The Eye and the Couch:

Dialectical and Metaphorical Aspects of Seeing and Being Seen

in Development and Psychoanalytic Treatment

by

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ABSTRACT

The Eye and the Couch: Dialectical and Metaphorical Aspects of Seeing and Being Seen in Development and Psychoanalytic Treatment

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The iconic scene of the psychoanalytic setting depicts two individuals present in the same physical space but looking away from one another. This scene invites the question of the role of gaze both in psychoanalysis and in the broader course of human interaction. These are the topics explored in this thesis, which is largely theoretical. The conscious and unconscious associations to looking and being looked at provide the data for a contextual analysis of the use of the psychoanalytic couch which systematically prevents facial-affective reading and interaction between patient and analyst.

A review of literature was undertaken to understand the meanings of seeing and being seen with a different conceptual lens adopted in each chapter. The first chapter, covering phylogeny and ontogeny, established the biological roots of gaze and gaze aversion and the unconscious processes involved in visuofacial interaction. The second chapter demonstrated the paramount significance of maternal-infant gazing in the development of both psychic and interaction structures. The coupling of gazing with sexuality, shame, and envy was revealed in the third chapter. The fourth chapter considered gaze in existentialist philosophy in which gaze is alienating, in feminist theory, in which gaze is indicative of power and status, and in current contemporary culture, which is increasingly exhibitionistic and voyeuristic. Literature on the rationale for the couch with an emphasis on the visual dimension was reviewed in the subsequent

chapter. The literature demonstrated the persistent associations of libido and aggression to gaze and provided the possible motives for its exclusion in analytic treatment.

The last chapter was an attempt to apply these findings to the clinical encounter and consider therapeutic action in both physical-interactive setups – face to face and with the use of the couch. The significance of nonverbal affective communication, shame, analytic voyeurism, regression, internal focus, holding, separation-individuation, loss, and symbolization were considered, along with amodal perceptual functioning and the role of mirror neurons in analytic empathy. It was concluded that the decision to treat a patient face to face or not must involve an attunement to the possible idiosyncratic meanings for the patient of the analyst's gaze and face.

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To be *en face* and eye to eye is the most basic human interaction and a fundamental way of knowing and being with an other. Two powerful interpersonal experiences are to be gazed upon in threat and to be gazed upon with love. Engaging the interpersonal world through mutual gaze is without perceptual parallel and underpins some of the most profound human experiences, extending through development, from maternal love in infancy to romantic love in adulthood.

Being seen is a profound form of recognition and acknowledgment and its lack, the experience of invisibility, undermines one's existence as a social being. In its primacy, the need to be seen may be akin to the need to experience touch. Both to be seen and to be touched – for one's corporality to be affirmed – are universal desires. While the need for this validation of one's material existence may be primitive, it is also constitutive of the self. Looking and being looked at signify selfhood, agency, being in a state of I-ness. Vision establishes the presence of the object and in so doing establishes one's own presence; in seeing the other one becomes aware that one could also be seen and therefore is part of the visible world. The self is seen in relation to the other. In seeing the object, not only is its presence realized, but it is also brought closer to the self with the distal acting as the proximal, through signaling to the self that what is seen could also be touched.

To engage the world with the eyes is a powerful, unique and vital experience that has been borne testimony to by artists, poets, novelists, and philosophers - Plato and Descartes referred to vision as "the noblest sense" (Jay, 1993). What it means to see the self in the eyes of the other and to be embodied in another's gaze has been contemplated and studied various fields over centuries. Winnicott (1967/1971) asserted unity in seeing and existing: "When I look I am

seen, so I exist" (p. 14) as if to say "When I see/am seen, I am" adding a new dimension to the Descartian dictum (Reis, 2004). In Winnicott's phrase, not only is there "to *see* is to be" but also "to *be seen* is to be," bringing in the other and noting the significance of being the object of an other's gaze. Georg Simmel (1908/1921), one of the earliest sociologists, declared the following regarding mutual gaze:

> Of the special sense organs, the eye has a uniquely sociological function. The union and interaction of individuals is based upon mutual glances. This is perhaps the most direct and purest reciprocity which exists anywhere…the totality of social relations of human beings, their self-assertion and self-abnegation, their intimacies and estrangements, would be changed in unpredictable ways if there occurred no glance of eye to eye. This mutual glance between persons…signifies a wholly new and unique union between them…By the same act in which the observer seeks to know the observed, he surrenders himself to be understood by the observer. The eye cannot take unless at the same time it gives…What occurs in this direct mutual glance represent the most perfect reciprocity in the entire field of human relationships…Upon the line which unites the two eyes, it conveys to the other the real personality, the real attitude, the real impulse… (pp. 358-359)

The dialectic of mutual gaze delivers a unique union and reciprocality, as to see is to be seen. In eye contact one is simultaneously seer and seen, and this transposability of the visual act makes looking eye-to-eye remarkable. Mobius loop-like, the self is at once spectator and spectacle, subject and object of the very same act, self and other are commingled with the seer seen. Furthermore, in the act of gazing one detects the internal state of the other while one's interior is at the same time revealed. The eyes are thus the interface between self and other, between internal and external, a portal between being "windows to the world" and "mirror of the soul" – between what is exterior and what is interior. An additional dimension of mutual gaze is exclusivity - it inherently permits no other.

The idea of the gaze as powerful has been well-represented since antiquity and the meaning of sight has gone beyond mere visual perception. In language, it has come to be

equated with every human faculty[1], but particularly with knowledge and reason, so that "to see is to know." The etymology of words such as *seem*, *clear*, *evident*, *apprehend*, *regard*, *focus*, *viewpoint* and aphorisms such as "I'll believe it when I see it" attest to this linkage[2]. In language, visual metaphors are commonly used to convey how in the eye, there is the mind, and in eye contact, there is a meeting of the minds. "I see what you mean," "Do you see it from my point of view?" and "Now we see eye to eye," convey mutual understanding. The eyes are used to read an other's mind and meeting one's eyes with an other's elicits a specific subjective experience.

The eye and its functions have come to represent, in metaphor and symbol, an array of phenomena that dreams, art, archeological relics, literature, mythology, everyday language, and cultural practices betray repeatedly. In the symbolic world of, the eye has been anthropomorphized, with every possible affect and action imputed to it. Envy, jealousy, shame, desire, aggression, and tender love are notable affects[3] with which the eye has been continuously and persuasively associated.

In the archetypal sense, many equivalencies regarding the eye have arisen that are evident in symbol, symptom, and fantasy. These equivalencies are multiple; contradictory; conscious; and unconscious. Eye=I, eye=other, eye=face, eye=mirror, eye=mother, eye=father, eye=society, eye=God, eye=soul, eye=sun. Binaries abound when it comes to the eye. As subject, the eye may be utilized in the service of the id or ego; as object, the eye maybe experienced as a

[1] In the ancient Egyptian Eye of Horus symbol, the parts of the eye represents each of the other five senses as well as thought, demonstrating the idea of sight as all-encompassing of the sensory modalities and the mind. See *Figure 1*. The "third eye" in Asia is the eye of knowledge and enlightenment, but also the eye of destruction.

[2] Many metaphors and aphorisms attest to the manner in which the experience of sight is borrowed to understand the world. Jay (1993) gives an extensive demonstration of the way ocular terms have infused everyday language.

[3] Not only are the eye and sight linked with knowledge, but also with desire and aggression. Bataille (1927-1930/1985), the French writer, remarked, "It seems impossible, in fact, to judge the eye using any word other that *seductive*, since nothing is more attractive in the bodies of animals and men. But extreme seductiveness is probably at the boundary of horror…The eye is even ranked high in horror, since it is, among other things, the *eye of conscience*" (p. 17). Elkins (1996), an art historian who has written extensively on sight said, "Desire infects seeing," and there is always an "incessant urging of desire" while looking, "never blank, affectless seeing…My eyes can understand only desire and possession. Anything else is meaningless and therefore invisible" (p. 22). All seeing is laden with meaning and desire and intent and force; there is no simple looking, according to Elkins.

superego agent. The eye is both phallic and vaginal, penetrative and incorporative and is thus both male and female. It is a means with which to identity with the object but also a means with which to destroy it. The eye is life-giving, has healing powers, and stands for creation; it is an agent of reality and truth; it is equated with benevolence, love and intimacy. At the same time, the eye is annihilating, malevolent and evil and represents destruction; it is a vehicle of deception and of illusion. Both the notion of the evil eye, embodying the latter, as well as the idea of the loving maternal gaze, embodying the former qualities, are culturally universal. Thus it would seem that in the unconscious at least the eyes are omnipresent; omniscient; and omnipotent, and that there is both danger and pleasure in the gaze.

In summary, seeing and being seen is a basic relational paradigm, involving significant affects, a sense of union and reciprocity through which the subjectivity of self and other are made known, and is linked with knowledge and reason on the one hand and danger and desire on the other. The eyes have gone far beyond the phenomenology of vision and extended into the figurative and symbolic[4] realm, and there are powerful representations of this in iconic, narrative, and theoretical forms in mythology, folklore, art, critical studies, and psychoanalysis. Throughout this study, I will be attempting to delineate the dangers and pleasures of looking, that is, the libidinal (nurturing, reparative, containing, seductive, vitalizing, affirming) and aggressive (penetrating, shaming, destructive, threatening) aspects of gaze.

[4] In *Elsevier's Dictionary of Symbols and Imagery* (de Vries, 1984), the entry for *eye* is one of the longest, over twice as long as the one for *face* and five times as long as *ear*.

INTRODUCTION

For the sighted, looking is an essential element of human encounter. Mutual gaze is an important avenue for communication of affect and connection with an other and it has been called "the most intense" form of interpersonal communication (Tomkins, 1963; Schore, 1994, 2003).

The visual perception of facial expressions has been shown to be "the most salient" aspect of nonverbal communication (Izard, 1971; Schore, 1994, 2003). Though empirical researchers, artists, and philosophers have repeatedly attested to the significance of gaze and mutual gaze over time, visual perception, gaze, and facial expression have been allocated little role in the psychoanalytic treatment setting. In his foreword to the third edition of Darwin's (1872/1998) *The Expression of the Emotions in Man and Animals*, Paul Ekman noted that in the one hundred years following its original publication, this opus on affective facial displays was largely ignored[5]. This neglect appears to have coincided with and been reflected in the adoption of the analytic couch and the scant attention paid to facial expression in clinical practice. Psychoanalytic considerations of nonverbal behaviors have typically been restricted to proxemics and kinesics and rarely include gaze behaviors; gaze as either perceptual channel or as semiotics has been fairly neglected.

This is a study on the lack of looking and being looked at in the psychoanalytic treatment context. Specifically, it is an inquiry into the acknowledged and unacknowledged associations with looking that have led to its virtual elimination, and the institutionalization of this elimination in the form of the analytic couch. The use of the couch, in which the patient reclines

[5] Indeed, in the introduction to their 1976 work on gaze and mutual gaze, Argyle & Cook proclaim that their intention is to "contribute a missing component to the model of man" (p. ix) after noting the absence of research on gaze until the early 1960s.

and faces away from the analyst who is situated behind the patient, systematically removes the availability of gaze and mutual gaze between patient and analyst[6]. What had been Freud's *recommendation* to use the couch, based in part on a motive that he termed personal: "I cannot put up with being stared at by other people for eight hours a day (or more)" (1913/1958a, p. 133), became matter of course for most psychoanalysts. The adoption of the couch also grew historically out of privileging the intrapsychic world of the analysand over the interpersonal world of the analytic dyad. The couch is considered *sine qua non* for psychoanalysis, critical in promoting the necessary regressive and neutral fields for the formation of transference reactions. But in addition to enabling an "optimal" cognitive-affective state, the couch may also have a defense-supporting function for both members of the dyad by creating a potential restriction of both the expression and reading of certain affective material. Here I explore both what the elimination of gaze facilitates and hinders between patient and analyst and thus in the therapeutic process, that is, both what it bestows and how it detracts.

Freud was apparently enamored of the importance of seeing. Much has been made of his aesthetics and interest in visual art[7]. However, interpersonal looking, as evidenced by both the quote above and his theorizing, appears to have had negative associations for him. In classical psychoanalytic theory vision has been linked with primitive process, traumatic witnessing, and psychopathology including perversions and neuroses. It has been associated with

[6] At best a partial and inverted view of the patient's face and its expressions is available from behind the couch.

[7] However, with a few exceptions, Freud's interest in the arts was largely restricted to sculptures and archaeological artifacts representing mythology and or ancient cultures, rather than paintings. He seems to have had little to no interest in contemporary or abstract art, though the Surrealists dubbed him their "patron saint," and though fin-de-siécle Secessionist Viennese artists such as Klimt were exploring themes such as sexuality and death in their works and creating revolutionary masterpieces, influenced by Freud's thinking. The art critic Kuspit (1991, 2000) has refuted the idea of Freud as visual aesthete. The image of the eye, particularly the castrated eye, was pervasive in Surrealist art (Siegel, 1982), but Freud wrote to Breton, the leader of the Surrealist movement, "Although I have received many testimonies of the interest that you and your friends show for my research, I am not able to clarify for myself what surrealism is and what it wants. Perhaps I am not destined to understand it, I who am so distant from art" (Breton, 1932/1990, p. 152).

sadomasochistic and infantile aims and is central to pathology associated with voyeurism, exhibitionism, primal scene exposure, castration anxiety, penis envy, paranoia, hysteria, fetishism, and narcissism[8]. Vision became the language of conflict in Freudian theory. In contrast to this pathologizing of vision, both theorists and recent psychoanalytically-informed research in infancy and mother-infant attachment have found that gaze and visual interaction between mother and infant are critical, for the infant's social, emotional, and cognitive development, and that this has lasting impact on the individual.

In contemporary psychoanalysis, it has been argued that affects constitute the essential database for psychoanalysis (Modell, 1973). Both affective interchange (Renik, 1996) and interaction (Kirman, 1998) are considered to be the "core of the therapeutic action." The shift toward both affect and interaction would seem to imply that therapeutic interventions would be more inclusive of modalities of affect perception and communication. Words alone do not capture lived experience (Pally, 2001); meanings are semiotically mediated through more than words. Tomkins (1963) states "affect is primarily facial behavior." An oft-quoted study found that in the expression of feelings and attitudes, 93% of communication is nonverbal, of which 55% is through facial expression, gesture, and posture, and 38% through vocal tone (Mehrabian, 1971, 1972). This implies that over half of nonverbal affective communication requires visual perceiving, and the couch, which involves minimal visual input results in minimal reading of meaning-laden nonverbal expressions.

That the communication of psychically-determined internal experience including affect, fantasies, unconscious memories – the grist of the psychoanalytic mill – takes place through

[8] According to visual culture theorist Jay (1993), the hostile stance with vision in psychoanalysis is consistent with the attitude maintained in twentieth century Western intellectual thought. He noted that vision was "denigrated" as part of an "antivisual discourse" that pervaded the work of a number of artists, cultural critics, social theorists, philosophers, and poststructuralist theorists.

several different channels, both linguistic and non-linguistic[9], has long been recognized. Yet, in the adult analytic dyad, the use of the couch suggests that language and paralinguistic behavior are considered the main communicative elements,[10] with the emphasis on hearing rather than observing. Eye contact and observation of facial affective displays – important non-linguistic modes of connection and communication – have not, for the most part, been included in the work of what is called the analyzing instrument, which is primarily auditorily rather than visually inclined. In listening with "the third ear," listening with the eyes is often foregone.

In this study, which is theoretical, I undertake an attempt to explore the explicit and implicit analytic rationale for not looking. This is attempted through a critical review of literature on the psychological function and significance of the eyes and gaze as found in developmental, sociopsychological, psychoanalytical, anthropological, and cultural studies. Through various conceptual frameworks, I explore the role of gaze in instinct, attachment, development, culture, and psychological treatment.

The experiential phenomena of being the subject and object of vision are examined from multiple points of view with the intention of discovering the unconscious associations with gaze and mutual gaze that may render their engagement an experience to be avoided. The results of this examination are applied to the clinical setting of the psychoanalytic treatment situation in which, through the use of the couch, looking and being looked at are minimized for the bulk of the clinical hour. An attempt is made to reconcile this with established observations that gaze

[9] Heller (1996) claims that at least one billion bodily-based signals are exchanged by patient and therapist in one psychotherapy hour.

[10] Recent exception to this is attention being paid to behaviors of the patient beyond language-oriented free association as revealing of internal working models. In the effort to advance the understanding of therapeutic action, the nonverbal dimension of communication, specifically communication that is at the procedural, presymbolic level, has received considerable attention in the form of such concepts as enactment, implicit relational knowing, projective identification, unconscious communication, and role responsiveness. The interest in interventions "beyond interpretation" (e.g., the Boston Process of Change Study Group, Stern, 1998, 2002) also reflects the acknowledgment of nonlinguistic elements of change.

and mutual gaze are essential in human interaction; the eyes and face are integral in the communication of affect; gaze and mutual gaze are central in development in infancy and attachment; and the rise of visuality in contemporary culture[11]. I attempt to understand the explicit and implicit motives for its exclusion in the analytic, including the libidinal and aggressive aspects of gaze that may render it threatening and an experience to be minimized in the analytic situation.

In the following six chapters, various bodies of literature are traversed to understand unconscious associations of looking and not looking in interpersonal contexts. Literature was selected to reflect associations to the *eye* as both the subject and object of seeing/gazing/looking; *seeing* as the basic function of the eye; *gazing/looking* as the interpersonal/object relational form of seeing; and *face* and *body*, in addition to the eye, as the object of the act of gazing.

Because nonverbal behaviors are rooted in our phylogenetic past and because symbols often extend from the instinctual, the first chapter begins with our primate origins to establish the residues of primitive gaze and mutual gaze in modern man. The chapter then moves into our ontogenetic past in which the evidence of our visual legacy is examined in human neonates. The functions of gazing and its unconscious and automatic dimensions in adulthood are subsequently covered.

