem requiring immediate psychotherapeutic intervention. In the case to be discussed, such a medical emergency was present at the time of referral inasmuch as the child was near exhaustion from lack of sleep.

The ease with which such a symptom is reversible can be misleading to even a psychiatrist, as it was to me, in the sense that we are accustomed to seeing transient nightmare problems in early childhood, and we are equally tempted to limit our intervention to parental guidance when a neurotic problem presents in a very young child. In this case, however, the patient's precocity contributed both to the complexity of the symptom (and thus to the difficulty in its analysis) as well as to the feasibility of approaching it in a direct analytic fashion.

I want to discuss the first thirty sessions of Kenny's treatment because it illustrates so well some important areas where clinical, theoretical, and technical considerations in the treatment of very young children intersect. First, I shall try to account for the "durability" of the symptom, that is, why it did not respond to reassurance and superficial interpretation. Second, the treatment raised some difficulties in technique and in the countertransference which may have reference to the treatment of all very young children. Finally, the implications for preventive psychiatry are numerous; Kenny's difficulties illuminate an important pathogenic vicissitude of early paternal object loss in boys.

Case History

Kenny R. was brought to the clinic[1] by his mother at the age of 26 months. Presenting complaint was that for the previous five nights he had run around "Wound up like a clock," and averaged only two or three hours of sleep. Sleep was possible for but a brief period, and achieved only with great difficulty. During his wakefulness he was over-active but not in a prolonged panic. He repetitively asked for the whereabouts

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[1] Center for Preventive Psychiatry, White Plains, N. Y.

of his grandparents and his daddy, he tried to turn on the TV and gave any excuse he could not to return to his crib. He continually asked for his dog, Lucky. The night prior to the consultation he had no sleep at all, and repeatedly ordered his mother out of his room so that he could escape from his crib and follow her saying: "Hi, Mommy!" and then "Where's Daddy? Daddy's at work!" As the condition worsened, the family pediatrician was consulted and barbiturates, antihistamines, and Sedelixir were tried unsuccessfully. High doses did not put him to sleep, but merely left him dopey, staggering and falling a good deal. In total frustration, the pediatrician recommended hospitalization for heavy sedation and restraints, which the mother refused to do before consulting a child psychiatrist.

Mrs. R. initially contributed the following pertinent background. The parents had been divorced for exactly a year, and for roughly three or four months following the separation, Kenny had suffered a mild sleep problem in which nighttime awakening was frequent but not persistent or prolonged, and unaccompanied by nightmares. At that time, patting reassurance would enable him to return to sleep. Several weeks prior to the outbreak of the present sleeping problem, he awoke shouting that there was a man in his room, pointing frantically to the TV set. With reassurance he returned to sleep. That very day Kenny had been gruffly shoved aside by an electrician working in his house after he had approached the man in a friendly manner and grabbed his flashlight. One more episode of the same kind occurred a few weeks following this incident and preceding his persistent symptoms by approximately the same amount of time.

Although many important family details were learned concurrent with the treatment, the initial history was of great interest. Kenny had been living for the previous year with his mother and her parents in an upper middle class suburban neighborhood. The maternal grandmother was a schoolteacher and the grandfather a successful lawyer. The latter was described as a very obsessive and meticulous man who was critical of the way "the women" were bringing up the patient, frequently critizing them for babying or making a sissy of him. He expected far more in impulse control of Kenny than a child that age might be expected to have, frequently scolding him for being sloppy at the dinner table or angrily shooing him and his dog out of the bedroom. Kenny's own father was said to have had many emotional difficulties as a boy, having run away from home several times and having spent part of his childhood in a child-caring institution. His job history was unsteady and he had contributed no alimony for his son or Mrs. R., although he was employed full-time as a hairdresser and was allowed carte blanche visitation rights to the grandparents' home. At the time therapy started, he was spending at least a couple of hours a week at their house or taking Kenny out in his car.

There had been many loud verbal fights between the parents, the mother's chief accusations regarding Mr. R.'s immaturity and rough handling of Kenny, and the father's her babying the boy by encouraging his intelligence and her obvious dependence on the parents.

Following the divorce the patient had spoken of his father often and saw him nightly. They were very attached to each other although the father's behavior belied a strong ambivalence. Mr. R. had a quick and violent temper and around the time of the incident with the electrician, had himself spanked Kenny so hard after the child had run into the street that he sent him "flying across the lawn." When Mrs. R. had asked him to control his son, he said: "Leave him, he'll learn a lesson. He's got to be a man." He frequently encouraged Kenny to jump off of furniture into his arms from great distances, and playfully scissored him between his legs until Kenny turned red and squirmed to escape. In addition, Mr. R.'s behavior was characterized by extreme narcissism, an example of which was his bringing Kenny back from an outing early, lying down on the couch to rest because he had been out late the previous night on a date, and then calling his girlfriend in the presence of Kenny and Mrs. R. The child had received neither a birthday nor a Christmas gift from him, and when Mr. R. finally bought him a toy, it was a glider which required winding up with a rubber band and was thus appropriate for a much older child.

Only after several months of treatment was Mrs. R. able to confide in me the full extent of the father's ambivalence towards Kenny. A month after his birth, Mr. R. had bitterly complained during a bottle feeding: "When he came here he was the Prince; now he's the King." Further, when Kenny was three months old, Mr. R.'s father died. When Mr. R.'s mother consoled him thusly: "A life was taken and one was given," Mr. R. replied: "It should have been the other way around." Thus, it was no surprise that, during the five first nights of Kenny's problem, Mr. R. was called in to help and succeeded only in frightening his son more and enraging himself when he forcibly pushed the boy on the couch to make him sleep.

Mrs. R. had been in psychotherapy for about three years as a teenager for what she described as "colitis." She had been overweight at the time, but at this time was frankly obese (like her own mother), having gained over fifty pounds since the divorce. During the previous year, the grandmother had sought hospitalization for a special reducing diet and Mrs. R. was considering the same for herself. She remembered her therapy as having concentrated largely on difficulties with her picky father who was "more married to his job than to my mother." At the time of the divorce she had let her father handle the legal aspects and then moved in with her parents, allowing them to prevail upon her to stay whenever

she talked about moving out.

Kenny's motor and verbal development had been very fast and he was talking sentences by fifteen months. In his early months, although mother was home with him during the day, the father took a very active role in changing, feeding, and bathing him. He was not yet fully trained for bowel movements, but for some time had been actively encouraged by the members of the family to stand while urinating. Bottle feeding was stopped by Kenny himself at nine months when he threw the bottle away in favor of a cup. He had suffered no major physical illnesses, nor was there a history of previous nightmares hallucinations, phobias, or avoidances. At no time had there been separation anxiety during the day. Kenny was presently handling bedtime separation in an active and mastering way: When put into his crib he would say to his mother, "Go away, I'm angry." Also, during the week of the crisis he repeatedly threw all the stuffed animals out of his crib calling them "No good." In their place he took his trucks and cars to bed. Autoerotic activity was reported as some recent insertion of his finger into his anus and a real interest in his penis for some months. The mother described his bathtub explorations as "Ripping at it." The grandfather had once said in the boy's presence that he should not be allowed to pull on his penis because: "He's going to kill himself."

