Introduction

In the pages that follow I explore, from a number of perspectives, two seemingly contradictory positions regarding the psychodynamic treatment of abused children: First, aspects of the therapy of abused children will differ in either kind or degree from our work with children who have not been traumatized by abuse. Second, we have no need of special formulas exclusively for physically, sexually, or emotionally abused children. I believe that both of these statements are true. It is the tension between them, our attempts to hold both simultaneously, and our efforts to integrate both these positions into our work that enable us to be most effective as we try to help children to overcome the consequences of abuse.

Regardless of the origins of a child's emotional distress, as therapists, we offer ourselves to children as people who can address their psychological pain. In this way, we approach abused children as we would any other child who comes to us for psychotherapy; simultaneously, we recognize that because the origins and consequences of physical, sexual, and emotional abuse extend far beyond the psyche, our understanding of the child's distress will also have to extend beyond the psychological. The acts that produce an abused child's emotional distress vary enormously, as do the individual children's reactions. Sometimes the abuse has stopped before the child comes to us; sometimes it is not discovered until the therapeutic relationship is solidly established. At times the abuse is grotesquely and obviously bru-

tal; at other times, it is so subtle and insidious that we cannot detect it, let alone stop it. Even when the abuse is eliminated from the child's life, either by actual physical removal from the abusive environment or by significant change in the perpetrator's behavior, the child's suffering continues. The depth of children's pain and the extent of its symptomatic manifestations often surprise and overwhelm even psychologically sophisticated adults. Like the children who come to us for help, we often wish and behave as if both the suffering and its symptoms will pass quickly.

Unfortunately, our desire to minimize the consequences of abuse finds little support from research or clinical practice. The torment of abused children, even with treatment, is not easily attenuated. Over and over again, research in the fields of neurobiology, endocrinology, cognition, developmental psychology, and trauma, as well as psychotherapy research and practice, has demonstrated the forceful and lasting effects of abuse on young children. Their psychological and physiological processes become destabilized in extraordinary ways as a result of abuse. The creation of new, stable states of equilibrium does not come easily to these children nor to the caretakers, teachers, or therapists trying to help them reorder and organize their lives. This is not to suggest that we cannot or should not attempt to alleviate the symptoms that plague abused children as quickly as possible. However, we must view an early abatement of symptoms cautiously, lest we confuse symptom and problem.

We simply cannot learn the fullness of feelings and ideas that follow from abuse in the matter of a few weeks or in a few sessions spread over several months. Nor can we erase the consequences of abuse by informing children about their innocence or teaching them how to avoid "bad touch" in the future. If we do assume that effective treatment of abused children can come quickly or easily, we will certainly not succeed. Furthermore, by colluding in a doomed process, we also unwittingly reinforce the belief, virtually universally held by abused children, that their defectiveness is beyond repair.

However, if we can offer children the time and space to show and tell us who they are and how they came to be, we can help them find ways to correct the damage they suffered at the hands of another. Only by allowing the traumatic influences to unfold in the context of the therapeutic relationship can therapist and child together begin to examine the child's perspective on the abuse, its embodiment in his psychic life, and his struggles to keep it at bay. Psychoanalysis and psycho-

analytic psychotherapy emphasize listening and talking, recognizing the need to make meaning of even the most irrational feelings and behavior. In their attention to the complexities of affective relationships, these treatment modalities are uniquely effective in helping children understand the nature and particular meaning of the abuse they have suffered. And then, as they can integrate these events into the multitude of experiences that form the fabric of each individual history, they can begin to move beyond the effects of abuse.

Because there is no single psychoanalytic theory, treating a child who has been abused, from a psychoanalytically informed perspective can and does take many forms. From its inception, the psychoanalytic community has been involved in spirited debates about the universe of emotions, the nature of individual psychology and its relationship to universals within the human psyche, the workings of conscious and unconscious processes, the influence of intrapsychic processes and interpersonal relationships on development, the establishment and maintenance of a sense of self, the creation of mental health and illness, and the means by which those suffering emotional distress can be helped to overcome their difficulties, to name but some of the important issues that excite psychoanalytic discussions.

Differing schools of thought have made an abundance of ideas and techniques available to clinicians. These choices simply would not be possible within a unified psychological theory; at the same time, the sometimes contradictory richness can also overwhelm the unwary student or therapist. The ideas and clinical vignettes in the pages that follow show influences of drive theory, ego psychology, attachment theory, developmental theory, object relations theory, and trauma theory, though not in equal measure. In one vignette, the importance of the child's attempts to ward off overwhelming anxiety by a variety of unconscious strategies or defenses might be prominent, while in another, the emphasis might be on the character of the child's internal world of self and others, the nature of the child's object relationships, or the effects of trauma on neurological processes. These presentations of clinical material, along with the discussions of theory and technique, are intended to demonstrate the ways in which one can select among varieties of psychoanalytic theories and integrate them into clinical work. This is not designed to be a textbook on psychoanalytic psychotherapy with abused children; it is intended to offer a variety of perspectives that can be brought to bear on understanding and treating children who have been physically, sexually, or emotionally violated.