The following chapter covers the first instance of mutual gaze in human life – the infant with the maternal figure, wherein the object relatedness with which all looking is imbued becomes established. The attachment literature on the significance of mutual gaze as well as gaze aversion between mother and infant is examined, including the literature on separation-individuation and the role of gaze in this developmental process. Psychoanalytic literature on the

function of mutual gaze in early relatedness, drawing on adult analysis, is also examined. The third chapter delves into the psychoanalytic theorizing on looking, with special regard to *scopophilia*, which refers to both the visual instinct and to pleasure in looking, and its vicissitudes. The symbolic significance of the eye and gaze as drawn from theory and clinical data is also explored. Thus, chapter one examines what is innate about gaze behaviors and two and three examine the effects of nurture and experience on gaze.

The next and fourth chapter is a multidisciplinary one and explores gaze and mutual gaze and their manifestations in philosophical discourse and feminist theory, both of which make considerable use of "the gaze," and in contemporary culture in which both the image and the visible body have gained ascendance. The fifth chapter begins the clinical section with a study of the rationale for the use of the couch as presented in existing literature on the couch. The last and sixth chapter applies the findings of the previous chapters to an understanding of therapeutic action as both facilitated and hindered by gaze aversion.

CHAPTER ONE

The Eye of the Primate. Phylogeny and Ontogeny

This chapter is divided into three sections: the first is concerned with primates and the instinctual roots of the use of gaze to communicate threat, attachment, affect, and intention, and the salience of the eyes. The second continues the tracing of the innateness of gaze in human neonates and infants. The last section establishes the use of gaze and automatic/involuntary response to the eye and face in human adults.

Gaze and Phylogenetic Inheritance

In the nonprimate world, rather than the visual, the olfactory sense is perhaps the sense most relied upon for information regarding the external world, though its function is limited to the proximal environment. The visual sense appears to have become supreme in the primate and human sensory hierarchy, as the most highly developed and relied upon sense. Vision has come to be used not only to perceive and navigate, but also to communicate, through gaze. Dunbar (1998) suggests that primates' social intelligence has advanced more than other species and to the extent it has because of their vision-dominated worlds.

The purpose of this section is to explore the archaic functions of gaze and its evolutionary significance, as a way to establish the primitive residues of gaze in modern humans. Through an understanding of the role of vision in the survival of the organism and in the fulfillment of instinctual gratification, this exploration will reveal the vestiges of primal gaze in humans and the innate aspects of visual interaction. To achieve this, this section will cover gaze across the

evolutionary scale, looking at ethological and primatological[12] research. The evidence for an innate gaze processing module, which detects the presence of an other, particularly threat or prey; and the role of gaze in attachment and in theory of mind, which is both an evolutionary and developmental precursor to empathy and suggests primary intersubjectivity, is traced through evolution.

Gaze and Perception: Sight as Distal Mode

In its most basic sense, sight is that action of the eyes used by an organism in the service of visual perception, in order to orient itself and gather information about the physical environment; the presence of objects as they are arrayed in space; and the objective properties of these objects. Sight is a highly effective way of amassing vast amounts of information without the need for direct, close physical contact or proximity, a distance modality with many advantages over audition and olfaction. Therefore, in its most primal capacity, gaze is an orienting response to the physical environment. The organism is conscious and with eyes open, situates itself in the external world, spatially and otherwise. In the primate world, gaze is thus utilized as a distance sense and for its perceptive capacity, rather than for its signal capacity.

Over time however, as mentioned, sight evolved from functioning merely for perception to encompassing social/communicative functions. In the following section I attempt to follow the evolution of gaze among nonprimate vertebrates and mammals and nonhuman primates (with a special focus on the anthropoids or the great apes) and trace gaze's use for threat and empathy precursors in both groups.

[12]Gaze is a fruitful area of study in primates because of its role in communication in three domains that may also provide a foundation for the study of higher cognition, particularly social cognition: gaze as revealing the social organization of the species; the emotional state of the sender; and awareness of self and others (Emery, 2000).

Nonprimate Vertebrates: Threat and Warning

A number of species do use the eyes as social signals including those species present since early in time on the evolutionary scale (Argyle & Cook, 1976). Many species of nonhuman vertebrates are attracted to the eyes, use information from the eyes and send information through their own eyes such as warning others of their emotional disposition. However, with perhaps the exception of birds, other vertebrates are not as visually oriented as primates (Emery, 2000).

As a stimulus, a pair of eyes is relatively simple, involving only two dark dots encircled by surrounding white areas. However, eyes convey strong information that is unparalleled by any other dark-white contrasts. Emery hypothesizes that simple schematic representations of eyes such as two black circles are interpreted as eyes due to a *rapid predator detection system* in many species. The ability to discriminate eyes as a stimulus is an innate predisposition. Recognizing the presence of eyes has the important function of determining whether they are looking at you or away from you.

Gaze aversion in the context of perceived threat begins early on the evolutionary scale. In most species social gaze, or inter-individual gaze, is used for purposes of threat and warning, to both members of their own species and other species (Argyle & Cook; Emery). Perhaps the most basic emotional expression of the eye is the stare. In animals lower on the evolutionary scale, gaze in the form of a stare is most often used as a threat signal. Reactions to being stared at include attacking, calls for reinforcement and support, flight, gaze aversion, or head-shaking (Argyle & Cook; Redican, 1975). Some species of birds respond to staring eyes of a perceived predator with tonic immobility and some species of snakes with feigning death (Emery). Arousal is a common effect of staring eyes and the cutting off of gaze by any of these means is

both an appeasement signal and a method to reduce arousal (Chance, 1962). The more submissive animal averts gaze in order to avoid attack from the dominant animal. These cut-off acts and postures were understood as being a result of an approach/withdrawal conflict. These intra-species behaviors allow for loss of eye contact and though it is a flight motivated behavior, it allows the animal to stay in proximity to the other individual by lowering arousal, thereby allowing the encounter to continue.

One of the most remarkable aspects of defensive evolution is the development of faux eyes, indicating the aversive power of the eyes. In addition to the eyes themselves, a variety of eye-like stimuli are used – eye spots, eye ring, and eye patches – for threat and warning functions. Fish and insects, particularly moths[13] and butterflies, but also cobras and peacocks use eye spots, or imitation eyes on their bodies or wings, to throw off potential predators (Argyle & Cook). These eye spots mimic other predator's eyes giving species with eye spots selective advantage, evolutionarily. Like actual eyes, eye spots evoke feelings of threat or intimidation and either avert or halt attacks. Janzen, Hallwachs, and Burns (2010) postulate a mimicry complex that is evolutionarily generated on the part of the potential prey and an innate reflex of instantaneous fear and flight on the part of the potential predator, rather than a learnt behavior[14]. Janzen et al. state that there may be an evolutionary "selection to enhance almost any shape and color that can give the hint of eyes" (p. 6). Important to the effectiveness of the above eye-like displays are the following elements: a pair of concentric shapes, horizontal arrangement, movement of these eye-

[13] See *Figure 2* for eye spots on a local species of moth, mimicking the eyes of an owl.

[14] Janzen et al. studied eye-like and face-like patterns mimicking the predators of their predators amongst hundreds of species of caterpillars and pupae in Costa Rican tropical forests. Their main predators are insect-foraging birds whose predators are in turn snakes, lizards, other birds, and small mammals. While some of these false eyes are remarkably similar to predator species' eyes, some are simple suggestions of paired circles or dots in surrounding face-like patterns. These eye spots are so powerful as to override the fact of their diminutive size, their lack of resemblance otherwise to these predators, and the fact that the preying bird is likely to encounter tens to hundreds of counterfeit eyes a day.

like patterns, and circularity, usually with a black center and a light circle surrounding it[15]. That hundreds of species have evolved eye spots demonstrate the salience and power of the eyes in a context of danger and annihilation, as if the predator is reduced to nothing but this pair of concentric circles.

In addition, eye color changes, such as to red, are used for dominance and threat in some fish and bird species and some mammals when feeling threatened or aggressive. Some species develop glowing red false eye spots that are directed at the invader at the moment of intrusion (Jansen et al.).

The relevance of gaze aversion, eye spots, and eye color changes in humans is considered both later in this chapter and in subsequent chapters. This section demonstrates that many vertebrate species utilize information from the eyes, but mostly for threat/warning purposes. However, visual social perception, or gaze, has become specialized for complex communicative functions in the primates as discussed in the following section.

Nonhuman Primates in Groups and Pairs

While the eye is a very specialized site in the facial expression of all mammals, primates may have a large repertoire of signals emanating from the eyes alone, apart from the rest of the face (Kaplan & Rogers, 2002). Emery states that for nonhuman primates, the face is a primary means of communication, with highly developed facial muscles, and they have a "great interest in the eyes." The eyes play a pivotal role in all primate facial expressions and primates

[15] Eye rings, or color contrasted black or white circles around the eyes, are used to call attention to the eyes. The eyebrows of higher primate and humans are residues of eye rings, speculate Argyle and Cook. They state that "The eyebrows are raised in surprise and fear, lowered in anger and threat." They also note that Darwin interpreted eyebrow movement as "allowing more or less eye-opening, and freedom of movement; in fear it is necessary to allow free visual scanning, in anger to focus sharply." Little however could be unearthed on the evolutionary communicative function and significance of eyelashes (though the mascara industry worldwide is a $5 billion industry) beyond its protective function for the eye in restricting debris from the eyeball. Speculatively, eyelashes could also have the function of enhancing communication by emphasizing the movement of the eyes, and aiding the perception of movement of the eyelid, and thus processing of gaze, such as it downward or upward direction.

demonstrate an extreme bias of looking at the eyes and the region surrounding them compared to the nose and mouth. Baboons have been shown to look at the eye region more than any other part of the face, including for face recognition. Visual processing evolved in the primate species due to a number of factors as formulated by Emery including changes in the morphology of the faces and eyes of primates (shift to eyes being situated on a horizontal plane) and the need to communicate about emotional and mental states. In many primates, gaze direction is important in communication. "The eyes provide very subtle signals to other individuals, and other information transferred by this manner is dependent largely on the ability to understand that the eyes capture information about the world" (Emery, p. 582). Primates have sophisticated social systems that rely on visual behavior and visual signals, which are not present in other vertebrates. In the primate brain there are over thirty regions dedicated to visual processing including those containing neurons specifically sensitive to visual *social* signals[16].

Gaze and complex social structures. Group living, the need for efficiency in communication, group rank, dominance, and threat led to changes gaze behaviors. Emery hypothesizes that an increase in reliance on visual social signaling in primates was brought about by an increase in the sophistication of social interactions secondary to living in large groups and the adoption of a hierarchical system of dominance. An elaborate system of visual signaling is required for "coalition formation, tactical deception, reciprocity and knowledge of third party relationships" (p. 581). Amongst primate groups, gazing signals and reinforces group structure, dominance hierarchies, and the nature and quality of group relations (Kaplan & Rogers). The visual sense allowed greater specificity and less ambiguity in communication in large groups than auditory or olfactory signals. Moreover, visual social signals could also be used to

[16]Nonhuman primates (as well as humans) have dedicated neural architecture involving the superior temporal sulcus (STS) and the amygdala that activates automatically when presented with faces and eyes (Haxby, Hoffman, & Gabbini, 2000).

communicate emotional and mental states, allowing prediction of others' behavior. Patterns of gazing and eye movements can be revealing of the sender's emotional and psychological. Unlike the other vertebrates, primates have the ability to use complex gaze behaviors that have multiple meanings – gaze may indicate both emotional state and interest (Emery).

Continuing from lower animals, threat amongst primates is most commonly expressed in the form of staring, along with facial grimacing, with gaze aversion used as an appeasement or submission signal. Mazur (1985) notes that primates establish and maintain their hierarchies with short face to face competitions that range from fierce combat to mild competitions. These include simple staring initiated by a more powerful group member leading to gaze aversion by the more fearful animal, or by the yielding of something valuable such as food or a sitting place. Such staredowns initiate the stress response, that is, fight or flight, and also involve higher or rising testosterone in the more powerful one and lower or dropping testosterone in the intimidated one. Dominance contests are therefore attempts to outstress the other, until the latter feels compelled to reduce its discomfort through averting the eyes or another submissive act[17].

Gaze is equivalent to attention and signals both rank/dominance and attachment. Amongst the baboons and gorillas, there is an "attention structure" in which gaze is successively directed at the most dominant members of the group and each individual accords and receives attention as a function of his or her rank (Chance, 1967), with infants attending to their mothers, mothers to mates, and subordinates to dominant alpha males. This is taken to suggest that the attention structure and thus gaze, plays an important part in social hierarchies, credited with maintaining both social cohesion and dominance hierarchies (p. 3). However, it is to be noted

[17]Mazur makes the point, "All common modes of communicating status that appear among nonhuman primate species occur among humans as well," citing numerous studies. He notes that the dominance orders of monkeys and apes share similarities with human group hierarchies and speculates that there may even be applicability to the "polite conversation" of humans in which there may be increases and reductions of stress based on establishment of respective status.

that in primate groups, not only dominance but also close relationships dictates directing attention to each other such as in mother-infant pairs and mating pairs. Gaze denotes rank and dominance amongst primates but also their affiliation. This is the foundation for the linkage of gaze and the origins of attachment and empathy in evolution.

Attachment-related aspects of gaze. Because direct eye contact often elicits attacks in primates, it had been assumed that mutual gaze, when it occurred, was only in situations of antagonism (Kaplan & Rogers). Argyle and Cook first called attention to the fact that it is only amongst primates that gaze may be used for "affiliative purposes" as in all other species gaze use is primarily restricted as a signal for aggression[18]. Yamagiwa[19] (1992) found that in gorillas, along with the other great apes, mutual gaze could also be used in a prosocial, non-threatening context. He concluded that among primates, mutual gaze, in the form of staring, and when not accompanied by facial expressions, has multiple social functions among primates.

Noting that the eyes are a significant area of focus for animals, Myowa-Yamakoshi et al. (2003) examined the phylogenetic origin of gaze perception and demonstrated that 10-32 week old infant chimpanzees preferred looking at a face with open, directly facing eyes rather than a face with closed eyes or with averted gaze. They hypothesized a survival function in that perceiving gaze early by infants may help attract the attention of caretakers and increase chances for receiving care. Bard et al. (2005) found that mutual gaze occurred frequently with chimpanzees and did so in a prosocial context, including between mothers and their infant chimpanzees. They demonstrated that interactions between chimpanzees and mothers is overwhelmingly positive with little agonism, and share commonalities with human dyads in early social communicative exchanges such as mutual gaze (which occurs at comparable

[18] This was described by Goodall (1986) in her landmark studies of chimpanzees in the wild.
[19] The preponderance of Japanese researchers in the study of primate gaze may be reflective of the greater attention to the eyes and gaze in Japanese culture (see p. 15 in section on adult gaze).

rates:18-20/hour with human infants and17/hour, in primates). Moreover, mutual gaze is nurtured by chimpanzee mothers through intuitive parenting[20]. The similarities are understood in the context of human and chimpanzees sharing high degrees of facial expressiveness and communication. Bard et al. also found that mutual gaze was inversely related to time spent cradling infants amongst their chimpanzees and suggested an interchangeability of tactile and visual modalities in mutual engagement amongst primates[21]. Tomonaga (2006) summarized that chimpanzee infants showed developmental trajectories similar to human infants, especially in the formation of "a close dyadic relationship with their mothers on the basis of mutual gaze and social smiling."

Emery claimed that monkeys do not make the distinction between staring in threat and affiliative mutual gaze in the way that great apes are able to. Recent studies have disproved this in certain Old World monkey species. Ferrari, Paukner, Ionica, and Suomi (2009) observed frequent mutual gaze occurrences between mothers and infants amongst rhesus macaque monkeys, including with day-old neonates. The mother was observed to hold the infant and actively seek out its gaze, at times holding the infant's head and gently pulling it toward her face, in the first two months of the infant's life[22]. Mutual gaze was accompanied by frequent lipsmacking (hypothesized to be a prototype of human kissing) and touching infants' faces with the mouth, "which resembles the empathic ritualized human 'motherese' and intense body contact that human adults typically establish with their infants (e.g., face to face contact, hand-body touching, kissing, etc.)" (p. 1771). Ferrari et al. noted that such behaviors, indicative of emotional communication between mother and infant, were once considered uniquely human

[20] The differences between human and chimpanzee dyads include duration, the amount of maternal looking, and the developmental course after three months.
[21] This is also seen amongst humans - see section on Culture and Body Contact on p. 72 in next chapter.
[22] See *Figure 3* for film stills of such interactions between mother-infant chimpanzees.

(though shared to some extent with chimpanzees). Mutual gaze, along with neonatal imitation, infant gestures, and exaggerated facial gesturing as seen among the macaques are distinctive signs, as they are in humans, of "interpersonal communication and perhaps even a mutual appreciation of others' intentions and emotions" (p. 1771).

Bard (1994), who had previously noted maternal competence in chimpanzees as demonstrating the evolutionary roots of intuitive parenting, found evidence in Ferrari et al.'s findings for primary intersubjectivity and its evolutionary history, suggesting a point of origin of at least thirty million years ago (as opposed to a more recent evolution of six million years if it had originated with humans, rather than primates). She concluded that "communicative engagements with infants, particularly emotionally-based intersubjective engagement, appear to be a characteristic shared by humans, great apes, and surprisingly, rhesus macaques" (Bard, 2009, p. R941).

The presence of mother-infant face-to-face communication in chimpanzees is the root of their ability to engage in empathic perspective-taking, said Hirata (2009). Hirata notes that though primates exhibit mother-infant interactive behaviors common in humans, the mother-infant relationship has become increasingly intense over the course of evolution. Because it represents the relationship in which newborn infants first experience social interaction, it is assumed that mother-infant interactions are critical to understanding the development of social intelligence from an evolutionary perspective.