Although the health of the family had been good for the previous two years, except for the obesity problem, four months prior to treatment Mrs. R. had broken her foot and spent a week in bed.

Treatment

With the exception of the first week, during which time Kenny was being seen five times, treatment proceeded on a twice-a-week basis. My initial impression of him was of an alert, physically well-developed and attractive two-year old boy who was not hyperactive or panicked and who readily and openly engaged me with his eyes. He did not shrink from my initial approach, and he showed extreme eagerness, almost forwardness, in coming to my office. It was reported to me that his mother openly encouraged him to flirt in an Oedipal way with the secretaries near the waiting room. Mrs. R. attended and participated in the first twelve sessions with no attempt on my part to effect a separation.

Kenny's initial play was to pick up a baby doll, name it "Baby," and alternately lift open each of its eyelids. Following my remark that the baby was afraid to close its eyes, he became hyperactive but then settled down to play

with some dump trucks. He showed some interest in a series of Flagg dolls, scrutinizing them individually and then throwing them away of the floor. His expression was angry at this point. He showed an interest in some play tools, especially a drill, and then returned to the dump trucks. When I commented on how he was dumping blocks, he threw them away individually just as he had the dolls and I told him that the Baby's anger was because somebody got thrown out. He agreed. He did not agree, however, when I said that the Baby was keeping his eyes open and not letting himself go to sleep because he was afraid someone would throw him out. Instead he became hyperactive, got interested in the phone on my desk, then began to play with the pipes in my pipe rack, briefly putting them in his mouth. Shortly afterwards, he picked up another Flagg doll and when I said I didn't know who the Baby was angry with, he threw the doll at me. (At this point his mother remembered some further history: The grandfather was very much against Kenny's playing with dolls, always angered when he discovered it.. During the month treatment started, some relatives brought back from Europe a doll for Kenny which the grandfather had grabbed out of the child's hand and thrown away. In response, Kenny had torn the legs off the doll and thrown it at his grandfather). Following this additional history, Kenny picked up a saw and began talking about a knife, but made no movement to cut anything with it. Before the session ended, I repeated the previous interpretations in a more comprehensive form, adding the strong reassurance that nobody was going to throw the Baby out, that Mommy was going to look after the Baby who would be completely safe and nobody could do anything to him. He could go to sleep and not have to worry, Mommy would watch him and stay with him. Kenny showed great interest in this, and looked up at his mother to be reassured. Any object loss was so painful for him, as seen in his immediate response to my calling the session to a close. He walked to the door and asked where Dr. L. (his pediatrician) was.

He continued to sleep fitfully, but now it was reported that he was waking up and crying: "No, no, don't do it!" During the daytime, his aggressiveness increased and he hit family members freely, saying afterwards: "I feel better." On my advice, his mother continued to reassure him regarding the legitimacy of his anger as well as the permanence of her presence, and only then was he able to tell her that he got angry at her sometimes because she spanked him. At this time, eating supper became difficult and Kenny's initial enthusiasm and attraction to the food ended with his inability to eat and his telling his coaxing mother: "I can't, I can't." He had no trouble, however, with the other meals of the day.

In the sessions, the theme of trucks as symbolically important objects developed quite quickly, culminating in his noting first that one was broken and then that all of them were broken. Then, more specifically, their headlights were broken.

When I first wondered to him what else was broken, he said: "He." Following the third session, Kenny began to clearly evidence behavior of a conflictual nature in the transference. At first, he refused to leave the clinic until I came out of the office to hand him the doll that I had given his mother to encourage him to play with at home. It took twenty minutes for her to finally convince him to leave after that. After his fourth session, I was interrupted in conference because Kenny would not leave until he saw me. I had to reassure him that, even though I had gone away, I had not gone away forever, that when he came again I would be here, and I reassured him that his Daddy had not gone away forever. He looked at me for a moment and then walked between my legs as I squatted in front of him, leaning his body against mine. He put a saddened head on my shoulder, and I told him how much he was missing his Daddy and how afraid he was that he would never see his Daddy again, reassuring him that he would. (He had not seen his father for over a week). This response developed further as his car pulled away from the clinic, and he asked: "Where did my home go?" Before the next session he eagerly awaited the clinic's coming into sight and cried happily: "There is my home; there is my yard!" He talked of loving Dr. Feinberg, asked if he could kiss Dr. Feinberg. He said: "Dr. Feinberg loves me and I love him. Daddy doesn't love me; he's a bad boy." After the sixth session, when I knew that I would not be able to see him again for another week, I reassured him that I would be away for a long time but not forever, yet he would not leave without taking a truck from the waiting room with him. I was again called to the front door, and told him that the truck had to stay, that I knew he wanted to take something to keep Dr. Feinberg close to him, but I reassured him I would not be away forever. He said: "It stays here," rolling it back into the waiting room. Then I was included in his obsessive questioning at night. It was not now only his grandparents and father that he asked for, but where was Dr. Feinberg? Mrs. R. documented a rather pathetic incantation which lasted about an hour during a sleepless night: "Doctor, doctor, doctor, I need you now, no tomorrow. I need you, see my eyes are closed, I can't rest. Where did Grandma and Grandpa and Daddy and Dr. Feinberg all go? Go to the office. I go, I play, I can't rest, I can't sleep."

Then the "broken" theme developed. One day, after playing with the trucks, he picked up the little boy hand puppet, pointed between the legs and said: "Broken." This occurred within the context and with the association of kissing games between a woman puppet and me and a man puppet and Mommy. Up to that point I had interpreted only at the level of his missing Daddy and wanting to restore his parents to their previous togetherness. At this time I became aware also of his persistence in a particular form of questioning. He would pick up one toy after another from the shelf and ask me what it was, knowing full well what to call it. It was not until some time

later that his mother quite spontaneously recognized this as a reference to the father. In the latter's defensiveness about Kenny's growing up to be smarter than he, he played a "game" with the boy by naming everything that his son showed an interest in or touched before the child could name it himself. I was able to make use of this information to deepen interpretations about Kenny's longing for his father, showing him how he was trying to get me to play the very same game he and Daddy played before he came to see me. As his awareness of his yearning for his father increased, so did the frequency with which he would leave the room to explore and search other offices and playrooms on the floor.

