DEVELOPMENTAL PSYCHODYNAMICS

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Summary

Developmental psychodynamics is described as an area of study that arose out of certain persons' views of the human mind as a complex, dynamic biological system that is constantly being shaped by individuals' social environment. A recent discovery is that each child's potential to develop physically, socially, and psychologically is maximized through the child's healthy attachment relationship with its parents. Children's attachment relationship to their primary caretakers, especially the main mothering person, is crucial in enabling children to develop their mind, or inner mental world, in a manner that could be characterized as possessing self- or psychological awareness. Children will develop their psychological self and achieve healthy self-awareness when engaged in an attachment relationship that is not being negatively shaped by the presence of risk factors. Because addressing and eliminating these risk factors is quite difficult, societies throughout the world have less trouble assisting parents help their children to survive physically and develop good enough social skills, and much more trouble assisting parents help their children to develop psychological awareness.

This article then takes up certain aspects of children's development of psychological or self-awareness in both normal and abnormal development. Child pathogenic beliefs as "silent" risk factors in inhibiting normal development are described and the concepts of internal and external inhibiting factors are discussed. Specifically, abnormal or pathogenic beliefs become inner referents, functioning as internal inhibiting factors that interfere with children being open to developmental change. Protective factors are

discussed in reference to describing the issue of children's vulnerability versus their invulnerability to potentially traumatic life events. The final section of the article discusses the influence of unconscious mental operations on children's verbalizations and surface behaviors. Particularly, children's long-term memories about telling the truth are addressed as an internal motivator that propels them consciously to conceal the truth from others.

1. Introduction

Developmental psychodynamics in recent years has become undervalued by mental health professionals. This has occurred because of the tremendous growth of knowledge in the areas of neuroscience and developmental genetics. Developmental psychodynamics is often associated with psychoanalysis or psychoanalytic developmental theories.

Developmental psychodynamics should be considered as arising out of a view of the human mind as a complex, dynamic biological system that is constantly being shaped by the social environment in which each individual is living. In essence, developmental psychodynamics can be defined as the study of the dynamic interaction between individuals and their environment. In such interaction, each individual's inner mental world of memories and current perceptions, beliefs, and emotions is acknowledged as having an influence on how that individual behaves. Accordingly, individuals' inner mental world influences and is influenced by their environment.

Developmental psychodynamics arose from the minds of those members of different societies who attempted to alleviate the mental illnesses of other members of their societies. Psychoanalysts such as Sigmund Freud, Carl Jung, K. Jaspers, Margaret Mahler, Anna Freud, and, more recently, D. Stern, O. Kernberg, H. Kohut, Hans Leowald, and O. Renik were focusing on dynamically oriented approaches to understanding patients with mental illness. These psychoanalysts sat and listened to their patients and were showing interest, making observations, and asking their patients questions about their life stories. In this listening and responding process, these psychoanalysts, and many other psychoanalysts and psychotherapists like them, made crucial discoveries about how the mind of the child—and the future adolescent and adult the child would become—developed in dynamic interaction with the environment in which the person was growing and developing. One discovery was that children's attachment relationship to their primary caretakers, especially the main mothering person, was crucial in enabling them to develop their mind, or inner mental world, in a manner that could be characterized as possessing self- or psychological awareness **(see *Cognitive Development of Children*).**

2. The Attachment Relationship and Individual Development of Psychological Awareness

The attachment relationship is the specific relationship that develops between infants and their parents in the specific context that can be defined thusly: infants are completely dependent on the specific behaviors of their parents for survival. The goals that most societies define for the attachment relationship are:

- to ensure that the infant *survives physically*,
- to ensure that the infant develops into a *socialized* member of the society in which it is being nurtured, and
- to ensure that the infant develops its mind into one that is capable of *psychological awareness*. This quality results from the child's developing its psychological self. This psychological self can be defined as the capacity

– to be self-reflective and "look into" one's mind and perceive feelings, conflicts, beliefs, fantasies, expectations, and memories of past experiences,
– to integrate these inner mental processes with current perceptions and expectations about reality, and
– to be aware of how memories are influencing present emotions, fantasies, beliefs, and expectations.

Fonagy has labeled this psychological or self-awareness capacity the *mentalizing function*. He defines this function as the capacity to understand one's own mind and the mind of others as being complex, with different emotions, beliefs, internal and external conflicts, memories, and current expectations as being influenced by memories, etc.

