



## Research Article

### THE HITCHCOK BOY: TREATING AGGRESSIVE ACTING OUT IN CHILD THERAPY

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#### ABSTRACT

P, a seven-year-old boy, derived significant benefit from a three year psychoanalytic psychotherapy. This clinical case, illustrates communication barriers that develop and establish themselves in the context of psychosis. Throughout the analytical process, the psychotherapist was consistently faced with a relational paradox: she had before her a child exhibiting chaotic psychic functioning, always on the verge of disintegration, and further characterised by a strong desertification of ludic expression. In considering the psychoanalytic trajectory, the current article examines the manifest relational communication aiming at a permanent attack on the therapeutic attachment, therefore intensifying the analyst's creative suspense.

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## INTRODUCTION

P, a seven-year-seven-month-old boy, benefited from a three year twice weekly psychoanalytic psychotherapy. During his first year of psychotherapy, P would unfailingly show up with his mother, who has manifested a somewhat ambivalent approach toward her son's psychotherapy, and her role as parent in the therapy, which threatened to undermine the therapeutic alliance. Her attitude was one of marked intrusiveness in the therapeutic setting; she would often present a banal subject to which she attributed "*significance enough*" to speak to therapist about at the end of every session. Also, she would often call the therapist's home with questions regarding the "*normalcy*" of any new behavior shown by P. Most significantly the mother would short-circuit the therapeutic relationship, by evidencing "*collusion movements*" with the therapist, as if she herself also needed a caring shoulder to lean on thus identifying with her son. One year into her son's therapy, and on the therapist's suggestion and insistence, she came to the decision that she would seek psychotherapeutic help for herself. In fact, this boy, whose mother called referred to as "*bijou*" rather than calling him by his own name, did seem to be a jewel of hers – no more than an ornament, a complement to herself, or as a "*narcissus-child*" who embellished and reinforced her own "inadequate narcissism".

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These collusion movements did trigger a negative countertransference, as the therapist attempted to consistently and patiently resist the pathological "mother-son" enmeshment, as well as the "mother - vampire – patient" paradigm that persisted in interfering with P's emotional growth. P rarely missed his therapy sessions. He always attended except when he felt "symptomatically" ill – sometimes his throat would ache, other times, his ears. That said, the mother's systematic attempts to sever the therapeutic relation while unconscious were revealed in a plain psychotherapeutic act. The mother kept a paradoxical communication with her child, the unconscious aim of which was to thwart age appropriate separation. In fact, she would arrive at the sessions on time and would urge P to go on in and not waste time in the restroom. But she would also sit in the waiting room as a veritable "guardian of the symbolic standard", patiently awaiting for P's mid-session ritualized exit, to offer him a bottle of water, candy, biscuits or homemade cookies. During his first year of psychotherapy, P almost always entered the room with a piece of bread in his hand, which might be understood as a transitional object, or, in Alvim's sense of the term (1961, page 40), a transitional pre-object. The therapist understood this behavior as an "imaginary elaboration of a function" that is an integral part of the image of the body, indicated by his voluminous cheeks, hoarding food in his mouth, filled with bread, cookies or biscuits, which prevented him from speaking or revealing his secrets. While the therapist felt invaded by feelings of impotence and discouragement after an interpretation on her part, P would