Following the fourth session, on my advice, mother reassured him at bedtime that a man was not going to come and break him or hurt him, and he showed wide-eyed interest in this. The following morning on the way down from his bedroom, he said to his mother: "Jerry-Daddy is the man."[2] That day, in his session, his attempts to handle the object loss took a new twist, as he tried active restitution. For instance, he noticed that my jacket, which had hung in the closet the previous session was not there, and insisted that I put it back. In a later session (see below) he spotted my pen on the desk, carried it to me, and insisted that it go back to its accustomed place in my vest pocket. When I interpreted his longing now I took pains to add how difficult it was for a boy as young as he not to be able to understand that even though his Daddy was gone (by now for two weeks) that he was not gone forever. He then played with the "broken" trucks and I showed him the puppet from the day before and he told me again it was broken. I asked who broke the boy and he said: "Daddy." Remembering the mother's reassurances to him the previous night and his response the following morning, I could then interpret to him that the boy was so angry at his Daddy that he thought Daddy was angry with him and wanted to hurt him, and was afraid that Daddy would come and break him. At this point he found a screw on the floor, and put it into his mouth. Immediately I told him that I knew from Mommy that he liked to pull his penis. He agreed. I said that felt good and he liked to do it, to which he also agreed. I told him that the same boy could be afraid that the Daddy would come and pull the boy's penis and maybe break him in the penis. He then wandered into the bathroom and began to flush the toilet, telling me about "dinky-poo" going down it. We agreed that "dinky-poo" goes down and doesn't come back. In the next session I felt the full force of his aggression for the first time. He tried to cut me with the saw and swung the hammer at me. He talked about wanting to cut and break a man. He played rough games

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[2]This was the child's previous usage of his father's name.

with the baby and we agreed that Daddy was the man he wanted to play rough games with and cut. He threw water on my to show me how he had recently been thrown fully clothed into the swimming pool by his father. Following another game of flushing the toilet, he returned to the office, went behind my desk to inspect my chair and its underside, and got interested in my pipes. I began by telling him about Dr. Feinberg's private things and his desired to touch them. He poked at the trucks and talked of their motors and we deci d he was having thoughts about a motor being broken. At this point I made a clay penis for the naked neuter doll, put it on the doll and told Kenny that that was the doll's motor. He agreed. I told him his worries were about this motor that boy's and men have, that he was afraid it could get broken off and get lost. Although he didn't agree, he showed great interest. At this point his mother told me a crucial historical fact: That frequently in playing with his father, when climbing on father's stomach, he liked to grab at the abdominal hair, following which father would occasionally open his pants and encourage Kenny to reach down and grab for his penis.

After this session he told his family: "I am going to sleep tonight; Dr. Feinberg said I could sleep and I'm going to sleep." Two months later Mrs. R. referred to this incident with the additional fact that as he pulled his penis in the bathtub, he verbally reassured himself that it would not come off.

Kenny's interest in his bowel movements increased and he wanted to touch them and called them "Mine." He bade them "Bye-bye" as he flushed them down the toilet. He once told his mother, "A man is down the toilet." Once he awoke and shouted, "I broke it, I broke it," and pointed frantically to the mattress of his crib. Mother asked him to show what it was and where, but he kept pointing: "over there, that,"--- at nothing. On being reassured that Daddy wasn't coming, he said: "I know he's coming!" After Kenny's aggressive wishes became more fully conscious, there was an increase in biting. The mother had dated the biting from about the time of the initial interpretations of his anger. Once he bit so tenaciously into his mother's breast that she had to spank him before he would let go.

In the sessions preceding my four week summer vacation, he played with marbles and we talked about a boy's testicles. He asked me to take his shoes and socks off and tickle his feet. He put the marbles in his mouth and then spit them out. His interest intensified in playing with the private things on my desk. He also became increasingly interested in what was inside the paint bottles and showed mild disgust at the odor of it. I gradually told him that a man's private thing was also a man's penis, that he was thinking a lot about a man's penis. In one session, when Kenny made me kiss a boy puppet his mother

remarked that Mr. R. is continually kissing him on the lips and has done so since Kenny's infancy. When I initially confronted Kenny about the strong biting thoughts he was having, he abruptly stopped what he was doing, walked to my desk and brought my pen to me, insisting that I return it to my person. I pointed out the chronology of his response to him, and worked gradually toward an interpretation that what he wanted to bite and break off he also felt I needed, and that that was a penis. Following this I interpreted that his wanting to bite off a man's penis was to have it because he missed Daddy very much and couldn't have a daddy, so he would settle for part of a man. His response to this interpretation was: "Daddy-Jerry dead."

Prior to my vacation, I counseled Mrs. R. vigorously on helping Kenny to differentiate between his hostile wishes toward his father and the reality, that is, that what he felt like doing was not necessarily what would happen. I also suggested that she curb his biting and encourage him to verbalize his desire to bite. Finally I suggested that her physical comforting of him at night be kept at a minimum.

I learned on my return that Kenny had neither heard from nor spoken with his father during the time I was away. His questioning about me had increased, culminating in his expression of love for me and in his asking his mother if I could come to his house. His biting had become promiscuous and he would say: "I want to get a piece of you." This reminded Mrs. R. of the game the family had played with him previously, in which one person would "Get a piece of" someone by pinching at them and using their own thumb to represent the piece that was taken off, and then pretending to swallow it.

Kenny resumed as if there had been absolutely no break in treatment. He began expressing his biting thoughts with scissors, insisting as he had before the vacation that he be allowed to use the large scissors (adult-size and much too dangerous for him) as opposed to the small ones. We talked about his wanting to get a piece of someone. He continued to show disgust in the paint jars and said: "Kenny eats them." Mother confirmed my suspicion that his interest in bowel movements had increased, adding that he now wanted to eat his stools, but turned away in disgust.

Then he began to actively play out his castration fantasies. Instead of asking me, as previously, he himself began to take the penis off the doll, and this was followed by a host of confirmatory play. He searched for things in other offices. He imitated my casual straddling on the toddler chair by putting it between his legs in exactly the same fashion that I had sat on it. I repeated my interpretations that a boy who lost a daddy might go in search of one and that he could get mixed up in his mind and think that a daddy and a penis were the same thing and he might try to search for a penis, too. Kenny's

attention immediately turned to the cars in the street which he watched from the window. He wondered where my car was and teasingly told me that a large car in the street was mine. I said that his searching for the cars was a way of searching for a man in a car, for his Daddy, whereupon he walked away from me and did an unusual thing: He played for the next several minutes exclusively with his mother, seemingly oblivious of my presence in the room. When I told him that he was trying to be in charge of feelings about being left alone, that he was leaving me all alone so I could know how unhappy it felt, he didn't respond, but immediately upon my indicating the end of the session he broke into tears and had a brief tantrum, ending with his hitting his mother. I acknowledged to him how helpless and angry he felt that Mother couldn't stop Dr. Feinberg from saying goodbye, and that Mother couldn't do anything to get Daddy to come back and be with him. Within a few minutes he had calmed down and left in a peaceful mood.

During the next few sessions, the intensity of his interest in cars increased and one particular aspect of his ensuing behavior was temporarily repressed by me. He insisted that the window be opened and then he made very obvious attempts to first hoist himself higher, then to jump out the window. My repression suggested that I found this behavior unacceptable at a level of consciousness deeper than simply my responsibility for his immediate safety, which I had adequately attended to. I probably did not want to feel responsible for having induced a longing of such intensity that his immature ego could not realistically cope with it. These "suicidal" attempts were associated with his increasing expression of dependence on me (e.g. I got too far ahead of him on the way to the office one day, and he said: "Where are you going, Dr. Feinberg?"). Happily, these impulses were partly diverted by a displacement. He began throwing the doll out the window so it could "Get a new penis." When his idea to get a new daddy by getting a new penis was made clear, he immediately became interested in my pipes and tenaciously grabbed them from me, so that I had to tell him they were my private things, just as he has his private toys, like I had <u>my</u> penis and he had <u>his</u> penis. He immediately said: "Let me see your penis." As the theme of the dolls getting a new penis persisted, to further help him understand how this was related to breaking, I told him that one way of restoring a penis that had gone away was to break one off somebody else. He said: "I break yours."

