The old one-two

GRAHAM MUSIC

London

Abstract   *This paper looks at how the capacity for separateness arises, and some of the ways in which gender is thought about in relation to this. A link is made with technical considerations about the stance we as therapists take with our patients. In particular, therapists often choose or are prodded into a role that is more empathic or more interpretative, and these stances have often been described as either more maternal or more paternal. Some case material goes on to connect this with more recent understandings of infant mental and emotional development. It is suggested that recent child development research might point us towards a more 'integrated' stance, in which these maternal and paternal roles are not seen as so polarised.*

Introduction

In Phillip Roth's novel, *The Human Stain*, the protagonist described the combination of the mother and father as 'the old one-two' with 'the father leading the way and the mother feeding the love' (p.95). In psychoanalysis, as in popular culture, maternal and paternal roles have often been thus conceptualised as opposites, with moves towards separation often being associated with the father, or at least a paternal as opposed to a maternal role. Both ordinary and psychoanalytic language is saturated with such polarities or dialectical pairings of concepts such as maternal/paternal, separation/closeness, softness/hardness, container/contained, penis/breast, interpretation/empathy, to name but a few. Thinkers from diverse fields have viewed such binary organization of language and concepts as a universal human characteristic. For example, in anthropology Levi-Strauss (1964) wrote about the raw/cooked, tame/wild, and writers from other fields such as cognitive linguistics (e.g. Lakoff and Johnson 1980) have argued that our discourses are underpinned by what might be called 'unconscious metaphors', whereby particular concepts are unconsciously associated with others, such as soft/warm and hard/cold (e.g. warm or cold hearted).   In neuroscience Schore (2003) and other writers have helped us understand how these differences might be underpinned by brain structure, in particular the differences between the left and right brains.

Other binary oppositions are associatively linked and seep into ordinary and psychoanalytic discourse. Examples include how objectivity, reason, mastery, independence and activity might be unconsciously associated with masculine qualities, as opposed to more feminine ones such as subjectivity, feeling, passivity or softness. The connotations can be positive or negative; the capacities of a good container might include reliability and solidity but not brittleness or rigidity, and similarly warmth and softness are positive but the same cannot be said of flaccidity.

With different patients we find ourselves unconsciously nudged into roles that might be seen as more paternal or maternal, more interpretative or empathic. In a previous non-psychoanalytic psychotherapy training I was taught to think about a 'client' as being in a

metaphorical ditch, and the therapist's job was to partially join them by putting one foot in the ditch, whilst keeping the other foot firmly outside on the bank. I found this simple lesson very helpful, as in therapeutic work there is a constant struggle not to be too distant and separate (both feet on the bank looking down from on high) nor too close (both in the ditch together and neither knowing the way out), although of course there is quite a range of possibilities between being either right in or right out of the ditch.

Questions about closeness and distance, and the move towards a separate physical and psychic space, have often been linked to the Oedipus complex in psychoanalysis. Generally in psychoanalysis and in our culture the paternal is conceptualised as more separate and apart, and the maternal is seen as marked more by mutual attunement, even a symbiotic closeness. Interpretation and analytic rigour have been seen as paternal functions, whilst attunement, empathy and non-interpretative interventions have often been seen as more maternal. Wright (1991) has described this divide in terms of paternal and maternal modes of therapy, Bollas (1999) has, after Lacan, termed these the maternal and paternal orders, and more recently Houzel (2001) has written of the 'bisexual qualities of the psychic envelope'. I would prefer to think of the 'gendered' aspect of these terms as not saying anything about actual men or women, but as metaphors, or examples of chains of unconscious metaphorical associations. Britton (1998) has described a distinction between 'subjective experience and objective understanding' (p.43), and both mothers and fathers and male and female therapists need both capacities. Ogden (1989) , for example,   hasargued for the importance of the 'father in the mother', and Benjamin (1995), from a feminist perspective, has challenged the idea of the father as the 'knight in shining armour' who liberates the child from engulfment with the mother.

I hope to show that much contemporary developmental psychology research suggests that, in fact, the capacity for separation does not derive from an external father who helps a child separate from its mother. Rather the ability to move from closeness to separateness (and back) is being learnt and negotiated from the earliest months, often with just a single caregiver. Such carers have a flexible capacity to move between modes often described in gendered terms, such as strictness and leniency, toughness and softness, empathic subjective presence and objective analytic observation. Elasticity, flexibility and the ability to move between qualities, is important; a too hard, taut or rigid container is as damaging as a too loose and flaccid one. Optimally a therapist or parent is able to move along a continuum between toughness and softness, coldness and warmth, interpretation and empathy.

Maternal and paternal modes in psychoanalysis

As Bollas has argued (1999), different psychoanalytic thinkers and schools have valued different aspects of what he calls the maternal and paternal orders. Freud's own writings demonstrate an awareness of both. The kind of receptivity needed to genuinely allow free-floating attention might demand a capacity similar to the maternal reverie described by Bion. However Freud's theories are more often characterized as having a paternal bias, and indeed Freud was uncomfortable with a maternal transference, writing 'I do not like to be the mother in the transference, it always surprises and shocks me a little' (1933 146-7).   In Freud's Oedipal theory the prohibiting? superego was generally taken to be the paternal voice. Freud had underplayed the role of the mother in his theories in general, and in Oedipal theory in particular, and indeed had written '… I cannot think of any need in childhood as strong as the need for a father's protection. ' (Freud, 1933: 72). His model of human change and development is one in which instinctual desires are opposed to the needs of the family

and society, and need to be curbed, and he seemed to believe it was a paternal role to do this 'curbing'.

