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Revised Diagnostic Profile 2016: Revisions, rationale and further thoughts.

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Abstract: In 2001, a working party at the Anna Freud Centre undertook the task of looking at Anna Freud's original Provision Diagnostic Profile and seeing if, in the light of current knowledge, modifications should be made. A broad view of the mind as a complex dynamic system sculpted out of biopsychosocial forces underpins the chapter with reference to allied disciplines and research. The chapter considers the rationale for adding certain features and highlighting and/or reframing others. In shifting the emphases from the original drive theory perspective to an explicitly object relational one the authors acknowledge the altered metapsychology whilst arguing that the revisions preserve the original psychoanalytic and developmental template, including the importance of the psychosexual organisation. The authors offer their suggestions to the question in 2015 would yet further revisions need to be made and if so which. The working party reconvened in 2016 to further revise the Provisional Diagnostic Profile.

Introduction

Anna Freud's original Profile was rooted in the multiple aspects of classical psychoanalysis: the structural, dynamic, economic, genetic and adaptive aspects and yet, it seemed to a group of us at the Anna Freud Centre in the late 1990's, that the range and balance of factors that wrought the developmental changes from infancy to the close of adolescence now required a diagnostic Profile that could be more finely tuned. In 1999/2000 the authors (together with two other members of staff, Duncan McLean and Jenny Davids) held a series of meetings to consider whether the original diagnostic profile needed revision in the light of more

contemporary findings and understanding of child development. Whilst there was ready agreement that updating was needed, a thornier set of questions revolved around tensions which ensued if, for instance, the original psychosexual organisation as the ‘spine’ of metapsychology (and inherent in the original profile) gave way to another organising principle such as object relations. Yet, we still adhered to a profoundly developmental model where the biopsychosocial changes, evident in that evolution from infancy to adolescence, heralded qualitatively different concerns at different levels of psychic functioning.

In the course of our discussions, it became clear that we wanted to incorporate a number of features which had previously only been implicit or had not yet entered the stage. In singling out some of these features such as safety seeking, we drew on research findings from the child developmentalists, neuroscience and attachment theory and research. There are different (although not necessarily mutually exclusive) overarching accounts of the basic forces that underpin and propel development. After much debate, we arrived at a consensus that we would need to incorporate an emerging complex model of the mind where it is conceived of as a multi modular system designed to manage a wide range of biopsychological motivations (Green, 2003). This was also to include a broader cultural view of the social as a major motivator in and context for development; ‘To privilege one or two systems whilst demoting others would be to ignore the current state of knowledge and to offer a narrow view of psychic organisation predicated on a limited number of possibilities’ (Green, 2003, p 6). We use the term ‘biopsychosocial’ to reflect a holistic view of the mind, but given that this is a psychoanalytic investigation, the accent remains on the psychosocial, **whilst at the same time retaining and enhancing the place of the body in the child’s mind and functioning.** At the same time as we wanted to retain a fundamentally psychoanalytic perspective, we nonetheless took the view that findings from other disciplines such as neuroscience, have

great relevance. This reflected the changes that had taken place within the discipline of psychoanalysis over the previous four decades, with the plurality of perspectives that have been commented upon by many theoreticians in the field. It seemed inevitable that any revision was going to be seen as unfortunate or a challenge to much valued earlier thinking by those of a more traditionalist inclination. We recognise this, but at the same time, maintain the merit of such a revision which seeks to keep the spirit of the original whilst incorporating material that was not so available then.

Much of the revised Profile involves a rearrangement of the original Profile written by Anna Freud and her colleagues, but in this rearrangement, different emphases emerge giving greater prominence to both the real and internal object relations (Section V. Psychic Development, A. Object Relations). Greater importance is accorded to the nature of the family on which the child depends and in particular qualitative aspects of the emotional ‘environment’ afforded by the parents or caregivers (Sections 1. Family Constellation). Greater attention is drawn to the need for safety, ongoing age appropriate scaffolding across a range of capacities including the regulation of anxiety and other affects. The original Profile already reminded the diagnostician that there were many different aspects of the child’s functioning which needed to be taken into account. We did not alter this radically, but updated some of the overarching capacities in the light of research. Thus, for example, ‘Theory of mind’ was seen as a very useful way of clustering a range of object relational capacities indicating the child’s capacities to understand others as separate people. (Section V. Psychic Development, D. Ego Development subsection 9).