At this point, however, a much more profound break occurred---his mother's leg! I had felt increasingly uncomfortable interpreting such primitive material in the mother's presence, and decided to try to see Kenny alone. In addition, it had become quite clear that I had helped the mother and child to form an all too realistic Oedipal situation with me. Therefore, I broached the idea to Mrs. R. of her staying in the waiting room during the session just prior to her accident.

(I learned two months later that, at that time, she had been dating a man whom she thought had been getting too serious about her, and whom she subsequently stopped seeing during her convalescence). Her accident occurred while running after Kenny, and his immediate response was to show anger toward her for falling and to become protective of her when the attending doctor tried to splint her leg, telling the man in a protective way not to touch it. This was Kenny's first expression of a neurotically-determined need to protect his mother, the dynamics of which were later acted out clearly in the transference. Interestingly, a single session's work of reassurance and explanation regarding his mother's leg was enough to allow his initial avoidance of it to give way to the more adaptive defenses of interest, caring, looking, and talking about it.

By this time, Kenny's nights of restless sleep and his nightmares had become clearly associated temporally with visits from his father. The clearer his strong yearnings for the father emerged, the more easily I could see Kenny's push towards promiscuous restitution. When we played in the clinic's backyard, for instance, he always ran over to the fence to say "Hello" to any man in the next yard. Also, he insisted on reaching through the fence to touch the man's car. Some weeks later, while on the street in front of the clinic with me during a session, he began playing with the door handle of a mildly puzzled cabby's taxi. Following this he confronted a mean looking German Shepherd locked in another car, provoking furious barking from the animal. That same day, in spite of previously verbally confirmed interpretations that he wanted to run into the street to meet a car, and in spite of repeated explanations by me that to do so would get him broken very bad, not just in his hands, he darted from me into the street and had to be quickly retrieved, requiring renewed help in reality testing. Although I think he may have been developmentally able to understand the consequences of his act, he was helpless in the face of such a powerful unconscious wish to unite with an onrushing car-man-Daddy. I was only intellectually convinced of this until I actually saw for myself, when his father brought him to a subsequent session, how he responded to the latter's encouragement by jumping off the last four steps to come crashing into his arms.

Concurrently, we deepened our understanding of the games of tickling and touching. He played at pouring powder and insisted that I pour it into his hands, only some few weeks later smearing it from his hands onto my pants and shoes. He said: "I like it." I had to speculate that he was either telling me about joint urination (historically documented) or about the possibility of his father's ejaculating on his hands (undocumented). Once or twice he fleetingly---almost in an off-hand manner---interrupted his play to assume a supine posture, resting on his elbows. This reminded me of the mother's description of how Mr. R. allowed Kenny to climb on him as he lay

down. In a later hour, Kenny developed this communication further by assuming the same posture and then allowing his legs to spread apart.

When I had been working alone with him for about three sessions, with ease and success, I began to interpret that his play was about thoughts about touching a man and a man touching him. His immediate response to the initial interpretation of this was to cry out in a panic for his teenage baby sitter (who brought him during mother's convalescence and accompanied mother thereafter) and run downstairs to her. Now, for the first time (possibly belated) I talked to him about his scarey dreams at night. I began by telling him that his touching games and his fear of me were now very close in his mind to things he dreamed about at night. He confirmed this interpretation by beginning to play dangerous climbing games with me and by taking off his shoes and socks and telling me: "I like you." He continued to want to throw the doll out the window so it could find a car and get broken. I told him that he was showing me, in all his games with me and in all the things he wanted to do that were dangerous, that in his dreams he must be playing a dangerous game with a man. The transference response to these confrontations was his announcing it was time to go home, followed by his leaving the office and returning to the sitter. At first I tried reassurance only, but realized that his was a fully-developed transference reaction and needed interpretation. I told him of the two parts of his mind, the part that knew that I was a friendly man who wouldn't hurt him, and the part that was afraid that I was like the man in his dreams who would hurt him. I would accompany him to his sitter, briefly explain to her that he was afraid of me, and return to my office to await him. He usually came back.

Then, in the nineteenth session, he reported a fantasy in the form of an hallucination. We were in the backyard and, hearing a rustling in the bushes, Kenny turned and said he saw a girl who was peeing. All I could determine from him at this point was that it was a big girl instead of a little girl, and that she was indeed sitting on a toilet. Kenny also told me there was someone else with her, "Whitey." (I never found out from him or his mother who Whitey was, but I immediately associated to his father's blond hair).[3]

The conflict embracing his castration anxiety and the as yet unknown manifest content of his dreams had developed in the transference in a very subtle and multi-faceted way. Somehow, he had gotten me to allow to extend the sessions to the outdoors in places where we shouldn't have been, as on the

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[3]Dr. Kliman points out that the Anglicized translation of the father's surname is "White."

street in front of the clinic. This is where I had allowed him to dart into the street before convincing myself of his purpose. He would promise to return to the office or backyard if I would let go of him, but then would run in the other direction. I found this behavior intractable for a couple of sessions, and myself ambivalent about stopping it or, "allowing his associations to develop." I finally decided that it should be interpreted in the light of the dream, without any more of the manifest content from him. I told him that he had been playing with me his ideas of dangerous things with a man, and that he probably felt it was dangerous to be with me. This is the point at which he reclined on his elbows and opened his legs. I added that it was his way of telling me what he was afraid of at night, that in his dreams he wanted to tickle and touch like he had touched a car, and he wanted someone special to touch him, but that the man in the dreams got very strong, like Kenny was acting strong with me, and very strong like a big moving car, and that he tried to break the boy in the dream so that the boy had to shout to his Mommy: "No, no, I don't want you to do it!" This interpretation was followed by confirmatory play in which I had to more forcefully restrain him from the street, telling him that he was trying to get me to do Daddy-things with him. He immediately directed his aggression to me, pulling at the hair on the back of my hand and, when I indicated that he wanted to pull at Daddy, at the hair on my head. I told him he wanted also to pull at Daddy's penis. He looked at my groin and said: "I want to pull your penis."

At this point in his therapy, Mrs. R. had convalesced enough to accompany him on crutches to his sessions along with the sitter, and he contentedly allowed her to remain in the waiting room for a few hours before manifesting separation anxiety. During the period of her recuperation, he had begun increasingly to cry for her in his nursery school, had lost interest in his play there, and uncharacteristically cried himself to sleep in the classroom. The dreams were continuing and he was now shouting in his sleep: "Stop! No, Daddy!" At home he warned his sitter ahead of time that he was going to run into the street and tried to do it. He dramatically put his hands behind his back and told her: "I put them behind my back; I don't do anything wrong with them."

Then, just prior to his twenty-fifth session he told his mother that he would not stay in my office. He said he was afraid Dr. Feinberg would hit him like Daddy did. He then reported a nightmare from the previous night:

> A big brown bear bit him and bit his hands off. The bear is outside in the yard.