Klein of course also had both strings to her bow, but might be thought to have followed Freud in valuing his tough interpretative stance, and his emphasis on analytic neutrality. Klein brought the mother, and perhaps particularly the maternal body, into the mainstream of psychoanalytic thinking, yet in terms of her technique she might be said to have retained more of a paternal stance. She retained allegiance to the death instinct, to the idea of dangerous and destructive unconscious desires and universal bodily-based phantasies, all of which required firm interpretative handling that aimed to 'penetrate' to the deepest layers of the unconscious. Rightly or wrongly, in the years following the Controversial Discussions, many of her followers developed a toughness with regard to interpreting destructive and aggressive aspects of the personality, a reputation which has stuck in some circles despite changes in Kleinian technique in recent years.

It was Ferenczi, Klein's first analyst, who was possibly the best known of the early analysts to adopt a more empathic and maternal therapeutic position, and, much to Freud's unease, introduced technical innovations to foster this approach. With the early Scottish analyst Suttie (1935) and later the advent of the British Independent tradition with Fairbairn (1952) and others, there was a move away from the emphasis on aggressive instincts. Fairbairn, for example, argued that the primary aim of the infant is human emotional contact, whilst others such as Guntrip, and indeed Winnicott, argued that a tough interpretative stance, particularly of destructiveness, was inappropriate with certain patients. Such Independent thinkers were nearer Anna Freud than Klein in these respects, with Anna Freud and her followers urging a cautious approach to defences, which needed to be respected. Balint (1968) argued that there were some patients, often hypersensitive and operating at the level that he described as the Basic Fault, who cannot tolerate interpretations at a more conventional Oedipal level. Winnicott (1971) similarly warned of how interpretations can be received as impingements by some patients.

Such differing ideas and attitudes hardened to points of principle and became fault lines for ideological conflict between schools of thought. Historically some therapists were trained to interpret destructiveness, and others to foster therapeutic regression and yet others to help strengthen a patient's ego, perhaps without sufficient consideration of whether a particular technical emphasis was what that patient needed. Nowadays psychoanalysis is becoming more pluralistic (Wallerstein, 1988) and technique across the schools has become less polarized, accommodating a tension that might allow therapists to shift between a more paternal or maternal technique, depending on the patient.

Oedipus and Thinking

> The idea that frustration needs to be managed in order for growth to occur has been at the core of much psychoanalytic thinking from Freud onwards. For example, in order to negotiate the Oedipus complex one must tolerate the separateness of the parental couple, which is then said to act as a spur to cognitive and emotional growth. Lacan (1977) was one of the first to specifically link the father with the development of thought, viewing the paternal as a necessary third element which ruptures the mother infant bond. Britton (1989) develops Bion's (1962, 1967) ideas on attacks on linking, and firmly links the Oedipus complex with the the depressive position, arguing that in this position the child is able to maintain relationships with both parents in turn,

while also recognizing the relationship of a couple who have a separate life, with the child outside of this. He connects this with the development of a new mental space in the mind of the child who manages to tolerate being a witness and not a participant. A third position then comes into existence, from which object relationships can be observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves. (1989: 87)

Wright (1991), from the perspective of the British Independent tradition and influenced particularly by Winnicott, as well as philosophers such as Langer (1942), developed somewhat similar ideas. Like Britton he is concerned with how thought develops, and the role of the father in this. He writes of how limit setting can create a space out of which thought and symbolism might arise. For example, of the child receiving a prohibition when reaching for an object, or for the mother, he writes

the limitation on action imposed by the parents - especially the father, in relation to action with the mother- creates a space within which first, the visual image, and later the idea of the object, can begin to be separated out from the object itself. Later still, the name of the object, the word, can be inserted into this space, as though the father were saying 'You can have this word, this name for the object, but not the object itself'. (1991: 105)

For both Wright and Britton, as for Bion, the strict 'no' spurs a developmental shift. Wright is following Lacan in linking the father with introducing two things, the 'no', and the distance imposed by language, hence the relevance of Lacan's Oedipal pun concerning the prohibitive role of the father who provides 'Le nom (non) du père'. For Britton the patient who attacks his thinking is not managing to bear the frustration of being excluded from a union, in this case between Britton and his thought processes. The two writers differ, though, in terms of technique. Britton views as defensive the responses of patients who cannot manage what he calls the 'analyst's objective view' (1998: 57), whereas Wright would argue that we need to considerably modify our technique depending on the needs of the patient. Yet such accounts are compelling, even if they run the risk of eliding the distinction between a paternal function and the role of an actual father.

Few dispute that the development of a capacity for thought depends on being reflected upon, and receiving a perspective from outside the self. It is no coincidence that parents of securely attached children have a well-developed ability to form narratives about their lives, and to reflect upon their own and others' emotional experience (Main, 1985). Child development research and attachment theory demonstrate that securely attached children have parents who are able to allow an easy and flexible balance between closeness and separation (Beebe and Lachman, 2002). The securely attached child comes in and out of contact with others with considerably less difficulty than an insecure child. Insecure children show very different ways of dealing with both closeness and separation. The best known examples come from the well documented Strange Situation Test (Ainsworth *et al*, 1978) which has shown, for example, how ambivalently attached children, when reunited , are clingy and slow to recover, whilst avoidantly attached children manage such reunions by cutting off and not showing themselves or others anything of the distress that one would expect. These two types of children would seem to need rather different kinds of therapeutic interventions. The parent of the securely attached child seems to manage to be non-intrusively in touch with their child, to be able to identify with them but remain separate, and these are capacities which, if one uses

such gendered language, could be described as combining both the maternal and the paternal.

