

The Psychoanalytic Study of the Child

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—*Experimental Application of Child Analytic Techniques in a Therapeutic Nursery: The Cornerstone Method*

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IN THIS ESSAY, I SHALL DISCUSS ONE OF THE MODALITIES EMPLOYED AT The Center for Preventive Psychiatry. Emphasis will be placed on how in this modality certain child analytic techniques are used right in the nursery classroom, and illustrative case material will be presented.

THE CORNERSTONE METHOD

IMMEDIATE ORIGINS

When the Center was established in 1965, an analytically supervised nursery was developed.¹ Called the Cornerstone School, the nursery provided (1) primary preventive service as a fortifying

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¹ The original Center staff included Elissa Burian, M.A., Florence Herzog, Ann Kliman, M.A., Doris Ronald, and Myron Stein, M.D.

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milieu for highly stressed healthy preschool children, particularly those suffering from recent bereavement; and (2) secondary preventive service through early life treatment of emotionally disturbed preschool children. I extensively evaluated each child and family before admission to the nursery. Thus, each patient and family had some rapport with me from the beginning. In addition, the children regularly saw me in the classroom where I observed for an hour each day.

Within the first few months, each child continued to relate to me intensely. Several children talked regularly to me about their symptoms. Several had marked reactions to my arrival and departure. They spoke of me after I had left, both in school and at home. Some children told me their dreams in the classroom. Soon a marked thematic continuity in each child's communications became evident.

After a few weeks I cautiously began to respond with interpretive comments akin to my usual analytic work with young children. The experiment was then pursued not only for its clinical value, but also for the scientific value of learning what phenomena would occur.²

BASIC FEATURES OF THE CORNERSTONE METHOD

The early experiences eventually led to the development of a clinical method which combines child analysis and early childhood education. It provides treatment daily for children, aged 3 to 6 years, in nursery classes of up to eight pupils. It is a technique with precedents in analytic work with residential and hospitalized patients, in life-space interviews on wards, diagnostic observation within nurseries, and in many collaborations between

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educators and analysts. (See Redl, 1959); (Gratton and LaFrontaine, 1966); (Speers, 1965); (Anna Freud, 1966); (Neubauer and Beller, 1958); (Foulkes, 1964).) Yet in none of these precedents did an analyst's work with young children evolve into a persistent, daily, systematic effort to use analytic techniques synergistically within the nursery school educational process.

² This was first discussed with Marianne Kris, M.D., whose continuing discussion and devoted interest in the project have been vital.

In the Cornerstone method, a therapist works about 6 hours per week right in the classroom, 1½ hours a day, 4 or 5 days a week. Treatment is performed only in the class. Two early childhood educators are in charge of the classroom educational activities, which proceed 3 hours a day, 5 days a week. The teachers conduct a full-scale educational program, encouraging learning in all forms appropriate to the children's abilities and developmental level, with a warm socializing process very much in the foreground. Parents are given guidance by the head teacher each week, individually, and the therapist meets with each parent at least once a month.

As in a regular nursery, the teacher makes no interpretations to the child. Whatever insight she may have into the unconscious sources or connections of his behavior, she does not verbally convey it to the child. That role is left strictly to the Cornerstone analyst. The teacher has a clearly defined educational role, channeling impulses into useful activities and creating and maintaining discipline. In the midst of a treatment situation which liberates children's impulses, this is indeed a very demanding role, and one which the analyst is glad to have performed by an expert. The analyst (or analytically oriented therapist) is relieved of the many educational functions he exercises when alone with a young child in his office. The two teachers will immediately, when necessary, find appropriate outlets for or restrict a child's energies. Previously defended-against impulses can be harnessed by peer activities, or channeled into healthy curiosities and ardent desires to acquire skills. The teachers are on hand when a child is ready to learn, to build, to create, to grow emotionally by the numerous routes which good education provides.

The analyst is present in the classroom 90 minutes daily during the 3-hour school session. What goes on after he leaves is in a sense "extra-analytic," but is nevertheless a clear continuation of treatment. As a result of regular conferences with the teachers, the analyst has knowledge of those many hours a week which the child spends with his teachers after the analyst has left. Even when the analyst is in the classroom, there is much that he cannot observe about all the children. But the teachers funnel a great deal of immediate information to the analyst. A particularly "ripe" or "clear" bit of play, or one the teacher believes the analyst will want

to know, is conveyed within a few minutes if he is still in the classroom. Such communications often are made after the analyst has worked with a particular child; he can then go back to that child, having this additional information, and deepen the previous work. Thus, nothing which occurs in the classroom is truly "extra-analytic." In addition to the on-the-spot messages, the teachers and analyst confer about each child's behavior several times a week, so each can use the other's observational powers i often to sharpen thinking rather than for direct use with the child. Cultivation of the teachers' observational and receptive abilities is crucial for the method, which requires close supportive supervision by the analyst, and a deep sense of "teamness."

The teachers have an educational and guiding role with parents as well as with children. As with the children, by being his eyes and ears, and working under his supervision. Meeting weekly with each parent or family, the teacher gives educator-appropriate guidance, learns about current family events, expands her knowledge of the child's past

development, and shares this information with the therapist, who meets only once a month with each family.

Although the time the Cornerstone therapist spends individually with each child may total only 80 minutes a week, the Cornerstone sessions, being daily, are in fact more frequent than most individual child analytic sessions. Fifteen hours a week of carefully observed classroom communicative play and fantasy process, combined with social and educational activities of many dimensions, also enable the Cornerstone therapist to observe and understand unconscious trends over a period of time and in depth. It then becomes feasible to validate or discard lines of interpretation and clinical hypotheses.

What of a child's need for privacy? We have found that a child rarely requires privacy with the therapist in order to convey a fantasy, behavior, or concern. All children understand that each one in the class is in treatment, and they also know that the teachers will bring their observations to the therapist's attention. Occasionally, a child will ask to speak to the therapist privately. This happened, for example, in the case of a child who was soiling,

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and another little boy who because of his relationship with his younger brother wanted exclusive contact with the therapist. This can be done in a corner of the room. Once the child has seen that privacy can be obtained, it is interesting how rarely he utilizes it. Nor is there much sustained intrusiveness of one child into another's work. Intrusions and interferences are dealt with by education, often by interpretation, and by the children themselves. The fact that all the children are in treatment facilitates tolerance, acceptance, and respect for each other's treatment.

The Cornerstone nursery classroom is set up in a standard form, and regular nursery classroom activities go on constantly. As in other nursery schools, activities are often structured by the child's interest. Play dough is generally available, as are other creative materials. A phonograph record may be playing at one point. Cookies and juice are available when the children want them, but we tend to have regularly scheduled times for cookies and juice. Children who must retreat, withdraw, avoid, or otherwise resist dealing with processes stirred up by the treatment often do so by turning to educational and social activities. These activities, in turn, are not purely resistant by any means as they increase the therapist's understanding of each child. In older Cornerstone children, emerging into latency, the use of educational and social means as retreats from the therapist is seen more frequently.

