

“I HATE YOU, MOMMY!”

What To Do When Our Kids Are Mad: Modern Analytic Parenting

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Introduction

One spring day in New York, a gunman walked into a Jewish community center day camp and shot five people, including three young boys. Jimmy, a 3 year-old boy, was at the day care center and witnessed the shooting. Afterward, The New York Times reported that the child told a reporter, "The bad monster ran away. " Clinging to his mother, he asked her what the wounded children *had done wrong*. (my italics). (8/11/99)

This is a poignant example of children's need to blame themselves (the "narcissistic defense," Spontnitz, 1976). If not helped to redirect blame outward, children ultimately become self-attacking adults. And we know the more deeply the anger is buried in the unconscious, the more dangerous it can become. This paper explores the psychological tools that parents can utilise to help raise emotionally healthy children. Five case vignettes at the end of the paper will illustrate the difference modern analytic knowledge makes in parenting.

Dysfunction of the aggressive drive is endemic to the human condition, but has become especially alarming in our current culture. The most obvious examples are the shootings at Columbine and Virginia Tech, but it can also be seen in video games like "Grand Theft Auto," in which women are portrayed as prostitutes and players kill life-like people, accompanied by graphic gore, or in Internet sites such as YouTube, where visitors until recently could post homemade videos no matter how violent. In a no-longer extreme example of technology used for the sake of violence, WCBS.com described a video posted on YouTube of a gang attack on a DeWitt Clinton high school student (3/29/07). The posting was intended to provoke further violence at the school. Modern analysts would not be surprised by the YouTube story. We are acutely aware of man's capacity for violence and are ardently committed to providing an antidote internalized and acted out aggression. Most importantly, and closest to home, we want our children to grow up unfettered by their own aggressive impulses. To that end, many of us have applied our analytic understanding to our children so that they may act in their best interest rather than in response to destructive impulses.

The purpose of this paper

There is a strong tradition of analytically oriented parents turning to one another for ideas about applying analytic understanding to our parenting. This paper is intended to encourage and elucidate the power of applying that wisdom to our parenting.

On one hand, the taboo against therapists actually treating their own children is based on very sound reasoning. Dr. Esther Menaker (2001) points out the dangers and ethical issues that underlie this taboo:

Sigmund Freud's analysis of his daughter, Anna, continues to create many troubling questions: for example, in terms of his own theory, did Freud envisage the transference reactions of his daughter in her analysis with him? How are we to understand Anna Freud as a well-trained analyst in terms of the inevitable limitations of her analytic experience with her father? (p.89)

On the other hand, little has been written about the unique relationship between analytically oriented parents and their children and the benefits to the child and society that result from drawing on our analytic knowledge in our role as parents. Dr. Herbert Streat (1987) deserves credit for his compilation of behind-the-scene anecdotes of children of analysts describing their positive and not-so-positive experiences in *Growing Up Observed*. In recent years, a few modern analysts, Liegner (1984), and Goldberg (1997) among them, have contributed to our understanding with fascinating examples. Further, the Festschrift essays (Bershatsky and Cela, 2000) and (Sheftel, 1991) have documented effective and often very funny interventions that Dr. Leslie Rosenthal and Dr. Hyman Spotnitz suggested to their modern analytic supervisees and therapist/patients to resolve problems with their children.

Modern psychoanalysis and parenting

Modern psychoanalysis is the only school of psychoanalytic thought based on a coherent theory of the aggressive drive and its manifestations when directed toward the self. The theory is the result of Spotnitz's (1976) early research into the role of aggression in schizophrenia. He discovered that addressing the bottled-up aggression in schizophrenic patients could reverse the illness. Spotnitz and colleagues, including Nelson (1981), Sherman (1981), Rosenthal (1987), Margolis (1983), Love (1979), Feldman (1978), Hayden (1983), Marshall (1987), and others, developed an armamentarium of unique techniques that, over time, reverse both the individual's need to self-attack and aggression's destructive effects. Having been successful in undoing self-destructive aggression, Spotnitz trained others to do the same.

Thus, modern analytic training began at the Jewish Board of Guardians child guidance

agency, which offered therapists opportunities to work with children and their parents, These early modern analysts became adept at applying their theory and techniques to children. At the same time, they became skilled at teaching parents how to help their own children. It is not a stretch to imagine these therapists being as skilled with their own children.

