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The impact of words on children with ADHD and DAMP

Consequences for psychoanalytic technique

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Children with attention-deficit/hyperactivity disorder (ADHD) and disorder of attention, motility control, and perception (DAMP) are often sensitive to the analyst's interventions. This is not always due to the literal import of the intervention. The children sometimes react as if the words were dangerous concrete objects, which they must physically fend off. The author traces this phenomenon to the child's unstable internal situation. A bad, un-containing internal object is easily awakened and threatens to expel the analyst's words independently of their content. This results in violent clinical situations. Infant research and psychoanalytic work with infants and mothers evince how a complex semiotic process develops between mother and baby. The prerequisite for this process to get started and maintained is a secure external object, which gradually is internalized. Findings from developmental research and clinical infant work are used to illuminate analytic work with children with ADHD and DAMP. Vignettes demonstrate how important it is for the analyst to phrase interpretations after having gauged the state of the analysand's internal object as well as his/her own countertransference. If this is overlooked, the psychoanalytic dialogue easily capsizes. The author provides some technical recommendations on the psychoanalysis of these children. As part of the theoretical discussion he raises the general question of how the representations, which the baby forms in interaction with the mother, and the analysand forms in interaction with the analyst, should be classified. Rather than dividing them into bipartite thing- or word-presentations (Freud), the author suggests C. S. Peirce's tripartite semiotic classification in that the baby forms representations of icons, indices, and symbols.

Keywords: attention-deficit/hyperactivity disorder, ADHD, disorder of attention, motility control and perception, DAMP, psychoanalytic treatment of infants and mothers

In a previous paper (Salomonsson, 2004), I proposed psychoanalysis as an important alternative, in addition to the pedagogic and pharmacological measures that might be needed, for children with attention-deficit/hyperactivity disorder (ADHD) and disorder of attention, motility control, and perception (DAMP), a diagnosis used mainly in Scandinavia (Gillberg, 1996). Briefly, DAMP comprises ADHD plus motor disturbance or perceptual disturbance. ADHD and DAMP belong to the neuropsychiatric disorders. From a *psychoanalytic* standpoint, they are probably no more specific than other psychiatric diagnoses, i.e. the inner worlds of these children can look quite different. My argument for a psychoanalytic discussion is

primarily pragmatic; as analysts, we are asked to treat children with these diagnoses. I argued that psychoanalysis helps the child put words to his experiences and helps him with being the very child he is.[1] It provides a calm setting to contain the anxieties within the transference–countertransference relation. The child's capacity to verbalize what goes on inside him, which can increase considerably during analysis, will help him to tolerate the anxieties and depressive affects that trigger impulsive behaviour and lack of attention, symptoms that cause the child much trouble with his environment.

Psychoanalysis or intensive psychotherapy can be necessary and helpful in these children's treatments (Carney, 2002; Gilmore, 2000; Levin, 2002; Orford, 1998; Palombo, 2001; Schaff, 2001; Widener, 1998). It is important to keep in mind these disorders' biological correlates (Barkley, 1998; Levin, 2002) but the working analyst cannot take a well-founded position on aetiology as defined in natural science. He/she can only regard symptoms of a child with ADHD and DAMP like any other symptom in the consulting room; they express inner conflicts and the child's way of responding to them. Impulsivity and lack of attention can be formulated as an ego pathology (Gilmore, 2000) and/or as a disturbed relation to an internal containing object (Salomonsson, 2004). Whichever psychoanalytic theoretical framework is chosen, the analyst should exercise his/her analytic frame of mind and maintain regularity in the setting and an optimal containing attitude.

However, this objective is often shattered in the clinical setting. My paper issues from problematic situations with ADHD/DAMP children in psychoanalysis and psychotherapy. I refer specifically to their sensitivity in receiving verbal comments. From their violent reactions to interventions I had considered benevolent and innocuous, I intuited that they hated my words. This created severe problems in the countertransference. At the same time, their difficulties with my words arose especially when I was unaware of my own irritated or humiliated feelings. When I understood the children's problems with words and their relation to countertransference, I could help them better to benefit from my interpretations.

Interpretations can of course be rejected in any psychoanalysis. Analysands have many reasons to reject the content of an interpretation. With these children, I have encountered quite a specific reaction. The child wards off not only the import but also the words themselves as concrete things thrown at him, because he experiences the psychic pain that they release as a physical pain. Therefore, the child must expel the words quickly and violently as a physical menace. This expulsion has severe consequences. By fighting, shouting and holding his ears, he denies the words to enter his mind. His language deteriorates into gibberish and symbolic playing turns into violence. In such a situation, it is no longer meaningful to view language and play as mediators of the child's inner world. Rather, they are methods of evacuating distress. I will illustrate with clinical examples and follow up with a theoretical discussion on how symbolization and verbalization depend on an internal containing object—and with an account of the technical consequences of my model.

[1]Throughout the paper, I will use 'he' for the child, since the patients with these disorders are most often boys.

A clinical example—Martin

Martin is 5 years old when he starts analysis (see Salomonsson, 1998). He has been diagnosed with severe DAMP,[2] and his violence is hard to handle at the nursery. In retrospect, his parents think Martin became more demanding and angry when he was 3 or 4 months old. Breastfeeding continued up to 6 months. They noticed his first violent tendencies when he was 1 year old and attacked his mother. They have no idea what started his dramatic behavioural change. Today, Martin is a lonely boy without friends whose anger and violence seems to 'creep out of him'. En passant, the parents mention his nightmares about lions.

In the first analytic interview, Martin plays with a fox and a panda. The panda has nightmares. He must be protected from the ghosts that threaten him. The fox offers to protect the panda but he is very unreliable. The fox eats the panda while it sleeps and then eats all its food. The panda has no friends except the fox, Martin says. To me, the fox seems like a tricky internal companion object. I get the impression that the fox harbours Martin's projected oral anger and his covering up of it. Towards such an enemy, Martin knows of no other language than that of the fox: to bite swiftly and slyly at any external object that he for the moment feels threatened by. He already plays cheerfully during the first interview, but the material is uncanny.