In the developmental research literature there is little evidence that it is the father who necessarily breaks up a mother-child symbiosis and so stimulates thought. Furthermore, much in the child development literature suggests that thought and the capacity to reflect do not develop primarily from frustration. Securely attached children have an ability to manage a certain level of frustration, but they have good experiences of attuned parents who are able to repair interactions when they go wrong (Beebe and Lachman, 2002; Stern, 1985; Tronick, 1989). However many children who are insecurely attached, perhaps particularly those classified as disorganized, struggle both with managing closeness and separation, and also struggle with aspects of thinking.

Combining the maternal and paternal

In this section I link some of the threads laid down earlier with clinical material. I hope to show how therapeutic technique moves between being more interpretative or empathic, more analytically rigorous or more attuned, perhaps more paternal or maternal, and how there is always a constant dialectical interplay between the two, with different patients requiring different emphases.

The paternal to the fore

This is a short illustration of a brief family intervention. The case was saturated with Oedipal material, with parents who were inconsistent, something of a 'soft touch' or pushover, and the work seemed to call for a tougher, more interpretative presence. The referral was of an out of control 4 year old Asian boy, and I saw the family for just a small number of sessions. In the first meeting it became apparent that the couple were struggling. Hanif, the middle of three, whose younger sister was conceived when he was just three months old, resented sharing anything, displayed much omnipotent behaviour, had constant tantrums, demanded his own way, and was unable to bear his parents coming together. He was such a powerful figure to his compliant parents that they both used language   such as 'we cannot do anything' or 'he won't let us', and said that in the car he would get into the driver's seat and they were 'not able' to get him out.
In the first session a few warning shots alerted me to the need for firmness, particularly when the mother explained that, like Hanif, she was the middle of 3, and was much favoured. She said 'my parents could not do anything, I only calmed down when my uncle hit me'. It was clear I was being cast in a role similar to the tough uncle who had banished mother from the driving seat in her family of origin.

By the second session it became apparent that dreadful splitting and polarization marred the parenting relationship and when Hanif did not get what he wanted from one parent he certainly would from the other. Mother admitted guiltily that when father told Hanif off she would feel so bad that she would ply him with sweets. Empathic attunement felt inappropriate with this belligerent little boy and his attractive mother, particularly as I became aware of the dangers of either being made to feel guilty by Hanif, or being seduced by mother. Both tried to gain me as an ally, and I had to struggle hard to keep one foot 'out of the ditch' and interpret quite firmly about the dangers of driving a wedge between the parents, linking this with how Hanif expertly split the adults. Taking my lead from mother's guilty expression and father's relief, it was possible to deal head on with such splitting and,

interestingly, when, in the second session, we talked clearly about them being a consistent and solid couple Hanif came to sit mildly at his parent's feet for the first time.

Soon the father began to take much more authority and   the couple reported that Hanif had made furious comments about me following sessions. He had hit upon a hard object he could not push over, and was experiencing the pain that arose from his omnipotence being challenged. The parents became more united, and were able, for example, to impose clear routines and to move Hanif out of the parental bedroom, despite his protests. Father re-asserted his masculinity, re-secured the parental bed and was able to move from feeling castrated to taking on the mantle of the father. Hanif was still pushing limits when he could but with less expectation of success as the generational boundaries and parental bond cemented. Later we would make sense of how the family backgrounds of both parents were being re-enacted, for example in how mother, the adored child of a father who could not say no to her, found that it 'broke my heart' to say no to her own adored Hanif.

The parents had been 'taken over' by self-defeating patterns, and the therapeutic space allowed them to stand back, to join me 'outside the ditch' and reflect on the process that they had become embroiled in. The projections onto Hanif and the unconscious re-enactment of patterns going back at least one generation seemed to lead to their inability to stand back from Hanif's feelings and demands, which in turn led to his omnipotence. The therapeutic task was in no small measure to help the parents find a distance from Hanif's feelings, particularly   by interpreting, and hence 'breaking apart', a collusive mother-son enactment. This might traditionally be viewed as a paternal role, both in the sense of providing clear boundaries, but also in providing a clear 'third position' outside the tangles the parents had found themselves in, so allowing them to function as a couple. Of course there is never a choice between pure 'paternal' or 'maternal' therapeutic stances; in this case much took place which required empathy with and closeness to their states of mind, such as the need to help process the considerable pain and fury which accompanied Hanif's banishment from his role as mother's cherished favourite, as well as the need to help mother manage her own guilt and upset. The attachment research has shown that children with anxious attachments,   like Hanif, often have parents who are inconsistent, and I think that in such cases a tougher stance is called for. It is no coincidence that I found myself primarily describing this work with words which might have a more masculine connotation, such as 'toughness', 'firmness', 'solidity', 'hard objects', 'cementing' the parental relationship, or 'breaking up' collusive patterns.

