

The Restorative Classroom: A Psychoanalytic Playground in a Public School

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Introduction

In one of my first jobs as a public school teacher, I taught kindergarten in an impoverished, rural town greatly impacted by the opiate epidemic. Many of my students were too dysregulated to sit and listen to a story. Instead of sitting in their chairs, they threw them. Rather than play with classmates, they bit them. Instead of cutting paper with scissors, they cut their nearest classmate's hair. Teaching letter sounds to these students seemed impossible. When I sought help from school administrators, I was asked to track behavioral data and reward prosocial behavior with stickers on a sticker chart. Nothing improved.

Eventually, I received consultation in using a psychoanalytically-informed approach to meet the students' social/emotional needs. Then, everything changed. The children calmed, learned how to read, and developed friendships with each other. This paper examines the psychoanalytic playground that allowed for change, by reviewing one classroom that adopted such an approach. First, I proffer a brief review of the long, storied history of psychoanalysis in schools. Then I share my experience of working in schools in a more typical, cognitive-behavioral manner. Next, I explain how I was trained to work psychoanalytically in schools. I share a vignette exploring a psychoanalytic approach in a classroom. Finally, I end with a question regarding how to bring psychoanalysis into public schools, once again.

For the sake of confidentiality, all names and other identifying information of students and staff, other than William Ketterer, PsyD and myself, have been changed.

A Historical Perspective of Psychoanalysis and Public Schools

In Budapest, in the fall of 1918, Sigmund Freud spoke to the Fifth International Psychoanalytic Congress calling for a "bold and new direction in the psychoanalytic movement" (Danto, 2005, p.17). In post-World War I Europe, there was a burgeoning socialist democratic

movement. Freud placed psychoanalysis in the context of this movement, arguing that the socio-political and economic forces in society impacted the individual's psychology. Freud was concerned with the welfare of World War I veterans and the impacts of shell shock. He was concerned with impoverished homemakers and the unemployed. Freud viewed the mental health of the individual as a public health issue. He envisioned free clinics to allow the general public access to psychoanalysis (Danto, 2005).

Freud imagined a use for psychoanalysis in schools, as did other psychoanalysts and psychiatrists. "In 1908, the question of the application of psychoanalysis to pedagogy was posed for the first time by Sandor Ferenczi at the First International Congress of Psychoanalysis in Salzburg" (Blanchard-Laville & Chaussecourte in Bainbridge & West, 2012, p.51). Alfred Adler, in part due to Freud's lectures during the period of the socialist democratic movement, developed child guidance clinics and began working with teachers in public schools (Blanchard-Laville & Chaussecourte in Bainbridge & West, 2012).

Anna Freud herself had been a teacher, and she began to create a bridge between education and psychoanalysis (Midgley, 2008). At the same time, Maria Montessori was developing a child-centered pedagogy and Melanie Klein was developing child-centered psychoanalysis. The work of these women was very much in the spirit of what Sigmund Freud had hoped. "In 1925, Freud himself declared: '...none of the applications of psycho-analysis has excited so much interest and aroused so many hopes, and none, consequently has attracted so many capable workers as its use in the theory and practice of education'" (Midgley, 2008, p.24).

Siegfried Bernfeld studied both pedagogy and psychology and went on to create, post-World War I, a "psychoanalytically informed orphanage for Jewish children orphaned and displaced from the war" (Gaztambide, 2019, p.45). Bernfeld was in the company of others such

as Erich Fromm, Ernst Simmel, Wilhelm Reich, Otto Fenichel, and other prominent psychoanalysts greatly influenced by Freud's 1918 speech, who brought psychoanalysis beyond the consultation room (Gaztambide, 2019). Ernst Simmel, in the context of hospital settings, "argued for educating attendants in 'the general principles of psychoanalysis' and using nurses as 'an extra sense organ for the analyst'" (Hornstein, 2000, p.165). This suggests that Simmel recognized that people other than psychoanalysts could use the tenets of psychoanalysis to strengthen their work, to be of greater service to patients and clients.

Further, Bowlby's work on attachment theory was heavily influenced by progressive public schools that were approaching pedagogy from a psychoanalytic perspective (Eagle, 2013). In these settings, such as the Priority Gate School in the late 1920's, one of the fundamental hypotheses was, "that early deprivation of love was the primary source of later mental health problems" (Eagle, 2013, p. 2). Some of Bowlby's early observations of child development and attachment theory came directly out of his work in schools.

