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Listening to silence

Psychoanalytic observation resulting in parent-infant psychotherapy of a non-speaking toddler in an educational setting

In this paper, we will present the experience of applying psychoanalytic observation in combination with the Tavistock model of brief infant parent psychotherapy (Emanuel, & Bradley, 2008) in a special educational setting. The observation material concerns an almost mute girl that attended the early intervention program of this setting. She had a diagnosis of mixed developmental disorder and receptive-expressive language disorder with dyspraxia. She did not use verbal language.

Bion pointed out that delays or difficulties in language development emerge as part of a broader problem in communication of emotional experience, in thinking unthinkable thoughts and in representing emotional experiences symbolically (Bion, 1962). Having Bion in mind we used psychoanalytic observation in order to understand

this non-speaking little girl better. During the observation seminar, the material confused us and we started to worry not only about her inability to speak, but also about her difficulties to eat, to symbolize, to introject a good internal object and her need to be compliant. In the team discussion, the speech therapist as well expressed her concern about her seriously delayed language development. The parents at that stage used mostly denial and projective identification in order to cope with the loss of their “normal” child. This is why we considered infant parent psychoanalytic psychotherapy and the parents seemed quite pleased with this additional space, in which they could think about and reflect on the difficulties of their daughter. After 6 sessions, a new observation was performed so we could understand the impact of brief infant-parent

psychotherapy on her difficulties. In order to protect the anonymity of the family and in compliance with the GDPR standards all names and family characteristics have been changed sufficiently.

Amy is 4 years old and comes from a Greek middleclass family with three children. She has two siblings, a brother 12 and a sister 10 years old respectively. Father is a civil servant and mother works part time as a cleaner. The social worker as well as the speech therapist reported that mother has below average mental abilities and language difficulties. There were no difficulties during pregnancy and birth. Her non-verbal development seemed normal. She was breastfed almost exclusively for two years and during these years she slept in her parent's bed. During these first two years her attachment seemed insecure, while she could not separate from her mother; she did not eat solid food and did not talk. The parents began to worry when at the age of two she did not use any language.

At the time of observation Amy was following an intensive speech therapy program during which she cried most of the time, warding off any attempt on communication and had difficulties in attending on a one to one basis. She had eating difficulties and at home, she was being fed. She did not use any verbal expression, used only functional play or auto-symbolic play. She communicated mostly through gestures; her language comprehension was better, but also delayed. In the classroom she seemed compliant, always smiling (as if her smile was drawn on her face), very quiet and easily "forgotten" by her teacher. The speech therapist started using symbols from the Makaton Language Program, something she did not ward off and seemed to enjoy. The parents on the other hand refused to use the symbols, because they wanted her to use "verbal" language. They transferred this responsibility immediately to the younger sister who mostly occupied herself with Amy. The first psychoanalytic observation took place during this period. It is interesting to note at this point that the observer herself "chose" Amy for her psychoanalytic observation (which was part of her training to become a clinical psychologist), because she felt captured by her gaze and by her silence.

Observation material

"Choosing Amy", the observer's first impressions. The first time I saw Amy, I was captured by her intense gaze and smiling face. The impression is still very vivid since I recall my surprise and sadness when moments later I realized she does not speak, since she struck me as trying to communicate and connect. Her silence and lack of words presented themselves like a riddle to me and, like many others; I began to wonder why she does not speak. Then the question was reversed since I began to wonder why she would speak and furthermore how and why a child begins to speak. During the course of the observation, it often felt as if she was attempting to communicate and formulate something, but could never completely go through with it. As if she were "stuck" halfway between closeness and distance, presence and absence. Her ambivalence became obvious during the course of the observation, evident not only in relation to closeness but also in relation to eating and speaking. Amy seemed to be given everything that the setting had to offer but to the disappointment of her teacher and speech therapist, who had been very hopeful when she first arrived, seemed to be making minimal if any progress at all. Amy was seemingly obedient and cooperative, but whether she could actually receive what was given to her, take it inside in a nourishing way and use it, was a different question.

