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CRISES OF SEPARATION: A CHALLENGE FOR INDIVIDUATION.
CONTINUITIES AND DISCONTINUITIES IN THE SEPARATION-INDIVIDUATION
PROCESS FOR MOTHER AND CHILD

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CRISES OF SEPARATION:
A CHALLENGE FOR INDIVIDUATION
CONTINUITIES AND DISCONTINUITIES IN THE
SEPARATION-INDIVIDUATION PROCESS FOR
MOTHER AND CHILD

by

ANNI BERGMAN

A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the requirements
for the degree of Doctor of Philosophy, The City
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1983

This manuscript has been read and accepted for the
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[Signature]
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Herbert D. Sallstein
Executive Officer

Supervisory Committee

To my children and grandchildren

Abstract

CRISES OF SEPARATION
A CHALLENGE FOR INDIVIDUATION

CONTINUITIES AND DISCONTINUITIES IN THE
SEPARATION-INDIVIDUATION PROCESS FOR

MOTHER AND CHILD

by

Anni Bergman

Adviser: Steve Ellman

This dissertation reviews the theories of Margaret S. Mahler and then continues to further exploration of both childhood psychosis and normal separation-individuation along several lines. One of these is the loss entailed in the overcoming of symbiotic needs in both mother and child. This is shown in both normal development and in pathology by way of a case study.

Another important issue covered is the development of empathy in the developing child. In this, a discontinuity is hypothesized which stems from the fact that the relationship to the mother has to be temporarily ignored at a point at which the need for separateness and individuation is very strong. A period of positive and negative empathy is conceptualized which have to be reconciled for the capacity for concern to emerge.

Another issue covered is the internalization of the mother-child relationship during the separation-individuation process and its emergence as part of character formation in children studied during a follow-up study.

In the case study of a psychotic girl, her own struggles as a mother are seen as having their roots in her own pathological separation-individuation process as well as in difficulties entailed in raising her children in a foreign culture.

Acknowledgements

I like to be writing my acknowledgements as I am travelling in a crowded airplane half way between the old and the new world. I left home, Vienna, as a young girl, filled with desire to explore and learn, to find myself in a strange new world where I had no family or friends. Soon I met Christine Olden. She opened the door to psychoanalysis and to much else. She became a profound influence on my life--a bridge to making a new home. Max Delbruck, whom I had the privilege to know, and whom I admired for many years, said in his diary, "Whoin gehen wir denn? Immer nach Hause...The journey of life which seems so much to be going outward, in the end turns out to have been going inward most of the time," (September 1978). Slowly, gradually, I made a home again. I owe who I am to both worlds, the family that once was and the family that is. I thank my family for being there for me and supporting me in my needs to explore and to search and to come home.

My thanks go to the faculty of this university. They too have provided a home for me. They invited me to become part of them ten years ago and encouraged me to pursue my ideas. They have honored me with their support. Steve Ellman was director of the program when I came. I thank him for offering me the opportunity to supervise and

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Gilbert Voyat has been a close co-worker and friend for the last six years. I admire his mind and his indomitable spirit. Even through the trials of his illness, he has always managed to keep up his interest in ideas and his enthusiasm about understanding and helping children of all ages. Working and teaching together with him has often been exhilarating.

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I also want to thank the many students who have worked with me over the years and who have taught me a lot and been good friends in difficult moments. I want to thank especially those who have been co-authors; Phyllis Sloate, Margaret Chernak, Arnold Wilson and Michael Schwartzman. Sally Moskowitz has been an invaluable colleague.

Of course, I cannot conceive of my work or my ideas as a researcher in child development or as a psychoanalyst without the inspiration of Dr. Margaret Mahler. My work is based on her thinking and ideas, but even more than that it has been my privilege to watch her mind at work and participate in the formulation of her ideas since 1959. She has been a great mentor and friend.

From early on in my work, I was also inspired by the clear thinking of Fred Pine who was always able to see through the maze of our observational and clinical material and organize it into research data.

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I wish to thank John McDevitt for his willingness to read all my manuscripts. His suggestions and criticisms have always been invaluable, clear and to the point. His sustained interest in my work, his amazing reliability and concern, have meant a great deal to me.

I must mention several analysts who have played important roles in my life and who are unfortunately no longer alive. They were instrumental in my becoming a psychoanalyst. First there was Werner Nathan, my analyst. Annie Reiche and Edith Jacobson were both enormously helpful, and David Rubinfine was a wonderful teacher.

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Foreword

This dissertation deals with the beginning stages of loving. Mutual attunement, the stage of symbiosis, is at the beginning. Becoming a separate individual during the period of separation individuation is a prerequisite for the capacity to relate. Freud says, in Instincts and their Vicissitudes (p. 137):

When the purely narcissistic stage has given place to the object stage, pleasure and unpleasure signify relations of the ego to the object. If the object becomes a source of pleasurable feelings, a motor urge is set up which seeks to bring the object closer to the ego and to incorporate it into the ego. We then speak of the attraction exercised by the pleasure giving object and say that we love that object.

Freud's concept of the pleasure ego seems comparable to the state of symbiosis in which the infant takes in the care-taking mother and feels pleasurable at one with her.

I show in examples from observational studies of normal mother-child pairs some of the difficulties and challenges for both mother and child entailed in the process of growing separation between them. During the process of separation individuation a parallel process of internalization takes place. Patterns of mother-infant interaction become an important part of character formation and object relations.

I hope to show how growing individuation propels the capacity for separateness and how growing separation from the primary love object, the spreading of cathexis to the outside world, is a condition of further individuation which includes the development of the capacity for love and concern.

Chapter I

Childhood Psychosis and Separation -
Individuation in Normal Development:
The Theories of Margaret S. Mahler

In 1959 Margaret Mahler undertook two major research projects. One, the study of the natural history of childhood psychosis; the other, an observational study of mother-infant pairs in a naturalistic setting during the developmental period of separation-individuation. Both projects grew out of her previous work.

I. The Infantile Psychosis Study

Mahler's ideas about autistic and symbiotic child psychosis were fairly well formulated by the time the research project began. Nevertheless, the research yielded important results, especially in relation to the design of the treatment methods. At the beginning, the design consisted of a therapeutic nursery school with two teachers. Therapy was conducted in a fairly traditional manner. Several important findings led to the eventual creation of the tripartite treatment method. One of these findings was the fact that those children who were more in the category of severe borderlines did well in the therapeutic group, but those who were autistic, whether the autism was of the primary or the secondary kind, tended

to attach themselves to one teacher and lapse into a state of apathy or severe distress when their preferred teacher was not available to them. When the preferred teacher was assigned to the child as a therapist, another important fact was observed. Namely, that the mother could not tolerate the child's increased demandingness which was an expectable consequence of treatment of an autistic child. Thus, while the child would seem to be improving, the mother became less available, thus undoing whatever benefits might have resulted from the treatment.

It was observations such as these that led Mahler together with Manuel Furer to completely redesign the therapeutic action research. Mahler felt that not only did these children need the total attention of their therapist, not to be shared with other children, but they also needed the greatest possible availability of the mother with whom they needed to form a symbiotic relationship if any progress was to occur. Thus, the tripartite treatment design was created and the therapeutic nursery group was during that phase of treatment no longer utilized.

In the tripartite treatment method, therapist sees mother and child together in joint treatment sessions. These treatment sessions lasted for 1½ to 2 hours and took place four times a week. These were not treatment

sessions with the child in the presence of the mother. Rather, they were an attempt to address the relationship of mother and child which either had never existed at all or had been distorted by the symbiotic demands of the child. The therapist, during these treatment sessions, attempted to create symbiotic relationship between mother and child. The therapist acts as a bridge between mother and child, making it possible for them to communicate and relate to each other in new ways. The mother of the psychotic child is familiar with the meaning of bizarre communications which would elude even the most astute therapist. On the other hand, the mother of the psychotic child may often misread the cues of her psychotic child, not understand the defensive nature of the autism, and the desperate need that underlies the bizarre, omnipotent and negativistic responses of the child. At this point in treatment, the symbiotic child is not seen as a separate independent human being, just as an infant cannot exist without a mother. The psychotic child has not developed to the point of being a full person in his own right. Mother and child are seen as a dual unity gone awry and it is the task of the therapist to help them create a more healthy symbiotic relationship. This, of course, is only the beginning of a treatment process that has to extend over many years.

While mother and child are seen as a dual unity, no matter how distorted or mismatched, the mother nevertheless has to be seen separately, as a person in her own right - to receive the support that is needed to be the mother of a psychotic child. During this phase of treatment, the child at home becomes more demanding and more difficult to deal with and the mother who is not helped to deal with these demands will flee from them and totally reject the formerly autistic child now turned into a symbiotic monster.

The chapter to follow on the treatment of a psychotic child will further illustrate the treatment methods and theoretical framework of treatment as it evolved in the therapeutic action and research project on the treatment of psychotic children with the tripartite treatment design.

II. Observational Research on the Separation-Individuation Process

Mahler began the study of the normal separation-individuation process by asking the question: How do normal infants attain their sense of a separate entity and identity in the caretaking presence of their mothers? Having postulated in earlier symbiotic dual unity in which mother and child exist in a common boundary, she felt that the observation of mother and infants together would elucidate the internal process of separation-individuation.

A setting was created in which mothers could interact freely with their infants; a large playroom with many appropriate toys, divided by a low fence-like partition from the mothers' section with comfortable chairs, where mothers could sit comfortably and chat while watching their children who were in a stimulating and safe environment. Participant observers were present at all times mingling freely with mothers and children while maintaining a friendly yet neutral atmosphere. Participant observers wrote down their observations in detail following the observations, and discussions took place in staff meetings and research meetings where observers and investigators met, at least once but more often twice a week. The research thus created did not take place in an experimental artificial setting but in a very natural one - as Mahler called it, an indoor playground where mothers were in charge of their children.

Several aspects of the study were unique. One was the frequency and intensity with which observations were undertaken. This provided a good assurance against observer bias since a mistake made one day could be corrected the next, and since consensual validation of many simultaneous observations provided the necessary checks and balances. Another unique aspect of the research was that it combined the advantages of longitudinal and

cross sectional study. Each mother-child pair was observed intensively, though for a limited period of time. That is, from the age of about 6 months to 3 years. At the same time, there were always several mother-child pairs being observed simultaneously; thus children of any given age could be compared with each other as well as each child being compared with himself over a time period.

Finally, the most unique quality of the research study was its psychoanalytic nature. It was not just an observational study done for the purpose of gaining knowledge about early development. The design of the study itself approximated to the best possible degree, research done in the psychoanalytic situation. As Mahler has put it, she allowed the psychoanalytic eye to be led by the observations themselves, as in the psychoanalytic situation, the psychoanalytic ear is led by the analysand's free associations. The psychoanalytic research study thus was guided by trust in the psychoanalytic acumen and empathy of the observers and it was guided by trust in the ultimate meaning and coherence that would emerge out of many multifaceted daily observations. In the psychoanalytic situation, analyst and analysand together create the psychoanalytic life history, the psychoanalytic narrative. Similarly, the daily observations of mother-child pairs

recreated a psychoanalytic life history of the unfolding of the separation-individuation process in each of the children who were studied. This can be illustrated if we name the categories according to which the daily observations of observers were looked at, beginning fairly early in the study. The categories cover the breadth of human development, though always with an emphasis on mother-child interaction on the one hand and the unfolding of the child's individuality on the other hand.

It was the cross-sectional aspect of the study which eventually could lead to the delineation of the subphase of the separation-individuation process. To illustrate, for example; in the first group of children observed, a little girl, one year old, was seen to explore the room freely. She climbed a lot and at first it seemed surprising that her mother sat calmly, staying in contact with her over a distance and directing her to avoid dangerous situations. It was thought at first that maybe this mother-child pair did not like physical contact. However, over time seeing more mother-child pairs with infants around one year of age (beginning walking), it became clear that this kind of exploration with relatively limited physical contact between mother and child was characteristic of this particular age. Another example; a little boy of about 16 months of age seemed to be

anxiously clinging to his mother and it was not difficult to understand this in terms of the particular mother-child relationship since the mother had shown considerable ambivalence about her baby after he was born, according to her reports. But, again, watching more mother-child pairs with children of that age it became clear that greater concern about mother's whereabouts was a typical phenomenon of that age. Thus, by comparing many children of the same age it became possible to observe the same or similiar phenomena in many of them. Thus, quite early in the study, the subphases were delineated (Mahler 1961). On the other hand, though, the intensive study of each mother-child pair made it possible to observe and study the individual variations within the regularity of sub-phase specificity. Such variations concerned the timing, the intensity, the quality, the mood, that characterized each particular mother-child pair.

Since the delineation of the subphases of the separation-individuation process have become fairly common knowledge, I shall go over them only briefly here. Rather than describing the subphases in great detail, I shall then continue to discuss other aspects of the research which seem to me to be of importance and which have been discussed less.

The Subphases

Before going on to the section of the four subphases of the separation-individuation process, let me just say a word about the normal autistic and normal symbiotic phase. The concept of a normal autistic and normal symbiotic phase was not a result of research; rather, these were based on prior observations and hypotheses by Mahler. Intensive observations of the first six months of life were not undertaken.

Subphase I - Differentiation

The subphase of differentiation begins at the height of symbiosis when the baby begins more active and persistent visual and tactile exploration of his surroundings. The baby begins to perceive things at a greater distance and typically scans the environment, checking back to mother regularly. This eminently important process of shifting attention cathexis to the outside has also been called a hatching process. The fully hatched baby around the age of 9 to 10 months is alert, can easily grasp what he wants, sits up freely (Resch, 1979), and is characterized by a general brightening of mood. The differentiation subphase is also the time when displeasure at the stranger and even anxiety can begin (Emdee, 1978). Baby also shows displeasure and sometimes crying when left by mother, but is usually fairly easily comforted by a non-intrusive mother substitute.

Pushing away from mother and exploration of the non-mother are quite characteristic of the differentiation subphase. The child during this time, both visually and tactily, explores the face of the non-mother. He is also particularly attracted by appendages that can be removed, such as eyeglasses, beads or a pencil in the pocket. All these explorations of both the animate and the inanimate, of that which can be removed and held by the infant, or that which clearly is part of the other, are important ingredients of the now beginning self-object differentiation.

The Practicing Subphase

The practicing subphase begins when the now hatched baby begins to be capable of independent locomotion. The early practicing period comprises the time of crawling, standing up, coasting, whereas the practicing period proper begins with the mastery of upright locomotion. If we can think of symbiosis as the first blissful stage in human development, the stage of pleasure in mutuality and recognition and exploration of mother, we can think of the practicing subphase as the second blissful period. The mastery of locomotion, at first crawling and then walking, brings with it an enormous increment of energy and pleasure. The ability to go after and get what one wants by one's own efforts, is an enormous source of

pleasure and satisfaction. Whereas the baby, during differentiation, often cries when mother or even others walk away from him, beginning locomotion counteracts the sense of helplessness. This is a period of rapid development, especially of locomotor and manipulative abilities. The narcissistic investment in the body and in mastery and exploration bring about a temporary lessening in the investment in the mother who can now be taken for granted. The slight lessening of investment in the mother also protects the baby from a full realization of his separateness. Mother is simply assumed to be there unless she is absent for a length of time. More protracted separation changes the mood of elation of the practicing infant to one of low-keyedness, a temporary lowering of mood which was understood to be caused by the need to hold on to the image of mother.

The toddler's expanding locomotor capacities widen his world; there's more to see and more to hear and more to touch. There is also greater awareness of body parts and body/self. Finally, standing and eventually walking provide a whole new perspective of the world and add further to the small toddler's sense of elation and exuberance. Another important characteristic of this period is a relatively great hardiness in the infant who is quite oblivious to knocks and falls which are of course daily occurrences.

The Rapprochement Subphase

The expansiveness and omnipotence characteristic of the practicing subphase wane as the toddler increasingly comes face to face with the feeling of separateness caused by frustrations that occur as explorations are curtailed by obstacles in the real world. Also, the child has to face that mother is not always automatically at hand to smooth the way for his explorations. As a matter of fact, there are times when she curtails them in the interest of protecting the child's safety. The former relative obliviousness of mother is now replaced by active approaches to her. The rapprochement subphase again was conceptualized in two parts - early rapprochement, and the rapprochement crisis. During early rapprochement, the generally good mood of the practicing period still prevails as the toddler attempts to bridge the gap between himself and mother which he is now beginning to perceive. The toddler begins to want to share everything with mother; most characteristically he will bring things and put them in her lap but he will also seek out her active participation in his activities. The availability of the mother during this particular period is of great importance but even under the most optimal conditions, the maturational spurt of the toddler's cognitive development makes him realize his separateness and relative helplessness

and the toddler, during rapprochement, wishes to be autonomous and finds all hindrances to his autonomy extremely disturbing, whether they emanate from his activities being curtailed by the adult or by his own inability to do what he would like.