In the ensuing analysis of four sessions per week, violence is triggered by many factors. One is his envy of my fantasized children and patients. Another is his guilt from earlier battles with me. His attacks create a primitive guilt, which he wards off by renewed assaults. Vicious circles are easily created. Any hint of a lowered self-esteem, as when I suggest he feels bad with me or with his peers, sparks fierce battles. From Martin's horizon, however, his violence is a legitimate reaction to my interpretations because they express *my* violence. To illustrate how differently he can react to my interventions, I provide two vignettes.

Vignette 1

Two years into psychoanalysis, 7 year-old Martin begins a session saying he wants to operate on me. Then he proudly shows a green cloth snake he made at school. We speak of how he created something nice, preserved it, and brought it to show me. Meanwhile, I am thinking that an operation can be a healing as well as a sadistic activity. Looking at the snake, I also feel tenderly for his efforts to withstand his sadism and to create nice and durable things. My considerations lead up to an interpretation that he wishes to operate on me and to heal me. Immediately thereafter, however, I feel uneasy and hesitant about the motives behind his wish to operate. I recall that yesterday he 'operated' on the cupboard causing damage. I now add that there might be things he wants to repair, such as the cupboard. I say he probably felt bad about scratching it, and that he feels sad realizing its surface cannot be restored.

My interpretations aim at acknowledging his pride in the snake and his love for me, as well as his guilt and wish to repair me and my belongings. I interpret

[2]In most countries today, the diagnosis of severe ADHD would have been used. I add this to enable any reader unfamiliar with the DAMP diagnosis to form an idea of Martin's state.

assuming that he knows I encompass and accept that he has done both loving and hateful things to me. Martin's reactions show that he views me quite differently and that my assumptions were naive. He moves into a higher gear.

Patient: Ha, I'll let my boa snake coil around your neck! It'll kill you!

He becomes unruly. As I tell him I understand how angry he is with me now, he scornfully rejects my words and tries to whip me with the snake. The situation gets uncomfortable and I place the snake high up out of his reach to protect it.

P: You tormentor of animals! Don't you know the snake is afraid of heights!?

Any further effort at verbal contact is met with scornful tossing of his head and shouting, 'Cut it off, shut up, you just talk, bla-bla! You are a tiny tot'.

Vignette 2

This vignette follows half a year later. I arrive one minute late to a session, which kept Martin waiting outside my office with his taxi driver. Seeing him standing by the door, I am alarmed. I know his extreme sensitivity to abandonment. What will happen now, I wonder. He starts yelling at me immediately.

P: You were late! The cab driver really has better things to do. You cunt-cock! Motherfucker! You just make poo-poo! Fuck your dame! Don't be nice to her! Tomorrow you'll die three times over unless you answer my question: may I go into the adult room and bring as many sheets of paper as I want? Answer me!

The 'adult room' is a room next to the one we work in. Earlier, he has hinted that the patients allowed in there must be children calmer than him. I look at him, a little boss powerless in front of the analyst-sentinel. In the countertransference, I recognize and sympathize with what really scares him: he feels powerless because he cannot sustain the slightest frustration. I feel relaxed when I say, 'And I answer that I am thinking of what you said, of how angry you are with me for being late, what a severe punishment I will get. It is a hard world. You have done a lot of mischief. Perhaps you wonder what punishment you will get'.

He can accept my reminder that not only am I someone who commits faults, but so is he—and that this merits compassion instead of capital punishment. I received the death sentence, but it is his own sentence that he fears. Martin calms down. Now follows a game**.** He is a thief who tricks me into participating in a TV show where I'll get cookies. But I actually won't get any! Evidently, my being tantalized is his retaliation for what he felt was my tantalizing him when he had to stand outside my locked door.

Later, I ask Martin:

A: You stopped the quarrel a while ago. How come?

P: It was peep-peep! [This is his term for an internal signal that sometimes warns him when anger and unruliness threatens.]

Now he resumes playing. I am to interview the thief who actually doesn't want to quarrel. His boss orders the thief to quarrel because others tease him, the boss. This teasing relation reminds me of stories from school, where he never knows who is his true friend and who pretends to be one, just to tease him. When I now link his quarrel and calling me bad names with what he feels at school when his mates tease him, I intervene from a countertransference vantage point of compassion and playfulness.

A: You called me cunt-cock and motherfucker earlier. That is what your schoolmates have been calling you. You've told me that nowadays at school, sometimes you hear peep-peep and can refrain from fighting despite your mates teasing you. And now, you had this peep-peep to stop you from fighting with me.

P: Mmm … Your heart is sick of cancer. I am a doctor. I'm not sure I can save you. I actually work with children. Well, maybe it'll work!

A: You wanted to kill me at first. Now you want to save my heart … Maybe you also want to save your own heart. You might wonder: will you ever become the good-hearted boy you long to be?

P: Yes, I think so …

A: OK, time is up.

P: And I can leave without a row. I cured your heart—and my being quarrelsome!

Comments on the two vignettes with Martin

In the first vignette, something went wrong. I interpreted Martin's loving-reparative (to operate on me) and proud (the snake) feelings, but I went one step further. I included his wish to repair yesterday's cupboard damage. This triggered guilt-stricken memories that no further interpretation could relieve. His reaction conveyed hatred not only of what I said but also of the very fact that I spoke. My words became gibberish, bla-bla.

In vignette 2, I did not directly address his rage for my delay. Instead, I conveyed how painful it is to live in a world where one gets a death sentence if one is late. He accepted my interpretive words as evinced by the ensuing game, revealing a cruel internal world where victims are duped by a sly thief who is cheated by a nasty boss. Later, when he spoke about himself as a heart doctor, I interpreted that he wonders whether his 'heart', his violent nature, is curable. He could now take to his heart not only the pain that my interpretation implies, but also my compassion with him.

My comments on countertransference account for how my internal balance wavers between feelings of apprehension and resentment vs. feelings of tenderness and compassion. The more my balance is in favour of warm feelings, the easier it is for him to benefit from my interventions. In vignette 1, my compassion was eroded by resentment over his damage of the cupboard. My way of meeting him exemplifies a 'disjunctive moment … when the child ceases to feel understood by the therapist' (Palombo, 2001, p. 276).