Private meanings and understandings of child abuse always arise from the particular experiences of the individual. However, they are also embedded in historical and cultural views of children and sexuality, as well as in economically and politically determined attitudes toward victims and those who harm them. The first three chapters provide the theoretical foundations for the later discussions of psychoanalytic treatment of children and the particulars of working with children who have suffered abuse.

Chapter 1 offers a delineation of the relationship between abuse and psychological trauma. I also provide a brief consideration of differing historical and cultural attitudes toward the treatment and maltreatment of children.

In Chapters 2 and 3, I sketch an overview of psychoanalytic perspectives on child development, including self-representations, the child's object relationships, and patterns of cognitive growth. Using clinical examples, I argue the crucial importance of situating any diagnosis or treatment of an abused child in a developmental context.

Although neurological processes form the substrata of private meaning making, they do not always receive adequate attention in the consideration of symptom formation and cure. Chapter 3 presents the basic elements of neuroanatomy and neurobiology that seem especially influenced by traumatic abuse. This background allows us to examine the physiological elements of some of the symptoms, such as affective disregulation, flashbacks, and impairments in memory and learning, commonly associated with abuse.

In Chapters 5, 6, 7, and 8, I identify some facets of treatment that differ from therapy with other child patients and that matter deeply enough to warrant special consideration. The core of the therapy may well lie in how the child remembers (or not), defends against (or not) and verbalizes (or not) her experiences of being abused.

Thus, in Chapter 5, I reflect on the memories, or lack thereof, of abused children, or of adults who later report having been abused as children. These often raise perplexing questions for clinicians as well as for the legal system. I discuss some aspects of children's memories and their relationship to the instability of fact and fantasy as discrete categories in children's lives. This leads to a consideration of why some children disclose abusive incidents while others do not.

Chapter 6 looks at the origins and purposes of dissociation as defense against the painful knowledge of and affects arising from abuse.

Here I also examine externalization as an equally powerful, though less often discussed, force in the lives of abused children.

The relationship of action to spoken language has particular weight in the psychoanalytic treatment of abused children. In Chapter 7, clinical material illustrates variations in children's capacities to narrate aspects of their internal and external lives. Chapter 8 details some of the very confusing, intriguing, difficult, but inevitable, interplay of feelings between therapist and child that arise in clinical work with abused children.

In the final three chapters, 9 through 11, I step back from the immediate work with abused children to consider the impact of abuse on those in the child's environment, especially the people on whom these children are most reliant. Clinical material is used to demonstrate the strength of the influence abused children exert on those around them.

Chapter 9 addresses some of the complications that abuse introduces into the work with parents or substitute caregivers. By focusing on those very painful situations in which, despite our best efforts, we are powerless to change the course of an abusive history, Chapter 10 reemphasizes the critical importance of early and thorough intervention with abused children. Finally, because we are often asked to help the courts evaluate children and families in which there have been allegations of abuse, in Chapter 11, I examine the process of court-ordered evaluations. This chapter elucidates the importance of our creating time and space for the story of child and family to unfold.

Many years ago, when I was a trainee at San Francisco's Mt. Zion Hospital,* I was in a case conference with a senior analyst. During this conference, one of the trainees would typically present clinical material for group discussion. At one particular meeting, the presentation prompted an especially lively and somewhat heated discussion among the beginning therapists who made up the group. Anxious, uncertain, and eager to impress each other and the conference leader, we argued among ourselves for some time about the correctness of a certain interpretation. As was his wont, the leader listened quietly but did not con-

*We enjoyed the great benefit of a multidisciplinary training that integrated graduate students at various levels of education and training—interns/residents/fellows—from social work, psychiatry, and psychology into the entire didactic and clinical curriculum.

tribute to the debate for some time. When our conversation had run its course, he mused, "Whatever happened to just sitting quietly with people and their feelings?"

Today I have no idea what interpretations we considered or whether we ever agreed whether one was better than another, let alone why. But that simple question has come to mind countless times over the ensuing years, particularly in work with those who have suffered abuse, where connections are so terrifying that our words and feelings are turned aside while the explicit and implicit demands for action are often intense. It has helped me to remember to sit quietly when I have nothing to say. It has reminded me that although my words may sometimes fall on deaf ears, I can remain connected to the person I sit with if I am attuned to the feelings in the room. It has also helped me to know that when I don't feel in touch—don't understand the other person or what passes between us—just sitting there may be enough. It has helped settle me when I feel lost in a torrent of actions, words, and feelings.

The abused children who come for help require so much from us. In the following pages, I have tried to demonstrate how, from this position of quiet reflection, we can come to learn all of the story, both spoken and unspoken, that abused children bring to us as well as why, if we attempt to act too quickly—to exercise our skills or demonstrate our knowledge—we fundamentally undermine the therapeutic process. I trust that this volume will assist those who work with abused children by contributing to their knowledge and skills. Most important, I hope it will heighten their appreciation of the value of sitting quietly with another.

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