

The Unwanted Child

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Abstract

Disorders originating in the first two to three years of life stem from deficiencies in the infant's contact with the primary provider, usually the mother. Clients who carry these early deficits cannot have rewarding, close relationships. They believe they are unwanted and fundamentally unlovable. Early in their lives, many of them made certain specific internal structural adjustments to best survive in their deficient environments. These adjustments and their consequences are identified and explained, and transactional analysis treatment to obtain the necessary restructuring is outlined.

*To have hate where there once was love,
to have fear where there once was trust.*
A client

This paper considers transactional analysis treatment for disorders originating in infancy. Berne (1961) defined the function of transactional analysis as helping clients put their Adult, uncontaminated, in the executive to obtain symptomatic control and relief. He asserted that transactional analysis is an advance over psychoanalysis in terms of obtaining these results, but that additional work is required to obtain cure. He maintained that cure, or deconfusion of the Child, is to be accomplished through script analysis, which is the substance of psychoanalysis. He called the cure process "psychoanalytic cure" (p. 172). However, when it comes to clients with problems originating in infancy, Freud (1913/1958) concluded that they do not respond to psychoanalysis, and the analyst who undertakes to treat such a case "cannot fulfil his promise of cure" (p. 124).

Whereas Freud's work emphasized the oedipal conflict as the origin of neurosis, later writers (Klein, 1945/1975; Rinsley, 1989) recognized that more clients suffer from distress originating

from earlier experiences. Little (1990) observed:

In the course of time, fewer people have sought treatment for neurotic illness, and many more for anxieties of the far less tractable, psychotic type, even though these were not necessarily wholly incapacitating or requiring hospitalization, and this has called for changes in psychoanalytic technique. (p. 18)

Such changes have indeed been taking place in the psychoanalytic field with advances such as ego psychology, object relations, self psychology, and Spontitz's (1993) modern psychoanalysis, although success using these developments usually requires many years of treatment.

Many transactional analysis practitioners have developed treatments for Child development problems: early work with permission workshops (Steiner, 1974), reparenting regressive work (Schiff et al., 1975), redecision therapy (Goulding & Goulding, 1979), body work designed to provide corrective experiences for the Child (Cassius, 1980), self-reparenting approaches (James, 1981), Child development work (Levin, 1988), and rechilding (Clarkson & Fish, 1988), to name a few. In addition, many transactional analysis practitioners recently have turned to modern psychoanalytic advances, and the transactional analysis literature and conferences related to transactional analysis have increasingly included such material.

Clients whose problems originate in infancy do not respond to therapeutic operations such as explanation, confrontation, clarification, and interpretation. They tend to act rather than talk and to create circumstances in their lives that are dangerous to themselves or others, often preempting treatment. They tend to undo progress and are likely to leave therapy just when progress seems most promising. Those who display such characteristics usually fit within the narcissistic-borderline continuum (Adler, 1985) and are often diagnosed as schizophrenic, schizoid, anaclitically depressed, passive aggressive,

psychopathic, impulse disordered, obsessive compulsive, eating disordered, or addictive—the spectrum of disorders originating in infancy. These clients, adamantly ego-syntonic with their Child's adaptations, are the ones we are concerned with in this article. Their psychiatric diagnoses are not considered here to represent classes of illnesses but rather methods of adaptations used by many of them to cope with a common, basic flaw stemming from early deprivation.

In this article, a theory of the unwanted child syndrome is presented that shows how the aforementioned basic flaw brings about a particular splitting of the early Child ego state; how that split leads to a situation in which the only relationship possible is one founded on hostility and dislike; and how the person's presenting symptoms serve to neutralize intolerable internal experience that results from these developments. A novel treatment method is then presented that corrects the structural distortions and brings to closure the original, early deprivations and their consequent developmental deficiencies.

The Basic Flaw

It is now universally recognized that early pathology develops from failure in the contact between the infant and the primary caregiver, usually the mother. Kohut (1971) wrote that, because of her own narcissistic fixations, a mother's self-absorption may lead her to project her moods and tensions onto the child or to respond inappropriately to his moods, resulting in the child's remaining "fixated on the whole early narcissistic milieu" (p. 66).

Many of our clients, in infancy, experienced their caretakers as physically or psychologically insufficiently available. Here are examples of attachment disruptive histories from my clients:

At the age of 11 months, a client was left in the hospital for two weeks; another client was given by her mother into her grandmother's temporary care after birth; three clients had siblings born when the clients were younger than two years; four clients were born to alcoholic, detached mothers; one client was born prematurely and was incubated for a time; and one, conceived shortly after her parents had adopted a

baby, was singled out for rejection and abuse since infancy.

These clients share a sense of being unwanted and unloved and the belief that they are unlovable. Echoing her early experience, one of these clients said:

I don't like depending on anybody or being beholden to anybody. I can't believe people enjoy me and my company, that I am not a burden. I don't like to depend [on anyone] because I don't trust that anyone is comfortable with giving anything to me.

In his famous study of infants temporarily separated from their mothers, Bowlby (1969, 1973) found that if the mourning process and the environment are such that closure cannot be obtained, the infant will detach from its mother. It will first show distress at having lost the mother and will seek to have her back by any means. In time, the infant will become increasingly hopeless, withdrawn, and inactive and make no demands. It will become remote and apathetic toward the mother on her return. If losses persist, it will gradually become self-centered and replace an interest in people with a preoccupation with such things as sweets, food, or toys.

It is reasonable to assume that detachment equally results from unresolved *emotional* abandonment. This assumption finds reinforcement in Federn's (1952) posthumously published paper on children's response to pain and frustration. He proposed that "repeated frustration in childhood can result in an impairment. . . . When no . . . repair is made—spontaneously, by helpful environment, or by psychoanalysis—*coldness and dullness in all object relations is established for life*" [italics added] (p. 266).

Structurally, the infant's detachment represents an exclusion by the infant of its internalized mother (P_1 in Figure 1). This blocking off of the experience of "mother" is of such far-reaching consequence to the child's later development that therapy cannot be effective without first mending it. I call the exclusion of mother's representation a basic flaw (not to be confused with Balint's [1968] basic fault).

