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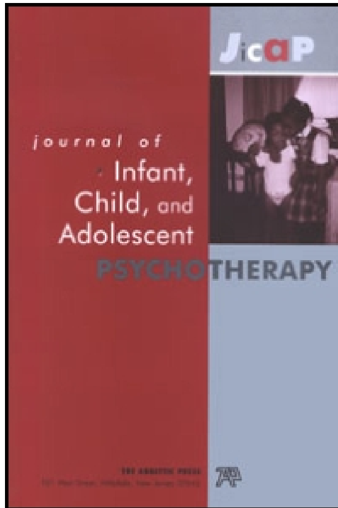

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Psychoanalytic Conceptualizations of the Internal Object in an ADHD Child

Björn Salomonsson, M.D., Ph.D.

Several factors contribute to the dearth of psychoanalytic treatments and conceptualizations of attention-deficit hyperactivity disorder (ADHD). The author argues that psychoanalysis can contribute to standard treatments of such children. The prerequisites are the child's interest in change and the analyst's insight as to the legitimate aims of such treatments: to help the child discover his inner world and the connections between emotions, thought processes, and symptoms. The patient's reception of interventions varies. Sometimes, he is open to the verbal content of words. Other times, he reacts mainly to nonverbal aspects of the analyst's communication such as tone of voice, dress, or demeanor. The motor behind these vacillations is the present state of the child's internal object. When it is harsh, unyielding, and ridiculing, interventions are taken as assaults that must be defended at. Only in moments when it is welcoming and benevolent can the child use the intervention for building up his ego. The child's so-called semiotic capacity is related to the shifting state of the internal object. This has repercussions on both transference and countertransference. The discussion is illustrated by a six-and-a-half-year-old boy in child psychoanalysis while being in remedial and pharmacological treatment.

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The worldwide prevalence of attention-deficit hyperactivity disorder (ADHD) exceeds five percent (Polanczyk et al., 2007). Though the figures vary between studies and countries, they seem equal in Europe and North America. ADHD thus constitutes an enormous challenge for child psychiatry and, as is increasingly recognized, for adult psychiatry. In previous papers (Salomonsson, 2004, 2006), I have pointed out that psychoanalysts have largely refrained from analyzing ADHD children and from conceptualizing the disorder in terms of psychoanalytic theory. Their reluctance seems based on a misinterpretation of the diagnosis, namely, that it would be based on a distinct and consistent neurophysiological cause. In fact, ADHD is not diagnosed via neuroimaging or any other neurophysiological investigation. Rather, it is established when interviews with the parents and the child demonstrate a sufficient number of symptoms within the domains of hyperactivity, impulsivity, and difficulties in attention.

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However, since the term "neuropsychiatric disorders" is now used for ADHD and some other disorders, it may have led therapists to believe that every such child has a demonstrable cerebral dysfunction that should not be "touched" by psychotherapy. I consider this a mistake from a scientific theoretical perspective. Every mental phenomenon, whether normal or disordered, is paralleled by neuro-chemical processes. All psychotherapists, however, whether analytic or behavioral, deal with mental suffering without knowing the patient's biochemistry or neurophysiology. The crucial issue is whether they claim that therapy will rectify the biological dysfunction or, alternately, that it might diminish the patient's suffering via the therapeutic relationship. The first claim is unjustified, whereas the second is legitimate.

Another reason for refraining from psychotherapy with ADHD children might be that stimulant medication is the treatment which most consistently has been shown to be effective. If therapy is added, it is claimed that it should be a behavioral treatment (Barkley, 2006). One reason for disregarding psychodynamic therapy is that, to my knowledge, there exists only one completed randomized controlled trial, the New York Montreal (NYM) study (Klein et al., 2004), comparing a multimodal treatment including psychotherapy with metylphenidate medication (Abikoff et al., 2004a). These studies (Abikoff et al., 2004a, b; Hechtman et al., 2004a, b) showed no advantages to psychotherapy on the children's social functioning, symptoms, or academic achievements and very small effects on parental practice.

However, one should not draw hasty conclusions. The NYM study did not clearly define the therapies' content and theoretical base. This implies that "high-grade treatment with MPH [metylphenidate] was compared with psychosocial treatments of unknown quality" (Barkley, 2006, p. 685). The therapies aimed to address "negative emotional states [experiencing criticism and rejection, demoralization and poor self-esteem] and to provide children with an ally to assist them in developing better problem-solving tactics, self-effectiveness, and greater self-control" (Klein et al., 2004, p. 797). Therapies were delivered once weekly for a year, then once monthly for another year. If one views psychotherapy as functioning by the establishment of a transference field in which symptoms and character traits are approached, the frequency and length in the NYM therapies seem vastly insufficient. In contrast, if therapies were of a supportive kind, frequency and length might be adequate. Then, however, the results did not apply to psychodynamic therapy.