The child's recognition of his separateness and of his own limitation threatens his omnipotence which is still very closely connected with his self esteem. In addition, the toddler has to come to terms with the fact that his mother's wishes and his own by no means always coincide. The toddler still believes in the omnipotence of his parents and becomes very angry and sometimes desperate if they cannot do for him what he wants. "He thinks we can do everything," a mother of a rapprochement toddler recently said, and then, some weeks later, with great relief, "He's beginning to accept that somebody or something can be gone and that I cannot do anything about it." As an example, this mother said with great relief that that morning, when the cereal that he had wanted was gone, he agreed to eat a piece of bread and butter rather than insisting or crying for more cereal.

While wanting to be independent and autonomous, the rapprochement toddler, at the same time, also often wants to control the whereabouts of mother and wants her to partake

in all his activities. Anxious clinging or daring darting away, with the hope to be caught up and brought back by mother, are typical behaviors. The toddler at this age does not easily tolerate mother's attention being elsewhere and is typically quite demanding.

In the course of the rapprochement subphase, the child begins to have a separate mental self. Beginning language and symbolic functioning are very important in bringing a resolution of the rapprochement crisis. Being able to know and name others and eventually being able to know and name oneself are important indicators of internal processes that take place at that time. The child begins to know "mine" (Bergman 1980) but "mine" at that time can express a wish or demand as well as a fact. "Mine" is a precursor to naming oneself or using the personal pronoun.

If development goes reasonably well and the mother is reasonably available to the toddler, eventually the rapprochement crisis is resolved by way of identification and internalization. However, successful resolution of the rapprochement crisis by no means always takes place. A badly resolved rapprochement crisis leads to intense ambivalence and splitting of the object world into good and bad. The maternal representation may be internalized as an unassimilated bad introject. McDevitt and Mahler (1980)

cite four conditions that would lead to poor resolution of the rapprochement crisis: 1) The love object is disappointing and unavailable, or excessively unreliable and intrusive. 2) The child experiences the realization of his helplessness too abruptly and too painfully, resulting in a too sudden deflation of his sense of omnipotence. 3) There has been an excess of trauma. 4) The child, in particular the little girl at this age, experiences to an unusual degree the narcissistic hurt of the castration reaction. Under such conditions rapprochement type of behaviors persist rather than give way. Such behaviors include excessive separation anxiety, depressive mood, passivity, or demandingness, coerciveness, possessiveness, envy and temper tantrums.

III. On the Way to Object Constancy

Libidinal object constancy in the context of separation individuation theory is not seen as a fixed, once and for all fact, but rather as a lifelong ongoing process. Nevertheless, a child who has successfully resolved rapprochement crisis has made an important qualitative change which is quite unmistakable to observers. Quoting McDevitt and Mahler (1980), p. 410:

The establishment of object constancy is a slow, complex multidetermined process. The capacity to maintain and to utilize affectively the stable mental representation of the libidinal object is the product of an interdependent relationship between the

maturation, modulation and fusion of libidinal and aggressive drives; the development of the ego, including the perceptual and memory apparatuses and the defensive and adaptive functions; and the real experiences of gratification and frustration in the child's life, particularly the degree of emotional availability of the mother and the quality of the mother child interaction. On the basis of these developments, particularly the latter, favorable identifications and introjections come into being.

Self constancy develops along with object constancy.

By the fourth subphase the toddler's sense of self includes actions as well as perceptions and feelings. The toddler begins to like to be admired for what he can do. Earlier, doing and achieving mastery was enough. Now, the participation of the "other" is an important ingredient in the pleasure and mastery.

Other Issues

Having briefly reviewed the unfolding of the subphases during the separation-individuation process from symbiosis to the beginnings of libidinal object constancy, let us now turn to some other issues which were elucidated by the research study of average mother-child pairs.

I. Drawing Inferences from Observed Behavior to Intrapsychic Process

How do we know what the pre-verbal child thinks?

Does the child who looks to the door through which the mother just left miss his mother? Would he like to go with

her? Would he like her to come back? Is he wondering where she might be? If the child sits on mother's chair while mother has left the room, is he acting out identification with mother? Is he being mother? Or is he, once again, merely thinking about her or wishing that she would come back? Answers to such questions are indeed hard to come by, yet observers of children in the pre-verbal stage have to use their rich affectomotor expressiveness to provide them with clues about internal events. In our research study, I believe, there were several factors that helped in making inferences about intrapsychic process. One was the frequency with which our mother-child pairs were observed. Seeing them several mornings a week provided observers with rich detail about each while at the same time always making it possible to compare mothers and children with each other. Other regularities of the setting were of help as well. For example, the fact that each mother left the room once a week for 45 minutes for an interview provided us with a built-in experimental setting to observe the children's reaction to brief separation. From these reactions it was possible to draw inferences about the evolving internal representation of the mother.

The way in which the children used the space of the playroom setting was an important focus of observation

called approach-distance behavior. I have elsewhere discussed the use of space during the separation-individuation process (Bergman 1976). There came a point in the development of the children where they insisted on leaving the mother-infant room, wandering out into the corridors. This was a clue to create another room, a so-called toddler room. The children's voluntary use of the toddler room, at some distance and not in sight of their mothers, was an important indicator of their separation process.

In addition to the frequency and regularity of observations, another important aspect of the setting was the fact that there were always many observers so that observations were compared and checked with each other.

Finally, the fact that observers were psychoanalysts meant that they were trained in observing intra-psychic process. Free movement of the children within the research setting in relation to parents and observers, in a sense provided the equivalent of free associations in the analytic setting.

II. Development of Affects

In the course of the unfolding of the separation-individuation process, each mother-child pair was characterized by their own characteristic moods. However, moods also

importantly changed and developed in the course of the separation individuation process. During the symbiotic phase, we see bliss and excitement. We also see contentment, self-absorption and drowsiness. During differentiation and hatching, with increasing alertness, new affects come into the picture. Important among them are curiosity, wariness, soberness, fearfulness. During the practicing subphase the prevalent mood is one of elation, exuberance, concentration, absorption, and in mother's absence at times, lowkeyedness. Finally, during the rapprochement subphase, anger, sadness, disappointment, come into the picture. By the time beginning object constancy is reached, the child is capable of a wide range of different moods but at the same time there is a reduction in mood swings and the more characteristic mood characterizing each particular child more related to it rather than being phase specific. It is interesting to speculate about moods in later life. Does exuberance, expansiveness, elation, hark back in some way to experiences of the practicing subphase? Will a child who showed depression and disappointment to a great degree remain vulnerable to such moods in later life?

III. Character Formation

Related to the issue of basic moods is the question of basic character. The study of character begins with the

study of selective cueing during the differentiation subphase. The mother selects those cues from the child which correspond to her own, both conscious and unconscious fantasies about herself and her child. The child in turn sends those cues that the mother responds to. Thus, character and identity themes emerge, of course in correspondence with the child's innate endowment. It is by way of mutual cueing that the child becomes the child of a particular mother. In spite of the rapid changes that each child experiences during the separation-individuation process, there is nevertheless a consistency of character, style or mood that characterizes the particular child.

Since the study of separation-individuation is essentially a study of identity formation, these issues pertaining to character, mood and intrapsychic process seem to be of importance. Further studies are necessary as well as the further use of the data accumulated during the original separation-individuation study in order to further explore these issues.

Chapter II

The Experience of the Mother During the
Earliest Phases of her Infant's DevelopmentIntroduction

When I nurse her, she and I look at each other and she'll smile and sometimes stroke my breast that's not being used. At those times, M seems so happy and at peace with the world. It is often contagious because I feel the same way. Often it seems like we are the only people in this world. It is an ego booster to have M smile and look at me as though I was the only important person in this world.

These are the words of one mother, beautifully describing her experience with her three month old infant. When we look at the mother-infant dyad, we deal with two human beings engaged in a relationship of utmost intimacy and intensity. Mother and infant form a psycho-biological unit in which only one of the partners has words with which to describe the experience. Yet, the intra-psychic experience of the mother during the early months of her child's life is not easy to capture. Benedek (1970) observes that we generally know so much more about the child than about the parents' intra-psychic reactions to the child. She feels that this is due to the parents happily accepting the omnipotent and idealizing phantasies of the child. She says,

The child's fantasies, unknown by the parent, yet perceived through his play actions, reactivate in the parent the omnipotent fantasies of his own childhood; in addition, the parent identifying with the fantasies of the child accepts the role of

omnipotence attributed to him. The normal parent, in spite of his insight into his realistic limitations, embraces the gratifying role of omnipotence. It induces him to identify with his own parent as he had anticipated being able to do in his childhood fantasies. Whatever the real course of events was between himself and his parents, as long as the fantasies of the child do not become hostile against him, the parent derives from the process of preoedipal identifications the reassurance that he is a good parent and, even more, the hope that he is or can be better than his parents were (p. 128).

In this ~~chapter~~ I will attempt to describe the experience of the mother during the early months of her infant's life. The chapter is in two parts. Part one is based on my own clinical observations of mothers with whom I had the opportunity to have in-depth discussions, as well as on a selective review of literature. It is my goal to shed further light on the process described by Winnicott as primary maternal preoccupation. This part of the ~~chapter~~ constitutes an attempt to show the diversity and richness of the experience for the mother, which depends on many variables - among them, the mother's personality, the circumstances of birth, and the infant's personality.

Part two is based on my participation in the research study of the separation-individuation in normal mother-child pairs.¹ I will use examples from this study

¹Research supported by NIMH Grant MH-08238 and FFRP Grant 069-458, Margaret S. Mahler, Principal Investigator, John B. McDevitt, Co-Principal Investigator.

to show the difficulties one mother had in reaching the stage of symbiosis or reciprocity with her son Nicholas; the difficulties another mother had allowing for gradual disengagement from the symbiotic phase and the way in which, for this mother-child pair, even the symbiotic phase itself was marked by her abruptness and symbiotic need for her child to be part of her and stimulate her; the difficulties yet another mother had in helping her little daughter to develop a trusting relationship to the other-than-mother world.

Finally, I will offer some material from a follow-up study conducted ten years later.² Although this material focuses on the children more than on the mothers, I believe it is of relevance here because of the way in which we see the child's later coping with difficulties in the mother-child relationship which already began during the period of symbiosis and differentiation. It is of course impossible to say that these patterns in the child were caused by the mother's handling during the first few months of life, since we cannot discount the remainder of the separation-individuation process or the subsequent developments during the oedipal phase and latency. Nevertheless, I feel that it is of interest

²Follow-up study conducted by John B. McDevitt, M.D. and Anni Bergman.

to look at the child's preoedipal identifications with the mother which have their beginning during the early months.

The Mother's Experience

The symbiotic phase from about two to five months is a blissful period for most mothers and infants.

Mahler (1967) describes it thus,

From the second month on, dim awareness of the need-satisfying object marks the beginning of the phase of normal symbiosis, in which the infant behaves and functions as though he and his mother were an omnipotent system - a dual unity within one common boundary (p. 78).

The beginning of the symbiotic phase is heralded by the smiling response of the baby, and it wanes when perceptual and locomotor capacities mature to a point where the infant can encompass more and more of the outside world, a process which eventually culminates in "hatching" at around eight months of age. In order to discuss the symbiotic phase from the point of view of the mother, it is necessary as well to discuss the preceding period and the period that follows.

The state of heightened sensitivity which characterizes primary maternal preoccupation, according to Winnicott (1956), is necessary for the mother of the neonate so the infant can achieve the capacity for "going on being" which eventually results in the capacity to "withstand impingement." This capacity for going on being and for

withstanding impingement characterizes the baby during the symbiotic phase, if all goes well, and it is distinctly different from the preceding phase in which the infant has to find a niche in the outside world - a phase in which he must become accustomed to the extra-uterine environment. This state of the mother, which is described by Winnicott as beginning in late pregnancy, is likened by him to an illness from which the mother has to recover. Loewald (1980) has understood Winnicott by saying that the mother, during certain moments in early motherhood, functions on a level of mentation which is similar to that of the infant; a level of mentation in which there exists "only one global structure, one fleeting and very perishable mental entity that was neither ego nor object, neither self nor other (p. 73)." The state of the mother, I feel, can best be described as a regression in the service of the baby, and it requires a number of complex capacities. The mother needs to be secure enough within her own self to be able to "lose" herself in the process of achieving empathy and intimacy with her infant. This process of being able to lose oneself in the other while maintaining one's own identity has also been described in writings about empathy.

Mothers, when they become aware of the way in which they may temporarily lose themselves in the baby, describe loss of the usual sense of time while they are

watching their infants. They also describe loss of their usual interest in other relationships or events. Winnicott calls this state a state approximating illness. We might think of it, rather, as potential illness, an illness which occurs if the mother lacks the ability to freely move in and out of the state of loss of self we have described. Winnicott points out that a mother must be healthy in order to achieve this state; that it is not possible for every mother to achieve it, and that a mother may be able to do so with one child and not with another. Brazelton (1983), I believe, describes a process of achieving it when he says,

In other words, in order to produce their optimal responsiveness, I had to make myself available to them with a sensitivity to their need for control over motor activity and a sensitivity to their "states." I could feel, anticipate, and respond to subtle responses that allowed me to shape my behavior to them so that they could produce their optimal responses. Joint regulation of adult and infant, then, becomes the necessary base for such responsiveness...The feeling of mutuality, of identification with "the other," must be at the base of successful interaction between parent and infant (p. 42).

Sander (1962) sees this early phase as the one during which mutuality is established. It requires, according to him, on the mother's side, a capacity to maintain a balance between her empathy with what she feels the child needs and her capacity to view him objectively. Thus, what would be required is not only

identification but also the capacity to emerge from the identified state and observe the infant with some distance. Winnicott (1970) states that it is the mother's adaptive behavior that makes it possible for the baby to find, outside the self, that which is needed and expected. By means of the experience of good enough mothering, the baby moves into objective perception. He is able to do this because he has been given perceptual equipment, an inherited tendency, and opportunity. Winnicott foreshadows what infant observers in recent years have emphasized - namely that the baby, from the beginning, has the perceptual capacity for differentiating self from other (Stern, 1982).

Mothers vary in their ability to achieve the complex state of regression in the service of the baby. Life circumstances, the birth experience itself, and the experience immediately following the birth, are of great importance as well. A mother following birth by C-section at first felt estranged from her infant and felt a sense of emptiness and loss. However, she quickly felt, by virtue of the process of physical care for the infant and breastfeeding, that she had a sense of giving herself up to him - "I gave him my body. It didn't belong to me anymore."

By contrast, another mother, after an easy, natural

birth of her first child in the presence of the father, who was allowed to stay in the hospital with her overnight so she was not separated from either her baby or him, felt that her connectedness with the infant was immediate. When asked to describe it, she said, "I don't know what to say. It was just like being in love." This mother did not seem to feel an early stage of anxiety, insecurity or loss. She said the infant was immediately familiar to her and that she connected what she now saw with the earlier sensations of his movements in utero: "I saw him move just as I had felt it when he was inside of me. It was an amazing feeling."

In each case, the description which the mother gave of her experience was in part determined by the circumstances of the birth but also fit well with the particular mother's personality. In the first case, what seemed to be an outstanding personality characteristic was a capacity for total devotion and temporary surrender of self interest. In the case of the second mother, what was characteristic was a kind of calm self-possession which seems to have easily included her newborn infant. The first mother was intensely aware of having given herself over to her son during the early phase. He was an energetic little boy who nursed so vigorously that his mother's nipples were often bleeding. The mother

experienced the symbiotic phase and breastfeeding as a blissful period in her life to which she gave all her energies. She weaned her son when he began to walk at the age of about eight months. The joy in the exclusive symbiotic attachment gave way easily and naturally to his needs for distancing and exploration of the world with vicarious pleasure and some relief about being able to return to her own life, which she did gradually.