Renowned psychoanalytic thinkers, theorists and practitioners have long seen the value of bringing psychoanalysis to public institutions including free clinics, orphanages, and most germane to this paper, schools. Presently, there are many theorists and clinicians who continue to emphasize the influence of the teacher - student relationship as of great import to the health of children and therefore greater society, and this relationship can be strengthened when informed by psychoanalytic concepts (Bainbridge & West, 2012; Ketterer, 2020; Midgley et al., 2017). I envision teachers and administrators having access to training in psychodynamic, psychoanalytic approaches to supporting students suffering from social/emotional issues, aligned with Freud's vision of free clinics and in the tradition of Anna Freud's work in schools.

A Cognitive Behavioral Approach in Schools

In the United States today, over 10,000 schools across the country employ an approach developed by the Center on Positive Behavioral Interventions and Supports (Eber et al., 2020). According to the Center on Positive Behavioral Interventions and Supports (PBIS), PBIS is an evidence-based practice that relies on “applied behavioral analysis, organizational behavior management, community health, positive behavior support, and implementation science” (Horner et al., 2010, p.5).

As an early childhood educator, elementary classroom teacher, and special educator, I have been trained to use reward-and-consequence-based systems, such as PBIS, to extinguish or alter student behaviors. What it looks like in practice is a series of leveled interventions to re-train a child to respond differently to external stimuli. In other words, when a student throws her coat on the classroom floor each morning, she is trained, through a reward system, to hang her coat on the hook. If she does not hang her coat, she does not receive the reward and incurs a consequence, such as missing out on a preferred activity with her peers.

Reflecting on my own experience as a kindergarten teacher, implementing behavioral interventions often left me feeling impotent. I felt I was missing something important. Rewarding children every fifteen minutes for not acting out, as I was asked to do, (rewarding a child for not throwing a chair, for instance) exhausted me and felt inauthentic. It also, from my observations, was ineffective. I knew the students’ disruptive behaviors meant something, knowing no child hurts others or tears apart the classroom without a reason. Yet, I did not know how to understand the meaning of the behaviors, nor how to best respond. At the end of the day, I felt exhausted. Many Saturdays, I lacked the energy to care for my own daughter, depleted from the week’s work.

Beyond my own subjective experience as a teacher, cognitive behavioral therapy (CBT) approaches are perhaps not as effective as they are purported to be. Nel (2014) writes in his meta-analysis of the efficacy of cognitive behavioral therapy with children, “the overall effectiveness of individual CBT was ‘inconclusive’” (p. 277). While CBT is often touted as more empirically proven and evidence-based than psychodynamic practices, Shedler (2011) found that “the available evidence indicates that effect sizes of psychodynamic therapies are as large as those reported for other treatments that have been ‘empirically supported’ and ‘evidence based’” (p. 107). Psychodynamic interventions are effective, yet my teaching colleagues and I had no exposure to them in our professional training.

As my kindergarten students’ behaviors worsened, despite rewards and consequences, I sought a different approach. Eventually, I was introduced to a psychoanalytically informed model, influenced by Kohut’s self psychology, *Healing the Self* (Ketterer, 2020). I received consultation and training from William Ketterer, PsyD, in applying *Healing the Self* in my classroom. *Healing the Self* provides teachers with a manualized self psychology-informed model of development and intervention. It focuses on the use of empathy and developing idealizing and twinship transferences to reduce students’ narcissistic rage. Once I began approaching my classroom from this model, my students transformed, as did I. They were available to learn letter sounds. They began to add and subtract. Aggressive incidents in the classroom dramatically decreased. I was no longer exhausted. I felt empowered to support my students in a more authentic manner. This occurred in a general education classroom in a typical public school where I was the teacher of sixteen rural, New England students, with one educational support staff person in the room.

I knew this was the way I wanted to work in schools. Eventually, I was hired as the special educator for an alternative classroom, The Restorative Classroom.

The Restorative Classroom: A Psychoanalytically – Informed Classroom

The Restorative Classroom operated under the premise that relationships can heal. Specifically, relationships that allow for healthy idealization, empathic attunement, and a sense of twinship or belonging. These three elements are the foundation of the *Healing the Self Model*. In the Restorative Classroom, the model was to develop a prosocial, empathic milieu and allow for staff to process their subjective experiences, which through a parallel process would enable children to heal. A detailed account of this model can be found in *Reducing Anger and Violence in Schools: An Evidence-Based Approach* (Ketterer, 2020). Students were referred to this classroom because their behaviors were extremely disruptive and inhibited learning. These behaviors included throwing desks and chairs, biting, kicking, punching, and otherwise hurting teachers and peers. In The Restorative Classroom, I worked with staff who were trained in the *Healing the Self* model. I will briefly describe some of the elements of our training that allowed for public school staff to work with students, from a psychoanalytic, psychodynamic perspective, thereby offering a psychoanalytic playground in a public school classroom.