Another use of gaze is to communicate for sexual purposes[23], which has its roots in mother-infant gazing. Argyle and Cook proposed that the position used for holding infants by

[23] Selective coloration of the eye region (known as eye patches) versus the genital region demonstrates a noteworthy relationship between the eyes and sexuality. Emery notes that those species that do not have coloration of the eye area have coloration of the genital area (blue). Amongst the guenon, an Old World monkey, bright blue coloration

primates (including humans) is at least partially responsible for the affiliative as well as sexual connotations of gaze. Emery states that face to face sex is a way that great apes such as bonobos[24] and orangutans "use looking into each other's eyes as a method for confirming and strengthening the sexual and affiliative bond." Mutual gaze is often used to initiate copulation among bonobos and gorillas (Savage & Bakeman, 1978).

Innate Gaze Processing Module, Gaze Following, and Theory of Mind

Animals across the evolutionary spectrum are considered here for the evidence of theory of mind. The gaze of others is an important source of information about external (events, objects, environment) and internal (affect, intention, belief) phenomena (Emery). One of the most dominant questions in comparative psychological studies on gaze is whether there is evolutionary significance in the processing of the gaze of others. Several researchers have postulated the existence of an innate neural mechanism dedicated to gaze processing by which a case can be made for the adaptive benefits of gaze perception. Baron-Cohen (1995) proposes the *eye direction detection module* (EDD), an evolutionary ancient mechanism within the brain that is specifically concerned with processing eye gaze and which is shared with primates, mammals, birds, and even reptiles. Gaze following[25] – the act of following the direction of others' gaze – or looking where an other is looking, has been an area of significant research in developmental, social, and ethological psychology. Determining the precise direction of another's attention is an important ability for primates, particularly to discriminate whether they are the object of

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is used to highlights the eye region in some species, and indicates the increasing importance of the face and eyes for sexual or social signaling.

[24]The bonobos, as evolutionarily and genetically connected to humans as chimpanzees, are a species fairly recently discovered and studied and there is a paucity of research on maternal-infant behaviors amongst them. They are markedly different from other primate species in being not only a matriarchal, female-dominant society (Parish & de Waal, 2000) but also by the inclusion of face to face sex in their sexual repertoire (de Waal, 1995). They also have highly individuated facial features that makes them well adapted for visual facial recognition and interaction.

[25] See *Figure 4* for a schematic from Emery (2000) on gaze direction and gaze following.

another's visual attention, for which primates have "excellent abilities" (Kaplan & Rogers), and also for vicariously detecting the presence of food or predators (Myowa-Yamakoshi et al. 2003; Itakura, 2004).

Gaze following is highly adaptive from an evolutionary point of view, that is, to be sensitive to another organism's eyes and to be able to evaluate where the organism's gaze is directed. Gaze following provides the ability to learn about the world through another individual's gaze and is necessary for observational learning about objects in the world. Itakura describes gaze following as understanding the "seeing-knowing" (as cited in Kuroshima et al., 2002) relationship and understanding that the eyes are the sources of knowledge. In his review of gaze following and joint visual attention in animals, he concludes that this ability is present not only in nonhuman primates but also to some extent in domestic animals such as horses and dogs. Forms of gaze following are also present in other domesticated animals and some birds and marine mammals (as reviewed by Shepherd, 2010).

However, beyond this, gaze cues are useful for more complex social functions such as "visual perspective-taking, deception, empathy, and theory of mind" (Emery, p. 587). Theory of mind, or mental state attribution, refers to the ability to infer from nonverbal cues, the psychological states of an individual, including affects, desires, intentions, and beliefs. For the development of a theory of mind, mutual gaze, gaze following, joint attention, and shared attention combine with "higher order cognitive strategies (including experience and empathy) to determine that an individual is attending to a particular stimulus because they intend to do something with the object, or believe something about the object" (p. 590). Emery (2000, 2009) states that humans may be in the company of great apes in the capacity to use gaze in a mentalistic context, and to a rudimentary extent various other species which also show evidence

for social cognition abilities. In their review study on the theory of mind in chimpanzees, Call and Tomasello (2008) conclude that chimpanzees understand both the goals and intentions of others as well as the perception and knowledge of others[26]. They also state that there is some evidence that some bird species as well other nonhuman primates possess such understanding[27].

Human Eye Evolution

In hominoids and humans specific anatomical changes in the face and eyes increased the salience of the eyes. Change in hominoid species such as a reduction in facial protrusion and the development of high cheekbones, prominent nose and eyebrows, which highlight the eye region in humans may have led to an emphasis on the eyes as an important facial expression component. This led to a shift from face shape and orientation to the eyes for information regarding the direction of attention (Emery).

The morphological features of human eyes have led them to be particularly well-suited for detection and following by others. Our eyes have uniquely evolved and are structured for easy gaze detection and for the ability to communicate using gaze signals and therefore theory of mind. Human eyes are unique in the high ratio of exposed sclera[28]. Eye outline and position of iris are clearly visible in human eyes which are also disproportionately large and horizontally elongated for body size.

Kobayashi and Kohshima (1997) have also noted that humans are also the only primate species with white sclera. Other primates have sclera colored similarly to the skin around their

[26] Moreover, chimpanzees understand how these psychological states work together to produce intentional action and understand others "in terms of a relatively coherent perception-goal psychology in which the other acts in a certain way because she perceives the world in a certain way and has certain goals of how she wants the world to be" (p. 191).

[27] Comparative social cognition is a relatively new field and the capacity for social cognition has yet to be explored in most species (Emery, 2009). The lack of evidence for it however does not implicate its lack of existence in other animal species.

[28] The white of the eye – the opaque tissue that provides the covering for the eyeball excluding the cornea.

eyes, which may obscure easy detection of gaze. This may be adaptive in reducing attacks and in increasing the success of offensive attacks. The widely exposed sclera around a dark iris in the human eye allows easy discernment of the direction in which the eyes are looking. Only humans among primates have developed such highly visible eyes that allow their gaze direction to be easily followed. Neither chimpanzees nor bonobos, our closest evolutionary relatives, nor the other 220 nonhuman primate species, possess whites of the eyes (Tomasello, 2007).

Amongst both human and nonhuman primates, newborns have particularly pale sclera, indicating that infant gaze is likely to have special meaning. Tomasello speculates that humans have evolved highly visible eyes which can be followed due to some advantage to the species. He suggests that the eyes evolved a new social function in human evolution and supports this with evidence that human infants are much more attuned to the eyes in gaze following situations than adult great apes, our nearest primate relatives. They speculate that this was to serve the function of facilitating cooperative/mutualistic interactions and is the origin of uniquely human forms of cooperation and communication – the *cooperative eye hypothesis* (Tomasello, Hare, Lehmann, & Call, 2007).

In addition to these sociocognitive functions, human eyes also have socioaffective functions including the signaling of various emotional states (Ekman & Friesen, 1975; Ekman, 2003; Baron-Cohen, 1997, 2001; Adolphs, 2002) as explored in the following section.

Gaze in Human Ontogenetic Development

The eyes are unique of all the sensory and communicative modes in their multifacetedness: they are both signal and channel, being not only receptive but also expressive, and regulatory and these facets are seen in infancy. This section examines visual competencies in human newborns and infants. This section is restricted to gaze considerations while the next

chapter is devoted to infants engaged in mutual gaze in a dyad with the libidinal object. Below I examine the face and eye perception expertise that humans are born with –what is innate, before the influence of learning and experience. We come into the world visually sophisticated, immediately attracted to the eyes. Eye movements are present before birth (Posner & Rothbart, 2007) and though the last to develop embryonically (Gottlieb, 1976), the visual system is the most developed sense at birth and continues to be in the first few months of life.

Human Neonates and Infants: Eye-Oriented Babies

Neonates: **Visual sophisticates.** The visual world of the newborn is highly organized, with the visual system allowing perception of coherent objects and shapes rather than a jumbled mass of stimuli. Some of the eyes' functions are at their fullest maturity at birth and demonstrate remarkable perceptual maturity. The reflexes of visual fixation and following are fully developed. The neonate is able to focus clearly at a distance of eight inches (Stern, 1977) and has shape and size constancy as well as other perceptual organizing abilities. Visual development is rapid and many visual functions approach adult standards by three to four months. The fovea[29] fully develops by six months by which time visual acuity is at adult-strength (Slater, 2002).

Newborns are remarkably oriented to the eyes, gaze, and face of others. Though they appear to have little control over the direction of their gaze, tending to reflexively follow any large and moving object in their visual field, concentric circles and high contrast arrangements draw their attention, making eyes easy objects of their visual attention.

The faces of others and their expressions. Face-like configurations have a high saliency for the infant, offering an optimal level of stimulus-complexity (Fantz, 1961). They show

[29] The part of the retina rich in cones and responsible for the sharpest vision (foveal vision), required for any kind of activity in which visual detail is of importance, such as reading.

remarkable facial expertise with a representation of the human face provided by evolution and perhaps also by prenatal learning (Slater, 2002). Neonates as young as *one hour old* will follow a schematic face-like stimulus further than a scrambled face or a blank stimulus (median age nine minutes, Goren, Sarty, & Wu, 1975; Johnson, Dziurawiec, Ellis, Hadyn, & Morton, 1991). Newborns manifest a clear preference for the face over other patterns (Fantz, 1961). Within hours after birth babies are able to perceive and imitate facial expressions such as open mouth and protruding tongue (Meltzoff & Moore, 1983). They both discriminate and imitate happy, sad, and surprised facial expressions (at average age 36 hours; Field, Woodson, Greenberg, & Cohen, 1982; Field, Woodson, Greenberg, & Cohen, 1983). One to five day old newborns distinguish between happy and fearful faces and show a marked preference for the former (Farroni, Menon, Rigato, & Johnson, 2007). They can learn to identify a face after seeing it for as little as eight-tenths of a second (but this sort of learning and memory is not true for other classes of visual events/objects; Walton, Armstrong, & Bower, 1998). They can discriminate between their mother and a stranger even amongst those who are similarly dressed and have similar facial features (Field, Cohen, Garcia, & Greenberg, 1985) and are responsive to still-faces as expressed in a change in gaze behaviors (Nagy, 2008). Bushnell (2001) found that neonates with mean age of two days, sixteen hours remembered their mother's face after a delay of fifteen minutes indicating that mother's face is established in long-term memory store very quickly. This remarkable sensitivity to the mother's face sets the foundation for the development of attachment, discussed in the next chapter.

The eyes of others. Newborns appear also to have a remarkable interest in the eyes of others. The eyes of all facial features appear to be particularly important in infancy (Emery; Langton, Watt, & Bruce, 2000). By at least the second month of life, the eyes are the most

scanned feature of faces (Maurer, 1985; Haith, Bergman, & Moore, 1977), as they are in adulthood (Walker-Smith, 1977; Norton & Stark, 1971). (This bias however is not present in autism and schizophrenia, discussed further below). In the strange world of light, shadow, and color, into which newborns arrive, these visual innocents have an immediate attraction to the eyes of others, which begins their "obsession with eyes" (Csibra & Gergely, 2007, p. 335). Gliga and Csibra (2007) found that neonates' interest in faces is driven by an interest in the eyes and in gaze. Neonates have a preference for curved over straight contours, showing visual selectivity for forms that are likely to make eyes easily discriminated and attended to (Fantz & Miranda, 1975). They are sensitive to and prefer to look at faces that allow direct gazing and prefer faces with open eyes rather than closed eyes. In a study of 105 neonates with a mean age of 37 hours, it was found that they spent significantly more time looking at a female face photograph showing eyes open than at a photograph showing closed eyes (Batki, Baron-Cohen, Wheelwright, Connellan, & Ahluwali, 2000). Newborns appear to have a visual system that specifically searches for eyes in another human face. Batki et al. took their results as evidence of an innate, specialized neural system dedicated to the perception of another's eyes and the direction in which they are gazing. They proposed a gaze module that processes gaze "rapidly and obligatorily" which explains the inborn tendency to orient towards the eyes, previously termed the eye-direction detector (EDD) by Baron-Cohen (1995).

Two- to five-day newborns are able to distinguish between eyes directed at them (direct gaze) versus away (averted gaze) and prefer faces that engage them in mutual gaze, looking longer at them and reorienting more frequently to them (Farroni, Csibra, Simion, & Johnson, 2002). While two week old infants are calmed with an oral sucrose infusion, at four weeks, infants were calmed only when the oral sucrose was accompanied by eye contact (Zeifman,

Delaney & Blass, 1996). By four weeks, newborns fixate and smile at eyes (Wolff, 1963; Spitz, 1967; Argyle & Cook, 1976). Among 4-12 week old, distressed infants actively seek eye contact, with mutual gaze between infant and adult serving to calm and conserve energy. Mutual gaze along with social engagement leads to a 44% increase in milk intake from a bottle (Blass, Lumeng, & Patil, 2007) and so demonstrates its importance from a nutritive and therefore survival aspect as well.

Infants. Preferential attention to direct gaze in newborn facilitates and enhances the processing of faces by four months of age (Farroni et al., 2002; Farroni, Johnson, & Csibra, 2004). By the age of five to seven months, infants can remember for over a week the picture of a particular face that had been seen only once and for less than a minute (Fagan, 1973, 1976).

Infants prefer to look at faces that engage them in mutual gaze. They have enhanced neural processing of direct versus averted gaze at four months (Farroni, Csibra, Simion, & Johnson, 2002). Hains and Muir (1996) showed that infants at three to six months age showed decreased smiling with adult averted gaze and in response themselves decreased their visual attention, in one-minute interaction periods. Four-month old infants can reliably discriminate between direct and averted gaze in the context of an upright face (Vecera & Johnson, 1995). At five months, infants can detect adult eye shifts as small as five degrees (from infant's eyes to ear), and react with a decline in attention and smiling, indicating that this exceptional early sensitivity to mutual gaze is perhaps the critical foundation for later social skill development. (Symons, Hains, & Muir, 1998). Lasky and Klein found that five month old infants gazed longer when the adult made eye contact rather than when the adult looked above the infant's head. As evidenced by enhanced neural processing, infants as young as four months of age are sensitive to threatening or angry faces with direct eye gaze compared to averted eye gaze (Striano, Kopp,

Grossman, & Reid, 2006), and this indicates the social relevance and emotional valence of angry faces with direct eye contact very early in ontogeny (Hoehl & Striano, 2008). This reaction highlights infants' sensitivity to threat signaled through the gaze as an early competency and as a precursor to social referencing behavior.

Gaze following behavior or detecting the direction of another's gaze, emerges between three and eighteen months of age in human infants. Brooks and Meltzoff (2002) found that by 12-18 months of age, infants follow the gaze of adults by using eye cues only, and by 18-24 months, they are capable of understanding the referential aspect of visual attention of others. Twelve to eighteen month old infants are particularly sensitive to the status of adults' eyes and will look at an object that an adult is facing with open eyes rather than with closed eyes. Gaze following, or detecting the direction of another's gaze, is a crucial developmental bridge that links "observable bodily acts with referential meaning about objects in the external world" (Brooks & Meltzoff, 2002, p. 965) and is a crucial component of social interactions among adults (Argyle & Cook; Kleinke, 1986; Langton et al., 2000). Farroni et al. (2003) suggest that gaze processing in infants "provides an example of how selective pressure in evolution has biased the behavior of human newborns in such a way that their subsequent brain development is preferentially channeled to the social domain."

Lee, Eskritt, Symons, and Muir (1998) state that dyadic eye gaze[30] is used primarily to regulate face to face interaction and appears to be innate. Triadic gaze[31] however involves a third person or object and is revealing of another's attention and internal states in addition to having social interaction regulatory functions. The ability to use triadic eye gaze appears later,

[30] Dyadic gaze involves "identifying whether two eyes have the same dark-white configuration and then us[ing] the information to determine whether an individual's eyes are directed at them or averted" (p. 526).
[31] Triadic gaze involves using "the asymmetrical configuration of the dark-white contrast of another individual's eyes and tracing along two invisible sight-lines to their convergent point, that is, the third part of the triad" (p. 526).

around six months and is used for "mind-reading" purposes by two years of age. By this age various mentalistic meanings of eye gaze can be distinguished, e.g., upward gazing not directed toward an object means the individual is thinking.

Adult Gaze Functions

Facial Communication

Buchan, Paré, and Munhall (2007) assert that while social interaction is possible in different forms, the "most natural communication occurs face to face" with face conveying important social, emotional, identity, and linguistic information. The human face is composed of over eighty muscles that are capable of achieving up to 7000 distinct expressions (though in day to day life only a small proportion – a few hundred – are used; Emery). Our ability to process information about faces is greater than that for any other class of visual stimuli (Johnson & Morton, 1991, p. 23). Facial expressions are our primary means of communicating emotions. As such, recognizing facial cues is an important component of social interaction, critical to interpreting the emotional states of others.

Following Darwin's (1872/1975) assertion that facial expressions of emotion are both innate and universal, the universality of expression and recognition of basic emotions through the eyes-face has, several researchers have provided empirical evidence to this (e.g., Ekman & colleagues; Ekman, Friesen, & Ellsworth, 1972; Izard). Through cross-cultural data, Ekman has shown that the emotions of *anger, disgust, fear, joy, sadness, surprise, and contempt* have universal expressions. Ekman, Levenson, and Friesen (1983) found that the various facial expressions are associated with specific patterns of physiological arousal and that matching an observed expression recreates a similar pattern of arousal in the observer.

Eye Salience

Retained evolutionarily and developmentally, for human adults the eyes are the visual focus when gazing at faces – they are the prime area of visual interest, as they are for primates and infants. Argyle and Cook say "Looking at others, and being looked at by them, is of central importance in social behavior, for those who can see. We use our eyes to study the behavior and appearance of others, and we look particularly in the region of their eyes[32]," (p. ix). They also say, "Whenever organisms use vision…the most important place to look is another's eyes" (p. 54)." The eyes are the most scanned feature of faces[33] (Walker-Smith, 1977; Norton & Stark, 1971).