First observation, a vignette

Amy smiles at me as I walk in the room. She then looks away from me, away from the group of children, in an absent-minded way, seemingly serious and calm, while sitting at the edge of her chair. Her back is straight, her posture quite rigid. She is not eating. In front of her, she has a sandwich and a bottle of water. She sips tiny amounts of water. When the teacher asks if she is going to have any more food, she pushes away the plate. She then stands up and moves to another chair. Instead of sitting, she places her back at the back of the chair, her hands folded behind her, as if trying to support

herself on the chair. Her posture makes me think of someone sticking his back against a wall. It almost looks as if she is trying to protect herself from something. In a while she does actually leave the chair, and she sticks her back against the wall. She almost glides, – her back always attaches to the wall – to the heater at the corner of the room, and when she approaches she instantly moves back in a very abrupt way, that makes me wonder if the heater was actually that hot – it is after all winter – or if the abrupt withdrawal comes as a reaction to approaching and being too close to an object. At that moment she turns around, looks at me and smiles. She keeps staring at me for quite a while, without looking away, smiling – as am I – and I feel as if there is an acknowledgment there. An acknowledgement of the fact that we are both looking and being looked at, that we are in fact, observing each other. This moment is interrupted when Amy “glides “to the other side of the room, still smiling, until she “disappears” behind the corner. . .

Amy’s “sticking against the wall“ and persistent glancing at me felt like she needed constant eye contact. In accordance with Esther Bick (1968), it seems that Amy’s behavior demonstrates an absence of psychic skin that is necessary in order to hold together the parts. Following Bick, Symington, J. (2002) pointed out that the construction of an internal space, is preceded by a “sticking stage”. Due to a dreadful anxiety of the self not being held together, the infant sticks to the mother, not only in a tactile way, but also using sensory modalities, – eyes and ears – as sucking tentacles, as well as holding onto her own body by tightening musculature, or by engaging in continuous movement. Observing Amy so frequently during lunch time often left me with a sense of emptiness and boredom. I sometimes felt as if I was trying in vain, and I started to wonder why I was there and whether anything “good” and substantial was ever going to come out of this process. My feelings might be connected to her emotional experience. She often seemed so bored and absent, holding on to her food without eating, almost without knowing what to do with it and I wonder whether she also felt as if she was trying in vain. She would usually just sit there, not

speaking, not eating and in trying to connect the two in a somewhat meaningful way, I began to think about her mouth. Amy has not had a good experience using her mouth: she breastfed preponderantly until the age of two and later on, her teeth got rotten and she had great difficulty using them and biting. The cause of this was never quite clear and when asked, mother connected the rotten teeth with breastfeeding, assuming that her milk must have been “too sweet”, destroying Amy’s teeth. At the time of the observation she was going through very painful dental work, necessary in order to restore her teeth. I wondered about how the mother might have felt, giving Amy something that seemed good, almost, too good, or “too sweet”, that actually turned “bad” like her teeth did. I also wondered about the implied destructive aggression evident in the mother’s way of bestowing some kind of meaning to the situation. Since teeth are closely connected to oral aggression, and the mouth is essential to the primary experiences of the breast, the mother and the world, I began to think about the price that Amy seemed to be paying for her primary impulses. I wondered about a possible connection between her present inhibitions regarding eating, but also speaking and using her mouth in order to expose her inner world. Klein (1930) pointed out that primary oral-sadistic desires to destroy the mother’s body and the organs – which stand for the objects – arouse anxiety in the infant, impelling it to make constant equations to other things, substitutes, thus forming the basis of symbolism, and later on, for the acquisition of language. A certain amount of anxiety is necessary for symbol-formation and phantasy to occur. However, when there is an excess of anxiety, the ability to express sadistic relations in phantasy becomes blocked and symbol formation is inhibited. Amy’s teeth were “bad”, rotten and her capacity to use them was blocked in a very real way. Biting, eating, vocalizing, speaking seemed to be blocked as well, as if everything was arrested in the mouth.

Seventh observation, a vignette

Amy has, once again, eaten very little so her teacher gives her a cookie. She takes the cookie and starts taking small bites indifferently and without much obvious pleasure. The teacher tells her she can stay until she

has eaten it and then return to the classroom. So Amy and I are left alone. As soon as everyone else leaves, Amy runs into the kitchen and throws the cookie in the garbage bin. She then returns to her classroom running and jumping. When we go inside, another girl shows me some drawers and since each child has their own drawer with their name and picture on it, she pronounces all their names. When Amy hears her name, she looks at me and smiles pointing at herself and then at her drawer. She seems happy to be known and happy to be able to show that to me. Since parents of some of the other children have arrived, the teacher leaves with these children, so I'm soon left with just two girls, Amy and Rose. Amy, holding on to a basket and looking at me in a sad way, all of a sudden says "dad". She keeps looking at me and repeats it several times. It seems as if she is expecting a response, and I feel that keeping silent at that moment is harder than usual. I would like to be able to break the silence and give something back to her. All of a sudden, Rose grabs the basket from her hand. Amy responds, with an annoyed face, pulling it back, while producing a faint, although equally annoyed sound and Rose tries to grab it again, more forcefully than before. Again, Amy pulls it back in a more aggressive way, looking more irritated than before, and when Rose continues, Amy who cannot bear this any longer, slaps her hand. Although she did not hit her hard, Amy seems to be surprised and shocked at what she has done and she instantly turns and looks at me, with reserve and guilt. She seems prepared to be scolded, as she might have been if a teacher were present, but then again I do wonder whether she could show some of her aggression in front of a teacher...maybe my presence is experienced in a different way. When the teacher comes the two girls play together for a while, and their teacher praises them for "doing a very good job", rewarding them with stickers. Amy looks at her teacher, points at me and smiles, while making faint sounds. The teacher asks whether she means I should get a sticker too, and Amy nods. She chooses a big sticker for me. It is a lilac-pink flower,