That day Kenny's father brought him for his hour. Kenny told me the puppet's penis was broken off and went to the window to

look at cars. He admitted to me that he wanted to go into the street and have a car hit him. Later on he played the pouring powder game and went for my pipes, and handled a large thick dowel stick, remarking on its size. I told him he might be remembering about touching the pipe between Daddy's legs and remembering the way Daddy opened his pants and let Kenny touch his big pipe, so Kenny got worried and afraid that his hands were doing bad things and would get punished. This made him return to the window to look across the street to where his father had perhaps gone for coffee. He needed a reunion with father at this point and found him in the waiting room. Returning in a few minutes to my office, he expressed the wish that the doll have the penis put back on, following which he immediately took it off and threw it away. Several minutes later he became anxious and wanted to leave, so I told him that he needn't be afraid that Dr. Feinberg would bite his hands off like the big bear in his dreams (This enabled him to stay in the room longer), following which I connected the idea of the bear in the dream with his Daddy hitting his hands when his hands do things they shouldn't do.

For two weeks he continued to talk at home about his being quite sure that Dr. Feinberg was going to hit him. Then he offered me a clue which finally led to an interpretation of his fantasy of the peeing girl. In the waiting room his previous eagerness to see me had waned while he began to keep closer to his mother. It had been my custom on occasion to have his mother write me notes (in part to prevent her disclosure of personal material in the public of the waiting room) and one day as she was about to hand me one, Kenny began crying and begged her not to. Reassurances that I would give it back to her and was only going to read it were to no avail. So she gave it to him instead, requesting that he give it to me, but he clung to it. Then he insisted that she accompany us to the playroom and, inasmuch as he was frightened and adamant about this, I agreed it was necessary. At my bidding, mother was able to remain silent and write notes and Kenny paid her practically no attention at all for the remainder of the session and for the ensuing sessions, frequently leaving her in the office for a major part of the time as we played in the yard. This fact, as well as his response to the note, suggested strongly that the anxiety had shifted from his own safety to that of his mother.

In that session he played the pouring game but looked to his mother to make sure she was watching. Then he carried a stapler (one of his favorite biting instruments) to his mother's lap, making a cutting motion near her genitals. At this point I was reading a note from Mrs. R. to the effect that at home Kenny screams and cries if his father innocently touches or moves anything of hers. In addition, it said, he was obsessively asking if Mommy's boo-boo (meaning her now healed leg) and his Grandma's boo-boo (meaning her recent pneumonia) were bet-

ter yet. Using this information, I told Kenny he had just shown me about giving Mommy a boo-boo. He immediately tore the penis off the doll and threw it away. I pointed to the genital area and said that the doll now had a boo-boo there. He began to request to throw things out the window and while we retrieved some of the objects thrown downstairs I said he was having thoughts on his mind about special boo-boos, boo-boos on ladies, and also thoughts about things getting lost, getting taken off, and thrown away.

Mrs. R. confirmed on our next visit that, prior to the hiring of the sitter, when she was the sole responsible person at home, she would leave the bathroom door ajar as she sat on the toilet so as to be better able to supervise Kenny. She also admitted that Kenny had seen her on occasion in her underpants. The previous summer Kenny had seen his little girl cousin naked and asked what her genital was called. His mother had said it was her vagina, that there was nothing wrong with it, and that this was how girls and women were made. She had added that girls had breasts, too, and that they grew when a girl got bigger. Kenny had then tried to compare his own breasts with his cousin's. In addition mother shed more light on the present preoccupation with boo-boos: With prolonged standing, her healed leg still swelled visibly, something which she called to the family's attention. Kenny asked if he could touch it and asked how it got big that way. She offered further information which suggested something of the strength of this little boy's seductiveness and aggressivity which had previously disarmed me in my judgment regarding his safety: Shortly after he had been bought a play doctor's kit, mother discovered him listening with the stethoscope to the sitter, who has taken off her blouse at his request and was in her bra. Two weeks after this Kenny began telling his mother he didn't want to be changed anymore by the sitter and his mother related it to the erections he got each time.

Finally, he openly admitted to his mother that he wanted to be with her, to look after her, to be sure nothing happened to her. When in his hour he played the game of the penis getting thrown out again, it was this time interpreted in terms of the defense---his feeling better by being in charge of it himself in a game. In the twenty-eighth session there was greater consolidation of his concern for his mother. After I had connected up for him his thoughts of watching after Mommy and his concern about boo-boos, he pulled off the doll's penis and threw it out the window. When I asked him to notice the timing of this, his response was to say: "Yes." When he repeated the play and the penis landed in the dirt, he wanted to throw it away because it was "Dirty." I responded that that made me think of the story about the girl peeing, and he eagerly said: "Yes, I show you," motioning to the yard. He took me to the same place in the yard where he'd seen the girl and said he saw her again. I said that I thought the dirty place was the

place between the girl's legs where she was peeing from, to which he agreed. He then walked away, assumed a semi-squatting position as if sitting down and said: "Dogs this way." I pointed out to him that also girls and ladies sit down to make pee-pee, whereas boys and men stand up, to which he agreed. A minute later I told him that I thought that he knew the reason why ladies and girls sit down: Because they are different from men and don't have a penis, that boys and men stand up because they have a penis to hold when they pee. He listened but made no reply. I then told him that the dirty spot that he sees between the girl's legs is where he thinks the girl's penis is supposed to be. He did not respond to this either. At the end of the hour, after leaving him with the sitter so as to spend a few minutes in the office with his mother, I heard commotion and screaming, followed by Kenny's bursting through the door, looking around frantically. I reassured him that everything was okay with Mommy and that nothing was happening to her.

In the final two sessions reported in this paper, our understanding of the dynamics of Kenny's castration fears reached its deepest level yet, although much working through was most likely necessary. First, he walked past the bathroom on the way outdoors and wondered out loud who was in there, then retraced his steps and went in to inspect it. After he reassured himself a few times that no one was there, I tentatively developed the idea of a lurking person. Later in the session his mother handed me a note revealing Kenny's recent verbalization that Daddy and Dr. Feinberg are going to hurt Mommy unless he protects her. Some time after this Kenny picked up the note from my desk and said: "Throw Mommy's note out." This led to an almost unstoppable need to throw almost any toy he could get his hands on out the window. Not until the next session, when I finally stopped this acting out with the explanation that he made it harder for us to work together if we had to keep leaving the room and that I could help him better about his worries of someone losing a penis if we kept the worries inside the office, was I able to interpret the fantasies. I stopped him with such an explanation and added we didn't even know who he was thinking about: We knew that Kenny didn't lose his penis and that Dr. Feinberg didn't lose his, but who was it who did? When he subsequently involved himself in quiet play with the trucks, I noted to him in a stepwise fashion that he was really worried about something happening to Mommy, that his telling me downstairs before the session that I shouldn't take Mommy's note showed that worry, that the worry was about a man taking something from Mommy, that the man might be the person who was hiding in the bathroom last time. Each step of this interpretation was punctuated with a soft "Yes" from him as he continued to play. He soon after picked up the devil puppet and I suggested that perhaps the bad devil man was the one who was going to take something from Mommy, and he agreed. When I said he must be