Modern analytic parents have rare and special capabilities not afforded to other parents by virtue of years of personal psychoanalysis and, for some, professional training as well. When we use our knowledge effectively, we can help a child become at ease with his aggression, and use the anger for his benefit rather than for self-defeat. This is not easy, because our children naturally open up our own unresolved wounds. But the good-enough parent who is comfortable with aggression will neither be overwhelmed by her child's intense feelings nor need to censor them. In addition, she will be sensitive to her child's tendency to self-attack and step in to redirect the attack outward in a way that feels safe for the child. Ultimately, the child will learn to love and appreciate himself with all his feelings.

To become comfortable with her own aggression, a parent must be sufficiently analyzed. She must also be attuned to the particular needs of her child, to be able to connect with her child even when her temperament does not fit with that of her child, and be able to cope with the child whose aggressive drive differs in strength from hers. For example, the mother's temperament may be relaxed and low-key, not easily stirred up by stimulation in the environment or within her. Her child, on the other hand, may have a much more sensitive temperament, so that noise, touch, visual stimulation, and internal tension are disturbing to him. He may startle readily, react strongly, and be easily frustrated. He may default to intense, escalating aggression if not soothed quickly. Clearly, this child's mother will experience emotional dissonance between her experience and that of her child. To meet the child's needs and her own, she will need help and support. Modern analytic parents in such a situation have the awareness and understanding to ingeniously incorporate our training into our parenting, and to know how to get help when needed.

In order to provide background for the vignettes below, there will be a review of modern analytic theory, with an explanation of how problems with aggression originate and commonly become enacted by parents. There will be a description of these enactments and the negative effects that can be expected in children. Then in contrast, there will be illustrations of the positive outcomes modern analytic parents can achieve with regard to their children. The vignettes themselves exemplify specific methods modern analytic parents have used to establish a foundation for their children to become healthy, resilient and self-confident.

Theoretical background

Most parents regard anger as scary and bad, because their parents thought it was scary and bad. The result is that when a child is angry with a parent, the child cannot externalize that anger, because it is not acceptable to his parent or him. In addition, very young children perceive thoughts and actions as identical. Therefore, fantasizing killing the parent, for example, is intolerable because the thought is experienced as the same as the action. It is vital for the young child to believe the parent is all good. The result is that children blame themselves when they are angry. Spontitz (1976) explained this phenomenon:

If not helped to redirect the blame outward, the child becomes an adult who self attacks, or, in other words, employs the narcissistic defense. The narcissistic defense is a result of what the child has learned to do with aggressive impulses mobilized in his mental apparatus through exposure to excessive frustration... (p. 101).

When parents have their own problems with aggression

Parents unwittingly reinforce the tendency of children to keep anger inside through their own discomfort with the emotion. They can only offer their children the same coping mechanisms they have, such as feeling hurt or victimized. When parents are defended against aggression, their feelings manifest in an indirect, disguised form. They experience the child as having done something *to* them. This is the confusing model that the child learns. Thus the stage is set for the intergenerational transmission of the crippling effects of aggression.

This paper will expand on interpersonal problems that arise as a result of the negative feedback loop between parent and child. The parent's inability to contain angry feelings leads to a wide range of ineffective parenting approaches, including but not limited to the following (these do not include physical abuse, which is beyond the scope of this paper):

- Reaction formation: exaggerated exclamations of devotion and adoration of the child
- Double binding: saying "I love you," while subtly pushing the child away
- Acting out: overly punitive behaviors which simply serve to discharge the parent's anger
- Acting out: explosive, angry outbursts
- Denial: "I'm not angry at you, I'm just disappointed"
- Shaming: "You're just like your father!" or "Why can't you be more like your brother?"

The ongoing experience of these interactions, combined with the child's lack of validation of his reactions, often leads to symptoms, signs that the child's psychic structure cannot manage the internal pressure cooker.

The ideal

The ideal parent, even while feeling angry herself, can respond to her child empathically and non-punitively often enough to be constructive. It is to be expected that sometimes we do "lose it," but when we do, we can also pick up the pieces. And when we're not perfectly mature (and who is?), our children can be our best teachers and the sources of deepest healing if we take advantage of the opportunities they offer (Frankfeldt, 2004, Siegel, 2004). Modern analytic parents, who have at their disposal powerful techniques for dealing with aggression, can create relationships of mutual respect with their children, whom Dr. Arnold Bernstein (1995) labeled as "Wunderkind."