The Split

If the primary attachment is undisturbed, the

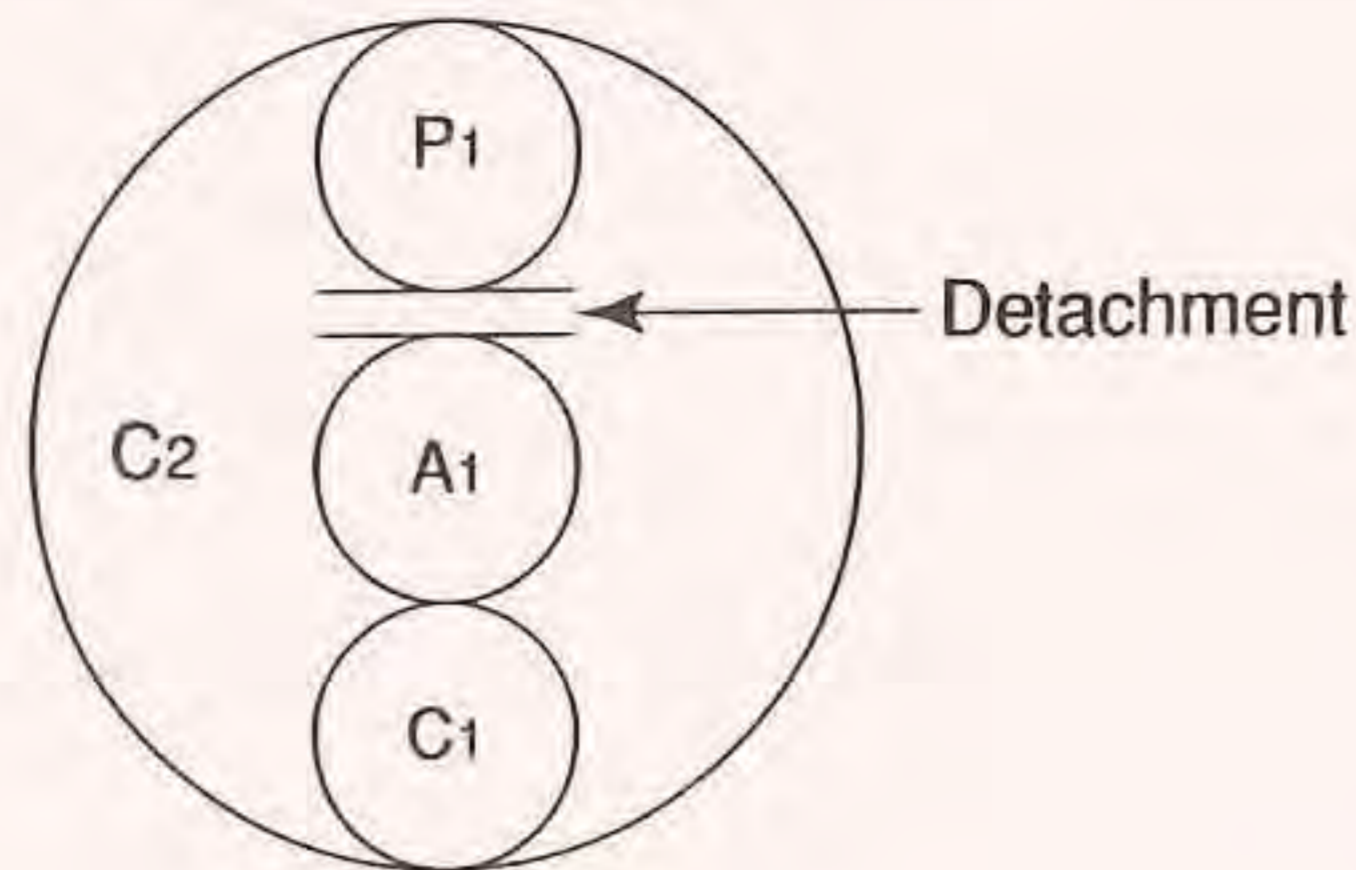


Figure 1
The Basic Flaw

growing toddler has enough of an internalized reliable early attachment figure to carry him or her through the initial exploratory ventures. Healthy and secure detachment can then lead to increased separation and individuation. But, lacking a reliable internalized mother, how can the detached toddler believe he or she can venture out and survive? He or she solves this problem by splitting psychically, allowing one part of the psyche to take charge of and look after the other. The first part, here called the Tough Kid, “lifts itself up by its own bootstraps,” its slogan being, “The hell with them all; I can do it myself.” Magid and McKelvey (1987/1988) wrote, in regard to these unattached children, “It is as if a voice inside their heads is saying, ‘I trusted you to be there and to take care of me and you weren’t. It hurts so much, that I will not trust anyone, ever’ ” (p. 26). Bowlby (1977) described their quality as “compulsive self-reliance” adopted by the individual to seal his or her “destiny” of loneliness and to enable him or her to overcome his or her self-attributed unlovableness and low personal worth (p. 130). A client expresses this situation to the therapist thusly: “Why should I accept you? I don’t trust any adults. They are there to do what’s good for them. Why will they care about me?”

Serving as a substitute to the excluded, early internal mother image, the Tough Kid, made up to perform a parental function, may structurally

be considered P_1 . But as will be shown, there is more to the Tough Kid’s content and function. Once the split has materialized, the Tough Kid assumes the executive. It envelops and encapsulates the other, vulnerable part, called here the Dependent Child (see functional diagram, Figure 2), and stands vigil to protect it from those who offer the greatest threat of abandonment—those with potential for closeness or nurturing.

It must be noted that this split is not the same as the splitting defense described in object relations theory. (See the Conclusion of this article for further discussion.)

