As adults who connect with the worlds of children, we must have some degree of fancy for magic; yet, we know the child treatment process is not magic. Articulating the dimensions of the coconstructed, nonlinear, dynamic, dyadic nature of the patient-analyst relationship is a task of both adult and child therapists. In this discussion, some of the dimensions of the child treatment process are explored in terms of the coconstructed nature of the treatment relationship and the nonverbal dimensions of the treatment process. These dimensions of the treatment process are considered from the perspective of child treatment and understood in terms of their contribution to our work with adults. Facilitating this exploration is a discussion of Dr. Iris Hilke's case of Miss Nicht, which is examined from 2 perspectives: (a) the verbal and nonverbal dimensions of the treatment process as it impacts both the adult and child process, and (b) the issues regarding self and interactive regulation within the dyad. In formulating a dyadic systems theory of interactions (Beebe and Lachmann, 2002), a dual focus emerges where self and interactive regulatory processes share center stage with an increased awareness and appreciation of the implicit and explicit dimensions of communication.

At the risk of overgeneralizing, child therapists have a bad habit. That habit is to lament over the lack of articles, conferences, and discussions that would enable them to address the task of articulating the child treatment process. As adults who connect with the worlds of children, we must have some degree of fancy for magic; yet, we know the child treatment process is not magic. However, as the psychoanalytic field at large struggles with the task of articulating the dimensions of the coconstructed, nonlinear, dynamic, dyadic nature of the patient-analyst relationship, we must clearly as child therapists step up to be both contributors and beneficiaries of this ongoing exploration. I explore some of the dimensions of the treatment process—the child treatment process—in terms of the coconstructed nature of the treatment relationship and the nonverbal dimensions of the treatment process as they contribute to an understanding of the psychoanalytic process as a whole, including our work with adults.

Developments in nonlinear dynamic systems theory, infant research, and the understanding of the primacy of mutual regulation in interactions have led to a sophisticated reexamination of the relational and curative processes in treatment. I have often wondered why, in this line of inquiry, do we, for the most part, skip from infancy to adulthood. Whereas the confluence of the child's developmental processes in terms of cognitive, affective, social, and emotional dimensions can complicate our understanding, it can also enrich our understandings.

As we know, the dynamic, nonsequential treatment process runs in parallel verbally and nonverbally with differing degrees of emphasis for adults and children. As analysts working with children, we try to gain access to their subjective experiences. We attempt to understand their experiences in a contextual manner and to communicate that understanding to them in the service of therapeutic change and developmental unfolding. We respect and facilitate attachment such that a coconstructed, therapeutic, relational realm emerges and develops. We do this within verbal and nonverbal dimensions. And finally, as adults working with children, we do this from differently organized levels of experience and development.

I believe Dr. Hilke's case of Miss Nicht is a beautiful and elegant example of a respectful, coconstructed, attuned, mutative therapeutic process. There are so many aspects of the case to be considered: issues involving the preservation of a vulnerable sense of self, desperation for attachment, fears of intrusion and annihilation by others, and self-regulation in the face of any perceived danger to one's psychic continuity and existence.
For the purposes of my remarks here, I want to limit myself to two areas of interest: (a) the verbal and nonverbal dimensions of the treatment process as it impacts both the adult and child process and (b) the issues regarding self and interactive regulation within the dyad.

A self psychological approach to treatment places the analyst's empathic immersion into the patient's experiences as the instrument, or data-gathering tool. The analyst immerses himself or herself in the patient's subjective experience and reflects his or her understanding of that experience to the patient. The communication of that understanding to the patient, such that they experience that understanding, is, in part, what is nu-tative. Kohut (1981) and the Ornmsteins (Ornstein and Ornstein, 1985) later expanded the therapeutic transaction and interpretive process to be understood as having two parts—"understanding and explaining." Kohut (1984) wrote in How Does Analysis Cure?.

*Analysis cures by giving explanations-interventions on the level of interpretations; not by "understanding" not by repeating and confirming what the patient feels and says [and for our purposes, working with children, does], that's only the first step; but then the analyst has to move and give interpretation. In analysis an interpretation means an explanation of what is going on in genetic, dynamic, and psycho-economic terms [Kohut, 1981, p. 532].*

As we begin to look toward applying these ideas to working with children, we are engaged in a process of attunement and responsiveness. Attunement in the sense of an empathic immersion in and understanding of the child's world and responsiveness that takes the form of an adult's capacity to communicate that understanding such that it is meaningful to the child. These are the building blocks of the intersubjective treatment relationship.