usually remove the lid of the rubbish can and spit out the mashed up food, saying that the food was unsuitable. It was as if his body was carrying out a regressive symptom of evacuative rejection of evil, internal objects (Ferreira, 1989:80). In an ultimate transformation effort (Bion, 1979), the bottles of water were often symbolically transformed, by the therapist, into milk bottles, full of benign milk, so as to nurture a famished and feeble little boy who was afraid of growing up. Later these bottles were changed into “champagne bottles”, conscientiously kept to celebrate the moments of glory brought about by the birth of a boy called P. Those were moments of euphoria, with a predominantly manic coloration, that culminated in his “christening”, where P would either insistently ask the therapist to write his name on a medal he usually wore around his neck, or write/inscribe his name on his own arms and legs, thus exhibiting, once again, his serious thought and identity disorder. At the first session, when the therapist became acquainted with P, he entered the room fiercely banging the door, like a raging bull that had just been set loose into the arena. He did not look at her. He wandered around the room like a graceful bullfighter, wanting to touch everything. He opened every drawer and fiddled with all the games, turning them upside down, without focusing his attention on any game in particular. With a hoarse voice, he said, “*I am Popeye, the sailor man*”, and he said it with such shrill and mimetic volume that it conveyed an entire rainbow of timbres. The therapist stood bewildered, wondering how this child, with such lanky and frail appearance, such a frightened and distressed look in his eyes, be capable of having such energy in the timbre of his voice, so much energy that it seemed almost piercing and deafening. He then asked for a piece of paper, for he wished to write a letter. Like a magician who might seem to break the sound barrier with his gestures, he tore the paper into small bits, went to the window and threw those bits of paper away, as if showering away bits and pieces of his fragmented thoughts. Interpreting his gesture, the therapist said: “*That is certainly a big anger-rage that P has inside him; how frightened must he be that he may be destroyed. In order to feel strong, he has to imagine that he is “Popeye, the sailor man”, although he feels so weak, so fragile, so very much afraid of being destroyed*”. For a moment, he did not react to this interpretation.



Figure 1. “Some Sort” of “amoeba”

Suddenly he then grabbed another piece of paper and drew some sort of amoeba (Fig.1), and then said: “*I am the creature P*”. As a matter of fact, throughout two and a half years of therapy, he would frequently say that he was a “monster”, a “witch”, a “*piece of foul-smelling poop*”, and, a few times, he even called the therapist “*macaca*” (monkey) – something interpreted by shifting significance to the phonetically similar

«*mãe-de-caca*» (mother made of poop). The therapist and P even decided to concoct a perfume, for he told the therapist that he was rotten. From then onward, because she began to smell like “*P’s perfume*”, she was granted permission to touch him – in his fantasy, P had been afraid he would make his therapist rotten by contagion, saying that he felt like a real rejection, excrement that had been thrown away. Resorting to omnipotent defenses allowed him to identify with strong and powerful characters that, in movements of adhesive identification, feared nothing, not even his own fragility. Such characters included “*Hercules*”, “*Tarzan*”, “*Songo-Ku*” and even a bull (he expressed his wish to enact a bullfight with the therapist during several sessions). On the other hand, he was also as likely to say that he was a *batrachians* – a toad – or to show up crawling like a dog, his favorite identification character (Rex dog), or even saying he was a “vampire” and that he needed to suck her blood. Regarding manifest countertransference, the therapist felt profound relational distress in the face of these systematic attacks against the therapeutic setting, as well as in the face of P’s acting out behaviors, where aggressive and destructive impulses predominated, and of a hatred so violent that it culminated in the near-complete destruction of the “*Ludo*” box that was sitting on the floor, open. Prior to this incident, he had already torn pieces of paper apart, and covered the inner part of the box with bits of paper that looked like shattered glass fragments – a white patchwork quilt that covered the toys laying inside the box. Once again, the therapist interpreted his behavior, telling him that he was feeling like a fragmented “*creature-P*”, and much like all that shattered glass-paper, that he felt all torn to pieces, broken. In response he commanded the therapist to shut up, in a resonant, Pavarotti-style, voice: “*I don’t want to listen to you; I can’t stand listening to you*”. He then stepped inside the box and, as if stomping grapes, he proceeded to destroy almost all its contents. The therapist was stunned, as if anesthetized, wondering whether there was any chances of surviving the destructiveness and violence of this child – that transparent, fragile and light as a “*piece of paper child*” – compared favorably with those of the toys inside the box.