A glance at the eye area provides a great deal of information: the eyes of others play a critical role in identity recognition (Vinette, 2004), attention (Langton, Watt, & Bruce, 2004), theory of mind (Baron-Cohen), and emotional states (Ekman). Therefore, we look at an other's eyes to recognize them, discern their attention direction, as a component of facial expression, for mental state attribution, and to understand their interest in their internal and external environments. The eyes are "the most attended feature in any given face task" (Itier, Villate, & Ryan, 2007).

Though subjective reports of looking behavior identifies the eye and mouth regions as the focus of visual attention, eye-movement recordings show that 43% of visual inspection time is spent on the eyes while the mouth region obtains 13% (and other features receive a small proportion of time, in static facial displays; Janik, Wellens, Goldberg, & Dell'Osso, 1978).

[32] Because the eye is the most attended to feature of the face, *gaze* is used interchangeably with *eye-to-face gaze* as well as *eye contact*, a more specific term referring to mutual gaze directed at the interactants' eyes; face to face interaction includes eye contact.
[33] T his is not the case in autism and schizophrenia however.

A language of the eyes: Affect and intention. Baron-Cohen (1995) proposed a "language of the eyes" and stated that decoding this language is an ability that lies at the very heart of human social cognition. Humans are highly sensitive to gaze cues[34,35] and this streamlines the complex process of everyday social interaction.

Ekman and Friesen (1975) have demonstrated that the eyes play an important role in (not only the detection but also) the expression of universal emotions. Baron-Cohen, Wheelwright, and Joliffe (1997) found that certain mental states can be read from the eyes alone. They demonstrated that the eyes contain sufficient information for the detection of complex mental states and tested the detection of several complex mental states: *guilt, flirting, interested, arrogant, bored, scheming, admiring, thoughtful,* and *quizzical*; and several basic emotions: *happy, sad, angry, afraid, disgust, surprised,* and *distress*. Specifically, they found that for the basic emotions the entire face is more informative than either the eyes or the mouth alone. However, for the complex mental states (e.g., *scheme, admire, thoughtfulness*), the eyes alone were as informative as the whole face and produced significantly greater emotion recognition than seeing the mouth alone.

In their study of gaze distribution on the face, Buchan, Paré, and Munhall (2007) found that in tasks of decoding emotions (as opposed to decoding speech), subjects preferentially shifted their gaze to the eyes with more frequent, though not longer gaze fixations. These findings underscore our tendency to look to the eyes for affective information about others. Therefore, when specifically faced with the task of recognizing *emotions*, in contrast to a speech

[34] Antis, Mayhew, and Morley (1969) found that humans are sensitive to iris shifts of only 0.18 mm (0.007 in.) from the frontal view at 122 cm (48 in.) from the observer.

[35] Eye shifts are revealing in many ways, including the nature of cognitive activity. Eye movement in a particular direction reflects activity in the opposite cerebral hemisphere. Rightward glances are associated with left hemisphere activity (involving intellectual and linguistic tasks) and leftward glances are associated with right hemisphere activity (spatial and emotional processing) (Ehrlich & Weinberger; Weisz & Adam; Wilbur & Roberts-Wilbur; as cited in Knapp, 2010).

comprehension task, gaze fixates in the eye region compared to the nose or mouth region (in more frequent though not longer fixations). Therefore, in detecting emotions, one's gaze preferentially attends to the eyes, likely because they are known to contain information important to this task.

The eye muscles are less susceptible to voluntary suppression in emotional expressions. Research on the physiology of facial expression suggests that emotional expression can be controlled with varying success across particular muscle groups. Smiling and frowning involve two muscle groups: *zygomatic major* (around the mouth) and *orbicularis oculi* (around the eyes) (Duchenne, 1862/1990; Ekman, 1992). The orbicularis oculi muscles are more difficult to control than the zygomatic major muscle (Duchenne; Ekman & Friesen, 1975; Ekman, 1992; Ekman, Friesen, & O'Sullivan, 1988). Yuki, Maddux, and Masuda (2007) say that in terms of diagnosticity of true emotions, the eyes may be a more accurate cue than the mouth. They found that the Japanese use the eyes, and Americans, the mouth in deciphering emotions (in contrast to the above cited research about the universal turning to the eyes for affect detection). The eyes may be used by the Japanese because in cultures where subduction of emotions is important, individuals focus on parts of the face that are relatively difficulty to control intentionally. This shows that expression norms influence perception norms.

Gaze abnormalities. The eyes and gaze processing have been demonstrated to have a central role in social cognition, as demonstrated above. Impairments in processing eyes and gaze are suggested as representing "a core deficiency" in several brain pathologies and abnormal social cognition (Itier & Batty, 2009). The quality of gaze and mutual gaze are considered to be among the most sensitive and reliable indicators of those who have difficulties with interaction. Several disorders are connected to abnormal processing of the eye region and gaze including

autism spectrum disorders. Gaze behavior deviance is also associated with schizophrenia, depression, and social anxiety. Gaze deviances are also found among anorexics (Cipolli et al., 1989), as a prognostic indicator in schizophreniform disorder (Troisi, Pasini, Bersani, Di Mauro, & Ciani, 1991), and culturally-specific forms of social phobia in Japan, a subtype of which includes the specific fear of eye to eye contact (Suzuki, Takei, Kawai, Minabe, Nori, 2003;Takahashi, 1989). Gaze aversion has been associated in various disorders with emotional withdrawal from reality, moodiness, detachment, lack of willingness or ability to relate emotionally to other, and hostility (Reimer, 1949; Exline & Winters, 1965).

Mutual Gaze and Other Communication

Kendon (1967) distinguished three functions of gaze: monitoring – to gather information about another; regulatory – to signal one's intentions; and expressive – to reveal feelings and attitudes. Researchers since then have focused on a wide array of functions of gaze. Kleinke (1986) undertook a review which demonstrates the role of gaze as a powerful intermediary in human interaction. He reviewed a large number of studies on gaze and eye contact which are organized in his paper according to a functional classification for nonverbal behaviors: 1) providing information, 2) regulating interaction, 3) expressing intimacy, 4) exercising social control, and 5) facilitating service or task goals. Gaze is a factor in evaluations of liking and attraction, attentiveness, competence, social skills and mental health, credibility, dominance, and communicating of feelings, with high levels of gaze associated with each. With respect to the last of these dimensions, it has been found that gaze communicates the intensity, though not the valence of feelings. There is more gazing when communicating strong feelings than when communications weak feelings, regardless of whether the feeling is positive or negative.

In regulating interaction, gaze plays a role in conversational sequencing, particularly with regard to turn-taking. In general, people gaze more while listening than while speaking. People gaze more when they share feelings of warmth and liking though high levels of gaze does not always indicates intimacy and liking. Gaze is used to exert social control when attempting to be persuasive and deceptive, or ingratiating, and when directly exerting threat and dominance. Gaze enhances comfort in communication during interpersonal interactions – communication is more effective when people look at each other; and visual access to each other contributes to the teaching-learning process.

Gender. Females gaze more than men in dyadic interactions, with significantly more frequency, duration and reciprocity of gaze (observed in infancy, early childhood and adulthood) and this has been explained in terms of "sex roles which influence females to be more affiliative, attentive, and sensitive" (Kleinke) and "greater orientation toward affectionate and inclusive relationships with others" ((Exline, Gray, & Schuette, 1961, p. 208). At the same time, it appears that women gaze avert more, particularly in situations that are uncomfortable and threatening (Larsen & Shackelford, 1996). In several studies Aiello and colleagues found that increasing conversational distance led to increase in gaze for men at ten feet but being more than six feet apart brought a decline in gaze for women (as cited in Knapp, 2010) and this may be due to a need to cease interaction due to difficulty in defining interactions at a distance as normative.

Intimacy. Mutual gaze and intimacy of topic are inversely related (Exline, Gray, & Schuette, 1965; Schulze & Barefoot, 1974). Testing hypotheses related to eye contact and affiliative needs, Argyle and Dean (1965) proposed an "intimacy equilibrium model" for eye contact, a model which continues to be researched. Most eye contact tends to be 3-10" in length; anxiety is aroused when length increases. They found that intimacy is a joint function of eye

contact, physical proximity, intimacy of topic, smiling, etc. which is determined per dyad. The increase of any of these behaviors leads to an increase an anxiety which is then modulated by a decrease in another behavior, thereby restoring equilibrium and maintaining a constancy of desired intimacy. Argyle and Dean suggest an approach-avoidance model for eye contact in which approach forces include need for feedback and affiliative needs, while avoidance forces include "the fear of being seen, the fear of revealing inner states, and the fear of seeing the rejecting response of others" (p. 293). Disturbance in the direction of too much intimacy creates a predominance of avoidance forces and leads to anxiety about rejection or the revelation of inner states. In the case of less intimacy, there is a sense of deprivation of affiliative satisfaction and reducing gaze increases psychological distance.

Eyespots. As it is for animals, eye contact is a highly emotive stimulus. It is associated with physiological arousal demonstrated by specific galvanic skin and electroencephalographic responses (EEG; Gale, 1972). In a galvanic skin response study (GSR), Nichols and Champness (1971) demonstrated that both frequency and amplitude of GSR increased with reciprocated gaze[36], with no main effects of gender. In an evolutionary throwback to the power of eyespots, eye-like schemata have been shown to have unconscious and involuntary effects on humans. The stimulus "eyes" elicits innate behavioral responses (Hess, 1975; Coss, 1970, 1978, 1979; Eibl-Eibesfeldt, 1974), one example being spontaneous avoidance to staring eyes (Ellsworth, Carlsmith, & Henson, 1972). In one study, a photograph of a robot with human-like eyes influenced the actions of subjects through involuntary cognitive brain activation which signals that someone is watching. Subjects contributed more to public good in laboratory experiments when "watched" by images of this robot (Burnham & Hare, 2007). In another study, stylized eye drawings (Egyptian Eyes of Horus, see *Figure 1*) displayed on a computer desktop influenced

[36] Whether this reduces with familiarity, as in the analytic situation, is not known.

subjects to be more altruistic in an economic game (Haley & Fessler, 2005). These studies demonstrate that the millennia-old pull of eyes directed toward oneself is hard to resist, even if the eyes are merely representational[37].

Eye/gaze entrainment. It is difficult to inhibit following the gaze direction of others. Detection and use of eye gaze can occur without conscious cognitive efforts and results in automatic shifts of attention (Langton, Watt, & Bruce, 2000). There appears to be a strong tendency to imitate the oculomotor behavior (including gaze direction and saccadic movements) of others even if detrimental to task performance. This is suggested to be connected to the tendency to share the attentional states of others (Ricciardelli, Bricolo, Aglioti, & Chelazzi, 2002). This difficulty in inhibiting gaze following was found even when subjects were explicitly instructed to ignore the stimulus and even when it interfered with task performance. There is therefore an automatic imitative response to the perception of another individual's direction of gaze. This effect was not found with nonbiological directional cues (pointing arrows) suggesting that this response is specifically triggered by eye-gaze stimuli. Ricciardelli et al. state that their results provide "the first direct behavioral evidence that perception of gaze direction may act as a powerful trigger for involuntary imitation" (p. 2263), citing the possible involvement of mirror neurons. Triesch, Jasso, and Deak (2007) have proposed a model of gaze following in which the participation of mirror neurons (discussed further in *Chapter Six*) is widely implicated.

Pupils as signals. Pupillary changes are a significant autonomic response to affective arousal. Moreover, they operate entirely out of awareness and are not subject to direct voluntary control. Pupillary behavior changes are involuntarily and nonconsciously stimulated by cognitive processes, muscular activity, attitudes, and preferences, besides sensory stimulation and affective activity. Hess and Petrovich (1987) state that pupillary changes are "not only

[37] In this case the "eyes" appear to be experienced as superego agents.

related to paralinguistics but may have to be elevated…to their own level of distinction reflecting the nature of 'pupil to pupil communication.'" The most basic finding in pupil research is that pupil enlargement indicates positive interest in a visually perceived object, particularly sexually toned positive interest. Pupils also consistently dilate in women in response to the image of a baby (Hess, 1975). Hess and Petrovich found that photographs of women with dilated pupils versus constricted pupils consistently elicit pupil enlargement in heterosexual men. Even schematic eyes influence pupil responses, supporting the existence for an innate schema for two eye spots - pupils dilate when presented with paired eye-like patterns. There are also findings supporting pupil responses to the perception of pupil size changes in other individuals.

Harrison, Wilson, and Critchley (2007) found that pupil size observed in an other modulates the perception of sadness and predicted empathy. Diminishing pupil size correlated to enhanced judgments of sadness in the experimental photographs. In an earlier study Harrison found evidence for "pupillary contagion" in which the pupils of the observer mirrored the pupils of the observed. When viewing faces with a sad emotional expression, there was incidental processing of pupil size which modulated the perceived intensity of the sadness and resulted in a corresponding modulation of the observer's own pupil size, likely to be mediated through mirror neuron activity (Harrison, Singer, Rothstein, Dolan, & Critchley, 2006). Amygdala stimulation results in pupil dilation in animals and humans. The amygdala exhibits sensitivity to the pupil size of others, with increased activity for relatively large pupils, in the absence of awareness of the observer of pupil perception (Demos, Kelley, Ryan, Davis, & Whalen, 2008).

Gaze aversion benefits for cognitive processing. Posner, Nissen, & Klein (1976) reported that visual input tends to dominate input from other modalities (due to its tendency to be less alerting than stimuli from other modalities). The attentional mechanism is coupled more

closely to vision than to other modalities of input. Visual input dominates particularly in perceptual and memorial reports, and blocks information occurring in other modalities from awareness. The authors note that the visual modality's dominance of attention and its compelling phenomenological nature. This may explain the tendency to gaze avert when processing certain kinds of information.

In conversation, listeners and speakers avert gaze to ease complex mentation. Gaze aversion is increased for difficult questions (factual content and temporal search required) and for reflective questions compared to factual ones (Glenberg, Schroeder, & Robertson, 1998). There is evidence for gaze aversion benefiting cognitive performance in a visuospatial imagination task. Maintaining eye contact disrupted accurate imagination while averting gaze benefited performance by both disengaging visual attention from irrelevant visual information and by interrupting interaction processes involved in face to face communication (Markson & Paterson, 2009). It has also been found that the efficiency of internally driven cognitive processing is enhanced by disengaging from environmental stimulation as facilitated by averting the gaze. Gaze aversion is a function of difficulty of cognitive processing. This is physically less demanding than attempting to suppress the "environment's control over conceptualization" (p. 651). The researchers conclude that averting gaze from information-rich components of the environment (such as a person), facilitated diverting cognitive resources toward remembering; planning and recollective memory required the ability to disengage from the physical environment (Glenberg, Schroeder, & Robertson, 1998).

Eyes in unconscious facial microexpressions. Ekman also demonstrated the presence of facial microexpressions which occur in microseconds and only can be consciously detected in slowed down videotapes. The face is the carrier of unconscious emotional knowledge and

reveals what cannot be revealed verbally. An important demonstration of this is the studies by Heller and colleagues. Noting the use of intuition by some clinicians in predicting the suicide risk in previous attempters, Heller and Haynal (1996) videotaped 59 patients interviewed by the same clinician within three days of their attempt and analyzed two one-minute samples from a 20-minute interview. They found that while the clinician's written prediction of the risk of another attempt was not reliable, the psychiatrist's face was. The face revealed greater micro-level muscular activity, particularly in the ocular area including increased eyebrow lowering and gazing time. At one year follow-up, these microbehaviors distinguished the suicide reattempters 81% of the time, but operated entirely out of the clinician's awareness. Heller and Haynal note the unconscious manifestations of the clinician's concern regard the patient which increases her communicative and motor output. In a follow-up publication, they reported that patients in this study had greater non-speech-related activity of the mouth and greater downward gaze (Archinard, Haynal-Reymond, Heller, 2000). This study demonstrates the mutual communication and effect of patients' and therapists' faces but which is unintentional and unconscious.

In yet another study (Heller & Haynal, 2005), these researchers further examined risk of suicide as evidenced in patients' faces during interviews about suicidal intent. What distinguished these patients from both suicidal patients who did not re-attempt and nonsuicidal depressives, was again upper face activity. Activity around the eyes, which was significantly reduced when analyzed through a facial microexpression coding system (applied to samples that were a mean length of 17 seconds). This reduction in upper facial activity was independent of severity of depression and was mainly associated with duration of eyebrow movement. Heller and Haynal understand this through Ekman's findings regarding the involvement of the eyes in

the expression of several emotions as well as the function of eyebrows in stimulating observer attention and response. In suicidal patients, both functions are inhibited – to emotionally express as well as communicate.

Dimberg, Thunberg, and colleagues have demonstrated in several studies the rapidity, contagiousness, and unconscious quality of facial and affective reactions to perceived facial expressions. Emotions similar to those expressed by others including sadness, anger, fear, surprise, disgust, happiness, and neutral expression are mimicked and experienced by the perceiver, demonstrating that facial expressions are contagious (Lundqvist & Dimberg, 1995). There is greater *zygomaticus major*[38] muscle activity in response to happy facial expressions and greater *corrugator supercilii* muscle activity in response to angry facial expressions which are observable after 300-400 milliseconds of exposure (Dimberg & Thunberg, 1998). The same activity occurs when subjects are unconsciously exposed to happy and angry faces for as little as thirty milliseconds (Dimberg, Thunberg, & Elmehed, 2000). Furthermore, demonstrating the automaticity of these muscular responses, an additional study showed that the elicitation of this muscular activity when exposed to negatively and positively emoting faces occurred even when subjects were explicitly instructed to not react with facial muscles (Dimberg, Thunberg, & Gruendal, 2002).