An intersubjectively configured relationship refers to the relatedness between the two worlds of subjective experience that form and reform the adult-child or patient-therapist relationship. The self psychological stance in the treatment necessitates the acknowledgment and accounting for the two differently organized worlds of experience. The successful creation of a child-adult treatment relationship results from the mutual participation and regulation in a dialogue structured by verbal and nonverbal lines of expression—in other words, a coconstructed, nonlinear, dynamic, dyadic patient-analyst relationship.

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Therapeutic change in child psychoanalytic treatment is the process of facilitating the creation of new possibilities, new ways of being with others, and the continued unfolding of the developmental process for the child. In articulating the therapeutic process in child treatment, there have been attempts to include the mutual regulatory nature of interaction, as well as the inclusion of the nonverbal realm within the treatment process. As the psychoanalytic field at large continues to explore the dimensions of a dyadic, mutually regulated, intersubjectively configured treatment relationship, I believe it is within the child treatment realm that these dimensions are easily fleshed out. Child therapists understand that mutual regulation and participation do not necessarily mean equal or symmetrical. Child therapists have always been aware of the parallel lines: the explicit, verbal process alongside the implicit, nonverbal, symbolic process. Child and adult become engaged in the treatment process within the verbal realm, child and adult become engaged in the treatment process in the nonverbal realm, neither realm indistinguishable from the other—simply a whole, a mutative whole.

I am struck by Dr. Hilke's capacity for relentless empathic immersion into the patient's subjective experience. We see how over time, as the selfobject transferences unfold in terms of their mirroring and idealizing functions, Dr. Hilke's comments are first tolerated and then invited by Lily. Dr. Hilke is able to communicate her understanding of Lily's experience as the respectful finger playing, songwriting, and hide-and-seek games emerge. It is within these games that Dr. Hilke can say, "Only Lily is allowed to laugh" (the understanding), and later, "Maybe, if others laugh, Lily feels laughed at" (the explanation). Ruptures, in the form of shouting "nicht" and shooting arrows, occur and are thoughtfully repaired, allowing for those small bits of experience to become structured, verbally and nonverbally, for Lily and Dr. Hilke. The coconstructed, intersubjective world of Dr. Hilke and Lily carefully unfolds. Even though the form (nonverbal finger tapping, meaning "be attuned to me;" or the verbal nicht song, meaning "be attuned to me;" or the coconstructed verbal and nonverbal game of hide and seek, meaning "keep finding me, you who understand my experience, movements and affects") is that of child treatment, the process is no different for our adult patients. We must verbally and nonverbally be attuned, understand our patients' experiences, and "find them" among their words and actions.

I turn now toward the recent work of Beebe and Lachmann (2002) in the area of infant research and the coconstruction of interactions in the adult treatment relationship. I want to examine their emphasis on the bidirectionality of self and interactive regulation and its effects on the treatment.
dyad vis-à-vis the child treatment process as explicated by Dr. Hilke’s case and the implications for adult treatment.

Beebe and Lachmann (2002) moved from the world of infant research to applying those findings to the dyadic, coconstructed, bidirectional nature of adult interactions, particularly highlighted within the psychoanalytic treatment setting. They wrote, “co-construction of interactive patterns and self regulatory ranges unique to each dyad is central to this [their] approach” (p. 33). Drawing extensively on findings from infant research, Beebe and Lachmann highlighted the bidirectionality and coconstructed nature of all relationships as central to self and interactive regulation. Also included in this understanding is the dimension of mutual influence on the self and interactive regulatory process.

As Beebe and Lachmann (2002) looked to expand on the theory of interaction for psychoanalysis, they addressed the verbal or explicit dimension of interactions, as well as the nonverbal or implicit dimensions of interactions. They noted that exchanges between patient and analyst occur simultaneously at both the explicit and implicit level: “Patient and analyst are continually altering each other’s timing, spatial organization, affect and arousal on a moment-to-moment basis” (p. 109).