Such manifest violence emerged throughout the sessions as something matricidal in the face of a chaotic psychic working, always under threat of disintegration, suffering and despair. The relational paradox was therefore governed by an all-or-nothing rule; the approach/attack-retreat emerged as denouncer of the psychic chaos situated between his inner reality (always under threat of disintegration) and the external reality (experienced as persecutory and talionic). As emphasized by Fialho (1987), the primary centre of a transference relation should lie in making use of external reality symbolism so as to, from such a starting point, build / rebuild the patient’s inner world. In her works on psychogenic autism, Tustin (1977, 1988), discussing the concept of transference in children, she underlines the importance of the therapist’s steady and nourishing role in the context of ludic activities. By setting in motion dynamic transformations, such as the possibility of using toys as symbols, there should be no therapeutic consent that their presence and role be invalidated or annulled. Many sessions were interrupted, with P saying “*I need to pee*” or “*I need to poop*”. These acts of leaving the room seemed, at first, to denote an intense anguish caused by being separated from his mother, for he even checked on her – “*voyeuristically*” – by looking through the door’s keyhole into the waiting room. They

eventually became the expression of acting out behaviors, whereby P refused to listen to his therapist's interpretations. Such behaviors were metabolized by her in two different ways: One, as corresponding to P's feeling that he had to discharge his rotten and damaged parts (so as not to contaminate the therapist) and, once fully "*decontaminated*", to return to the session, in a state that allowed him to fill himself with benign internal objects. Alternatively, they could be viewed as a means of reassuring himself that words – the therapist's food stuff – did not cause him to disintegrate, for his body remained alive and intact.



Figure 2. Smudges and scribbles of his drawings



Figure 3. Desertification of ludic expression

It should be noted that this child also exhibited strong desertification of ludic expression, namely when it came to playing-out actions and in terms of graphic expression. Parallel to those, he also showed underdeveloped fine motor skills, evidenced by the smudges and scribbles of his drawings. Both these aspects were in stark contrast with his overall above-average psychomotor development. Color pencils, for example, were turned into veritable white arms – instruments of attack and destruction. At the beginning of the psychotherapeutic process, P would regularly bring from home, cutting objects, huge swords, some with the respective cases hanging around his neck, others, more technically sophisticated implements, that emitted diversified sounds that varied according to the strategic attack stance enacted. When it came to graphic expression, P would symptomatically hold his lead pencils as if they were daggers or knives, shred the sheets of paper and destroy the graphite. After a year and a half of therapy, instances of active refusal of contact would still emerge. He even described himself as a knife or dagger, as if he was a "*thingified object*" and asked not to be touched saying: "Don't touch me today, not even a pat". He reacted, thus, to the therapist's interpretations with a tremendous destructive potential, usually threatening that he would liquidate himself once and for all, to which she would say that words were not daggers. They would not destroy him, and adding that he, in turn, had no wish to liquidate her. The therapist would go on,

telling him that what he really wanted to say was that he cared for, deeply, and that he would like to come here and have the courage to shower her with little kisses. Following Bion's conceptualization (1962), the analyst has a containing function in the face of the patient's unacceptable projections and should give back those projections, detoxified and acceptable, under the form of interpretation.