Relatedly, it has been shown that the amygdala (as well as the STS and fusiform gyrus) are activated in the processing of subliminal visual emotional stimuli (which in this study was an angry face exposed for 15 milliseconds followed by a neutral masking face; Sabatini et al., 2009). The subcortical processing of subliminal emotional facial and bodily expressions was demonstrated with cortically blind subjects who responded with rapid facial reaction imitating

[38] The *zygomaticus major* raises the lips to form a smile while the *corrugator supercilii* furrows the eyebrows as in a frown.

the expressions as well as high arousal when exposed to such affective material (Tamietto et al., 2009).

We study the eyes and face of our interactional partner and both transmit and receive information from these sources without our awareness and these induce arousal and affective states, involuntarily and automatically and beyond our control.

Summary/Conclusion

Ethologists and other behavioral scientists have noted the important and unique role that eye gaze plays in inter- and intraspecies interactions. For many animals, eye gaze establishes dominance, initiates and terminates aggression and mating behaviors, and sometimes indicates the location of food and signals the direction of an approaching predator. The detection of eye contact is widespread amongst species, an important ability due to prey-predator relationships. Many species thwart attack with facsimiles of eyes. The ubiquity of these eye spots argues for the widespread presence of the fear/flee reaction to eye-like stimuli in many species. While most animals react to eye contact with fear or avoidance, amongst primates, eye contact can mediate both affiliative, playful and aggressive encounters. In humans (as well as some animals), eye contact provides a foundation for communication and social interaction. It is possible that the depigmentation of the human sclera, which does not exist in other species, has evolved for effective communication and social interaction based on eye contact.

One of the main uses of eye gaze that appears to be unique to humans is to reveal another person's mental activities, or "mind-reading." Eye gaze may be used to determine another individual's state of mind (e.g. focus of attention, knowledge, desire, and belief). It has been theorized that the ability to use eye gaze is crucial to the development of a theory of mind, and that the lack of the sensitivity to eye gaze is related to impairments in social and cognitive

abilities such as autism. In addition, the eyes reveal the affective state of the other and are key in several facial expressions of emotion.

Eye contact and mutual gaze are integral in adult communication and interaction and have its roots in infancy. Eye gaze plays an essential role early in ontogeny and there appears to be great adaptive significance in detecting others' gaze, early in life. Human infants arrive in the world remarkably prepared to use their eyes to connect with others through the eyes and faces of others. They show a remarkable early sensitivity to mutual gaze and prefer to look at faces that engage them in mutual gaze, with greater neural processing of faces with direct gaze from early in life. Neonates and infants demonstrate significant innate capacities and competencies with regard to their own use of gaze and detection of others' gaze.

This chapter demonstrated the following: the continuity of visual functions through primate evolution, with many functions that have remained unchanged over millions of years of evolution; instinctual aspects of gaze and mutual gaze; critical social and psychological functions are underwritten by gaze and mutual gaze; the associations of threat and danger on the one hand and affiliation and connection on the other hand with eyes and gaze; many gaze transactions take place at the prerepresentational, pre-reflective level – are innate, automatic, unconscious and outside of volitional control; subcortical regions of the brain, viz., the amygdala, which are involved in emotion regulation, are also involved in eye perception, demonstrating the potential link between gaze and affective functioning.

CHAPTER TWO

The Eye of the Mother. The Infant and Literal and Metaphorical Maternal Gaze

Both theorists and researchers have demonstrated the critical function of visual interaction and mutual gazing between mother and infant. Infant interpersonal visual communication is critical to the experience of embodiment and formation of the self. The mother's cradling of the infant, and the nature of her gaze and tone form the crucible for later object love. Three influential papers, from the point of view of mirroring and attachment, through the mother's eye, gaze and face, and written around the same time (1967-71) are covered below first, followed by attachment and regulation research. The chapter concludes with psychoanalytic studies on early visuoperceptual experiences of the infant and their role in the development of psychic structure.

Mirroring, Development of the Self, and Attachment

Several theorists have implicitly used the metaphor of gaze to refer to the totality of the emotional climate that the mother creates for her infant. Winnicott and Kohut's works represent this manner of using gaze for a host of processes in the mother-infant dyad. They also position mirroring by the mother as a necessary condition in the development of the healthy sense of the self of the infant. Robson's paper incorporates some of the first empirical works on infant's visual abilities to discuss the creation of attachment. This is followed by a review of recent empirical works on gaze, attachment, interaction, and primary intersubjectivity, by Stern, Tronick, and Beebe.

Winnicott: The Mother's Mirroring Face and Apperception

Winnicott presented the idea of visual communication between mother and infant which he called mirroring, in his well-known paper, "Mirror-Role of Mother and Family in Child Development" (1967/1971)[39]. This paper is a further contribution to his ideas about the relationship between mother and baby that arises from *the holding environment*. The function of the environment is to hold, handle, and object-present. Under usual circumstances, the baby is held and handled satisfactorily and presented with an object that does not violate its sense of omnipotence. Winnicott said, "Now at some point the baby takes a look round. Perhaps a baby at the breast does not look at the breast…What does the baby see there?" (p. 112). Noting that the answers come from experience with psychoanalytic patients with access to early phenomena, he continues,

> What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby and *what she looks like is related to what she sees there.* (p. 112, original italics)

Baby looks at mother and the baby forms her first sense of self from the manner in which her mother looks back at her. Mother reflects what she sees in her baby, including her wishes and fantasies. Winnicott goes on to discuss what occurs when the mother is unresponsive, or instead reflects her own mood or "the rigidity of her own defenses."

> The baby gets settled in to 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 apperception, 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)

[39]Winnicott began the paper by acknowledging the influence of Lacan's 1949 essay on the mirror stage (discussed in *Chapter Four*) while noting that he and Lacan think of the mirror in different ways. While for Lacan, it is the actual literal mirror and the "specular image" of the infant, for Winnicott, the mirror to which he refers is the mother's face.

Winnicott described the adaptive processes that occur in the baby when the mother fails to adequately reflect it. The infant learns to scan the mother's face for signs of safety to be spontaneous and to allow its own needs to emerge, it learns to "study the variable maternal visage…(and) quickly learns to make a forecast" (p. 113). All this strains the baby's capacity for creativity and to tolerate spontaneous events and the threat of chaos they bring. Then Winnicott turns from phenomenological to metaphorical language: eventually, the baby may "not look except to perceive, as a defense. A baby so treated will grow up puzzled about mirrors and what the mirror has to offer. If the mother's face is unresponsive, then a mirror is to be looked at but not to be looked into" (p. 113).

In normal development the mirroring of the mother's face is not true mirroring: the infant's reflection is not, a faithful reflection. It is in fact the mother's *apperception* of the infant. What the infant sees is what the mother looks like and what she looks like is *related* to what she sees. The mother brings something of herself – she creatively perceives, relating what she perceives to past experiences. When the mother reflects instead her own mood or responds through her rigid defenses, what the baby sees is not itself but rather its mother's face, in which case it is not a mirror. The infant gives but does not receive in turn what it gives. The mother's face dominates over the infant's personal needs. Creativity is stifled and instead the infant comes to approach the world from a removed, objectivist stance in which there is no self-enriching exchange between self and the other through which "meaning in the world of seen things" (p. 113) is achieved.

In saying, "When I look, I am seen, so I exist. I can now afford to look and see. I now look creatively and what I apperceive I also perceive" (p. 114), Winnicott says that to see is to see oneself being seen by an other, and that this is both necessary for existence as well as for

creativity. Self and other coexist, as do reality and fantasy, the subjective and the objective. In Winnicott's mirror is a basic relational paradigm in which identification is with the way I am seen by the other. Winnicott emphasizes the significance of being held in the visual regard of the (m)other in order to find meaning in the world.[40]

Kohut: The Gleam in the Mother's Eye

Kohut also uses the concept of mirroring to discuss the relationship between mother and infant. For him, vision is the interactive medium through which the healthy versus pathological self develops. The mother's eye is the means to a cohesive, whole, integrated self. This idea of the mirror was embedded within the development of his ideas about the formation of the self, normal grandiosity, and the etiology and treatment of narcissistic personality disorder.

Kohut's (1971) discussion of the mirror transference between patient and analyst drew upon his notion of the "gleam in the mother's eye," which mirrors the child's exhibitionistic-narcissistic behaviors, and is the conduit through which the normal grandiose self develops. Kohut said, "The most significant relevant basic interactions between mother and child usually lie in the visual area: The child's bodily display is responded to by the gleam in the mother's eye" (p. 116). "Gleam" is signal of mother's joy and pride in the child. The mother's delight in the child's agency and burgeoning self fuels the child's development of a healthy self.

The child's archaic grandiose self is transformed into realistic, age-appropriate grandiosity by the mother's mirroring responses. Archaic grandiosity remains unchecked and ultimately develops into narcissistic personality disorder if the mother's mirroring, confirming responses are deficient and if idealization processes are disturbed. If the mother cannot tolerate the infant's separate self, and cannot allow her eye to gleam, this constitutes a traumatic empathic failure for the child who may then develop pathological narcissism and whose

[40] This paper is again turned to in the concluding chapter, on treatement (*Chapter Six*).

development into adulthood is burdened with the search for the mirroring selfobject. Individuals with "mirror-hungry" personalities, one of five personality types described by Kohut and Wolf (1978), are "constantly impelled to display themselves and to evoke others' admiration to counteract their inner sense of worthlessness" (Akhtar, 1992, p. 56). Such personalities engage in exhibitionistic activities, it can be said, to provoke potential mirroring through the others' looking. Mother's lack of mirroring, is pathogenic in ways more specific than the lack of maternal mirroring in Winnicott's conceptualization.

Robson: The Mother's Eyes as "Locus Vitae"

In perhaps one of the first papers on eye to eye contact in the maternal-infant dyad that also includes empirical evidence, Robson (1967) covered the vicissitudes of eye to eye contact and its role in attachment in the first six months of life. The infant's most "basic and primary activity" is its visual exploration of the environment (Rheingold, as cited in Robson). The visual modality is an important avenue for accomplishing the tasks of early development – beyond perception and attention. He added eye contact to Bowlby's list of innate releasers of maternal behavior and infant attachment and asserted that the visual mode has "pre-eminence as a major vehicle of intra-psychic and inter-personal development" (p. 13).

Robson noted that the neonatal reflexes of visual fixation and following, which gain increasing capacity, attains their full development by the second month, and are among the first acts for the infant that are intentional and subject to control. The visual mode is an on-off system by which the infant can modulate or eliminate external sensory input, through closure of the eyelids, gaze aversion, pupillary constriction and dilation. Many stimulus properties of the mother's (and infant's) eyes give them appeal compared to other body parts – their shininess,

their mobility while still being fixed, the contrasts between pupil-iris-cornea, the pupil's capacity to vary, and the variations in the width of the palpebral fissure.

Citing others (including Szekely, discussed below) Robson noted that one of the earliest and most effective stimuli for eliciting social smiling is a visual gestalt ("key stimulus") consisting of the two eye and forehead configuration *en face*, i.e., such that the eyes of the infant and those of the observer meet fully the same vertical plane of rotation. Referring to Lorenz, Robson stated that there was "no reason to believe that smiling and eye contact in human babies differ in origin from the primarily defensive functions they play in the animal world…an illusion with survival value" (p. 15), as the moment when a mother first feels love for the infant involves the baby's looking being recognized in a highly personal and intimate way. The baby's looking at her resolves maternal anxiety by inducing the in the mother experiences of resonance, recognition, and uniting with her infant. Thus, eye contact by the infant is an innate releaser of maternal caretaking response.

For the infant, the eye gestalt is a perceptual organizer. It is a highly discriminable stimulus configuration that can focus and hold the infant's attention more successfully than many competing internal and external perceptual events. Robson speculated that in the first months of life many forms of stimulation are experienced by the infant as "coming from" the eyes of his caretakers. The vicissitudes of eye to eye contact experienced in infancy would provide one starting point for examining the origins and persistence in adults whereby internal experiences are attributed to external events, said Robson. Furthermore, oral and body contact sensations of feeding may, through contiguity, be attributed to the eyes of the caretaker. Robson concluded

that the stimulus configuration of two eyes is selectively attended to as the "locus vitae[41]" of the infant's primary caretakers, and thereby serves as an important organizer of her perceptual world.

In the four to six months period, Robson noted that "eye to eye contact is one of the most intense and binding visual interactions for infants at this age" and the maternal eye retains its salience though there is now also visual scanning of other facial features. At this age, "a fundamental two-way process of communication – looking and being looked at – is set in motion" which continues to operate continuously through one's relationships. Robson noted that though eye to eye contact is one component in the matrix of maternal and infant behaviors that compromise reciprocal interaction, it "seems to cut across all interactional systems" in conveying the intimacy of the relationship as a whole.

There are mother and infant characteristics that predict the quality and intensity of the infant's tie to her mother's face. Infant alertness (the intensity of attentiveness), arousal level, gender, sensory modality preference, and predisposition to gaze aversion are determinants as is maternal predisposition to gaze aversion. The contingency of maternal eye behavior, such as time, accuracy in meeting the infant's needs, and the affective component of eye contact, and the degree of animation and modulation of facial expression especially in the upper face, are also factors.

Robson stated that early contingency experiences, which are the bases for trust and subject sense of meaning, when in eye contact realm, may be a determinant of the reliance and use of nonverbal communication including eye contact in older children and adults. In the case

[41]Infants use their mother's eyes to recognize them (and are particularly attuned mother's left eye). In a study of seven-month old infants' recognition of familiar and strangers' faces, infants showed a preference for mother's face over the stranger's face only when her eyes were visible (Humphreys, Gosselin, Schyns, & Johnson, 2006). They also looked preferentially at the stranger's right eye while it was the left eye with their mothers. This was hypothesized by the researchers to be due to a previous finding by Salk that 80% of mothers hold infants' heads toward their hearts by which their left, more than their right eye would be revealed.

of primarily noncontingent experiences, the results is either overattentiveness to nonverbal cues or the abandoning of gaze as a form of communication as in persistent gaze aversion. These constitute problems in the establishment of the face-tie and may foster disruption and distress in the infant, resulting in interference in both early and future human relationships. Robson noted, "Enduring deviations in eye to eye contact should be concomitants of these attachment disturbances" and may represent "unfinished business" from the early months of life. Thus for Robson, the visual experiences in the first six months of life have enormous significance for later functioning and his observations have been the springboard for future research.

Attachment and Self/Mutual Regulation Research

Stern and defensive precursors. Not long after the above papers Stern (1974) built upon and extended Robson's assertions regarding mother-infant gaze with empirical findings and a focus on dyadic interaction regulation. He proposed a bidirectional, interactive model with a focus on visual attention that emerged through close examinations of moment-to-moment events between mother and infant in play interactions. In play, the partners attempt to achieve an optimal level of positive arousal through mutual regulation of stimulation. Stern conceptualized facial and vocal behaviors in this model as being used to capture and hold the visual attention of the other member of the dyad. He emphasized and drew attention to the fact that because the visuomotor system matures while other motor behaviors are still immature, gazing patterns between mother and infant represent the first dyadic system in which both have "almost equal control and facility with the same behavior."

Control over the eyes not only provides the infant control and regulation over perceptual input, but also control and regulation of its internal physiological state. The infant can lower its state of arousal in case of stimulus intensity, complexity or discrepancy from an internal model,

and raise its arousal in case of stimulus redundancy, with its eyes. This regulatory model applies to social visual contact, and has implications for the early operation of defensive and coping phenomena. The study of gaze behaviors thus permits the observation of some of the earliest operations related to the precursors of defensive and coping maneuvers. Functions served by gaze are as a "cardinal" attachment behavior, as a signal function indicating readiness and intention to engage; to terminate or reduced intensity of interaction, via gaze aversion (discussed in more detail below); and as an experience providing a form of "dialogic" exchange. In an earlier work Stern demonstrated that the mathematical regularities in the temporal patterns of mother infant gaze are similar to adult verbal conversations (Jaffe, Stern, & Peerey, 1973). The infant's earliest gaze behaviors are the foundation on which later nonverbal and verbal social/communicative behaviors are built.

Stern (1974) emphasized that the mother in these interactions demonstrates unusual deviances from adult interactive behavior, presenting the infant with "supernormal human stimuli" (p. 195) including in gaze, with the mother maintaining gaze for significant lengths of time, often over 30 seconds. Her gazing pattern would seem to indicate that she is in the role of a listener, continuously gazing, with a talking infant.

The infant's "continuously operating on and off of…visual attention…provides the regulatory background in which other expressive behaviors are largely prepared for, occur, and terminate" (p. 195). Stern pointed out that the infant's gaze initiation and termination has a biological basis in intrinsic behavior of the eyes which shift continuously as a result of central nervous activity (seen also in REM sleep) and thus the infant's gazing patterns are a result of both this activity as well as interactive events. Infant gaze maintains maternal gaze and reduces gaze aversion on her part. Maternal gaze similarly powerfully elicits and holds infant gaze, such

that the timing of infant gaze and gaze termination is dependent on interactive events with the mother. Biologically-based gaze alternation is organized by maternal gaze to serve a social, interpersonal function, in such a way that "the occurrence of mutual gaze is maximized" (p. 204).

Stern noted that the clinical importance of these early experiences is the infant's learning of state regulation including arousal and affect in the context of another individual's interpersonal behavior. The infant learns to initiate, maintain and terminate contact depending on the effect of mother's behavior on her. It is in this way that the gazing behaviors of the infant are the "execution of early coping and defensive operations" (p. 210).