As child and therapist move about the playroom, clearly all engagement and communication are functions of the integration of explicit and implicit dimensions. This ongoing dyadic, bidirectional, and interactive process results in moment-to-moment reorganization of relational as well as inner experiences. Changes in the self regulatory capacities in either member of the dyad alter the dyadic interactive processes (e.g., the arrow incident). In other words, interactive regulation is dependent on the quality of self regulation in both partners, as self regulation in the dyad is a function of the interactive processes. How often do parents come to our consultation rooms and wonder about the child’s varying capacity to “behave” dependent on where they are and who they are with?

Issues that often cause children to be referred for treatment can be thought of as falling within the realm of self regulatory difficulties. I find that Beebe and Lachmann’s underscoring of the nature of how the interactive processes and self regulatory processes are interdependent gives entrée to articulating the treatment process. From this stance, the child therapist can gain an understanding into the relational and contextual difficulties of the child and be able to articulate the nature of the therapeutic action in working with the child. Child patient and adult therapist are affected by their own experiences (self regulation), as well as by that of the other in the dyadic interaction (interactive regulation). As Beebe and Lachmann (2002)

noted, shifts in influencing and being influenced by the partner are accompanied by simultaneous shifts in self regulatory behavior and arousal.

Lily presents us with an opportunity to view a self disorder in the process of forming. Lily’s issues lie within the realm of self regulatory disturbances in the face of perceived psychic intrusion, impingement, or usurpation of experience. At the onset of treatment, Lily responds to any experiences of frustration and disappointment in a catastrophic and primitive manner. This self regulatory disruption has clearly impacted her relationships with her mother and others around her. For example, her mother’s fear of Lily’s impulsivity and rage make it difficult for Lily to depend on mom for meeting her needs for closeness. For Lily, self regulatory disruptions clearly impact interactive regulation. As Lily and Dr. Hilke continue to coconstruct their world of understanding Lily’s at times very confused and panicky experiences, Lily’s experience of the shift in interactive regulatory experiences expand psychic and experiential possibilities.

Beebe and Lachmann (2002) proposed a dyadic systems model for understanding the adult and, I believe, the child treatment process. They noted three organizing principles:

1. “The distinction between explicit and implicit processing provides a framework within which to integrate verbal and nonverbal communication in psychoanalysis.”
2. “Patterns of expectation provide one definition of implicit procedural knowledge, which is a potent mode of therapeutic action.”
3. “Therapeutic action can occur in an implicit form of processing without necessarily translating the communication into an explicit verbal mode” [p. 209].

Child therapists have always worked with these principles. I believe that the explication of these principles will enable us to illuminate further the treatment process for both adults and children in a more sophisticated manner. The distinction between and integration of explicit and implicit processing of relational and inner experiences is not new to the child treatment process. Lily’s “nicht” in varying accompanying tones, intensity, affect, and spatial orientation is a beautiful representation of such
integrated communication. The possible meanings are endless with but one word embedded in a multitude of nonverbal dimensions of communication. What is new is the more unified theory and resulting language to account for the process that operates often at the implicit level for the child therapist.

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That the mode and action of therapeutic change lies within the realm of the nonverbal, as well as the verbal, again is not new. We understand intuitively that a child can evidence psychic growth and renewal or more coherent and increasingly complex self and interactive regulation from throwing paper airplanes with their therapist; from playing monopoly with their therapist; or “simply” from the physical presence, attentiveness, tone, and facial responsiveness of their therapist.

Lily’s case, with her nichts and dochs, giggles, blowing, and bowing, remind me of an interview I observed many years ago. In a Kembergian hospital, I once observed an “interview” with a patient who was on an inpatient, borderline unit. At a pivotal moment in the interview, the psychiatrist began to try to extract her agreement on some rules set out by the unit chief. While shaking her head side to side, indicating no, she verbally said, “yes.” Clearly anxious, ambivalent, and angry for being coerced publicly in this interview, she tried to enlist her self regulatory functions as she, in Dr. Hilke’s words, “preserved a tiny piece of self.”

The psychiatrist was clearly put out by her response and said, “Your lips say yes but your body says no—which is it?” It is never one or the other. At this point in the confrontation, the patient and I grew panicky. She became disorganized and aggressive. In the face of psychic danger and confrontation, self regulation and interactive regulation rapidly deteriorated.

Can we wonder what might have occurred if the interviewer had said, “You seem to be communicating several things in your response, while you are verbally agreeing with these rules, you are nonverbally letting me know you don’t agree. How can we better understand what you are feeling and thinking?”