When children also interact erotically or aggressively with each other, this interaction may promote growth as well as being equivalent to acting out in the regular child analysis situation. On occasion there will be a synchronized similarity of resistances or defenses on the part of several children, especially when there is much separation anxiety, or in response to shared external factors such as the illness of a teacher or classmate, or a vacation. At these times we can interpret to several children almost simultaneously, but still individualize the remarks so as to keep clear to each child the individual nature of the work he is doing with the analyst. Generally, however, there is a clear individuality of communicative styles and themes.

The Cornerstone child resistant to direct, continuous work with the therapist can pursue treatment work alone, internally, or in social play, or with a receptive and noninterpreting educator. Then

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the child can return for still deeper work at some mutually agreeable time later in the same session. Resistance is and therefore frequently. But the ready availability of social action and conversation with teachers and peers is developmentally syntonic with the low tension-binding capacity and low frustration tolerance of preschoolers.

Having given a schematic description of this new application of child analytic techniques, I turn first to

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illustrative moments in a classroom of six children, and later describe in more detail the work with one child.

A CROSS-SECTIONAL VIEW OF THE CORNERSTONE METHOD

The following examples are from 20 minutes of an ordinary day in Cornerstone, in its second year, when the method had already taken on most of its basic current features.

The children, 3 to 5 years of age, belonged to several diagnostic categories. Leon, a 3¾-year-old black child, had been referred because of a behavior disorder manifested by frenetic, negativistic, destructive acts. Charles, 4¼ years old, suffered from leukemia and a variety of recent neurotic manifestations such as clinging, enuresis, transvestite episodes,³ and separation anxiety. Ted, at 3¾, was a bright, pathologically obstinate, adopted boy. At age 3, Keith was a pseudoretarded mute child of severely unhappy parents. Anthony was a depressed foster child, a 3½-year-old insomniac. Of Jay, an assaultive 4½-year-old with transvestite behavior, we will hear much more later.

As in most preschool programs, Cornerstone "morning group" children arrive at 9:00 A.M. and stay until noon. Each child is usually brought by his mother, and the opening moments are invaluable for ascertaining a child's mood from the way he leaves his mother and greets his teachers, analyst, and fellow patients. Parents often say a brief word to the staff about current events or behavior changes before leaving.

This day Leon was surly. His father brought him and, in the doorway, mentioned to me that Leon had wet his bed that night. The

³ For details of Charles's treatment, see Kliman 42).

information reverberated in my mind with earlier episodes of bed wetting, usually connected with arguments between Leon's strife-ridden parents. Earlier that morning the teacher had had her weekly conference with Leon's parents and learned of a furious quarrel which Leon had witnessed. She had already informed me briefly of these events.

At first Leon refused to enter the classroom, but the teacher coaxed him in. I was, at this point, chatting with Teddy about a birdhouse on which Teddy had worked for the third session in a row. I commented on the care Teddy took to make the house strong, and how Keith, who also had carefully fed some birds outdoors the day before, was like a parent who took very good care of a family of children. Ted and I discussed how much the birdhouse feeding and caring for the birds were related to Ted's father's temporary absence, Ted's previous fantasies of abandonment, and an episode of nightmares Ted had had during another paternal absence. For five minutes Ted glued the roof quietly and did not otherwise spontaneously express his thoughts.

Without leaving Ted's side, I used Ted's quiet moments to remark to Leon: "It's another one of those upset days, Leon, when you can hardly face being with us. Maybe I can help you because now you and I know more about your troubles." Leon interrupted here and told me, "Come to the fireplace, Dr. Kliman."

Because Ted did not appear inclined to further direct communication I said, "Ted, I'll be back soon and talk with you more about what's on your mind. Meanwhile, I'll be with Leon."

Going with Leon to the fireplace, I helped the child light some wooden sticks, and then listened to Leon's story of the "people" (play-dough figures) he was "melting" and "killing" in the fire. Leon imagined how very hot the people must be, and I commented on how horribly filled with hot feelings they must be. After a while, I made a gentle allusion to how somebody might even think of cooling the hot feelings with water, like a fireman, and later

also alluded to the fact that the fire might be special for a boy whose father, like Leon's, was a fireman. Leon said the people were arguing, and he hated them. As the people burned, died, and melted, I mentioned the parents' argument of the night before. Leon responded by saying that once his mommy had beat up his

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daddy, but then Leon could not proceed any further. He wandered about the classroom so restlessly that I suggested the upset feelings and ideas could be talked about some more in a little while or whenever Leon was ready.

While a teacher (summoned by me) came with another child to help Leon continue with the fire, I moved on. Twenty minutes later in the session Leon resumed working with me, picking up the theme of parental fighting. He spontaneously added that the fight he remembered had taken place when the family moved. (I already knew that this move had occurred over a year ago.) Leon then gave an association related to the morning of the day of the
put a blanket over her head when she was in the
crib. That "made her feel lost. She didn't know where she was." I interpreted, "And on the day your parents were fighting a year ago, you felt lost because your family was moving to a strange place. When your parents screamed at each other last night, that made you feel lost again. You wanted to feel like the boss of that lost feeling, so you made Natalie feel lost." Leon listened with rapt attention, and then played at covering a girl doll with a blanket. He offered no further verbalizations. In the next few days, however, he progressed in his intellectual
an important step for this child whose presenting problems were intellectual inhibitions. He
questioned his parents probingly about the death of his grandmother, amazing them with his curiosity.

In the early weeks of the group the analyst's transition from one child to another often led to resentful feelings being vented by the child who was left. These responses were interpreted as they arose. The patients began to appreciate the motives for transitions, which generally occurred when a child's ability for further work with the analyst was at a low ebb. In later weeks, the child himself would often realize that he could not pursue a communication further. Still later, it was often possible to interpret resistances and regularly have long periods of deep work with each child. Moreover, as we gained experience in the use of the Cornerstone method, periods of resistance were no longer sufficient cause for turning to another patient, and the analytic work correspondingly profited.

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Many transitions were actively induced by the children themselves, as the following episode shows:

Jay, an intellectually precocious boy who verbalized far more elaborately than most 4½-year-olds, announced that he saw a lobster on a recent vacation. The lobster tried to pinch a child's behind. I said, "A child could have many thoughts about what happens if a lobster pinches his behind." Jay responded gravely that he would think the lobster would "pinch off his peenie and then he would have to make a pee-pee from his poo-poo." I reminded Jay that recently his worries about a boy losing his penis had frequently shown up in ideas about dangerous cracks in the floor that "pinch people" and doors that pinch people's fingers. Thereupon Jay walked away from me, apparently feeling a need for distance. He did not abandon the theme, however. He walked to the block corner and began to construct a "lobster" out of blocks, in full view of the analyst.

I took Jay's walking away and the cessation of direct communication as a signal for momentarily easing my direct activity with the patient. I said to Jay, "It must be hard to continue now because the pinching lobster thoughts are upsetting." Jay persisted in constructing a lobster. During this time, I worked some more with Ted; but I could still see Jay, and later returned to hear Jay's remarkable verbalization of the fantasy: Jay pensively wished he "could be a lady, because the lobster would give the boy's penis away to a lady. So then if I was a lady, I would get my own penis back."

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This sequence shows that in respecting the child's defenses, but pointing them out to the child, the therapist had opened the way to a further elaboration of the warded-off fantasy.