Parents with the tools and the motivation to help their children engender closeness and trust. To be successful, a parent has to recognize when the child is communicating a problem nonverbally or indirectly. The parent must be sufficiently differentiated to recognize that her child is having a problem, not that she is a bad parent or that the child is bad. Moreover, the parent must be open to identifying and dealing with stressful family dynamics. This takes self-awareness and self-acceptance.

Modern analytic parents need to have the capacity to make the necessary educated guesses to help their children express the feelings associated with problems. If the child is old enough to speak effectively, the parent needs to make it safe for the child to talk.

In deciding how to relate to the child, the modern analyst parent is also able to consider the child's developmental level. If the child is pre-verbal or pre-reason (ages 1--about 4), the best course is to use methods other than talking. Some of the ease examples illustrate the use of dolls and play with preverbal children, and the use of joining, mirroring, emotional communication and object-oriented questions with both older and younger children (Margolis, 1994). Simply put, joining is a form of agreement with the child's perception, and is particularly useful through the ages of 3-4, and often later. Mirroring is feeding back to the child the same feeling he is expressing by the mother expressing it herself *experientially* (see example below). For a more elaborate discussion of these techniques see Margolis, 1994, pp.187-198, and pp. 211-226, and Cela, 2004. The child needs to feel understood emotionally and is as yet not amenable to reason. These are methods of relating that can be taught to the interested parent who does not yet have these tools at her disposal.

Margolis (1994) clarifies the rationale for joining:

...it has been hypothesized that the child's fragile emotional economy is defended by turning a deaf ear to external stimuli and to his own psychic processes. Any attempts to address his problems with rational interpretations and insights meet a

stone wall of incomprehension or negation.... He assumes an attitude, takes a position, or performs an act in exact contravention of the conventional or suggested one. (p. 223)

Examples of the difference between joining and reasoning:

Child (crying at door as mother leaves): Mommy! Don't go to work today!

Mother (*reasoning*): But, Johnny, you know I have to work to make money to buy things for you.

Mother (*joining separation anxiety*): Johnny, shall I make a picture of us together that you can keep till I get back? Or: Here is something special (some trinkets) for us to share so we can think about each other today, one for you and one for me.

Mother (*joining rage—used judiciously depending on child, not for everyone. With intensity of feeling corresponding to that of the child*): How can I leave you to go to that awful work! I should be staying home with you!

The exact words are not as important as that the empathy with the child's feeling is conveyed in a feelingful way. These are examples of joining and emotional mirroring.

Chronically attempting to force the child at the pre-reason stage to adapt to reason will have the undesirable opposite effect of fixating him at this developmental stage. Furthermore, lacking acceptance of his negative feelings, he will turn them against himself, thereby setting the stage for self-attack as a coping mechanism for aggression. The child may also become stuck in a state of unremitting oppositionalism, having no other recourse in her efforts at separation-individuation being accepted by the parent. Her growth will be arrested at this stage interfering with her ultimately becoming an autonomous adult.

The parent of the classic two-year-old, grasping the child's need for normal oppositionalism, knows, for example, to word instructions in the negative ("I bet you can't get that shirt on") or provide choices ("Would you rather go to bed at 8 or 8:30?") so as not to trigger the power struggle that children this age are famous for. The problem is highlighted by these lyrics from the song "Never Say No" from *The Fantasticks*:

Why did the kids pour jam on the cat?

Raspberry jam all over the cat?

Why should the kids do something like that?

When all that we said was no?

Why did the kids put beans in their ears?

No one can hear with beans in their ears.

After a while the reason appears.
 They did it cause we said no.
 Sure as the June comes right after May!
 Sure as the night comes right after day!
 You can be sure the devil's to pay
 The minute that you say no....

Conclusion

The unrelenting violence of our culture today results from and exemplifies a crisis in parenting. Generation after generation has passed on pathological responses to internal aggression, which, fueled by today's media and instant communication, easily escalates to full-scale violence. Modern analytically oriented parents who may make use of the comprehensive theory of aggression and personal analysis, are particularly well-equipped to raise children who may one day change the world. We can not only halt the intergenerational transmission of pathology, but can begin a process of intergenerational transmission of health.

Vignettes

The vignettes were culled from interviews with parents who are trained modern analysts.