In a subsequent paper, Stern (1977) elaborated on the specifics of the gaze and facial behaviors of the dyadic pair, conceptualizing them as crucial elements of their innate repertoire of interactive behavior. The majority of the infant's awake time is spent in nursing and Stern asks of the nursing infant, "What will he see?" Since in the feeding position, the infant's eyes are eight inches from the mother's eyes when she is facing him, the majority of the infant's time is spent in eye contact with the mother. Innate design of anatomy, positioning, and visual ability that allow mother's face and eyes to be the focal point of his "early construction of his salient visual world and a starting point for the formation of his early human relatedness." The mother in turns uses facial displays that highlight the eyes – mock-surprise, used every 10-15 seconds to reward the infant's initiation of gaze, and the frown, which accompany her own gaze termination. Emotional displays in which the eyes are widened (surprise, greeting, flirting) indicate readiness to interact and displays in which the eyes are narrowed (anger, fear, disapproval) indicate the opposite and likelihood of breaking of visual attention.

Perceptual input is largely of the infant's own choosing and it can "veto, censor, or titrate" visual stimulation and thereby regulate relatedness and influence the flow of

interpersonal events. The infant's eye behaviors are accompanied by head movement which can intensify the purposes of the eye behavior. Stern delineates three head and gaze positions relative to the mother's face: the central position, which allows the infant to perceive the mother with foveal vision; the peripheral position, an ambivalent position in which the infant's head is turned 15 to 90 degrees away from mother but which still allows the registering of change in mother's head and facial movements; and the position of total loss of visual contact with the mother, with the head turned past 90 degrees or lowered. Each position allows the infant varying sensorimotor experience of being with the mother, under his control. Stern points out that the sideways gazing in the peripheral position contains contradictory signals with incomplete avoidance and flight actions. Aversion of the face is a social form of the innate avoidance reflex to turn the face when an object looms toward the face. Stern extended these findings in his work with Beebe, described below.

An important later concept of Stern (1985) is that of *amodal perception*[42] or perceptual unity across various sensory modalities, due to the innate design of the infant's perceptual system. He found that infants are predesigned to be able to perform a cross-modal transfer of information that permits them to recognize perceptual correspondences. Unlearned yoking takes place so that "the sucked breast and the seen breast" is an integrated experience. Many of the early works by other authors referred to in this chapter link gaze with global perceptual processes (which Stern established empirically).

Tronick: Mutual regulation and repair. Robson and Stern's ideas can also be understood from the point of view of the infant-mother relationship as an affective communication system in which there is reparation of interactive errors as proposed by Tronick

[42] This is similar to Meltzoff and Moore's (2000) process of "active intermodal mapping" by which infants are able to imitate faces – they match their own, unseen but felt, facial movements with the seen but unfelt facial movements of the adult.

and colleagues. Mutual gaze is important for coregulation as suggested by the mutual regulatory model and theories of dyadic states of consciousness (Gianino & Tronick, 1988). In the mutual regulation model of infant-caregiver interaction, the infant employs self- and other- regulatory behaviors of which gaze behaviors are key. These regulatory behaviors are part of the repertoire of the infant to cope with sadness, anger, and extreme positive affect which can be distressing. These coping behaviors help contain the disruption created by these emotions and allow the infant to accomplish tasks of controlling her emotional state and interacting with people and objects (Tronick, 1989).

Through, interactive errors and interactive repair, the infant develops a representation of self as effective, of her interactions as positive and reparable and caretaker as reliable and trustworthy. The degree of interactive coordination and affective reparation is what is critical to their outcome. Infants who experience fewer repairs are less likely to solicit their mothers and more likely to gaze avert and become distressed. In abnormal interactions, the chronic experience of failure, nonrepartion, and negative affect has detrimental effects on developmental outcome. The infant establishes a self-directed style of regulatory behavior (i.e., turning away, escaping, becoming perceptually unavailable) to control negative affects and its disruptive effects on goal-directed behavior. The infant may begin to engage these behaviors "automatically, inflexibly, and indiscriminately" to the extent that these self-directed regulatory behaviors are successful in controlling the negative affect and containing its disruptive effects. Normal self-regulatory behaviors become pathological or "defensive" because they are used indiscriminately to preclude anticipated negative affect. Tronick cites Stern (1985) to note that the regulation of emotions, self and others, interactive success, and affective reparation are

lifetime issues. Adult management of these functions relies on their regulatory style and their conscious and unconscious representation of their past experiences within interactive regulation.

Beebe and visuospatial boundaries. In an early study, Beebe and Stern (1977) found that the infant has a series of object experiences through the vis a vis orientation and sustained visual regard, which are the building blocks of later internal representations. They suggested a gradation of engagement-disengagement between mother and infant, in which gaze is central. Four-month old infants have two primary modes of visual perception – foveal and peripheral, both of which have implications for establishing interaction and attachment. The infant's experience with all the gradations gives her a range of different object relations and composites of these are internalized the precursors of object representations. The chase and dodge sequence between mother and infant and mother's "looming" in the infant's visual field are of significance here. The misattuned mother responds to the gaze aversion of the infant with chasing with her head/face, leading the infant to dodge and further avert. The mother observed through peripheral visual monitoring is experienced as looming. The infant's actions are understood as "escaping her presence, at least visually" and as reflecting a series of "increasing visual-spatial boundaries in relation to the mother."

> Particularly due to the infant's inability at this age to re-evoke the image of the absent object, pervasive "chase and dodge" might force the infant to make premature postural-visual separations without adequate means of remaining in (visual) contact. It is interesting to speculate as to whether the organization or behaviors seen here, that is "something chasing, out of the corner of the eye, but with no visual image," might be the basis for the earliest prerepresentational origins of the persecutory object. It is a mode of interaction in which the infant stays acutely tuned to the mother through peripheral visual monitoring, locked into the object relation temporarily as he, at the same time, avoids her posturally and visually. (p.53)

In a series of studied, Beebe and Lachmann (e.g., 1988, 1994, 2003) observed that mirroring exchanges between infant and mother represent a transformation of inner events. Mother and infant match each other's temporal and affective patterns and each recreates an inner psychophysiological state similar to the partner's. This serves to create a secure attachment between infant and mother. They noted that when one individual in a dyad matched the other's nonverbal affective cues, through body posture or facial expression, the observer recreates the autonomic changes and body sensations associated with the other's emotional state. Furthermore, such gaze experiences become encoded in interaction structures (Beebe & Lachmann, 1988).

The infant's gazing behavior has implications for her attachment status (which is an important predictor of peer relations, school performance, affect regulation, and psychopathology). Beebe, along with Koulomzin and colleagues found that as early as four months infants classified as *A* (avoidant) versus *B* (secure) at 12 months demonstrate differences in their negotiation of face-to-face interaction with their mothers, particularly as mediated through their gaze behaviors (Koulomzin et al., 2002). They found that: "The future *A* infant at four months looks at the mother less; has a less variable facial process for the mother to track; spends more time in neutral face, which is associated with a disruption of gaze at the mother; uses more tactile/mouthing behaviors; changes the pattern of tactile/mouthing more frequently; and maintains a level of stable gaze at the mother equal to that of the *B* only if involved in self-directed tactile/mouthing." They took this as confirmation that avoidant infants experience greater distress which leads to behavioral dampening in various forms in order to reduce under- or over-arousal. The *A* infant's adaptive style which biases her to look away from mother's face and interferes with attentional focus, is "a form of proximity-maintenance." Infants' tendencies

to utilize gaze aversion as a method of regulating arousal therefore have implications for his/her attachment status.

Schore and socioaffective development. In his volumes on socioaffective development, Schore (1994, 2003) placed visual interaction with the mother at the core, particularly affective transmission in mutual gaze transactions. He remarked, "The mother's gleam is more than a metaphor." Emotional and social ontogeny is tied to visual system maturation. Schore noted that at two to three months, with increasing myelination of the visual areas of the infant's occipital cortex, the mother's pupils become a focus of the infant's attention. Citing the research of Hess (1975; see *Chapter One*), he observed that the infant responds to mother's enlarged pupils with her own pupil dilation and smiling. Dilated pupils release caregiver behavior and act as rapid, unconscious, interpersonal communications between mother and infant. Furthermore, mutual gaze triggers high levels positive affect[43] neurochemically mediated through the reward system and stimulation of endogenous opiates in the infant's brain and socioaffective development. This heightened affect leads to the development of the orbitofrontal cortex and the right hemisphere, the seat of socioaffective functioning. Schore also commented that reciprocal gaze, in addition to attunement, may transmit misattunement, resulting in shame experience. Shame represents a regulatory failure and is experienced as discontinuity in going-on-being, as termed by Winnicott. The issue of shame is further explored in the next chapter.

Other Factors Influencing Mother-Infant Gaze

The innate and intuitive. Als (1977) pointed out that compared to other mammals that carry their infants in a ventro-ventral fashion, a specifically human feature is the protruding female breast which allows the infant, even while nursing, to be somewhat removed from the

[43] Stern (1983) too found that when there is synchronized gaze this dyad creates a mutual regulatory system of arousal in which both parties experience a state transition, as they move from a state of neutral affect and arousal to one of heightened positive affect and high arousal.

maternal body and allowing each to observe the face of the other. Largenesss of the eyes are an essential feature of *kindchenschema,* or "baby schema," a set of physical features of infants that elicits caretaking responses and inhibits aggression (Lorenz, 1943; Glocker et al., 2009); the larger the eyes (height and width, iris size), the greater the appeal (Sternglanz, Gray, & Murakami, 1977). Papousek and Papousek studied the mirroring actions of the parent in interaction with the child from an ethological perspective. Parents intuitively seek direct, eye to eye visual contact with their infant, from the first moments of exchange, in a vertically parallel, face to face context[44], which Papousek and Papousek (1979) stated, is unique to humans. In this position, and while matching infant's facial expressions, parents provide a "biological mirror" which facilitates infant self-awareness (see *Figure 4*, in which the image of the mother is visible in the infant's pupil). It has been suggested that through an imprinting-like process, immobile human infants follow their mother's face with their eyes, in a process analogous to infants in other species which physically follow their mothers (Gray, 1958).

The mammalian hormone, oxytocin, known for its role in female reproduction, particularly in facilitating birth and breastfeeding and the initiation of maternal behavior, increases gaze specifically to the eye region (Gustella, Mitchell, & Dadds, 2008) and enhances the ability to detect emotions in others from their gaze (Domes et al., 2007)[45]. The increase in oxytocin postpartum primes the mother to engage in mutual gaze with her baby.

Developmental timeline. There appears to be a rise and fall of mother-infant gaze, the rise precipitated by the infant and the fall by the mother. Eye contact emerges at four weeks of

[44] Two different mutual gaze distances are used by parents. Most mothers, including first-time mothers, use a dialogic distance of 22.5 cm (about 9 in.), even in the first postpartum days, when their infants show a readiness to interact. An observational distance about twice that distance at 40-50 cm (16-20 in.) is used to watch an infant not attending to them, that is, not signaling a readiness for interaction.

[45] Oxytocin administration has been found to enhance emotion recognition through facial perception, interpersonal communication, and social approach behavior. It enhances trust, identification of emotions from the eyes of others and reduced responsiveness to social threat (Gustella, Mitchell, & Dadds, 2008) and improves the ability to infer the mental state of others from social cues of the eye region (Domes et al., 2007).

age (Wolff, 1963, 1987; Lavelli & Fogel, 2002) after which there is a striking increase in mother-infant mutual gaze (Blass, 1977; Lavelli and Poli, 1998). The infant's gaze acts as a "releaser" for interaction, with gaze toward the caregiver initiating interaction and averted gaze terminating interaction (Stern, 1974). Infants also fixate on and smile at eyes[46] by the fourth week of life. Mutual gaze increases in the second month and decreases after the third month of life. Lavelli and Fogel (2002) have shown a curvilinear development of face to face communication (defined as interactions with mutual gaze) in the mother-infant dyad, with a significant quantitative and qualitative change occurring at four weeks, coinciding with the onset of the infant's capacity for eye contact. The peak of face to face communication occurs between the ages of four and nine weeks, including both simple gazing by the infant and active engagement with the mother. There is a significant decrease between nine and fourteen weeks in most dyads of this study, which appears to be a function of both the infant's gender and context (infant held or not held). Girls spent significantly longer time in face to face communication[47] and there is decreased gazing when the infant was held in the mother's arms. The absence of bodily contact appears to stimulate greater gazing by the infant seeking contact with the mother. This is in line with Papousek and Papousek (1977) who suggested that mother-infant visual contact increased when the infant is not held by the mother due to the infant's need to maintain contact with the mother whether it be tactile or visual, as well as Keller's findings, below.

In longitudinally examining mother-infant dyads in play interactions when the infants were 6, 20, and 36 months of age, one study found that while the children increased duration and frequency of gazing, mother showed the opposite pattern, dramatically decreasing their gaze and

[46] The infant's initiation of eye contact induces in the mother talking, smiling, humming, singing, and clicking (Als, 1977; Hutt & Ounsted, 1966; Richards, cited in Arygle & Cook). The initiation of eye contact by the mother induces the infant to widen the eyes, still body movements, vocalize, and smile (Vine, 1973; Richards).
[47] This connects to the finding in Chapter One that females engage in more mutual gaze interactions.

engaging in more gaze termination. The researchers hypothesized maternal motivation as being preparation of the infants for a more independent interactive role (Farran & Kasari, 1990). This coincides with the hatching, the beginning of separation-individuation (discussed below). Further, this mismatch and maternally-initiated withdrawal of gaze may have affective implications (such as for envy and evil eye, discussed in the next chapter).

Feeding mode. Maternal gaze and mutual gaze is also a function of mode of infant feeding. The percentage of maternal gaze is elevated (along with mutual touch and tactile stimulation) in breast versus bottle feeding with neonates three days, ten days, and one and three months old. There are greater gaze interactions both during and after breast versus bottle feeding (Lavelli & Poli, 1998).

Culture and body contact. There are also cultural and socioeconomic variations in the amount of gaze between infant and caregiver. Tronick (1989) reported that among the Gusii of Kenya, who abide by cultural norms regarding who may look at whom during face to face interactions, a mother may avert her gaze from her infant at the moment his affect becomes positive, leading to the neutralization of the infant's affect and gaze aversion. In numerous cross-cultural studies over the last decade, Keller and colleagues have studied parenting strategies with infants in numerous societies. They have proposed a proximal and distal parenting style[48]. The proximal style, which is predominant in traditional subsistence societies which value relatedness, obedience and hierarchy as relatedness goals, is characterized by bodily proximity and body stimulation. It reinforces closeness and warmth and is related to compliance

[48]Following Kagitcibasi's (1996, cited from Keller et al., 2009) model of distance and agency dimensions, the distal system is related to the independence model which emphasizes separateness and autonomy, and the distal system is related to the interdependence model which emphasizes relatedness and heteronomy while the psychological interdependence model is a combination of the two. The independence model characterizes Western urban middle-class families, interdependence characterizes non-Western rural families and the autonomous model is typical of non-Western urban middle-class families.

development. The distal style in contrast, is found in Western industrial and postindustrial middle-class families which tend to value competition, individual achievements, autonomy and separateness etc., and is characterized by face to face contact and object stimulation. They state that body contact and face to face contact are two alternative parenting strategies in which the former is evolutionarily older and the latter a new parenting system while neither is "better" than the other. The somesthetic system is older in the human embryo while the visual system develops late prenatally (Keller et al., 2009).

Further notes on gaze disruption and aversion. Brazelton (1974) noted that the infant continuously engages in look-avert cycles. Gaze aversion has significant regulatory and interactive meaning. As already seen, a major developmental adaptation during infancy is the ability to cope with arousing or overstimulating events. Vision is the most developed sense in the first few months of life and heavily relied upon by the infant to regulate both internal state and social experience. It is the earliest regulator of perceptual input and used by the infant to control amount and type of stimulation. Gaze aversion serves the purpose of reducing autonomic arousal and negative affect in infants (Field, 1981) and is used by infants as periods of withdrawal allowing regulation of internal states (Brazelton, 1974; Field, 1981; Stern, 1974). Gaze aversion by the infant has been likened to "cut-off" behaviors in other species used to terminate agonistic encounters and reduce arousal (Chance, 1962; Hutt & Ounsted, 1966, discussed in *Chapter One*).

When the dyad includes a depressed mother, mothers and infants are both vigilant to the other's facial shifts but withdrawn from monitoring each other's visual availability (Beebe & Jaffe, 2008) and anxious mothers are more visually vigilant as well. Infants with depressed mothers engage in greater gaze avoidance (Tronick & Reck, 2009; Reissland, Shepherd, &

Eisquel, 2005; Field et al., 2005a) and avert more when the depressed mother is also angry versus anxious (Field et al., 2005b). Cohn, Matias, Tronick, & Connell (1983) found that by the age of six months, infants and their depressed mothers cease participating in facial-affective exchanges and mutual regulation.

Even newborn infants as young as three hours old respond to still-face with gaze aversion (Nagy, 2004, 2008)[49]. Preterm infants employ more gaze aversion than fullterm infants, likely due to immature capacity for arousal modulation and information processing (Field, 1981). However, emphasizing that gaze aversion occurs in positive contexts of mother-infant interaction as well, Stifter and Moyer (1991) demonstrated that high and moderate positive affect also leads to infant gaze aversion. Gaze aversion in their study with five-month old infants playing peek a boo with their mothers was found to immediately succeed expressions of high positive arousal, but were short, lasting one or two seconds, and accompanied by smiling and approach orientation. During still-faced (low activity) and high activity interactions between mothers and infants, infants engaged in greater gaze aversion and tonic heart rate was elevated. Accelerations of heart rate preceded the onset of gaze aversion and deceleration occurred during gaze aversion periods (Field, 1981). As the infant grows, she is able to sustain visual attention for increasingly longer period of time and engages in gaze aversion less frequently. Infants up to six months of age use gaze aversion as their primary regulatory strategy; gaze aversion decreases in 12-18 month olds (Mangelsdorf, Shapiro, & Marzolf, 1995).

Mahler and separation-individuation. In the separation-individuation process of the infant and toddler (Mahler, Pine and Bergman, 1975), mother-infant gaze enters in several ways.