ONE CHILD'S CORNERSTONE TREATMENT

The purpose of this section on one child's treatment is limited to describing some aspects of Cornerstone work social, educational, supportive, corrective object relations, and the creation of an artificial family, just to mention a few. But these are not the focus of this essay.

The following brief definition of a child's analysis is useful when

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considering the phenomena to be described in Jay's Cornerstone treatment: if successfully established, a child's analysis will elicit unconscious material; produce insight into major current and past problems or symptoms; produce transference phenomena; produce a transference neurosis; give the child marked increase of behavioral repertoire; and produce symptomatic, behavioral, and characterological improvement in correlation with insight and working through. With this definition in mind I proceed with the special purpose of the case presentation that to describe the child analytic features of the treatment. It will then be possible to discuss what happens when a psychoanalytic process occurs simultaneously with social, educational, and other therapeutic parameters.

Jay's treatment is chosen for several reasons. Jay was one of the first children treated by our method. His father died 6 weeks after Jay entered our school, so that his treatment had both preventive and therapeutic features. Jay had an unusual ability to play in a symbolically expressive way, verbalize his ideas and memories, and collaborate affectively and self-observingly in both a facilitation of his mourning and an exploration of unconscious aspects of his difficulties. Still further weight is given to his treatment because it was successful and because we have been able to follow his development until age 13.

Background

Jay was 4½ years old when his mother first sought help. Jay's regular nursery school teachers reported that he attacked other children wildly, hitting them dangerously with sticks and rocks. In class he persistently costumed himself as a woman, swishing his hips femininely. He also exposed his genitals and tried to undress other children. He had no friends, and often said that other children hated him. Consultation revealed that dressing up in feminine clothes began at home with an intense interest in his mother's high-heeled shoes at age 2½. His father became angry upon seeing Jay in women's shoes, and Jay would caution his more tolerant mother, "Don't tell Daddy." Jay also wore his mother's pearl necklaces. His body movements often took on a feminine quality as, draped in towels or sheets, he pretended to be a queen, princess, or witch.

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Jay frequently harmed himself and was often harmed by his mother. He sometimes ran outdoors in cold weather wearing only his pajamas. Once while he had an upper respiratory infection and was warned that he might get much sicker, he ran out in the freezing rain right after a bath. Since early infancy the mother had been unable to restrain herself from hurting Jay, often pinching or squeezing his buttocks so hard that they were black and blue. She would squeal, "Mine, mine!" while pinching. Jay also squeezed his own buttocks emphatically saying, "Mine, mine!"

During his mother's pregnancy with his brother (born when Jay was 3½ years) Jay became notably destructive. He jumped onto a small table, which obviously could not bear his weight, and broke through it. Quite deliberately, he crayoned an entire terrace floor. On one occasion he punched 15 neat holes in a porch screen and 24 in

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another; and he could be relied upon to destroy household equipment whenever he was left alone with a maid. After his brother's birth, he was at first cuddly and affectionate with the baby, but soon cruelly hit, poked, and threw hard objects at him. He developed difficulty falling asleep, needed a night light, and early each morning would get into the father's side of the parental bed. His speech was marked by a persistent "s" substituting for "th," he had an extraordinary vocabulary and syntax. His social skills were contrastingly very poor. He had failed to develop any social play free of pushing, poking, and but most of whom he towered over.

Jay was the product of an uneventful pregnancy during his mother's undergraduate years. His delivery interrupted her final examinations, but she quickly returned to them and managed to breast-feed Jay until he was 3 months old. He was then weaned and left in the care of a succession of nurses. During his fourth month, the mother left on a vacation for several weeks. The nurse said that Jay was uncomplaining and smiled when smiled at. The mother recalled no stranger or separation anxiety during his first year. His motor development and other landmarks were unremarkable. Although he quickly was able to climb very well, Jay was kept in a small crib and a small playpen until he was 2½ years old. Family

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friends pressed the parents to give Jay a youth bed and let him have free run of the house.

A wrestler in college, Jay's father ran an enterprise relating to feminine fashions. He was alternately gentle and rough with his boy. Sometimes coy with social friends, according to his wife, he nevertheless impressed me as an overtly masculine, serious, friendly, genuinely concerned father.

Early in Jay's treatment the father decided that Jay was too excited by their bedtime ritual of wrestling and kissing bouts. He recalled that Jay once begged, "Please, let's not wrestle before I go to bed, because then I have bad dreams." Except for wrestling and vigorous morning cuddling in bed, father and son shared mostly quiet activities. Jay frequently asked his father to read *Swiss Family Robinson*. The two would go over a chapter and then tirelessly add stories of their own. Jay loved to use his father's carpentry tools, often assisting in house repairs and projects.

The father was filled with realistic plans for business expansions and personal growth. Shortly after Jay's treatment began, he undertook a psychotherapy of his own, seeking to improve his relationship to the boy. He felt he had become too impatient with Jay, and that his anger was making the transvestite problem worse. The weekend before his death he told his wife that he had succeeded in thoroughly enjoying his two children's company even though they fought each other noisily. He began to speak gently to Jay, urging him to talk to me about the problem of dressing up as a girl, and impressed the mother with his new freedom from rancor. There was, however, a frightening carelessness on the father's part after one of the first sessions with his own therapist. While lighting a bonfire in the backyard, in view of his wife and Jay, he poured kerosene directly on the flames.

Jay's mother was a bright, attractive, earnest woman who inspired a benevolent, mildly parental feeling in both teachers and myself. Her intermittently harsh treatment and neglect of her first child were partly understood as resulting from preoccupation with her own needs and her identification with an older sibling who had been cruel to her. Her late childhood was marked by her mother's severe illness, aggravating her difficulty in achieving maternal maturity a few years later. She seemed determined to overcome

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many of her present difficulties, and entered analysis about a year after her child.

The history of her pinching Jay was not entirely clear. She definitely pinched him black and blue during the first 6 months of his life, causing her husband to be very angry at her. Apparently the pinching continued, with

somewhat diminished intensity, right up to the beginning of Jay's treatment. While pinching him, she would grind her teeth so hard that she actually chipped several teeth. At the same time she would exclaim, "I love you! I could eat you up! I eat boys. I think I'll eat your foot first."

Onset of Jay's Treatment

My first session with Jay was an individual one. He was a charming, serious, reflective child with an excellent vocabulary and a high level of information. He easily left his mother in the waiting room, where she was in severe conflict over whether to tell me something. As Jay ran ahead, she whispered to me, "Jay wanted you to know that he touches his penis a lot because it itches. But then he said for me not to tell you."

When we were alone, Jay concentrated on crafts material, especially finger painting. He was quite proud of the multicolored cheerful blots he made by folding the paper over on the thick paint. Although he seemed generally at ease, he was quite concerned about dropping finger paint on my formica table and on his clothes. He claimed that he was going to a party soon and his mother would not like his clothes messed. On the other hand, he went out of his way to drop globs of paint on the floor and did not seem distressed. He did not mention his concern over his penis at all, but told me his trouble was that other children hated him. He thought I might hate him, too, and that his mother hated him because he hit children.

