We were all Once Children: Reflections on “Miss Nicht” and the Work of Iris Hilke, Rosalind Kindler, and Jacqueline Gotthold

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The following summarizes findings of Iris Hilke’s case presentation of “Miss Nicht” and two discussions of the case by Rosalind Kindler and Jacqueline Gotthold that were presented in an ongoing annual workshop, “How Child Therapy Informs Adult Treatment.” General ideas about child treatment and how they directly inform the work in adult psychotherapy and psychoanalysis are outlined. For example, a willingness to temporarily suspend a sense of knowing and understanding in favor of affective immersion in the emerging clinical process, or tolerating some of the most intense feelings in the transference/countertransference, is discussed. Because this workshop included mostly clinicians not working with children, a summary of discussion is also described with implications for adult work.

It is one thing to have adult patients “spew” raging words at you about how you have injured, angered, or disappointed them. It is quite another to be spit on, to be hit, or to have things broken in your office, even if the patient is a young child. The experience of verbal expressions of affection or gratitude is also very different from someone running to hug you after a weekend break or vacation, or suddenly needing to sit on your lap to maintain a connection. These kinds of moments in child treatment underscore “experience near.”

Iris Hilke’s case of “Miss Nicht” and Rosalind Kindler’s and Jackie Gotthold’s discussions capture the essence and magic of child treatment with significant implications for adult work. These papers emerged from the 2-day workshop at the 2003 annual Self Psychology conference in Chicago that was titled, “We Were All Once Children: How Child Therapy Informs Adult Treatment.” Although we had offered our workshop centering on child treatment since 1997, participants were usually child therapists—the “already converted.” In Chicago, we finally achieved our goal to attract adult therapists, although I must admit we had a suspicion that some had defaulted to our workshop because other workshops had been filled. Our conviction has always been that participants would find self psychology in child treatment informative and useful in adult work. To be truthful, right or wrong, many child therapists and analysts believe that child work is not only useful, but essential in doing adult work. By the end of our workshop, participants were expressing an interest to do child work, especially those who previously had not. Our goal had been achieved.

We have not been alone in our conviction. It is well-known among child analysts in Chicago—ironically, a rather self psychological “NOT” group—that Kohut at one point back in the late 1960s wondered if all candidates should see at least one child case in their training because he was convinced that there was much to learn from the treatment of children. Kohut was obviously not alone when we consider the clinical work and contributions of Freud (1901, 1909), Winnicott (1965), and Klein (1932). Also, the foundation of all analytic training is the training analysis, where at least some time is spent considering one’s childhood and its impact on one’s adult functioning. Why then is child work not more embraced by the larger group of adult clinicians?

The case of “Miss Nicht” might answer that question in an affective way. Although present in adult work, I suggest that child work demands the following:

1. A willingness to suspend temporarily all sense of knowing and understanding.
2. A willingness to play and possibly become temporarily lost in the play (and even worry that you are being paid for expensive babysitting!).
3. A tolerance of the most intense feelings that one will experience as a therapist.
4. A ready, willing, and good consultant, colleague, or supervisor.
5. A willingness to be completely embarrassed in front of your colleagues (e.g., picking up a screaming, spitting, and
kicking child and carrying him or her into your office as your colleagues are also coming out to quietly greet their next patient).

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6. And finally, a capacity to tolerate some of the greatest moments of joy when you finally do understand something, have had a wonderful time playing, experience falling in love with your little patients, and finally knowing you have helped a child resume development in an enlivened and fulfilled way.

Although Kindler, on reflection, can describe a theoretical guide to understanding Hilke's affective engagement, Hilke and her patient create a mutually constructed piece of play—"their first, shy dancing steps together." Words are not used, and Hilke spontaneously responds and builds on what facilitates a connection, if not a therapeutic alliance. Whether its mirroring Lily's "No!" finger dancing, or composing a song together, spontaneous, affective, nonverbal responses move the treatment forward.

As Kindler points out, the adult analyst, were he or she treating the nontreated Lily or any severely reluctant patient, constantly creates individual or coconstructed play that engages. It often means tolerating one's lack of understanding in the moment and risking a response with unknown consequences. Reconstruction, interpretation, or any verbalization may prove useless, as Kindler suggests, and that comments and inquiries about Lily's possibly rageful feelings towards her depressed and unresponsive mother ... were rejected. Rather, the analyst, tolerating helplessness or lack of momentary efficacy with the raging, frightened, and isolated patient, becomes essential in looking past the "monster her mother saw to the terrified being within." One is impressed with Hilke's reliable, predictable, and watchful eye on the aspect of this little girl's self that wants to desperately be reached and responded to. No amount of aggressive behavior, so well-managed and understood by Hilke, keeps her off track in her empathy.