Using the maternal

This is another brief vignette, brought because in this case, unlike Hanif's, a different technique seemed needed from the start, as any attempt at insight, interpretation or standing too much outside the patient's experience proved counter-productive for quite some time. It concerns an older adolescent boy, Martin, from a complicated background, with a very distant and absent father and a narcissistic and critical mother. He had discovered in his very early adolescence a preference for homosexual sexuality, and although having no lasting relationships, had engaged in many brief sexual encounters. In these he always tended to be very passive, acting only as the other expected, being compliant in the extreme. This very passive way of being was typical of how he conducted much of his life. He felt that he had his mother's attention only when he could work out what *she* wanted, putting aside his own wishes and needs, and this became the template for his later relationships.

Infant researchers such as Beebe and Lachman (2002) have shown that children who receive intrusive parenting tend to under-regulate themselves and over-regulate their contact with others. They only feel safe if the external object is kept happy, and Martin demonstrated this pattern. If I made a comment he would always agree with it, because he believed his safety depended on placating his objects; indeed if I made a comment about how he agreed with me all the time he would agree with my comment about this just the same. If I just listened quietly he would get very anxious that I had abandoned him, and when I explored this he would often say that he worried that he had bored me, or had said something to upset me. Rather as Britton (1989) described, he was not able to tolerate the Oedipal triangle of me 'communing with myself'. Britton (1998) argued that such patients have a deficit in their constitution, what he called a 'psychic atopia, a hypersensitivity to psychic difference', although I thought that in Martin's case his particular life experiences would be more than enough to explain his way of relating.

He would often come with a particular dilemma that he could not resolve, and get into a terrible 'pickle' about it, turning the issues upside down and inside out *ad infinitum*, and he assumed that I always had the answer. The feeling in the sessions changed when I was able to unhook myself from the overt issues and begin to stay with the feelings that seemed to underlie all this. He was often in tears as we got in touch with how lonely, sad and desperate he felt and seemed to need this ordinary, attuned, unthreatening non-interpretative emotional contact from me for session after session, month after month, to such an extent that I began to worry that I was being collusive. Indeed Britton (1998) had warned against the dangers of 'interminable analysis' (p 48) with such patients. Yet Martin seemed to need me to be with, and make some sense of, his emotional states, to put names to feelings that had until then just been vague sensations, and above all he wanted me to show him that I knew something of how he felt.

Interpretations seemed meaningless, immediately and compliantly agreed with and never referred to again. I think I was playing what could be described as a maternal role; I saw it as my job to be attuned to his emotional states, and often to do little more than help him to bear his feelings. Slowly he began to do something of this for himself, telling me how he had soothed himself at the weekend, being able to just stay with emotions rather than fleeing them. After about three years of weekly therapy he seemed to have begun to internalise a

maternal function of some sort, and as he became less vigilant, not expecting an attacking or jagged intrusiveness, he also became less hypersensitive to my mood states and me. In other words his emotional regulation was beginning to consist less of regulating the other and more of regulating himself. He was less vigilant of me, his persecutory internal objects had softened, and at the same time he began to be interested in what was in my mind, wanting me to think more, to have my own ideas, to interpret, something that would have been intolerable only a few years before. I found interpretations could now be heard and taken in, and elaborated upon, a development that would have been unlikely to occur had I adopted a more fully interpretative stance early on when such an approach was experienced as intrusive. Ironically in this case it was not interpretations from a separate 'outside the ditch' place which allowed him to become more separate, but an experience of someone else being closely attuned to him whose separateness and separate status as a 'subject' (c.f. Benjamin 1995) he gradually came to tolerate.

Closeness and Separation

Molly was a 3-year-old girl who, following a complex birth, was born to a depressed and somewhat intrusive single mother. She was extremely hypersensitive, clingy, and developmentally delayed. Several months into a prolonged assessment, which included mother, she drew her first picture, a primitive drawing of a person, and I found myself silently thrilled. Yet mother harshly demanded to know who the picture was of, and when Molly quietly muttered 'daddy' she was brusquely asked 'where is his beard?' at which point the paper and crayons were put away, not to be returned to for several months. Molly's mother had clearly 'broken up' a tentative tender moment, presenting Molly with a harsh reality (mother's) that Molly was not yet ready for. Molly was a girl who would jump if one coughed, who froze when a dog barked 200 yards from the clinic; neuroscientists might assume that her amygdala was perpetually on 'red alert' for danger, and so this was possibly an example of an unfortunate fit between a temperamentally sensitive child and a somewhat insensitive parent.

Molly's mother was often out of tune with her daughter's states of mind, her interactions seeming to be experienced as an all too harsh, even jagged, otherness, rather than a softer, more attuned one. In Freud's original conceptualisation of the Oedipus complex the father came in from the outside to break up the closeness between mother and child, a closeness that Molly could never assume with her mother.

Attunement, a maternal function in Wright's terms, depends paradoxically on the carer's sensitivity to the infant's need for separateness, a need which is present from the earliest months, long before the intervention of Freud's Oedipal father. The infant, in our culture at least, is inextricably part of a mutually regulating pair, a dyad that is constantly monitoring and gauging distance and closeness, joining up and separating. Beebe (e.g. Beebe and Lachman, 1997) has been at the forefront of research using micro-analysis of videos showing how infants and mothers respond to each other in extraordinarily subtle ways, the mother often reacting to an infant's gesture within one twelfth of a second, and the infant almost as fast; mutual dyadic interaction that cannot even be consciously recognised in real time.

Beebe has shown that the infant in fact leads the move towards separateness, and in attuned infant-mother pairs the mother allows moments of withdrawal. Field (1981) demonstrated that infants in ordinary moment to moment interaction, need to be able to constantly come in and out of contact, to avert gaze and look away, and indeed she showed that an infant's

heart-beat increases 5 seconds before they look away from the mother, and decreases when they have looked away. The increased heart-rate might be seen as a signal to the infant who then regulates the contact by withdrawing, in mother's presence, and in the hope that mother will be sensitive to this and not be either intrusive nor withdraw prematurely.

