THERAPY WITH A SEVERELY ABUSED CHILD: AN OBJECT RELATIONS PERSPECTIVE
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ABSTRACT: This paper focuses upon therapy with the violently abused child who shows clinical signs of having internalized the abusive object relationship. The writer presents diagnostic, descriptive and structural analysis of these youngsters from an object relations framework. A long-term individual treatment experience with an abused child is described. The child initially relates to the therapist in a "nonhuman" mode, using the therapist as an inanimate-like doll or puppet to relive and work through the abusive relationship. Gradually, the child's relationship to the therapist comes alive as she accepts empathy and support.

This paper will describe a child therapy method with a violently abused youngster directed towards working through an internalized abusive object relationship.

Theoretical Premises

The object relations theories of W.R.D. Fairbairn (1944) and E. Jacobson will effectively serve as explanatory models in illustrating the psychic structure of the abused child who has significantly internalized the abusive object relationship. Kernberg (1980) has suggested that Fairbairn's endopsychic structural theory is compatible with Jacobson's object relations theory.

Fairbairn's Endopsychic Structural Theory

Fairbairn (1944) developed a theory of internalized object relations in which psychic structure is comprised of split-off ego segments attached to internal objects. The ego is split-off into three ego segments: A central ego is attached to an internal ideal object projected into the ex-
ternal object, a dependent oral libidinal ego is attached to an exciting but nongratifying internal object and an antilibidinal ego is identified with and attached to an internal rejecting object. For the purpose of following the development of the theme of the internal abusive object relationship, it is important for the reader to remember the idea of split-off ego segments attached to internal objects and especially the anti-libidinal ego identified with the internal rejecting object.

The anti-libidinal ego refers to the child's identification with the rejection and punitiveness of the actual parental object towards the child's oral dependent libidinal ego. Fairbairn believes that the anti-libidinal ego is an inevitable psychic structure in that all children are subject to a degree of parental rejection and frustration of their oral libidinal dependency needs. If the child has experienced predominately rejection, abuse and frustration of the libidinal ego and lacked acceptance, support, empathy and nurturance, the anti-libidinal ego will dominate the child's internal object world. In such instances, the child will sadistically and punitively reject his libidinal dependency needs in identification with a rejecting object that has been internalized.

Kernberg (1980) points out that Fairbairn's ego segments attached to internal objects are not psychic structure in the Freudian sense of the term structure. The Freudian ego is a structure comprised of functions and defenses whereas Fairbairn's ego segments are specific self-representations attached to internal objects. In this way, Kernberg points to the compatibility of Fairbairn's views with the theory of Edith Jacobson.

*Jacobson's Structural Theory*

Jacobson describes instinctual drive energy as undifferentiated at birth. Through the influence of biological maturation and pleasurable and unpleasurable object experience, undifferentiated drive energy differentiates into libido and aggression. Libidinal pleasurable memory traces become positive self and object representations, aggressive unpleasurable memory traces become negative self and object representations. In the first months of life, self and object representations are fused but gradually separate though boundaries remain fluid for the first three years of life. Jacobson describes a normative phase of split-off self and object representation units into an all good, libidinally cathexed, pleasurable self and object representation unit and an all bad, aggressively cathexed, unpleasurable self and object representation unit. Splitting is predominant during the second year of life. Gradually, the split-off internalized object relations units become integrated as self and object constancy are achieved in the third and fourth year of life. Jacobson's notion of split-off all good and all bad self and object rep-
presentation units is comparable to Fairbairn’s split-off ego segments attached to internal objects. Kernberg (1980) has remarked that the adult borderline personality organization’s psychic structure is dominated by split-off all good and all bad self and object representation units. In his view, the borderline patient continues to split off internalized object relations units to protect the idealized good self and object representation unit from the overwhelming aggression associated with the all bad self and object representation unit. Kernberg believes that the all bad self and object representation unit is cathexed with overwhelming aggression that threatens the all good object either because of excessive innate oral aggression and/or because of excessive bad experience with the real external object world.