I agree with Gotthold that child analysts often lament feeling like the "poor relations" of adult psychoanalysis. However, I believe that the elasticity of children's means to protect themselves from further trauma creates a kind of magical experience in child therapy in which the patient and therapist are contributors and beneficiaries. The coconstructed, nonlinear, dynamic, dyadic relationship Gotthold describes, and in relation to the research of Beebe and Lachmann (2002), might explain what sometimes feels like "magic." The mutuality and bidirectionality of Hilke's relationship with her patient both allows for and creates spontaneous, affective, and ultimately mutative therapeutic experience.

I also underscore Gotthold's view that what often brings children to treatment, especially intensive treatment with frequent sessions, are problems in regulatory difficulties. However, I also add that those difficulties always involve both child and parent and ultimately are experienced firsthand in the therapist.

Hilke writes, "I had to set clear limits, it was my turn to say no—'Nicht!' Lily reacted by trying to beat and spit at me, thereby trying to fight against her archaic super-ego, her feeling of being thoroughly wicked, as I soon learned.”

Although Hilke connects the "wickedness" to Lily's anxiety about the crossbow incident, I believe she also means the intense rage that this poor little girl has attempted to regulate, and without success. Iris's capacity to contain the enormous amount of effect, including the behavioral expressions of this rage, was essential. Such material might silence critics of self psychology who imagine that the self psychological therapist does not address aggression and the so-called negative transferences. Such transferences are engaged, and not initially interpreted, to diffuse intense affect that previously has overwhelmed a child.

The ongoing predictable, reliable, and responsive environment of the therapy, along with play, contribute to the nonverbal as well as verbal articulation of the child's complex self experience. What appears as "expensive" babysitting, at times to all participants, is the means for the transformation of self experience.

Both discussions include comments about the work with this mother, but make points worth further elaboration, especially regarding their implications for adult work. The description of the isolated mother and daughter waiting in the small apartment, "glued to each other with no external contacts with the exception of the mother's parents," haunted me the first time I read the clinical material. The degree of isolation of both mother and daughter appeared overwhelming, making Lily's need to assert something of herself through "Nicht" more understandable. It was clear that both mother and child needed to be seen together.

Working with a child—one as troubled as Lily—is challenging. However, the impact of working with a child literally in
front of a parent reflects Hilke's personal professional skill and courage. As we have noted on a previous panel (Toronto, 1999) on working with parents, the initial phase of any child treatment is particularly intense. Not only are we getting to know the child, but hopefully we are creating a connection and alliance with parents. To do that while the parent is in the room with the therapist and the child is particularly complex and demanding. Considering the web of transference (therapist-patient, therapist-parent, patient-parent) is essential to move forward, although often a total blur in the coconstructed heat of the moment. Hilke moves through this ominous experience with impressive skill.

By 6 months, Hilke is aware of feeling that something must change. "For the first time I feel upset and disturbed by her [the mother's] presence." This is also the session where the "I" or the self of Lily, the autonomous impulse described by Kindler, emerges. Exactly at the point, and I believe because of Hilke's attunement to the mother and Lily, Mrs. M raises the issue herself, and within a session or two, Lily arrives and announces, "This is Lily's hour. Nobody must come in!"

I suggest that in all treatments, both child and adult, we are constantly working with parents, or parent images or experiences. These parent experiences remain in the consulting room, and we are affected by them and responding to them. At some point, we help our patients transform something of that past and sometimes current relationship with the parents through the treatment. I suggest that the presence of parents occurs in different degrees. In Lily's case, the mother is literally in the room. In other child cases, it may be working with the child and the parent in the waiting room where the child may go back and forth during the session with some exchanges between the therapist and the parent.

In the case of an adolescent, parents, by their support of the treatment, may not be physically present, although they want, need, and are entitled to a fair amount of contact with the therapist either during sessions of their own or through telephone contacts.

And finally for the adult patient, parents are often present through memories and recent events. We often see in adult treatment that, at some point, parents begin to fade into the background as the person's self begins to more fully emerge. It may not be as a separated entity, but psychoanalytically, it becomes more the focus through transference and countertransference or coconstructed experiences.

Like Hilke, I have sometimes felt bored or irritated at a certain point in the treatment of the adult patient as they continue with chronic complaints about parents. At some point, I must find a way to communicate something like, "It's time for your parents to leave the office and for us to get more focused on what is happening right in the room between us." In other words, parents—the patient's experience, use, memories, real and fantasized relationships—are always in the room, for both the analyst and the patient. I am often struck by my reactions to real parents out in the waiting room, as well as those I may hear about from behind the couch with the adult. My feelings and reactions to them sometimes are like a barometer of the analytic process. I might

be feeling angry, rebellious, or adversarial in identification with my patient. Or, I could feel sympathetic toward them regarding their inevitable but understandable limitations that have created inevitable disappointments for their children. Parenting is an impossible profession.