Another factor is that the NYM cohort excluded children with conduct disorder. It is known from the large MTA study (The MTA Cooperative Group, 1999) that the best results were obtained from combining medication with behavioral treatment. As Barkley (2006) has emphasized, such combined treatments were especially effective on non-ADHD symptoms, such as oppositional/aggressive and internalizing symptoms, social skills, parent-child relations, and so forth. One might ask if medication is especially effective on the typical ADHD symptoms, whereas psychotherapy is more efficacious for the emotional and relational non-ADHD symptoms. Preliminary results from an RCT in Frankfurt (Leuzinger-Bohleber and Fischmann, 2010, also reported in this issue) support this conjecture. Significant effects favoring two-year-long psychodynamic therapies were obtained on anxiety and aggression but not on hyperactivity.

A further reason for analysts to step back from ADHD children is a resentment toward any wholesale thinking about individual beings (Gilmore, 2002). Analysts dislike bringing together patients into diagnostic entities that are based on manifest symptoms but exclude unconscious influences. From a psychoanalytic perspective this attitude is legitimate, but we might turn it into a constructive scientific effort. An important issue for future research is, I suggest, whether

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subgroups among ADHD children might be affected differentially by medication and/or psychodynamic therapy and/or behavioral interventions. My experience, which thus would need to be corroborated by systematic studies, is that psychotherapy should not be instituted with the primary aim of improving attention and activity problems. Here, medication seems more efficacious. Rather, it should be suggested when a child displays that he wants to learn about and handle the emotions behind his ADHD symptoms. Note, however, that the analyst must read between the lines of the child's communication, since no child will seek help with the explicit aim of "help me to understand myself better." He will rather express his interest by a smile or a comment about the analyst's office, such as "this window is cool . . ."

My position is that psychoanalysis may contribute in two ways to ADHD treatments. It might complement standard treatments by helping the child to grow emotionally, and it might increase our understanding of the internal world of these children. These goals can be achieved only via lengthy and high-frequency psychodynamic therapies. The many therapies that have emerged over the years (for a summary, see Barkley, 2006) aim at regulating and correcting behavior, sometimes also emotions. Psychoanalysis aims at something different, namely, to help the child learn about his inner world within the therapeutic relationship. The varieties of this relationship may also help him understand his behavior with classmates and family members. Last but not least, analysis may reveal how his symptoms are connected with varying feelings.

This article is a contribution toward understanding the links between the child's internal world and his overt symptoms. It focuses on the child's internal object, that is, how we may reconstruct its origins and observe its manifestations during sessions. In brief, to the child this object seems inaccessible, dismissive, and contemptuous. When he tries to get in contact with it, it rejects and derides his efforts. Such experiences may unleash impulsivity, hyperactivity, and emotional outbreaks. When this occurs within the transference, it opens up possibilities for psychoanalytic reflection together with the child.

PSYCHOANALYTIC MODELS OF ADHD

I want first to underscore what I regard as the legitimate and nonlegitimate claims of psychoanalysis, respectively, in treatments of ADHD. The psychoanalytic method cannot establish any *general* causality behind symptoms. If such explanations exist, they belong to the realm of natural sciences. The analyst cannot reject or confirm, for example, that "evidence points to neurological and genetic factors as the greatest contributors to this disorder" (Barkley, 2006, p. 219) or that "ADHD cannot and does not arise from purely social factors" (p. 220). Anyone who states that ADHD arises solely from social or, for that matter, neurological or genetic factors should recall Freud's (1895) etiological equation of mental disorders. He suggests that when a disorder appears we should differentiate between its precipitating causes, the necessary preconditions, the specific cause and, finally, "the concurrent causes, which are not necessarily present every time, and which cannot produce the effect by themselves alone" (p. 135).

No research, whether psychological or biological, has provided evidence for any *specific* cause of ADHD. Truly, psychological factors like early attachment patterns or family environmental factors have been shown to associate with conduct problems (Erikson et al., 1985; Lyons-Ruth, 1996; Fearon and Belsky, 2011). It is also known that conduct problems and ADHD have a high comorbidity (Jensen, Martin and Cantwell, 1997; Spencer, Biederman and Mick, 2007). The

only conclusion we can draw is that psychological factors might be *concurrent* causes of conduct disorder and ADHD. Therefore, when Barkley (2006) writes that "social factors do not create ADHD or contribute through some social mechanism to causing this disorder" (p. 220), I agree with the first statement and disagree with the second. As we understand the unconscious meanings of a symptom, they might include the child's *experiences* of, for example, an unavailable mother or a vacillating father. If so, these factors are concurrent causes. This does not imply that all such mothers or fathers have ADHD children. Neither does it imply that all such children experience their parents this way or that they have such parents in "reality."