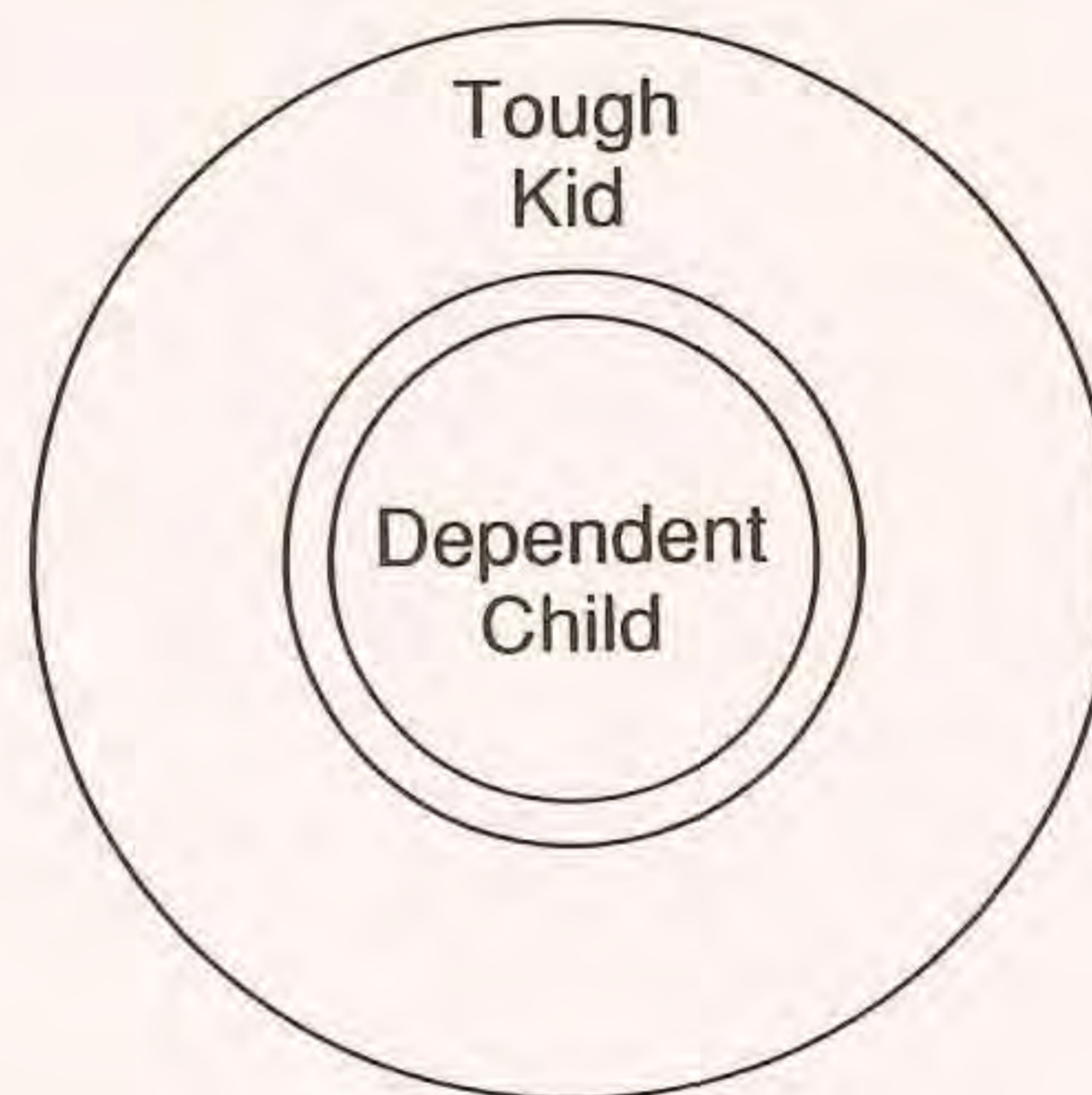


Figure 2
The Split

It is easy to detect the split early in treatment. For example, a teen-age client in her second session, after describing numerous abandonments and betrayals, says, “I don’t want to be dependent on anyone. I even hate to receive gifts. I don’t want to be helpless. I want to be in control and take care of myself.” When the therapist asks, “Is there a part of you that does want to be taken care of?” she replies with tears in her eyes, “Oh, yes, there is. It hasn’t been used for years. The only place I bring it out is in my poetry.”

The Tough Kid mobilizes to cut off the Dependent Child from all contact that risks abandonment. But being only a split part of a young Child ego state, it is not equipped to substitute for the missing "good-enough" mother. As a consequence of the Tough Kid's protection, the Dependent Child is deprived of any yearned-for contact. It remains isolated and despondently lonely. This condition, discussed widely in the literature, is experienced by the client as an intolerable emptiness. Hartocollis (1977) described it as a state of chronic boredom, "a sense of longing for something (or someone) that is not merely absent, but nonexistent . . . something that leaves one empty or hungry . . . hopeful in a helpless way" (p. 497).

The Tough Kid undertakes to protect the Dependent Child from these desolate feelings at all costs. It uses depression or other psychological symptoms and characterological traits to hide them from awareness, chemical addictions to anesthetize them, or psychosomatic illnesses or behavioral addictions to distract from these feelings. While the Dependent Child harbors the feelings of desolate emptiness, it is the Tough Kid that retains the emotional memories of the early separation and protects itself, too, from the pain of these memories with additional methods (discussed in the treatment section of this article).

Revenge

Behind the Child's detachment lies his or her unexpressed rage and abandonment grief. Magid and McKelvey (1987, 1988) wrote, "At the core of the unattached is a deep-seated rage. This rage is suppressed in their psyche. . . . Incomprehensible pain is forever locked in their souls because of the abandonment they felt as infants" (p. 26).

The Tough Kid creates and maintains conflict with its mother, not only to give some outlet to this rage, but also to fend her off and to defend itself from its own grief. It engages its mother in open or hidden behaviors of withholding or spite. According to Kohut (1972),

The need for revenge for righting a wrong, for undoing the hurt by whatever means . . . and the unrelenting compulsion in the pursuit of these means . . . gives no rest to

those who suffered a narcissistic injury. These are the characteristics of the phenomenon of narcissistic rage . . . and set it apart from other kinds of aggression. (p. 380)

A client described his wish for revenge as follows:

To lose my independence to you and not be wanted is the worst. Then I can't escape. I don't want to stay, but I can't leave. I am helpless because I can't take care of myself. I'm bitter and angry and want to hurt you to cover it all up—that I have no hope to ever be wanted.

Detached and unable to look after his or her own physical needs, the unwanted child must have some control over mother's attention. Lacking reliable attachment, he or she resorts to second best—contact through hostility. He or she cannot make the mother love, but can surely make her hate him or her. Kirman (1989) wrote, "If we think about it, revenge is a way of holding onto the object while at the same time trying to get back at it. One has not let go of something if one is planning revenge against it" (p. 90).

The child is not equipped to consider the consequences of his or her hostility, and these may turn out to be dreadful. The mother, narcissistically predisposed or unable to tolerate her own anxiety, responds to the child's hostility with additional punishment or withdrawal (Kohut, 1971). In response, the child's desire for revenge increases, leading to further escalation in the mother's retaliatory responses. A self-reinforcing loop of mutual punishment, withdrawal, and dislike, open or disguised, (Figure 3) ensues.

This feeling/behavior complex becomes the primary emotional contact available to the child and therefore most viscerally significant to him or her. A client eloquently described this situation when he said, "Hating is all I have left to keep going in the emptiness. Giving up hate is like dying, the last piece that connects to life." Loneliness, punishment, and revenge become the essence of his or her attachment. Rejection, hostility, and hate are the feelings he or she seeks and strives for, and he or she assures their availability through his or her attachment behavior.