which she sticks at my jacket smiling all the time. She then chooses a smaller one for her teacher. The teacher asks whether that is for her in a surprised way and then laughs and says that we all did a very good job today. I can't help but feel very touched and I'm also wondering about Amy's thoughts on what my "job" is and whether I was rewarded for witnessing her aggression, without scolding her, or ...without telling.

Tenth observation, a vignette

Lately, Amy had been sitting in the same table with the older boys of the other class, trying to interact with them during lunchtime. Today however she is sitting together with her classmates. Yet again, although her food is placed in front of her, she is not eating, she is looking anxiously around, and checking both the teachers and the children and it seems as if she is waiting for everyone else to start eating, in order for her to eat as well. Her need to be a "good girl" is obvious yet again. I wonder if she is allowed to be hungry. When she realizes I'm looking at her she smiles and then she turns her head in such a way that I cannot observe her face anymore in order to understand whether she feels angry, awkward or if she is in playful mood (hide and seek). She then makes the characteristic move that I sometimes see her make when she fears someone may get too close physically, or when she does not want to have more food. She moves her hand towards me as if trying to push something away...It almost seems like she would like to push me away, tell me to stop right there, to leave, or at least to stop looking at her. I wonder if she may at times experience my presence as too penetrating, raising persecutory fears. The fact that I remain silent might be somewhat comforting. She eats very little, as usual, taking 2-3 bites from one slice of her sandwich, another few from the other, leaving them both half-eaten, half-finished, semi-used. She points at some cookies making sounds and looking at me. The fact that she is asking me for food is rather extraordinary, however I explain the request to the teacher and Amy

starts eating with pleasure, finishing the entire plate and then points at a cookie. The teacher seems surprised, asks whether she is still hungry and wonders how that happened, while she gives her the cookie. Amy does not eat it; she puts it inside her lunch box. The teacher asks whether Amy is going to eat it after all, and she responds verbally but in a very faint voice: "No". I think of the other time when she secretly threw the cookie she was given into the garbage bin. This time however she is taking something with her, which is an important difference. Something that came as a request on her side and not as a demand from the outside. Obedient as she seems, Amy is quite determined to control, to the extent that she can, what goes inside her mouth, and maybe, what comes out of it. The children are sitting in a group. The teacher tells a boy that his dad is there to pick him up. Amy says, "dad", several times, in a low voice, while looking at me. The teacher is playing with a boy who gets very excited. For a moment, I forget Amy and am absorbed by their interaction, until I hear someone saying "Dad!" in a very loud and animated voice. I turn around and realize that it was Amy, it was her voice. She stands, up looks at me and the teacher, who is also surprised, asks me whether it was truly Amy who spoke and remarks how unbelievable that was, congratulating her. Amy smiles and turns all red.

All the vignettes mentioned above, are taken from observational material of several months duration. It is evident, especially at certain points, that Amy, withdrawn and silent was almost afraid to exist. At other times however, she made efforts to claim her space, express certain wishes, deny what was not welcome and surprisingly let her voice, quite literally be heard. Interestingly enough, the moments where she was inclined to eat or vocalize, usually occurred after some sort of holiday break or absence. In addition, what seemed to produce some liveliness and vivacity in this girl, rather often had to do with the remembrance of father. He is the one who is mostly mentioned when she does vocalize something, and I began to wonder how