In describing children who have been abused and internalized the abusive object relationship, Fairbairn (1943) also describes splitting internalized object relations to protect the ideal or good object. He states that the abused child splits off the rejecting and abusive attributes of the object and takes in the badness (rejection and abuse) of the object so that the child can maintain an ideal image of the object. In this way, the child blames himself for the abuse and protects the abuser. The child antilibidinally identifies with the abuser by rejecting his own vulnerability, dependency, and need for a good object just as the abuser rejected those needs. At the same time, he will insist that he provoked the abuser by his badness. Fairbairn (1944) draws on a philosophical/theological analogy in his statement that for the child, “...it is better to be a sinner in a world ruled by God than to live in a world ruled by Satan.” (pp. 66–67). The child can thereby experience a sense of security in believing that if the child were only to become good, then the parent would reveal love for the child and stop the abuse. Good and bad are turned upside down for these children. A real external good object is perceived as bad and dangerous because such an object threatens to awaken the child’s vulnerability, dependency and need for empathy and comfort. In identification with the idealized abusive and rejecting object, the child rejects the dependency and vulnerability of the libidinal ego and the good object that threatens to fulfill those needs. In this way, the child remains loyal to the rejecting abusive object. In maintaining split-off object relations units to protect the idealized object, these youngsters are in danger of developing stable borderline personality organizations in adulthood.

The child who has internalized an abusive object relationship is often frightened, well-behaved and timid while undergoing the abuse. However, as Guntrip (1969) points out, once the abuse stops, a tie to the internal abusive object becomes evident in their interpersonal relations. The youngster who has internalized the abusive object relationship will provoke peers and authority figures into the same abusive relationship
as the original abusive object. They often will reject and abuse good external objects who offer support, empathy or nurturance. In this way, they anti-libidinally identify with the internal rejecting object and reject the libidinal ego by rejecting the external object that threatens to awaken their dependency needs. Such children reject their own autonomy strivings as well because individuated functioning implies separating from the internal bad object. As I will show later, the abusive parent often wants the child to fulfill the parent’s needs for comforting, soothing and nurturance, and rejects both the child’s own dependency needs and the child’s autonomy. The interpersonal behaviors of these children often indicate poor ego functioning in terms of poor impulse control, poor judgment, poor anticipation of consequences and a predominance of primitive defenses such as splitting and projective identification. At the same time, reality testing is relatively intact in that these children rarely experience hallucinations or delusions. The structural analysis of these youngsters who have internalized an abusive object relationship is therefore quite similar to Kernberg’s structural analysis (1973) of the adult borderline personality organization.

Many of the abused children who show clinical manifestations of having internalized an abusive object relationship are sexually precocious. Their sexuality is manifested in compulsive masturbation and sexually provocative behavior. Fairbairn (1941) pointed out that sexually compulsive behavior can be an attempt to compensate for a failed good object relationship. Therefore, the sexuality of these youngsters does not reflect oedipal striving but rather reflects substitute gratification for the lack of comforting, nurturance and soothing from a good object relationship. Likewise, the self-destructiveness, self-hate and self derision that Guntrip (1969) says such children experience is not the result of superego conflict guilt but rather the clinical manifestations of precursors of the superego (Jacobson, 1964) in terms of the activation of the all bad self and object representation unit.

In integrating Fairbairn’s and Jacobson’s views it can be seen that the psychic structure of these children is dominated by the all negative split-off self and object representation unit (Jacobson, 1964) and that this unit is characterized by antilibidinal rejecting object (Fairbairn, 1944) attributes. Such children have internalized antilibidinal rejection, sadism and abuse towards their dependency needs for a good object and their autonomy strivings.

The youngster who has experienced predominantly rejection, abuse and sadism with little nurturance, empathy and support will experience a structural deficit in terms of lacking a solid core positive self and object representation unit receptive to the taking in of psychic object experience (empathy, comfort, soothing, support). A good external object will seem alien and strange and the child will lack the positive object
experience to take in the good object. At the same time, the antilibidinal identification with the rejecting object will result in the child actively rejecting the child’s own need for a good object out of loyalty and connection with the bad object. Therefore structural deficit and primitive defense perpetuate one another in a vicious cycle.