The second mother did not experience an estrangement at birth but felt immediate connection. However, her experience of the early phase was less one of giving herself up to the baby's care but rather an experience of awe and wonder which very quickly became one of exquisite intimacy. She too was breastfeeding and especially enjoyed the night feedings when she and her baby were alone together. She felt early on that her baby responded to her in a unique way, and she was less focused on the aspect of oneness with the infant than on the earliest signs of interaction, thus differentiation.

For both these mothers, the experience of the early love for and intimacy with their babies, the early experience of mutuality and reciprocity was satisfying. Both mothers were able to achieve the mixture of identification and objectivity vis-a-vis the infant which, according to Sander (1962) is optimal for the early phase.

In contrast to both these mothers is a third mother. She also had a baby born by C-section and described her earliest feelings following birth as feelings of intense excitement and happiness. This feeling lasted while she was in the hospital. However, once she brought the baby home she felt extremely overwhelmed. Her baby was difficult to care for at first. He was colicky, and she felt herself to be in the throes of strong but conflicting feelings. She described her state as one of being in disequilibrium. On the one hand, she had strong feelings for her baby and felt his presence to be a wonderful miracle. On the other hand, she felt distant, isolated, trapped, and very frightened by his dependency on her. She missed the fact that she had no family nearby, and she had a strong sense of loss of self in surrendering all her needs to his. By the time the baby was six weeks old and began to sleep for longer periods, she began to integrate him into her life. It was very important to her to begin to resume some of her own activities and go back to work part time. By the time he was two and half months old and beginning to smile, she began to enjoy him fully. However, she described how it was difficult for her to find herself again. She said, "I had lost myself to an extraordinary extent. I felt I was sacrificing myself, my self-regulation. I had lost my self-feeling. I

didn't know when I was hungry or tired. I was up and down with him." When he began to smile and seemed less vulnerable, she began to see him as a person rather than "that alien thing."

This mother most vividly described the illness aspect of primary maternal preoccupation. She was, however, able to face these feelings well enough to be able to emerge from them and to achieve a pleasurable, intense symbiotic relationship with her son. Her baby, after a difficult beginning, stabilized and achieved Winnicott's capacity for "going on being."

Winnicott (1970) describes play between mother and baby at three months in which the baby interrupts nursing to put a finger into the mother's mouth. This, according to Winnicott, is a primitive identification of the baby with the feeding mother. He says,

In this way we actually witness a mutuality which is the beginning of a communication between two people; this (in the baby) is a developmental achievement, one that is dependent on the baby's inherited processes leading toward emotional growth and likewise dependent on the mother and her attitude and her capacity to make real what the baby is ready to reach out for, to discover, to create (p. 250).

and further on,

Consequently, whereas the mother can identify with the baby, even with a baby unborn or in process of being born, and in a highly sophisticated way, the baby brings to the situation only a developing capacity to achieve cross-identifications in the experience of mutuality that is made a fact. This mutuality belongs to the mother's capacity to adapt to the baby's needs (p. 251).

The beginning of mutuality from the baby's side describes the symbiotic phase of dual unity. This is based in part on the programmed maturational achievements in the baby - smiling, nestling and cooing - but also on the mother having provided the possibility of mutuality for the baby, which depends on her achievement of maternal preoccupation, the development of her motherliness.

Benedek (1970) says,

As motherliness facilitates the normal symbiotic processes between mother and child, it supplies the matrix for the healthy development of the child, at the same time as it enables the mother to encompass the growing child in her own personality, it also prepares her for the individuation of her child and for his separation from her. Even the normal maturation of the child represents, in every phase, a new adaptive task to parents (p. 165).

I have tried to show how the first phase of mothering requires of the mother a healthy capacity to regress and recover, to be both part of and outside the baby, to be a transitional phenomenon, a bridge between the subjective and objective world. The mother's role during the symbiotic phase shifts in that she can now feel much more definitely that the baby responds to her. Sander (1962) calls the period from two and a half to five months the period of reciprocal exchange, and sees the task of the mother to be the stimulation of reciprocity. This is the period of bliss which has been described so richly in recent years, for example, by Stern (1974) in his

description of mother-infant games, and by Brazelton (1983) in the development of his ideas on feedback loops within the envelope of mother-infant interaction.

Mahler (1954) has called the period of dual unity in which mother and infant are as within a common membrane, the symbiotic phase. This comprises much more than oneness and the sense of lack of differentiation and separateness. Pine (1981) has emphasized that merging during the symbiotic phase refers to moments of high intensity rather than a continuous state and Mahler has repeatedly stressed that during normal symbiosis a complex interaction between baby and mother takes place. In Winnicott's (1956) terms, the baby has achieved the capacity for going on being, for withstanding impingement and the threat of disintegration. Mothers during this period often describe their babies as delightful, enchanting, sweet. The baby no longer seems so fragile or helpless, and the mother can proudly reap the rewards of her earlier period of primary maternal preoccupation.

Mahler postulated the beginning of the separation-individuation process at the height of symbiosis at around four to five months. At this time, interest in the outside, non-mother world gains a great deal of momentum, and the exclusive, intense involvement with mother lessens. Whereas during the symbiotic phase mothers often describe

how the infants stop nursing in order to smile and coo and interact with her, the infant, during the differentiation subphase, often stops nursing and begins to look around at other phenomena in the environment. Brazelton (1983), describing this process, says, "When the mother can allow for this and even foster it, she and the infant become aware of his burgeoning autonomy (p. 53)."

Sander (1976) calls this period of differentiation from five to nine months, the period of early directed activity of the infant. He sees the issue of this period as one in which the infant becomes more active in establishing reciprocity with the mother. If the infant can feel successful in initiating smiling play with mother, he learns to anticipate her response and can reproduce some of the joyful excitement by activities associated with this anticipation. Sander (1962) says,

The period from 6 to 9 months is a time which demands of the mother a certain keenness in reading and appreciating the cues of her child. It further demands that she respond as appropriately as in the initial period of adaptation (p. 140).

This is the period of selective cueing and it demands of the mother not only heightened sensitivity in reading the infant's cues for interacting, as Sander describes, but also sensitivity to the infant's cues for wishing to interact with others, to cathect the non-mother world (Bergman, 1976). The need to distance from mother becomes

even clearer and more pronounced during the practicing subphase from nine to 15 months. Sander (1962) sees this as a time when the infant's demands on the mother become more intense and unremitting. He describes what he believes are necessary qualities of the mother during this period: she needs to be secure in her sense of identity as a mother; this enables her to be flexibly available, protecting the infant from dangers engendered during his explorations and from occasionally strong fear of strangers. He says,

The smooth and satisfactory negotiation seems to depend on the mother's availability to yield or to compromise by keeping the baby in her awareness while she pursues her own interests...The mother who is secure enough in herself and has confidence in the ultimate separateness and integrity of her child can enjoy and yield to this possession by him. When she does so, preserving areas of reciprocity with her child, she acts as a stable base of operations for him as his growing motility and inevitable curiosity carry him away from her (p. 142).

Sander feels that it is particularly important during this period that the baby be allowed to develop certainty about being the focus of mother's attention. Otherwise, he feels the baby will be faced with an important asynchrony during the second year of life caused by the contradictory needs to assert himself in relation to mother while at the same time still needing to seek assurance in relation to her.

From the point of view of separation-individuation theory, we feel similarly to Sander, that it is of utmost

importance for the baby to be allowed to take mother for granted, even to the extent where he seems oblivious of her separateness, which as yet he does not fully comprehend. The child during this period often uses the mother's body as if it were an object to climb on or to lean on, seemingly without any wish for interaction. Mother is not only a home base to which to return periodically for "refueling", she is also supposed to be a passive facilitator. From the point of view of separation - individuation, however, we are equally sensitive to the mother's ability to be available as we are to her ability to let go and even to provide a "gentle push" to the outside world. This is a delicate moment indeed. A mother who unnecessarily retaliates by becoming unavailable or aloof or uninterested, or a mother who continues to draw the child back into her own orbit does not provide the optimal environment for the unfolding of the child's separate self.

A mother who seemed equally sensitive to her child's needs for closeness and for distance described his emergence from a very happy symbiotic period. At first, during the period of differentiation between five to eight months, he went through a difficult time. Old ways of comforting him by rocking and singing did not seem to work any longer. The baby woke up crying at night. When she

put him down, he wanted to be picked up. His mood changed from even-tempered happiness to crankiness. However, as his mobility increased and he entered the early practicing subphase, he once again became much more joyful, and he was now able to let his mother know that he had outgrown the old kind of closeness. She noticed that when he was ready to go to sleep and she tried to hold and rock him, he began to pull away from her and to look at his crib. When she put him into the crib he seemed content. He began to "sing" himself to sleep as she used to do for him before that. She was both wistful and pleased as she told of his growing up.

In the following vignettes, I shall describe mothers whose apparently insufficiently resolved issues of autonomy and separation individuation in their own lives seemed to be related to difficulties in mothering their infants. The material for these vignettes was gathered in informal interviews and participant observations of the mothers in the group of mothers and infants in our study.

Mrs. A

Mrs. A was an intelligent young woman who was understated and self-deprecating. She complained of being disorganized and attended our nursery at any possible opportunity. It seemed quite clear that it was a home

away from home for her, a longed-for home which she had difficulty in establishing herself. She was the oldest of three daughters, strongly attached to her father. Her perfectionistic goals, which she was never able to live up to, were connected with her father. She said that her father had always expected his daughters to be perfect. Being perfect seems to have meant being a son or companion to the father.

In connection with the father's profession, Mrs. A's family had traveled quite a bit during her childhood and adolescence. She had always been a good student and in that way had lived up to her father's expectations. While she was in college, her family once again moved, this time a considerable distance away. Mrs. A decided to stay in college and not move away with her family. However, her grades deteriorated. She lost interest in her studies.

She graduated from college but did not pursue any further studies and quickly married. It seemed that the marriage offered her some protection and comfort but not very much pleasure or excitement. In her present family, her emphasis was not on her relationship to her husband or their life together but rather on herself and her relationship to her children. We might hypothesize that Mrs. A prematurely turned away from her mother and

identified with her father, maybe in connection with the birth of her siblings. Longings for closeness with mother were defended against, and a depressive mood prevailed.

The relationship to her oldest child, a girl, was central in her emotional life. She described the symbiotic phase with this baby as having been blissful for herself and the child. It seemed that by way of caring for her girl child she had been able to experience a pleasure in femininity which she had to deny herself otherwise. She took great pride and pleasure in her daughter's prettiness and dressed her exquisitely. When they entered our nursery, the daughter was one year old and quickly took possession of the nursery by way of her precocity and charm. Her mother took great pleasure and pride in her and was quite tolerant of difficulties the little girl experienced during the rapprochement subphase.

When her second child, a boy, was born, she seemed to experience a great deal of pain and anxiety around separation from her daughter who was then entering nursery school. Mrs. A's primary maternal preoccupation with her son was a painful one. She never seemed to quite know what her infant son wanted or needed. She prolonged feedings endlessly, jiggling him to keep him awake while bottle feeding him. The baby was difficult - unusually

fussy and uncomfortable. Using Winnicott's concept, one could describe him as a baby who did not attain a state of going-on-being, who did not learn to withstand impingement during the early phase. While there was some improvement in his state during the symbiotic phase, and a certain amount of reciprocity became established between mother and infant, there remained a sense of fragility in the baby and in the mother-child relationship. Frequent illness and several hospitalizations disrupted what sense of safety and well-being could be established. Nevertheless, Nicholas developed quite satisfactorily during the separation-individuation period. His mother was particularly skillful in reading those cues that indicated his increasing competence and ability to cathect the outside world. She was able to support his separation-individuation process and took pride and pleasure in his good intelligence and his achievements.

For Mrs. A there seems to have been an important difference in mothering a boy and mothering a girl. We might hypothesize that she experienced her girl child as a narcissistic enhancement, an opportunity to take pleasure in femininity which she could not allow herself otherwise. She had experienced the girl child as perfect and herself the perfect mother for her. Thus, in caring for her perfect little baby girl Mrs. A could meet her

father's wish for a perfect daughter. The perfection began to crumble as the little girl had to face the outside world (nursery school), a world which did not know of her perfection and thus did not give her the special treatment which both mother and daughter thought she deserved. The mother experienced every blow the child suffered as a blow to herself.

Mrs. A was not able to experience symbiotic bliss with her son. She often complained that she did not feel herself to be a good mother to him when he was an infant and he was not a perfect child. He was small and fragile and did not easily find his niche in the extra-uterine environment. Throughout his separation-individuation process he remained fragile and he suffered several hospitalizations.

The follow-up study of Nicholas, done when he was ten years old, showed some interesting results harking back to his difficult beginnings. Nicholas had turned out to be an intelligent, high achieving child. He seemed to be confident and considered himself to be the smartest boy in his class. However, his self confidence seemed to be very dependent on high achievement. When he was tested, he suddenly became confused and panicky after he had solved a difficult problem correctly. He began to doubt his solution of the difficult problem and thought

up several incorrect alternatives. This pointed to a problem in Nicholas reminiscent of that of his mother - the need to be perfect. Also, it was a problem reminiscent of his infancy - namely, the tendency to fall apart and lose his bearings when he was under pressure. Another interesting observation during the follow-up study related to Nick's love for stray animals. He liked to take them in the house and take care of them as did his mother. Here, we seem to see a double identification: on the one hand, with the caretaking mother; on the other hand, with the neglected child in need of care. The follow-up tests reveal Nicholas as a child who was strongly defended against impulses and in particular against passive strivings. His defenses took the form of self-sufficiency and achievement orientation. Again, this was reminiscent of his mother who appeared self-sufficient and cool and had great difficulty in acknowledging her dependency needs consciously. Underneath a seemingly strong ego, one sensed fragility - once again, a quality harking back to his early life with mother.

Mrs. B

Mrs. B was an older mother, in many ways the opposite of Mrs. A. If Mrs. A understated her capacities, Mrs. B overstated hers. She tried to be supermother not only to her own child but to the other mothers in our group, ever

ready with good advice and knowledge of how to do things. However, underneath the bravado and apparent self-assurance of Mrs. B, observers began to notice her depressive tendencies and a strong narcissistic need for admiration. When not in direct contact with her baby, whom she constantly overstimulated, or when not engaged in active conversation with others, she would lapse into a somewhat withdrawn state. She described her own mother as a dominating and overly efficient person. She described that she regressed when she went home, allowing her mother to do everything.

Mrs. B's account of the way in which she had left home seemed revealing of her own difficulties in establishing her separate identity and in separating from her family. She had grown up in a small midwestern town and was still living at home after having finished college. She was then in her 20's, and working in an excellent job. On the spur of the moment she decided to go to New York on a visit with a friend. To her own surprise, she found herself looking for an apartment and a job and very quickly found both. To the dismay of her parents, she decided to move to New York and felt happy and content living on her own, relieved to have escaped her mother's domination. Mrs. B rarely talked about her father. She described him as kind and unassuming. She loved and admired him. The man Mrs. B chose to marry in no way resembled the kind,

unassuming father. Quite the contrary, he was a demanding, opinionated and erratic man. His most important demand was that little Seth should never be frustrated. Mrs. B went along, seemed in agreement, and thought of herself as the embodiment of motherliness. She was quite dominating, overstimulating, and seemingly needed her child to be constantly engaged with her.

Seth developed well during the symbiotic phase. He was alert, calm and smiling. Observers noted that early at the beginning of the differentiation subphase, at around five months, he began to attempt to push away from his mother's tight grip. At five months we find the following observation:

Mrs. B sits him up by holding on to his hands and pulling him up. It looked as if he would rather hold onto his mother than have her hold onto him. He continually tried to loosen his hands from her grip and tried to hold onto her himself.

At the same time, Mrs. B became concerned because Seth, at nursing time, became distractable and no longer exclusively focused on the breast. She decided that she had to nurse him in a quiet place. She could not accept his playfulness and interest in the world which was in keeping with his age.

Seth, in turn, preferred to be held by others, who seemed to be a kind of refuge to him. Intense overstimulation of him was designed to get a response from him. I quote

again from an observation,

When Mrs. B returned, she said, "Where is my baby? Hi, you don't want to see me now. He is totally unaware of me today. He is very tired." She lifted him high in the air before putting him back into the baby's section. He quickly started to fret and she picked him up at the same time that she said, "Why don't you go to sleep?" Mrs. B lifted him high up and lowered him, shook him from side to side and kissed his stomach several times.

She spent several minutes intensely overstimulating Seth with movement, tickling him, holding him high, taking him down, holding him to her face, saying he wanted to eat her up...Actually, she did not notice that Seth was, for some part of the procedure at least, markedly uncomfortable, non-responding.