Treatment in the Classroom

After a few days in the classroom, Jay frankly communicated his feminine wishes. He told me he had waked wanting to be a mermaid," and also wanting to catch a mermaid and give one to his father. He believed his father would like to have a mermaid, while his mother would like to have a

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regular fish, a perch. I pointed out to Jay that he felt like the kind of fish he knew would please his father. He was already apparently conveying fantasies symbolically communicative of his sexual problems, and beginning a substantial dialogue with the analyst.

Soon, an intriguing new fear emerged, which I began to suspect was part of the onset of a transference neurosis. Jay took special trouble telling me that he disliked cracks in floors and would like the whole school floor to be smooth. Something about the cracks made him feel upset at school. He clearly understood the analyst's task to help with such a problem. Simultaneously, he was showing me that his block buildings were very tippy. When I pointed out that Jay was talking about tippy buildings just after talking about cracks that upset him, construction of tippy buildings became a long-continuing theme. When I suggested to Jay that perhaps he felt he was kind of tippy himself and not as strong as he would like to be, Jay became more aggressive with other children and adults in school and at home. Within 48 hours he caught two persons' hands in the cracks of doors which he slammed on their fingers. Jay also showed me that he wanted to catch another child's head in a crack between two tables. I interpreted that Jay was trying to make himself feel better by being in charge of this new trouble of frightening cracks, making other people afraid of cracks.

Jay's therapeutic alliance vacillated markedly in its valence at first. He repeatedly told his parents he hoped I would help him stop "itching" his penis, and actually reduced his genital masturbation. This reduction of autoerotic impulse discharge was an early indication that the treatment process could alter Jay's behavior into more frustration-tolerant states at home even while he was increasingly and impulsively discharging aggression in school. At the very least the treatment process was beginning to shift Jay's most turbulent mental processes into the treatment situation and out of his home life. Whether the reduction of masturbation was otherwise desirable is a separate question. At times he would seek me out for long sessions of quiet building and serious talking. At other times the transference was so impulsively hostile or his love for me so defended against that Jay became assaultive. A conspicuous assault followed his discussion of feeling like a mermaid: about 20 minutes later he

tried to kick me fiercely.

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After a few weeks he showed the treatment team an assortment of ways by which he made other children hate him. He was told that the teachers would help him control himself, while the analyst would try to help him understand himself, so that he could play with other children in a way that made them friendly. It was suggested to him that his way of acting with other children might not yet be completely under his control. For example, he would ask a child, "Do you like me?" and then hit the child with a block a few minutes later. Still later he would complain that the child hated him. He listened attentively when I pointed out that he seemed to be doing just the opposite of what he wanted to do.

Before his father's death both his parents had become regular contributors to Jay's Cornerstone treatment, providing much extra-analytic information during interviews with me and the teachers. They reported that two transvestite episodes had occurred in close connection with seeing his mother undressed. After one observation, he immediately put on her pajamas. On another occasion he dressed in her high-heeled shoes after being kissed by her. Thinly disguised sexual longing for his father was expressed when he asked his father if he could make Jay float to the ceiling.

The day after his father's dangerous behavior with the fire and kerosene, Jay confided somewhat in me about these events, but he was unable to talk about his father's part in the matter. In direct sequence he spoke of his own trouble that night, having pains in his legs and difficulty falling asleep. I was able to point out to him that there was probably some connection between these upsetting things and the upset in his legs, but did not try to interpret further.

It is important to note as a baseline Jay's state of mind and the state of treatment just before his father died. Over a period of several weeks I had interpreted Jay's efforts to make other children afraid of cracks, which he himself feared. Some work had been done on that subject, in terms of a fear of female genitalia, a few hours before his father's fatal crash. When I left the nursery school, Jay seemed to be responding to the interpretation of his classroom violence as a defense against his own dread of cracks. He took several cans of paint and made an awesome mess by spilling them about, then worked very hard helping to clean up, fearing the teacher would be angry and tell his parents. He soon spat a whole

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mouthful of water on the floor. A while later, Jay abruptly jumped on another child, banging the child's head on the floor. Jay looked very worried, and was told by the teacher that he could not be allowed to hurt other children, and that this was the kind of trouble that Dr. Kliman and she had been trying to help him with.

Jay then took off his sweater very deliberately, hung it carefully in his cubby, walked backward a few steps, then ran hard and fast straight into the far concrete wall, ramming it with his forehead. His teacher was horrified. Jay fell to the floor and sobbed. While being comforted, he allowed himself to be held close. After a long while of perspiring profusely, he calmed down, looked up at his teacher, and said, "I love you, Mrs. Ronald," remaining tranquil for the rest of the morning. This was the first time a furiously self-hurting tendency had been apparent.

The interpretive work concerning his fear of female genitalia had led to many shifts of a rapid turbulent nature. His use of identification with the aggressor changed to an alternation of that defense with aggression turned against the self. Object relations moved to testing of the teacher as a possible transference object for his oedipal love. A shift of symbolic focus regarding cracks had also occurred, with displacement upward from genitalia to the head. From the anxiety-stimulating phallic impulses with regard to cracks he regressed libidinally to the predominantly anal-sadistic impulse level of enraged attacking and messing. From an ego point of view he shifted momentarily to reaction formation against the liberated sadistic impulses, briefly being clean and

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compliant. He soon returned once more libidinally and symbolically to a phallic concern with heads, but then
cuddling the
teacher, perhaps taking in the teacher's reading as if it were comforting at an oral level, while also allowing an
oedipal gratification.

Jay's Father Dies

Six weeks after Jay entered the Cornerstone School, his father went on a business trip which ended in an
instantly fatal plane crash. The loss occurred at a phase of Jay's life when tolerance for

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painful affects was naturally poor. The work of mourning, aided by therapy though it was, had to go on at a slow
pace and low intensity of sadness and yearning for the lost father. After a brief initial phase of overt protest ("I
want my Daddy back!"), gross identificatory mechanisms dominated Jay's behavior. He played intently and
intricately at being a daddy, far beyond the level and frequency of his prior play. Yet sadness was a definite,
conscious, and persistent affect. Rapid, intense expressions also occurred of the need to cathect new
far more quickly than would be expected with an older patient in
mourning. The reality-testing aspects of mourning also went on piecemeal and were appropriate to his age.

Other postbereavement trends observed were an increase in the self-directed aggression, which had begun to
emerge just prior to the loss. There was increased expression of magical thinking. Sublimatory activities
deteriorated. His oedipal strivings became more gross and grandiose. Fantasy themes and play activities became
heavily centered about the death, with details about smoke, fire, mystery, and searching. Both instinctual and ego
regressive phenomena were evident, with increased greed for supplies, inability to share, and loss of achievements
in frustration tolerance and object relations. Although gender identification with the mother had already been in
evidence prior to the bereavement, increasing identification with some of her pathological defense mechanisms
now emerged, especially in regard to her magical thinking about clairvoyant processes and the power of thoughts.