father is internalized and what his function might be, especially regarding more primitive oedipal preoccupations and wishes. As for the more primal difficulties, Amy, seemed to be struggling with taking something inside and metabolizing it, rather than "throwing it away", as she did with her cookie, or pretending to take it inside, in a very passive way. In addition, the very characteristic gesture of "pushing away", food or people, a gesture that she has also used towards me during the course of the observation, made me think about how excessive and overwhelming certain stimuli might be for her and how much anxiety may arise from both internal and external objects. Following Meltzer (1975), Wolpe (2016) suggests that the psychic apparatus must be relatively intact in order for thought and communication to occur. In the absence of these mental capacities a "pushing away" reaction can appear: an overwhelming, terrifying feeling of excess which creates the need for thoughts and words to be immediately evacuated. Consequently, speaking, the integrative "function of holding together thoughts, words and meaning" (Wolpe, E., 2016, p.36) in a synthetic union, is impaired. At certain times when Amy did attempt to speak, her voice would fade away while trying to utter the word, as if she was unable to hold together the representation, the sound and the symbol. The "pushing away" reaction signifies a divestment which leaves the child in a state of mental ruination and emptiness (Wolpe, E., 2016). With Amy however, the evacuation is probably not complete and though there are moments when she does look emptied-out (and stares with an empty gaze), at other moments she does seem able to receive something and hold on to it. Wolpe (2016) suggests that language in some children fails to fulfill its unique role as a means of communication, because it becomes "stuck" to defensive processes, which are set in motion in order to protect the self against feeling separated from the object. Although she is already 4 years old, the differentiation-individuation process in Amy is probably yet to take place and unable to speak she remains in an ambivalent state of dependence. On the other hand, this quiet girl with the appearance of a total lack of real aggression has moments where she seems able to defend what might be attempted to be taken away from her, therefore not

giving herself entirely up to another. Throughout the passivity that characterizes her, there are shining moments of activity, moments when she truly comes to life.

Brief Infant-parent psychoanalytic psychotherapy

Having in mind the observation material, which showed so many vulnerabilities in the formation of her internal mental life, as well as the difficulties in the school setting, we felt it necessary to provide more support and treatment. I managed to convince the team of the educational setting that a brief therapeutic approach with the whole family could be beneficial. A combination of psychoanalytic observation and brief infant-parent psychotherapy seemed applicable, since it could take place in the same setting and the interplay between them could be valuable. We performed follow up observation sessions after the end of the brief psychotherapy in order to understand the impact of the therapy on Amy's development, defenses and internal mental life.

Based on the observational material, the aim of this therapeutic approach could be:

- To understand and facilitate communication within the family, not just verbal communication, but also non-verbal.
- To overcome separation anxiety and to promote differentiation and development.
- To discover which aspects of the emotional relationships within the external and internal mental life of the family require repair.
- To understand the family strengths and weaknesses and their defenses in order to promote their capacity to think together (Rouso, C., 2012, p.243)

Beginnings: First session with Amy, her parents and the two therapists, some vignettes

Amy sees me in the corridor and starts to cry. She does not want to come into the therapy room. Mother and father enter alone. The teacher brings Amy and she runs into father's arms. Father takes her as if she is a small baby and most of the time she sits on

his lap. She looks at me with big eyes, but does not talk.

I started wondering about her age, she is four and she behaves like a small baby 12 months old. I feel my presence puzzles her and triggers some anxiety and she needs the comfort of a holding environment. Her behavior also highlighted her attachment to her father and her desperate desire to be in his arms. Bowlby (1969) investigated attachment behavior and suggested that in potentially dangerous situations children seek proximity to their attachment figures. Amy's assumed perception of the therapy room as dangerous led me to wonder about her internal vulnerability, her feelings of danger within herself and her family (Magagna, J., 2012).

Father thanks us for this meeting with the family and I explain to all of them the aim of these 6 family sessions. Mother sits still and does not talk. Amy focusses on my co-therapist, I feel because she is a familiar person. I mention this and the fact that I am a stranger, not familiar to Amy and her family and father remarks that he can hear from my accent that I am really a foreigner. We talk about the familiar and non-familiar people and about Amy's, difficulty to meet with strangers.

(Again, I am wondering about this difficulty because she is already four years old and has seen me around.)

She stays in father's arms and starts to explore the toys in front of her. She picks up one and clasps it in her hand, again as if she needs something to hold on to. My co-therapist starts to talk to her, using Makaton symbols. She asks her who is present today. Amy has a book with the Makaton symbols in front of her and she shows the father and mother symbol, but she also points to her brother and sister. She pronounces their names in her own way (with sounds only) and I acknowledge the fact that her family is here with us, but her brother and sister are absent today. I ask father about home, her relationship with the members of the family and her obvious attachment to him. He says that the Makaton symbols did improve their commu-

nication a bit and he feels a bit more comfortable with them. When I ask for mother's thoughts, she starts to complain about Amy, because she wants her to be like her other two children (10 and 12 years old respectively). At home, she imitates them when they do their homework and mother tries in vain to teach her to write.

(At that moment, I feel worried and confused about mother and her wish to teach a child (that does not speak) at the age of four, to read and write and I wonder about her ambivalence and abilities.)