I will now briefly summarize the rather scarce psychoanalytic studies on ADHD. To Rainwater (2007), ADHD symptoms represent a manic defense by which the child seeks to avoid his "emotionally intense inner reality" (p. 74). He quotes Klein (1935) in that these excruciating emotions arise after the child has projected aggression on the object and then fears retaliation from it. In the next step, depressive guilt and remorse indicate to the child that he must restitute the object. The resulting hyperactivity is the child's effort to control the object and to avoid "the pain of internal reality" (Rainwater, 2007, p. 80). Hyperactivity is thus a manic defense (Winnicott, 1935) which aims at preventing the child from mourning. Rainwater summarizes that ADHD behavior may express the child's defense against "unconscious depressive and perhaps terrifying forces in his inner or outer experience" (Rainwater, 2007, p. 82).

Leuzinger-Bohleber and Fischmann (2010) also apply an object relations model based on Klein's and Winnicott's concepts. They contend that the child harbors negative affects which produce "extreme images of a hateful being" (p. 148) in the child. This triggers a process whereby aggression is projected onto the Other who, in consequence, is experienced as a persecutor. In contrast to Rainwater, they bring out ADHD symptoms as a result of schizo-paranoid anxieties. They emphasize, however, that one may observe different structural levels and a wide range of object relations among ADHD children. Therefore, they refrain from assuming a monocausal etiology in ADHD and from proposing a singular psychoanalytic model. This is the Frankfurt group that is conducting the RCT referred earlier on psychoanalytic therapy versus a comparison group.

In contrast to these studies, Gilmore (2000) applies an ego-psychological perspective. She views ADHD as a "disturbance in the synthetic, organizing and integrative function of the ego" (p. 1260), the sum of which constitutes the disorder. To her, ADHD is a "complex mixture of neuropsychiatric and neurotic components . . . [which is] often improved by medication but in many cases optimally treated with concurrent psychoanalysis' (Gilmore, 2000). The analyst's interpretations contribute to treatment in that they address the ego impairment. She insists that psychoanalysis should be combined with parent counseling, remediation and medication (Gilmore, 2002), while emphasizing that "the underlying disturbance in synthetic and integrative capacity is not treated by medications" (p. 387).

Akin to Gilmore's formulations are those by Sugarman (2006) who describes ADHD children's problems with self-regulation in that their regulation of affects and narcissism, as well as their self- and object relations, are faltering. "Consequently, their minds have difficulty balancing and maintaining a homeostatic equilibrium between the many mental processes and contents necessary for adequate self-regulation" (p. 237). Carney (2002) also brings out problems with self-regulation, which he defines as an "interpersonally developing capacity to modulate states of arousal and to organize behavior in meaningful, predictable ways" (p. 299). Sugarman (2006) emphasizes that whether the children have constitutional regulatory limitations or have suffered

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trauma, they "develop unconscious fantasies to account for their functional difficulties" (p. 237). These fantasies, he suggests, must be psychoanalyzed.

Palombo (2001) conceptualizes ADHD in self-psychological terms. The child's interactions with family and friends tend to be negative. This prevents the child's "self-object functions" (p. 153) to develop favorably, especially the idealizing function. As a result, the capacity to self-soothe and regulate is compromised and cannot be internalized by these children. Palombo points to their often miserable self-esteem. This makes them vulnerable to "disjunctive moments . . . when the child ceases to feel understood by the therapist" (p. 276). For example, the therapist may not acknowledge a significant event in the child's life or refuse to respond to questions. This may insert "an element of artificiality" (p. 266) in treatment that is painful to the child.

In previous articles, I have addressed the ADHD child's thought processes (Salomonsson, 2004) and his hypersensitivity to analytic interventions (Salomonsson, 2006). I link the child's problems with thinking about affective experiences to the fact that his internal object cannot contain his wishes and affects. Similarly to Leuzinger-Bohleber and Fischmann, and perhaps also to Rainwater, I argue that the child easily interprets faltering containment as a punishment for his sadistic attacks. My model adds that such containment jeopardizes the child's thought processes in that the transformation (Bion, 1965) of beta-elements into alpha-elements is blocked. The result may be that bizarre objects accumulate in the child's internal world. They may appear in drawings, in words or in actions. In ego-psychological terms, the child is fragmenting his thoughts and deteriorating in his communicative abilities.

Sometimes, the child projects the bizarre objects onto the analyst who suddenly may appear frightening or alien. In such instances, one may witness unruly attacks by the child. In addition, his memory function is compromised, which prevents him from recalling a satisfying object when he meets with a frustration. This idea is reminiscent of Palombo's notion of difficulties in self-soothing functions. As a result of his "temporal myopia" (Barkley, 1998, p. 247) the child easily panics when he fails to access the real satisfying object or his memory traces of it. In treatment, one may see how the child suddenly forgets a recent experience of the analyst as a supportive figure.