Seth was delayed in locomotor development and in entering the practicing subphase. This might have been because he could not take his mother for granted, an important aspect of the mother-child relationship for the flowering of the practicing subphase. He could not take her for granted, because he could not be sure whether she would suddenly overwhelm him or be quite oblivious of him. It was difficult for Mrs. B to remain in contact with her child when she was not directly engaged with him. She was also abrupt in her handling of Seth, unable to modulate her own needs for closeness and distance.

Seth was ten years old when the follow-up study was conducted. During the first follow-up interview, it was notable that Seth did not show the same reluctance to speak of himself to a stranger, the interviewer, as had

most of the other children. He immediately began to talk about himself and proudly told of his accomplishments. The interviewer had the impression of not being related to as a person in her own right. Seth seemed to assume that the interviewer would admire him, approve of everything he said, and want to listen to him. In this way, Seth was reminiscent of his mother and the way in which she had entered our group, overly sure of herself and not taking the reactions of others into account. It would seem that in both mother and child this seeming self-confidence had a defensive quality. In the test report, Seth's expectation to be admired and approved of was contrasted to his extraordinary anxiety when he was asked to perform a specific task which seemed to make him feel quite helpless. The teacher's report noted that Seth was not a generous boy, that he was not responsive to the needs of others and would not contribute to the group if the contribution was anonymous. Thus, the wish to be noticed and admired was paramount and defended against by taking for granted that others would be interested in him. It was also notable that Seth was rather compliant. The tester noted that he had difficulty in expressing his own wishes vis a vis his mother and would instead try to comply with hers. This compliance seemed like a reenactment of his situation during symbiosis and differentiation, when he had been

overstimulated and his autonomous wishes had not been respected.

Mrs. C

Mrs. C, in contrast to Mrs. A or Mrs. B, was a mother who appeared at first to be quite uniquely suited to be a mother of a child during both symbiosis and separation-individuation. She always seemed well attuned and available though never intrusive. It is interesting to note that we knew little about Mrs. C, as she was overly reserved, to the point of appearing suspicious. She seldom revealed anything about her feelings to observers, interviewers, or the other mothers in the group. We knew little about her childhood or even her present life situation. She did not welcome visitors into her home. Her little girl, Sarah, showed unusual difficulties around separation during the rapprochement subphase. The follow-up study showed her to be a shy, ineffectual, inhibited little girl who did not have many friends and who did not do particularly well in school. It is interesting that as we looked back over the early data, it emerged that Mrs. C gave her child rather subtle messages that the outside world was not to be trusted and that it was best to stick close to mother. Mrs. C, who seemed to have been the ideal mother during symbiosis, found it difficult to encourage her daughter to trust.

Summary

In this chapter, I have made an attempt to gain better understanding of the processes required of a mother to attain primary maternal preoccupation, which requires an ability to lose oneself in the other and emerge again from a state which I have called regression in the service of the baby. It is this ability in the mother which sets the stage for the attainment of reciprocity during the symbiotic phase. Reciprocity or symbiosis denotes a state of mutuality and homeostasis, a state during which the unique bond to the love object becomes established for the baby and a sense of unique caregiving for the mother. Symbiosis or reciprocity is a state of balance between two separate beings - the mother and the baby - which creates the sense of oneness and blissfulness which is characteristic of the symbiotic phase. During the stage of differentiation, beginning around five to six months, a gradual process of letting go is required of the mother. As she lets go and the infant begins to attain capacity for distancing, mutual cueing becomes more and more important.

Mothers vary in their ability to attain primary maternal preoccupation and to emerge from it. The stage of symbiotic unity is unique in the pleasure that it provides for the mother and is a kind of reward for the dedication

and loss of self which is required during the earliest period. But already during the stage of symbiosis the groundwork for further differentiation and autonomy is laid. However, it is during the period of differentiation par excellence, beginning at five to six months, that the mother has to begin to allow the baby's interest in and relation to the outside world to begin to flourish; it is with the advent of independent locomotion and early practicing that the baby begins his endless explorations of the surround. Most mothers can facilitate or at least allow this process to happen, but difficulties in the mother may, to a greater or lesser extent, interfere with the process.

In examples taken from the observational study of normal mother-child pairs during the separation-individuation process, I have attempted to show how the patterns established during symbiosis, differentiation, and early practicing become internalized by the child. I have speculated that disturbances in early mothering are connected to the mother's own difficulties, which may extend back to her own separation-individuation period. From material gathered during the follow-up study, it was possible to see how the child attempted to adapt to the difficulties in the mother. In the case of the first mother, Mrs. A, the difficulties were present at the very

beginning in establishing a strong symbiotic relationship, and the child did not develop the capacity for "going-on-being." This was partly off-set by the mother's excellent adaptation to the child during the separation individuation process (Mahler, Pine, and Bergman, 1970). In the case of the second mother, Mrs. B, the difficulty was twofold: first, in the mother's need for stimulation from her infant, and second, in her difficulty to allow him to separate and individuate, become a self in his own right. The follow-up material showed ways in which the struggle which began for each child during his separation individuation period continued to color his later life.

Chapter III

From Psychological Birth to Motherhood

The Treatment of an Autistic Child

With Follow-up into her Adult Life

as a Mother

Ellie, an autistic little girl, began treatment at the age of three. She was profoundly withdrawn. She was mute and avoided all eye contact. She was pretty and clearly intelligent, and outstanding because of her musical talents which later developed into general creativity which extended into several fields. Her treatment lasted for sixteen years. In reflecting about this long period in her life, which covered her early childhood, her latency years, and finally her adolescence, I am struck by the feeling of pain that permeated her life. The autistic withdrawal, and later on her psychotic preoccupations, were ways in which she defended her vulnerability against the onslaughts of her untamed drives and against the painful relationship with her mother, and, eventually, against her own feelings of being damaged and inferior - her fears that she would never have a normal life, that she would never be lovable or loving, or find the world around her enticing.

In this chapter, I shall concentrate on the following aspects of her life history and treatment.

1. Her early history, which was colored by her mother's difficulties in her own life to attain the capacity for empathy with the child's needs for separation and individuation.

2. The period in her treatment which I consider her psychological birth, culminating in the ability to use language and symbolic communications.

3. The period of her psychotic obsession.

4. Her young adulthood, and in particular her motherhood.

As I will consider Elli's separation-individuation process as it emerged in treatment, I will in particular focus on the transition points or shifts from one sub-phase to the next. Each of these shifts could be looked at as a miniature or potential crisis entailing a measure of object loss which is built into each successive step toward separateness and individuation. Yet with increasing differentiation and separation, there is a concomitant development toward autonomy on the one hand, and attachment to the love object on the other hand. These points of miniature crisis in normal development become major crises in the psychological birth of a psychotic child. The major shifts I will consider are first, the shift from symbiosis to differentiation and practicing; and second, the shift from rapprochement toward the attainment of a measure of object and self-constancy.

The separation-individuation phase begins at the height of symbiosis, around four to five months of age, with the first subphase, differentiation. This subphase results in what Mahler has called hatching, between seven to nine months, a period of even more definite turning to the outside world and a more permanent state of alertness. The brightening of this period has been further described by Ruth Resch (1979):

After smiling, hatching becomes observable as a microcosm; it is the next of the crucial organizers. The baby's first social smile lights up everyone around. The infant's world is warmed emotionally by that smile, and ordinary adults respond powerfully to it. As Spitz has shown, this smile reorganizes the infant's symbiotic world.

In hatching, I think that we see a similar affective warming, this time for the infant--an infusion of pleasure into the link between the infant's new sense of instrumental functioning and the world about him. The infant for the first time actually gets hold of the world and goes after it--and that not only produces "interesting new sights" (to borrow Piaget's phrase), but is joyously satisfying to the infant (pp. 429-430).

Hatching coincides with the beginning of the practicing period, which one might think of as a love affair with the world, whereas the symbiotic phase might be thought of as the love affair with the mother. Nine months is also the time of stranger anxiety and, according to Emde, the time when fearfulness in general becomes possible. An important change occurs here in the mother-child relationship, namely that only the mother is able to comfort the infant who is distressed.

The other critical period - the period of the rapprochement crisis around eighteen months - centers around the conflicts of separation and autonomy. The toddler has to come to terms with his now much more clearly perceived separateness and vulnerability, and the fact that he experiences a state of distress which the mother cannot always allay. Furthermore, it institutes a period of conflict between the powerful wish for autonomy and the equally powerful wish to maintain the earlier state of oneness with the mother. I believe that Winnicott (1971) describes the same process in his paper, "The Use of an Object." He says:

First there is object relating, then in the end there is object use. In between, however, is the most difficult thing perhaps in human development, or the most irksome of all the early failures that come for mending; that is, the subject's perception of the object as an external phenomenon, not as a projected entity. In fact, recognition of it as an entity in its own right.

The resolution of the rapprochement crisis takes place by way of internalizations and identifications, resulting in intrapsychic structure and self-other separation. This is the point at which language and symbolic play become possible, and from then on become important tools for mastering intrapsychic conflict as well as traumatic situations incurred in further development.

These ideas about early mental life serve as a backdrop to the description of the treatment of a psychotic

child and her mother. The pivotal points in the development toward psychological birth, toward self and object constancy, toward the capacity to love and bear ambivalence, are important to keep in mind when one tries to understand the long, arduous road of a treatment in which early stages in development of object relations did not unfold naturally.

Early History

Ellie was almost three years old when she began treatment. She was the only child of two young artists. Her mother, too, had been an only child who had lost her parents when she was three years old. She grew up on a farm with her grandparents. She hated her grandmother and had no happy memories of her childhood. Her only refuge and consolation was roaming the wide-open spaces of the countryside. There were no children to play with. She was a frightened, subdued, and lonely child. But she loved to go to school, was a good student, and eventually learned from the other children that she could fight back. In college she met her husband, who also was an only child, rather lonely, withdrawn, and shy. Both were devoted to their studies. They married and soon planned to have a child. Mrs. E thought that by becoming a mother she would be able to undo some of the deprivations of her own childhood. She married because she wanted to

have the life of a normal woman. The conscious and unconscious fantasies of the mother about the functions that the child was to perform for her seemed to have played a great role in the pathology of their relationship. Because of her own deprived childhood, she had a rather small repertoire of possible actions and feelings that she could allow her child to have. Also, the need for her child to confirm her own femininity was so great that the pathology in the child, which would have been a blow to any mother, was quite intolerable to her and often kindled murderous rages. From the beginning she was enraged when the child tried to assert her own will. The mother could understand the child's responses only in terms of her own childhood. Thus, the child either represented the grandmother, thereby becoming the dreaded persecutor, or else the mother would identify with the child and see the child's responses as complete repetitions of her own, which in turn would make her into the bad grandmother. Thus, no matter how it went, the tragedy of the mother's own childhood would be repeated over and over again.

Ellie was a full-term baby, the birth was normal, and her condition at birth was described as good, though she cried steadily for an hour. She was active at birth and cried frequently when an infant. She cried when hungry,

wet, sleepy, and sometimes for no apparent reason. She was breast-fed for seven months, and weaning from the breast was accomplished without difficulty. The mother was very happy with her infant. Ellie started to crawl and walk at an average age, but she did not develop speech beyond a few words. Sleeping difficulties were present from the very beginning, and the mother remembered the child's waking up in distress starting at an early age.

During Ellie's first year of life the mother suffered several losses of close relatives, which depressed her greatly. She recalled that there were periods during that time when she ignored almost anything around her, and tended only to the physical needs of her baby.

The mother remembered three incidents of rage toward her infant daughter. The first of these occurred when she was about three months old and kicked off her covers and laughed. After putting the covers back on several times, the mother finally got furious, pinned the covers down, and said, "Now you can laugh all you want." Mother said that she remembered the child's laughing hysterically for a long time after she left the room. Thus, she attributed defiance to Ellie already at the age of three months. The second attack of rage in the mother's memory happened when Ellie was about eight months old, at the time when mother and child together

were visiting the grandmother's home. There one night the baby cried and the mother could not stop her by feeding her. She did not know what to do and remembered wanting to hit her, and then being horrified at her own rage. At nine months there was a further rageful incident between mother and child. The baby was alone in the crib; she had a bowel movement in her diaper which she smeared all over herself and the crib. Mother, upon seeing this, was overcome by rage. The child from then on would not touch her bowel movement or look at it, and would not have a bowel movement except when she had a diaper on. Later on she was extremely difficult to toilet train. What we see here is typical for a psychotic child, namely, the fact that she could not forget or overcome a traumatic incident between herself and her mother.

Two further incidents occurred around eighteen months of age. One was that the mother decided to put a sudden halt to the night feeding which was still going on. Ellie cried for two nights, then no more. Also, at that time Ellie had insisted on climbing on a dresser that had a lamp on it which fascinated her. One day, when the mother was in another room, she heard a crash and found the child under the dresser. Mother removed the dresser, but did not pick up the child or make any move to comfort her. Immediately after this incident Ellie crawled into a corner and seemed terrified of the lamp

that had previously fascinated her. This terror appeared to spread to other things.

In looking back over this history it is interesting to note that the traumatic incidents that were reported occurred at the critical points in development: three months, the beginning of symbiosis; nine months, the height of hatching and differentiation with fearfulness of strangers, and finally eighteen months, the rapprochement crisis.

According to the mother's reports, Ellie was a wild and destructive child early on. She needed constant supervision. Therefore, the mother, when she needed to be by herself to play the piano or to do work around the house, often put her into her room where she had terrible temper tantrums.

Ellie was a child who possessed unusual musical ability. By the time she came to treatment at the age of three, she was already able to play the piano, imitating pieces that she heard her parents play. When in front of the piano, she was completely entranced and could not be interrupted. We saw the piano as Ellie's psychotic fetish. The fact that it both tied her to her parents and was a rival for their attention was an important fact throughout her whole life.

TreatmentOverview

1. From autism to symbiosis
 - a) Changing the autistic balance by working with mother and child
 - b) The piano as a psychotic fetish
 - c) The piano's destruction

2. The emergence of symbiosis and words
 - a) Giving up the piano
 - b) Beginning of drawing and symbiotic play as communication
 - c) Separation from mother and therapist
 - d) Emergence of affect of sadness
 - e) Exploration of her own and mother's body
 - f) Doll play
 - g) The first words
 - h) Age six to nine

3. The emergence of communicative language
 - a) Reconstruction of old traumas in tripartite treatment sessions with the help of mother
 - b) Preoccupation with sexual difference
 - c) Further elaboration of play and drawings
 - d) Emergence of oedipal themes in play
 - e) Age ten to twelve

4. Therapeutic alliance and observing ego
 - a) Mother no longer present in therapy sessions
 - b) Analysis of dreams and psychotic preoccupations
 - c) Age twelve to fourteen

5. Early and late adolescence
 - a) Looking back and facing her illness
 - b) Writing of stories and diaries
 - c) Interest in sexual activity
 - d) Continuing analysis of psychotic preoccupations
 - e) Eventually, suicidal depression, paranoid attacks, and acting out

6. Termination - the search for normality
 - a) Reconciliation
 - b) Leave-taking
 - c) The first heterosexual relationship

7. Follow-up study
 - a) Marriage and motherhood in a foreign country

Phase 1

During the beginning phase of treatment, the therapeutic task consisted in altering the autistic balance between mother and child. Slowly the therapist first lured the child out of her autistic shell, and then attempted to make a bridge between her and her mother. In the case of

Ellie, this phase lasted for about four years, during which she was completely mute. Though she did not speak, she understood what was said to her, and also communicated thoughts and feelings by way of piano playing. Many sessions took place at the piano. When not at the piano, the child tended to be destructive, writing with crayons on walls and furniture, gouging plaster out of the walls, and attacking the therapist physically. An important early communication to her was that her rage would not be responded to with anger in her therapeutic sessions. Slowly a close relationship developed between her and her therapist, as well as between her and her mother. There were times when the attachment to the mother was very specific, and she would be taken care of or comforted only by her. Ellie reacted to anxiety by becoming hyperactive and dashing about the room, the playground, the building, with lightning speed. As one would expect, during the symbiotic phase of her development she became more and more difficult to take care of. She was destructive and intractable, though there began to be moments of tenderness with both mother and myself. Music and piano playing were her only sources of pleasure, but on the other hand she also treated the piano with great destructiveness. She explored the insides of the piano as a normal child might explore the body of his mother. She jumped on the

piano and banged on it aggressively. It seemed important to allow these explorations, and yet also to preserve the piano from her aggressions. Therefore, a second piano was put into the playroom which Ellie was not allowed to attack aggressively. Communications by way of piano playing were often exquisitely specific and poignant. Often Ellie was ecstatic while at the piano.