She feels she has to be strict and the bad parent, while father only plays with her. Father laughs with this and Amy starts playing with a car, she pushes it in the direction of my co therapist and she pushes it back. This continues for a while and both parents observe and do not interfere. Amy starts to push the car towards me and seems to start to accept my presence in the room. She stays on father's lap and I still have the feeling I am communicating with a baby, who needs a secure environment in order to communicate with someone she does not know. Maybe the parents feel the same, because they start talking about Amy as a baby and describe her as a very good baby, who never cried for 2 years. She breastfed for 2 years and lived mostly on mother's milk during these years, while the other children breastfed only for 6 months.

(I wonder again about the bad/sweet milk, about the non-differentiated part of Amy and her feelings of omnipotence.)

Father starts to talk about her bad (black!) teeth because of her mother's milk. He describes the difficulties they had, when they had to go to the dentist, to fix them. Amy had to go five times (all her front teeth were rotten black, and these visits were very painful for her). Father explains in detail what they did to her and it felt to me like torture... father though confuses me because he smiles all the time. Amy does not seem to listen to father, has taken more cars out of the box, and plays with them. She starts to push them in a more vigorous way so they hit the other cars.

Little accidents, crashes happen on the table with the other cars and I try to connect the crashes we see on the table with her feelings about the dentist, but also maybe with some crashes or conflicts at home. Father says that she loves her siblings, but sometimes there are conflicts. Amy becomes more communicative and says their names again... In the end, Amy starts tidying the room and takes the initiative for the session to finish. She points at her parents and gives them the sign to go, then points at herself and the direction of the classroom. I think about this initiative from this small little baby. It is time to stop anyway and I mention Amy's need to tidy things up, to tell everyone what to do, to follow the program, but also her feeling of anxiety in the beginning of the session because her own program had changed. I tell her that it is indeed time to stop and she jumps from father's lap and walks to the door like a big four years old girl. I mention this and see that father admires her as she walks away.

After the end, I wonder again about this 4-year-old silent girl that mostly behaved as a little one year old baby, but managed in the end to leave as a big girl. I felt surprised that the parents show no signs of mourning, nor of hope that she will ever talk. It felt like they are not connected at all with her and use very primitive defenses, especially the mother. Together with the co-therapist, we tried to think about her insecure attachment to both mother and father, her non-differentiated relationship of fusion with both parents, the communication within the family, Amy's communication through gestures and play and her internal conflicts. We tried to reflect on the role of both parents in this family, father more active, but also more aggressive and ambivalent, mother very passive, depressive with second skin defenses, silent most of the time, identifying herself with Amy, but also aggressive in her projection of the malicious milk she fed her. We thought about parental projections and their primitive defense mechanisms of denial of any difficulty in Amy, except of her language delay. I tried to think about the transference and counter transference phenomena, to understand how family conflict is evaded, projected into others or contained within family relationships, as well as

Amy's wish to tidy up and to set the boundaries, and wondered if the parents feel it is dangerous to share the conflicts while Amy shows us that they exist in the family. However, we mostly had the feeling that not much was spoken about during this first session, like there were so many feelings and subjects left "unsaid". We both had a feeling of emptiness, boredom and I thought about the observer's feelings during the observation period. It felt as if there was an atmosphere of family silences, a predominance of internal conflict, persecution and harsh and punitive super-ego.

Middle phase: The third session with the parents, Carol, John, Amy and the therapists. Small vignettes

The brother and the sister sit silent and seem to have difficulty (like Amy) in starting to talk. The oldest child, John looks bored and maybe sad. I wonder about this silence, and I feel it is hard for me to address him. The middle child, Jane, is opener and starts talking about her sister. She mentions she always plays with Amy. Amy looks very happy, more autonomous, as she sits in her own chair and holds a little car in her hand. She immediately puts Jane's words into action and pushes the car over to Jane and they play together. When I comment on this Amy pushes the car to me and the three of us play. John looks bored and says that he has a lot of homework and does not occupy himself much with his sisters. Father, probably in response to John's boredom, tells us that they cannot stay very long, because the kids have a party at school.

(I wonder if this also happens at home with Amy and if there is enough space in this family for the non-speaking child. I think about the family defenses of denial and about the strong feelings that emerge because of the presence of a non-speaking child. It seems that these feelings cannot be symbolized, verbalized or described.)

Amy takes some small cars and gives one to each of us. We all play together on the table and I comment on the fact that we can all talk together, but we can also play together.