Searles (1986) has also drawn a relationship between child abuse and neglect and borderline object relations dynamics. He states that the parent of the abused, neglected or unwanted child transfers onto the child the unconscious image of the parent’s own parent who neglected or mistreated the parent as a child. The parent then hopes that the child will fulfill the longings that the parent never fulfilled and that the child is subject to all of the blame the parent has for his or her own parent. Searles states that such a child who experiences the transference of the unconscious image of the parent’s parent often grows up to be an adult borderline patient. He adds that this situation becomes activated in a complex fashion in the patient’s transference to the therapist and that this is a rich mine of psychodynamics that is only beginning to be explored.

The child therapy case I am about to describe will take a small step in the direction indicated by Searles. The youngster showed evidence of being a transference object to her own parent and this dynamic was activated in her transference object relationship to me. The central problem of the treatment was how to effect a breach in the closed anti-libidinal rejecting object relationship so that the child could begin to take in positive object experience. Towards this end, it was necessary for the internalized abusive object relationship to become fully activated and worked through in the transference relationship to the therapist. This is the process I will now describe in the treatment of Y.

THE TREATMENT OF Y

Background Information

Y was a severely abused black female referred to me for treatment at age seven. During her first five years of life she had lived with her mother and younger sister. The children were subject to severe abuse by the mother. Y was burnt by lit cigarettes and violently beaten. Her mother would buy milk in large quantities so that she wouldn’t have to go to the store frequently and she forced the children to drink the milk even after it became sour. At the age of five, Y was separated from her mother by the Child Welfare authorities and Y and her sister went to live with different relatives. Y was taken care of by a middle-aged supportive relative who became her legal guardian and was taking steps to adopt her legally. At the time of the abuse and for several months following the placement, Y was a well-behaved, timid and frightened youngster. She was pleased to be with her new guardian and appreciated being fed and well cared
for. At the same time, she wanted to visit her mother and defend her saying that she provoked the beatings by misbehavior.

After several months, Y became disruptive in school, aggressively and sexually provocative with peers, defiant towards authority and apathetic about her studies and recreational activity. The guardian brought her for therapy and was seen herself on a guidance basis. The following report will focus upon the treatment of Y.

The Treatment Process

Y initiated treatment by rejecting and aggressive behavior indicating the activation of the internal rejecting object relations unit. In this regard, she rejected the play materials each in turn with a momentary look of disgust or anger. She started to draw but threw the pictures away before completion. She began to throw around the play materials, saying she did not like them. I stood by watching her and she made contact by throwing the play objects at me. I caught the lobs of play doh, doll house furniture, dolls, and pillows. After a time, she indicated that I should throw them back at her and we experienced our first engagement through the game of catch.

In this way I accepted the activation of the antilibidinal ego and permitted her to make contact by her rejecting and aggressive behavior. I do not attempt to present myself as an protective good object by setting limits or by protecting the child’s productions or drawings. I do set limits but only if the child is in real danger of hurting himself/herself or me. The therapeutic rationale is that any effort to establish an alliance with the rejected worthless self through an active use of oneself as a good object will be undermining of the adaptive context of the antilibidinal defense. These children find it highly dangerous to express vulnerability or the need for a good object. Therefore, they tend to idealize and identify with the toughness, rejection and aggression of the bad object in rejecting their own vulnerability and need for a good object. The therapist is therefore empathic by accepting the child’s aggressive and rejecting behavior and permitting the child to make contact in the only way he/she knows how. I also want the internal abusive object situation to become fully activated in the transference and I do not want to turn off this process by empathically addressing the rejected vulnerable self before the child is ready.