In formulating a dyadic systems theory of interactions (Beebe and Lachmann, 2002), a dual focus emerges where self and interactive regulatory processes share center stage with an increased awareness and appreciation of both the implicit and explicit dimensions of communication.

References

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Translations of Abstract

Como adultos que conectamos con los mundos de los niños, debemos tener un cierto grado de interés por lo mágico, aunque sabemos que el proceso de un tratamiento infantil no tiene nada de mágico. El trabajo de los terapeutas infantiles y de adultos consiste en articular las dimensiones coconstruidas, no lineales, dinámicas y diádicas de la relación paciente-terapeuta. En esta discusión, se exploran algunos aspectos del proceso del tratamiento infantil en términos de la naturaleza coconstruida de la relación terapéutica y de la dimensión no verbal del proceso terapéutico. Estas dimensiones del proceso del tratamiento se consideran desde la perspectiva del tratamiento infantil y en términos de cómo pueden también aplicarse al tratamiento de adultos. Se discute el caso de Iris Hilke para ilustrar esta investigación, desde dos perspectivas: a/ las dimensiones verbal y no verbal del proceso terapéutico tal como impactan en el niño y en el adulto; b/ los temas que se refieren a la auto-regulación y a la regulación interactiva dentro de la diada. Al formular una teoría de los sistemas diádicos de las interacciones (Beebe y Lachmann, 2002) emerge un foco dual donde los procesos de auto-regulación y de regulación interactiva comparten el centro.
del escenario con una creciente toma de conciencia de las dimensiones implícita y explícita de la comunicación.

En tant qu'adultes reliés aux mondes des enfants, nous devons avoir un certain goût pour la magie, tout en sachant que le processus de traitement de l'enfant n'est pas magique. Exprimer clairement les dimensions de la nature dyadique, dynamique, nonlinéaire, conçue de la relation patient-analytique est une tâche pour les thérapeutes que ce soit d'adulte ou d'enfant.

Dans cette discussion, quelques-unes des dimensions du processus du traitement d'enfant sont explorées sous l'angle de la nature conçue de la relation de traitement et des dimensions nonverbaux du processus de traitement. Ces dimensions du processus de traitement sont examinées à partir d'une perspective de traitement d'enfant et comprises en termes de leur contribution à notre travail avec les adultes. La discussion du cas de Ms Nietzsche présenté par le Dr Iris Hilke facilite cette exploration qui est conduite selon deux perspectives: a) les dimensions verbales et nonverbales du processus de traitement telles qu'elles impactent à la fois le processus chez les adultes et chez les enfants; b) les questions au sujet des régulations du soi et interactive à l'intérieur de la dyade. Dans la formulation d'une théorie des systèmes dyadiques d'interaction (Beebe et Lachmann, 2002), un

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double centre d'attention émerge où les processus de régulations du soi et interactive partagent le centre de la scène avec une conscience et une appréciation accrue des dimensions implicites et explicites de la communication.

In quanto adulti che si relazionano con il mondo dei bambini, dobbiamo avere una certa attrazione per il magico, tuttavia sappiamo che il processo del trattamento del bambino non è magico. Articolare le dimensioni della natura costruita, nonlineare, dinamica, diadica della relazione fra paziente e analista è un compito sia del terapeuta degli adulti che del terapeuta dei bambini. In questa discussione alcune dimensioni del processo del trattamento del bambino vengono esplore nei termini della natura costruita della relazione terapeutica e delle dimensioni nonverbal del processo del trattamento. Queste dimensioni del processo di trattamento vengono considerate dalla prospettiva del trattamento di un bambino e comprese nei termini del loro contributo al nostro lavoro con gli adulti. Facilitando questa esplorazione si discute il caso di Miss Nietzsche della dottoressa Hilke che viene esaminato da due punti di vista: a) l'impatto delle dimensioni verbale e nonverbale del processo di trattamento sia sul processo con gli adulti che con i bambini; b) i problemi concernenti l'autoregolazione e la regolazione interattiva nella diade. Formulando una teoria diadica sistemica delle interazioni (Beebe and Lachmann, 2002), emerge un duplice focus in cui i processi di autoregolazione e di regolazione interattiva si spartiscono la scena con una sempre maggiore consapevolezza e apprezzamento delle dimensioni esplicita e implicita della comunicazione.


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