Jeanine Dropkin: Curing Her Two-Year-Old's Acute Depressive Reaction to Mother's Pregnancy

I began to notice Jane becoming less talkative and playful and sleeping a lot during the day. In discussion having fun together decapitating dolls. The goal was both to put Jane's anger into words and to to enjoy acting out the anger on dolls! After the baby was born and old enough to join in, the three of us would enjoy decapitating dolls together. On a humorous note, after the birth of our second daughter, Jane went on an outing to the library with her father. She came back with a record that she played over and over again. Some words to the song:

Never cook your sister in the frying pan
 Or boil her in oil
 Or lead her by the hand
 And try to make her fall

Mother's reflection: This was a joyous mother/daughter activity that allowed a happy acknowledgement of hostility, which is very hard to find! I learned to enjoy my daughter's and my mutual aggression. And I discovered that for a two-year-old, action, not just words, is needed to convey feelings. Since then, Jane occasionally even enjoys her role as a sister.

David Rosenthal: Providing a Safe Place For Aggression

When my son, Jesse, was 3, he spent nearly all of his waking time playing good guys fighting bad guys and nice bears fighting mean bears, and nice alligators fighting mean

alligators. We had a game in which he would say, "Daddy, I'll be the baby alligator and you be the daddy alligator." Then we would both get on all fours, and he would crawl under me for protection, saying, "There's a mean bear out there." Then it was my job to say protective things to him, while making sure he stayed very close to me. After a few minutes of playing that, he'd say, "Daddy, the baby alligator grew up. Now I'm a mean alligator and you're a mean alligator. Let's fight." So we'd wrestle and fight, with hitting and kicking. We spent much of our time fighting and wrestling.

Father's reflection: I understand this as primarily a battle between being bad and being nice. Jesse behaved very nicely in the world, but he seemed to have a tremendous urge to let his aggressive impulses come out, and he was looking for an appropriate arena to do that. Playing this game safely allowed him to be as aggressive as he wanted. He really fought ferociously, which gave him great glee. If it looked as if he were going to aim for my face, I would say, "Don't hurt me" and he'd stop. So he learned the limits of being aggressive and had an outlet for his aggression. And he'd generally play that game until I got too tired to continue. Then he'd get somebody else to play it with him.

Sylvia Grant: Coping with Separation Anxiety and Rage

When Alex, who had been adopted, was around two years old, every morning when I left him briefly to go to bathroom to wash up, I would find upon my return that the place was destroyed—cereal emptied out, baby powder mixed with lotions all over his books, his toys, everything. My supervisor suggested I say to him, before going into the bathroom, "Mommy is going to be a very mean mommy, because she's going to leave you. And she's a very bad mommy to leave you." He still was upset, obviously, and he still got into a little trouble, but much less. Just enough that he knew he'd upset me. Just acknowledging that he thought I was mean was very effective.

Mother's reflection: It was clear that Alex had not gone through separation-individuation at what is considered the usual time to achieve it. What interested me was if I tell parents what I said, a lot of them think it's awful. In fact, a friend of mine said, "Don't start him thinking that you're bad. That's not good, to think that you're bad. You shouldn't say that to him." But it was the beginning of helping him to verbalize all his negative feelings toward me for the things that I and the events of his earliest life had caused him. And he had nobody else to blame. He had been traumatized by his first months of life before I adopted him. He was premature, and then literally taken out of this horrible setting in the maternity hospital where he was swaddled and not given much attention because there were so many other babies. From what I could gather, he was just

given sugar water for the most part. Then a foster-care person took him for one week, and then he was whisked away on a plane to New York. He seems to have some primitive awareness of it. I think that's why separation is hard for him

Robert Unger: Provoking His Son into Choosing to Live

On a Saturday afternoon eighteen years ago, our oldest son, Dylan, then almost six, developed what appeared to be an extreme case of the stomach flu, so we took him to the emergency room. Several hours later the symptoms had not subsided and the doctors decided to do exploratory surgery. It was discovered that he had a condition called Mekels Diverticulum, a well-known congenital stomach condition that results from incomplete separation of the intestinal wall and results in a stomach blockage. Although this condition is fatal if not treated, the surgery is routine and our son was out of the hospital in four days.