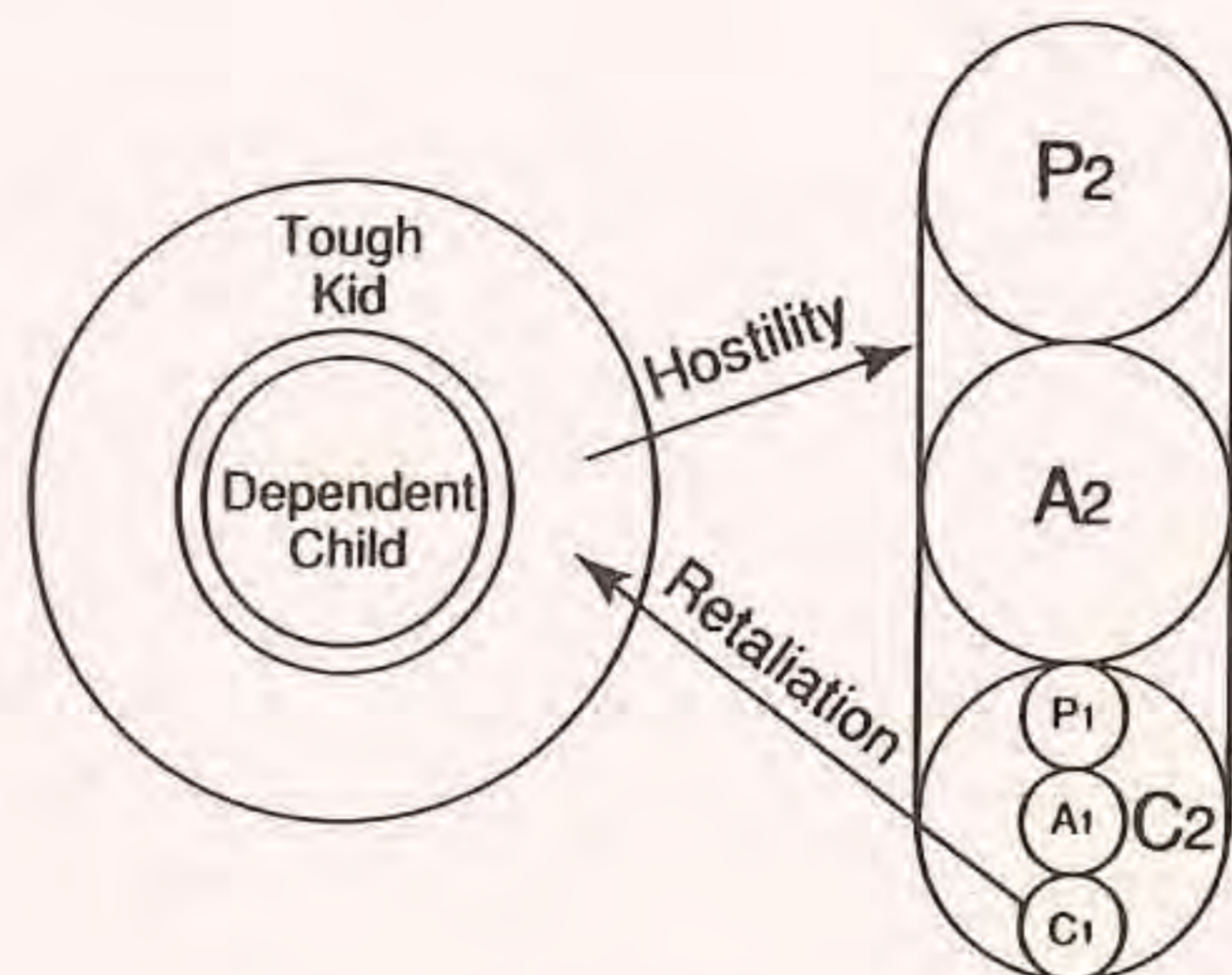


Figure 3
The Relationship Loop

Attachment Behavior

Attachment behavior has been defined as the class of behavioral systems aimed at maintaining contact with others, beginning with the mother. According to Bowlby (1969), the inborn programming of attachment behavior is continuously shaped and modified through experience, and the individual differences in experience lead to different patterns of attachment behavior. He wrote, "While especially evident during early childhood, attachment behavior is held to characterize human beings from cradle to grave" (Bowlby, 1977, p. 203). The evolving attachment behavior may be considered the early Child's precursor to the script—the draft on which the script is elaborated—as the script (Berne, 1961) is "a complex set of transactions" that are "adaptations of infantile reactions and experiences" (p. 117).

The presence of attachment behavior in the unwanted child seems to contradict the principle of exclusion. But the Tough Kid's exclusion is one-way. The Tough Kid maintains the privilege of excluding its mother, yet its survival requires that it has the *mother* maintain the tie. He or she accomplishes that through the attachment behavior.

The following excerpt captures the uncovering, in a session, of the detachment, the exclusion and revenge, and the resulting attachment behavior. The client—a professional woman of

pleasant, though at the time vaguely irritating demeanor—had no close friends. Her marriage was conflict-ridden. She was the mother of a young child, with whom she often struggled.

Cl: I want my son to take care of me because I took care of him. That's what I did to my mother. He doesn't do it. I'm angry I do it (cries). I never understood it before. I have so much energy behind it when I get angry at him. It makes sense it comes from something like that. My mother didn't yell at me because I caved in so much earlier.

Th: Did you really cave in?

Cl: I took care of her feelings on the surface. On the other hand I didn't because I just went underground.

Th: Did you find ways to get back at her from underground?

Cl: Sure. I was very good at it. There was nothing she could put her finger on, that she could tell me not to do.

Th: And how did she get back at you for that?

Cl: She . . . acted slightly wounded, so I had to take care of her some more. Mostly it felt like she got back at me by never really giving me what I wanted: the feeling of unconditional love. After a while it was hard to tell who was getting back at whom. It became a way of being.

Th: What way of being was that?

Cl: It looked fine on the surface, except neither of us got what we wanted. No real contact. I can't really remember strong feelings about it. I was numb very early. Just blank.

These clients arrive at therapy with their attachment behavior at the ready. Soon, as the therapist begins to become significant to the Dependent Child, the Tough Kid will activate the attachment behavior through transactional activities. The client's provocation may be open and frank but is more often hidden or disguised. He or she is a master at ferreting out others' vulnerabilities (or gimmicks) and turning these vulnerabilities into mutually tormenting game payoffs. The more sophisticated players make the torment seem the victim's fault.

In many cases, tormenting is the essence of the unwanted child's rackets or is masked

behind a variety of roles, such as playing stupid, helpless, forgetful, confused, Woeful Wrongdoer, or Angry Righteous (Schiff et al., 1975). Revenge is served by any of the full range of transactional analysis's pathological transactional activities.

The Adult

Under normal circumstances the Adult evolves in the second year of life to modulate and channel the Child's strivings and impulses according to present reality. Encountering its own emerging Adult, the Tough Kid assumes a stance toward it characterized by exclusion. After all, why should the Adult ego state be any different from other adults in the Tough Kid's life? While excluding the Adult's influence on it, the dominating Tough Kid may allow it to function in neutral, impersonal matters, but he or she makes sure to exclude it from the relationship field, both intrapsychic and interpersonal.

While excluding the Adult, the Tough Kid nevertheless exploits it by using it as a conduit through which its attachment behavior flows. Thus a client may seem fully rational while engaging the therapist in transactions characterized by blatant hostility (see Figure 4).

The Adult's contamination by the Child is therefore of a special kind. It is characterized not