We wondered whether Jay would develop a permanent split in reality testing and retain a powerful fantasy of
father still being alive. The mother's magical thinking and difficulties in impulse control seemed of great
importance predictively. They might further restrain the child's already weak functioning in the same areas. At
this point it was not possible to say what the short-term and ultimate bereavement effects would be. We could
predict, however, that without treatment, a phallic-phase child with transvestite tendencies would do much worse
in the absence of his father's protective influence. Further, the partial coming true of his wish to possess his
mother exclusively would burden him with extra

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guilt. Thus the task of assisting this much damaged boy to deal with the new insults to his development was
formidable.

Our negative prognostic views were balanced by the vigor with which Jay pursued his therapeutic work. He
showed great continuity of themes and a remarkable persistence in working them through despite the intervening
bereavement. Continuing work on his girlish thoughts, he expressed a complicated fantasy when he painted a girl
with her head cracked open. He then accused me: "You cracked my little girl's head open!" A strange epithet
which had rarely been used by him in the past, "Your head!" was now voiced rather frequently, angrily, and
energetically. Three weeks after his father's death, angrily objecting to my efforts to interpret his aggressions
against other children as a way of mastering his own fears, Jay threatened me: "Mrs. Ronald is going to come and
kill you. She'll chop your head off with an axe!"

Following this, Jay stuck a small twig in a crack in the wooden side of the sandbox. He then wondered who

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an exact parallel to his conscious concerns several weeks prebereavement over mother-versus-father dominance at home. His psychological life was increasingly becoming centered on the school, and, as happens often with the Cornerstone method, the child was using the personnel and children in the process of working through his conflicts. His fears of female genitalia and mother were being translated into fears of cracks and fears of what teachers could do to penises and men. As he gained some insight into his fears, a transformation of the related psychological processes became apparent. Instead of raw manifestations of catastrophic anxieties and discharge of impulsive behavior, more structured and more neutral states appeared. There were changes in his relations with people, particularly in the classroom. He began to appreciate them as complicated whole objects rather than need-satisfying or terrifying part objects.

The Treatment Deepens

I shall now skip forward to a time when Jay's relationship to the Cornerstone team was very well established. In the intervening half year much work had been done to reveal to Jay the origins of his intense castration anxiety as well as to facilitate his mourning.

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When Jay reentered the Cornerstone School after the summer, his disruptive, poking, and scratching behavior had cleared sufficiently so that he could also attend a regular public kindergarten in the afternoons. At that time, three other children were ente two for the first time.

There was immediate evidence that Jay had elaborate, intense fantasies involving the Cornerstone School. Jay believed he had seen a certain former Cornerstone child in public school, and seriously considered that the former classmate was using a disguise. The disguise theme was already understood by me as part of Jay's transvestite problems. I responded by reminding Jay that being in disguise, like disguising himself as a woman, was a familiar thought in Jay's mind. Then I dealt with the theme of an old friend being in Jay's public school class as a wish, interpreting that having an old Cornerstone friend in public school with him would make Jay feel happier and less lonely.

The next day Jay entered a fierce verbal competition with Charles, claiming, "I'm very smart," and trying to overwhelm Charles with an explanation of what happens "when two chemicals get together." I remarked that Jay had a lot of feelings about being smarter and knowing things about chemicals getting together, which were all very important to him. Jay responded by telling Charles and me that he had a collection of his deceased father's valuables, and in a few minutes added that he wished to "be" a certain uncle. This was Jay's first expression of desire to be a particular grown man, and represented significant progress.

After I left the classroom the teachers (as usual) continued working with the children for an additional hour. They served as recipients, elicitors, and observers of a fantasy which apparently continued and deepened the masculine identification theme Jay had expressed earlier. He lay down on the floor, saying, "I am dead." Although the teachers were aware of the connection of this play to the earlier talk Jay had had with me about his father, in keeping with the Cornerstone method, they made no interpretation. They encouraged the expression of his concern in dramatic play and reported it to me before the next session. They also took note of the fact that Jay again lay on the floor and claimed to be "dead" when his mother arrived to pick him up and go home.

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The next day Jay told me that he was not feeling well; he had a stomachache which had started on his way to school. Asked if he thought it could be because there was something on his mind which came up when he "thought about school and the things we work on together here," Jay said, "That's right, there are a lot of things on my mind all night and I don't want to talk about them, but they bother me." Jay soon revealed that last night he

had heard a loud noise when falling asleep, and gradually unfolded the fantasy that creatures from outer space had come into his backyard. Perhaps they had come from Venus. If he could have gone out to see, maybe he would have found them, and they would have "antennae on their heads and be mean."

I commented, "Although they were scary creatures and you thought they were mean, too, a boy who is lonely at night and even lonely in public school in the day, and a boy who thinks his father is in outer space [confirmed by "like in heaven a boy like that might sort of hope and sort of fear that a man from outer space would visit his backyard." In response, Jay expressed considerable interest in a male classmate's behind, which he tried to smear with play dough, and kicked a lady teacher in the behind (rather tentatively). He then wondered whether a certain toy rhinoceros would break easily.

I spoke to Jay about the rhinoceros thoughts and the thoughts about the boy's behind, saying that Jay was worried about the boy getting hurt in his behind and the rhinoceros getting hurt in front. Perhaps Jay was "worried about a boy who wanted to stop being lonely and wanted to do things closer to other people by putting fronts and behinds together, and who worried about what would happen then, and whether fronts and behinds could get hurt that way." This interpretation also used knowledge gained in the prior nine months of treatment during which Jay's poking of other children in the anal region had in part been understood as a wish for and fear of penile penetration of his anus. Apparently in response to the interpretation concerning the rhinoceros front and the boy's behind, Jay made an entirely new kind of block construction which differed essentially from his earlier block play in Cornerstone. He made a building which was sturdy, instead of shaky, solid instead of slender and easily toppled. He insisted that it

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must be "very strong and very tall" and wanted help whenever he felt uncertain that he could accomplish these goals. Giving Jay a minimal amount of help, and keeping up a "patter" of discourse with him, I commented on how this building was the opposite of a rhinoceros which could break easily. The building then became a kind of garage to which a truck brought cement. The matter of the right-size opening for the truck absorbed Jay for several reflective minutes. He called a teacher to admire the building, "See how big it is. It's taller than the chair."

On the next day, Jay drew what appeared to be a man with a large penis, but he could neither talk about the drawing, nor even acknowledge that what he had drawn looked like a person. He soon became involved in breaking a felt-tipped marking pen, and had to be restrained by one teacher from a rather vigorous attempt to smash it. I observed, but did not physically intervene in, this action, having the advantage of the teacher's availability. I could thus preserve my purely analytic, nondisciplinary function. I commented that Jay was trying to tell us something about his troubles and that these must be connected with what he told us yesterday: things which break. I then remarked sympathetically to Jay about a walkie-talkie antenna which upon entering the classroom he had told the teacher his young brother had broken. I hoped Jay could talk more about problems that were really very hard to talk about.

Jay then used a crocheting needle which was in the classroom, demonstrating some crocheting tricks to other children, who were duly impressed. He complained that his mother did not permit him to crochet because she said only girls should do it. Jay's competitiveness with Charles was now less evident than it had been the previous few days, and he confined himself to disputing one of Charles's remarks. It was a remark of considerable significance to Jay, for Charles had said, "People don't go away forever." Jay said, "People can go away forever." He not only insisted that Charles admit the error, but he was also upset to the point that he became unable to tolerate his own failure in gluing together a three-sided wooden structure whose purpose and nature he had not yet verbalized.