There are many reasons for these shifts in the analyst's internal balance. Children like Martin can easily turn one's sympathy into resentment and humiliation. His way of receiving my words was intimately linked to my own present feeling state. My point here, however, is not to expound on countertransference, but to discuss how Martin's view of my words changed from being carriers of symbolic messages to being missiles of my evil intent. This paralleled my changing view of his words. I came to understand that the relevant meaning of 'bla-bla', which he literally spat at me, was the raw act of spitting, its bad smell and taste, his ugly face when slurring—and his hatred of me. Evidently, the level of symbolization had changed. His words were now 'missiles hurled at others for the purpose of the expression of aggression, insult or rejection' (Walsh, 1968, p. 200).

Thing-presentations and word-presentations

If we could understand better theoretically why the symbolization process suddenly deteriorates with patients like Martin, we would get a grip on how to handle such detrimental clinical situations. To make this possible, we must first find a usable model of symbolization and verbalization. I begin with Freud's exposition of thing- and word-presentations, then discuss some shortcomings of this model and introduce an alternative one based on C. S. Peirce's semiotics.

In 'The unconscious', Freud states that the difference between conscious and unconscious presentations is that 'the conscious presentation comprises the presentation of the thing plus the presentation of the word belonging to it, while the unconscious presentation is the presentation of the thing alone' (1915, p. 201). In our unconscious, phenomena exist only as nameless thing-presentations. When they link to word-presentations, they enter the *Pcs* and we can think about them. How is this move experienced affectively in the session? The answer varies according to Martin's current internal state and its relation with my countertransference. Sometimes, as in vignette 1, linking word- and thing-presentations when hearing my interpretation is so painful to Martin that the thing-presentation sinks back into unthinkable namelessness, while the word-presentation is lost or explodes into gibberish.

There is yet another reason why an interpretation can only insufficiently describe the underlying psychic reality. This has to do with a qualitative difference between thing- and word-presentations. The object-[thing-]presentation is a 'complex of associations made up of the greatest variety of visual, acoustic, tactile, kinaesthetic and other presentations … . [It] is thus seen to be one which is not closed and almost one which cannot be closed …' (Freud, 1915, pp. 213–4). The word-presentation, on the other hand, is a closed complex where mainly the word's sound-image links to the thing-presentation. Therefore, the word-presentation can never render the full meaning of the thing-presentation. Our interpretations can only tentatively infer the analysand's unconscious. Martin, however, did not experience my interpretations as tentative formulations but as blunt and obtrusive statements. What would it take him to experience them as efforts at translations and not as attacks? I will argue that an internal containing object must be present to soothe the pain that the interpretation elicits.

First, however, I will search for a way to describe the evolving semiotic process between analyst and analysand. Freud's model states that we either unconsciously represent the ineffable thing or we link a word to it and start representing it consciously. A more diversified representational model might account for grades in the representations and nuances of the analytic dialogue. This would have a bearing on clinical situations with children like Martin.

A problem with the concepts of thing-presentations and word-presentations

The concepts of thing- and word-presentations are indispensable for Freud's linguistic definition of repression.

> Now, too, we are in a position to state precisely what it is that repression denies to the rejected presentation in the transference neuroses: what it denies to the presentation is translation into words which shall remain attached to the object. (1915, p. 202)

This definition implies two kinds of presentations. One is in the 'original' language; the repressed representation. The other is in a language foreign to the unconscious, viz. the word-presentation of the impulse. Such a model accounts for the heart story in vignette 2. Martin seems unaware that 'Your heart is sick of cancer. I am a doctor. I'm not sure I can save you' express his love, hate and identification with me, because his impulses are repressed and untranslated. But, when he snarls 'motherfucker' and 'you just make poo-poo', how many representations are we dealing with here? Does he mean that I commit incest or defecate? Or that I am loathsome like someone who does so? Am I incest or faeces? Or is the meaning his wry face when he snarls or the sound when he snubs me? The answer is probably affirmative to all. We are dealing with an array of presentations rather than *either* thing- *or* word- presentations.

The Freudian dichotomy is also challenged by modern infant research (Beebe and Lachmann, 2002; Fonagy et al., 2002; Muller, 1996) and by psychoanalytic work with infants and mothers (Norman, 2001, 2004). The baby's presentations build up along a range of expressions that cannot be subsumed under either thing- or word-presentations. Norman differentiates between lexical and non-lexical aspects of words: 'The non-lexical aspect is the affective language expressed in gestures, facial expressions, the music of the voice and the body language' (2001, p. 84). Non-lexical meaning comprises a gamut of presentations, which cannot be captured by one concept of thing-presentation.

We run into a further problem with Freud's dichotomy if we consider that the baby's presentations are non-lexical thing-presentations—and yet they are conscious. Thing-presentations are by definition unconscious, but a baby's specific response to his environment, e.g. his mother, proves that he has conscious presentations of her and their interaction. His representations are both conscious and non-lexical, which is inconsistent within the Freudian framework (cf. Maze and Henry, 1996).

The semiotic process—mother and child, analyst and analysand

Infant research demonstrates the baby's discriminatory capacities (see Beebe and Lachmann, 2002, for an overview). The baby sorts out his/her registrations, which

are saturated with emotional significances. For example, Tronick and colleagues' Still-Face experiments (Tronick et al., 1978; Tronick and Cohn, 1989) evince the baby's intense affective reactions to his/her differentiated registrations of mother's still and moving face, respectively. I suggest we call these registrations *signs*, as the term is used by C. S. Peirce:

> A *sign* is a thing which serves to convey knowledge of some other thing, which it is said to *stand for* or *represent*. This thing is called the *object* of the sign; the idea in the mind that the sign excites, which is a mental sign of the same object, is called an *interpretant* of the sign. (1998, p. 13)

Infant studies and clinical work indicate that babies create signs of, i.e. they signify, emotionally charged situations. What characterizes these signs and how do they develop? Muller (1996) suggests that mother and baby interact in a semiotic development. They start with a mutual mirroring, face to face and voice to voice. The baby forms presentations of *icons*, i.e. emotional images based on imitations: 'Mom frowns—I frown'. Later, they become *indices*, which are felt as energetic impulses or promptings: 'Mom frowns, she feels something about me. I react, I feel something, and I respond'. Finally, mother and baby take part in a traffic of culturally accepted *symbols*, i.e. words. 'Mom frowns and says I didn't behave well. I babble back'.