When Molly eventually began several times a week therapy my very presence often seemed intrusive, and I had to speak slowly and softly, and be very careful about physical proximity. She would frequently say things like 'you go there', or she might ask me to hide and then not come to find me. I realised eventually that she was regulating the distance between us. In the first year I often had to wait silently, knowing from experience that any movement, let alone move towards her, would disturb her fragile equilibrium. Often after as long as   twenty excruciating minutes, when I thought I had been entirely forgotten about, she would re-emerge close to me, proud of something that she had made all by herself. I think she needed me to be sufficiently apart from her, but still present, in order that she could really notice me; I could begin to exist for her as someone separate, and she began to feel herself as separate from me. She seemed to need what Winnicott (1958) described as 'being alone in the presence of another (mother)'.

At the outset Molly was like the infants in Beebe's (2002) example who were, in attachment terms, classified as avoidant and were only able to maintain eye contact with their mothers if they dramatically increased their levels of self-comforting behaviours, such as rubbing their bodies, grasping at things, and whose heads were often at an angle as if 'cocked for escape' (Beebe and Lachman, 2002). Secure infants, on the other hand, are able to look at their mothers with their heads in a stable orientation and seem to both expect and manage good experiences of joining up and separating.

Beebe and Lachman (2002) have shown that   'a high degree of bi-directional co-ordination between mother and infant was a risk ..predicting …disorganized [attachment].' The invasive or abusive parent might well have an infant like Molly who needs to be hyper vigilant, whereas low coordination was seen between infants and emotionally distant parents, such as mothers who were both depressed and cut-off with flat affect. Field (2002) has demonstrated that infants develop different interactional styles with depressed mothers who are intrusive as opposed to depressed mothers who are withdrawn. With securely attached infants there is space and flexibility, a 'dance' that includes pauses and lulls, rather like Arthur Schnabel said in relation to playing music (quoted in Gordon 1999), that the artistry lies not in the notes themselves but in 'the pauses between the notes'.   The avoidant child over-regulates the self and ignores and denies the object, while the anxiously attached child, like Martin, under-regulates and denies the self and is overly responsive to others. Both struggle to see people as genuinely other and separate.

It is the parents of securely attached infants who tend to allow their children (repeat of infants) to take the lead in regulating closeness and distance in the dyad. The idea of there being a symbiotic closeness that the paternal order breaks up is something of a myth, or at least true only in some cases. The securely attached child seems to have a primary carer who manages distance and closeness, being together and apart, in a way that does not require the intervention of the Oedipal father as usually understood. Again, a too distant or too intrusive and inconsistent form of containment can give rise to difficulties, whereas the attuned sensitive caretaker has a child who fares better.

Mirroring and Marking

Returning to the 'ditch' metaphor, we struggle to both enter the emotional world of our patients and to step outside to understand what is going on. Stern's (1985) emphasis on attunement describes one aspect of this, Kohut's (1971) mirroring another, Bion's theory of containment yet another. Fonagy *et. al*. (2002) have coined the term 'marking' which I think captures yet another subtle angle. 'Marking' refers to a process whereby a child knows that their state of mind is clearly experienced by another because this state of mind is in some way amplified, made 'larger than life', even 'hammed up' in some way. Schore (2003) links this resonance to physics and writes of 'harmonic sympathetic vibration' (p79). This amplification of affective states demonstrates that the other has really understood and processed the original experience but has not been taken over by it. Following Bion (1962), this might be one form of the detoxifying we talk about in relation to containment, or one way of putting 'alpha-function' around the experience.

Fonagy *et al* (2002) give an example of this from research on infants who had received injections. Those that recovered fastest had mothers who could empathise with the pain of the infants, mirror their feelings, but this mirroring was 'contaminated with displays of affect incompatible with the child's current feeling' (p36), or in other words these parents could playfully be in touch with but not feel overly threatened by their infant's emotions. The infants of mothers who tried to distract them too soon fared less well, as did those of mothers who were overly empathic. Too much empathy left these babies feeling that there was no escape from their experiences, but a more 'cut-off' response similarly left the infants without a sense of their own experience being understood. Wright had similarly written about how growth occurs through both being in touch with and distancing oneself from emotional experience, and points to the similarities between mother-infant interaction and a therapist making interpretations:

> we have to think of every interpretation as a separating experience … intended to separate a pattern from a lived experience in order to symbolize and know it; it temporarily separates a patient from his own self … by drawing him out from the dyadic matrix of therapy into the third looking position. (1991: 299)

Much of my work with Molly in the early months and years consisted of simply trying to stay attuned to her emotional states. This would often take the form of making simple sounds which caught or slightly exaggerated the tone of her emotions, or naming feelings, saying emphatically things like 'that's hard, you couldn't do it,' or 'oh dear, that makes you very sad', which I think allowed her to recognise her states of mind in a 'marked' and metabolised form. Slowly she began to notice her own feeling states, saying things to herself like 'oh dear I sad'. In one session about nine months into the work her mother left her and she became very upset. I responded by trying to show that I understood her feelings, making comments with feeling in my voice like 'oh dear, how cross Molly is, you want your mummy, you're missing your mummy, it is just not fair …..'. On this occasion, as had recently occurred, she began to look at me with some interest. She was very upset and cried but as I continued she slowly became quieter, calmed I think by the fact that she felt understood, and that I had been processing her feelings with her. This might sound very straightforward and not particularly psychoanalytic, but I think it is part of what happens when a therapist or parent has and expresses a feeling for and with a child, but also stands outside the other's experience.