I now engaged Jay in a discussion of how nice it would be if people did not go away forever, acknowledging that Jay knew

who had most recently departed from the home. Jay agitatedly expressed his belief that this particular maid would come back, taking the same view about another maid who had been gone even longer. I wondered "if sometimes a child whose father had died might hope that the father would come back somehow." Jay replied with sadness, "No, that can't once he's dead." He seemed relaxed at this point, although an agitated state immediately preceded these remarks. The agitation was absent during the remainder of the hour and a half.

On the following day, Jay played a game of "killing" his closest companion in class, Charles. Then he made up a story that Charles's ghost and his own ghost were playing together. His own ghost was "a very angry and scary ghost." I left the classroom, but the teachers were able to observe the continuation of Jay's expressive fantasy. Jay went outside to join a teacher and Mary, who were playing in the yard while other children were having juice indoors. Jay played in a deep hole for about ten minutes by himself when he called to the teacher, "Please stay here." She sat a short distance from him, while he lined up some flexible dolls which he draped with colored straws. Having established the identities of the dolls as members of a family, Jay described the father as a very kindly man. The boy child would say to him, "May I go horseback riding, Daddy?" "Certainly," was the reply. "Oh, thank you." "May I fly a plane?" "Yes, certainly." "Oh, thank you." "May I drive an automobile?" "Yes, certainly." "Oh, thank you." Suddenly the straws became atomic rays. The father doll came forth to save other dolls, who were being "attacked by atomic monsters." Jay then found a worm, which seemed to be dead. He shrieked, "It's a cobra! Mommy, look, it's a cobra!" The two figures next to the mother doll were now designated as "a nurse" and "a magical sister." The nurse also had a "little girl." Jay exhorted the father doll, "Daddy, Daddy, it's a cobra! Save us!" Daddy was able to kill the cobra, even though it bit him. Several dolls were bitten by the all except the father. The father then had sticks attached to each leg and became an airplane which flew around trying to slay atomic monsters. The atomic monsters were dropping dust on the figures below, and also attacked the

father-plane. He was wounded, fell to the ground, but was all right and got up again. He flew around attacking atomic monsters and managed to kill them all, although he was struck and fell crashing to the ground several times. Finally, the father went over and unburied every one of the dolls. As he unburied the last one, he pulled the dirt off it with an announcement: "EVEN YOU [are saved], YOU WITCH MOTHER!"

that Jay regarded his mother as a witch, magically responsible for the father's death. He seemed ready to "go deeper," and I would not have expected more of a 5½-year-old child's therapeutic work in a comparable period in the ninth month of intensive treatment. I also had the impression that some of the above material might not have been so readily available in analysis conducted in a traditional playroom setting, especially the poking and smearing of other persons' anal regions, the discussion with Charles of people who do not come back, the visible display of competitiveness with a peer, and the intense creative reactions to my departures. The frequency with which interpretations could be made and had useful consequences suggested to me that an effective analytic process was indeed in progress. The patient had verbalized a fantasy (a child in disguise) which enabled me to interpret his defended-against affect (transference-related loneliness). He responded to interpretation by further elaborating the dominant theme (in terms of an unidentified flying object fantasy), thus enabling me to link the associated affect of loneliness to the death of father and the child's wish for father's return. Some connections between his classroom play activities and his sexual identity concerns were also clarified for him (the fear of breaking the toy rhino's horn was connected with the fear of what happens to boys' fronts and backs), and there was an associated change in ego functions toward improved executive skills and sublimative activity (building sturdier buildings).

I shall now describe a few weeks of the later middle phase, early in the second year of treatment. The material illustrates the continuing thrust of the child's fantasy themes, and their ready emergence in the Cornerstone setting. It also demonstrates some of the special split quality of transference in that situation, and the

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regularity with which major communications are made to Cornerstone teachers.

As an apparent reaction to my walking to another part of the room, Jay started talking to a teacher about fantasied visitors from outer space. I observed to Jay that the monster-visitors idea was connected with wanting me to stay nearby. Jay then asked me to pretend to be afraid while he pretended to be a monster who followed me. A further aspect of the loneliness theme emerged when Jay mentioned that his mother had been ill for two days, and shortly thereafter put his head down to rest in a teacher's lap. I interpreted to him that a child whose loneliness gets bigger when his mother is not well enough to take care of him could get so lonely that he could even want a monster for company.

A few sessions later frantic needy behavior appeared, with panicky demands for food and crafts equipment. The teachers helped Jay with his wild behavior while I watched from a short distance. Soon he invited me to use some carpenter's tools with him, especially one. I reminded Jay that this particular tool was one he and his father had used together, and his thought about it was connected with loneliness for father and the good feeling he had had when he did tool things together with father. Jay then asked Mrs. Ronald, "Are you smarter than my mommy?"

When Jay's mother once forgot to give him a lunch to take to school, Jay gradually brought this problem to our attention so that a lunch was provided. Jay then pretended to be a robot-monster, and frightened some of the other patients. He then asked other children to bury him in leaves, outdoors, and they cooperated. His identification with his longed-for father was not interpreted by the teachers, and I had already left.

The next day Jay brought in a tool kit belonging to his father and some of his father's coins. He had begged his mother for permission to do so. Again, he buried himself in leaves. He was very anxious, and furtively tried to look under a teacher's skirt. Then he unexpectedly urinated on the classroom floor, under an easel.

We soon learned one reason for Jay's newly heightened anxiety. He was threatened by a tonsillectomy because of tonsillar and associated middle-ear infection. His mother was determined to proceed with the operation, and announced the plan in the

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classroom, although the entire matter was news to the staff. Jay then wildly wielded a knife which had been used for cutting a face from a Halloween pumpkin. I interpreted to him that he was once more turning his own fear around by making other people afraid. The surgeon scaring Jay was now Jay frightening us with a knife. Simultaneously, the dangerous action was stopped by Mrs. Herzog, our assistant teacher, before Jay came near anyone else.

Jay settled down with Mrs. Herzog, and after I left he told her how to make a genie by a secret formula of flour, salt, and chemicals. It would last a long time. He had a genie of his own, he told her, and would use it to get the teacher all sorts of things especially a wood-burning set. For himself, he would like lots of money to buy a private plane.

My understanding was that the genie was a magic helper-father, creatively evolved from the child's wishes like the visitors from outer space. It appeared when I left the classroom, at a time of extra need. Jay felt threatened by his mother's recent inattentiveness due to her illness, a threat much aggravated by the planned tonsillectomy. It

was powerfully overdetermined because the time of the first anniversary of his father's death was now only a week away. A report from his public kindergarten, which he attended half days, confirmed the ascendancy of thoughts about his father. He cried in the other school, the same day, telling the teacher his father was dead, adding in the same breath that he was going to have his tonsils out.