My model of ADHD thus combines object-relational and ego-psychological perspectives. In this article, I focus on a phenomenon that I have discovered when treating several ADHD children: a bad, uncontaining internal object, which is easily awakened in the analytic interchange and exhorts the child to expel the analyst's words. This object is affected by the present transference relation. It also has direct repercussions on the child's ego-functioning, and I will focus on one aspect not listed among the common ADHD symptoms: the ego's semiotic capacity, that is, its ability to use signs for thinking and communicating thoughts and feelings. This capacity may suddenly crumble in an ADHD child. In treatment, one can observe how his semiotic capacity is continuously influenced by the emotional state within the transference. This will affect how he receives analytic interventions. The exploration will be illustrated by the following case vignette.

THE CASE

Nicholas is six-and-a-half years old when his parents first ask me to see him. He has been diagnosed with a severe ADHD at a Child Psychiatric Unit some one and one-half years earlier. The psychologist worries about his impulsivity, his anxiety in the test situation, and his unhappy

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demeanor. She recommends the parents contact me to discuss psychoanalytic treatment. I first meet the mother alone, since the father is busy at work. She relates an excruciating home situation dominated by Nic's unruliness, impulsive behavior, and outbursts against his younger brother, as well as her difficulties in reaching him emotionally. Looking back, she had a strange feeling already at delivery. She cannot explain it. Nic is her first child, so then she had nothing with which to compare. She does not associate this feeling to Nic's appearance or behavior. Rather, it was an alien feeling about herself that overpowered her. She would not call it a depressed sentiment. I wonder to myself if she is addressing a break of contact that, for unknown reasons, started very early between her and Nic.

Nic's symptoms started when he was slightly older than one year. "He just couldn't be still! He was everywhere all the time. He crept around in the apartment, we had to watch over him constantly, one was always on the alert." When his brother was born, Nic was one and one-half years old. This unleashed strong and continuous jealousy reactions. Today, the home situation is strained, and meal times are an ordeal. Nic has to be watched so that he will not turn the table into a mess or hit or harass his brother.

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First Encounter With Nic

I set up an appointment with Nic and his parents. I meet a boy with a windblown and greyish complexion and a pair of unhappy, unsteady eyes constantly fluttering across the room. He runs into the consulting room with his parents and immediately starts investigating it.

Nic: These pipes in the ceiling, there are rats in them, where do they go, to the swimming-pool? Where are the sprinklers, you need them don't you understand, in case there's a fire! There's a key hanging, what's it for? Wow, a cupboard!
Nic tries to open but it is locked. He looks at another cupboard.

N: Maybe there's a million inside that cupboard. Somebody ate it up. You know, in shops they eat money, and then they do a poo-poo. Maybe you put a million there! Then you're a millionaire.
He plays with two dolls, one a little child and the other a leopard. The leopard eats the child and then defecates.

I ask Nic: What happened to the doll?

N: It probably got terrified.

Analyst: Maybe you are terrified sometimes?

N: Yes, in the public swimming-pool. I didn't get out of the water, I almost drowned but Dad rescued me . . . Sometimes I get volcanic eruptions, I can't stop myself from scribbling at the walls at home. I did this to Mom.
He points at Mom. He has cut off a tuft of her hair.

Mother: Nic was upset with me yesterday.

N: Yeah, I put a fork on her chair, it's a pity she didn't sit on it, then she would have flown up to the ceiling. Come on, let's play with the cars. Dad, come play with us.

The car game has barely started when he wants to draw instead. He tries to make a drawing of a toy but does not succeed. He places it on the paper to copy it. After some seconds he gives up and says the back of the sketch-block is boring.

It is difficult to discern Nic's words, especially when he seems worried about my comments. Often, he does not respond. I tell Nic I need time to think and that I would like to get to know him better. He willingly agrees and I tell him that his parents and I will find another appointment.

After some days, the mother calls and says they want to think. Certainly, Nic needs help but they are not sure about analysis. And, how will they manage to bring him to sessions? We agree that she will call me again when they have discussed it further. After three months they call me again and this time, mother and father come together. The home situation is deteriorating, and they want to give analysis a try. Especially, they mention an event when Nic saw a stuffed bird lying in a trash container. He was dead-scared and just could not shake this fear off himself. It lasted week after week, which deeply worried the parents.

We agree that I will see Nic three times weekly which later, when possible, will be increased to four times. I will stay in contact with the child psychiatrist who is in charge of Nic's medication (Strattera®, atomoxetine). The family will get help by a family therapist who now and then visits the home. I will also see the parents monthly.

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Comments

Nic reveals many typical ADHD features. There is the hyperactivity; he is always on the go and never completes a task or a theme he has started. Impulsivity is illustrated by his blurting out responses to my comments and questions. Though the interview situation does not raise any scholarly demands, his inability to concentrate is obvious.