When attempting a psychoanalytic formulation, a developmental perspective is a vital tool and as such, the updated profile retains much of the kernel of the original. It is hard to

imagine a psychoanalytic formulation that does not include developmental components; without these it would become a symptom-diagnosis, but without reference to any of the moorings that enable meanings to be attributed and understanding to unfold. Classically, this developmental perspective included the notions of fixations and regressions, linked to the theory of psychosexual stages. In this revision these have slipped out of focus as the metapsychology was modified, but are implicitly included in the Diagnostic Statement at the end where the writer is asked to give a “dynamic understanding of the child’s presenting problems and psychopathology”.

Another danger in failing to take account of all the complexities of a child's particular developmental story, is that the final formulation may derive only from one small section of theory e.g. the oedipal phase, so that a part of the disturbance may then be mistaken for the whole and this was recognised in the original elaboration of the Profile. Finally, we retained the original principle that a Profile needed to incorporate the child’s subjective experience with a view of the child from the outside, drawing on a variety of accounts.

General considerations

The revised Profile opens with a statement of general principles to be adhered to when writing the Profile. Although the new organisation adapts the classical Structural Model of Sigmund Freud to take account of changing views of the balance of salient factors, these general principles remain true to Anna Freud’s thinking. So for example, the contrast in understanding pathology between a deficit in functioning and the result of psychic conflict is held to be fundamental, although their possible and/or probable coexistence is recognised. The latter seems particularly important in the light of current knowledge about the experience-dependent nature of development. Equally, the notion of appropriate

developmental status at any particular age is implicit in any assessment, and Anna Freud's dictum of understanding what is normative in order to gauge the pathological is retained. In the original Profile, the concept of developmental lines, indicating the normative trajectory of development along particular lines was explicit; in this revision the diagnostitian is enjoined always to take into account the age appropriateness of a child's functioning. The developmental lines were assumed to retain their relevance; so too was the assessment of the overall balance of progressive versus regressive forces. The writer is encouraged to make and develop inferences and to back these by evidence from the diagnostic clinical process. Writers are asked to be succinct and not to necessarily follow the template slavishly, but to use what is applicable to the child and in so doing to creatively use their own views. Hypothesising is also encouraged, to think outside given understanding, promoting a creative and imaginative approach to diagnosing.

I. Family constellation, II. The Referral and III. Description of the child.

Although the earlier Profile included space for the family of the child, here it begins the discussion. Furthermore, not only is the detailed family constellation with its history etc. required, but also as full an account as possible of the family's social and cultural context, including race, religion, education, class, place of birth etc. This locates the ultimate intrapsychic understanding of the child firmly within a psycho-social and cultural setting, facilitating a complexity of meaning of the metapsychology that is the cornerstone of the Profile. Thus, when it proceeds to the referral, not only are the details of what is causing worry important, but already this can be contextualised by the previous section. For instance assessing a child referred with stealing as part of the referral from a school in a disadvantaged neighbourhood with a high crime rate would have to take this into account differently than a similar child from a prosperous community.

‘The Description of the child’ now incorporates not only the impressions of the referrer and the family, teachers, including any contradictions, discrepancies etc., but also the diagnostician’s responses to meeting the child, using their counter-responses, countertransferences, as possible ‘evidence’ to take note of in the assessment. The purpose of this is to bring in the idea of disciplined consideration of potential unconscious communications from the child by the clinician to contribute to the diagnosis.

IV. Environmental Factors

The original Profile already emphasised the importance of the environment in which the child developed. From the outset, the Profile provided a rich multi-perspective way of thinking about the shaping of a child’s internal world in the context of various ‘environmental’ forces. The impact of significant events such as losses, separations from caregivers, divorce, hospitalisations etc. were all considered in the light of the child’s age and stage of development. In the revised Profile, the terms of reference as to what constituted the ‘environment’ were broadened to ‘formulate the nature of the family system in which the child is growing up, and in turn, the place of the family in its community and cultural context.’ In drawing attention to the family system, there is an implicit acknowledgment that children are growing up within many different family forms including non traditional family arrangements. Divorce, separation, the rise of the reconstituted family, same sex parenting are just some of the possibilities.