Icon, index and symbol are terms borrowed from Peirce. Icons 'convey ideas of the things they represent simply by imitating them' (Peirce, 1998, p. 5). An index 'forces the mind to attend to that object' (p. 14). Finally, symbols 'have become associated with their meanings by usage. Such are most words, and phrases' (p. 5). This terminology is more diversified than the common symbol–sign dichotomy. It covers the whole spectrum of signification, from a simple image evoking mental activity to a complex symbol. Any sign can be interpreted on all three levels of signification. Mom's frowning face might be experienced as an icon of her vexation, and as an index that imposes the baby to bring about a change in Mom so that he can relax. When the child later experiences it as a symbol, this might start a dialogue with Mom.

When I speak to Martin about his wish to operate on me, he probably experiences my communication mainly on icon and index levels. He finds the look of my face threatening and wants to get rid of it. Furthermore, he experiences my words as an index within a power relation, as an order not to damage me. It is therefore pointless to discuss with Martin the symbolical, i.e. lexical, meaning of my interpretations. In these situations, I had better take care of how I say things and how I look, e.g. Martin once panicked when I wore a plain jacket. Long after, he said he thought I had looked 'stern'. The jacket had created a terrifying index in Martin's mind.

Muller's model accounts for the increasingly complex signs that arise in the baby's mind. The prerequisite is that there is an object around to help him climb the semiotic ladder. This object is external at first but is continuously internalized. A baby listens to his mother's soothing words: 'What is the trouble, dear, are you afraid of something?' He relaxes because he understands her message as icons or indices with emotional import—and that they issue from a containing object that he can internalize. In the clinical situation, analysand and analyst repeat the steps in

this development. I can use the model to gauge on what semiotic level the analysand understands me. Does he mainly view me as communicating in symbolic forms or in more primitive forms? Evidently, these issues have to be assessed continuously.

Long before the present era of ADHD and DAMP, analysts had been aware that children 'find it extremely difficult to listen or talk about feelings, and words that evoke painful affect are usually rejected immediately' (Chused, 1996, p. 1049). It had been clear that children differ in their capacity to comprehend what then was referred to as symbolic communication. Charlotte Balkányi (1964) pointed to a peculiarity in normal development; the child de-verbalizes before he can verbalize, i.e. he understands words before he can speak. This puts children in trouble when faced with trauma; they experience it but cannot verbalize or even think about it: 'in the absence of preconscious verbalization there is as yet no thinking apparatus—no tools—to bind the energy' (p. 68). Martin corresponds with this description, which brings him into 'conflict with his environment, so that he will form either too great fears about the environment or too early feelings of guilt' (Katan, 1961, p. 186).

Child analysts spoke of ADHD-like symptoms long before this diagnosis was born; for example, Kay Tooley described 'action-oriented children prone to violent behaviour' (1974, p. 341). The deterioration in ego functioning was well described. Yet, to my mind, ego-psychological models do not sufficiently address how the analyst becomes a bad internal object that drives the child into violence and hatred of words. Muller emphasizes that semiotic development occurs in interaction with an external object. We need to understand how this object serves as a matrix for forming the internal object. This is necessary to comprehend the child analysand's complicated relation to words and to the object that supplies him with them: the analyst. Since he is continuously affected by countertransference, any discussion of how the child receives the analyst's words must also focus on the internal state of the analyst.

The analyst's words and the internal object

I will now use a model by Bion (1954, 1992) and clarified by Segal (1957) to account for Martin's attitudes to my words. The authors apply the model to schizophrenic patients so I must comment on my using it on Martin. Children with ADHD and DAMP do not have a psychotic *structure*. They do not live in an insulated world of idiomatic signification—and they certainly do not withdraw from their fellow beings. However, the *mechanisms* by which they receive interpretations or comments can be described as psychotic, since they consist of violent projective identifications and splitting mechanisms. External reality is equated with internal reality and the borders between self and object are erased. Martin's outburst 'You make poo-poo!' is such a temporary projective identification of his own chaos and self-image, but is not proof that his personality has a psychotic structure.

According to Bion, the capacity to form symbols depends on '1. The ability to grasp whole objects. 2. The abandonment of the paranoid-schizoid position with its attendant splitting. 3. The bringing together of splits and the ushering in of the depressive position' (1954, p. 114). 'Verbal thought sharpens awareness of psychic

reality and therefore of the depression which is linked with destruction and loss of good objects. The presence of internal persecutors … is similarly unconsciously more recognized' (p. 114). My words to Martin remind him of his destructive world. They cause depressive pain and no wonder he hates them.

Bion states that the capacity to form word symbols is linked to the entry into the depressive position. But, when verbal thought is 'interwoven with catastrophe and the painful emotion of the depression' the patient must relieve himself of the pain. He resorts to projective identification, splits off pain and 'pushes it into the analyst' (1954, p. 117). This happened to my interpretation of Martin's wish to repair the cupboard. He transforms it into a missile of unwanted Martin-traits, which he in a deteriorated form ('bla-bla') seeks to penetrate into me.

What determines the fate of an interpretation? Bion says it depends on the state of the receiver's mental space (1970, p. 11, 1992, p. 1). Segal links it with the relation of the container and the contained (1979 postscript to her 1957 paper, p. 63). The child's understanding is facilitated if 'the infant has had an experience and the mother provides the word or phrase which binds this experience. It contains, encompasses and expresses the meaning. It provides a container for it' (p. 63). But when Martin snarls 'poo-poo' the containing object has been replaced by a bad object, which shouts 'get out with pain!' and ejects invectives that reflect his current opinion of himself. Now it is senseless to interpret to Martin 'Perhaps you feel like a poo-poo boy' because no containing object is there to accommodate the interpretation.