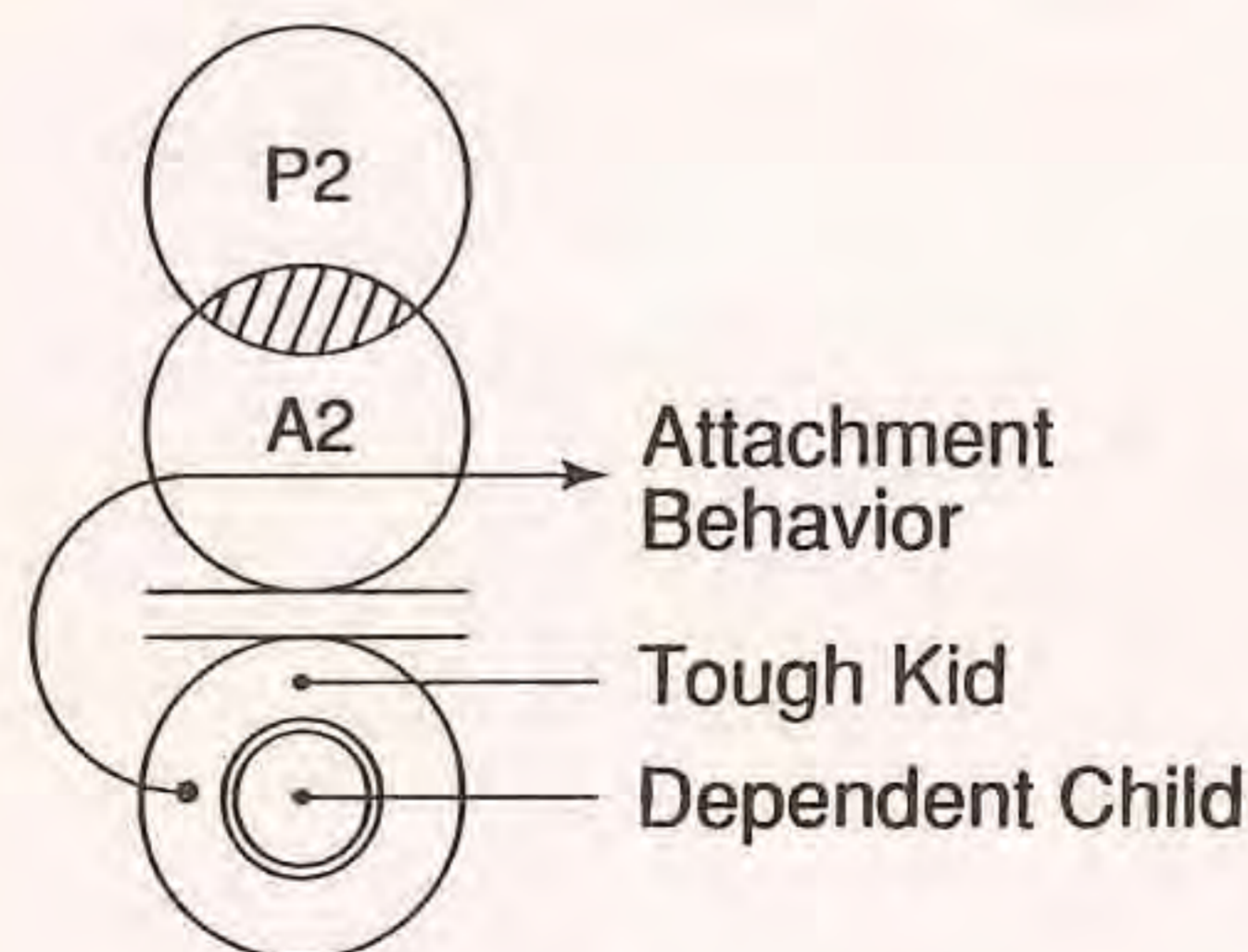


Figure 4
Adult's Function

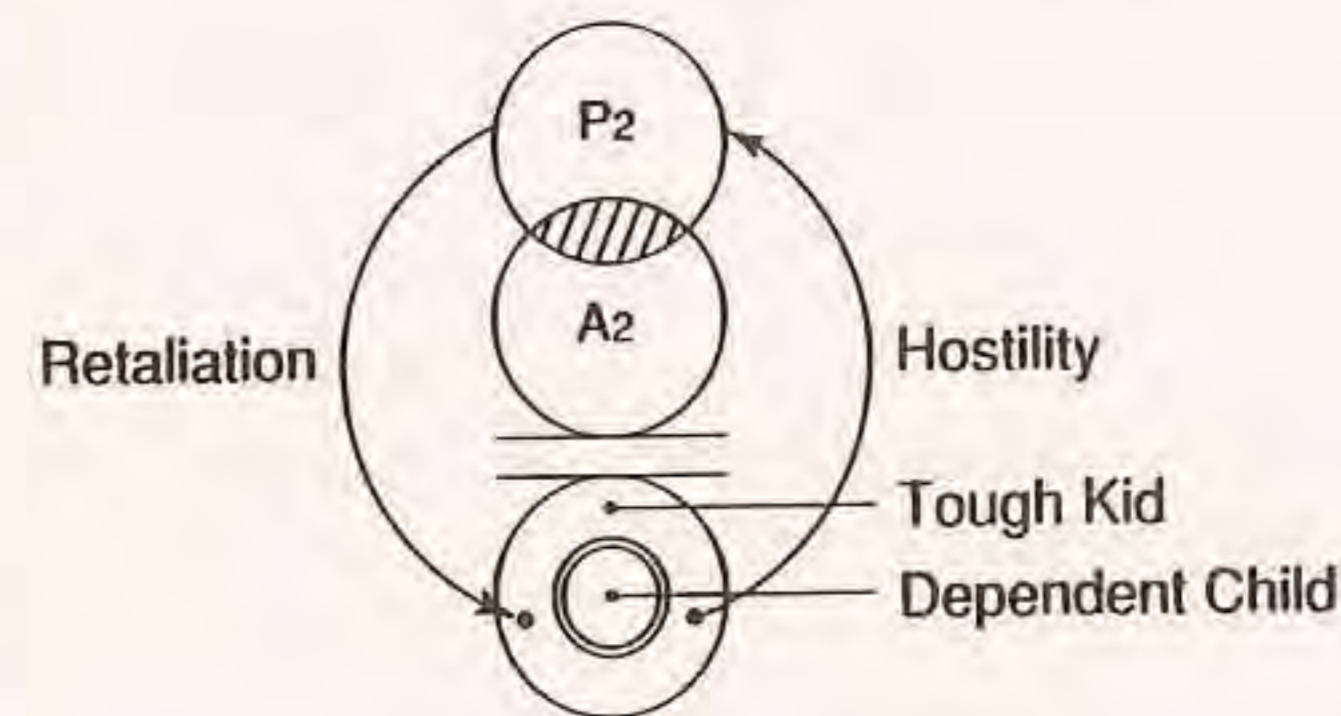


Figure 5
Parent's Function

by the usual overlap of the Child's feelings, thoughts, and beliefs from earlier times, but by exclusion, exploitation, and domination of the Adult by the Tough Kid.

Lacking proper Adult functioning, the Tough Kid develops tricks and rules to deal with the demands of the complex world. But being only a developmentally arrested, splintered relic of early childhood, it is not equipped for proper adult functioning. Many tasks that can be accomplished easily by adults are either impossible for the unwanted child or require extraordinary effort.

The Parent

No mention has been made so far of the Parent (P_2) ego state. That is because the split Child is fixated at an age earlier than the beginning of differentiation of the first-order Parent ego state. As the unwanted child grows, his or her Parent differentiates according to the historical unfolding of the growing child's relationship with his or her caretakers. These relationships, characterized by the hostility-bound attachment behavior and dominated by the exclusion, define the client's Tough Kid later intrapsychic relationship with its own Parent (see Figure 5).

The Parent ego state contaminates the Adult in the usual way.

Treatment

The structural distortions described earlier are constructed by the child to allow, as best he or she can, for the threat to his or her psychic survival that was presented by the abandonment.

These structural rearrangements and their emotional and behavioral consequences become the life-restricting *symptoms* the client brings to therapy to resolve. But because the structural distortions are occasioned by the detachment at the original abandonment, the need to maintain these structural modifications disappears when the basic flaw is mended—the result is cure.

The resolution of the basic flaw lies in the reversal of the emotional processes that led to the infant's detachment. As mentioned earlier (Bowlby, 1973), detachment ensues when closure to the abandonment cannot be obtained. Because detachment is a defense against the intolerable pain of separation, the client must be helped to reenter that pain—with its feelings of rage, sadness, helplessness, aloneness, and hopelessness—and to arrive at a closure to his or her abandonment through the emotionally verbal expression of those feelings, that is, by fully mourning his or her early abandonment.