Most societies have less trouble in setting up a society that assists parents in attaining the first two goals noted above and much more difficulty in assisting parents attaining the third goal. For example, a child can grow up developing good social skills—she is polite, respectful, etc.—but when it comes to being psychologically aware or "psychologically minded" she is quite under-developed. Accordingly, she is unaware, for example, of how her past memories influence her current thinking and emotions and finds it difficult to understand how her father's childhood past influences her father's reactions towards her.

While many adults in different societies throughout the world want their children to develop psychological awareness, adults will differ in the degree in which they are willing to address those *risk factors* that interfere with their children attaining this awareness (e.g. the risk factors of unwed motherhood, divorce, parental mental illness, and parental poverty) **(see *The Social Psychology of Personality*).** Unfortunately, therefore, the attachment goal of attaining psychological awareness becomes unattainable for many children throughout the world.

These and other parental risk factors make it difficult for parents to develop psychological awareness in their children. The reason for this is that in order for parents to help their children to develop psychological awareness parents must maintain a constant and ever-growing image of the children. Current developmental researchers explain this point. For example, Fonagy in 1995 described how infants begin to know their parents' minds as the parents try to understand the mind of the children while developing an ever-growing mental image of them. In 1999, Fonagy and Target noted: "The infant [first through the infant's innate visual gazing capacity] finds an image of himself, in his . . . [father's eyes and eventually in his father's] . . . mind." A new father, therefore, first in behavior and later in words, reveals to his child his internal image of having a child who has thoughts, feelings, and eventually memories. This image becomes the "food" for the infant that "feeds" his earliest image of himself, as Fonagy and Target state, "around which the child's sense of self can be formed."

Current developmental research continues to provide convincing evidence that only the minds of more developed human beings with more highly developed psychological selves, which each society hopes most of its potential parents possess, can mentor the development of more integrated, psychological selves in the society's future children.

Obviously mental health professionals in all societies are faced with the challenge of helping children, adolescents, and adults develop their psychological selves, because this aspect of their development (i.e. the third attachment goal above) did not occur during their attachment relationships with their parents.

In the rest of this article I will address certain aspects of children's development of psychological or self-awareness in both normal and abnormal development.

3. Child Pathogenic Beliefs as "Silent" Risk Factors in Inhibiting Normal Development

Modern developmental researchers value what children have to say about their perceptions, emotions, beliefs, fantasies, and memories. In the not too distant past, developmental data on children had come exclusively, if at all, from observations of children by adults or retrospective accounts of adults about what they remembered about their childhoods. Today, any attempt to understand a phase in child development involves collecting *direct data* from children, as well as gathering data from parents and important others.

Clinical interviews with *normal children* (i.e. children who are not behaving or talking abnormally and their parents are reasonably pleased with their development) and clinical interviews with symptomatic children are, for the most part, similar. In fact, when interviewers conduct different types of interviews, one for the child viewed "normal" and another for the child viewed as "abnormal," they introduce an immediate bias into the interview process. This same principle holds in clinical medicine. Second-year medical students acquire new knowledge and learn about how to interview and physically examine patients by first interviewing "normal" patients, or patients without demonstrable physical signs or symptoms. They follow the same interview and physical examination format that they will eventually follow with physically ill patients.

After interviewing a normal child, the diagnosis will be "no diagnosis," meaning that the child is free of any apparent psychiatric diagnosis. It may also mean that the child is progressing normally and is free of significant risk factors, or if risk factors are present that the child possesses significant protective factors to overcome the influence of those risk factors (**see *Developmental Psychology: Main Problems and Modern Tendencies*).**

Risk factors can be categorized as internal and external inhibiting factors; this means inhibiting children's normal developmental progress. *Internal inhibiting factors* are the presence within the child of *pathogenic beliefs*. *External inhibiting factors* are the presence within the parents of pathogenic beliefs in reference to their child *and/or* family/environmental factors that have been associated with an increasing probability that their development will be inhibited. Such family factors include family poverty, parental violent or other criminal behavior, paternal abandonment, and parental

substance abuse. Such environmental factors include children's exposure to community violence, racial bigotry, and excessive invitations to use illicit drugs.