Unfortunately, in the midst of this partly tender but often rageful symbiotic period, Ellie's mother became ill and had to be in hospital for a week. Ellie reacted strongly to what she experienced as abandonment by her mother. Her reaction took the form of instantly destroying the piano which she had been allowed to explore freely. This symbolic destruction of the love object was difficult and painful to live through with her. It was the beginning of a pattern that continued through much of her treatment, and which I feel can best be understood using Winnicott's conceptualization about the use of an object.

Ellie was not toilet trained, which became more and more unbearable for the mother. She began, however, to signal her need for bowel movement at the piano, and preferred to have her bowel movements at the piano.

Separations from me during the summer became more and more painful, and in the end intolerable to the mother. In order to safeguard the treatment, it became clear that

Ellie would have to be away from home during the summer months to provide a respite to the parents.

Phase 2

When Ellie returned from her summer camp experience, she had become toilet-trained, which apparently had been easily accomplished by her following along with the other children. She seemed, on the surface, once more, more serene, but it soon became evident that this serenity was a kind of repetition of her former autistic withdrawal. She seemed more self-sufficient, had acquired some self-help skills in addition to toilet-training, but seemed to have lost her emotional connection. But, even more dramatically, Ellie no longer played the piano. Though a piano had been available to her during the summer, she never touched it, and from then on never went back to piano playing and lost the ability to use the piano as a vehicle for both pleasurable contact and communication. In the therapy sessions a kind of hopeless mood prevailed for a while. Finally, during one session which took place in the late afternoon, and during which the mother was not present, Ellie went to the window as it got dark outside. Ellie seemed suddenly very anxious, and both she and I were exhausted from a long session during which she had been completely unwilling to make contact with me. This had even taken the form of not touching any object or toy

once I had touched it. Ellie found a scissors and started to cut things; she tried to cut her own hair. She was completely out of contact with me. It was only the next day that I understood her anxiety and realized that the darkness at this point must have reminded her of being away at camp, of being away overnight, for many nights, seeing it get dark and feeling that her parents would never come back to her.

The next day Ellie was able to play for the first time since the summer. She first played with little cars in the sandbox, and then built a rather elaborate highway with blocks. Then she found a piece of black paper and put it on top of the highway. She looked to the window. I thought that she was thinking of the darkness, and I reminded her how it had been dark last time and how she had been worried because her mother hadn't come back to pick her up, and how it must have reminded her of the summer when it used to get dark and mommy didn't come. At this point I felt that Ellie was resuming her connection with me. For the first time since the summer she was reluctant to leave a session. Two days later, in an interview with the mother, the mother reported a terrible night. Ellie had woken up during the night and had not been satisfied with having the mother comfort her and lie down next to her. Instead, she had insisted

on getting up. Mother was furious, finally turned on the light, and said, "Do what you want. If you've decided that it is daytime, we'll make it daytime." Mother, at this point, was filled with murderous, sadistic fantasies, and eventually withdrew and went back to bed, leaving Ellie to her devices. Quietly, to herself, she decided that she would send her away the next day. As mother and I discussed this event she could only slowly and reluctantly realize that Ellie might have missed her during the summer. She much preferred to think that Ellie was now missing the summer camp with all the freedom that it had afforded her. It must have been such a relief, she thought, not to be around her, the angry mother, and this in turn reminded her of the only way in which she could get freedom for herself as a child when she roamed the countryside to get away from her grandmother.

Following these events, and my understanding and recognition of Ellie's feelings of sadness over the separation during the summer and the fear that this would never end, there was a very marked change in her. She was able to look at me, smile at me, and allow me to enter into her games. She continued to build highways, built a tunnel and enjoyed our hands meeting inside the tunnel. Then she found some scissors and again wanted to cut her own hair and the doll's, but she accepted cutting paper

as a substitute. She finally cut out a tall house with many windows. This was her way of saying that in the summer she had missed her house in New York City. Then she played in the sandbox. She put a babydoll into the bathtub and buried the bathtub with the babydoll in the sand. She was determined that the babydoll had to stay there. In burying the babydoll in the sand, she conveyed her desperate feelings at the summer camp, which had been at the seashore, where she had feared that she would be forgotten and buried in the sand. She had experienced the separation as a kind of death.

At this point, Ellie's play became more symbolic and her communications less frantic and more organized. She began to play with dolls. She could now pretend that the doll had a temper tantrum and kicked the door.³ Then she went outside with the doll, as mother asked her to go outside when she had a tantrum, and threw the doll down the stairs. When the mother suggested a reconciliation, she was willing to have a reconciliation with the doll. This seemed symbolic of the reconciliation that she was willing to make with her mother and with me. In her more

³During a big tantrum, Ellie had once kicked a hole through the wall. Closing the door was important because of the many times her mother had put her into her room behind the closed door.

organized communications, she was able to use drawing. For example, when she wanted to go outside to the playground, she drew a swing, a slide, and a jungle-gym, rather than just pointing and screaming. With the doll, she continued to act out the fights that were so characteristic of the relationship between her and her mother. She fed a big babydoll with a bottle, but then threw it down the stairs, from where she would retrieve it or want me to retrieve it, only to throw it down again. In attempting to understand the doll play and the particular nature of the difficulties at home at present, Ellie's mother revealed that what was particularly difficult was Ellie's sleep disturbance and her insistence to raid the refrigerator any moment she was not attended to. This reminded the mother of the fact that when she was a child she used to get beaten for taking food that she was not allowed to take. It was this that Ellie was acting out with her doll.

In spite of all these continued difficulties, and in spite of the seemingly irrational and driven aspects of Ellie's behavior, she was clearly slowly emerging and becoming a more coherent and cohesive individual in her own right. She began to be interested in her own body as well as mine and her mother's. The way in which she did this was very much reminiscent of a baby during the subphase of differentiation, from five to eight months

of age. She touched different parts of her own and the mother's body and began to say the words. In particular, she was interested in ears, and she would affectionately approach her mother, touching mother's ears and saying "little ears." Her interest in ears, clearly overdetermined, eventually reached obsessional proportions, with tenderness and aggression in close proximity. She also touched and played with my beads - always a favorite preoccupation of normal babies during differentiation. The process of differentiation went hand in hand with oral, incorporative fantasies. These emerged in various kinds of play.

She played with a number of small dolls and clearly indicated the one that represented herself, which was the prettiest one and the one that had a pony-tail. She created scenes in which all the dolls would sit around the table to eat. The plate of the Ellie-doll was heaped high with food. She took candy and put all of it into her mouth at once. She played out various school scenes in which the Ellie-doll was always clearly at the center of attention. Her mother reported that in bed at night, Ellie masturbated in an affectionate, gentle way. Thus, she was clearly beginning to cathect her own body as well as the body of her mother in a more libidinal way. Mother recognized the growing attachment between them, but at

the same time remarked on Ellie's basic mistrust. Ellie always expected the worst and never believed that mother would fulfill her wishes until it actually happened.

As Ellie cathected and took cognizance of her own body, she also became cognizant of the sexual difference. She started to draw boys and girls with penises and with holes. She became preoccupied with wounds and asked interminably for bandaids. She played at filling the pants of dolls with sand, making sure that there was sand both in front and back, then would feed the doll and put the doll to bed, thus making sure that the doll had everything - food, penis, bowel movement. At home, a rather dramatic scene was reported in which she put clay into her own pants, then put on several pairs of pants, wrapped herself in blankets, and went to bed. This was understood as a regressive enactment of her wish for merging with her mother, possibly a womb fantasy to establish closeness. At a different time, when the mother was angry with her, she put the lights out, went to bed, and pulled the mother to lie close to her. Around the same time more and more words emerged. She said, "hi," "bye-bye," and, finally "mommy." She said "mommy" both directly to her mother and in doll play. More and more, Ellie was struggling with her ambivalent feelings, and this emerged in her doll play as well as in the transference.

I will quote briefly from a therapy session around the time she first started to say "mommy."

Ellie plays with the small dolls at the beginning of the session, again using much detail. When I brought in tea, she spontaneously said "hot." She talked mostly during the beginning of the session while the mother was present. Mother, however, did not involve herself. She then asked if she could leave and do her grocery shopping. Ellie settled down to play in the sandbox. I sat very quietly and during that period she was close to me, leaning against me, and at moments being quite affectionate. There were other moments during this play when she became aggressive. She would hit me, scratch and bite, but not hard. Her anger at me started as it was getting dark outside, and I therefore connected again the darkness with her longing for mother during the summer, with her anger at me because she had been sent away during the summer, reminding her how she may be responsible for the bad things that happen, namely when mommy left her. I reassured her that she could be angry with me and still love me. She took a baby doll, treated it very roughly, throwing it, biting it, but then putting a bandaid on it. She dashed away from me very quickly, and then laughed when I went to catch her.

One could describe this period in Ellie's treatment and development as a period of hatching, characterized by increasing body narcissism, incorporative fantasies, and some sense of differentiation which for her, and at her age, also included sexual differentiation. Both introjective and projective mechanisms could clearly be observed as Ellie was struggling to somehow differentiate between herself and the object. Mood swings, battles, and reconciliations were the order of the day, and as Ellie's therapist - or rather as the therapist of the mother-child pair - it was my function to endure their continuously

shifting moods and destructiveness directed at each other as well as at me and the treatment process. However, Ellie did make important progress in ego development, especially communication and symbolization. Phenomena related to a delayed practicing period also appeared in that Ellie became more curious and explorative. For example, in the house in which she lived, which was a large apartment building, she wanted to go to each apartment and ring the doorbell. She loved to go on walks to the park and on bus rides, and a therapeutic companion accompanied her on many of these excursions. An important aspect of these excursions was to put herself in danger and to have to be rescued. This represented a transition to her own version of a rapprochement struggle which was colored by intense fears of abandonment and the mutual destructiveness between her and her mother.

As would be expected, the rapprochement struggle was intense, and had an all-or-nothing quality. In her therapy sessions it often took the form of violent escapes. For example, rushing up four flights of a fire escape with lightning speed - her psychotic version of the darting away behaviors of the normal toddler during rapprochement. Negativism took the form of refusing to stay in the playroom, as closeness was at this time too dangerous; violent temper tantrums continued over the course of a year, and

during that year it often felt as if the therapeutic process had inexorably ground to a halt. The situation in her outside life was also difficult, since she had to change schools and a teacher whom she liked very much left very suddenly. With her mother the struggles had a more cautious quality in which she seemed much more ready for compromise and reconciliation. But her insatiable demand for food and toys remained rampant. Sometimes she was able to use drawings for wish fulfillment and be satisfied, at least at times, with drawing the thing that she wanted. On the whole, though, the year of rapprochement was extremely trying and at times gave me the feeling that I was engaged in a hopeless struggle. Yet Ellie was also making progress, especially in her cognitive development, ability to draw, to write, to say more and more words, to distinguish past from present from future.

The exhaustion of the struggle eventually came to a dramatic climax. Mother had an accident in which she hurt her foot and had to walk with crutches, which enraged the child who tortured her by taking her crutches away. Shortly afterwards Ellie herself had a serious accident which happened while the mother was out of the house. While she was with a babysitter, she pulled a heavy filing cabinet down onto herself, which was certainly in part a reaction to the mother's accident, but also in

part a repetition of earlier accidents in her earliest childhood, where she had pulled a dresser with a lamp on top of herself while the mother was in the next room practicing the piano. The self-inflicted accident caused a very big wound in Ellie's leg. The mother was able to respond to her with tenderness and care. The working through of that accident lasted for many months because Ellie demanded that all the details of the accident be gone over and over again in drawing and writing. The causes of this accident were clearly overdetermined: identification with the damaged mother, guilt and punishment, feeling herself to be the cause of mother's suffering, rage against the mother and myself for leaving her and not taking care of her, memory of earlier hopeless times, and ultimately, possibly some suicidal intent which had already emerged earlier in her play of burying the little doll in the bathtub in the sand.

Following this accident, Ellie's treatment seemed once again to proceed. It took the form of reenacting and reconstructing events from the past, mostly through her doll play. Ellie's vocabulary slowly increased, but the most important words that were added were "yes" and "why."

Ellie's treatment described so far covers that period

of development which in normality would be negotiated approximately during the first two years of life - from the psychosexual point of view, the oral and anal phases, and from the point of view of object relations and ego development, the phases of symbiosis and separation-individuation. For Ellie, who was now nine years old, it covered six years of intensive treatment. Even after this time one could by no means feel Ellie's development as a healthy resolution of the early developmental processes. But, given both her constitutional endowment and maternal environment, it was the best solution she could come to at this time. It was a triumph for her that she had been able to emerge as a coherent person, capable of experiencing affects of sadness and longing, capable of tolerating delay, being able to anticipate, capable of using play and imagination. Though splitting was still present as a defense mechanism, it was not constant, and she was able to tolerate ambivalence and experience love and hate for the same object. She was also beginning to be able to perceive the object as an objective, rather than just as a subjective object. In her self development she was beginning to develop sound secondary narcissism, and though there was a great deal of self hatred, there was also self love. Most importantly, she had definitely emerged from an autistic solution and had established meaningful emotional experiences and relationships.

Phase 3. Ages 9 to 11

During this period there was a marked change in Ellie. Language now developed rapidly, and though it was not always easy to understand her she would express herself well with words. Her drawing improved enormously and was another very important avenue of expressiveness for her. Fantasies became more and more elaborate and on an oedipal level. Many of them were acted out in puppet shows. Ellie now became jealous of my other patient at the Center, and asked questions about her. She developed fears of thunderstorms and of death. She developed counterphobic mechanisms of dealing with these fears, especially jumping off diving boards. She began to think about a future - what would she be like? Would she find a husband? Would she have babies? She began to ask her mother questions about her child, and did the same with me. She developed conflicts about masturbation, and asked me if I had ever done this. Destructive rages and splitting diminished markedly. She definitely developed from the previous stage of oral narcissism to a capacity for object love. She developed the ability to show and give love to others. She became more feminine, while at the same time wanting to know about childbirth and menstruation.

While Ellie functioned on a much higher level in so

many ways, she developed an intense psychotic preoccupation with crowded highways. This preoccupation was used in part defensively whenever anything was discussed that made her anxious. She would begin to concentrate all her attention on thinking and talking about the crowded highway. At the same time the fantasies about the highway were condensations about present and past concerns. She now occasionally went away on weekend trips with a very beloved young therapeutic companion and her husband, for whom she had intense love. She had a good time on these weekends, but then seemed to worry that her mother would retaliate and leave her. Thus, the highway fantasies contained memories of her badness. There was a fantasy of getting stuck in a traffic jam and not being able to go to the bathroom, and defacating in her pants. She talked about her early memories of being away at camp and thinking about highways while in bed at night. Cars and motorcycles had also become very important phallic symbols, and she demanded that her parents should buy the biggest, most flashy car, and was very dissatisfied with the actual car that the parents had.

Phase 4

Ellie had now reached the stage of verbal communication. She was no longer interested in playing. She also had developed an observing ego and a desire to work on her

problems. She said: "You must help me with these hangups. I cannot stand them any more." Thus, there was a conscious decision to attempt to free herself from her psychotic preoccupations. She brought rich dream and fantasy material into her sessions.

Now that Ellie had clearly emerged as a person, as a separate individual with an observing eye, she began to be tortured by two aspects of her problem: 1) she realized that she had not had a normal childhood; 2) she did not know whether, in fact, it would be possible for her to have a future. Her problems were now no longer so directly concerned with the immediate interactions between her and her family. Conflict had become internalized as she was trying to deal with her place in the world.

The realization that she had not had a normal childhood was so painful to her that for a while she could not bear to see little children; especially to see a little child happy with the mother was intolerable to her. She attempted to deal with the problem by externalization and projection, blaming her mother for not having forced her to talk and be normal, to have friends, on the one hand, and on the other hand, to have sent her away to the dreadful summer camp, which she now saw as the cause of all her problems. She told elaborate stories of having been beaten in the camp, of having been locked up

in a room by herself, of having been forced to do things she didn't want to do, of having been punished for bowel accidents, etc., etc. By blaming the summer camp she could at least partially protect her parents and myself from being the sole culprits of her suffering.