Six months later, Dylan developed symptoms similar to those of the first episode. Again we rushed him to the hospital. Scar tissue from the surgery six months previous had bound up his intestine, causing another blockage. He again underwent surgery and five days later was released from the hospital, somewhat weaker from this ordeal. After only two days out of the hospital, the symptoms again returned, and doctors speculated that scar tissue from this latest surgery again caused a blockage. After trying everything possible to get his intestines to loosen up, it was finally decided that surgery was the only recourse.

The two surgeries in ten days left Dylan weak and depressed. His weight had dropped from 50 pounds to 43 pounds. He was sullen and listless for many days after the surgery and his recovery this time was painstakingly slow. My wife and I alternated nights in the hospital. Dylan remained dull and unresponsive. We were all scared, distraught, and exhausted. After two days the doctors wanted Dylan to get up and walk around to get his system moving. Dylan refused and remained sullenly in bed.

I was torn. On the one hand, I had complete sympathy for his ordeal, while on the other hand I was feeling impatient and angry that he would not make an effort. I mulled this over as he continued to refuse to get up. Finally a day or so later, I decided to confront him to try to mobilize his aggression. I said sharply, "Dylan, I don't think that you really want to get better. If you did, you would be making the effort to walk around!" I was in great conflict about doing this, as I could not decide whether I was being "therapeutic" or just airing my own frustration.

In response, Dylan started crying angrily and shouted, "I do too want to get better!" I said, "If you really do, you'll get out of bed and try walking around!" He then slowly got himself out of bed and walked around the room. After the first time, the barrier was broken, and with a

little prompting, he continued doing this until he recovered and left the hospital a week later.

Father's reflection: Although I thought this out in terms of an intervention, I cannot say for certain whether I was functioning on the basis of objective or subjective countertransference. The hospital staff did a wonderful job with him and certainly saved his life, but it was clear that he was angry and frustrated and felt invaded by all of the medical procedures. It seemed appropriate to me to mobilize his aggression to help him recover. However, in context of my own family history, I know that I am highly sensitive to and frustrated by, people who quit and don't make an effort. Thus my desire to make the intervention was at least partially driven by the threatening nature of his behavior to me.

Dylan has had no relapses and became healthy and energetic. He is somewhat prone to get down on himself when he is uncomfortable and repeat the behavior he demonstrated in the hospital, albeit to a much lesser degree. This behavior continues to induce discomfort and impatience in me and I must continually monitor my reactions so that my responses encourage healthy growth.

Valerie Frankfeldt: Unleashing Self-Destructive Impulses

When my three-year-old daughter, Julia, was unable to own her feelings, I used a baby doll to express her feelings, and a mother doll to express the mother's feelings. We used the dolls also to resolve somatic symptoms. I'd say, "The dolls have a problem! Let's get the dolls!" She loved to play this game and was quite receptive.

For example, there was a time when she had been acting provocatively, angering me, and also becoming agitated at bedtime. Worse, she was scratching her face and body so much that she drew blood. I was worried. I surmised that the scratching served to release tension, while simultaneously expressing anger directed at her body. During this time she reported dreams about growling monsters. I understood the dreams, the scratching, the provocation, and the agitation to be nonverbal manifestations of aggression. I was baffled as to what might be upsetting her, but I guessed it had to do with me. We got the dolls, and I spoke for the baby doll:

Baby doll: My mommy's MEAN! I hate her!

Julia: (to doll, sweetly) No, no, I don't think so.

Baby: Julia, you are very nice, but I'm mad!

Julia: Don't say that or your Mommy will be mad.

Baby: Oh, my mommy would be glad. She said it's OK to be mad.

Julia: Don't say that or your Mommy will be sad.

Baby: No, my Mommy said she really likes it if I tell her when I'm mad. She would be

happy.

After this brief interchange, Julia took the doll, and threw it all over the room shouting "Shut up, shut up, you idiot! (sic)" When she threw it at her mirror, I told her she could use her sofa and the floor. She cooperated while in the midst of her anger. Then she calmed down.

In the tone of her anger, I recognized myself yelling at her in a scary way weeks before. She had not had a chance to express the feelings that had been generated in her.

Later, speaking for the baby doll I said, "I'm not going to go to sleep because I'm mad." Julia responded, "I am going to sleep now because my anger went away." And she did. The next day the itching stopped and her skin cleared up.

Mother's reflection: This joining technique, which allows for projection, worked even though Julia knew intellectually what it was. It brought out the necessary feelings, it conveyed the right feelings, and was ameliorative. The dolls provided a non-threatening object-oriented environment

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