Amy seems to like this comment. She takes a puzzle and her sister Jane immediately wants to help her. She smiles and looks happy. They both put the small parts together. I comment on their togetherness and closeness and ask Jane if she remembers Amy when she was younger. Her older brother immediately comments on the fact that she was jealous because she stopped being the smallest (and I wonder about his own feelings towards his sisters). She tells us that when Amy was very small she used to cry a lot at night. It seems that from two years old the three children sleep in the same room. Jane took on the mother function and used to wake up at night to calm her down. Amy listens to this conversation and stops with the puzzle. She gives all of us a little book and repeats this action several times. She wants to take care of us, I think aloud, just as her sister takes care of her. She finds a book with a bed and points to it, telling us that she understands what we are talking about.

During this session mother talked a bit more, while father was almost silent. The young sister gave me a pleasant feeling and I feel she functions like a mother figure while the eldest brother is critical, but also angry and dominant with the whole family. He is 12 years old and almost an adolescent. They seem a nice family, but still I have the feeling some things are not being said. Maybe Amy induces family feelings that cannot be verbalized or symbolized. Like there is a secret in the family? Amy also gave me this feeling, because in the beginning of the session, she wanted to tell a secret to her father and asked me to close my ears, which I did and Amy communicated verbally something in father's ear. I feel Amy is grateful for the family session and uses the session to communicate her feelings to her siblings. In this session, I tried to think about the emotional relationships within the external and internal life of the family. I had the feeling that family roles were switched, with Jane as a mother figure, John as a rigid, strict and critical father figure and the parents as little children. There seemed to be some confusion and separate members seem not able to carry out age suitable tasks. I started to wonder about Amy's place and

space in these family structures.

The end phase: The fifth session with father, mother, Amy and the therapists.

Amy sits on father's lap and looks at me. She makes the shape of a heart with her fingers and points at me. I talk about her feelings for me and the fact that she now knows me a little and feels more close to me, but that she also needs father's reassurance and close proximity to be able to express her feelings. (I think about her feelings of love for her father and the fact that she wants me to know about them.) Father does not react, but informs me that Amy went to bed late and is still sleepy now. At home, they are hosting family with a baby boy, 1 year old. Amy makes a movement with her hands that shows she is sleepy. She crawls onto father and holds him tight, as if they are a couple. Mother looks at them and smiles embarrassed, while father tries to get free from Amy's embrace. I wonder about Amy's oedipal conquest of her father and the almost aggressive way she does this, about mother sitting passively and father's (maybe perverse?) feelings of triumph in having his daughter's affection. When I mention Amy's excitement about being so close to father, Amy lessens the grip of her father. Afterwards she starts to play with the little dolls and throws the little baby boy down rudely. I wonder aloud about this play, and about all the projections, that Amy incorporates. It seems that father also feels uneasy and tries to control her play by giving her the granddad (doll), but she does not want to play with it. She opens the little suitcase with the doctor's toys and tries to use them on the baby doll. I connect her play with her feelings for this little baby (and fathers feeling for his baby, as well as the baby inside her I think) and her wish to repair. She sits again close to father, but on her own chair and makes a little ball with clay. She throws it to mother and this is the first time mother takes part in her play, with the initiative of Amy. Father, mother and Amy play together and from a two dimensional relationship

(father and Amy) they become a triadic relationship. After a while, Amy also wants us to participate and we all play together. After this, she makes a little snake from the clay. Father says that she usually plays this kind of games with her sister and I have the feeling this is the first time father is really trying to play with her. When I mention this father smiles and continues the game with the (more phallic shape of) clay. Mother observes and smiles. Amy takes a book and asks me to read it for her. It is about a worm that eats every day and becomes bigger and bigger until it becomes a butterfly. I connect the worm with the (phallic) form father makes with the clay. After a while, Amy takes again the small baby doll and takes it on trips and on heights. I talk about the little baby that is getting bigger and about her growing self. I mention the book she asked me to read to her, in which the little worm grows up and becomes a butterfly. She is now meeting bigger children and she is growing and doing things that are more difficult. She looks at me and makes again, as in the beginning, the sign of a heart with both her hands. I wonder about the transference phenomena and my own feelings towards her. Her silence that has made place for a non-verbal form of communication, which remains immature and I wonder with anxiety about her future. She is more engaged with me and it seems the family became more focused on internal thoughts, feelings, desires, but also anxieties.

Last session with mother, father, Amy and the therapists

For the first time Amy seems happy, to come into the therapy room and sits in a chair, not on fathers lap. She looks at me, smiles at me. Father notices and comments on this. The family looks happier and less concerned. More relaxed. Amy takes a small part of clay and plays with it. We talk about the fact that this will be our last session and about the changes in the family.

(I feel rather uneasy about this being the last ses-

sion because I still have the feeling not much is being “said” or touched upon during these 6 family sessions. On the other hand, I also understand that there are shifts in the family and in their way of communicating.)