When I, on the contrary, expressed how I understood his psychic pain, 'what a severe punishment … it's a hard world', my words reached a good internal object. Note that 'good' not only means that the object has good intentions, but also that it helps the child develop symbolic thinking and communication. Martin's look of surprise proved that the good object had come to the forefront.

To sum up, when we give the patient a psychoanalytic interpretation, it results in pain and a sense that it insufficiently describes the underlying psychic reality, since the 'closed complex' of the interpretation can merely suggest the network of unconscious thing-presentations. The mitigator of pain and frustration is the good internal object. It helps the patient not to be overwhelmed by primitive signification but to receive the analyst's words on a symbolical level. Thus, he can focus on *what* I say and not so much on how I say it or what I look like. The patient's mode of receiving my communication is also affected by my awareness of the countertransference, which influences how I talk and look. When I now set out to discuss a psychoanalytic technique that enables the child to experience the analyst as a representative of a good internal object, I emphasize that psychoanalytic technique comprises not only outward action but also self-reflection by the analyst. My technical recommendations aim at inspiring the analyst to reflect on the transference–countertransference situation.

Psychoanalytic technique in neuropsychiatric disorders

A child with ADHD and DAMP has frequently experienced people's frowning faces in response to his unruly conduct and he might fear the analyst is another exacting

figure. This sensitivity to iconic and indexical layers beneath the symbolic message is often explained as a consequence of grown-ups' criticisms of his misbehaviour. This, I think, is a shallow explanation. The child is at the mercy of an introject that easily comes into action and forcefully rejects any words, be they emotional or trivial. If the internal object is evil and intent on understanding communication on an iconic or indexical level, then, whatever the analyst says, the child will focus on how the analyst speaks and what the analyst looks and feels like. If psychoanalytic technique does not consider our patients' semiotic fragility, we might suddenly discover that they have reacted to an interpretation on another semiotic level than we intended. This makes the clinical situation deteriorate and the child feels persecuted. We must gauge what, how and when we say something, and be aware of the minute-to-minute changes of the child's internal object.

The setting

Analysing children with ADHD and DAMP is a delicate task. Any measure that makes the analytic setting akin to a mother containing her baby's anxieties is to be encouraged. Since the traditional psychoanalytic frame bears such a resemblance (Quinodoz, 1992; Salomonsson, 1998), one could simply say that we should do psychoanalysis as usual. A high frequency and the fixed duration of sessions are as necessary as a calm, foreseeable and low-stimuli analytic situation. This helps the analyst to maintain 'the steady application of an interpretive posture and a dynamic point of view' (Gilmore, 2000, p. 1274). However, it is seldom easy to implement this advice in the face of violence and insults. And there is also the patient's semiotic fragility to consider. We therefore need to look into some special problems of the setting in analysis with these children.

Medication of ADHD results in much concern among therapists. After having seen the effects of modern and specific drugs, I think an a priori rejection of medication is to sacrifice the patient on the altar of psychoanalytic orthodoxy. Medication does not alter the child's propensity to flutter between different semiotic levels, but it sometimes helps him to concentrate on these issues when addressed in analysis or at school. However, decisions on medication are beyond our psychoanalytic task (Salomonsson, 2004) and an analyst who decides on pharmacotherapy infringes the analytic frame. The drug will inevitably acquire significances of a good or bad object, and it would confuse the transference relation if the analyst prescribed it. In the countertransference, the analyst might feel hopeless and wish, 'If this boy only had medication!' I think his/her prime reaction to such a fantasy should be to scrutinize what, in the here and now of the session, created these strong feelings in the countertransference.

External factors influence the analytic situation, which the issue of medication proves. Information sieves into the analysis and affects transference and countertransference: 'extra-analytical information easily complicates psychoanalytical understanding. Thus, any external material received should be handled with care. This is extra important initially in treatment, before a solid psychoanalytical process is established' (Salomonsson, 2004, p. 123). It is a strain to remain unperturbed by the pressure from parents, teachers and staff. Sometimes, the analyst needs to

meet with professionals involved and explain why regularity of sessions and a frequency of preferably four sessions each week are important. As Schaff (2001, p. 553) points out, these children's intrapsychic tensions tend to be projected on to teachers, staff and therapists. It is easy for the analyst to identify with projected feelings of impotence and stupidity. This can make him/her defensive. Prestige is thus the first internal enemy to be dealt with. Others are the analyst's fears of being stupid, impotent and ridiculed. These issues come to the fore in the analyst's contact with the parents. Parental work is vital in order to maintain a good working alliance with the parents. The frequency and content varies according to the child's needs and relations at home.

The phrasing of interventions

When these children are in the grip of a bad internal object, they react violently to interpretations of positive affects like pride or joy as well. If the analyst tries to circumvent this risk by speaking metaphorically he might, to his dismay, be rejected anyway. Understanding a metaphor requires something beyond comprehending the overt meaning of the words. A metaphor easily triggers feelings in the child of being stupid, which leads to hostile reactions.

The analyst's art consists in gauging the state of the child's internal object which, to complicate matters, shifts very rapidly. In vignette 1, I reminded Martin unwarrantedly of yesterday's cupboard scratching because I misjudged his internal object. I thought his wish to operate represented healing and sadistic impulses, but my reflection was blurred by my unresolved countertransference anger over his damage of the cupboard. My interpretation was not well timed and was experienced on another semiotic level than I intended. Consequently, his sadism erupted and his ego-function deteriorated.

Interventions seem to function at their best when guided by a certain playfulness on the analyst's part. I do not mean playing with the child but rather a relaxed attitude with him. Sometimes I get involved in matter-of-fact discussions about cars, aeroplanes and watches, while at the same time registering my countertransference. Nicholas, aged 7 (a boy with ADHD, see below), said the pilot of a paper aeroplane he had just made was 'shaky' because the plane had crashed. I picked up on what 'shaky' means; does it imply that the pilot actually was shaking or does it mean something else? If so, could it have to do with what the pilot felt when crashing? What did he feel? Fear, possibly? Rather than interpreting 'shaky' as a symbol of an internal state, my comments aimed at loosening up the rigid link between sign and object.