In reference to *internal inhibiting factors,* a belief is a type of conception. Like all conceptions it is constructed by children's minds. A belief is a conception that establishes a truth for children in how they conceive their world. *Normal beliefs* become inner referents in children's inner mental world that enable them to generate positive transferences towards people and situations. *Abnormal or pathogenic beliefs* are inner referents that function as internal inhibiting factors since they interfere with children being open to developmental change (i.e. acquiring new knowledge and associated new learning). Pathogenic beliefs cause children to generate negative transferences toward, and negative expectations about, people and situations. They interfere with children making use of developmental opportunities and, as such, they are a type of risk factor that can be categorized as a *developmental inhibiting internal factor.*

However, it is difficult to predict whether a pathogenic belief will be a temporary inhibiting factor or whether it will persist in interfering with a child's development. It becomes less persistent when the child can eventually modify his pathogenic belief into a more developing enhancing normal belief. When this occurs, a child is said to possess one or more *protective factors.*

Protective factors are both internal and *external* in reference to children. An example of an internal protective factor is children's overall capacity to achieve adaptations that gratify reasonably their innate needs while also gratifying what it is hoped are the reasonable needs and expectations of family and social environment (e.g. school). Associated with children's adaptation ability is their capacity to make themselves appealing to those adults who can help them to enter into new experiences that will enable them eventually to restructure his pathogenic beliefs. A child who possesses the pathogenic belief that black people will not like her because she is white can begin to change this belief, if she becomes more "open minded" to developing a new relationship with a black person. Such a child will be able to take advantage of an *external protective factor.* Such a factor would be a kind and interested black teacher, minister, or coach who can counteract the negative influences of others (e.g. if the child's parents were acting as *a familial risk factor* in raising their daughter to not trust black people).

External risk factors are *traumatic events* in children's lives. These are specific events that all concerned parents in particular and society in general attempt to protect children from experiencing. These are both acute events and ongoing chronic "events" that can occur within a family and/or within the social environment. In reference to the family—or events that are familial—*acute familial traumatic events* include a sudden episode of physical, sexual, or emotional abuse. For example, a parent can suddenly begin to abuse a child emotionally by criticizing him excessively and assassinating his identity in telling him: "You are no good. You disgust me and I regret ever having you as a son!" *Chronic familial traumatic "events,"* which produce a *cumulatively traumatic family environment,* include ongoing incest between parent and child or an ongoing inhibiting attachment between a depressed mother and a daughter who is taught by her mother that she must "cure" her mother's depression. In reference to the child's *non-familial* environment, acute traumatic events include child rape or other sexual abuse, child

kidnapping, and witnessing an episode of violence (e.g. seeing another child or adult being shot by a weapon). While a chronic non-familial traumatic environment would include growing up in a neighborhood in which children are constantly being exposed to violence and disregard for the rights of others. The parents may wish to move but they will tell their child they can not move because of financial reasons. Such a child must adapt to an extremely frightening environment, since she can not initiate a flight response and move on her own to a new neighborhood. One child, described by Chess and Thomas, came up with an unfortunate developmentally inhibiting adaptation that clearly exposed him to possible violence but which *he believed* was necessary to survive. He would go to school only while carrying a concealed handgun.

Both acute tragic events and these chronic repetitively traumatic events in children's lives are *external risk factors*, because the tragic *events* are not sufficient in themselves to produce a traumatic *experience* for children. Only when children perceive an event as one in which they believe they are *helpless* and experience *excessive and often intolerable unpleasurable feelings* will the event become a *traumatic experience* for them. This takes us to discussing the development of the concept of child invulnerability or resilience in the face of traumatic, highly unpleasurable—and therefore potentially traumatic—life events *versus* child vulnerability or lack of resilience in the face of highly unpleasurable, potentially traumatic life events.

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Biographical Sketch

Ralph Gemelli, M.D., is board certified in child, adolescent, and adult psychiatry and board certified in child, adolescent, and adult psychoanalysis. He graduated form the United States Naval Academy in Annapolis, Maryland, and received his doctor of medicine degree from Cornell University Medical College. He is an adjunct professor of psychiatry at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, and an associate clinical professor of psychiatry at George Washington University School of Medicine in Washington, D.C. He is also a teaching psychoanalyst at the Washington Psychoanalytic Institute in Washington, D.C. He presently maintains a private practice in child, adolescent, and adult psychiatry and psychoanalysis in Washington, D.C.