

Outline of Dr. Greenson's lecture on:

INTRODUCTION TO PSYCHOANALYTIC CHILD PSYCHOLOGY

Second evening  
Wednesday, October 30, 1946  
8:15 P.M.  
563 N. Alfred Street

Short repetition of the first lecture.

Great dependence of infant on being fed and taken care of. Therefore greatest threat is that of abandonment. In the beginning, no differentiation between self and non-self. With realization that self and non-self two different bodies, helplessness and dependency intensely felt. Adults thought of as being extremely powerful, magic persons -- omnipotence attributed to them. This omnipotence reassuring when adults on the child's side, dangerous when against it.

Body contact gives reassurance. Skin and temperature sensations give feeling of participation in powerful persons. Interruption of this contact brings up fear of being left alone.

The period characterized by oral needs is also characterized by oral fears: fear of being eaten, swallowed.

Further development.:

- 1) Out of uncoordinated movements gradually develop purposeful actions: sitting, walking.
- 2) Imperativeness of discharge gradually changes into ability to postpone and to wait.
- 3) Slowly development of anticipation. Thinking develops as a link between immediate acting and purposeful postponed acting: function of judgment.
- 4) Other characteristic of development: sounds change into words.

Fear and pain situations may block the development, create points of fixation and instead of further advancement regression takes place.

Practical problems to be considered during that time:

- 1) Circumcision.

Experience shows no psychological ill effects when done in earliest months.

- 2) Sleeping with parents.

No difficulties to be likely when infants sleep in one room with their parents during the first few months.

3) Routine Changes.

All changes are to be gradual and if the change creates disturbance the old routine should be re-established if possible. Next attempt for a change should be postponed for some time.

4) Head banging.

More frightening to parents than to children. Seems a need that the child wants to satisfy. Maybe it can be looked upon as an attempt to continue the rhythmical movements in the uterus.

5) Sucking.

Thumb suckers should be weaned slower and more carefully than other infants because need for oral satisfaction apparently greater.

6) Right and lefthandedness.

Choice should be left to the child.

7) Speech disturbances.

They are signs of conflicts resulting in disfunctions.

End of oral phase supposedly can be set at  $1\frac{1}{2}$  years.

Following the anal phase. It reaches up to  $3\frac{1}{2}$  to 4 years. Manifestations of it not as clearly recognizable as in the oral phase.

Greatest source of preoccupation fear and pleasure connected with the process of elimination. Executive -- the elimination organs (anal-urethral phase). Full rectum creates displeasureful tension. Therefore, tendency to get rid of it. Expelling felt as pleasurable relaxation. Later complication: retention for the purpose of accumulating the tension, in order to have a more intense pleasure of relief.

Relation mother-child during the process of training to cleanliness: Psychological aspect on the part of the child: bowel content regarded as part of his body; therefore in a narcissistic way highly evaluated. Treated as treasure to be kept to play with. In the beginning no feeling of repulsion about it. Difficult task to learn to dislike this treasure. Persists highly important. The discovery that infant can control elimination, can make a decision whether to keep or to let go of it. Feeling of power connected with it; also with the feeling of working at pressing it out.

Psychological reactions on the part of the mother very different. Feeling that mother has a right to demand the elimination product of the child. Considers it worthless, repelling. Whereas before mother ready to give and child only at the receiving end, now situation reversed; mother expecting from the child, demanding, imposing her wishes on it. Elimination has to be done at the mother's convenience. Resentfulness on the part of the training persons, if child is not ready to comply.

Conflicts are bound to happen. The child rebels, is spiteful. It has to renounce his pleasure for the parents. Way in which the child handles his relation to the giving or retaining of his elimination products is the model for all later attitudes concerning possessions.

Withholding, either out of spite, or for the purpose of increasing the final discharge, creates constipation. This constipation is feared because being painful and increases the constipation, thereby creating a vicious circle.

Use of enema creates more complications. The passive attitude in taking an enema is partly feared because of the unpleasant sensations, partly desired because it does away with all activity on the part of the child. Also this part of modelling later relationship to people.

Toilet training: Not before child is physiologically able; not before it can at least sit up or better move around by himself by crawling or walking. Psychologically the child has to be ready to understand, to perceive the idea of giving up a pleasure of his own for the sake of pleasing the parents. Attitude of parents of greatest importance if training to cleanliness to be successful.

Materials substituting, like clay, mud, sand, to satisfy the child's need for smearing highly valuable.

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