I would add that, though it does not belong to the typical ADHD symptoms according to the DSM-IV-TR, the contact between Nic and me is queer. We do not get in touch and our eyes never really meet. As for his mood, he is neither happy nor sad. The only one who seems to have strong emotions is me. I feel unhappy, powerless, and lonesome as I watch him move about and listen to his comments. When he asks me technical questions, for example, about the fire sprinkler, he does not seem interested in an answer. The questions rather seem like efforts at escaping from anxiety. As is to be confirmed later in treatment, they express his dread of being overpowered by strong feelings. The only method he seems to master of extinguishing the "fire" inside him is hyperactivity. My main value to him during our initial contact seems to be as a potential millionaire. This view reflects, I hypothesize, a manic defense (Rainwater, 2007) against his own feelings of impotence.

Beneath the manic defense, there exists a terrible world in which the leopard eats the terrified little doll only to defecate it. He transforms it into an omnipotent and manic poo-poo world where everything disagreeable is defecated. His fear and aggression seems to center around the maternal object. Here, I refer to his cutting Mom's hair. In contrast, the paternal object is portrayed as a life saver in the story of the swimming pool and the car game. However, as the interrupted car game indicates, Nic cannot use a paternal figure to dissolve anxieties. They are too strong, or his ego is far too weak and splintered for it to have much chances of helping Nic. As for Nic's real parents, they are sincere and responsible in their concern about the boy. They have obviously used the months of reflection to decide to do their utmost for Nic. Thus, psychoanalysis starts.

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VIGNETTE I – KISS THE WALL

As the analysis gets started, I find ways of working with Nic that basically are the same as I use with other child patients. Simply put, I link what he is saying and doing to what I assume he is thinking and feeling. However, typical for my work with Nic and other ADHD children is that I must constantly watch on which semiotic level he is functioning for the moment. That is, at what level of signification does he receive my words? To what extent is his understanding of them colored by how he experiences the tone of my voice, my demeanor, my clothes, and so forth? These levels shift swiftly. My assessments are often made instantly and under heavy countertransference pressure, and they have important repercussions on the progress of treatment. I agree that language, both as internal "self-talk" and as external communication, is necessary for regulating affects and inhibiting impulses (Barkley, 1998). Analysis reveals that the child's linguistic ability and emotional state are interconnected. Both the analyst and his patient must learn that a word may have quite different emotional impacts, sometimes even from one second to another. Alternatively, we might say that his symbolic capacity is fluctuating. I prefer, however, to use the Peircean terms sign and semiotics (Kloesel and Houser, 1992), since they incorporate *all* elements in communication and do not make any conceptual difference between unconscious and conscious levels (Salomonsson, 2007b).

The ensuing vignette demonstrates his vacillating semiotic capacity and ability to make use of my interventions. He has given instructions to prepare a "flea," that is, a sheet of paper folded into a rhombic shape, and then to have secret messages written under its flaps. He asks me to point at one flap, whereupon I should execute what is written beneath it. I read out to him:

Analyst: It says "Kiss and hug the wall!"
Nic: Then you must do it! Do it now!
A: I am thinking about these words . . .
N: Do it! Kiss the wall!
A: I am thinking what it would feel like to kiss and hug a wall, and what people around me would say. I guess they would tease me . . .
N [looking sad]: My little brother teases me. He calls me stupid . . . Kiss the wall! . . . I must go to the loo.

When Nic ordered me to kiss the wall, I felt tempted to address how he felt standing before an unapproachable wall-like person while being teased about his urge to get in contact with him/her. This impression was nourished by my countertransference, in which I identified with a passionate, yearning human in front of an inanimate, unyielding thing. However, I feared that he would react vehemently if I spoke with him directly about it. Instead, I spoke of myself and my feelings in front of the wall. This detour enabled Nic to briefly touch upon humiliating feelings aroused by his brother. Immediately thereafter, he had to evacuate them via his urine. After visiting the loo, he did not want to speak about the flea game or his feelings.

Events like this one made me realize his varying ability to play with signs, for example, to transfer the meaning of a word from one situation to another, as in metonymy, or to understand the meaning of a metaphor. Furthermore, it made me aware that this ability varied in relation to the present state of the internal object. I will submit a second vignette to illustrate this idea and then discuss it theoretically.

VIGNETTE II – MRS. DESERT

At the time of vignette II, ten-and-a-half-year-old Nic has been in analysis for slightly more than three years. Recently, he has been transferred from his remedial class with just a few pupils to an ordinary class. Nic is nowadays more of an ordinary boy with friends, though he has difficulties sleeping and concentrating on his homework. He is still on Strattera. He is fond of computers and technical things, as well as of the family pets. Last spring has been marked by Nic's growing resentment coming to his "boring sessions" instead of being with his friends. Old themes reoccur; his contempt of grown-ups, his sense of the unfair impotence of children, and his ridiculing me when I addressed his affects about these matters.