Staff Training

The mission of The Restorative Classroom and the *Healing the Self* model was to increase students' affect regulation to enable them to return to the general education setting. The program included three classrooms, one for students in kindergarten to second grade, one for students in third to fifth grade, and a middle school program for sixth grade to eighth grade students. I was hired to teach in the kindergarten to second grade classroom. The Restorative

Classroom staff, having been exposed to the work of Socarides and Stolorow (1984), wondered if the students' behaviors were an attempt to flee a disorganizing affect while simultaneously an attempt at relatedness. We further considered whether children needed close adult relationships to enable them to tolerate powerful affects and increase the frustration tolerance needed for learning. In the classroom, adults strived to provide these important selfobject-like relationships for students, allowing for the development of healthy self-esteem. Informed by the work of Kohut (1984), Ornstein (2021), and Ketterer (2020), The Restorative Classroom staff conceptualized a selfobject as a person who enables another to feel held together, in a more cohesive state, through empathic attunement and a sense of twinship, or belonging. Additionally, the adults serving as selfobjects strived to be admirable to the students, primarily by demonstrating their capacity to handle the students' strong feelings in a contained manner, without the adults themselves falling apart. Young children require selfobject experiences in the earliest stages of life, as they develop their own self structures (Ornstein, 2021).

Beyond our training in applying the *Healing the Self* model, staff received weekly training in psychodynamic and psychoanalytic theory. We read articles by McWilliams, Ogden, Searles, Kohut, Ornstein and Ornstein, Stern, Benjamin, Stolorow, Geist, Herzog, Solms, and others. We attended the annual Lawrence E. Lifson, MD Conference on Psychodynamic Psychotherapy offered by Harvard Medical School continuing education program. We attended lectures presented by the Vermont Institute for the Psychotherapies, such as Mark Solms' (2019) "Dreams, Meaning, and Emotions: Perspectives from Neuroscience and Psychoanalysis." Kris Bujarski, a behavioral neurologist at the Geisel School of Medicine at Dartmouth Medical School, lectured to us on what is known about empathy in the context of neuroscience. When the COVID pandemic hit, we attended Zoom conferences held by the William Alanson White

Institute of Psychiatry, Psychoanalysis and Psychology, and we learned about teletherapy from Jill Scharff, a psychiatrist and psychoanalyst who researched the effectiveness of remote psychoanalysis. In short, we immersed ourselves in psychodynamic theory and applied it to our work with students.

In our weekly, half-day long, staff trainings, under the direction of William Ketterer, we were trained specifically to understand parallel process. That is, how we interact as a staff directly filters to how the students behave with each other. We challenged ourselves to be authentic with each other. At the end of each day, we were allowed the opportunity of Freud's "almost complete freedom," as described by Hustvedt (2012), to explore strong feelings and emerging associations. Staff needed not fear or deny our own responses to students' behaviors because there were opportunities to understand these responses. We were encouraged to voice our countertransference reactions. If a staff member was angry with a student, maybe she was "feeling" the student's anger. The young children of the classroom often lacked the words to express their feeling states, frustrations, or longings, but the staff were able to metabolize these feelings together and organize them through the team processing experience. For example, one staff member found herself enraged by a student's behaviors. In an effort to prevent unconsciously retaliating against the student or withdrawing from him, she explored her anger with the team. Through that process, with the team listening and being curious with her, she realized her anger could be a defense against her feelings of helplessness and inadequacy in the face of this child's struggles. Once she understood her countertransference, she forgave herself, her anger dissipated, and she could again re-invest in the child's education. The student responded and learned to read.

Following is a case example of a student in The Restorative Classroom. It demonstrates how a psychodynamic approach in a public school assisted a student in a near-catatonic depression. Our team strived to take an empathic stance with a first-grade girl and metabolize her unconscious rage. To do this, we had to absorb her feelings, and work as a close team resembling a functional family, which we imagined this child longed for.