Another bit of work with Mrs. Herzog further indicated that Jay's mourning was now transference-linked. He mistakenly believed her purse was "made of cobra skin." I told him that perhaps it was the same cobra who inhabited a dream magic mountain. Shortly after his father's death Jay had dreamed that he would have a reunion with his father and a maid in this cobra-inhabited magic mountain.

Two days later the tonsillectomy had been averted by my guidance of the mother and pediatrician. Jay told a story about a bad robot and a bad plane. Both characters had begun their development in my presence. There was a hospital, an overt reference to the preoccupation with current medical matters, which Jay had discussed an hour earlier with me. The hospital was under

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threat from the bad plane. Apparently the father-plane had returned, angrily, to wreak vengeance on the hospital.

Again, the classroom situation had provided means for continuing and elaborating themes in Jay's analytic work after I left. I had the advantage of the additional material, as usual, in time for inclusion in my thinking before the next day's session.

I told Jay that his wish for an outerspace robot was connected to the hospital bombing because he wanted his outerspace dead father to protect him from the tonsil operation. Jay listened very seriously. I added that it was like the way he wanted me to protect him from his mother's anger. Jay responded elaborately:

"I wish there could be a machine that would make all the other children bad at Christmastime. There would be a bad man who would make that machine and all the children would get into trouble because of that machine. Then Santa Claus would find out about it and he would get a special dart gun and he would shoot that bad man in the behind with the darts." He then detailed the story further while sitting down on the ground next to me and later on the outdoor climber. "The darts would be very sharp and there would be lots of them going into the man's behind." Santa Claus would shoot at the bad man's penis and the darts would go right in the man's penis. He would holler. There would be a special dye in the needle. It would be helium. It would make the man go high in the air. I interpreted that this idea was connected with feelings boys and men have in their penis, which does go up in the air sometimes, by pointing upward. In later days, the theme of building airplanes occupied Jay profoundly. He spent weeks constructing a huge model glider from sheets of balsa wood, making an excellent original design. He believed this might be the largest model airplane I had ever seen, and the largest a child had ever built. It actually was able to fly. Of considerable concern to Jay was whether it would survive crashes, which I related to his wish to have saved his father.

Once, when entering the classroom, he commented both about a minor leg injury he had just suffered and his father's death a year ago. He spontaneously noted he was finding it hard to remember what was going on in school then, showing a remarkable degree of self-observation and interest in his mental processes.

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I interpreted both his leg injury and his efforts to remember as connected with his father's death. After I left he apparently responded by composing the following song "for Mrs. Ronald":

*Oh the planet Mars,
Where the people smoke cigars,
Each puff they make is enough to*

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*Kill a snake.
When the snakes are dead
They put roses in their heads.
When the roses die,
They put tulips in their eyes.
When the tulips die it is 1965.
Oh, this land is my land,
It's only my land.
If you don't get off,
I'll blow your head off.
I had a shotgun
And it is loaded.
This land is made only for me.*

After this song, with its message of guilt and triumph, of anal-sadistic and phallic-oedipal dreads, his further work was marked by an increased mourning through remembering as much as he could of previous work with teachers and me. Often this went in counterpoint with sadly remembering bits of play with his father. It seemed there was a blurring and linking between father-memories and treatment-memories. The reality-testing and affect-discharging work of mourning was facilitated by the transference. He was able to think a good deal about how people's bodies were after burial, and made up songs about "worms eating your bones." In association with thoughts about decomposition of a body, he begged his mother to allow him to visit the attic where his father had kept tools. Other children assisted Jay at times by saying in a matter-of-fact way, "Your daddy is dead, Jay." Jay would reply, also matter-of-factly, "Yes," or "Yes, my daddy is certainly dead."

Contiguous to Jay's increasingly testing the reality of his father's death was his increasingly verbalized insistence that his mother had a penis inside her vagina, and Mrs. Ronald had a bucketful of

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penises in the school basement. He often put phallic-shaped objects inside vaginal-shaped ones, shouting, "Penis!" as an epithet to the lady teachers. Much work was done with related fantasies of women having a penis inside the vagina. Jay worked through several memories of observations he had made about female relatives. For example, he had seen one woman give herself an enema and described the procedure in some detail. Jay recalled the idea that she had retained the nozzle and was now able to correct this misunderstanding spontaneously.

Fantasies of immortality and rescue by supernatural means occurred intermittently, particularly one of an "eternal lighthouse" which "keeps young people from dying in planes and boats." The link between his longing for his father and the anxiety about his own anatomy became very clear on the anniversary of his father's death, when the eternal lighthouse fantasy merged with a suggestion Jay made to another child that they both go into the bathroom and take their pants off. He soon made remarks about Mrs. Ronald's penis having been taken off, and Dr. Kliman's head having been chopped off. Although he was still working with me on a model of exactly the same airplane in which his father had died, he whispered to Mrs. Ronald, "I want to tell you a secret, but I don't want you to tell Dr. Kliman or anybody. My secret is I believe in God." He soon confided further in Mrs. Ronald that he did not really want to have a penis.

By the 16th month Jay became more relaxed and comfortably warm with the teachers and me. He often joked in a husbandly way with Mrs. Ronald, telling her that she looked funny. Once he amused her and said, "I wish I had a camera so I could take a picture of you laughing like that." At the same time he was able to speak sadly and seriously with his mother about her feelings toward his dead father, "Mommy, you didn't always love daddy. You wanted him to die." Jay seemed relieved to be able to express these ideas, and other children began responding to him with greater friendliness.

Shortly after Jay was able to let his mother know that he blamed her for his father's death, thoughts that his father himself was to blame emerged. Jay began calling me stupid in connection with his wish to spray paint near the school furnace. I was able to point out

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to Jay that his father had been killed in a burning plane and that his father had been using a dangerous fluid near a fire a few days before the plane crashed. Calling me stupid was a way of criticizing his father for dying. In response, Jay complained that he might die himself from choking on wet crackers, and seriously urged Mrs. Ronald to be good to him.

The Cornerstone Work Ends Successfully

While much could be learned about transvestite behavior and about childhood mourning from a further delineation of Jay's Cornerstone treatment, these are not the focus of my presentation. I am also aware of the fact that the evaluation of the Cornerstone experiment would require the narration of a full treatment record, but this so far exceeds all practical limitations that I can only make a few additional points.

Elaborating on much of the work that had preceded, one day Jay, playing a game in which he pretended to be a crab, told me, "Dr. Kliman, the reason I pretend to be a lady is that the lady and the pinching crab are connected in my mind. If the crab pinches off the boy's penis, then I want to be a lady because the crab gives the penis to the lady. And if I am the lady, I would have my own penis. And I don't have to go without a penis."

This intricate, spontaneously verbalized insight followed many earlier dialogues and interpretations concerning his feminine and transvestite behavior. He had begun to understand his intense fear of cracks in the floor as originating in his fear of and identification with the female aggressor and her genitalia. He had become clearly conscious of current and past fears of his mother, including the specific fear that she would pinch off his penis. This fear had been interpreted to him as being in part a product of his mother's former custom of pinching his behind black and blue.

Interpretations produced several lines of historical material that were highly relevant to Jay's current problems. When I noticed that Jay was making increasing demands for more and more supplies from the teachers, I told him that he was acting "hungry" to get supplies in a big hurry; that he seemed "hungrier" than at other times; and that seeing other children get supplies from the teachers

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made him "even hungrier." I then added that it must also be hard for him to watch his mother being nice to Eric (who was then 2 years old).