Bion (1967) advises us to conduct analysis 'without memory and desire'. Vignette 1 proves what can happen if the analyst is guided by memories of earlier events and wants to bring them into his interpretation—a behaviour that often is dictated by an unclarified countertransference position. The child feels persecuted and a bad object is elicited. Another factor that easily seduces the analyst to depart from the no-memory and no-desire stance is when he has received extra-analytic information. The analyst thus takes a giant risk if he/she says, 'I heard from your mom about a fight at school yesterday.'

The paradox in Bion's recommendation, which should not be taken as a prescription never to mention past events, becomes manageable and creative if we maintain a special distance in relation to the analysand. This distance is attentive and playful but not condescending. It requires a relaxed countertransference situation, which enables us to let an interpretation be born within us and then transmit it to the patient. I use two vignettes to illustrate my technical points.

Vignette 3

Fredric, aged 8, has been diagnosed with ADHD. He fights at school and cannot follow his teachers' instructions. His symptoms have caused worry since the last year of kindergarten. Perhaps they did not cause alarm even earlier because genuinely charming personality traits hid the gruesomeness of his internal world. He is at the beginning of treatment. For practical reasons he sees me twice a week and this will soon increase to three times. In one session, he draws some Pacman characters from the computer game. The blue guys hunt a red Pacman. If the red one is hit, the blue ones get points, Fredric explains. I follow his story. Then I remark that he initially asked me if I knew about Pacman, but proceeded immediately to explain the game to me. Fredric now seems insecure. I think he felt criticized by my remark. Knowing how he fears my interpretations of negative affects, I remain silent.

Patient: May I eat some cookies I brought? I baked them at school.

I nod and he munches one.

P: You want one?

According to the psychoanalytical technique I normally practise, such a question is followed by my waiting for more material from Fredric, or by suggesting some motive for his cookie offer. However, with Fredric I have experienced adverse reactions when I searched for his underlying motivation. I therefore fear that asking him now about his offer would elicit his turning his back on me for the rest of the session. A 'No, thank you' would increase his feeling criticized by me. We are at the beginning of treatment and he feels his parents have forced him to visit an alien 'psycho' who prevents him from being with his friends. There are no problems or fights at school; his only problem is that he must see me! With these considerations looming in my mind—during those seconds that are a child analyst's usual time for reflection—I answer, 'Yes, please'.

Frederic then expands the story and tells of how the hunted red Pacman can turn around and eat up the blue ones. In that case, the red guy receives a point.

Analyst: This reminds me of another game you played when a crocodile chased a horse, which started chasing the crocodile. Games of chasing and being chased … Isn't it a bit like the fights at school when you and your mates chase and fight each other?

His fights at school are a sensitive topic. My interpretation being prepared this way, he can deal with its affront to his self-esteem and nod his admission. Yes, he says with a confidence unusual to him, he has trouble with the fights at school. He speaks about them and then draws 'an elephant with a gas mask'.

P: I didn't even think of drawing an elephant!

A: Maybe you became more courageous, more inventive. You dared draw something you hadn't decided in advance how it would turn out.

This intervention was determined by my impression that this boy, who earlier had declined to discuss possible meanings behind his behaviour in sessions, now had changed. My interpretation not only confirmed his spontaneity but also that, earlier, this was hindered by his lack of courage and not, as he had claimed, by his lack of interest in talking to a psycho.

Palombo says that

> … minor deviations from social propriety, such as not acknowledging a significant event in the child's life or refusing to respond to questions but not explaining why, inserts into the setting an element of artificiality that cannot help but bring discomfort and/or embarrassment to the child. (2001, p. 266)

An analyst who wants to avoid artificiality by saying yes to a cookie must, of course, scrutinize his countertransferential motives. Perhaps he is afraid of conflict or wants to be a nice guy. My accepting a cookie was a choice made after considering alternative interventions. It would have to be followed up by renewed scrutiny of the transference–countertransference relation. Fredric's continued story of the Pacman and his accepting my looking into his everyday life showed that our contact became closer. Meanwhile, I continued thinking of Fredric's Pacman universe and the oral consolation of the cookies. In my silent interpretations, the cookies were symbols for feelings and relations. In my overt analytic behaviour, I treated them as an indexical communication: do I want a cookie or not?

Concerning the elephant drawing, an alternative interpretation would have aimed at clarifying its symbolic content. I think it evoked a bizarre object, which has popped up before when Fredric delves into his oral sadistic world. It signifies both a representation of himself as a strange character and of the containing object as crazy and helpless. However, I consider it would have been a mistake to interpret these meanings. The bizarre object's links to his internal world are so remote from consciousness that any interpretation would create indifference, confusion or unruliness. I found it more fruitful to confirm the indexical level of his drawing. It was as if he conveyed 'Hey, I am drawing and I do want to talk with you, psycho!' Therefore, I commented on the drawing on an ego level, pointing to its creative properties. Fredric, who tries hard to give a decent and ordered appearance, is delighted that he can start a drawing without knowing what will come out of it. This raises his self-esteem and will probably, later in analysis, pave the way for our speaking explicitly of his drawings' meanings.

After the cookie episode, I brought up his fights in play and at school. This runs against working without memory and desire, which indicates that Bion's recommendation is an ideal, not a prescription. It is indeed impossible not to remember or desire.

Vignette 4

Nicholas, 7 years old, is a new patient with a severe ADHD diagnosis. His symptoms appeared when he was 2. He is not prone to violence but evokes serious concern because he cannot concentrate and acts impulsively. 'My head is a mess', he says. At this early stage of treatment, he refuses to be in the consulting room without his mom or dad. Often he sits silent in a corner, but in the presented session he is more open. He asks his father to fold a piece of paper into a quadrangle with flaps. He invents secret messages, which he instructs father to write inside the flaps. Then he asks me to point at one flap. He unfolds it and tells me to execute what is written there. Cheerfully, he asks what is written.