As she started to travel to different places in the city, including my office, on her own, she had to face herself in relation to the world around her. She was deeply ashamed of herself, felt awkward and unable to initiate or sustain social contacts. She noticed other children talking and laughing together on the bus or subway. Not knowing how to participate, and not having friends of her own, she became absorbed in staring at and trying to read the backs of newspapers that were hiding some of the people on the buses. She developed a psychotic preoccupation with the New York Times and "all that was fit to print." Subsequently and simultaneously, she also developed a psychotic preoccupation with the Attica Prison revolt. In thinking about this she identified with both the victims and the victimizers. She felt sorry for the poor prisoners and at the same time was clearly sexually excited by the stories and drawings that she did about tortures. These were quite wild and out of control, and contained in them, of course, was the fear that she would have to end up in an institution. She

became more and more impressed with what she considered to have been her own insanity and attempted to understand where it came from or what it was about. In that connection she became very interested in people who had had to fight physical handicaps, and in particular she became interested in studying the life of Helen Keller.

She retained her old insatiability, but now it switched from food to clothes. She hoped that by finding the right clothes she would become the right person. She insisted that her mother and others take her on endless shopping trips to Macy's, and she did endless drawings of children in all kinds of different clothes. I will quote from a session of that period of Attica:

Ellie came in and complained that she did not know what to talk about. She was thinking about Attica again but she did not want to talk about it because she knew I must be bored with it and she was bored too, that she did not talk about it any more except with me and sometimes at home but her mother did not like it. She was silent for a while and then said that she was nervous or restless. I said that we knew that she often thought about Attica when something had happened that was worrying or upsetting her. She thought for a while and said that last night her mother could not sit with her in the evening when she was in bed because her mother was feeling sick and her father did not have time either, and that she thought that she must have felt lonesome last night and maybe that made her think of prison. And then she said: "And I think I'm still jealous of the little kids in school who never had the kind of trouble that I had, who were able to talk, and who did not have to go to camp." I agreed that it was hard to get over the jealous feelings. I knew that she was still worried about herself and that the other day she had asked me about state hospitals which also reminded her of prison. She then told me that once her father had said that crazy people go

there. For example, if somebody would walk in the street without their clothes on. She said that she would never do that. I pointed out that there was a big difference between thinking and doing, and she then said that she still likes to touch herself and that she thought that that could be a crime or make her crazy. She said that when she thought about it, it made her think of all the terrible things - prisons, jails, tombs, churchyards. She wondered if other people did it too, and then said it was even worse to think that I or her friends or her parents would do such a thing. She said it was disgusting. She said it was sticky between the legs, like the stuff that comes out of the nose. She had seen her mother dry herself with a towel and that was disgusting. She has good feelings at night when she does it, but the bad feelings come the next day when she thinks about it and then she thinks of all the terrible things and the punishments. I asked her what she thinks about when she touches herself and she said that then she thinks about being a little child. She knows that you cannot go to a state hospital until you are 18. And I said that that could help us understand why she was so worried about growing up. She said that she was afraid that if she went to a state hospital there might be a riot there, like there was in Attica, and she would get caught in it.

During this period Ellie spent one summer with both her parents at the father's family, at a beautiful beach. This made her very happy, and she then drew many pictures about this experience, which was serene and beautiful. She made a book about happiness and in it she said such things as: happiness is the sun early in the morning on the beach; happiness is gathering egg shells; happiness is gazing at the moon at night, near the ocean, in the window of the attic. This was a particularly beautiful drawing of a little girl looking out of the window at the moon. This drawing was especially meaningful because for many, many years this had been the first summer she had spent with her parents.

Ellie tried valiantly to overcome her obsessions, but it was only at rare moments that she could get away from them. The narcissistic injury of her illness was too profound. There were two aspects of her personality which seemed to have saved her. One was her natural beauty and appeal, along with the now deeply felt desire for human relationships. The other, her artistic ability which helped the process of sublimation. She spent hours and hours drawing and writing, and eventually wrote a very interesting autobiography, weaving together reality and fantasy. It was the story of her life and of her treatment.

Discussion of Treatment

As I have told of Ellie's development during her childhood treatment, I have taken her through four phases, concentrating on two: namely the emergence from symbiosis and the time when she had truly become a separate person, suffering acutely from her obsessions which, by then, had become true symptoms. We might ask: how did Ellie manage to change? How did she make the transition from one phase to the next? It is striking that each change was preceded by a crisis. First, the change from autism and symbiosis to hatching, the first words and beginning of symbolization, which happened between the ages of six and eight. This step was preceded

by her separation from her family in the summer camp. The change from a violent rapprochement crisis to beginning object constancy and the emergence of communicative language, which happened at the age of eight, was preceded by first her mother's and then her own accident. And, finally, the change toward a therapeutic alliance and an observing ego, and the working on her obsessions which had become symptoms, happened at the age of eleven when our treatment center closed and she began to come to therapy sessions on her own, to my office. Each of these important steps, then, was preceded by a challenge and crisis which her treatment could help her weather and use in a way that produced further growth. The mutative point in the first transition seemed to be the recognition of her feelings of despair when she was left at camp, saw it get dark, and had the feeling that her parents would never come back. The loss she experienced was dramatically expressed by her giving up her psychotic fetish, her love object - the piano. The recognition of and working through of her despair produced real affect of sadness and brought her closer to both me and her mother. The most important event of the following period was the emergence of words and symbols and, most importantly, the word "mommy."

The next change from a violent rapprochement crisis to

the emergence of communicative language and play, at the age of eight to eleven, followed her mother's and her own accident. In normal development the rapprochement crisis is resolved by way of identification and internalization. It is dramatic that in her case the identification had to be with a painful accident to her mother, for which undoubtedly she felt guilty. Through her own accident and identification with the mother she could then bring about a reconciliation which, during the next period of treatment, resulted in relationship to me and both parents on a much higher level - her oedipal phase. During that time many of her fantasies and preoccupations had to do with narcissistic aggrandizement and exhibitionism. She saw herself, for example, as a famous cello player commanding a large audience.

Finally, the change toward a true therapeutic alliance occurred when the mother no longer came to treatment sessions. However plaguing her obsessions were, and however hopeless the struggle against them often seemed, she struggled valiantly to become a more independent person and create a life of her own.

From a therapeutic point of view, one could say that the therapeutic task in the first two changes was to bring her closer to her love object, whereas the task in the next stage was to help her achieve greater autonomy and separateness.

Marriage and Motherhood

After a long, difficult adolescence during which treatment continued, treatment was terminated when she graduated from high school. Ellie married a man whom she had met during her last year of high school, left with him to a faraway country, to a foreign culture, and had to learn a foreign language. Once more she was a stranger in the world in which she lived. But this time she could feel herself to be a stranger legitimately, as she was a foreigner. She could repeat actively and by choice her experience of childhood of not being able to talk, of understanding more than anyone knew, of being different, of being dependent on her caretakers. She soon became pregnant.

The material which follows is taken in part from her long and extensive and informative letters. It is also taken from a follow-up study.⁴

Ellie's first letter to me was written during her first pregnancy, and was entitled "To an old friend." In this letter she expressed fears about whether or not she was good and well enough to have a normal life, to

⁴The follow-up study was supported by the Margaret S. Mahler Psychiatric Research Foundation, and was undertaken by Anna-Marie Sacramone.

have a loving husband and a child. She worried if she would make it as a mother. She worried if her husband would ever become disenchanted with her and reject her. She said: "I feel awful if I have displeased him in any way, even worse than I had with my two parents in the past."

Ellie attributed the sickness that she felt during pregnancy to the baby's rejection of the food she was eating. Here is the first sign of one of the themes that has been important in her mothering of her first child, namely the fear that he might reject her, her need for him to love her. Already in the womb the baby had a great deal of control over her by rejecting or accepting the food that she ate.

The birth of her first baby was a difficult one. There were some complications which necessitated his staying in the hospital for a few days after she had gone home. Breast-feeding was not encouraged, and thus she soon gave it up. Ellie's mother-in-law was waiting and ready to take care of the new infant. Ellie felt very inferior and incompetent next to her, and relinquished much of the early care to her mother-in-law. She looked on enviously and sadly when her mother-in-law was feeding her infant. All of these circumstances, as well as the difficulties and insecurities emanating from within her, probably interfered with the full expression of her primary

maternal preoccupation and, even more, interfered with a full establishment of mutuality and reciprocity during the baby's symbiotic phase.

After the birth of her first child, Ellie suffered quite a bit from homesickness. She contemplated taking a trip home with her husband and leaving the baby behind with the grandmother. Her reason for contemplating this was that she worried that she and her husband would be unable to take care of him. She was afraid that the baby would be noisy and difficult. It was as if at that point she felt that she had to leave behind not only her baby, but the noisy, demanding, and needy part of herself if she were going to go back home to her parents. After some contemplation, and also encouragement from her parents not to leave her baby behind, she decided against the trip home. She became deeply involved with her child. She made great efforts to please him, and made great efforts to win him back from her mother-in-law. But she had great fears about not being competent as a mother, and therefore allowed the mother-in-law to do much of the caretaking, mostly feeding and putting the baby to sleep. She wrote: "Well, my baby gets more beautiful every day and he seems happier now than before (I hope I'm right). He even laughs out loud once in a while when I play with his hands. When I'm not busy with

him, I make toys for him like stuffed animals and blocks." Thus Ellie began to take great pleasure in her child during the symbiotic phase, but did not fully feel herself to be his mother. As he began to grow up and move about, she became his faithful companion in his explorations. Contrary to the culture in which she lived, she encouraged his freedom from restraint, his locomotor behavior, his exploring, his playing with toys. She read to him and talked to him a lot, but she continued to leave some of the basic caretaking functions to the mother-in-law. Jamie's primary attachment seemed to be to his grandmother, and he shared her bed. Ellie often felt herself to be more like an older sister than a mother. In this way she repeated some of her own mother's feelings about her when she was a baby, namely the feeling of not being competent to be a mother, a primary caretaker.

As Jamie started to relate to other children, Ellie felt very reassured and happy as she remembered the isolation of her own childhood. Ellie was fearful of Jamie's aggressiveness, as well as of her own. She feared that the culture in which they lived was too permissive and allowed children to express their aggressive feelings openly. She felt that the father and grandmother tended to indulge all of Jamie's whims and desires.

Ellie took great pleasure in Jamie's developing

language development, in his musicality, in his sensitivity, his brightness, and his warmheartedness.

Some of the more pathological aspects of Ellie's developing relationship to her child were her intense need for love and approval from him, and also her intense overprotectiveness and anxiety that harm could come to him. While she was very involved with him and so needing of his love and approval, there were times when she was not sensitive to his demands, as she was too preoccupied with her own. During the period of Jamie's rapprochement struggles, Ellie became unhappy because there were times when she felt herself to be too impatient with him. She would lose her temper and then beg his forgiveness. When she had to be briefly hospitalized, she was delighted that Jamie cried for her. This was proof that he loved and missed her.

When Jamie was two years old, Ellie became pregnant again. It was a planned pregnancy, as she wanted Jamie to have a sibling to play with; she did not want him to have a lonely childhood as her own had been. She said that she wanted a daughter. "Maybe it's because I feel I could identify with her, and she'd be living or re-living my dream childhood, a normal, happy and easy childhood I wish I could have had myself. As for me, I try to identify with Jamie, but in vain because in spite

of myself I can't help but think things are different for a boy, and that boys are somehow tougher." Ellie said that she felt perfectly comfortable discussing male genitals with her son, but imagining that she might have a daughter and discuss female genitals with a girl child made her blush. She enjoyed her pregnancy. She made romantic-looking maternity clothes, and seemed to have been able to enjoy her femininity more than ever before. At the same time she said that Jamie needed her more than ever now that she was pregnant. She was very sensitive to Jamie's feelings about her pregnancy, and that he might feel left out once she had the baby. She planned to include him in baby care as much as possible.

Ellie's second child was a healthy baby girl named Mimi. She wrote: "She's the sweetest little baby in the world. In spite of difficult labor, I was really happy when I saw Mimi for the first time."

Ellie's mother came to help her at the time of the birth of her second child. She wanted to help her have the opportunity to be the primary caretaker. She supported breast-feeding and supported her daughter to assert herself as a mother in relation to her mother-in-law and her husband. Ellie truly appreciated her mother's help at that point, and was sad when she left to go back to the United States. She wished her mother could have stayed

longer, and she said: "At twenty-three I'm still a baby in many ways." She worried that she was more of a mother to Mimi than she had ever been to Jamie, and she said, "Because I breast-feed her and take almost complete responsibility for her care. Also, she's a girl, which in itself forms a unique bond between us. We are both females." She felt guilty toward her older boy-child, and she said that she tried not to look back but to see him as he is now, and to help him become a secure person, "at least more secure than I was when I was a kid." "I try to spend time with him, I try to be understanding, since I think that that's what Jamie needs." Jamie was very attached to his father and Ellie tried to encourage him to be patient with Jamie as well. Ellie compared Jamie's sensitivity to her own as a child. She thought that he was very much the way she had been. Though she thought that she identified more easily with her daughter, she was in fact strongly identified with her older child. She could not bear to take him to the doctor's office because, she said, "I get upset when I hear little kids crying. In fact, I get so caught up in the crying child's emotion that I often find myself on the verge of crying myself." She was acutely aware of reliving aspects of her own childhood memories of unhappiness and she was constantly concerned with providing a happier childhood for her children.

It seemed that Ellie saw herself in Jamie, and saw some of her own difficulties, sensitivities, and disagreeable qualities - such as her quick temper - repeated in him. Mimi, on the other hand, seems to have been experienced as the ideal child, the good child that she could not be herself. Through her, she seems to have, at least for the moment, found her lost good babyhood and childhood.

Ellie spoke lovingly of her husband, and felt that he was patient and kind. However, she was also aware of the fact that sometimes he treated her more as a child than as an adult partner, and that he tended at times to confide more to his mother than to her. As she understood everything they said, though she could not yet speak the language perfectly, she realized that her husband often discussed serious matters with his mother rather than with her, and this hurt her. Her reaction was to become more acutely aware of her own internal struggle, which she named the struggle between the child and the woman in her - the child who was demanding, had a quick temper and tended to be resentful; the woman who was appreciative, patient, giving and kind. She had high standards for herself, and blamed herself for not being able to meet them.

When Ellie was an adolescent, she had seen her childhood illness as an angry turning away and escape from the realization that she could not be perfect. Now, as a

mother, Ellie once again tried very hard to be perfect, and suffered from the imperfections, vulnerabilities, and weaknesses she perceived in herself. It seems impressive that at this time she does no longer have to deal with these imperfections with denial, projection, and avoidance. She seems capable of genuine love and concern for her children. Her need for their love for her is very great, and so is her need for them. In being a mother, Ellie seems to relive and repair her own childhood. The pain of her childhood is forever vivid in her mind. Through the birth of her daughter, Ellie seems to have been able to experience a kind of rebirth; in nursing and caring for her baby girl, she experienced complete happiness and bliss, probably for the first time in her life. As her daughter has entered separation-individuation phase, Ellie herself seems to emerge stronger and a bit more rebellious, but also more eager to become more fully adult. She talks about wishing to take over more of the household chores, to be more of a companion to her husband, and in general more in charge of her life.

Chapter IV

Thoughts About Stages on the Way
To Empathy and the Capacity for Concern

In the preceding chapters I have examined the separation individuation process in the light of the mother's empathy with her child's need for attachment, for closeness, for merging; and on the other hand her empathy for her child's needs for distance, to disengage, to become interested in and involved with the non-mother world.

In this chapter I shall examine the forerunners or beginnings of empathy in the infant and toddler during the separation individuation process. I will attempt to clarify some of these issues by describing the development of the normal growing child's capacity for taking the perspective of the other, empathizing with him, and, in the context of early object relations, ultimately reaching a capacity for concern for the other.

Developmental Considerations

In an earlier paper (Bergman 1981) I have shown how a sense of mine and yours, which emerges during the second year of life, is a prerequisite for sharing on a more mature level, and how this capacity to share on a mature level has earlier sources during the separation individuation

process, in particular during the symbiotic phase and then again during the subphase of early rapprochement. The hypothesis was raised that the mature capacity to share is most pleasurable when the earlier symbiotic pleasure of relatedness with mother is revived. Similarly, it is the contention here that the capacity for mature empathy receives an important increment from the period of symbiosis and early rapprochement, which are periods of greatest intimacy and mutuality between the infant and the mother. Brazelton (1974), Stern (1971), Sander (1977), Emde, Gransbance, and Herman (1976), and others have described in rich detail the fine tuning of the early interaction between the infant and its caregiver. A significant contribution of this research has been to revise the notion of the infant as passive recipient of the mother's care. Instead, they see the infant as an active elicitor of care from the beginning. This discovery has important implications for ideas about early building blocks for empathy or what will eventually evolve into empathy.