When the basic flaw and the resulting split are mended, the client's Child will be able to, as it must, develop a trusting, dependent attachment with the therapist. This attachment, if found reliable, will allow the newly integrated Child to acquire the stable internal representation (P_1) it needs to safely launch its quest for healthy separation and individuation.

In essence, mending the basic flaw requires mourning, against which the client uses an array of defensive strategies. It is the Tough Kid who holds the emotional memories that are to be mourned as well as the defenses against them, and it is the Tough Kid who will mourn when these defenses are resolved. The attachment behavior provides the Tough Kid with a powerful defense against the feelings of grief by giving it an illusion of contact, thereby denying the reality of the separation. Grieving is also rendered impossible by the presence of first- and second-order exclusions. Like the infant during the original separation, the excluding Tough Kid is denied proper support for its mourning and is too young to mourn alone. The Tough Kid also defends itself by sharing in the defenses (described earlier) that it uses to protect the Dependent Child from the feelings of desolation. Of these defenses, Levin (1993) wrote:

One can't mourn behind an addiction, a depression, or an acting-out defense. Addiction, chemical and behavioral, deadens the feelings so that mourning work is impossible, however maudlinly the still-addicted patient might bewail his or her loss. Depression similarly is in lieu of mourning—its pathological equivalent, while acting out diverts and takes one away from the pain of separation. Any symptom or characterological defense can serve as a defense against mourning, and that function of the symptom or characterological trait may render it resistant to treatment. Better to be anxious, phobic, or compulsive than feel the pain of loss. (p. 273)

Berne's (1961) premise that patients have a functioning Adult that can be accessed and used therapeutically is a cornerstone of transactional analysis theory and practice. But when the Tough Kid dominates, it determines the nature and extent of the Adult's functioning. At the beginning of treatment, the client's Adult may be quite accessible, but as soon as the dependent Child becomes interested in the therapist, the Tough Kid takes over. It excludes the Adult, neutralizes the therapist's influence, and, exploiting the therapist's vulnerabilities, enlists him or her in the attachment behavior. The client's Adult, becoming merely a conduit through which the Tough Kid's attachment behavior flows, is rendered useless as an ally to the therapist. In the absence of an uncontaminated, observing Adult, the client is ego-syntonic with the Tough Kid, and the client's cooperation in the therapeutic endeavor abates.

This is when treatment begins. The client's attachment behavior should not be challenged but rather supported as a substitute for the missing therapeutic alliance. But if the attachment behavior is to be kept, then the usual transactional analysis treatment techniques are contraindicated. Games, rackets, and roles must be preserved to maintain the attachment behavior. Attempts to decontaminate the Adult will only stimulate the Tough Kid to increase its resistance. Redecision is premature in the absence of a sufficiently strong integrated Child. Explanations, interpretations, and confrontations will fall on the Tough Kid's deaf ears. Positive

stroking should be used selectively, and nurturing must be avoided as it stimulates the Tough Kid's opposition. The therapist must assume a neutral stance.

Auxiliary Adult

Now that the Tough Kid has arrived at its optimal relationship with the therapist and is poised to render further therapy useless, the therapist introduces a new therapeutic element for which the Tough Kid is completely unprepared. Bypassing the client's existing Adult, the therapist calls on the client's psychic resources to bring about a separate Adult entity. Under the therapist's supervision, this entity, Trojan-horse fashion, will, for the duration of the treatment, help resolve the Tough Kid's defenses and will eventually support the Tough Kid's grieving work. The therapist disconnects himself or herself from contact with the Child's split parts and supervises the auxiliary Adult to provide the treatment in ways that the Tough Kid would never permit the therapist to attempt.

To bring forth the auxiliary Adult, the therapist demonstrates the Child's split to the client and then assigns one chair each to the Tough Kid, the Dependent Child, and the contaminated Adult (TK, DC, and A_o in Figure 6).

A chair is then introduced for the new auxiliary Adult (Ax). The client is told that, when in that seat, he or she will, with the therapist's help, be the one to work with the Child's two parts. With this arrangement, the treatment shifts from the interpersonal to the intrapsychic.

The client's auxiliary Adult is given two tasks. First, and foremost, it is to pay close attention to what is being said by either of the Child's parts and every so often to repeat to that part what it had said. Second, it is to deliver to either part any interventions proposed by the therapist.

The auxiliary Adult has had no involvement in the client's history. It meets the Child's split parts for the first time and is not influenced by either Child part or by the Parent. Its tasks are reality-bound, in the present. It is therefore wholly uncontaminated. Initially it contains little energy—just enough to fulfill its limited therapeutic functions under the therapist's directions. As treatment advances, its allotment of psychic energy will increase, as will its function.