And, finally, a transformation of feelings (mine and my patient's) emerges that moves the patient and me toward empathy with parents and a greater capacity in the patient for empathy with themselves or others in their current lives. In fact, it is often the sign that the analysis is moving toward completion. I also suggest that the most successful treatments in which I have worked, both child and adult, involved the development of my and my patient's empathy toward the parents.

At the conclusion of our 2-day workshop, participants were asked about their impressions and thoughts about the Hilke presentation, as well as another case that was presented on the second day. The following summarize impressions that were expressed by the group based on the material and issues highlighted in the case presentations and the ensuing discussions:

1. Focus in child work and subsequent discussion tended to be on clinical process and not on theory.
2. The therapist's verbal and behavioral responses appeared more spontaneous, playful, and genuine than in presentations of adult work.
3. Material always evoked humor, both in the clinical moment and in the presentation of the material.
4. Clinical material was much more affective.
5. Interpretation was the same as in adult work, but much more affective.
6. Work with parents was essential to working with the child.
7. The experience of “not knowing or understanding,” tolerating uncertainty, was essential and consistently part of child work.

These ideas resonated with most participants, and certainly with the presenters. The first was striking in that the presenters as well as the participants represented many perspectives within self psychology, as well as in psychoanalytic thinking in general. Discussions did not break down along theoretical lines. It was also striking that many participants who were not child therapists had imagined that therapists are reluctant to work with parents. Most described having been taught this at some point in training.

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And finally, the consensus of participants was that these conclusions were true of all good and effective treatment with adults and children. Hilke and her patient Lily had taught us all invaluable lessons, usable in all our clinical work regardless of the patient's age.

References

Translations of Abstract
A continuación se resumen las conclusiones del caso clínico de la Sra. Nicht que presentó Iris Hilke, y las dos discusiones del caso por parte de Rosalind Kindler y Jacqueline Gotthold que fueron presentadas en el seminario anual “Qué aprendemos en la terapia infantil que es aplicable a la terapia de adultos.” Se esbozan las ideas generales del tratamiento infantil y como ello puede ser útil para la psicoterapia y el psicoanálisis de adultos. Por ejemplo, la disposición a suspender temporalmente el conocer o el entender a favor de la inmersión afectiva en el proceso clínico que va emergiendo; o se discute la tolerancia a los sentimientos más intensos en la transferencia-contratransferencia. Puesto que en este seminario participaron una mayoría de clínicos que no trabajan con niños, se describe también un resumen de la discusión con las implicaciones para el tratamiento de adultos.

Cet article résume les conclusions de la présentation de cas de Miss Nicht par Iris Hilke, et celles des deux discussions du cas par Rosalind Kindler et Jacqueline Gotthold, présentées dans le cadre d’un atelier annuel, “Comment la thérapie d’enfant influence le traitement d’adulte.” L’auteur expose les grandes lignes de certaines idées générales au sujet du traitement d’enfant et de leur influence directe sur le travail en psychothérapie et

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psychanalyse d'adulte. Par exemple, on y discute de la disponibilité à suspendre temporairement le sentiment de savoir et de comprendre pour favoriser plutôt une immersion affective dans le processus clinique émergent, ou de la tolérance aux plus intenses sentiments dans le transfert/contre transfert. Puisque l'atelier rassemblait pour la plupart des cliniciens qui ne travaillaient pas avec les enfants, le résumé des discussions présente aussi les implications pour le travail avec les adultes.

Il lavoro sintetizza la presentazione di Iris Hilke del caso di Miss Nicht e le due discussioni del caso presentate da Rosalind Kindler e Jacqueline Gotthold nel workshop “Come la terapia del bambino informa il trattamento dell'adulto.” Vengono delineate delle idee generali sul trattamento dei bambini e come queste informino direttamente il lavoro nella psicoterapia e nella psicoanalisi degli adulti. Per esempio viene discussa la volontà di sospendere temporaneamente la sensazione di conoscere e
comprendere in favore dell'immersione affettiva nel processo clinico che emerge; o il tollerare alcune delle emozioni più intense nel transfei/controtransfer. Dato che questo workshop includeva molti terapeuti che non lavorano con i bambini, viene descritta una sintesi della discussione anche riguardo alle implicazioni per il lavoro con gli adulti.


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