The Activation of the Internal Abusive Object Relationship In The Transference

The internal abusive object relationship became manifest in the transference when Y initiated a school play, designating herself as student and herself as teacher. She now proceeded to verbally abuse me as she instructed me to do school work. As she became increasingly abusive and sadistic in ordering me about and assigning me punishment work, she went from designating herself the Teacher Creature, to the Mother Creature. She then played at whipping me by beating the air. She then wanted me to spontaneously abuse and punish her. I instead insisted that she direct me in what to say. During our role play, I never spontaneously initiated anything either in the role of abused child or abusing parent. Instead, I insisted that she direct and I only repeated her words or actions. I did this as affectlessly as possible, never adding any emotion to the part and acting as if I were a doll or puppet that she directed.

Through this interaction, Y began to play out the abusive traumatic rela-
tionship with her mother. She initiated this reliving of the trauma by directing me to play at drinking sour milk. She then had me pretend to become sick and spit it out. She directed me to play at giving her sour milk while she played at becoming sick and spitting it out. Next she played at beating me as she beat at empty space and burning me with lit cigarettes. She directed me to do the same to her and I beat at empty space and took a crayon, at her direction, and played at “burning” the air as she pretended to be burnt. She had us both repeat the threats and name calling that she suffered from her mother.

In the above interchange, she revealed how she was unconsciously the mother to her own mother. As the child, she'd complain that I was a bad mother for providing her with sour milk. She would then scold me and before long, in her scolding, she sounded like the mother scolding a child. She'd then become the mother scolding the child for providing her with sour milk. For a time all of these roles of who was mother and child became quite confused as she imperceptibly shifted from the child to the mother role. As she played out the abusive relationship with me I was initially worried about destructive ego regression. However, I was reassured by the fact that she left the sessions with the guardian in a contained, calm way and that reports from both the guardian and school indicated that she was less of a behavior problem and relating to peers and adults with more cooperation and less aggression. The expressions of abuse were also increasingly playful and symbolic.

The Development of a Capacity for Concern

The quality of her behavior in our interaction took on a decided turn. Once, after verbally abusing me as the child she suddenly stopped and said she didn’t really mean it and reminded me that we were only playing. There was a concern in her voice that I had never before heard. In subsequent sessions, she'd sometimes check with me, during an abusive enactment, to make sure my feelings were not hurt. When we played catch, she no longer fired the ball and laughed if I flinched but now gently bobbed it to make sure I was not hurt. She also began to reveal separation anxiety for the first time. At the end of the session, she did not want to leave but clung to me. She started to draw and cared that I liked the drawing. She played at feeding me milk and for the first time, gave me good instead of sour milk. She said that she wanted to give mommy good milk and take care of good mommy. She had me feed her good milk. She wanted to comfort the hurt mommy after abusing me by giving me good milk and singing a song. She also had me comfort her as the child with good milk and a song.

Winnicott (1962) has remarked that the capacity for concern, guilt and reparation is an achievement in development object relations. The child cannot experience concern until he/she has begun to internalize the good object and integrate the good and bad object. At this point, aggression directed against the bad object also injures the good object. The fact that Y began to experience concern and tried to make reparation towards me indicated increased internalization of the positive self and object representation unit. Likewise, her concern for her own drawings and the seeking of my approval indicated increased self-regard. Mahler (1975) has pointed out that the young child experiences separation anxiety and clinging in relation to mother during the rapprochement crisis when self and object representations have become increasingly separate. Therefore, Y's separation anxiety indicated that she increasingly separated the self and object representations.
The Therapist as a Developmental Object/Some Further Remarks on the Therapist’s Position as a Developmental Object

Giovacchini (1986) has remarked that many youngsters who have experienced severe abuse or neglect did not have the opportunity to relate to the parental object for a limited period as a kind of transitional object with whom the child could experience a sense of omnipotent control for comforting and soothing. Instead, the youngster is forced to serve as a transitional object to the parent and must provide the parent with comforting and soothing. When the parent does not need the child for such a transitional object function, the parents tend to neglect the child. And when the child expresses his/her need for comfort and soothing, thereby coming alive in his/her own right, the parent will tend to abuse and reject the child. Giovacchini’s views coincide closely to Searles’ view that the abusive or neglectful parent transfers onto the child his/her own unconscious image and need for a parent. Searles (1969) has also commented that the violent parent tending to see the child on the developmental level of a transitional object thereby also tends to perceive the child as an inanimate doll-like object. In fact, he states that an inanimate like object-relatedness occurs between child and parent. The parent can perpetuate violence upon the child because, on an emotional level, the parent does not perceive the child as fully human but rather as a doll-like creature that is there to comfort and soothe but could also be gotten rid of or destroyed. If the child should come alive and express his/her own needs for comforting, holding or soothing, he/she becomes a nuisance that could be destroyed. I think, therefore, that such children try to remain without needs for comforting, soothing and dependence. They identify with the rejecting object, reject their own needs for ego care and an external object who threatens to awaken those needs.