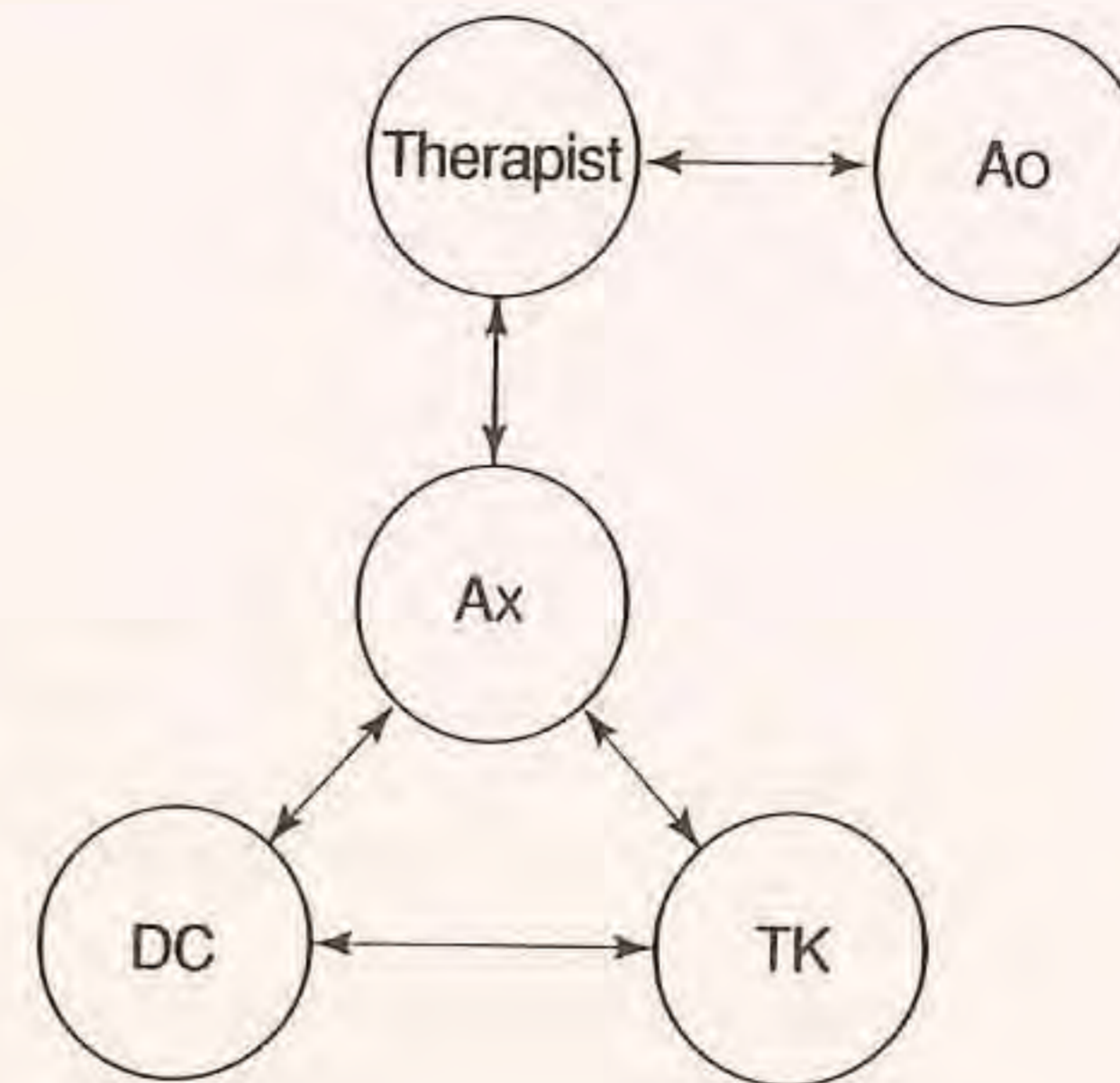


Figure 6
Treatment Seating and
Communication Diagram

The therapist, the auxiliary Adult, and the Dependent Child are thus aligned with a common goal—to treat the Tough Kid, who is, for the first time, outnumbered (the Parent is not involved in this process).

The Process

Each therapy session begins and ends with the client in his or her contaminated Adult (A_o) seat. At the start of each session the client, in that seat, has ample opportunity to engage the therapist with his or her attachment behavior. The therapist must be able to tolerate this often painful contact. He or she may also be accused of negligence such as the client experienced at the hands of his or her early caretakers. Without retaliating or withdrawing, the therapist assumes, for therapeutic purpose, that all the accusations against him or her are correct (Spotnitz, 1993) and fully investigates each accusation with the client (e.g., "How am I being bad, cold, uncaring, etc.?).

At the first stage of treatment, the Tough Kid uses all the means at its disposal to reject the auxiliary Adult. Its actions are reminiscent of those of an antibody trying to isolate, engulf, and

destroy a foreign object. To all the Tough Kid's maneuvers, the auxiliary Adult responds simply by restating the Tough Kid's statements. Here is an example:

TK: Why should I talk to you? You are a stupid stranger. Where were you when you were really needed?

Th: Switch over and respond.

Ax: You don't want to talk to me. I haven't been any good to you.

TK: Yeah . . . yeah. I care about what happened with my mom and have nothing left for anyone else, and if you see that, why will you want to have anything to do with me?

Ax: You have no feelings for me, so I would not want to have anything to do with you.

The Tough Kid will accuse the auxiliary Adult, too, of the negligent behaviors the client experienced at the hands of his or her early caretakers. Through questions suggested by the therapist these accusations, too, will be investigated by the auxiliary Adult. The therapist will make sure to provide the auxiliary Adult with a steady supply of strokes for its performance to help fuel it with needed energy.

The Tough Kid will attempt to ensnare the auxiliary Adult in the attachment behavior. To these attempts the auxiliary Adult just keeps repeating what the Tough Kid has said. These repetitions have a profound effect. Eissler (1958) wrote that the effect of such repetitions may be equivalent to interpretations. Each successful restatement signifies to the Tough Kid that its assertions are understood and accepted, thus opening the way to the next, deeper level of expression. The auxiliary Adult, sharing a common body with both of the Child's split parts, is able to restate at a level of understanding deeper than the therapist could ever achieve.

In time, with the Tough Kid's permission, the auxiliary Adult will make occasional contact with the Dependent Child and will continue the contact throughout the treatment. This contact, too, must be devoid of nurturing or positive stroking. As with the Tough Kid, the auxiliary Adult's response will be limited to restatements.

Ax: How are you?

DC: I feel needy and starved now. There is no one warm to talk to.

Ax: You feel alone.

DC: Yes. I want to be open and come out. I don't want him (TK) to sabotage my contacts with people and have them go away. (To TK:) You are entitled to be stubborn and sulk, but don't make people feel terrible, awful, and suffer; you make them hate you and me. I think you are really hurting and don't know any other way to make them understand. I'd rather you tell them and not do it. (Cries.) I want very badly to make contact with Aaron (the therapist).

Contact with the Dependent Child accentuates the tension between the opposing interests of the Child's two parts. This tension provides the driving force to push the process forward to resolution. Contact with the Dependent Child should be neither too frequent nor too long. The treatment proper focuses on the Tough Kid, which is accustomed to being at the fore and will not object to attention that is directed at itself.

Given time, the passion in the Tough Kid's hostility toward the auxiliary Adult subsides, and dependency wishes emerge. Whereas the Dependent Child's yearnings are directed toward the therapist, the Tough Kid begins to express longings for its mother and experiences the despair over her absence:

TK: I wanted my mom to love me. I don't want to take any woman that I think is going to be in the way of my mom's love. It's like a distraction, like going sideways. I'll have responsibilities and chores, and still I couldn't solve my mom's loving me.

Ax: You don't want to be distracted from wanting your mother.

TK: All my frustration is there. Everything else doesn't touch it. Sometimes I feel so crazy. I want my mom to love me like it was. I want to tell her everything, how weird everything is, how strange everything seems, how I can't quite understand. Always at the edge I can't understand. I miss my mom so bad, I want to die. I want to go back for her. I yearn for her. I want it badly. Nothing I can do does anything at all about it.

Ax: You miss your mom badly.

TK: I want to go back there. I missed her so bad. I couldn't tell anybody. I keep wanting her, and yearning for this contact makes me worthless.

With the loosening of the attachment behavior, and with the Tough Kid's increasing acceptance of the auxiliary Adult, the Tough Kid's defenses against grief give way, and depression and despair ensue. "It's a black pool now, not being wanted. Floating around . . . not even in any particular pain. In a black pool, around and around. . . . Valley of the dead. To me it's a horrible black."

Given proper responsiveness by the auxiliary Adult through continuous paraphrasing, the depression is transformed into rage: "I hate you. I hate all of you. And you always have your reasons. It all sounds good. I feel hopeless and I hate you (cries). . . . I want to make you hurt for that. You made me hurt, and I want to hurt you back. I feel helpless with that."

As the rage is supported by the auxiliary Adult, it eventually subsides and is followed, finally, by mourning:

TK: I don't please you, and I don't have any hope of pleasing. There is no closure to it but grief (cries deeply). A mismatch occurred and what happened to my love? There is no love for me. I lost touch. That grief is in me at the bottom with no place to go. It is there. Where other people have joy, I have grief (cries). I feel hurting in my chest (cries deeply). It's more bitter crying. [It says,] "Look at the terrible thing that was done to me. You let me love you and you left me. You just threw me away. You got tired and gave up—just threw me away. I was too much for you and you gave up." I feel helpless. I don't want to go on.