This explicitly psychosocial perspective encourages the diagnostician to consider the family as a culturally embedded system. To some extent, this reflects how changing socio-cultural demographics requires a more fine grained approach to considering specific implicit and

explicit values within a particular group and the broader community to which the family belongs. The power of family secrets has long been known. Perhaps this can now be widened to encompass experiences that can or cannot be spoken about not because they are personal secrets, but because they are part of a psychosocial unconscious in that they remain unarticulated within the broader culture.

The relational 'environment' is not only emphasised, but situates the child's intimate relationships at the heart of the his/her development. Also noted, is the need to consider the impact of intergenerational trauma as it is transmitted within the child's immediate family. If psychic life and the mind is rooted in embodied experience (Seigal, 1999) then what is 'sculpted' is mediated through those earliest relationships. This underscores the statement that 'Possible correlations between the child's life development and parental character / pathology should be noted. The parents' functioning as adults in their own right. is also of significance.' The parents' functioning as a parental couple (whether together or not) is an integral part of the assessment. The revisions invite the diagnostician to comment in more detail on the parents as a couple and individuals

V. Psychic Development

As previously stated, the heart of the Profile here revises Freud's metapsychology that framed the original. Whilst retaining many of its features, they are rearranged, and broadened and written in different terminology, reflecting a different interpretation of their significance and place in describing the functioning of a child. We recognise that this inevitably raises the problems of plurality and eclecticism addressed in the introduction.

A. Object Relations

This section is the heart of the Profile, reflecting the turn of the century consensus that the development of mind and the personality and character of a person arises from within the crucible of the human relationships and their representation in the inner world of the subject. The intersubjective matrix shapes the constitutional givens (biological genetic inheritance about which much more is now known) and in turn is shaped by them. Genetic research emphasises the impact of the environment on the expression of genes such that good enough or adverse relational environments have been shown to affect developmental outcomes of constitutional givens, for good or ill (Pretorius, 2010). Thus, it is widely held that a child with a good genetic inheritance will do worse developmentally in a poor relational environment, than a child not so well endowed, in a rich relational environment (Music, 2011). Good experiences have been shown to mitigate genetic propensities and bad early experiences to reinforce them. Treating children badly affects them, but not all children are similarly affected by the same treatment (Caspi, McClay, Moffitt, Mill, Martin, Craig, Taylor & Poulton, 2002). This is mediated by their genetic inheritance. In addition, the quality of attachment that develops between a baby and his parents mediates the expression of genetic inheritance, such that during development, there may be different outcomes to the presence of genetic markers depending on the security or otherwise of attachment (Fearon, Shmueli-Goetz, Viding, Fonagy & Plomin, 2014). What is clear, is that the interaction between genetic predispositions and sustained, stress-inducing experiences early in life can lay unstable foundations for mental and physical health that endures well into childhood and beyond.

The original Profile, with its 'staged' approach to development, offered a caution against the reductionism in attributing all disturbances to one period. e.g. the very earliest relationship. Whilst this is known to have powerful effects reverberating across the lifespan, nonetheless,

disturbances can also emerge at later pivotal stages on the basis of good enough early experience. We were keen to preserve this flexibility in considering ‘valency’ of a specific stage, and it is here that the classical concepts of fixation and regression also have their place.

The diagnostician is urged to consider both the subjective and the more “objective” aspects of the child’s experiences of their relationships. Thus, the section starts with the outward, behavioural manifestations of the child’s relating to others: family, friends, teachers, the people involved in the assessment process etc. Then the quality of attachment is to be gauged, with the reminder that this is a representation of the properties of relationships, not an intrapsychic state in the classical sense. Relationships are dynamically understood as at once the formative shapers of an internal representational world and an expression of the internal representations

The next section emphasises a fundamental aspect of attachment theory, the sense of safety in object relations, which in the original Profile would have been dealt with in the sections on anxiety and defence. Attachment theory and research directly influenced our highlighting the importance of safety and a way of understanding more systematically, the strategies and adaptations the child has to make in the face of lack of safety in their relationships with significant others. Including this here, also may influence what the diagnostician observes in the clinical process such as the ways in which the child and its caregivers separate and come back together in the waiting room when the diagnostic sessions are taking place. Is there a sense that the child can turn to its parent(s) when anxious, fearful etc. or is there an inappropriate, perhaps precocious independence? Is the child afraid of the parents? The sense of safety in the child’s relationships has proved to be of great significance for development, which is reflected in the way it is privileged here.