This is not simply mirroring; it assumes close attunement (empathically placing oneself in the

shoes of the other) as well as an understanding of the other from a clearly separate, outside (paternal) place. Winnicott (1971) wrote 'The precursor of the mirror is the mother's face. What does the infant see when he looks at his mother? He sees himself', and, following Bion, we might add that the infant is experiencing his own state of mind processed and modulated by another. When I say to Molly something like 'that is so sad' and she looks at me long and hard and relaxes, I think she knows that I understand her feeling from the inside, but also knows that I am processing the feeling from a place outside the feeling, neither just pretending to have the feeling, but not really feeling it either. For this reason Fonagy *et al.* (2002) argue that such processes contain an 'as if' quality, an element of pretend, which may be a precursor of symbolic play and thought.

It might be that the capacity for reflective self-functioning seen in parents of securely attached children, and eventually in the children themselves, derives from slowly accruing such experiences of their mental states being marked and understood. In Molly's therapy she would often attempt to make something happen, and fail, and then collapse into a desperate unhappy heap from which she might not recover for the duration of the session. I found that when she was feeling particularly desperate and persecuted if I just empathized with her feeling, perhaps saying 'oh no that feels terrible' then not only did it not help, but it could make her worse. At these times I had simply joined her despair, and I think she felt that there were now two people in despair in the ditch and her feeling was simply being amplified. At this stage interpretations were   of no avail, she had neither the emotional nor cognitive capacities to hear them. What did help was to stand outside the pain of her experience and show some hope, perhaps in a form similar to what Alvarez (1992) describes as reclamation. For example on one occasion she was attempting to build a tower and some pieces of plasticine fell and were lost. She began to cry in a distraught way, and my empathy made no difference, but when I started to say things like 'I wonder where it is   … must be somewhere ..um ..maybe there .. no ..' she eventually began to get interested. Very gradually she found a more resilient and hopeful part of herself, and would give up less easily. I needed to be both in touch with her feelings and to stand outside them; both were essential. It could be argued that this was an example of me not managing to bear her pain, but my experience was that I needed to convey that I was in touch with but separate from her feelings, and in fact when she felt I was too much 'in the ditch' she would move into dissociative states. Such processes, whether we call them marking, empathy, mirroring, containment or attunement, are precursors of the ability to appreciate others as separate. In this there is no privileging of either maternal identification with the experience of the other, or paternal standing outside, of either empathy or interpretation, but a flexible combination of both.

Separating first and then seeing the other.

Molly was a very hypersensitive child with few good inner resources to fall back on. She would often be frantically busy, rushing from activity to activity, and there was no room for thinking or just being still. She lacked what Klein would call a good object and had little experience of what Winnicott (1962) described as 'going on being'. She would attempt to force me into joining her frenetic activities, which I acceded to at first, since when I did not she would fall into pits of despair. Slowly, though, I saw signs that she was able to manage more frustration and so I began to refuse to join in, much to her dismay. I became less malleable and soft, daring to be firm, taking my cues from whether she could manage the pain. She would scream out 'come on Mr. Mugi, now!' in fury, and I took courage and stepped outside the activity for a few moments and said things like things 'I am thinking'. Molly hated this at first, just as Britton's (1989) patient had shouted out 'stop that fucking

thinking'. She seemed to slowly get interested in this thinking, and in the pause from ceaseless activity that I modelled. In rare moments when she would hesitate between doing things I would seize the moment and say things like 'Molly is wondering what to do ….. now what will it be ..', comments which she soon began to mimic but which eventually became the stepping stones for her nascent cognitive development ('now I gonna do ..let me see .. um ..').

Her rage when I quietened the whirlwind was powerful, but was becoming manageable. Lacan was said to have used another Oedipal pun that referred to the importance of tolerating emotional pain,   'you cannot make an omelette (homelette) without breaking a few eggs'. In Molly's case she could occasionally tolerate some breakage now, an external presence, breaking into the constant rushing. Other possibilities could then arise out of this space, including the beginnings of thought. Earlier on she could not tolerate this from me, much as she had not managed her mother's intrusion. The space that developed seemed to allow her and me to be more separate and she was then also able to see me more. She was less hypervigilant, less wary, and was able to look at me from time to time, as if just discovering my separateness and subjectivity (Benjamin 1995).

She would also begin to 'check out' what I was doing in a far less anxious way. This seemed to reflect a move towards a capacity for what Trevarthen (1978) has called 'secondary intersubjectivity', something which he says tends to develop towards the end of the first year when the infant knows that they and another can now share something, a third object, which can be in both their minds at the same time. Molly would now draw my attention to things and look for my reactions. This seemed like the kind of   'social referencing' seen in the well-known visual cliff experiment (Gibson 1960) in which infants are faced with a quandary about whether to proceed across a floor that is in fact flat glass but is designed to look like a precipice.   As one might expect, it is a good sign when children check out their parent's reaction and either proceed or halt according to the parent's facial expression. I imagine that not so long before Molly might have just careered across the precipice, but possibly not now.