[49] Nagy's findings that as early as three hours after birth, infants react with distress, such as by decreasing eye contact, in response to disruptions of face to face interaction to still-face demonstrate the innate motivation to engage interpersonally. The effects of the communication disruption persist even after contingent responsiveness by the partner is resumed. Later, even after six months of age, interruption of eye contact between mother and infant produces more protest by the infant than interruption of physical contact (Schaffer & Emerson, 1964).

Symbiosis is optimal when the mother promotes eyes contact, particularly while nursing, but also while talking and singing, and the infant's smile, prompted by eye contact with the mother, marks the infant's entry into the symbiotic phase. At six to seven months, at the onset of hatching, the precursor to separation-individuation and emergence from the symbiotic orbit, the infant's visual and tactile explorations of the mother's face and body peaks. And in the following month, the infant displays a visual checking-back pattern with her mother, "the most important…sign of beginning somatopsychic differentiation" (p. 55). She also engages in comparative scanning of mother and stranger, and "customs inspection," a visual and tactile exploratory activity of stranger in which she compares and contrasts the features and gestalt of the stranger with the mother, as a part of stranger reaction and anxiety.

While object permanence (of the inanimate, physical object) becomes established around 18-20 months of age (Piaget, 1937), object constancy of the (affective, libidinized object), which implies the "gradual internalization of a constant, positively cathected, inner image of the mother" as opposed to reliance on the external, visual image of the mother for a sense of security, does not become firm until three years of age (Mahler, et al., p. 109). In relation to this, the universal peek-a-boo game appears to be trial separations from the caregiver, achieved through control of visual connection. However, Mahler et al. see its purpose as not only serving to delineate the infant's body image, but also to find mother and be found by her, that is, to be mirrored by her which allows body self-representation to occur.

Blind infants. There exists a body of literature, including psychoanalytically-oriented studies on how impaired vision, particularly blindness, affects infant development. Most notable of these is the work of Selma Fraiberg whose research in this area culminated in the publication of her book *Insights from the Blind* (1977). Her most significant findings in this area are summed

up as three major obstacles in the development of blind infants – their need to establish recognition of parents auditorily, the difficulty in establishing object permanency, and the difficulty in achieving a healthy self-representation. Fraiberg also found that vision acted to unite the other sensory and perceptual modes. She noted that she and her team were able to facilitate some compensation in every sphere of development but blindness was an impediment at every point, particularly in the constitution of a stable concept of "I." Earlier in 1971, Fraiberg examined separation crisis in two blind infants in their second year of life and found differences in age of onset and peak age from sighted children, which she attributed to delay in the capacity of evocative memory which interferes with tolerance of loss. In examining the interaction between mothers and blind infants in the first eighteen months, Fraiberg (1974) noted the difficulty in establishing reciprocity in the dyad in the absence of infant eye language. The development of blind children is able to proceed relatively normally provided sufficient compensatory "dialogic experience" through other sensory modalities. However even in the presence of this, other deficits remains – the child's face does not attain the property of being a primary site of affective expression and other social signals, and has a profound effect on those in interaction with her.

A more recent study (Preisler, 1994), directed at adding understanding to the role of visual and auditory stimulation in the development of communication, involved a longitudinal study of two different kinds of pairs of mothers and six- to sixteen-month old infants: blind infant with sighted mother and deaf infant with hearing/deaf mother, using videotaped interactions. Focusing on the development of preverbal abilities, communicative intent, sharing of experience, exploration of toys and play development, the findings revealed that compared to the seeing but deaf infants, blind infants showed delays. This was understood as indicating

greater criticality of visual stimulation compared to auditory stimulation. It was also concluded that "dependency on auditory and haptic stimulation diminished the blind infant's opportunities to learn and to understand interpersonal rules in communication, the relation between object and symbols, as well as knowledge about the environment" (p. 107)[50].

Active avoidance of gaze and mutual gaze has been noted as a consistent characteristic of autistic children and has been proposed at the main deficit in autism (Tinbergen & Tinbergen, 1972; Hutt & Ounsted, 1966). This lack of eye contact disables the many social functions of gaze with regard to social interactions including language use and communicative competence. Hobson has made a case for the connection of autism with blindness, noting the high prevalence of autism in blind children and the similarity of their clinical features, which is taken as indicative of similarities in their pathogenesis (Hobson, 2003, 2005).

Adult sexuality. I conclude this section with the implications of mother-infant gaze for adult sexuality. Scharff (1982) examined the relevance of infancy attachment to the mother through gaze interaction for adult sexuality. He quoted Lichtenstein (1961, p. 207): "the primitive modalities of stimulation occurring between mother and infant in the earliest phases of life are a primitive, pregenital form of adult sexuality" and went to observe regarding mother-infant gazing:

> Gaze interaction is one physical function for which we can draw a developmental line from infancy to adulthood that illuminates the concepts of growth in object relations and sexuality…Their exchange of gazes contributes significantly to sexual and emotional life…By age three, a whole range of complex expressions surround every glance, constituting virtually the same visual signals which later accompany adolescent and adult courting and sexual life. This extensive range of

[50]It is to be discerned whether these delays in blind infants are primary or secondary to the impact of blindness on the caretaking environment and maternal attachment. It is also not clear to what extent these findings remain relevant longitudinally over the course of the individual's development due to the ways in which compensation may occur over time.

> feelings is born, like other developments, in the space between mother and infant. Its creative use continues for the rest of the infant's life. (pp. 19-23).

Scharff added that adult sexual exchanges is hampered by a lack of mutual mirroring which may result from failures of mirroring in infancy and resultant false self, in Winnicottian terms. The shared gaze, touch, holding and vocalizing of infant and mother are the origins for adult sexual exchanges.

Developmental Considerations from a Psychoanalytic Perspective

Early Visuoperceptual Experiences

Szekely: Two eyes, fear, and the smile. In early experimental work Spitz & Wolf (1946) had demonstrated that the infant smile requires two eyes in the facial stimuli; the smile is inhibited if one eye is covered or the face is presented in profile. The mouth is not required (and it is possible that the nose and forehead are also not essential though he did not test this). Szekely (1954) built upon these findings, adding phylogenetic observations. The perception of a specific stimulus configuration involving the visual gestalt of the two eyes and forehead pattern releases fantasies of body-destruction released fantasies associated with a "primitive, archaic object-love" (in two female analytic patients terrified of seeing his face - his two eyes and forehead, but not his profile).

Analogous phenomena in infancy is the first smile between the third and sixth months and stranger anxiety after six months, both of which are released by the same stimulus configuration of two-eyes-and-forehead, which functions as a "key stimulus" due to a phylogenetic transmission. Szekely noted the zoological manifestation of anxiety in animals, the flight reaction, is released by the two-eye pattern or by eye spots which paralyzes predatory, appetitive behavior (as previously discussed in *Chapter One*). The anxiety of infancy is a

phylogenetic inheritance and a derivative of the animal fear instinct. According to Szekely[51], the first anxiety of the infant is the fear of the face (again, two eyes, forehead), which is averted by the smile[52]. This releaser of human fear is therefore a phylogenetic residue of the animal enemy schema. The first year pre- and partial objects derive from key stimuli and the first social reaction, the smile, arises from the "matrix of the animal instinct." Szekely stated, "The first smile is the first mastering of the archaic real fear, through the enemy schema acquiring, in course of contact with the mother, a libido cathexis, and becoming a partial object" (p. 66). According to him, the fear of strangers later in the first year is an archaic real fear (object fear released by the two eyes, forehead) and not the fear of loss of object (mother) as is commonly assumed[53]. Fear in the infant triggered by the eyes is raised again at the end of this chapter.

Spitz: The nursing infant and primary perception. In his explorations on the genesis of perception and object relations, Spitz (1955, 1965) wrote extensively on his idea of the primal cavity of the infant which is activated in the nursing situation and is the crucible of the earliest perceptual experiences. Spitz[54] demonstrated that rather than the maternal breast, it is the maternal face which is the first visual percept (he had previously shown [1946, 1948] that no other visual stimulus is reacted to as reliably [with the smile] as the human face). He says, "The nursing baby does not look at the breast…He stares, unwaveringly, from the beginning of the feeding to the end of it, at the mother's face." Yet for the infant simultaneously nursing at the

[51] In a response to this paper, Spitz (1955) argued against the interpretation of the smile as being related to archaic fear stimulated by the two eyes and forehead as opposed to the smile being a social releaser key stimulus, citing lack of evidence for Szekely's interpretation.
[52] This may function much as grinning does in animals to convey appeasement and submission to a dominant individual.
[53] Szekely noted that this is akin to the Kleinian idea of the fear of persecutory objects in the paranoid-schizoid position of infancy.
[54] He took Lewin's dream screen and the Isakower phenomena as a starting point and hypothesizes that they are stages of a regressive phenomenon rooted in ontogenetic development.

breast and staring at the mother's face, the "breast and face are experienced as one and indivisible."

Furthermore, the mouth is a single localized perceptual zone containing the qualities of interior and exterior perception. The oral cavity constitutes the primal cavity in which tactile and visual perceptions coalesce. "It is here that all perception will begin; in this role the oral cavity fulfills the function of a bridge from internal reception to external perception" (1955, p. 220). In this one organ "are assembled the representatives of several of the senses in one and the same area…the sense of touch, of taste, of temperature, of smell, of pain, but also the deep sensibility involved in the act of deglutition" (p. 221). Later, a transition occurs from contact to distance perception, from tactile to visual perception. Spitz hypothesized that in the undifferentiated infant, that the sensations of the oral cavity are united with the visual perception of mother's face into a "situation Gestalt in which any one part of the experience comes to stand for the total experience" (p. 222). To the neonate, the simultaneous sensation in the four sensory organs of oral cavity, hand, labyrinth, and stomach result in a unified proprioceptive experience, all mediated through contact perception and having the character of "taking in" or incorporating[55]. Spitz emphasized the unified, synesthetic, coenesthetic experience of the infant[56].

Through the experience of frustration, the distance perception of mother's face becomes differentiated from this total experience of contact perception during nursing. The experiential factor in the shift from contact to distance perception is the repeated loss and recovery of the nipple, the need-gratifying percept, while nursing. While contact perception (of nipple) is repeatedly lost, distance perception (of mother's face) remains constant, leading to the reliance

[55]Foreshadowing Spitz, Simmel (as cited in Fenichel, 1937) observed that the oral zone is the original predecessor of perception and incorporation and all subsequent perceptual organs retain the oral zone's archaic qualities.

[56] Spitz' ideas of the global perceptual processes of the infant are similar to Stern's (1985) concept of "amodal perception."

on and greater reward through visual perception. Spitz says this continuous, even if not contiguous, perception has the significance of the establishment of "visual perception as the leading perceptive modality in man" (1965, p. 66) and is the origin of object constancy. Therefore, Spitz found significance in the linking of this foremost survival-insuring act of nursing and the original learning situation for visual perception. While the breast is the first percept (of the oral-contact kind), the face of the mother is the first visual percept. According to Spitz, the latter follows the former and while the two are initially fused, later separate as described above. The addition of distance perception to contact perception "enriches the spectrum of perceptual sectors, it facilitates orientation and mastery; it expands the autonomous functions of the ego; and eventually contributes importantly to the primacy of the reality principle" (p. 68). Spitz also proposes that the first mnemonic traces are laid down in this nursing experience. Through the constant iterations of the affects of pleasure and unpleasure are associated with nursing, the relation between perception and cognition is established.

Greenacre: Sensory modalities and loss. Greenacre (1958) as well noted the co-existence and overlap of modalities in infancy and their implications for defensive functioning. She stated that in the second half of the first year, the eyes and the hand join the sucking mouth in relating to the object through being both passively receptive and actively grasping. While one of these three – visual, tactile, and oral - may become predominant depending on individual development, they also become interchangeable at a point, at times substituting for each other and can indicate modalities of defensive displacement later in life. She gave the example of an eight month old infant who, when a light was turned on near his head, opened his mouth and began to salivate and attempted to grasp the light with this mouth rather than with his eyes.

In a later, unique paper, Greenacre (1965/1971) examined the function of tears. Noting that crying is an affair of the eye and that the most common trigger for crying is loss, she studied the relationship of crying to looking and not seeing. Initially the relationship between mother and infant is maintained through the immediacy of oral and body contact. Vision later extends contact and substitutes for the earlier forms, according to Greenacre. Tears accompanying affective (versus physical) distress appear at four to six months when the oneness with mother as mediated through vision is disturbed. Due to the greater range of vision, crying is connected to "seeing the strange or missing the familiar…seeing may become the most sensitive axis of the reaction to loss" (p. 255). The one who cries does so due to not seeing the object lost. The reality of the loss is established by "retracing of the steps originally involved in establishing the reality of the separate object. The eye is the most important sensory object in establishing a loss…" (p. 253). Tears are likened to an ointment that soothes the pained eye which has registered the loss: "the disappointed eye, failing to find the lost object, behaves very much like the physically irritated or traumatized eye which defends itself with the soothing tear lotion…" (p. 253).

Visual Ego, Observing Ego, and Superego

Several authors have described the role of parental eyes and other visual elements in the formation of the ego, (Weissmann, 1977; Spitz, 1955, 1965; Almansi, 1958) the superego (Greenacre, 1947; Goldberger, 1995; Peto, 1969; Reiss, 1978), and their subsidiaries, the visual ego and the observing ego.

Ego. Taking Winnicott's ideas as a starting point, Southwood (1973) proposed that the origins of the ego and self-awareness lie in the eye-to-eye communication between mother and infant. He regarded this early communication as causal in ego behavior, including the acquisition

of language, rather than simply facilitating it. He notes that the infant registers simultaneously the proprioceptive sensations of his own facial movements and sounds and the visual and auditory perceptions of his mother's facial movements and her sounds. The mother's giving back the baby's own self includes something of her own and encourages the baby to imitate her, creating a communication sphere influencing the whole of the child's self-awareness whereby "the type of behavior that we ascribe to the ego must therefore derive very much from mother's behavior[57]" (p. 238).

Weissmann (1977) called attention to the significance of early experiences in the visual realm to the formation of the observing ego. Through mutual gazing with the mother and the specific smiling response arises the early *visual ego* in which the child learns "to make his eyes and their gaze complex social instruments. He also learns to discriminate and rely on his perceptions of the face, eyes, and gaze of others" (p.447). The visual ego refers to the cathexis and control of visual perception function as well as the establishment of visual memory traces (including affectively charged images of the mother's face), which contribute to the formation of the ego. Through pleasurable mutual gazing, the memory of mother's face is connected to the experience of the infant's own facial expression which leads to an "organized unit consisting of recollected inner feeling, reflexive facial expression and visual memory of mother's face[58]" (p. 448). Observing and being observed in infancy lays the groundwork for the origin of the observing ego and is linked in adulthood to the capacity to "take care of ourselves" (p. 448), which is an outcome of having been under the "watchful eye and tender gaze of our first caretakers" (p. 449).

[57] Southwood considers psychoanalytic process to be like this dyadic communication of the mother-infant with "similar educative aims." However, he does not comment on the classical psychoanalytic couch setup and the nature of the consequent communication and its eye contact unavailability.

[58] This is also an echo of Spitz's and Stern's ideas regarding experience that is encoded as multisensorial by the infant.

Superego. Noting Freud's reactions to the "terrible, blue eyes" of his punitive though idealized former teacher Brucke, Peto discusses the archaic superego which is symbolized by the terrifying, onlooking eyes of the internalized parent image. He hypothesized that in dreams "looking, glaring eyes represent the threatening, destroying superego in one of its archaic somatic forerunners: the destroying, annihilating eye before which there is no secret and which sees the inside, i.e., what is going on in one's own body" (p. 204). The symbolism of watching and being watched by the eyes may be archaically connected to being "torn to pieces" by the observing agency of the superego, manifest in the dismemberment dreams of Peto's patients, which are notably present in the termination phase of treatment. "Seeing" and "being seen" involves the superego which is in the role of "watching" the self-image as well as "what is going on" in the other psychic structures.

According to Peto the visual function is responsible for not only the first dialogue between mother and infant and the origins of the nonself, but also the structuralization of the psyche itself. Peto refers to the phylogenetic and ontogenetic role that threatening eyes play in "the structuralization of reality, in coping with danger situations, in adaptation and - what is most important – in the internal integration of an originally external punitive and dangerous agency that will become part of the system superego" (p. 209). Archaic primary perceptions include the red glow in the pupil of the adult's eye, which may dilate with rage and anxiety in the parent and which is repeatedly observed by the child (who does not have adequate optical accommodation). In explanation, Peto referred to screen memories of threat and rage experienced with parental figures; the presence of this phenomenon in myths and folklore including the origin of fire (equated with the red glow of the eye); and the identification of the sun with the paternal eye. The parent's threatening red glowing eyes evokes "through their fiery effect a corresponding fire

of shame in the child" (p. 207). Peto also notes the red glow of animals' eyes. Therefore, from the archaic traumatic danger situation that is originally external arises the development of the internalized superego and the genetic root of the "complex critical internal watching agency of the adult" (p. 211).

Summary/Conclusion

Both theorists and empiricists have remarked on the significance of eye to eye contact between mother and infant as it occurs in their mutual relating. The most archaic beginnings of communication take place in infancy and the visual function is the main vehicle in establishing the dialogue between mother and child. The extreme sensitivity of the infant to the status of the eyes and face demonstrates the centrality of visual interaction to infants' social development. Winnicott and Kohut have emphasized the significance of maternal mirroring through the eyes and face which is enlivening and gives rise to an embodied, creative, narcissistically intact being.

The human infant arrives equipped to engage in intense and sustained mutual gazing which is met by the mother who herself is prewired with a visual contact repertoire to engage the infant. Both infant's and mother's eyes, specifically their pupils, are salient as perceptual stimuli and releasers of attachment-related behaviors in the other; they have specific proclivities in response to each other's ocular features. Gazing with mother leads to the development of contingent expectancies regarding communication and self with other through presymbolic representation. Mutual regulation of affect and physiological state also takes place between mother and infant within the dyadic system the infant. The heightened affect experienced in the dyad leads to the development of the orbitofrontal cortex and the right hemisphere. Maternal gazing may go awry due to rigid defensiveness, personal gaze aversion tendencies and patterns,

and depression, leading to over/understimulation, dysregulation, misattunement experiences, and shame. Phylogenetic fears and the effects of threatening eyes persist in the infant and may be manifest in the dyad. Turning on and off the visual system is the infant's first experience of control and gaze aversion is the earliest defense.