It is only at subsection 4, that the clinician is asked to make a judgement about the conscious and unconscious representations of the child's object relations in a more traditional psychoanalytic way. And a complexity of aspects is required: it is not only the thoughts and feelings about these psychic objects that might be inferred from the way the child relates to the diagnostician and from the content of activities in the clinical process such as play, fantasy, direct accounts by the child of their life etc, but also structural aspects such as whether the child has moved from dyadic relating to triadic and beyond, implying at an age adequate level, some more sophisticated working through of Oedipality. Is the form of manifestations of these representations age appropriate, for instance fantasy play in a young child or stories in displacement in a latency-aged child? The affective tone of these representations is also to be noted. Do the child's real external relationships lead to the creation of states of mind that are troubling, for example is the child fearful of significant others, or do they seem to be age appropriately supportive and secure? How then are the internal representations of these object relations structured in the child's mind and then also to what extent might the child's difficulties be thought of as having become internalised?

The final subsection addresses the child's capacity for object relations. This requires the clinician to make a judgement about whether the child's interest in, or cathexis of relationships with others lies within the normal range. If the child is shy is this simply a matter of hesitation and some insecurity or is it more serious? If a child seems to be difficult to reach, how is this to be understood? The child may have severe deficits in relating to others and consideration needs to be given as to whether s/he may be on the autistic spectrum and requires further specialist assessment. Alternatively s/he may be an "undrawn child" who has suffered much neglect from their caregivers and needs particular therapeutic

adaptations to approach this. There may also be indications that other social agencies need to be involved if for example there is evidence of neglect or abuse.

Also significant, is whether the child has the age-appropriate capacity to be alone (Winnicott, 1958), to be within his/her own skin and not need constant actual contact with others.

Included in this, consideration might be given to the achievement of object constancy, the capacity to hold in mind the absent object despite the range of affective responses to separation. This has relevance then for assessing the child's relationship with himself (in the subsequent section on The Self), as well as with others.

This whole section has a very different slant when compared with the original Profile. The revised Profile starts with the assumption that we are fundamentally object seeking whereas in the original the drives were the reified engine room of object relating. Assessing relational aspects was largely within the context of the libidinal and aggressive drives and their cathexes. In the original also, the concept of object constancy is given a central position and here it is implied, but not spelled out. The subsection on the capacity for object relations does not assume there is a 'drive' source in those classical terms which are unintegrated from object seeking. Nonetheless invoking dyadic/triadic/Oedipal levels of development in subsection 4 clearly encompasses drive theory. However there is an implication of a broader psychobiological substrate to relating to others.

B. Self Development

How the child's self experience is communicated and manifested both consciously and unconsciously to others, is the psychodynamic leitmotif which runs throughout all aspects of the Profile. The self has been thought of having a 'form' which has emerged within the

context of a relationship and Winnicott has been very influential in describing the emerging sense of self (Winnicott, 1958/1965). Maybe the idea of a more 'dynamic' self engaged in qualitatively different relationships reflects contemporary thinking (Stern, 1985; Wright, 2009). Whilst the self has a 'form', attachment research which demonstrates that a child can have qualitatively different attachments with different significant people, suggests a move away from a fixed 'essentialist' view of self.

This section attempts to engage the diagnostician in the area of the child's own subjectivity; the view from the inside, how does the child feel within their own skin? What do they think and feel about themselves? How do they represent aspects of the self. What are the depth and range of affects. At a very ordinary level, this would address what makes the child feel happy, sad and what sort of wishes, hopes or fears do they have about themselves or the important people in their lives. Do any specific feelings about the self dominate? As with other sections these questions need to be understood developmentally i.e. that one would expect an increasingly differentiated and complex sense of self and self in relation to others to develop with age.

The growing incorporation of a sense of 'reality' in relation to appraising the idea of the self as a pathway to healthy development is highlighted. For instance the modification to early childhood omnipotence/narcissistic grandiosity vs persistence.

We have incorporated the structural superego into this section viewing it as an agency with the same questions about the quality of the superego as before but adding in the extent to which the child can 'own' their behaviour and its impact on others.

C. Relationship to bodily self and drives.

This section perhaps reflects the struggle to maintain more directly, classical drive theory.