thinking of Daddy being the man he said "Yes," and began rolling some marbles between his mother's legs. He crawled on the floor, as if to retrieve them, to a point immediately below her spread knees, but refrained from looking up between her legs. I commented first on where he had rolled the marbles, told him he was having between-the-legs thoughts, then specifically that the thoughts were between-the-lady's legs. He asked me to go outside, leading me to the place where he'd seen the peeing girl. He said again he saw the girl and I said that was the girl with the hair between her legs that looked like it was dirt. When he didn't respond I wondered whether there was anyone at the toilet with the girl and he agreed, and I said it must be a man and he agreed, and I said it must be a man and he agreed again. I said it must be Daddy and he said yes. I told him that maybe Daddy and the girl were playing a game, which he affirmed, and I suggested it was a tickling and touching game and he agreed again. I then said that he must be thinking that the Daddy and the Mommy play a tickling game in the bathroom and that then the Daddy breaks off and throws away Mommy's penis. He said: "Yes." A few minutes later I tried to develop this interpretation by telling him that now we understood more of Kenny's worry about someone taking notes from Mommy: That he was really worrying about Daddy coming and taking away Mommy's penis, that he thought that that was why Mommy, who he sees sitting on the toilet doesn't have a penis like men. Kenny didn't respond to this, but when we went inside shortly after, he showed evidence of an acutely altered ego state. He immediately asked in the waiting room where his mother was, looked perplexedly from the secretary's office to the sitter to the chair that his mother had been in, where now someone else's mother was sitting. I had to help him remember that his mother was upstairs, where we presently returned. The momentary regression in his ability to remember or to recover his memory, associated with a change in the woman in the chair, suggested the degree of strain that the work of the session had on his ego: If there was a change in part of Mommy, perhaps everything could change. When in my office I took another note from his mother and he expressed some anxiety about it, I shrugged off this response with the idea that it wasn't the piece of paper that he was really worried about, that we had just talked outside about his real worries about Mommy. This satisfied him.

Discussion

Persistence of Symptomatology

Among my initial expectations was the idea that Kenny's symptomatology would disappear once the content of the frightening dreams was discovered and reassurance with superficial

interpretation by me or his mother was offered. Obviously this did not happen, and what it is that makes this case different from some reported in the literature, where such an approach proved successful (Gero-Heymann, 1947) is of interest.

One factor would have to be Kenny's precocious ego development (especially his verbal abilities) which, as Freud (1913) pointed out, is likely to predispose an individual to an obsessive-compulsive neurosis. Although Kenny's panic following the nightmares was severe, it was circumscribed and he handled his anxiety in non-regressed ego states with strong obsessive-compulsive behavior. Examples of this were his repeated questioning games as to the whereabouts of the family members; the teasing way in which he used certain words (such as "Kingie") to baffle the adults who wanted to know who he was thinking of; the repetitive manner in which he threw out his dolls and toothbrush and, then in therapy, the clay penis. His rage toward his father was more effectively isolated from awareness than would have been the case had it merely been displaced in a phobic manner. A less well-developed ego might have responded with a less circumscribed panic state or might have suffered more extensive regression. In short, I think that the advanced capacity for greater ideation in itself allowed for a more diverse defensive apparatus and multi-layered expression of the conflict via those defenses. Obviously, too, repression had worked well from the time of the traumatic observance of his mother on the toilet, and many convergent factors were necessary to cause its return during the regressed state of sleep. Moreover, the actual hallucination of the traumatic visual experience occurred only after considerable therapeutic work had analyzed some of tne presenting defenses and instinctual material.

Another contributing factor was a high narcissistic cathexis of the penis, which is necessary, as Roiphe (1968) points out, for overt castration anxiety to clinically present at such an early age. A primary determinant, I believe, was his father's increasing absence from the home. All other factors remaining constant, there would have been sufficient reason for heightened castration anxiety in this child, but with a normally present father the yearnings for the lost object would have been less pronounced and perhaps there would have been less inclination toward a penis-man-father equation. Although the wish to get or grab a penis was in part overdetermined by Kenny's observation of his mother's castrated state and his ensuing desire to replace this lost phallus with a new one, the material clearly showed very close associations between sadistic biting and pulling impulses and the wish to be close to father.

There were a multiplicity of other environmental factors enhancing the child's castration anxiety. I would venture to say that without most of these factors, in which reality lent

itself in a very fertile fashion to symbolic displacement, distortion, and misinterpretation, that the defenses would have been adequate or, at very least, that reassurance would have been more effective. I refer primarily to the continuing sadistically-tinged and exciting play with the father in which the latter's ambivalence was continually expressed and, I believe, correctly interpreted by the boy. Thus, it was useless to reassure Kenny that his father wasn't really going to break him (in terms of the explicit castration fantasy) when indeed it was likely at any time from his own reality that the father could or would. At one point I found myself interpreting his fear of the father's biting his hands off like the big brown bear of the dream (and the brown dog that had actually bitten his hand in father's presence), reassuring him that his father had no intention of biting him, when mother informed me that actually father had bitten him back during Kenny's biting phase. There were many crashing, jumping, and dropping games between the two and no doubt the association between these and the movement of father's car greatly enhanced the displacement of Kenny's libidinal wishes toward his father onto automobiles, especially moving ones. It should be noted that this displacement existed clinically prior to therapy and on at least one occasion resulted in a severe spanking from the father.

Then, inevitably, there were unwitting castration threats from all sides. The boy witnessed the grandfather tear the leg off his doll; he had seen his little girl cousin without a penis and had been given an incomplete explanation with defensiveness (". . . . and there's nothing wrong with them"); his grandfather had said of his masturbatory play: "He'll kill himself!" Moreover, Kenny's sense of his own aggressivity and omnipotence must have been greatly enhanced by the parental attitudes. For instance, the mother's idea was that he "ripped" at his penis. Also, she frankly encouraged him to flirt with ladies but failed to protect him from literal seduction, allowing him to touch and squeeze her breasts practically at will. What must the boy have thought when he requested the baby sitter to undress for him and she did? I belatedly learned that her tickling his penis had been the cause of the erections during changes of clothes. Indeed, he was a successfully aggressive little boy, perhaps too successful for his immature ego. In part this disposition to premature sexuality was complemented by both the men in his life, who encouraged him to be a hardy little man at age two, yet who threatened him with castration at every turn---the grandfather out of anxiety, the father out of rivalry.

Finally, the oral-aggressiveness complicating treatment was a regression enhanced by the father's oral kissing and the family biting game, not to mention the continued biting dialogue which the patient witnessed between his parents.

Technical Considerations

The questions of whether to include a mother as an active participant in the treatment (and if so how active); of how to balance reassurance, education, and reality testing with facilitation of fantasy; and of how to respond to an uncommon situation where a patient's id is reliably stronger than his ego are all related and deserve some attention.

My initial conscious motivation for starting therapy with the mother in the playroom was realistic insofar as Kenny was very young and separation problems might be expected. In addition, I correctly anticipated difficulty in understanding his verbalizations. When separation was attempted after twelve sessions, it was in part motivated by mother's interference and inability to allow her child the full benefit of treatment because of her own dependent needs. She had been answering my brief questions or offering her comments at great length, with repetitious statements about the difficulties she was having with Kenny's father. One of the unconscious factors contributing to her accident was her dawning realization that she was going to have to walk alone or at least have her own therapy alone. She had been referrred by me during this time for therapy with a female therapist and it proved unsuccessful because Mrs. R. had needed more to be successful with a man. This failure had heightened the awareness that I had unconsciously responded to the mother's need to re-create a triangular situation with her son and myself. For reasons relevant to the analysis of Kenny's transference reaction, which was developing quite clearly, it was then even more necessary to dissolve this triangle in order to present myself as a more neutral person to him. Later on, during Mrs. R.'s necessary inclusion when Kenny was acting out his castration conflict in the transference, I took greater care to ensure a dilution of the Oedipal situation with explicit instructions that she remain a silent non-participant so that Kenny's need to re-create the triangle could be analyzed. This was difficult for her, and she invited his continued need to have her with us by telling me when I came to the waiting room: "He won't be able to come alone again today."