During one session in which the parents also take part, Nic reveals that he does not know how to tell the time. The parents are shocked and feel sorry for him as he is fighting with his shameful disclosure: "Oh, Mom, get me your Chapstick, my lips are so dry," he says while barely managing to refrain from crying. Once again, like in the kiss-the-wall scene, an excruciating emotion is met with a concrete request. There would be no point in speaking with Nic about the sadness, shame, and resentment he feels in this situation.

Shortly after this session, his father brings him to his Monday morning session. Nic looks tired but content. As he takes off his jacket, he shows me his new ball pen.

Nic: I found it in the street. It's cool.
Analyst: Yes, it looks nice.
He enters my consulting room after me. He closes the door spontaneously, something he often resists because it is a "stupid" and "unnecessary" thing to do.
N: (with some surprise and perhaps admiration) Wow, it's heavy, this door!
After a while, he continues.
N: You know, some ball pens you can use under water or upside down! Why? It seems an unnecessary field of application. (Nic often uses such adult expressions).
A: You wonder why people would want to write upside down.
N: (with a smart smile) I know! If you're hanging in a jungle tree, and you want a parrot to fly with your message to the other side of the earth, then you'd have to use such a pen!
A: Yes, that would be practical . . .
He sits silently with the pen in his hand. Suddenly, he pretends to throw it in my face. Inadvertently, I blink.
A: I blinked when you pretended to fling the pen at me. It was a reflex. I did not feel afraid. You are friendly today, so I need not be afraid.
N: Some 6-year old chaps hunted me at school. I had to escape up along a fence.
A: So you got afraid.
N: Bah!
He hands me a paper where he has written: "How B." Next: "Boring" (in English). Finally: "B = Boring = tråkigt," that is, the word in Swedish.
A: You think I'm boring when I said you got afraid. But you know, feelings are practical. They are like signals. You got afraid of the kids so you had time to escape.
N: Well, I don't think so. There was no time for being afraid! I just thought, "I've got to run for my life," like when older boys chase you and you've got to run.

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A: Is it that way for you? As for me, I'd think "These are dangerous guys, I have to run" and "I'm afraid," all at the same time! Then I'd run.
We speak of this for a while. He does not admit he is afraid sometimes. He says:
N: Haven't you got it yet? B = Björn = Boring?
A: Yes, you think I am boring when I speak with you about your feelings.
N: Ah, worthless!
A: You think I am worthless and boring.
N: Well, not worthless, really. Here is another paper: 'B = Björn = can be boring.'
A: So you think I can be boring; sometimes but not always.
No protests. After a while he mentions "desert." I am reminded of this recurring image of drought and helplessness, like when he asked his mother for the chapstick.
N: My headmistress is called "Mrs. Desert." I don't know why. She is so strict! She does not allow the pupils to skip class. They are allowed to cut class in my brother's school. That'd be nice, to get away during a lesson and buy candy!
A: You wish Mrs. Desert would allow it in your school, too.
N: No no, that's not it! I want it to be fair! Either every school should allow skipping classes or none . . . You know, in some school yards there's a war. The children throw stones at each other.
A: Then they must be very afraid.
N: No, they just keep indoors!
A: You don't agree that one can get afraid in the schoolyard. But if one gets afraid, one can run inside not to get hurt by the stones.
He turns silent and gets out in the waiting room. He returns with a water pistol.
N: Guess which brand is written on it!
A: It's the Simpsons. You like them. Once, you called them an ADHD family.
Nic wants, and I allow him, to squirt some water on me. He is gentle with me.
A: It's OK. I can see you don't want to be rude on me, so I don't have to be afraid.
He now turns the mouthpiece into his mouth and sips some water. I am reminded of the desert again, and of a baby thirstily sipping from his mother's breast or from a bottle.
Time is up. As he puts his jacket on, he babbles about events at school. He leaves with a friendly "See you."

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COMMENTS TO VIGNETTE II

James Gammill (1998) quotes Aulagnier (1977) in that the analyst's pleasure is essential to his investment in the patient's material and to his interpretative activity. This gives the patient a living model with whom he can identify. This atmosphere was evident in the session. I felt relaxed, amused by his parrot story and moved by the tale of Mrs. Desert. These sentiments increased "the associative activity and the inventiveness of the analyst [which may] contribute significantly to the child's capacity to associate and to elaborate his fantasies" (Gammill, 1998, p. 232).

If we follow Gammill's (1998) differentiation between "dramatic play" and "enactment of massive projective identifications" (p. 221) in child psychoanalytic work, vignette II mainly consisted in the first type. In contrast, when Nic ordered me to kiss the wall in vignette I, he

sought to project his distress into me. In that situation, analytic work had to center on containing Nic's projections of an outcast boy. Vignette II demonstrates that I now have better opportunities to investigate Nic's symptoms with my psychoanalytic instrument. I may query in what ways his behavior and words express inner conflicts and defenses. I also address the affects that crash inside him and build up the psychic conflict, as when I am speaking about being afraid. Nic expresses his resistance mostly by "Bah"' and writing paper notes. As the session unfolds, however, he remains calm and by the end he also shows signs of friendly acceptance of what I suggested.