Analyst: It says, 'Kiss and hug the wall!'
Patient: Then you must do it! Do it now!
A: I am thinking about these words …
P: Do it!
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 …
P [looking sad]: My little brother teases me. He calls me stupid … Kiss the wall! … I must go to the loo.

When Nicholas reveals that his brother teases him, he confides in me to an unusual degree, since this topic is very sensitive. His disclosure probably released painful feelings, which had to be evacuated as urine. As I spoke to him about his order to kiss the wall, I became aware of a sad, desolate and humiliated feeling within me. I identified with a yearning boy in front of an internal object, which he feels to be flat and unwelcoming as a wall.

I interpreted none of my considerations but rather played midway into the game, asking aloud what it could feel like standing by the wall. It was like playing aloud with the idea but not with the action. I did not kiss the wall since that would have felt uncomfortable for me. Nor did I say anything about his motives for ordering me, or what kissing the wall might signify. My stance lessened his distrust in me and opened up a space for his confiding that his brother teases him. This was as much depressive pain he could take. One could object that I did not help Nicholas understand the wall's symbolic import of an unwelcoming introject or of the wall-like way he feels people relate to him. This is exactly my point. In this situation the wall was treated as a wall, and 'Kiss and hug!' was treated as an order. His association to the brother followed upon my comment about how one might feel in front of the wall and about the risk of being teased. His association indicated that he intuited a connection between me in front of the wall and himself in front of his brother. To

speak about this on a symbolic level, however, would have disrupted the connection between us and his ability to reflect further.

A summary of technical recommendations

I conclude by listing my technical recommendations. I provide the list, which necessarily is simplified and straightforward, as a brief summary of my technical points above—and as an inspiration to work in psychoanalysis with children with ADHD and DAMP.

- Be careful not to interpret affective content unless you are certain there is a working alliance with the analysand based on the presence of an internal object that, at least for the moment, is good and secure.
- Avoid metaphors unless you feel sure the child has the cognitive and emotional capacity to understand them. The child moves rapidly between different semiotic levels and quite often you and he are on different levels. What you say + how you say it + how you look and sound + how your office feels and smells—all go together to form a message, which he might interpret on another level than you intended.
- Be guided by the principle of conducting psychoanalysis without memory and desire. If you note any tendency in yourself to drive home an interpretation, consider being quiet and reflect further on your countertransference. If a memory pops up in you and you want to include it in an interpretation, ask yourself if you feel pushed to do so or if you doubt that the child's present internal object can take it. If the answer is yes in either case: wait!
- Investigate what threatened, angry, sad, desperate, humiliated or bewildered feelings reside in the countertransference and why they appeared. Consider that your feelings echo the child's unbearable chaos projected into you. This might help you to attain a non-superior calm in the face of assaults. If you are hit and called a stinking idiot, such calm may seem unattainable. Looking at your countertransference as an informative tool with regard to the patient's inner state may help you to keep calm. If you find some playful and attentive distance, you probably have reached a more relaxed attitude to your countertransference and to the patient's plight. This helps you enormously to help him.
- Violence in the consulting room must be looked at very seriously. If it occurs, tell the child you will try to help him prevent it from reappearing, since he feels bad after having hit you and the possibility of you helping him is affected by the assault. The child often understands when it is explained that a scared analyst cannot do a good job.

I hope to have contributed to our understanding of how to manage children with ADHD and DAMP in psychoanalysis. As I see it, they should be offered analysis much more than is the case today. Once you see beneath their violent or scornful, indifferent or incomprehensible appearance, you notice their longing to express their inner worlds. Sadly enough, in an era of anti-psychoanalytic, anti-therapeutic and narrow-minded biologistic sentiments, these children are often denied that possibility.

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Translations of summary

Der Einfluss von Worten auf Kinder mit ADHD und DAMP — Konsequenzen für die psychoanalytische Technik. Kinder mit Aufmerksamkeitsdefizit-Störung (ADHD) und Störungen von Aufmerksamkeit, Motilitätskontrolle und Wahrnehmung (DAMP) nehmen die Interventionen des Analytikers häufig sensibel wahr. Dies ist nicht immer auf den wörtlichen Inhalt der Intervention zurückzuführen; vielmehr reagieren die Kinder mitunter so, als seien die Wörter gefährliche konkrete Objekte, die sie physisch abwehren müssen. Der Autor führt dieses Phänomen auf die instabile innere Situation des Kindes zurück. Ein böses, nicht containendes inneres Objekt wird leicht aktiviert und droht dann, die Worte des Analytikers unabhängig von ihrem Inhalt auszustoßen. Daraufhin entstehen gewalterfüllte klinische Situationen. Die Säuglingsforschung sowie die psychoanalytische Arbeit mit Kleinkindern und Müttern demonstrieren den komplexen semiotischen Prozess, der sich zwischen der Mutter und ihrem Baby entwickelt. Die Voraussetzung dafür, dass dieser Prozess in Gang kommen und aufrechterhalten werden kann, ist ein sicheres äußeres Objekt, das nach und nach internalisiert wird. Ergebnisse aus der Entwicklungsforschung und aus der klinischen Arbeit mit Säuglingen und Kleinkindern werden zur Illustration der analytischen Arbeit mit Kindern mit ADHD und DAMP benutzt. Vignetten demonstrieren, wie wichtig es ist, dass der Analytiker Deutungen formuliert, nachdem er den Zustand des inneren Objekts des Patienten sowie seine eigene Gegenübertragung eingeschätzt hat. Wenn dies vernachlässigt wird, kann der psychoanalytische Dialog leicht entgleisen. Der Autor formuliert technische Empfehlungen für die Psychoanalyse dieser Kinder. Als Teil der theoretischen Diskussion wird die allgemeine Frage gestellt, wie die Repräsentationen, die das Baby in der Interaktion mit der Mutter und der Analysand in der Interaktion mit dem Analytiker aufbauen, klassifiziert werden sollten. Statt der Zweiteilung in Sach- und Wortvorstellungen (Freud) empfiehlt der Autor C. S. Peirce' dreiteilige semiotische Klassifizierung, derzufolge das Baby Repräsentationen durch Icons, Indizes und Symbole aufbaut.