In response, Jay became reflective, and said he could remember when Eric was born, and that Mommy was very nice to Eric. He had a faraway look in his eyes, and I surmised that a process of reminiscence had been set in motion. Encouraging Jay to communicate, I learned that Eric had been breast-fed and Jay now recalled watching his mother breast feeding Eric. "I always wished she would let me do that. But you know what my Mommy would do if I tried? She would have killed me!"

Jay was gradually helped to understand the naturalness of his desire to try the breast, and simultaneously to work through and moderate both his classroom competitiveness for attention and his dread of his mother's ferocity at home. I also acknowledged that his mother did at times act fiercely. As an apparent result of these endeavors, his aggressive acts toward his younger brother diminished further and he showed increasingly tranquil behavior in the classroom.

Jay's aggressive, destructive behavior had begun in the months before the birth of his baby brother. The

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reconstruction of the historical bases for his animosity in the classroom gave vital impetus to his treatment. Interpretations connecting his classroom behavior to those jealousies were not only helpful in showing Jay the continuity of his emotional life between school and home and past and present. They also helped him correct and work through his tendency to project envy and rage and to perceive others as hating him.

An encouraging development throughout the second year of treatment had been Jay's attachment to the school staff and children. We became a second family, for whom he cared deeply, and of whom he spoke often at home. His mother shared this positive attitude, which helped her immensely in the difficult task of controlling her verbal and physical onslaughts, and developing an identification with our attitudes toward her son. Caring for Jay many hours each week made the teachers particularly important real objects, a force magnified by Mrs. Ronald's weekly meeting with Jay's mother. Although I met with her only once a month, she

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knew I was available in any emergency and responded well to my confidence in her ability to grow into successful motherhood with our team's help. The rich reality of the Cornerstone School had made this mother's participation and growth possible, and a thinner diet of realistic help, as a less supportive nursery and a more emotionally isolated analysis would have provided, could not have sufficed. Thus when school ended, so did our opportunity for intense work with Jay.

After graduation from Cornerstone, Jay remained in treatment with me on an individual basis. He was seen several times a week for a few months, but then only once a week for a few more months, and finally every few months for several years. My wish to analyze him further was not realizable. The results satisfied his mother and Jay for the most part. His dangerous assaults on brother and other children had ceased. His transvestite behavior had not returned. He was no longer shunned or complained about by other families, and he developed friendships. The disruptive school behavior of prior years and in Cornerstone itself was not present during his first grade in public school. We could judge that major treatment goals had been fulfilled: favorable, progressive alterations of character had emerged with improved flexibility of adaptation to existing social tasks, frustrations, and discharge opportunities. On the other hand, at age 7, he retained a mild phobia of darkness and moderately excessive magical thinking, together with a diffident attitude toward formal learning.

Follow-ups to age 13 showed Jay comfortably masculine, although occasionally "catty" toward mother and adult relatives. He was not interested in being analyzed further, regarding it as a financial extravagance; but in situational crises, usually involving his mother's discipline, he returned for occasional sessions. Although he retained a critic's interest in women's fashions, his transvestite behavior did not recur. He never again injured another child, despite a history of near-murderous assaults. Far from intellectually diffident as he had been in first grade, he now vigorously employed his intelligence in school, where his reading, math, and artwork were outstanding. He was quite logical, and free of floridly magical ideas, using primary process thinking only in well-sublimated storywriting, poetry, and gifted painting. He

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survived several further life strains of major proportions, with sparing use of my help. His mild phobic tendency was gone, and he appeared ready to enter puberty in good condition. Mourning for his father proceeded quietly, with frequent small doses of sad remembering, and shifting of paternal attachment toward his grandfather and mother's men friends. His transferences to and conscious memory of the teachers and Cornerstone children gradually receded, as did his memory of the analytic work.

At a recent community meeting where I saw him functioning with warmth and poise among his friends and family he took me aside and said with the seriousness and clarity which had characterized much of his early childhood treatment: "I don't know what you did for me. I can't even remember what we did. But I'm sure that

without you I wouldn't be here today."

DISCUSSION

It is my contention that Jay's treatment, as well as that of over 100 children conducted along similar lines, is not only based on psychoanalytic thinking. It also showed many of the essential features that are characteristic of the processes occurring in a regular child analysis.

In considering the question whether or not a method of treatment is analytic, I developed a set of criteria as guidelines for judging the existence of a psychoanalytic process. They underlie the definition of child analysis which I stated at the beginning of my presentation of Jay's treatment, and the remarks that follow are based on them.⁴

There was evidence that Jay understood the analyst's work. He collaborated in exploration of, and communicated about, his inner life. He brought fantasies, dreams, and problem-related mental contents; there was marked thematic continuity, and considerable dialogue about psychological functions; and he clearly manifested transference phenomena, which were subject to systematic interpretation. He responded to interpretations with elaborations and new,

⁴ An extensive list of these criteria is available at The Center for Preventive Psychiatry, where we have attempted to apply them to several cases on a session-by-session basis.

illuminating themes. Often, interpretation of a conflict led on the one hand to oscillation in the psychosexual level of Jay's behavior, and on the other to increased awareness of the relationship between his current anxieties and defenses against impulses. Symbolic representations of his present and past conflicts were understood by him. Progressive growth of character was evident, with increasing flexibility in social tasks and increasing maturity of object relationships as well as insight into and working through of the transference neurosis.

An interesting feature of the Cornerstone treatment is the regularity with which not only profound transference phenomena occur, but with which certain features of transference neuroses are manifested. These correlate closely with the favorable outcome of many of our cases. In Jay's case, there was no doubt he loved and hated the teachers and analyst intensely, and this was not surprising. He also progressed from his perverse, primitive, impulsive state to a more advanced condition in which he created ne an artificial neurosis in the treatment situation. He expressed many anxious fantasies which crystallized around the Cornerstone personnel. Some of these fantasies were neither currently nor previously experienced consciously as concerning his own family. For example, he not only wished to marry the teacher; he feared her and fantasied she had a bucketful of cut-off penises in the basement, collected from many Cornerstone boys. Further, she would "slip" off Jay's penis or chop off the analyst's head with an axe. He tried to involve other children in sadistic sexual acts, while his behavior was sedate and free of erotic assaults at home and in public school. Meeting one operational criterion of transference neurosis, his neurotic behavior, actions, fantasies, and accompanying distress were largely confined for long periods to the treatment situation.

The ultimate establishment of harmonious relations between Jay and his Cornerstone "family" was accompanied by many positive oedipal fantasies. These in turn permitted working through of his transference neurosis, with its castration anxieties and underlying separation anxieties. As insights developed, their broadening was wrought in a vivid, real-life situation, syntonic with the child's developmental needs and capacities. The analyst then became

primarily a benevolent, accepting father-in-transference and the teachers accepting, nurturing, educating, and safe mothers-in-transference.

Because of the techniques used and the phenomena observed, I call the Cornerstone method child analysis conducted within a synergistic educational process.

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