Father says that he is now more able to understand Amy and even when he does not immediately, Amy insists that he tries to understand her. I ask mother and she agrees, but does not say much. Amy takes a box, puts a little fish in it and closes it, so we cannot see it anymore. I wonder aloud about inside and outside and how difficult it sometimes is to understand the inside when we cannot hear or see it. Father mentions that she now says her own name. She does not want to say it to us in the beginning, but after some time she says it in a soft voice.

(I think about her identification processes and her growing ego.)

Amy takes a puzzle and starts to play with it. It is easy and she puts all the pieces, but father takes them out and puts them all wrong (he did the same in the third session, because he presumes this is a play).

(Again I wonder about him insisting to see and make things from the wrong side? Like a denial?)

Amy immediately understands, laughs at him, plays the same game with him and puts all parts incorrect. Mother starts to play with them. Amy takes a more difficult puzzle and again starts to put the pieces wrong. At that moment I feel so frustrated that I intervene and tell them that we can also play the puzzle correct and it seems only mother and Amy understand. Amy puts them all correct and I feel relieved.

(I wondered afterwards why I acted this way and why I felt so bad and helpless with this “wrong” play between father and Amy.)

Amy seems happy though, tries a lot, is able to handle frustration and puts them all correct. She takes a very difficult puzzle and the co-therapist and I look at each other, sure that this one is too difficult for her. We do not want her to feel frustration or failure.

Her parents on the other hand encourage her and after some mistakes, she is able to finish it. We are pleasantly surprised with this result. It made me think of the little fish in the box that we could not see. I emphasize this success and the fact that there are still many things about Amy, we do not see and understand, as well as the fact that she does not always understand. She likes puzzles, because her life is like a puzzle and she wants to put the small pieces together to find a whole.

After the last session, the observer did a last observation so we could recognize the impact of the family sessions on Amy’s overall development and on her internal mental life.

Observation after the end of the psychoanalytic psychotherapy, a vignette

Amy has gained a significant amount of weight. She used to be rather thin. Her hair is cut shorter and she looks stronger and more alive. Her teeth have also improved after many painful visits to the dentist. During this observation, her teacher is back, after some weeks of absence. Amy and all of the children seem very happy and they are playing a game in the back yard, which seems to be the equivalent of “music chairs”. However, they are using hula hoops instead of chairs. Amy seems to be doing very well and to think of one hula hoop as her own! She is running close to it, sits on it when she should be running, picks it up and she is generally trying to mark it as “her own” and preserve it. The teacher seems to understand this and encourages Amy to run around instead of staying there. She sometimes obeys and other times remains close to “her” hula hoop when the teacher is not looking...at a moment when she is further away from it, the teacher claps her hands and Amy, instead of getting inside another hula hoop that is right next to her, seems to be looking for “her own” and she risks her stay in the game, in order to place herself in that specific hula hoop and not a random one. She manages and continues. When a boy tries to push her out and claim it as his own, she angrily and forcefully pushes him out and stands her

ground. She seems more decided than ever to claim what she feels is hers, and to claim her space and her presence in the group... as the rounds progress, she is the only girl still in the game... now she is only playing with boys... when she fairly loses to a boy, although with a very small difference in time, the teacher thinks of letting it slide and keeping them both in, but before she can decide, Amy has already left the game. She does not look sad, or defeated, she seems pleased to have gotten so far, more able to claim her space and more able than before to accept loss and frustration when reality calls for it, less eager to quit or to obey. She sits on the bench next to a boy. There always seemed to be something special between them. He puts his arm around her shoulder; she crosses her legs, puts her arm around his shoulder kisses him casually on the cheek and continues to watch the game in a carefree, content way. They almost look like a couple, she looks so grown up, and I feel as if I'm witnessing the birth of a romance, as if I were the third, the observer, between a couple.

Discussion

In this paper, we tried to show the benefits of psychoanalytic observation in a special educational setting. The observational material was necessary and important for us in order to be able to understand the need of referral to psychotherapy in order to prevent more difficulties in development for this 4-year-old non-speaking girl. Amy made us think about language in general and language acquisition particularly, especially regarding the question the observer asked herself in the beginning of the observation "why would a child begin to speak? Meltzer (1975) pointed out that communication starts when a baby finds an actual object in the outside world, with adequate separateness from the self and sufficient psychic reality, an object who invites the vocalization of the inner processes. Amy breastfed for 2 years slept in her parent's bed for two years and had no opportunity for differentiation or separation. Amy's tendency towards muteness can be thought of as an omnipo-

tence, which made vocalization redundant for understanding. Meltzer suggests that it is important for the child to somehow apprehend the necessity of vocalization in order for the illusion of fusion to be overcome (Meltzer, 1975) and Amy demonstrated only a very partial apprehension of this, with her mother in particular. Amy's ego tended to remain in a very primitive state of fusion with its external object, through the phantasy of clinging (Bick, 1968). This produced a narcissistic form of identification and heightened the intolerance to separation (Amy mostly clings onto father and mother during the first sessions, she likewise clings onto the wall during the first observation) This clinging seems to encourage identification with bodily rather than with mental functions, which does not lead to the evolution of internal objects and a suitable audience for speech.