What determines at which communicative level a child receives the analyst's interventions? My main argument is that it is determined by the state of the child's internal object. I will first define this term and then show how it relates to the variations of the child's semiotic ability.

The Internal Object

The first internal object to be described was the super-ego (Freud, 1923). However, this "single differentiated function of our mental make-up" is not the same as the "'personal relations,' however primitive and fantastic, we have had with the figures who people our inner worlds" (Riviere, 1955, p. 347). These psychic inhabitants correspond to the Kleinian concept of internal object. This term refers to "an unconscious experience or fantasy of a concrete object physically located internal to the ego (body) which has its own motives and intentions towards the ego and to other objects" (Hinshelwood, 1989, p. 68). One's experience of it depends on how one experiences the external object. In this sense, internal objects are mirrors of reality, "but they also contribute significantly, through projection, to the way the external objects are themselves perceived and experienced" (Hinshelwood, 1989, p. 68). Our object relations are thus molded by an "interaction between introjection and projection, between internal and external objects and situations" (Klein, 1946, p. 99).

Internal objects are the bricks with which the child builds up his inner world. He does this by introjecting his experiences which are colored by hereditary factors, earlier physical and emotional experiences and, last but not least, projections. Internal objects may contribute either to ego- or to super-ego-formation (Heimann, 1989). The outcome is determined by "the attributes of the introjected parent with which the child is predominantly concerned at the moment" (p. 137). In the analytic situation, this formulation is valid also for the characteristics of the introjected analyst. In moments when the child focuses on his parents or analyst's "intelligence, skill, manipulation of things – functions belonging to the intellectual and motor sphere of the ego – the introjected object is mainly taken up into the child's ego" (Heimann, 1989). In contrast, when love and hate are in acute conflict, the introjected object will contribute to forming the super-ego.

A problem with super-ego formation is that it might acquire an unyielding, strict authority. Second, it might quench the formation of the internal good object, which then cannot function "as a focal point in the ego" (Klein, 1946, p. 101). In such instances, the child will identify with the bad internal object (Hinshelwood, 1994), for example, with the "devil inside" (Freud, 1929, p. 33). The question is, of course, when and why this negative outcome occurs. To answer this, we must refer to the state of the internal object and of the child's semiotic abilities, and how the two are inter-related.

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SIGNIFICATION AND THE INTERNAL OBJECT

Let us suppose a child has an experience of something aching inside. Everything and everyone connected with this experience is automatically experienced as “bad,” and thus a bad, internal object is created. What needs to be investigated to fully understand the nature of this object is the child’s concomitant vision of the container. On the one hand, the child might feel that he is alone with the ache or feel ridiculed or dismissed because of it. On the other hand, he might feel someone is there to share the ache with him. Containment implies providing “the word or phrase which binds this experience” (Segal, 1957, p. 63) or to “translate” (Salomonsson, 2007a) the child’s nameless dread (Bion, 1962).

Anzieu (1990) expresses it similarly in that we cannot speak of the child’s thoughts and feelings in isolation. We must also include the child’s notion of the container/form. For this combination of emotion and its container, he coins the term “formal signifier.” When Nic is ruled by the kiss-the-wall-object, his formal signifier expresses pain plus the faltering containment. He then gets problems in moving freely between words and more primordial demarcating signifiers, that is, “the gestures, the mimic and the prosody, which complete the functions of the word” (Rosolato, 1985, p. 14). Therefore, in the kiss-the-wall session, it was impossible for me to suggest a link between his urinating and the pain in the flea game. I rather addressed what awful feelings *I* would have had if I were forced to kiss a wall.

Internal objects are based on concrete and sensuous interpretations of the world (Heimann, 1989). For example, “I have a tummy-ache” = “Everything and everyone is bad.” In addition, they are concrete in their modes of cognitive functioning. For example, Nic was once speaking about a row with his brother. That is, one of the bad internal objects, his envied little brother, was in the forefront. Nic described the row: “It was awful, I ran out of words . . . look, my vocal chords are here!” He pointed as if to show me where he had run out of words. In that situation, I could not address his emotional pain while fighting with his brother. I just commented “It is not nice when one runs out of words.”

Nevertheless, sooner or later the momentary affect needs to be talked about in psychoanalysis. After all, “it always means progress when the child has to acknowledge the reality of the objects through his own words” (Klein, 1927, p. 314). I suggest that the internal object provides us with a guideline when we may address the affect or when we have to remain in the background with interpretations. Vignette I demonstrates the second alternative, that is, addressing his feelings only indirectly by referring to myself or to “One may feel this way when one stands before a wall . . . ”

At other times, Nic feels my words are dangerous things or weapons that he must physically fend off by spitting or fighting. This creates a countertransference problem in that while his attacks inflict pain and humiliation on me, my task is to understand *his* pain and humiliation. Such problems have to be overcome in order to understand the child’s basic problem in receiving and integrating analytic interventions. He dismisses or fends off my interventions when I represent a bad, uncontaining object thrusting interpretation-things at him. This conclusion brings together my essential point: *the relation between the momentary state of the internal object and of his semiotic ability*.