El impacto de las palabras en niños con ADHD y DAMP. Consecuencias para la técnica psicoanalítica. Los niños con déficit de atención e hiperactividad (ADHD) y con desorden de atención, motricidad y percepción (DAMP) en inglés) son a menudo sensibles a las intervenciones del analista. Esto no se debe siempre al contenido literal de la intervención del analista, sino a que a veces los niños reaccionan como si las palabras fueran objetos concretos peligrosos, de los cuales deben defenderse físicamente. El autor atribuye el origen de este fenómeno a la inestabilidad interna del niño. Un objeto interno malo no contenedor se activa fácilmente a través de la interpretación y amenaza con expulsar las palabras del analista prescindiendo de su contenido. Esto produce situaciones clínicas violentas. La investigación sobre el mundo infantil y el trabajo psicoanalítico con niños y sus madres respectivas muestran cómo se desarrolla un proceso semiótico complejo entre madre y bebé. El prerrequisito para que se inicie y se mantenga este proceso es un objeto externo estable, que gradualmente se internaliza. A fin de esclarecer el trabajo analítico con niños con ADHD y DAMP se recurre a los hallazgos de las investigaciones sobre el desarrollo y de trabajos clínico con niños. Unas viñetas clínicas muestran la importancia que adquiere para el analista formular las interpretaciones tras haber evaluado adecuadamente tanto el estado del objeto interno del analizando como también su propia contratransferencia. Si esto aspecto es descuidado, el diálogo psicoanalítico puede interrumpirse fácilmente. El autor propone algunas recomendaciones técnicas para el psicoanálisis de estos niños. Como parte de la discusión teórica se plantea la pregunta general de cómo deberían clasificarse las representaciones, que el bebé establece en la interacción con su madre y las que establece el analizando con su analista. En vez de clasificarlas en subdivisiones binarias en representaciones de palabra y representaciones de cosa (Freud), el autor sugiere la triple clasificación semiótica de C.S.Peirce, en la que el bebé forma representaciones de íconos, índices y símbolos.

L'impact des mots sur les enfants présentant un ADHD et un DAMP — Conséquences pour la technique psychanalytique. Les enfants présentant un syndrome de déficit de l'attention et d'hyperactivité (ADHD) et des troubles de l'attention, du contrôle de la motilité et de la perception (DAMP) sont souvent

sensibles aux interventions de l'analyste. Ceci n'est pas toujours dû à l'impact littéral de l'intervention ; les enfants réagissent parfois comme si les mots étaient des objets concrets dangereux, qu'ils doivent éviter physiquement. L'auteur attribue ce phénomène à la situation interne instable de l'enfant. Un objet interne mauvais, non contenant, se réveille facilement et menace d'expulser les mots de l'analyste, sans tenir compte de leur contenu. Cela aboutit à des situations cliniques violentes. La recherche sur l'enfant et le travail psychanalytique avec les enfants et les mères témoigne de la façon complexe dont un processus sémiotique se développe entre la mère et le bébé. Le prérequis pour que ce processus se mette en route et se poursuive est un objet externe sécurisant, qui progressivement est internalisé. Les données issues de la recherche sur le développement et des travaux cliniques chez l'enfant sont appliquées pour éclairer le travail analytique avec des enfants présentant un ADHD ou un DAMP. Des vignettes cliniques montrent l'importance pour l'analyste de formuler les interprétations après avoir évalué aussi bien l'état de l'objet interne de l'analysant que son propre contre-transfert. Si cet aspect est négligé, le dialogue psychanalytique risque de chavirer. L'auteur propose quelques recommandations techniques pour la psychanalyse de ces enfants. Une partie de la discussion théorique est consacrée à la question générale de la façon dont les représentations que le bébé forme en interaction avec sa mère et que l'analysant forme en interaction avec l'analyste pourraient être classées. Plutôt que de les diviser de façon bipartite en représentations de mots et en représentations de choses (Freud), l'auteur propose la classification sémiotique tripartite de C.S. Peirce dans laquelle le bébé forme des représentations d'icônes, d'indices et de symboles.

L'impatto delle parole sui bambini affetti da ADHD e DAMP—Conseguenze per la tecnica psiocoanalitica. I bambini affetti da ADHD (sindrome da deficit attentivo con iperattività) e da DAMP (deficit attentivo e percettivo-motorio), sono spesso turbati dagli interventi dell'analista. Ciò non è sempre dovuto al contenuto letterale dell'intervento: i bambini reagiscono a volte come se le parole fossero pericolosi oggetti concreti da cui ci si deve difendere fisicamente. L'autore attribuisce questo fenomeno a un'instabile situazione interiore del bambino. Un oggetto cattivo e incapace di contenere viene facilmente evocato dall'intepretazione e minaccia di espellere le parole dell'analista a prescindere dal loro contenuto. Ciò risulta in situazioni cliniche violente. La *infant research* e il lavoro psicoanalitico con i bambini e le rispettive madri ha consentito di evincere un complesso processo semiotico che si sviluppa fra madre e figlio. Prerequisito per l'emergenza e il mantenimento di questo processo è un oggetto esterno stabile che viene gradualmente interiorizzato. Le scoperte della ricerca sullo sviluppo infantile e del lavoro clinico sui bambini vengono usate per illustrare il lavoro analitico con bambini affetti da ADHP e da DAMP. Alcune *vignette* di analisi dimostrano quanto sia importante che l'analista formuli le sue interpretazioni dopo aver valutato lo stato dell'oggetto interno dell'analizzando, nonché il proprio controtransfert. Se ciò viene trascurato, il dialogo analitico può facilmente interrompersi. L'autore fornisce alcune raccomandazioni tecniche per l'analisi di questi bambini. Come parte della discussione teorica viene posta la domanda di come vadano classificate le rappresentazioni che il neonato forma nell'interazione con la madre e l'analizzando con l'analista. A una loro suddivisione binaria in presentazione di cosa e presentazione di parola (Freud), l'autore preferisce la triplice classificazione semiotica proposta da C. S. Pierce, secondo la quale il neonato forma rappresentazioni di icone, indici e simboli.

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