Other Minds, Flexible Minds

Freud had situated the Oedipus complex at about the age of 4 or 5, and huge developmental leaps take place at this time, particularly to do with appreciating the separateness of others. As Hobson (2002) and others have shown, the development of a 'theory of mind' is particularly important, a staging post for managing the separateness of others that Molly showed signs of reaching after nearly three years in therapy. She developed a game whereby she would run into the therapy room before me and hide somewhere, letting me be the one who had to experience waiting to see her. In one session she placed a blanket on the floor just where she sometimes hid, and placed a pillow under it, and then she hid elsewhere. I understood this play to be a sign that her mind was developing a real understanding of other minds.

Molly's understanding of other minds (repetitive) was developing through the therapy as well as through changes in her mother, whose own therapy was helping hugely. This mother had been rather typical of those Murray (1997) has written about, depressed and unable to be in touch with their infants' states of mind, which are experienced as an attack or threat. Early on Molly's mother would either 'cut off' abruptly, or be harshly intrusive. Hobson (2002) has similarly written of the intrusiveness of borderline mothers and linked this with their children's difficulties in understanding other minds. It is maybe no coincidence that the language used to describe Molly's mother evokes hard, masculine qualities such as being

rigid or cut-off. Mother was interestingly becoming 'softer', more depressive, and more able to be in touch with her own and Molly's states of minds. Flexibility was developing in Molly and in her mother and interactions that went wrong could now be repaired, a feature that many writers such as Tronick (1989) and Beebe (2002) have stressed is central for a child's development. Hobson (2002) has shown how infants of sensitive mothers re-engage more easily after disruptions, and infants of less sensitive mothers will be rejecting and turn away, unable to manage the disruptions, not expecting fluidity and repair. It seems to be the language of rhythm, music and dance that best describes such processes. Stern (1977) writes of 'mis-steps in the dance' and many such as Beebe (2002), Schore (2003), and Brazelton (1991) use concepts such as synchrony, attunement to rhythmic structures, or bi-directionality. All these developmental writers seem to suggest a link between attunement, flexibility, and the ability to be in touch with another mind.

By the third year of therapy Molly was becoming less reactive. She heard a siren that I had not really noticed, something that might have led to a dissociated freezing early on. She asked 'what that noise?' and I repeated the question and she said 'it a bit like a police car.' I repeated 'a bit like the police car', marvelling at and stressing the 'like', which hinted at a mind at work. She said 'yes it like a police, maybe it chase some robber.' I said 'Oh the police maybe are chasing a robber', again excited at this evidence of fantasy and she said 'yes the robber come to my house and stole lipstick and I
ran after fast', leaving me excited by this freedom, flexibility and evidence of a fantasy life.

Molly now seemed to be on the move, able to symbolise, to be playful, gaining a capacity for both closeness and separateness, able to notice states of mind in herself and others, able to have a foot both in and out of the ditch. Interestingly it is the insecurely attached children who struggle to understand that other minds are separate. For example, a child classified as disorganized is likely to show, as they move from 5 to 7 years old, more brittle, controlling behaviours, not able to accept that parents have separate wishes and desires (Fonagy *et al* 2002). Such children cannot bear the gap between what they expect and an external reality that does not comply with this expectation, much like Hanif and Molly initially and such children often exhibit a form of rigidity and inflexibility. In Hanif's case this may have been more the result of a rather flaccid parental container, lacking in firmness, which led to a particular form of omnipotence in him. In Molly, as in Martin, an experience of not being reflected upon, and being intruded upon, having a harder less porous container, led to a different kind of rigidity. The more securely attached child generally has a parent able to reflect on their own and their child's experience, and who has a flexibility and ability to be sensitive to subtle interchanges and interactions. This in turn allows the child to feel reflected upon, but also to experience and see the other as genuinely other, with a separate mind, thoughts and feelings, something that is less possible when the external object is cut-off, intrusive or overly compliant, either too soft or too hard.

Conclusion

Wright (1991) points to a dilemma in the therapeutic enterprise, in that we seem to offer the intimacy of the mother with the child, and yet when we interpret we can sometimes appear like a harsh prohibiting father breaking up a pleasant symbiotic intimacy. He writes of self-consciousness as that partly painful process in which

> we look through the eyes of the Other at ourselves. The space of our
> self-consciousness then becomes the internalisation of an originally existing space
> between infant and mother, infant and father, infant and other, bridged by

identification with this other's view. In being self-conscious we are inevitably other to ourselves. (1991: 333)

I have used the terms maternal and paternal somewhat reluctantly to describe something of this. The world has changed dramatically since Freud's time when the father was seen as essential to developing a capacity for separateness. Freud's infant was full of libidinous desires, living under the protective cloak of primary narcissism, the Freudian father representing the tougher external reality while the mother was often a rather passive figure, a fought over third, without her own mind, will, power or sexuality.

Technically we as therapists are always faced with a question about when and with whom we should adopt a more empathic or a more interpretative stance, and this is a subtle process which seems to demand some of the sensitivities required of a parent who is constantly gauging how much distance or closeness can be tolerated. An adequate dose of these so-called maternal and paternal characteristics seems to offer a child an experience of being reflected upon and having their emotions processed by a mind capable of being empathic but also sufficiently distant, not over-involved in the child's feelings nor under-involved.