As the grieving progresses toward completion, these changes take place within each part ego state:

1. *The Auxiliary Adult*: Although the auxiliary Adult begins its role as a mere technician, it soon develops emotional responses to the Tough Kid while maintaining its independent observer's ego-dystonic stance. Annoyance is soon

replaced by increasingly deeper understanding and empathy toward the Tough Kid. As the Tough Kid's hostility diminishes, the auxiliary Adult on its own initiative assumes increasing investment in the Tough Kid's process, fueled by a shift of psychic energy from the Tough Kid to the auxiliary Adult. This shift of energy is the start of what is to eventually result in the attainment of the integrated Adult described by Erskine (1988): "The healthy ego is one in which the Adult ego state . . . is in charge and has integrated (assimilated) archeopsychic and extero-psychic content and experiences" (p. 19).

The auxiliary Adult's responses most often are on the mark. For example, to a quarrelsome utterance by the Tough Kid, the auxiliary Adult voluntarily responds: "I am watching over you. I feel calm. I am here and you can be as distant from me as you want." In response to the Tough Kid's expression of despair: "This is terrible stuff. You don't feel good with it. I feel sad for you." As grieving subsides, the auxiliary Adult, still uncontaminated, becomes sufficiently energized to take on full Adult function.

2. *The Tough Kid*: As its attachment behavior subsides and grief ensues, the Tough Kid's own dependency needs emerge. It begins to show interest in the auxiliary Adult's caretaking potential. For example (TK to Ax): "I need someone to lean on so badly. I want to play, explore, be curious, and find my heart. I want to be with you without the layer of worry about how long it's going to last. I feel needy. I want you to take charge of all these things."

The Tough Kid's exclusion of the auxiliary Adult at last collapses, leading to a full acceptance not only of the auxiliary Adult's presence but also its primacy.

TK: I put you in charge. I don't feel I'm playing games with you or fighting with you. Being in charge of me means that you run my life and leave room for me to be me as long as I am safe. You are to do what needs to be done, step in when I need help [and] when I do something that's not good for me.

Ax: (At the therapist's suggestion) So far you've had much more energy than I. Where will I get the energy so I can be fully effective?

TK: I can give you all the energy I had in my fighting. It sure was a lot of energy. It's tough to say I'll give you that energy. It's tough to give it up. I want to keep a little so I can say "I don't wanna." I want to keep enough of that so you could hear me. I want to keep that reaction. You can keep the rest.

Increasingly, the Tough Kid experiences the auxiliary Adult as caring, respectful, and affectionate, resulting in a crucial change in the Tough Kid's self-image and identity. Levin (1993) wrote, "The kind of self-love that makes possible a satisfactory and satisfying adult life is only possible if there are memory traces of being thought valuable, estimable, by somebody else" (p. 84). As the Tough Kid incorporates these newly acquired feelings, its existential position shifts from the often-disguised "I'm not-OK—You're not-OK" to a frank "I'm OK—You're OK."

Eventually, the Tough Kid becomes indistinguishable from the Dependent Child, and the two are ready to merge. The merger should be negotiated between and initiated by the two split parts and not be an act of adapted compliance with perceived expectations from the therapist. The split is mended when the two finally merge.

3. *The Contaminated Adult*: As therapy advances and the Tough Kid's hostility toward the auxiliary Adult subsides, the contaminated Adult parallels this change in its relating toward the therapist and therapy group members. The contaminated Adult continues to parallel the Tough Kid's evolution in its contacts, becoming softer, more direct, and self-disclosing, until, when the Tough Kid's mourning decays, no trace is left of the attachment behavior, and the contaminated Adult's contact becomes authentic and is accompanied with a deepening self-awareness. The changes culminate with the client, in the contaminated Adult's seat, entering into the same kind of dependent relationship with the therapist that the Tough Kid has entered into with the auxiliary Adult. A client who reached this stage reports:

Ac: I feel unusual. Never felt like this before. I can't describe how I feel. I can only describe what the feeling isn't. It's not that I lost or gave up anything. It's

as if all the old strings are there somewhere, but they are loose, not tied together anymore. I don't know how it happened that I let you off the hook, but I did. I really feel very little, as if I don't really know anything. Yet I am sure I can function well outside. It's like I am not quite sure. . . . I'd like to be held and rocked, but I don't need you actually to do it. I was always talking about whether you can be trusted. I don't think that anymore. It really doesn't matter to me.

The Contaminated Adult, no longer corrupted by the Tough Kid's manipulations, now becomes a vehicle for the expression of the integrated Child's Natural Child longings and responses instead, while still carrying Parent (P₂) contaminations.

Outcomes

- * The Basic Flaw is resolved. The infant in the client's Child no longer excludes its early Parent (P₁). The client therefore no longer experiences the desolate emptiness.
- * The client's integrated Child no longer excludes or dominates its Adult, but is in a cooperatively dependent relationship with it instead.
- * The client no longer acts out his or her old symptomatic defenses, namely, chemical and behavioral addictions, depression, and characterological traits.
- * The client is no longer invested in the attachment behavior, but can relate to intimates in an open, vulnerable manner and is able to recover from hurtful disappointments relatively easily.
- * Finally, the client feels lovable and deserving. He or she no longer is an unwanted child.

Afterward

The client emerges from this treatment process with his or her integrated Child developmentally at infancy and is prepared to revisit and complete subsequent unfinished developmental tasks. The therapist helps the client's Child meet its developmental tasks by offering proper responses to presented developmental issues.

Free of the unwanted child syndrome, the client welcomes and thrives on appropriate responses not only from the therapist and group members, but also from others in his or her outside environment.

Remaining treatment is associated with post-infancy problems. The Parent (P_2) is reintroduced, and the usual transactional analysis strategies are used to decontaminate and neutralize its toxic influences. As the decontamination of the contaminated Adult progresses, uncontaminated early Child components dissolve into the newly integrated Child, and its decontaminated Adult portions merge with the uncontaminated Adult, resulting in the auxiliary Adult being exclusively in the executive.

With that integration the client is cured, as the cause of his or her symptoms is permanently eradicated through fundamental changes in the structure and dynamics of his or her personality.

Conclusion

I call this modality treatment of the unwanted child rather than treatment of particular diagnoses. Use of this treatment should be determined by the internal structural characteristics of the client, not by his or her diagnosis.

This is an intensive treatment, best provided at a frequency of one or more sessions per week. Group membership is recommended to provide the client with needed strokes and with opportunities to vent hostility, as well as a place in which he or she can safely generalize achievements obtained in individual sessions.

This method should be considered an advanced technique to be attempted by experienced clinicians after it has been determined that the client indeed has the structural characteristics of the unwanted child and not a developmental fixation (such as in rapprochement) or a multiple personality disorder.

The split in the Child described in this article should not be mistaken for the defense of splitting as referred to in object relations theory. According to the object relations model, mourning is not possible before the splitting defense is relinquished and the depressive position has been worked through (Levin, 1993, p. 261). In the case of the unwanted child, mourning is accomplished by one part of the split Child to

make the mending of the split possible. Not all clients using the classic splitting defense have the structural characteristics described here. Conversely, not all who possess these structural characteristics necessarily use the splitting defense.

I have used this treatment process for about six years and have applied it at any given time to about a third of my client load. Its development is owed, with gratitude, to those clients who despite frustrating, slow initial progress, nevertheless remained loyal to the mutual undertaking long enough to benefit from the results of the treatment they helped to develop.

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