However, there was also great value to having her in the playroom, especially early in therapy, inasmuch as her associations supplied timely historical data that was of considerable immediate use to me. On several occasions a spontaneous comment or clarification by her related to some puzzling play or incomprehensible remark by the child helped me to understand and communicate further with him. One important such instance occurred when the discussion about a boy pulling at his penis led her to remember his sexual play with the father. It might have been weeks or months before this information would have come up in counseling sessions. A major drawback was that less of a premium was set on Kenny's need to clearly communicate his thoughts to me.

I had a tendency, in dealing with his naked instinctual material, to offer too much reassurance instead of trusting in appropriate corrective responses by his mother. To some extent this was justified in view of the gratification she experienced with much which was pathological at home. For instance, when I told Kenny that the Daddy wasn't going to come back and break the boy, but that Daddy was just playing roughly, I added men's and boys' penises don't get broken, but can be pulled and always stay on. Although this bit of reality was ultimately a necessary part of the corrective experience, it was ill-timed because in fact the father was still being allowed to get at the boy in a way that strongly implied that he could break him at any time.

Any statement that Kenny made which evidenced his immature reality testing, such as the one to his mother immediately following a session: "The man is down the toilet," was an added stimulus to immediately correct that unreality, to become active and not allow the child's inability to differentiate feces from his father to persist. Rather, the unconscious links between feces and father should have been connected first. The fact that it took hours of reassurance to get Kenny to sleep following a nightmare was an additional inducement to actively and directly "correct" things for him. This raises the related question as to how much a young child's suggestibility can be used to therapeutic advantage, if for no more than symptomatic improvement. There is evidence in Kenny's statement: "I'm going to sleep tonight; Dr. Feinberg said I could sleep and I'm going to sleep," to suggest that the impact of a very positive therapeutic alliance can increase this suggestibility. At some later time he further indicated to his mother that he could sleep because Dr. Feinberg said his penis wasn't going to come off.

My awareness of Kenny's immature ego development raised other questions involving technique. For instance, his difficulty in accepting his father's absence as reversible ("Jerry-Daddy is dead") induced me to permit the father's continued visiting, with all its attendant repercussions, long after I should have recommended it be stopped. My problem was: Will the yearning and sense of permanent loss from not seeing his father outweigh the excessive excitement and anxiety stimulated by the latter's play?

There was also the question of helping Kenny determine how dangerous cars are, for he was unable to do so himself. In effect, he was unable to differentiate between a minor physical trauma (slapped hands) and a major and fatal one. However, my concern about his "suicidal" tendencies interfered with the development of his fantasies regarding cars. In the first session that he admitted to wanting to run into the street and have a car hit him, instead of my encouraging his fantasies for more detailed insight into his wishes towards father, I immediately explained to him that a big moving car

would break him too much, that it wasn't like when a big moving man hits a boy and only hurts his hand but nothing really gets broken. Again, this kind of differentiation is ultimately necessary, but should not come at the expense of the fantasy.

When a very young child has an hallucination or a visualized fantasy one might be tempted to treat it with less importance than it deserves simply because we are not so struck or alarmed (but rather we are charmed) by his frequent non sequitor. My initial neglect of Kenny's girl-peeing fantasy is a good example; I thought it had nothing to do with what we had been playing about, and therefore ignored it for a half dozen sessions before realizing its importance. His immediate and energetic response to my initial reminder about the fantasy, taking me to the exact spot again, suggested that it had been ready for immediate exploration.

Finally, what is one to do with the production of so much loosely-connected and primitive material in the short space of a single session (which my summary does not make obvious)? How does one sort out or choose what material is to be most fruitfully linked together when it is very "all there?" The process is essentially different from that in an older child, in which what is linked together helps to move gradually from ego defenses to unconscious impulses. In Kenny's case, I frequently discovered myself making "timely" interpretations, based on the associational material at hand, which his ego was totally unable to assimilate. I determined that therefore I had to ignore my immediate and full understanding of his lucii associations in the service of connecting in a slow and stepwise fashion for him the symbolism, displacements, and partial distortions which I had "computerized" in an instant. An example of this pitfall occurred in one session after he'd expressed castration concerns by taking the penis off the doll and asking for some new ones. I immediately interpreted his thought that the boy had an idea because his Daddy left he also lost a penis and that one way to get Daddy back was to get some other penis, another man's penis. This interpretation resulted in hyperactivity and avoidance on his part, following which he went to the bathroom. His going to the bathroom was much closer to the level at which he was able to have understood the concept of something going away and parts of the body going away, but I had persevered in my haste to clarify his unconscious ideation, and following this, I disregarded his proud announcement that he had made a doodie, instead of choosing to interpret his subsequent searching behavior (for his dog who was out in the car and for toys from the house next door) as a search for a penis. This time, however, his association was to pull a bolster off the couch and say that he was breaking it. When I pointed out that that was how a boy could think about getting a penis, by breaking it off, he said: "I break yours." Although the impulse was interpreted

and confirmed it was less well-integrated in Kenny's mind than had I interpreted, too, his preoccupation with his stools. In fact, in reviewing my process notes, there was a very general disregard for anal concerns in favor of the more 'dramatic' concerns of the early genital castration anxiety.

Countertransference Problems

I have already mentioned the primitiveness of the child's thoughts and play in relation to technique, which cannot be fully separated from the therapist's individual and personal responses to this material. Both premature interpretations and too much reassurance originate in part from the deceptively anxiety-producing associations of the youngster. I say "deceptively" because at a conscious level the instinctual material is easily associated and understood in the therapist's mind. However, re-examination of some of my detailed protocols revealed that I was responding unconsciously to Kenny's conviction that his wishes or fears could or would come true. For instance, the first time I interpreted his desire to bite at the Daddy's penis and break it off so he could have it, I immediately added: "But that can't happen, you don't need to worry that Daddy will do it to you." Again, when he tried to pull my pipe rack out of my hand and I correctly interpreted his desire to pull my private penis, and he said: "Let me see your penis," instead of commenting on his great need, and perhaps allowing for further fantasy, I told him I would not show him, that it was private and that I didn't show it to boys, that boys had their own private penises. Obviously, his complete lack of an internalized superego left a void which my own superego rushed in to fill. The peremptoriness of his request led me to peremptory superego education. He may have actually felt teased by my acknowledging his thought and then disallowing the act. Even here I might have reflected something of his wish for me to be like Daddy and the idea that I was being helpful to him (rather than sadistic) in refusing him. Another example of this pitfall occurred after he told me that he wanted to break my penis off, wherein I acknowledged that he did want to do that, adding that he thought if he could break mine off he would keep it and that it would take the place of Daddy, then cautioning him that that couldn't happen, that penises stay on and don't come off. Although it may be argued that at some point this bit of reality had to be stated, here the timing was not the best nor was the wording. Surely this would have been better said at a time when we were engaged in doll play with something such as: "It's a good thing you can show me these ideas of yours when you play with a doll because I think you know that boys' and men's penises can't get pulled off like that." It would seem as if, in working through layers of defenses to arrive at such primitive ideas, the therapist as well as the child can prepare himself for the idea. No such layers exist in a two-year old.