This revision of the Profile reflects a more multiperspective approach to understanding development and mental functioning, eschewing a model which can privilege one aspect such as the classical psychoanalytic notion of the drives. However it was felt absolutely necessary to retain a section on the body and the child's relationship to his/ her body, including concepts such as the stages of infantile sexuality, the expression of aggression in various forms including the use of the body. The bodily self is seen here as a fundamental part of the child's sense of him or herself. Included is not only the child's investment in his body but also whether that body is developing well or is disabled in some way. This was not included in the drive section of the original Profile, but in the ego section. Here it has its own place and by implication, of much significance for the child's sense of self. Also given consideration is the possibility of the child's more pathological investment in its body, such as its use through psychosomatic illness, self harm as in aggression turned against the self, the failure to take appropriate ownership of the body.

There is an implied looser / broader understanding of psychosexuality in considering sexual development. The child's gender development is mentioned, which implies also their identifications as well as problematic or conflictual aspects of their sense of masculinity or femininity. Explicitly stated is that cross gender identifications are part of normal development. Even since this revised Profile was written attitudes to both object choice and gender development have modified. There is much in western culture now that permits the expression of uncertainty and fluidity of movement in terms of changing object choice and gender identifications, some eventually leading to a number of outcomes e.g. transsexual outcome. This has yet to be incorporated into the current state of psychoanalytic thinking.

More mainstream has been the adaptation of psychoanalytic attitudes to homosexual outcomes to development, not always seeing this as pathological but retaining the view that all sexual development is the outcome of compromise formations between underlying anxieties, conflicting wishes and identifications.

Aggression is given its own subsection in this part that addresses the bodily self. This reflects the view that the source of aggression is in the body, and the psyche uses this propensity for its various ends. It seeks to place aggression as a significant aspect of the child's functioning, modifiable, adaptable and capable of expression in different ways. There is an explicit assumption that aggression is a normal and necessary part of human functioning (a psychobiological thrust forward as it were) and a significant part of the child's object relations as well as their sense of self. Pathology in this context would be viewed as the continued use of the physical body as an expression of hate and the wish to destroy not being superseded by other age appropriate, and symbolised modes of expression.

D. Ego functions / general development

This section has preserved many key features singled out by Anna Freud. Her significant contribution to psychoanalysis on the defence organisation remains. The general assessment of the intactness or otherwise, of the ego apparatus continues to be important and given advances in understanding of the many functions which could be subsumed under the term ego; additional specialist assessments can offer a more sophisticated or complex understanding of the child. Where, for example, there are difficulties in short term working memory the diagnostician will need to offer a view on the balance between deficit and the child's defensive strategies to cover up his deficit and conflicts interfering with memory. We have also kept as a summary consideration the various features which indicates the child's

overall capacities and attitude to development: mastery of anxieties, frustration tolerance and progressive vs regressive wishes etc. We have added here (as well as elsewhere) resilience.

In subsection 3, we have invited the diagnostician to specify further aspects of cognitive development by asking more detailed questions about the child's quality and range of thinking, highlighting particular strengths, reflecting the complexity of the child's mental functioning. This part also asks about the child's 'insights' into himself and others and areas linked to interoception and perception of the child's own and others states. Germane to this is subsection 10 which gathers several of the last aforementioned capacities under Theory of Mind (TOM). Where this is absent or attenuated it has proved a very useful way of differentiating for instance a child on the autistic spectrum or a child with profound narcissistic difficulties.

Threaded throughout the ego section is the question about the child's orientation to 'reality'. More emphasis has been given to the child's growing capacity to distinguish between fantasy and reality/ pretend and reality as a developmental achievement (subsection 4).

In subsection 6 we expanded the section on play to enlarge understanding of not only the child's capacity to play but the manner in which they do so. This section not only reflects the child's attitudes and defences (rigid? obsessive?), but draws attention to the qualities of playfulness and imagination per se. We saw this as not only an important part of ongoing development but reflecting the significance of play and playing as an indicator of the child's capacity to be a child (Winnicott 1971). This is an account of childhood that recognises the age-adequate presence of play, but also underlines the view that children are not just little

adults; they have their own ways of being and play and playing are important modes through which this is manifest.

We have added a far greater emphasis on affects: what range of affects is the child able to experience? Does the child recognise, have language for their affects? How does the child experience, manage and express his affects? What we had in mind was what researchers have come to name as affect regulation.