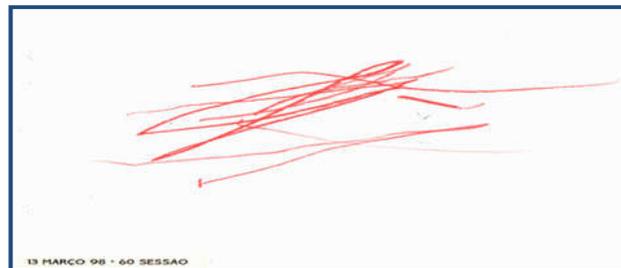


Figure 4. Scratches

During the same session, he grabbed a piece of paper and pressed the dagger-pencil so hard against it that he ended up breaking the pencil tip in it. Once again, the therapist reiterated that P felt like those tips – broken, crushed – and that the drawing contained "*scratches*", as if he wanted to say that he was hurt and bleeding of sadness on the inside. To that, P added: "*On the inside and on the outside*", and revealing the scratches on his arm, as he then approached her with that same dagger-pencil to stab her. In a magical gesture, he would abruptly stop the dagger-pencil when it was a few millimeters from therapist's face, with her looking directly into his eyes. These were brief moments of contact, of intimacy, where, resorting to a paradoxical communication, the therapist firmly and realistically accepted his sadistic projections, interpreting them, and gave them back in a way that they could be contained as less threatening, kept surviving, without retaliation, to the destructiveness and violence of the patient. Balint (1968) and Winnicott (1971) addressed the determining therapeutic value of non-verbal communication, which may be considered a therapeutic effect of object relations and, as such, distinct from interpretation effects. The therapist's essential task, and difficulty, is that of maintaining and preserving the psychotherapeutic framework, surviving the patient's attacks without retaliating. As noted by Stewart (1991), the therapist's steadfastness and determination in preserving the limits and borders of the psychotherapeutic framework are shown to be crucial in the non-verbal communication that is developed between therapist and patient – a form of communication that has its own physical and psychic borders. Following this line of thought, not only were the therapist's looks and voice but also her words, and interpretations (occasionally experienced by P as poison), were useful, even if repudiated, the purpose of the repudiation being an ongoing attack on the therapeutic attachment. In a somewhat violent way, P insisted, in one of the sessions, in putting scotch tape over his therapist's eyes and mouth, as if he wanted to blind and silence, utterly afraid that she would see his "*toad – smallness*". Without hesitating, the therapist maintained contact, resorting to sign language, so as to, paradoxically contain his acting-out behaviors. On this issue, Borges de Castro and Carreira (1989) emphasize that communication difficulty constitutes one of the barriers that the therapist is faced with when dealing with a child with psychotic functioning. It becomes necessary to find out, on a case-by-case basis, the privileged path of dialogue, even if, occasionally, that

path is discovered via resorting to non-verbal language. On the other hand, for it to be effective, analytically oriented psychotherapy, grounded on interpretation, requires the child to cultivate a ludic space, however rudimentary. De Castro and Carreira continue in writing: "It will be in such space, in that it is a space of illusion, that the therapist may 'hope for' some measure of creativity and act interpretively" (1989:90). Or, as pointed out by Malpique (1980), reconnecting with the intermediate zone of illusion (Winnicott's potential space) allows the other to have a place in the transference relationship, thus rendering it possible for the child to refigure the transitional object as play and symbolization support. In this manner, communication barriers, along with attempts at a systematic severing of the therapeutic relation, heightened the "creative suspense" of P's therapist, who felt constantly put to the test, in a tangle of distortions of the symbolic process, looking for a thinking platform that would allow her to bring the patient back to the transference contact. In fact, as early as the seventh session, P had provided a code that allowed entry into the realm of his thoughts. He found out a plastic stethoscope amid the rubble of the "Ludo" box. He became an "aficionado" of that object. The therapist soon procured a real stethoscope, which proved to be the transitional object par excellence (Malpique, 1980; Winnicott, 1975): *the musicality of the cardiac rhythm became the prime organization standard of the communication between them, soothing and containing P's death anguish.*