Wolpe (2016) states that verbal development relies significantly on establishing good, strong and healthy early object relations. During the beginning of the baby's life, the talking mother is experienced as calming and containing and the baby gradually learns that she wants to communicate with it and that she wants to create a dialogue using sounds, words, meanings, and thoughts. When the sound and the experience of the mother's voice has such a soothing effect, the baby has a sense of being embraced by a benevolent speaking object (Wolpe, E., 2016). This benevolent object that is talking to the baby, is gradually internalized and can create the basis for the baby's evolving psychic apparatus. From this and in identification with this object, the baby can learn the grammar for representing states of mind. Namely: the baby begins to think (Meltzer, D., 1975).

This 'speaking object', a necessary condition for the development of language was probably absent for Amy, during the first years of her life, but also during the beginning of the family sessions. Mother stayed "silent" most of the time, was not able to metabolize most of what was said and seemed to have her own difficulties in understanding.

Urwin (2002) affirms that it is generally accepted that language development is an aspect of separation-individuation, and that the oedipal situation and the place of the father is crucial. Where a mother apparently anticipates a baby's needs too completely, as in Amy's case, or where the baby merges with the mother, there may be little mo-

tivation for the baby to learn to talk. During the sessions father became involved with Amy and her oedipal wishes were apparent during the last sessions and the last observation, as well as her desire to use some words vocally.

This work did not cure Amy's impaired language disorder, because it probably has a significant neurological component and it remained impaired overall. However, she could understand language better although she could not vocalize easily. In the speech therapy, she did learn how to communicate through other methods such as a picture board and signs. She could use words, signs and symbols successfully to communicate her message. Her symbol communication book contained over 400 symbols. The fact that her parents started to accept this way of communication made her more alive, communicative and less vulnerable. There were signs of a growing ego with her wish to vocalize and pronounce her own name, her wish to differentiate from her parents, the involvement of more oedipal phantasies. The last observation it was clear that Amy became more interested in her relationship with the other children, especially the boys. She progressed from an oral, aggressive drive investment towards more (but still primitive) oedipal desires and phantasies. This was also obvious during the last therapy sessions, in which she claims her father and is able to occupy herself with symbolic and mental functions and not only bodily ones.

Father seemed to have presented changes in understanding, while mother continued to worry us, as we felt she stayed silent most of the times, passive, weak and depressed. Further support for her is needed.

By the end of the sessions, there were likewise some developments in family functioning. The communication in the family had become more engaged and the parents tried to understand Amy's non-verbal communication without anxiety and aggression. The children were more involved in age and gender suitable developmental tasks. Father became more able to bear his feelings of anxiety and of 'not knowing' and started to touch upon the feelings of loss of the "normal" child. The family could hold onto feelings without pushing them away and it seemed that Amy was permitted to progress from a state of fusion and non-differentiation to a (still primitive) oedipal situation, a space bounded by three persons and all their potential

relationships. Especially this last change is closely related with verbal symbol formation capacity of an emerging ego (Niedecken, D., 2015).

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Abstract

This paper explores the benefits of applying a combination of psychoanalytic observation and brief toddler-parent psychoanalytic psychotherapy in an

educational setting. The observation of an almost mute toddler, gave the opportunity to focus on her non-verbal communication and to try to understand and process the meaning of her 'silence'. The observation material revealed other difficulties such as the inhibition and ambivalence to eat and to introject (in order to construct a "good enough" internal object), her impaired capacity to symbolize and her need to be compliant. The presence of a mindful observer gave the colleagues in the above mentioned setting the opportunity to reflect on the absence of speech. It seemed necessary to involve the parents more actively in the intervention program, so toddler-parent psychotherapy was proposed. After six sessions of psychotherapy, in which the whole family participated, a new brief psychoanalytic observation took place and we will elaborate on the impact that infant-parent psychotherapy and the Early Intervention program had on the overall development of this little silent girl.

Key words: Psychoanalytic observation, brief infant-parents psychoanalytic psychotherapy, language disorder, nonverbal communication.

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