Superego

This section has remained as a differentiated structure. Although its development arises from the relational matrix and structured through the Oedipal phase it seemed important to preserve its increasing differentiation as an autonomous internal influence. We have illustrated some of its features to include its benign aspects

VI. Diagnostic Statement

The following section in the original Profile, including the genetic assessments (fixation points, regressions arrests) and the dynamic and structural assessments and level of maturity, has been largely omitted from this revision. Nonetheless, those considerations remain essential elements of diagnostic thinking in the application of the revised Profile. Perhaps it is an expression of the difficulties the revisers of the Profile had in adapting explicitly these elements of the original instrument to the plurality of contemporary thinking. The language of these assessments certainly contain classical thinking to a degree, but carry the broader developmental frames of reference that have been fully embraced in this revision. In classical terms drive theory was the fundamental model underpinning all the other considerations, but in this revision the authors have written in a more general way about the

diagnostic formulation of these phenomena nevertheless occurring in ways that are more explainable within this more multiperspective model. The diagnostician is required to write the formulation under four broad headings and to include in the narrative both a broad and deep account of the developmental status of the child in its psychosocialbiological setting, which then gives substance to the recommendation for therapeutic intervention (or not) in the last section.

Recommendations

This section does not confine itself to a recommendation (or otherwise) for psychoanalytic treatment but also requires the diagnostician to consider other forms of intervention such as family therapy, or psychiatric treatment, depending upon the diagnostic formulation.

Additionally a number of interventions might be recommended coincidentally if this is thought to be appropriate. The ideal recommendation is to be made but then consideration of the likelihood of its acceptability by the parents or the referring agency have to be taken into account in making a realistic proposal for effective responsiveness to the child's predicament.

2015: Some thought on possible further revisions: Plus ça change?

In some respects the foundational principles of the revised Profile are finding a contemporary iteration. As Midgley (2011) points out, atheoretical and symptom-based taxonomies to mental health assessment are increasingly seen as of limited value. Taking a broad multi perspective approach Luyten, Blatt, van Houdenhove & Corveleyn (2006) argue, 'findings from a wide variety of fields, including psychiatric genetics, neurobiology, developmental psychopathology, cognitive, psychodynamic, social and personality psychology [which] converge to suggest that [mental health difficulties] can be best understood in the context of an etiologically based, dynamic interactionism model' (p.991).

From a psychoanalytic perspective this also fits in with the plurality of models that have proliferated since the mid twentieth century. However, in psychoanalytic theory the concept of the dynamic unconscious remains its cornerstone and a central question in appraising this Profile as an instrument of psychoanalytic assessment has to be whether this new incarnation retains that concept sufficiently. The incorporation of new material inevitably alters the frame and challenges the previous apparently more coherent metapsychology. Extending the boundaries of knowledge can be at the expense of coherence and in particular here it might be said that questions about the nature and understanding of the unconscious, both dynamic and descriptive are implicitly raised. In a cross discipline arena the notion of the unconscious in contemporary discourse might be seen as being incorporated into the account of memory: implicit, procedural and semantic, discursive memory. The place of earliest development in the construction of mind and personality is recognised even more across disciplines in the contemporary scene: the creation of the frame or mental structure – or the implicit, procedures of mental functioning. Is this just a matter of different terminology or is something fundamentally different being described? In Anna Freud's original model pathology arising out of unconscious psychic conflict (the dynamic unconscious) depended upon a structural formation that took time to establish. Her acknowledgement of the widening scope of psychoanalysis (A.Freud, 1954) allowed in the consideration of pathology arising outside a conceptualisation based on conflict within structural model (Edgecumbe, 1995). This revised Profile also allows for the consideration of pathology arising out of different developmental stages: deficits in the foundational structures of mind for a variety of reasons including biological, and symptoms which arise out of more mature functioning where a good enough mental structure has been established.

We now ask ourselves if, given the present state of understanding, there are features which should be included, further elaborated or highlighted in a 2015/16 profile? We owe a debt of gratitude to a significant number of researchers on what could be termed the neurobiology of intersubjectivity. The current suggestion is that the mind is built through experience as a series of nested hierarchies much like Russian dolls. On top of the basic biopsychological behavioural systems (emotional systems and drives- now seen as more multifarious) (Panksepp, 2005) there is a layer of behavioural learning. And then on top of that there is thinking and cognition. This is a hierarchical arrangement that is nested in the sense that the bottom layer feeds signals up into the next layer, and that layer feeds down control signals to regulate arousal. This happens again between the behavioural level and the thinking cognition level. This alerts us to the increasingly complex dynamic systems of the mind.