Classroom Vignette

Helen was a bright yet despondent first grader who had been referred to The Restorative Classroom due to behaving aggressively towards peers and teachers, not completing schoolwork, and disrupting learning for other students in the general education setting. Not long after joining The Restorative Classroom, Helen successfully met the academic expectations there, and developed friendships with her classmates. There were very few incidents of Helen behaving aggressively in our classroom. At the end of the school year, Helen's mother abruptly moved, and Helen missed out on our summer program. By all accounts, most of Helen's time that summer was spent alone, watching YouTube late into the night.

The summer ended and Helen started the school year at the public school in her new town. It did not go well. On the first day of school, Helen tore apart the classroom, she threw books, flung chairs, and ripped posters off the walls. She refused to follow any directions and would not talk to the other children, let alone play with them. The new school endured Helen's rage and aggression by allowing her to sit in a room with a staff member and play games on an iPad. The special educators and her teacher knew this was not an acceptable plan for her education, so they reached out to the Restorative Classroom, where they knew she had been successful the previous year.

Helen returned to us in a near-catatonic state. She walked herself from the bus, which she rode alone, to the classroom. Each day, she plunked herself down in her two-sizes, too small jacket refusing to talk to anyone, staring blankly at a wall and not moving. Eventually, after unsuccessfully trying to engage her, one of the three staff members on our team asked Helen to join us in one of the breakrooms (inside the classroom), so as to protect Helen's dignity. Helen shuffled into the breakroom, a comfortable room with a large, soft bean bag chair. Despite encouragement to join her peers, sitting in the breakroom with a staff member became her daily routine.

Helen was especially close to one staff member, Mr. Woods. Mr. Woods had a stern, yet caring presence in the classroom. Helen had grown to trust him in the previous school year. Mr. Woods expressed to the team that he felt it was his duty to take on the intensity that Helen brought to the classroom, to mitigate the disruption to the other staff and students. It quickly became evident that Helen's level of despair was too much for one person to bear. Mr. Woods found himself despondent and depressed at the end of each day. It seemed Mr. Woods felt as bad as we thought Helen felt. After all, Helen was not there for a 50-minute session, Helen was there for an entire school day, five days a week.

The Restorative Classroom staff, Mr. Woods, Ms. Robins, and I, formed a hypothesis. Helen's intense despair and rage were far too powerful for her to acknowledge, so she fled from these strong feelings and presented in a depressed state. Sitting together in the breakroom, Mr. Woods tacitly invited Helen to share her intense feelings with him. Metabolizing Helen's feelings and the subsequent feelings invoked in him was all-consuming for him. As a team, we developed an intervention. Each of us would sit with Helen in twenty-minute shifts, on a strict schedule. At the end of the day, the team would then process our experiences. We wondered if

Helen needed us, the staff, to both provide a selfobject function which allowed her to re-establish relationships with the caring adults in the Restorative Classroom and if she longed to experience adults working together much like a functional family. We believed this could not be done by Mr. Woods alone; the three of us had to do it together.

After a couple of weeks of taking turns sitting in near silence with Helen, she eventually started to talk about what she was watching on YouTube. When she began to talk, we as a team felt less and less overwhelmed. Helen was coming back to life. After Helen and the other students went home, we met at the end of each day and continued to explore our feelings and responses to sitting with Helen. Our discussions allowed us the opportunity to organize our experience and attempt to make sense of it. We asked ourselves and each other why it was so hard to sit with Helen. What was she asking us to do? Were we up to the challenge? While we did not come to definitive answers, our openness to the process allowed room for us to sit with Helen in uncertainty, without fear of our own annihilation from her intense affect. Over time, Helen slowly began to talk more and more, and to ask what the other students were doing. Though we continued to gently invite Helen to join her peers, she would shake her head no. But we sensed she was getting ready. She began to smile and engage in reciprocal conversation with the staff. After a couple of weeks, she asked to join her peers for snack and break times. We silently cheered!

Not long after, Helen showed up to school talking, smiling, and ready for the day. She had shed her two-sizes, too small jacket and joined the class. Helen completed her reading, writing, and math activities, and played with her friends in The Restorative Classroom. This continued for the rest of the school year. Helen's depression lifted, she engaged with her peers, and even became a leader in the classroom.