I have already referred to my temporary repression of Kenny's initial attempts to jump from the window. As I mentioned, I thought my specific concern was at having been the evoker of uncontrollable yearnings. At times I asked myself why my interpretations were so premature, so "aggressive." One reason, I concluded, was that I found him "older" than he really was. His precocious language development and his unusual assertiveness with me, and in particular his 'little manliness' with women, belied the incomplete state of his ego development. This countertransference error alternated with its opposite, in which I felt his very young age made further investigation of his manifest dream or fantasy fruitless. More precisely, the idea was that there wasn't any sense in talking about dreams if they were so close to reality for him. This paradoxical view identified with the conflictual and the immature part of his functioning only and ignored the conflict-free sphere, perhaps a countertransference wish to deny him that much competence. Kenny's initial inability to conceive of the manifest dream content as different from reality was belatedly corrected, thus delaying the interpretation which would further separate for him the dream from reality.

Finally, there is the problem of how many of the child's wishes to respond to in a helpful way, particularly when these wishes are seemingly innocent in nature and in comfortable accord with his level of narcissism. It was difficult, for instance, to realize that by stopping toys from being thrown out the window I might aid the therapy rather than place an insufferable burden on him, specifically on his ability to continue in a positive therapeutic alliance (He always refused my request to use other parts of the room, like the closet, as a place to throw things out). Also, with a two-year old, there is a normal lack of inhibition not only about impulses, but about body contact. When Kenny first asked me to kiss his knee following a fall, it took some thinking through not to do it. One copes easily with this request from an older child, but is tempted to extend the boundaries of the therapeutic work to include many helping and comfort-giving things with the very young child. In this case, a therapeutic distancing was justified on the basis of the homosexual conflict with the father. When, weeks later, Kenny asked me to take his shoes and socks off and tickle his feet, I had gained enough insight to the dynamics to gracefully deny him this with an explanation that I could help him in better ways but was glad to know that he could tell me that he wanted to do this because it helped us to understand his worries better. These well-counseled "deprivations" were easily withstood and led to a deepening of the analytic work. Thus, the ever-present conflict between the necessary therapeutic distance and the strong pulls of a preschooler on the paternal and/or maternal feelings of the therapist belongs in the latter's bailiwick.

An unconscious interpretive slip exemplifies this problem

very well. In a session where Kenny was expressing many feelings of missing and wanting to touch the man and car, he said while quietly swinging: "I like you." I told him that I knew that and I liked him also; I added that a boy who doesn't have a daddy wants to let a nice man know that he would like to have a man like that for a daddy. My reference to his not having a daddy, when I consciously meant not having a daddy who would be with him enough, referred to my wish that a very sick father might be soon replaced by a more loving and less sadistic man.

Implications for Preventive Psychiatry

In comparing this case with the reconstructive analysis of a seven-year old boy still in treatment with me, whose father.died when he was twenty-two months old, there are striking similarities.

Robbie was referred for therapy when he was just five for hyperactivity and behavior problems at his day care center. However, a traumatic event reported by the boy to his baby sitter, and then to his mother, prompted the mother to seek treatment whereas previous recommendations had been disregarded. The story Robbie gave was that the school bus driver had taken his large fish out of his pocket in the bus and had wanted Robbie to play with it. The history revealed that Robbie had been hit by a car when he was twenty-four months old when he ran into the street to chase a dog. At the time of referral he had frightened his mother when he lay under the car of a neighbor as the latter was about to drive off. It was later determined that he had a compelling interest in the car's underside. Unlike Kenny, he was frightened of me on his first visit, and his first communication was to tell me how tall his father was, as tall as the ceiling, and to repeatedly ask to go home. In the early months of treatment he became frankly suicidal with cars and many times darted into the street or threatened to do so. As revealed later in the analysis, his memories of his father were of a gruff and growly man. In fact, Robbie, too, had witnessed near violent fights between the parents, and on one occasion his mother had had to hide the kitchen knife from the father.

As the analysis reconstructed, Robbie had quite actively befriended the bus driver, had allowed the man to buy him candy bars, and for weeks prior to having reported the fish story had been brought home the latest of all the children each day. Mother had been aware of this, had questioned the driver, and had accepted his excuses and allowed it to continue with the knowledge that he was treating Robbie to candy.

Robbie was also highly cathected to the part-object and unconsciously equated his yearnings for a man with that for a

penis. Strong oral-incorporative fantasies suggested that perhaps fellatio had occurred, but this could not be determined. Apparently there had been an ejaculation of "poisonous" white pastey material. This strong cathexis to cars as masculine and phallic symbols was evident here, too, and of interest was the development of the suicidal behavior early in treatment when yearnings for his dead father must have been aroused by the transference; except for the bus driver, I was the only adult male object since father. During the second year of analysis, the yearnings for a man's penis became much more a part of Robbie's conscious life and he admitted to me that he could not stop thinking about it in school. In the sessions he played games of snatching a ball away from me in which he could get very close to grabbing my genitals. Also, there was a very anal erotic quality to his genital fantasies, and he played out his wishes to be anally penetrated by me. By the third year, he had progressed far enough to express his desires in more appropriate latency terms of disappointment in and yearning for male models for identification by complaining of not having enough sessions with me or enough time with his Big Brother. When we consider at what a primitive level Robbie started, this represented a long and difficult reconstructive task.

One point I want to emphasize is that loss of the father during the early genital phase carries with it the danger of fixation at the level of strong anal cathexes and part-object thinking, wherein a high cathexis of the stools and the penis plus the yearnings for a man become indelibly fused in a pathogenic fashion. In Robbie's case, as was mentioned regarding Kenny, the mother needed to encourage phallic behavior and pseudo-manliness in an attempt to compensate for her own loss. This is another important contributing factor to a pathologic early genital phase, for such adult expectations are bought with the child's need for security and at the expense of his great anxiety in fulfilling the expectation. Premature attempts to fulfill the expectation result in high degrees of castration concerns.

Surely, with skilled treatment at the time of the loss of father, these issues would have emerged and corrective reality testing might have been achieved as part of a forward developmental process rather than as a painstaking, uncovering, prolonged analytic one. In addition, early guidance for Robbie's mother might have helped prevent some of the secondary pathogenic features that ensue when a bereaved woman and son are left with only each other.

Whereas pediatricians on the whole do not refer very young children for therapy, if they refer children at all, because their general set is that the children are too young to "understand" what psychotherapy is all about, child psychiatrists know better. But child psychiatrists, I feel have

their own set of resistances which, in part is implied in my discussion of some common difficulties inherent in the task of treating very young children.

Daniel Feinberg, M.D.
White Plains, New York

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