Affective life, the stuff of the child's subjective experience is inextricably linked to the emotional systems and states of arousal as outlined by Panksepp and others. Arousal, its regulation and dysregulation do appear in the Profile in a rather generic way and the notion of defences is important. Could we now link states of anxiety and defence more specifically to the particular qualities of emotional interactions with caregivers which would have shaped the child's internal life with consequences for states of hypo or hyper arousal? This is not just to provide a more updated language to describe what is already in the Profile but it shifts the developmental emphasis more firmly into realm of the relationships children have with their primary caregivers and others. This emphasises a model of development which is located in the crucible of relatedness; where the primary driver is to establish relational connectedness facilitating the Russian Doll metaphor (above) with all its potential individual idiosyncracies. In this view 'pathology' can in part be understood as an adaptation with attendant costs to less than optimal responsiveness by the parents/caregivers

Do we need a more explicit sense of what Emde (2009) has termed 'we -go'? In his own words 'we summarized our infancy observations leading to the conclusion that the development of autonomy occurs along with development of social connectedness. It made no sense to regard these dimensions of experience developing separately or sequentially' (p. 558). The revised Profile has put more explicit emphasis on the cultural and social in the biopsychosocial tripod and maybe Emde's formulation is a way of capturing psychodynamically a way in which the cultural/social self with all the attendant social constructions of, for instance femininity/masculinity as mediated through the family etc, can be more explicitly highlighted.

The Profile (as previously stated) aims to look at the child's own subjectivity but viewed from the 'outside' maybe the very notion of the 'subject' itself can be interrogated and cast in a more post modernist light as many recent articles and publications have argued (Butler, 2008; Lemma & Lynch, 2015).

A common thread is that the 'story' of an identity is not 'necessarily fixed' and can be unshackled from 'heteronormativity' leaving open the possibility of adopting a more openly enquiring attitude to sexuality in all its manifestations. This more constructivist approach suggests that the narratives about identity are also deeply socially and politically embedded in a web of power relations. If the 'subject' is understood as not in an entrenched fixed steady state then could the potential for greater fluidity and shifts also provide a revitalized way of thinking about development, including psychosexual development.

Empathy as a growing capacity is currently a fascinating area in that research is throwing up

some challenges to the belief that it is definitively, exclusively and invariably linked to the quality of early relationships. It is beyond the scope of a Profile or our knowledge to stray into the area of how genetics organise the environment or play out in any given relationship but the evidence is mounting that there are callous unemotional children, notwithstanding maltreatment, with a marked deficit; vulnerable to not being able to experience empathy. Viding and colleagues (Viding, Price, Jaffee, Trzaskowski, Davis, Meaburn, Haworth & Plomin, 2013) invite us to consider that qualities of callousness may, in some children, be viewed as a vulnerability not always inextricably linked to environmental factors. Baron Cohen in an admittedly populist book, *Zero Degrees of Empathy* (2011) has made both a controversial and compelling case that empathy is a salient overarching feature; a continuum along which we can all as individuals be placed. Narcissistic Personality Disorder and Borderline Personality Disorder can all be understood as a difficulty in empathising. Interestingly it is not necessarily tied to Theory of Mind as it is entirely possible to have Theory of Mind but little empathy and the converse is equally true. Where there are difficulties in empathising it may require further consideration as to the ‘impairment’. Is there a difficulty along the autistic spectrum (AS)? If the child’s development is not suggestive of AS then what else may be at play in the usual complex dynamic between maturation, development and environment? From a different perspective one could also ask if there is ‘too much’ empathy at the cost of dissolution of self preservation? If the quality of mercy is strained is it in particular ways and if so which? Some writing on the mirror neurons and other systems recruited by them suggest that there is an interesting distinction between resonating with someone else’s feeling and then actually making a move to respond to it (Eagle, Gallese & Migone, 2009). The capacity to be in the shoes of another is not only developmentally scaffolded through relationships, but like other capacities or agencies may entail subtle variations.

Finally, the profile as originally conceived by Anna Freud was provisional but nonetheless very time consuming and not easily usable in its more exhaustive version in the hard pressed environments many clinicians now work in. However, these writers, amongst others, have found many ways it can be used fully adapted for specific purposes ranging from assessments for the courts, providing a psychodynamic input in a multidisciplinary setting for complex developmental disorders through to assessments for psychotherapeutic treatment.

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