Discussion

In striving to meet Helen's needs without ourselves fragmenting, we operated on two levels simultaneously. On one level, we held a sturdy frame for Helen, in that she was allowed to feel her strong feelings of despair and sit nearly silently for hours on end with a caring adult, in the designated space of the breakroom in a manner that protected her dignity. As McWilliams (2004) explains, one of the results of the therapist's ability to hold the frame is that the patient can then look up to the therapist as an idealizable figure. Therefore, by upholding the boundaries despite the demands of Helen's affect and often a feeling of disorganization, Helen could perceive that we had the capacity to withstand her affect. This, then, created the opportunity for us all to draw an organizing experience out of the chaos. Operating on a parallel plane, we, the team, were holding each other to the strict rule that we must "switch out" staff members every twenty minutes, regardless of the staff member "feeling fine." I hypothesize that this rule enabled us to idealize our capacity as a team to withstand Helen's suffering. We were not alone; together, we would get through it. By doing this we replicated how loving parents take turns caring for an infant.

Freud suggests that while the patient (in this case a student) is encouraged to be as honest as they can, the doctor (in this case public school staff) must "turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (Freud and Gay, 1989, p.360). While Helen was not expressing her feelings in words, she was nonetheless sharing them with us. In taking shifts with Helen, we were able to provide her our iteration of Freud's "evenly-suspended attention" while being aware of our own thoughts and feelings as they surfaced, knowing that there was an end to the shift. Sitting with her often consisted of sitting in silence. We only spoke to Helen when invited to do so. Such an invitation often came in the form of a

grunt or head nod from Helen. In the spirit of Malan (1979), we simply were trying to sit with her and share her grief.

The boundaries and container of the Restorative Classroom allowed Helen to feel her feelings without acting on them. In not pressuring Helen to talk or to participate with the other students, Mr. Woods, Ms. Robins, and I were practicing restraint. These two elements, boundaries and restraint, were the boat that allowed the team to ride the waves of intense feelings that Helen silently poured into us. The containment provided to her through this structure perhaps gave Helen the strength to feel some of her strong feelings and realize she would survive them. She was not surviving them alone, but rather in the presence of a caring other. Interestingly, when Helen did begin to talk to us again, it was in reference to her land of escape, the iPad and YouTube videos.

Additionally, we continued to strive to provide a selfobject-like function for Helen, which was what we worked to do with the students as part of the classroom milieu, via the *Healing the Self* model. We attempted to allow Helen to feel understood, through mirroring and empathic attunement. This empathic attunement was the tool that helped us to sense into Helen's experience, as best we could. Over time, we wondered if practicing restraint with Helen, not pushing her to speak or engage in class, yet accepting her feelings as they washed over us, invited Helen to feel a sense of belonging with us, the staff. We were not asking Helen to do anything she was not ready for, or to be anything other than her authentic self. In so doing, our hope was that she would feel accepted and welcome and would eventually be ready to engage with her peers, once again. By demonstrating our capacity to feel her strong feelings with her, without falling apart, Helen could begin to see us as capable caregivers, idealizable adults who

could withstand her most distressing affects. With this time spent in the breakroom, Helen could shore up her sense of self with the adults before navigating the classroom and peer interactions.

The waves of Helen's rage and sadness crashed against us. During processing time at the end of the day, we discussed how frustrating, isolating, and helpless it felt to sit with Helen in silence while she rambled on about her favorite YouTubers. We processed those feelings with each other which enabled us to continue to follow Helen's lead, without sinking too deeply into her despair. The psychoanalytic playground inherent in our process time offered us the opportunity to acknowledge and honor our emerging countertransference. This provided the ballast that protected us, enlivening the team as we continued along this journey with Helen.

After a time, Helen was fully participating with her peers and doing her work. She was able to enter the classroom each morning, hang up her new, puffy jacket with a shiny zipper, and join the crew for breakfast. She no longer needed the two-sizes, too small jacket to hold her together. Helen once again belonged to the classroom.

Conclusion

Bringing psychoanalysis to schools is not new. However, throughout public schools in the United States, behavioral approaches are viewed as the predominant evidence-based standard for supporting students struggling with social and emotional challenges. My training and experience tell me there is more to the story of working with suffering students, as do the recent meta-analyses of Nel and Shedler. What is the too-small jacket we, as practitioners, wrap ourselves in? What will allow and empower schools to shed the jacket of behaviorist practices? Let Helen be our teacher. She has shown us that a psychodynamic, psychoanalytic approach implemented by public school staff can be transformative.

Just as Freud imagined in the early 20th century, the staff of the Restorative Classroom were trained to think in a psychodynamic manner in our approach to this work in a public institution. The staff were invited to think about student behaviors differently than we had previously been trained. Together, we explored the psychoanalytic playground of the classroom. Thus, we brought a psychoanalytic perspective to a public school. This perspective allowed access to effective interventions and care, access that these students, otherwise, would likely never have been granted.

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