Therefore, in adopting a therapeutic stance, I initially remain as affectless as possible, accept the child’s rejecting anti-libidinal tendencies and permit the child to form an object connection with me on a rejecting, hating basis. I will then allow the child to use me as a doll or puppet. In this way, I allow him to use me as a transitional object and do not use him as one by attempting to intrude myself as an active good object offering explicit empathy to the rejected self or by setting limits on the rejecting tendencies.

In offering myself as a doll-like inanimate object, I permit the child to activate the bad object transference. Searles (1986) has emphasized that it is important for the therapist, in treating severe psychopathology and pre-oedipal conditions, to accept the bad object transference role. In this regard, I do not actively or spontaneously take on the role of a bad object. Rather, I accept the child’s directing me to play the part of the bad object just as I will accept his/her direction of me as a good object once he/she is ready to do so. By only following the youngster’s directions, and never spontaneously acting the role of good or bad object at this point in the treatment, the interaction remains in the transitional play space of illusion. I do not remind the child that we are now only playing or formalize the play interaction with artificial boundaries. Rather, when the child acts abusively or provokes me to act abusively I remain affectless, accept his rejecting tendencies and do not enact any part unless directed to do so. In this initial stage of treatment and the middle phase in which the internal abusive relationship is enacted in the transference, I serve the child as a doll, puppet or transitional object and allow him/her to use me as such.

However, in the later phase of treatment, which can be very prolonged, when the youngster has internalized enough of an internal positive self and ob-
ject representation to begin to reach out and want to take me in as a good object to reinforce the internal positive self image, I will come alive as an object. Actually, what I am describing refers to the coming alive or beginning of human relatedness in the child who originally related to me as if I were an inanimate doll. Y came alive as she began to realize and express concern that I could be hurt, that I had feelings, that I was alive. This sensitivity to my feelings also involved a new found sensitivity to herself. Recognizing me as a separate object also meant the discovery of herself as a separate entity. She was now sensitive to rejection as manifested in separation anxiety just as she was sensitive to my feelings and whether she hurt me.

She drew pictures and cared what I thought. Her self valuation became highly dependent upon my valuation of her. She could maintain her separate positive sense of self so long as she experienced my positive mirroring (Kohut 1971). She brought all of her individuated activities to me, her interests, her studies, her new clothes, her new found adventures with peers such as the rapprochement younger brings gifts from the other than mother world back to mother. Keeping me in mind as positively regarding her individuated activities enabled her to experience less separation anxiety.

During this phase of Y's individuation, I shifted my therapeutic stance and became actively and spontaneously empathic. I showed my positive regard for her individuated functioning, productions and interests. I offered to keep a folder to protect and preserve her drawings. I now openly presented myself as a mirroring self-object (Kohut 1971). Gradually as the self object transference increasingly reinforced the internal positive self and object unit, she improved in her autonomous functioning. She started to exhibit healthy oedipal libidinal strivings as manifested in her narcissistic exhibitionism around her female attractiveness and gender identity. She expressed oedipal competitiveness in wanting me to know how she competed successfully with the girls at school and she sought my admiration and mirroring for her success. She eventually terminated treatment and was adopted by her guardian.

CONCLUSION

This paper presented a diagnostic descriptive and structural analysis of certain children who were seen as having internalized an abusive rejecting object relationship. I described a child therapy process during which the internalized abusive object relationship became fully manifest and worked through in the transference to the therapist.

REFERENCES