When the bad, kiss-the-wall-object is predominant, the child’s semiotic ability capsizes. Nic then experiences words as real things rather than messages about his feelings or thoughts. Words can never completely portray what an affect means or how it is experienced because, as Freud

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(1915) says, word-presentations are closed and their number of meanings is finite. This applies to human communication in general, but to a child who is semiotically fragile this fact is unbearable. He is afraid to get in contact with his feelings and to deal with the words with which the analyst portrays them. He cannot receive an interpretation as it was intended by the therapist, as a suggestion of what is going on inside him. In addition, the ADHD child often experiences the nonverbal tributaries to the analyst's words as equally threatening. He may see a frown on the analyst's forehead, a reflex in his glasses, a color of his teeth, and so forth. He may be terrified by such an observation rather than be interested or consoled by what the analyst actually is saying.

One might dismiss this conceptualization of the semiotic fragility and its relation to the internal object, and maintain that the phenomenon simply reflects the cognitive difficulties in ADHD children. Evidently, Nic has many cognitive difficulties. What is emphasized here is that they are influenced by emotional factors and that psychoanalysis may help in uncovering them. Furthermore, Nic's cognitive and linguistic capacities are sometimes stunning, that is, when he is in a good mood. To be able to speak of "an unnecessary field of application" in connection with the ball pen is not bad for a ten-and-a-half-year-old boy.

Why does the bad internal object have such a disastrous impact on Nic's semiotic agility? One reply is that verbal thinking is connected with the individual's "awareness of psychic reality" (Bion, 1954, p. 114). Words make the child aware of his rage and the ensuing risk of loosing the good objects. Thus, words make Nic sad because they remind him of his destructiveness. Sadness is then connected with an experience that the container does not understand, is not interested in him, or is even contemptuous. In other words, he feels sad, lonely, and ridiculed. No wonder that he hates the words that remind him of those feelings. To him, they are "interwoven with catastrophe and the painful emotion of the depression" (Bion, 1954, p. 117) and thus, he must get rid of their impact. He does this via projective identification into me. The formula is: "Bad feelings? Eject them into the analyst!" The point is that the analyst should feel as lousy and ridiculous as he did. Alternatively, the feelings need to be evacuated, for example, via urine in the kiss-the-wall scene.

In our conversation during vignette II about the six-year-old madcaps on the schoolyard, the perspective is first dominated by this evacuation philosophy. Nic speaks of his running away from the boys as a technical problem, not as a sign that he was afraid. I insist, however, by comparing with what I probably would have felt in a similar situation; I would have been afraid. At first, he protests and considers me boring. Then he introduces Mrs. Desert and the atmosphere changes. To be true, she is strict and does not allow free access to candy. In this sense, she lives up to her name. However, she also represents the daily frame of school work. Influenced by this object, Nic starts an interesting discussion about justice. He wants things to be fair. Either, every kid should live in paradise, that is, be allowed to cut class. Or, none should have that privilege, especially not his brother! The point is that he is now talking with someone he feels is interested in a discussion rather than slamming the door in his face. In the final scene he is squirting and playing with me, and then sipping from the Simpsons pistol. I interpret this, however silently, as his playing with a breast that confers nourishment and containment. This game, as well as his friendly "see you" upon leaving me, confirms that he has largely retracted his negative projections. I am no longer boring or stupid. Rather, I seem to be an interesting guy he can chuckle and discuss with.

By the end of the session, the good internal object is acting as "a focal point in the ego" (Klein, 1946, p. 101). Such an object "counteracts the processes of splitting and dispersal, makes for cohesiveness and integration, and is instrumental in building up the ego" (Klein,

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1946, p. 101). Klein's formulation illustrates the old adage that nothing is new under the sun. The ideological differences between today's conventional ADHD treatment and child psychoanalysis are partly inescapable, but in some aspects both approaches share the same treatments aims. Child psychiatrists and pedagogues try to help the child acquire more adaptive ways of paying attention to his tasks. They also assist him in refraining from impulsive motor behavior and emotional outbreaks. In psychoanalytic terms, they aim at a better ego-functioning in the child, an aim to which any psychoanalyst would subscribe. In this article, I have suggested that psychoanalysis can be of help in this process. In addition, it emphasizes the links between emotions and ego-functioning in the child. The more we understand that the child's comprehension of interventions is influenced by his present internal object, the better are our chances of helping the child. Actually, I think this applies both to a psychoanalyst who intervenes in a session, a teacher who speaks with the child in the classroom, and a doctor who prescribes a drug.

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