We, as therapists or parents, might favour either a more 'maternal' or 'paternal' stance, whether for reasons of personal temperament or theoretical orientation and training. Yet it would seem that in recent years the divide between psychoanalytic groups has narrowed in these respects. Perhaps this is another example of dialectical oppositions that psychoanalysis is now managing to overcome, something which has been a strength of much psychoanalytic work and thinking. Klein's work on the depressive position is one example, with its emphasis on the painfulness of bringing together splits between good and bad objects; another might be Winnicott's excursions into paradox in concepts such as 'being alone in the presence of mother' or his transitional objects which he thought of as the first 'me and not me object'. It may be that psychoanalysis is now finding a way of moving beyond and outside the polarities and splits of the past. Choosing a technique which is 'tougher' and more interpretative, or 'softer' and more empathic might be becoming less about allegiance to our psychoanalytic ancestors, and more about the different needs of our different patients.

90 Huddleston Road, London N7 0EG

References

AINSWORTH, M. D. S., BLEHAR, M. C., WATERS, E., & WALL, S. (1978) *Patterns of Attachment: APpsychological Study of the Strange Situation.* Hillsdale, N.J.: Erlbaum.

ALVAREZ, A. (1992) *Live Company.* London: Routledge.

BALINT, M. (1968) *The Basic Fault.* London: Routledge.

BEEBE, B. and LACHMAN, F. (1997) 'Mother-infant interaction structures and presymbolic self and object representations.' *Psychoanalytic Dialogues,* 7: 133-182.

BEEBE, B. and LACHMAN, F. (2002) *Infant Research and Adult Treatment.* New Jersey: Analytic Press.

BENJAMIN, J. (1995) *Like Subjects, Like Objects.* New Haven and London: Yale.

BION, W.R. (1962) *Learning from Experience.* London: Karnac

BION, W. R. (1967) *Second Thoughts.* London: Karnac

BOLLAS, C. (1999) *The Mystery of Things.* London and New York: Routledge.

BRAZELTON, T.B.,CRAMER, B.G.(1991) *The Earliest relationship.* London : Karnac

BRITTON, R. (1989) 'The missing link.' In Steiner, J. (ed) *The Oedipus Complex Today.* London: Karnac.

BRITTON, R.(1998) *Belief and Imagination.* London: Routledge.

FAIRBAIRN, R (1952) *Psychoanalytic Studies of the Personality.* London: Tavistock.

FIELD, T. (1981) 'Infant gaze aversion and heart-rate during face-to-face interactions.' *Infant Behaviour and Development,* 4: 307-315.

FIELD, T. (2002) 'Early interactions between infants and their postpartum depressed mothers.' *Infant Behaviour and Development*, 25: 25-29.

FONAGY, P., GERGELY, G., JURIST, E., & TARGET, M. (2002) *Affect Regulation, Mentalization and the Development of the Self.* New York: Other Press.

FREUD,S. (1933) *Standard Edition,* 22:

GIBSON, J.J, & WALK, R.D. (1960) 'The visual cliff.' *Scientific American*, 202: 64-71.
GORDON, P. (1999) *Face to Face.* London: Constable.

HOBSON, P. (2002) *The Cradle of Thought.* London: Macmillan.

HOUZEL, D. (2001) 'Bisexual qualities of the psychic envelope.' In EDWARDS, J. (ed.) *Being Alive*. Hove: Brunner-Routledge.

KOHUT, H. (1971) *The Analysis of the Self.* New York: IUP.

LAKOFF, G. and JOHNSON, M. (1980). *Metaphors We Live By*. Chicago: Chicago University Press.

LEVI-STRAUSS,C. (1964) *The Raw and the Cooked.* Chivago:Chicago University press

LACAN, J. (1977) *Ecrits: A Selection*.(trans. Sheridan, A), London: Tavistock.

LANGER, S. (1942) *Philosophy in a New Key.* Cambridge: Harvard.

MAIN, M., KAPLAN, N., & CASSIDY, J. (1985) 'Security in infancy, childhood and adulthood: A move to the level of representation.' *Monographs of the Society for Research in*

Child Development, 50 (1-2).

MURRAY, L. & COOPER, P. J. (1997)   *Post-partum Depression and Child Development.* New York: Guilford.

OGDEN, T. (1989) *The Primitive Edge of Experience.* London: Karnac.

ROTH, P. (2001) *The Human Stain.* London: Vintage.

SCHORE, A. N. (2003) *Affect Regulation.* New York: Norton.

STERN, D. (1977) *The First Relationship.* Harvard: Harvard University Press.

STERN, D. (1985) *The Interpersonal World of the Infant.* New York: Basic Books.

SUTTIE, I. (1935) *The Origins of Love and Hate.* London: Kegan Paul.

TREVARTHEN, C. & HUBLEY, P. (1978) 'Secondary intersubjectivity: Confidence, confiding and acts of meaning in the first year.' In Lock, A. (ed.) *Action, Gesture and Symbol: The Emergence of Language.* London: Academic Press.

TRONICK, E. Z. (1989) 'Emotions and emotional communication in infants.' *American Psychologist* 44: 112-19.

WALLERSTEIN, R.S. (1988). 'One psychoanalysis or many?' *International Journal of Psycho-Analysis*, 69: 5-21.

WINNICOTT, D.W (1958) 'The capacity to be alone.' In WINNICOTT, D.W (1965) *The Maturational Processes and the Facilitating Environment*   London: Karnac.

WINNICOTT, D.W (1962) 'Ego integration.' In WINNICOTT, D.W (1965) *The Maturational Processes and the Facilitating Environment*   London: Karnac.

WINNICOTT, D.W. (1971) *Playing and Reality.* London: Penguin.

WRIGHT, K. (1991) *Vision and Separation*. New Jersey and London: Aronson.