They began by creating a song: "Thump-thump, thump-thump, I am alive". From then on, in moments of great agitation or massive attacks directed to the therapist's person, where he would enact my phantasmal destruction, he would immediately ask for the stethoscope, so as to certify for himself that she was alive, for he did not wish to lose her. P would listen to therapist's heartbeat and self-listen to himself, invariably repeating the same song "Thump-thump, thump-thump, I am alive; Thump-thump, thump-thump, you are alive". The ludic space, albeit crude, was established, and the same held true for the arena of understanding and communicative structuring, which rendered the verbally communicated experience susceptible to interaction. Presently P still communicates better when resorting to some form of basic rhythmicity. The therapist finds herself paying attention to the songs featured in the weekly released music charts. Every week brings with it a new avalanche of songs that work as veritable communication objects between them. It is in that space of paradigmatic songs that range from random bits of songs to chorus's like: "I'm the one that cares for you – no one else" or "Rosie, Rosie, I know not whether you love me" that the therapist have found room to work interpretively, as well as, through the function of *reverie* (Bion, 1979), create a sphere of illusion and maturation of P's self. In fact in one of their last sessions, he took the therapist by surprise with a sudden outburst where, fully opening the door so as to face the audience in the waiting room, he sang the chorus: "Help me, I am in love".

## Conclusion

Both the evolutionary plasticity and the potential for change that accompany the various stages of development, notably in children, evoke the employment of terms like "psychotic state" or "psychotic level of personality organization", avoiding, in the case of child psychosis, the designation of psychotic

personality structures, due to the static character that this designation involves (Ferreira, 1989). On the other hand, Vidigal (1987) states that psychosis testifies to the failure of both integrative movements and access to oedipal evolution and, as such, one cannot say that there is latency in a child with psychosis. Therefore, in children in full latency period, rather than "latency psychosis", one should borrow from Misés (1977) the term "evolutional disharmony of psychotic aspect". Barriers to communication, a pervasive feature of children who are in "psychotic state", are evidenced in poor ludic activities, so that they are blocked in their access to the symbolic (Sarsfield Cabral & Malpique, 1990) - in Tustin's words (1988), children give the impression of being "obstructed" by autistic objects and "molds". This obstruction leads them to look for and/or to create vehicles of bodily or sensory contact (e.g., musical rhythm), which allow us to introduce a transitional potential space (Winnicott, 1971) where ludic activity involves and contains a quintessential symbolic significant of relational communication. However, in the intersubjective relation underlying all human communication, "speech stands as the very nourishment of mental life" and, beyond other forms of communication, interpretation in the context of a therapeutic relationship has as a goal that of preparing and enriching symbolization – an indispensable condition for the awakening of one's psychic life (Sarsfield Cabral & Malpique, 1990, page 58).

On communication difficulties in psychosis, Sarsfield, Cabral and Malpique, in an article published in 1990, acknowledge that an attentive look into counter-transference movements, as well as into prevalent mechanisms of projective identification in transference, can provide a way to overcome therapist-patient communication difficulties. On this subject, Alexandre (1993) emphasizes the importance of counter-transference elaboration, which constitutes itself as a critical instrument in the process of treating children whose age is within the range of the latency period. Alexandre also underlines the difficulties faced by the therapist when creating a psycho-therapeutic framework to deal with children in that developmental period, for, in this stage, movement of psychic reorganization undergo several (re)arrangements, one consequence of such rearrangements being the likelihood of an intense *transfer*, experienced either as persistent acting out behaviors, or as complete paralysis of ludic expression. Acting out behaviors are thus, in essence, a form of non-verbal communication that manifests itself as a communication barrier, and all the more so when that form of psychomotor communication presents itself as symbolic expression of evacuation of beta-elements (Bion, 1962) and, as such, of residues unsuitable for thinking/metabolization. Alexandre points out that counter-transference elaboration will lead to transform those not-thought beta-elements into bound and thought through alpha-elements, thus allowing us to understand countertransference in the context of the inter-relational communication process (1993: 54). Bringing our theoretical-practical focus back to Winnicott (1971), this author concludes that one option that therapists can avail themselves of in order to express their anger within the counter-transference domain is their ability to maintain the psychotherapeutic framework. In this approach, communication barriers function in a tangle of distortions of the symbolic, increasing the "creative suspense" of the therapist's creativity and allowing the patients return to the transference contact.

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