The mother's empathic understanding of her infant's needs and states, during the symbiotic phase, is counter-balanced by the infant's early capacity to evoke responsiveness from the mother. By the time the symbiotic phase is reached (2 months), both infant and mother have become

fairly adept at eliciting each other's responsiveness which, more and more, is accompanied by mutual pleasure. Affect contagion is reciprocal. Mother's pleasure in her infant is immensely enhanced by the infant's smiling. The infant's smile blossoms forth into more sustained pleasurable actions which gradually include a larger repertoire of increasingly differentiated and integrated functions (vision, language, motor responses). As Brazelton (1981) notes,

Thus she learns his capacity for attention-nonattention early in order to maintain his attention to her. Within this rhythmic coherent configuration she and he can introduce the mutable elements of communication. Smiles, vocalizations, postures, tactile signals, all are such elements (p. 18).

Mahler (1980) may have had something similar in mind when she writes:

Between child and mother there exists from the beginning a close phylogenetic bond which is unique and much more exclusive than communication by words and thoughts; it is an interrelationship through the medium of affective expressions (p. 4).

From the beginning, mother and infant mutually respond to each other - mutual gazing, gaze aversion, mutual smiling, cooing, infant and mother play; these are all important ingredients in the dialogue during the symbiotic phase. Other writers (Greenson, 1960; Olden, 1958; Ferreira, 1961; Schafer, 1968) have emphasized the importance of the early mother-child symbiotic relationship to the later development

of empathy. However, most of them have seen it as contributing to a merging form of empathy, whereas we hold that during this early phase, while self-object differentiation is not fully established, there is a certain amount of differentiation which allows for the mutual responsiveness. What is unique to the mother-infant interaction during the symbiotic phase is the intensity of pleasure and mutual attunement. I believe that for mature empathy to fully develop at a later stage this early pleasurable interaction must have taken place.

Winnicott (1953) placed great emphasis on the phenomenon of mirroring during this phase, to see oneself reflected in the other, and he felt that it is an important protection for the infant from seeing the other as separate from the self at too early a time. How one appears to the other as reflected by the mirroring function, an incipient sense of being perceived by another, may be another building block during symbiosis which complements learning how to elicit a wished-for response from the other. In agreement with Buie (1981), I feel that the concept of merging has been used to subsume many phenomena occurring during this phase which we are now able to describe more clearly and vividly. Pine (1981) describes merging as occurring only during certain moments of heightened drive arousal during the symbiotic phase,

rather than as a constant prevailing state. In keeping with more recent findings of infancy research, there is a need to reformulate the notion of the origins of empathy during the symbiotic phase with respect to the role of merger. Instead of empathy based upon merging, I prefer to refer to it as empathy based upon "mutual attunement," which would include a more clearly defined scope of interactions between the infant and its caregivers. I believe that Winnicott's (1953) notion of transitional experience is relevant here in the sense that it is these early interactions of mutuality, attunement, and communion between mother and infant which are revived throughout the life span and become a reservoir of creative experience.

Stern (1980) distinguishes several modes for mother and infant "to be" with each other. He particularly distinguishes between state sharing and state complementing. Here, it would seem, is the root to two paths towards empathy; one based on feeling the same as another person - state sharing - the other based on responding in one's unique way to the stimulus coming from the other person - state complementing. State complementing, the earliest nonmerger road toward empathy, develops into mutual cueing. Selective cueing has been described by Mahler as the way in which an infant learns to preferentially send

those cues to which the mother has responded. This presumes an early form of empathy on the part of the infant, an anticipatory sense of response of the other to the self, concomitant with an accomodation of the self to the other.

The differentiation subphase begins during the height of symbiosis at around 5 months of age. It presumes that the mother is now thoroughly and specifically known through all the child's sensory modalities and is heralded by the specific smiling response, which is now unmistakably directed toward her. A unique attachment has been formed. While mother and infant are most intensely at one with each other, he begins actively to take in more and more of the non-mother environment.

It is no longer necessary or possible for the mother to be as perfectly attuned to her growing infant. This, in turn, promotes both the creation of the transitional object and the sending out of more specific signals to the mother for her to provide for the satisfaction of his needs. The infant, in signaling his needs to the mother, is now also more able to take into account the mother's capacity to respond to his demands.

To illustrate this point, I cite the observation of an eight month old boy and his mother who were observed in

the normal separation individuation research study conducted by Margaret Mahler and associates at the Masters Children Center (Mahler et. al., 1975);

C's vocalizations have become more specific. He now seems to be mouthing sounds that appear more like words. For instance, at one point his mother asked him if he wanted a cracker, and he seemed to be repeating that sound. C's mother was a mother who responded exquisitely to her child's signals that indicated those capacities which led to increasing individuation. She was much less able to respond to signals which indicated her child's needs for physical closeness.⁵

Here we see her eight month old child's preference for giving those signals to which his mother can best respond. This we would characterize as an example of empathy which has its source in the differentiation subphase.

The infant begins to differentiate among mother, not-mother, and himself. By learning that different people react in unique ways, through "customs inspections" and other means of recognizing and assessing people, the child widens his repertoire of interactions and signals which elicit responses from the other. During this period in which stranger anxiety appears, children often mysteriously take to certain strangers immediately and recoil from others. It seems, then, that they "read" the stranger

⁵This research is supported by NIMH Grant MH-08238, USPHS, Bethesda, Md. and FFRP Grant 069-458, Foundation Fund for Research in Psychiatry, New Haven, Ct. Margaret S. Mahler, Principal Investigator; John B. McDevitt, Co-Principal Investigator.

in some way that must relate to the intimacy and familiarity they have established with their mothers. There exists an awareness of sameness and differentness based on the cognitive coordinations which occur during the last quarter of the first year of life.

Experiences pertaining to empathy become more varied and complex as the child's world widens and the world beyond his family is cathected. He learns about the different ways people have of responding and is often fascinated and sometimes frightened by them. He experiments with his newly acquired ability to signal and may try in this way to gain the attention of strangers. A little boy, observed at eight months, used a kind of shout to elicit a response from strangers. Once he succeeded, he excitedly initiated a smiling interaction with the stranger. He had acquired the knowledge that he needed to approach strangers differently than his family in order to gain their attention. He had also, through his family interactions, acquired the "confident expectation" (Benedek 1938) that he could initiate pleasurable interactions.

The practicing subphase, which begins at about nine months, is ushered in by the infant's capacity for independent locomotion. During this period, the infant

turns to the outside world with much greater energy and enthusiasm through his ability to move away from mother independently, first by paddling and crawling and finally by upright independent locomotion.

The infant seems relatively oblivious of mother as long as she remains peripherally available, and this, in part, is connected with the fact that mother is still taken for granted; we hypothesize that the infant's omnipotence has not yet been disturbed and he experiences mother as an extension of him. An invisible bond connects him with the mother, who is assumed and expected to be empathic to his alternating needs for freedom to explore and to return for emotional refueling. The mother who is empathically available does not intrude nor does she prematurely remove herself at this time. This allows the infant to put interactions with her temporarily into the background and provides him with the freedom to put his energies into exploration and mastery. It is as if the infant were to call a temporary halt to his interactions with mother in order to allow for the push in autonomous and conflict-free functioning characteristic of this period.

Thus, we hypothesize something akin to a "moratorium" on empathy in the service of individuation. It may be that too much attention paid to the mother could counteract

the omnipotent belief in her presence and availability. It is very important that during this period of growing ability to be at a distance from mother, the beginning capacities for imitation and mental imagery appear. Imitation games previously initiated by the mother now begin to be initiated by the child. Imitations are an early attempt at being like the other, an essential intrapsychic process for the later maturation of empathic ability. Gaddini (1969) notes that,

The psychic protomodel of imitation - 'imitating in order to be' -...installs itself not in the presence of the object but in its absence, and that precisely because of this, its aim seems to be that of re-establishing in a magical and omnipotent way the fusion of the self and the object (p. 477).

It is interesting to observe that during this phase in which we see a moratorium on empathy with the mother, the infant develops intrapsychically and cognitively those abilities which are important and necessary tools for the further development of empathy, namely imitation and identification, in the mother's absence.

Eventually the practicing toddler cannot help but experience limits on his elated exploration of the world, and this brings about a deflation of mood and a painfully growing awareness of separateness, which makes the toddler more aware of his need for the mother. Along with this greater awareness of his own needs, he also develops

a greater sensitivity to the feelings of others. The following observations of a 16 month old boy, Peter, illustrate the developing connection between the awareness of self and other; thus, of empathy.

Peter was observed at weekly intervals during his practicing subphase. Around the age of 16 months, a change in mood was noticed. The little boy who only a week earlier had marched about the world as if he owned it, fearless and intrepid, suddenly seemed a bit more sober and clearly asked for more attention from and contact with his mother. When an observer mentioned this change to the mother, she agreed and connected it with an experience of the preceding day. The beloved family dog had been taken to the vet and had to be left there overnight. Peter appeared to be very upset for many hours, and was comforted by his mother. He was distressed by the possibility of absence of anyone in the family. I assume that the dog was both an object upon which to displace as well as to project his concerns. This does not exclude the fact that Peter also missed the dog. When the dog returned, Peter was overjoyed and showered the dog with love and attention.

Peter himself had never been separated from his family for more than a few hours. Nevertheless, he seemed to empathize with his beloved dog, his constant playmate.

Peter's behavior at the return of the dog suggests a shift from the height of omnipotence to a painful growing awareness of separateness. I hypothesize that he could no longer take his mother completely for granted and assume that she would always be available to him. His reaction to the dog's absence and return shows a double identification - the dog represented both the mother who could leave and a child who he could leave. Peter identified with the comforting mother by comforting the dog, but also identified with the abandoned dog by imagining the dog's pain.

Peter's reaction to the separation from his beloved dog, his sadness and his comforting of the dog and the dog's return, is reminiscent of a point made by Furer (1967), who connects the child's earliest ability to show empathy for another with the sense of loss caused by separation from mother. This sense of loss initiates a wish for incorporation in order to reunite with a loved object. The reunion is accomplished through temporary and partial identification with the other's affective states. Furer names this phenomenon identification with the consoler or the comforter.

The vignette of Peter demonstrates a similar process. Peter was very upset when separated from his dog and was comforted by his mother. When the dog returned, he himself

became loving and comforting with the dog. Furthermore, on the subsequent day, he became especially attuned to his mother. When another person particularly close to Peter came to visit that day, Peter repeatedly came over to her, tried to feed her and be affectionate; for example, by stroking and patting her back. We believe he was reenacting the "loss of dog" episode which contained an empathic moment of comforting; he showed that the experience of being a comforter became part of his behavioral repertoire, an early form of internalizing an interactive process (Loewald 1978).

A week preceding the dog incident, Peter was observed watching his mother tend the garden. His mother was particularly pleased with a bed of red tulips which had just come to bloom. Peter, who was an active and exploring little boy, did not touch the tulips. When the observer commented on this, the mother noted that when the tulips first came into bloom, he touched them and tried to pick them, but then she said to him, "Please don't do that. I like them so much. They are so beautiful." Peter apparently responded to the way in which the mother made this request, because on many other occasions when he was asked not to do something that concerned his safety he would not necessarily comply. The fact that he did comply with the mother's request that he not pick the flowers

speaks to the possibility that he empathically understood her affect.

During early rapprochement, there is a renewal of the emphasis on state sharing functions, whereas during differentiation and practicing there is more emphasis on state complementing functions, such as signaling. Thus, during the phase of transition between practicing and rapprochement, the child begins to be able to modulate his impulses and relinquish a phase-specific activity (exploration) in the interests of joining in mother's pleasure. This may be similar to what Furer (1967) refers to as the beginning ability to neutralize aggression.

The period of early rapprochement, from the time of 15 months to 18 months, is one that would seem to be of special importance for the further development of empathy. With the child's growing awareness of his separateness and his vulnerability, he becomes aware of his mother in a new way. Characteristically, he takes/brings his possessions, often depositing them on her lap. He is no longer satisfied with going about his own business exploring the world. He needs to share the fruits of his explorations with his mother. This is the time when most writers concerned with developmental issues place the beginning of true empathy (Buie, 1981; Furer, 1967; Hoffman, 1978; McDevitt, 1981; Schafer, 1959).

By the time of the early rapprochement subphase, a major spurt in individuation makes possible the developments leading toward more mature empathy. During rapprochement, the child is forced to recognize more and more that he and mother are separate and reacts at times by wanting to still experience the old sense of symbiotic bliss. Thus, there is a regressive pull toward a state in which there was less awareness of separateness, which leads to an upsurge in the development of empathy. While there is a regressive component to this period, there is also a progressive component in the child's newly enriched ability for empathic communications. This upsurge is part of the ebb-and-flow of the unfolding of empathic ability. This follows the "moratorium" on empathy during the practicing subphase. During separation-individuation, there is a constant alternation between the development of capacities pertaining to object relating (such as empathy) with those that are more narcissistically invested, such as are found during the practicing period.

Activities deriving from what Stern (1980) calls state complementary in infancy enter more prominently into empathy when the child can understand a higher level of sharing, in which his actions may complement those of the mother rather than simply imitating or joining with her wishes and needs.

Earlier I referred to Furer's concept of the identification with the comforter. The following vignette of a 17 month old infant illustrates a different aspect of this identification. Rather than identification with the comforter, the following vignette demonstrates something which we might call identification with the pleasure giver. Wishing to give and share is most characteristic of the child during early rapprochement, and this can also be seen as an identification with the mother who has been giving to the child.

Paula was taken to the playground by her mother on an early spring day. The mother had not brought along toys, and on the playground there were many children who had toys that Paula desired. In a way typical of a toddler of that age, she wandered around, picking up toys of the other children. The mother suddenly had the feeling that Paula needed a toy of her own. She picked her up and walked with her to a nearby store to buy a toy. Paula had just learned to kiss, an act which delighted her mother. On the way to the toy store mother asked Paula for a kiss, which Paula refused. Mother found a ball at the store which she bought for Paula, and together, with Paula holding the ball, they walked back to the playground. On the way back to the playground, Paula spontaneously hugged and kissed her mother.

To understand this vignette in terms of empathy, it is necessary to assume that Paula understood her mother's concern and wish to make her feel happy. She then identified with the mother and in turn did something which she knew would make her mother happy. We see in this vignette both state sharing and state complementing. Paula and her mother shared the happy mood, but the happy mood was brought about by each of them giving to the other what they empathically understood the other wanted.

The wish for symbiotic pleasure and the wish to be separate and autonomous constitute a conflict which becomes more acute and internalized during the second part of the second year as the child reaches the period of the rapprochement crisis. Along with a relative sense of helplessness, a depressive mood often occurs as the mother can no longer consistently relieve the child's sense of aloneness. Thus, an unavoidable break in the mother's empathy with her child occurs.

Splitting is a characteristic phenomenon during the rapprochement subphase. We observe something akin to a split in the capacity for empathy since the memory of the good mother is different from the actually experienced mother. The mother can no longer counteract the developmentally necessary waning of omnipotence. During periods in which the mother is seen as bad, a phenomenon occurs

which we might call negative empathy (Mahler, personal communication). The concept of negative empathy suggests that at particular moments of acute conflict or frustration, the child can only empathize with the "bad mother" or, as Mahler (1971) has called her, the mother of separation.

Examples of the form this negative empathy often takes may be seen in the toddler's new suspiciousness of mother and her intentions. Toddlers at this time often display sudden and extreme fussiness in regard to the food that mother provides. Another phenomenon particularly characteristic of this period are fights about getting dressed. A particular child who was observed during the rapprochement period had a good early relationship with his parents; however, he often acted during dressing times as if the mother were about to inflict terrible pain upon him. He fought and struggled, and sometimes it would take hours before he would agree to get dressed. A particular aspect of this struggle over dressing seemed to be that the child did not want to give up the clothes that he was wearing, sometimes clinging to his pajamas while getting dressed for the day, or, the other way around, holding onto his daytime clothes when it was time to go to bed. The seeming fear at this time was probably over-determined. On the one hand, it was perhaps

due to the projection of his own aggressive impulses. On the other hand, it may also have been due to fear of reengulfment and intrusion on his burgeoning autonomy which had to be defended against to the hilt. Further, clinging to the clothes he was supposed to take off also might have been connected with wanting to cling to the old all-good mother who was not contaminated by frustration and badness.

It is characteristic of this time of struggle that the mother is not treated as a person whom the child had formerly known her to be. Instead, she seems to become the person to be fought with or clung to - the person who is seen as the frustrator or the giver of pleasure. During practicing, the real mother is temporarily ignored or treated as an object of convenience in order to allow for the spurt in individuation; similarly, during rapprochement, the real mother can sometimes not be perceived because of the child's tendency to see the mother as all bad if she cannot be all good.

As long as the mother was perceived as "good," state sharing was pleasurable. Now that the mother is no longer perceived as all-good, state sharing is contaminated by her badness. By the time the rapprochement struggle ensues, identifying with the mother is no longer as pleasurable because of how she is perceived; yet, if the

child can no longer identify with his mother, the feelings of loneliness and abandonment occur. At times, the child may seek to reunite with the mother by clinging. Clinging, however, does not take into account the feelings of the other and does not contribute to the development of empathy.

During early rapprochement, we saw the beginnings of identification with the good, providing mother. During the rapprochement crisis, we see a similar phenomenon in regard to the bad, frustrating aspects of mother. In other words, we can see two strands of empathy - empathy with the good providing mother and empathy with the bad frustrating mother. I will call these strands of empathy positive and negative empathy, and I think that it is necessary for these two strands to become integrated for mature empathy and the capacity for concern to come about. This may be related to idealization and devaluation processes which are regularly seen in narcissistic and borderline patients, whose ability to empathize with the other remains in its primitive mode, split between positive and negative empathy.

It is not unusual for mothers to come for consultations with rapprochement toddlers who have inexplicably turned into little tyrants. A mother came in for such a consultation with her bright and charming 20 month old daughter. Observed

in a play session, the mother seemed quite patient and understanding, eager to please her willful and disgruntled child. The little girl began to feed and put to bed some dolls. In between taking care of the dolls, attempting to be loving, she would stamp around the room and mutter, "look at the mess, look at all this work I have to do." Mother looked shocked because she knew that this was how the mother herself often felt during this difficult period. She had not at all realized that this was how her daughter perceived her. All her goodness, self-sacrifice, and concern, seemed to be unperceived by the little girl at this time.

Eventually, the toddler has to resolve the rapprochement conflicts. Partial resolution of the ambivalence characteristic of the rapprochement crisis takes place by way of selective identification which brings about primarily libidinal cathexis of the maternal representation, which is one of the essential determinants of object constancy.

In this fourth subphase the senior toddler's more complex fantasy, more friendly and cooperative behavior, more mature ego-determined object relations, and increased regard for others, all suggest that his identifications have moved from the previous, primitive imitations to more selective ego identifications (McDevitt, 1981, p. 140).

To accomplish this, I propose that the toddler may have to develop some recognition of his capacity to

inflict pain as well as his capacity to experience pain. I have observed in one toddler, at the end of his rapprochement subphase, a tendency to identify with the victims of his aggression. It is by way of "identification with the victim" that an incipient stage of compassion may be experienced. It is necessary to know how it feels to be hurt before the child can realize that he is capable of hurting another person. This is a selective identification, in which he does not become the other, but imagines the pain by the other by imagining the other's experience. This child had a history of attacking other infants when they interfered with him. At a certain point, he became preoccupied with talking about his own pain, real or imagined. We hypothesize that this preoccupation with his own pain was a precursor to the ability to develop concern for the other.

Good and bad self and object representations become integrated into a unified whole object representation when the subphase of beginning object constancy is reached. There is a dramatic change between a toddler caught up in rapprochement struggles and the toddler who has reached a degree of object constancy. With regard to the development of empathy, an important change is noticeable in the capacity of the child to show concern for the welfare of others.

In normal development, the good mother manages to survive the rapprochement storms without becoming unavailable to the child. The mother who remains available and non-retaliatory promotes the representation of herself as constant and "indestructible."⁶ Once on the way to object constancy, the child can then develop the capacity for selective and "trial" (Beres and Arlow, 1974) identifications necessary for mature empathy. The child must learn to tolerate separateness without overwhelming fear of abandonment to obtain positive internal libidinally cathected self and object representations which allow for the trial identifications.

The child who develops object constancy can maintain a balance between the narcissistic needs of the self and the object relational needs pertaining to others. He does not need to be overly sacrificial in order to please another; he does not have to please another at all costs, nor does he need to fight his wish to please mother for fear of being overwhelmed. Thus, the fate of state sharing and state complementing leads to relaxed give-and-take abilities and skills.

A child of two and a half years was at the beach with

⁶Winnicott (1963) describes these as necessary qualities in the analyst treating patients who maintain what we are calling a perspective of negative empathy. In his terms, the analyst must let himself be used and destroyed by the patient, and has to remain indestructible and nonretaliatory.

his parents and friends. While they were taking a walk, they were attacked by a swarm of mosquitos. They all ran to the car to drive back to the house in which they were staying. When they arrived at the house, the little boy rushed out of the house and called to the person who had been most severely attacked, "come here, come here." He has rushed to the shower to show her where she could shower off the mosquitos. He had perceived her discomfort and was concerned with showing her where the shower was.

The capacity for concern and mature empathy is possible only when self and other have been sufficiently separated for the self to be concerned with the other. This coincides with the capacity for higher forms of symbolization. It is through symbolization that issues relating to self/other interactions can be played out and experimented with. Children's play and role taking is a constant way in which these issues are practiced. While regressions occur, there is nevertheless a qualitative change that seems to have taken place once the fourth subphase of separation-individuation is reached. This qualitative change endures through regressive episodes and upheavals.

Clinical Applications

This chapter conceptualizes a developmental approach to the understanding of empathy. We traced its unfolding through the separation-individuation process, from the beginning mother-child attunement during symbiosis to the capacity for concern of the period of beginning object constancy. We have further attempted to integrate existing views of empathy, which characterize its origin in the child's experience of merging or early identifications.

We tried to show how the capacity for empathy does not unfold in an uninterrupted linear fashion, but that there is an ebb-and-flow of empathic ability which can be explained by the back-and-forth flow of the child's developmental momentum towards subphase resolution. At times, the attainment of certain subphase functions which must be integrated within the child's psychic economy may result in the temporary suppression of competing functions or a slow-down in the unfolding of other as yet undifferentiated functions. Pine (1971) has alluded to a similar phenomenon in relation to locomotion and separation anxiety. We hold that such is the case with empathy.

Like other developmental lines (A. Freud 1963), there may be developmental impasses and fixations which

lead to impaired empathic functioning. When we observe impaired empathic ability in an adult or child patient and study the exact nature of the impairment, the conflicts and impasses observed provide additional insights into the nature of early object relations.

Ms. A.

Ms. A., a woman in her twenties of exceptional intelligence and artistic ability, concealed her sensitivity behind a belief that others should interact in a mechanical, almost robot-like fashion. She was severely frightened by any deviations from her rigid expectations. She was capable of being caring and empathic with plants, animals, and people in need. She projected onto these objects her own intense and unmet needs for nurturance. If a plant in the analyst's office was not healthy she interpreted it as a sign that the analyst was cruel and uncaring toward her. If even a book was leaning or out of place, she expressed pity and concern with the uncared for object, and anger at the uncaring analyst. Growing up with a depressed mother and a sadistic father, she had lacked the opportunity for rich emotional interactions. Her difficulties in empathic ability made it impossible for her to build satisfying relationships. She was lonely, longed for closeness, but was unable to find it. In the transference, she had a propensity to attune herself to

negativity and could not focus on issues of warmth or concern of the analyst. The developmental line of empathy seemed to be disturbed in all its phases. There was none of the mutuality of the symbiotic phase. She was not able to take anyone, including the analyst, for granted - a practicing subphase element of empathic ability. Negative empathy, originating during rapprochement, was present in full force. Thus, her capacity for object constancy as well as mature empathy was impaired.

Ms. B.

Ms. B., a woman in her early thirties, had a tendency toward severe depression, which originated in her disturbed relationship with a severely narcissistic mother. Her father was a kind man but was withdrawn, unavailable, and unable to properly counterbalance the mother's sadism and her constant tendency to abandon her child. Ms. B., during her childhood, struggled to appease her mother and extract emotional supplies. This tendency to persevere remained a characteristic feature of Ms. B.'s object relating. Along with it came an eternal readiness to be disappointed. Ms. B. was well aware of her tendency to seek to elicit emotional supplies from others but despised herself because of it. Thus, she was overly concerned with fairness and evenness in all her relationships.

Ms. B. was tortured by her need to always know what others were thinking of her. She often imagined the analyst to be critical and would then become suffused with depressive feelings of badness and worthlessness. She longed for understanding from others, and worked hard at being understanding herself, but incessantly complained of not being able to interpret other people's motives. Frequently, she felt distressed by any type of personal encounter, even via the telephone. She always thought she had antagonized others by doing something wrong. The childhood situation with her unpredictable mother was replayed over and over. This interfered with her ability to find what she most desperately wanted, which was companionship, understanding and warmth. On those occasions when these were available she felt genuinely happy.

Ms. B. had genuine capacities for empathy, but they were interfered with by her tendency to overidentify or be overly concerned with the internal states of others. She often overidentified with the suffering of others to the extent that it was typically experienced as her own. She suffered from an exaggerated experience of negative empathy but could not attain a mature capacity for empathy which involves the ability to enter and then detach from another's feeling states.

Looking at Ms. B. from the point of view of developmental stages toward the capacity for concern, we surmise that her difficulties began very early. However, Ms. B. must have experienced moments of symbiotic attunement, because of her wish to elicit responsiveness from others. Ms. B.'s difficulties might have begun during the differentiation subphase since what seemed to be most disturbed was the ability to read other's cues. This would go along with the impression Ms. B. has painted of her mother as being a severely narcissistic character who could not tolerate independence in her child. It follows that all subsequent stages of empathic development would be disturbed. In both these patients the severely disturbed mother and father-child relationship during symbiosis and separation individuation was relived through their disturbances of object relations and, in particular, mature empathy.

Summary and Discussion

I have attempted to deal with a particular aspect of the separation-individuation process, namely the issue of loss which is entailed in each successive step towards separateness and individuation. I have been concerned with this issue of loss for both partners of the symbiotic dual unit, the infant and the mother. As long as the process of separation-individuation proceeds within an average, expectable environment, feelings of loss and depression are transient, often hardly noticed as they are offset and compensated for by the pleasure entailed in individuation, in all its myriad forms and varieties for the child; and for the mother, by regaining more of her own life once again, and furthermore, by seeing her child grow and become an individual in his own right, by seeing the world anew through his eyes.

In recent years, an enormous change has occurred in our view of the infant. No longer is the infant seen as a passive recipient of care. Instead, the infant has been shown to be an active elicitor of care. He shapes the behavior of his caregivers as they shape his. But going even further, Brazelton (1982) sees the infant's sense of self emerging from a sense of autonomy which he believes the infant experiences whenever he manages to get himself under control. Thus, the infant is seen now

as having an Anlage for both mutuality and autonomy during the period which Mahler originally conceptualized as normal autistic and normal symbiotic. What then is symbiosis as we conceive of it now? Various words have been coined which well describe the state of symbiosis. It has been called the period of reciprocity, attunement, mutuality, communion, and it is characterized by the mother's empathy, not only with the baby's needs but with his affects of joy, delight, curiosity and wonderment. The infant, through his affective expressions of smiling, cooing, nestling, gaze and gaze aversion, provides the cues for the mother's empathy. It is this mutuality which brings about the blissful state called symbiosis. However, the concept of symbiosis as a psychoanalytic construct or inference has further connotations. It is the archetype for home, for belonging, for well-being, for safety. It is the niche or the nest outside the womb. It denotes a phase in development in which self and object representations are not separate, in which the awareness of self and other have not become established. Winnicott (1971) in his work on mirroring, has emphasized the importance of the mother's face as a mirror for the baby. He emphasizes that during the beginning stages the baby's legitimate experience of omnipotence is not to be violated. If the baby does not get back from the

environment what he is giving, then according to Winnicott,

The baby gets settled into the idea that when he or she looks what is seen is the mother's face. The mother's face is not then a mirror so perception takes the place of aperception. Perception takes the place of that which might have been the beginning of a significant exchange with the world, a two way process in which self enrichment alternates with the discovery of meaning in the world of seen things (p. 113).

Thus, symbiosis protects the infant from premature awareness of separateness.

Though awareness of separateness develops during the first two years of life, the illusion of symbiosis, of omnipotence, of dual unity, of perfect attunement, remains available to us in the realm of the transitional experience. Mother and infant form an omnipotent dual unity. Successive steps in separation individuation threaten the infant with aloneness, helplessness, loss of omnipotence and loss of the illusion of dual unity. For life to be tolerable, these have to be eternally recreated in the realm of the transitional experience that is, in play, creativity, artistic experience, etc.

In thinking about the separation-individuation process as a whole, I have come to conceive of the succession of overlapping subphases to be at times outward directed towards separation and at times object directed. For object constancy to be on the way, the two tendencies have to become integrated. Splitting has to be replaced

by tolerance for ambivalence and depression. I believe that each chapter of this dissertation is in fact a suggestion for further investigation along these lines. Chapter II deals in particular with the mother's feelings and problems around establishing symbiosis and then having to renounce it once again. In this, there is for her the opportunity to rework her own early experience. Ellie, the case study of a psychotic girl from early childhood to motherhood, is a transitional chapter in that it shows the difficulty of her mother whose own early life made her ill-suited to help even a healthy child in the process of separation individuation. The fact that Ellie was psychotic increased the difficulties immeasurably. Furthermore, we see how Ellie herself as a mother is burdened by the difficulties of her own early life. This part of the case study enlightens the problems of being a mother. In her treatment, we see her own struggles to become a separate individual, renounce omnipotence and narcissistic insistence on perfection, the longing for symbiosis. It was through thinking about the major crises in her separation-individuation process that I was led to consider the miniature crises of loss in normal development.

In the last chapter on empathy, I conceptualize a moratorium on empathy during the practicing subphase as

a help in dealing with the first crisis of separateness during the differentiation subphase, and I finally conceptualized the emergence of the capacity for concern in beginning object constancy as the resolution of the second crisis around separateness, the rapprochement crisis. The first crisis of separateness is ameliorated during the practicing period by the toddler's pleasure in independent locomotion and exploration of the outside world and during early rapprochement by the refinding of mother with whom a more and more unique bond is established. The second crisis of separateness during rapprochement is more complex and entails the relinquishing of omnipotence. Internalization and identification eventually protect the toddler against threatening feelings of aloneness. The development of verbal language and symbolic play and fantasy provide pleasure in autonomy and ability to communicate. The practicing toddler found pleasure and solace in the physical exploration of the world. The toddler during the third year of life finds equal exhilaration in the exploration of the world through language and play.

The impossibility to achieve separate functioning and individuality of the psychotic child was originally seen by Mahler as the child's inability to use the symbiotic

partner, the mother (Mahler 1968), but what seems equally striking is the psychotic child's inability to achieve autonomy. The drive for mastery and individuation seems to be absent and has to be gradually infused during treatment. Without the pleasure in mastery on the one hand, and the pleasure in the object on the other hand, the fear of loss of self and omnipotence becomes totally overwhelming, leaving the psychotic child with nothing else but body sensations. Ruttenger (1983) says,

We have found that children with autism and atypical development are more or less arrested at a level of psycho-biological development, sexual and aggressive, which precedes the traditional zonally focused oral, anal, and phallic stages outlined by Freud. Discharge of instinctual tension is accomplished primarily by the general body, sensory motor, vestibular, and autonomic systems involving kinesthesia, proprioception, deep pressure, skin temperature, and tactile modalities. Clinical manifestations include repetitive rocking, spinning and bizarre and contorted movement and lack of drive to suck, mouth or chew. Focus is on inner and surface sensation. Curiosity and exploration of environment is minimal (p. 4).

Thus, a psychotic child is deficient from the very beginning not only in the ability to form object relations but also to develop pleasure in autonomous functioning. Thus, development toward self and object constancy, toward empathy and capacity for concern cannot proceed.

It has been attempted in this dissertation to use knowledge of development during the first two years of life to enlighten the treatment process with a psychotic

child. But it has also been attempted to use understandings gained from this treatment to further enlighten our understanding of normal development.

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