Vision and the eyes have enormous perceptual significance but become fused with other sensory modalities and objects of the nursing situation. Early perceptual experiences are unified, global, and synesthetic; one of the more remarkable findings that emerged in this review across authors is the interchangeability of sensory modalities and presence of crossmodal perception of the infant in which visual experiences become inextricably linked to perceptual experiences in other modalities. In particular there is some interchangeability of the visual with the tactile/haptic sense. Amodal perception has implications for both later defensive and creative functioning and is further engaged in *Chapter Six*.

In summary, visual interaction is implicated in development in multiple ways. In sighted infants, gaze between mother and infant is necessary for bonding, secure attachment, regulation cerebral development, the emerging sense of self, primary intersubjectivity, and the development of psychic structure, and these are hypothesized to have long-range significance (though no longitudinal data that extends beyond childhood) for internal object representations, defensive functioning, communication patterns, and sexuality, as gaze experiences have become encoded in interaction structures.

CHAPTER THREE

The Eye as Erotogenic Zone. Vision in Classical Psychoanalysis-

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In the following pages psychoanalytic works on the visual instinct and the symbolic eye are reviewed, as contained in the theoretical discourse, clinical material, and socioanthropological[59] observations presented by psychoanalytic researchers, beginning with Freud. The classical works are reviewed first before turning to more recent elaborations on the meanings of looking and being looked at and ending the chapter with their connections to the mother-infant relationship.

Freud: Scopophilia and the Eye as Phallus

The eyes, vision, looking, and being looked at, their role in evolution and infantile and genital sexuality, their possible neurotic and perverted aspects, and their symbolic forms, are discussed directly by Freud in several of his essays and implicitly in others, such as in his discussions of primal scene exposure and the myths of Narcissus and Medusa. In one of his last works, *Civilization and Its Discontents* (1930/1961a), Freud connected the emergence of shame in man with his assuming, in evolution, an upright posture, resulting in the visibility of the genitals, which had until then been concealed. Freud alludes to the replacement of smell by sight as the dominant sense as marking the beginning of repression, and thus civilization, as previously noted in Chapter One. Vision and visibility or looking and being looked at gain special importance and are cataclysmic in the genesis of shame and repression and therefore civilization. This section traces Freud's treatment of vision in the couple of decades prior to this idea.

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[59]Freud (1900/1953b) commented that the realm of symbolism goes beyond dreams and "is characteristic of unconscious ideation, in particular among the people, and it is to be found in folklore, and in popular myths, legends, linguistic idioms, proverbial wisdom and current jokes, to a more complete extent than in dreams" (p. 351) and subsequent writers have turned to these sociological domains for evidence of eye symbolism, following Freud's example.

Vision as a Sexual Instinct: Pleasure in Looking

In Freud's theories, the eye is an erotogenic zone, an organ with an associated sexual instinct, which he termed *schaulust*, or *scopophilia*[60], and is concerned with "pleasure in looking" (1905/1953c, p. 157), and also pleasure in being looked at, first discussed in *Three Essays on the Theory of Sexuality*. The scopophilic instinct is a *component sexual instinct*, serving "preliminary" sexual aims. Libidinal excitation is most frequently aroused through vision, and both natural selection and civilization rely upon visual sexual curiosity. Seeing is a derivative of touching and though the eye is the erotogenic zone most distant from the sexual object, it is the one most frequently stimulated by the physical features of the sexual object, particularly its "beauty." Looking is indispensable in the attainment of the sexual aim, but normal "lingering" while looking during sexual activity, as an intermediate sexual aim, has the possibility of being sublimated into "higher artistic aims[61]." However, pleasure in looking may go in the opposite direction of sublimation and become a perversion:

> (a) If it is restricted exclusively to the genitals, or (b) if it is connected with the overriding of disgust (as in the case of voyeurs or people who look on at excretory functions), or (c) if, instead of being preparatory to the normal sexual aim, it supplants it. This last is markedly true of exhibitionists. (p. 157)

Therefore, looking is a perversion when the object of looking is limited to the genitals, as opposed to the entire body or face; when looking is directed at a behavior or object that would normally arouse disgust; or looking takes the place of sexual intercourse. In this passage, Freud introduced the two forms of perversion of the scopophilic instinct, voyeurism and exhibitionism,

[60]Also termed *scoptophilia* in some of Freud's essays. In the analytic literature scopophilia is used to refer to both the visual instinct and the active form of the instinct, voyeurism. In this study it is used in its former sense.

[61] In infantile sexual life, Freud observed, the component sexual instincts behave as independent impulses, disconnected from the erotogenic zones and sexual aim satisfaction. Associated with excitations of various regions of the body, the component sexual instincts must proceed through "a complicated development before they can be brought effectively to serve the aims of reproduction" and "must be suppressed, restricted, transformed and directed to higher aims, in order that the mental constructions of civilization may be established" (1910/1961a, p. 215).

which correspond respectively to the passive and active forms of the instinct. Freud posited that shame normally stands in opposition to scopophilia but may be overcome to fulfill the demands of the scopophilic instinct. Early in childhood, there is a great interest in exposing the body and particularly the genitals. Later, an interest in viewing the genitals of playmates develops, usually in association with satisfying curiosity about the two processes of excretion. If this curiosity becomes repressed, it leaves behind the voyeuristic desire to observe others' genitals, providing the force for neurotic symptoms later in life. In a "confluence of instincts" (Freud, 1909/1955a, citing Adler), autoerotic sexual activity may become linked to active and passive scopophilia.

In subsequent works, Freud connected looking, knowing, and curiosity along with sexuality. In the pregenital phase, particularly the phase just preceding latency, "the instincts for looking and for gaining knowledge (the scopophilic and epistemophilic instincts) are powerfully at work" along with the sadistic and anal ones and the instinct for mastery (Freud, 1917/1963a, p. 327). Observing that children conduct "sexual researches," Freud linked the scopophilic instinct with the "instinct for knowledge and research." The peak of the child's sexual life, between three to five years of age, is cotemporaneous with activities fulfilling the instinct for knowledge. While hedging that this instinct for knowledge could be considered a sexual instinct, Freud admits, "Its activity corresponds on the one hand to a sublimated manner of obtaining mastery, while on the other hand it makes use of the energy of scopophilia" (1905/1953c, p. 194). However, in discussing the genesis of obsessional neurosis, Freud (1909/1955d) brings together these two instincts, referring to them both as sexual: "The histories of obsessional patients almost invariably reveal an early development and premature repression of the sexual instinct of looking and knowing (the scopophilic and epistemophilic instinct)…" (p. 245). The erotic aspect may become dissociated from looking and transformed into another "instinct;" the scopophilic

instinct is therefore related to the wish to know and curiosity: "The pleasure in looking, or curiosity…was no doubt originally a sexual desire to look…" (1916/1963b, p. 220). "Pleasure in looking *or* curiosity" (italics added) originates in "a sexual desire to look (scopophilia), directed toward sexual happenings." Thus, Freud seemed to connect curiosity, the epistemophilic instinct, the scopophilic instinct, and their energetic bases.

In 1910, in *The Psycho-Analytic View of Disturbance of Vision*, Freud tackled the issue of hysterical blindness and other visual disturbances that are psychogenic in origin. In hysterical blindness, there is a dissociation between the conscious and unconscious processes of the act of seeing. The conflict between instincts serving the survival of the species and the self-preservation instincts, i.e., the sexual instincts and the ego instincts, is the explanation for this phenomenon. These two sets of instincts utilize the same organs for their aims. Therefore, "the eyes perceive not only alterations in the external world which are important for the preservation of life, but also characteristics of objects which lead to their being chosen as objects of love – their charms" (1910/1957d, p. 216). Pathological consequences ensue when the eye becomes committed to serving (repressed) scopophilia and "the ego has lost its dominance over the organ, which will now be wholly at the disposal of the repressed sexual instinct" (p. 216). When the ego overextends its repression of pleasure, the ego now cannot see at all and the repressed erotic scopophilia exercises dominance over the eye (the eye is taken over by repression). The loss of conscious dominance over the eye is therefore the price for overzealous repression. Freud says the idea of talion punishment, as seen in myths and legends, explains how the repression of sexual scopophilia and the ensuing psychological visual disturbances are internally imposed self-punishments: "'Because you sought to misuse your organ of sight for evil sensual pleasures, it is fitting that you should not see anything at all any more'" (p. 217). This is the state of affairs

when organs stray from their survival function and their erotogenic role is increased, that is, when "an organ normally serving the purpose of sense-perception begins to behave like an actual genitalia" (p. 218).

These ideas gain further elaboration in *Instincts and Their Vicissitudes* (1915/1957c). Here Freud dealt with the defenses against scopophilia and the resultant manifestations of the repressed sexual instinct, specifically the vicissitudes of "reversal into its opposite" and "turning around upon the subject," in addition to repression and sublimation. The visual instinct is likened to the other paired instincts, sadism and masochism: voyeurism and exhibitionism are taken as a pair of opposites that are similar to sadism and masochism in their opposition and capability of reversal of aim, from active to passive and reversal of subject and object. In development, not only does active looking precede passive looking but both are preceded by an autoerotic phase in which the object is the subject's own body (but not the eye itself). Freud insists that all phases of development of the scopophilic instinct coexist, from its preliminary to final phases, that is, from its autoerotic (narcissistic), to its active and passive forms. Because the active and passive forms of an instinct always coexist, one is never a voyeur without being at the same time an exhibitionist and vice versa. However, while with the active scopophilic instinct the narcissistic object is abandoned, it is held on to by the passive form of the instinct, exhibitionism.

Eye as Phallic Symbol

Freud moved on from the visual instinct to eye symbolism and castration in his later work. In his essay *The Uncanny* (1919/1955e) Freud argued emphatically that the eye stands for the

penis[62]. Dreams, fantasies, and myths reveal that the fear of injury to the eyes or fear of loss of sight is a substitute for fear of the loss of the penis, or the dread of castration. Oedipus' self-blinding was a substitution for castration, again by the talion law, which finds form in another manner here. Fear of harm to the male organ is not derived from fear of harm to the eye, insists Freud, but it is rather the reverse. He developed the connection between scopophilia and castration in his discussion of the myth of Medusa (1922/1955c) in which he says that the exhibitionistic impulse with regard to the genitals or its substitutes is a defiance of castration anxiety: "To display the penis (or any of its surrogates) is to say: 'I am not afraid of you. I defy you. I have a penis'" (p. 274). Castration anxiety therefore drives exhibitionistic impulses.

The Eye and Genital Symbolism

The above writings stimulated considerable psychoanalytic writing in the first half of the twentieth century. Freud's ideas regarding the functional disturbances of vision and the eye as sexual symbol found elaboration in the works of several important psychoanalytic authors[63]. Through both extensive clinical and anthropological material the unconscious associations between particularly the male genitals and the eyes were demonstrated by numerous authors following Freud.

Ferenczi and Abraham

Ferenczi repeatedly pointed to the symbolic identity of eyes and genitals (1913a, 1913b, 1914, 1915, 1923). Through a presentation of five cases and two groups of dreams, Ferenczi (1913a) noted that the eye's vulnerability to injury as an organ allows the sadomasochistic

[62] The fact of the occurrence of bisexual representation was first observed by Freud (1900/1953b). He first commented on eye as vaginal symbol ("…the female genital orifice [can be represented]… by an eye," [p. 359]) before eye as phallic symbol, but did not elaborate on the mechanics of this representation.

[63] These ideas in particular were discussed frequently in the early German analytic literature (e.g. Eder; Rank (1913); Reitler; and Ferenczi [discussed below], cited by Fenichel, 1937) but translations are not available for most of these works.

elements of the sexual instinct to be transferred from the genitals to the eyes. Wishes and fears related to the penis are represented by accidents and phobias related to the eyes.

This essay (which precedes Freud's writings on the eye as a phallic symbol and may have influenced him) sets the ground for demonstrating the specifics of eye-genital symbolism[64]. Ferenczi (1913a) stated that the eyes acquire the status of symbols for genitals due to resemblance, and states that in general there is a symbolic overemphasis of the upper half of the body following repression of interest in the lower half. Moreover, as the only exposed part of the body besides the hands, children are "forced to satisfy their curiosity regarding other body parts through the head and face of…the parents." Each facial part is the representative of at least one genital area. The face with the location of the nose between the eyes and eyebrows above the mouth lends itself well to the representation of the penis, testicles, pubic hair, and anus and is an illustration of Freud's observation of "displacement from below upwards" (Freud, 1913a). "In this work of repression the eyes have proved to be specially adapted to receive the affects displaced from the genital region on account of their shape and changeable size, their movability,

[64] The remainder of this chapter is dedicated to the idea of unconscious symbolism (and is predominant in the following chapter as well), and Ferenczi (1913b) has written a relevant elaboration the ontogenesis of symbols. He writes that "the child (like the unconscious) identifies two things on the basis of the slightest resemblance, displaces affects with ease from one to the other and gives the same name to both. Such a name is thus the highly condensed representative of a large number of fundamentally different individual things…" (p. 233). However only those phenomena in which one item of the equation is repressed and unconscious are true symbols, created under the conditions of normative childhood intellectual insufficiency and affective investment. "Children concern themselves to begin with only about the satisfaction of their instincts, i.e. about the parts of the body where this satisfaction takes place, about the objects suited to evoke this, and about the actions that actually evoke the satisfaction. Of the sexually excitable parts of the body (the erogenous zones), for instance, they are especially interested in the mouth, the anus, and the genitals. 'What wonder, then, if also his attention is arrested above all by those objects and processes of the outer world that on the ground of ever so distant a resemblance remind him of his dearest experiences.' Thus comes about the 'sexualization of everything'" (p. 235-236). Analogies abound within the sphere of bodily organs themselves – "Perhaps the child finds an equivalent in the upper part of the body (especially on the head and face) for every affectively important part of the lower half" (p. 236). Only when the less important member attains affective over-significance due to the repression of the other member of the equation does it become a symbol.

their high value, and their sensitiveness" (p. 232-233) as well as their libidinal significance, being connected to a sexual instinct component.

Embarrassment from being stared at and staring relates to the sexual symbolism of the parts of the face, according to Ferenczi (1913a; see also sections below on Fenichel and on Tomkins for more on staring). Ferenczi interpreted Oedipus' self-blinding as self-castration (as did Freud subsequently) and relates the case of a patient who as a child destroyed the eyes in his own portrait as self-punishment for anger at his father and conscious fantasies of castrating him. Rubbing the eyes is equivalent to masturbation (Ferenczi, 1914; later also noted by Fenichel, 1937). The fear of mirrors is not only the fear of self-knowledge but also the fear of the pleasure of looking and exhibiting, connected to the face-genital representation (1915).

In his lengthy paper on transformations of scopophilia written at the same time, Karl Abraham (1913) focused largely on the visual disturbance of neurotic photophobia or fear of sunlight. He interpreted the sun as being a projection into the sky of the father's "watchful eye"' or of either parent's vengeful genital organ, which may be related to guilt for pleasure in gazing or a wish to gaze at mother's genitals. A preference for darkness is understood as a form of self-castration, and a tendency of doubting and brooding of a philosophical kind reflects a situation in which the "libido is directed from what one *must not see* to what one *cannot see*." Abraham was the first to elaborate on the bisexual nature of eye symbolism and to draw attention to the parents' genitals as objects of voyeurism.

Fear and Guilt, Punishment and Displacement

Following Freud, and in times when it was commonplace to talk about hysteria and conversion disorders, ocular dysfunction was discussed by several authors including Abraham, Winnicott, Greenacre, Ferenczi, and Fenichel. For these authors, blindness and inflammatory

conditions of the eyes were linked to significant affects including fear and guilt, resulting in punishment and displacement. That sexual and aggressive impulses are psychologically imputed to the eye by the unconscious was noted by all of them. The eye's bisexual symbolism is also noted by most of them. Many of these authors began their papers by noting the eye's anatomical relationship to the brain and (Greenacre, 1926; Hart, 1949) or the fact of the eye being the only part of the nervous system exposed to the outer world (Huebsch, 1931) and its consequent significance in the human psyche.

Noting the phallic equating with the eye by Jones and Ferenczi, Greenacre (1926), commented on the existence of an "eye-complex" and presents material from numerous cases[65] in which the eye featured large and was connected to sexual conflicts. However, she observes that the "eye (is) held as the organ betraying guilt of the soul," and rather than through a substitution of the eye for the phallus, the wish or fear of self-blinding is due to a desire to punish oneself for sexual looking, wherein the eye in its own right has been the cause of guilt (similar to Freud). Greenacre also finds the eye to be bisexual due to "the simple orifice character of the circular form of iris and pupil." Greenacre presents cases in which guilt over masturbation and perversions takes the form of delusions of changes in the eyes; delusions of guilt expressed through the eyes; ideas of reference of being looked at; and delusions of influence through the eyes in active and passive forms. She presents another group of cases in which the eye complex relates to visual curiosity or sexual looking and is expressed as photophobia; self-blinding ideas; body dysmorphic delusions regarding the eyes and face secondary to voyeurism and masturbation; and several cases of obsession or delusion of being the agent of voyeuristic gaze directed at others' genitals.

[65] Greenacre presented forty-one cases - thirty cases of psychoses, five of depression, and six of neuroses, including one hysteria.

Huebsch (1931) discussed pseudomyopia which is connected to voyeuristic seeing leading to "the pleasure of seeing abbreviated (*short*-sighted) by the dictate of the superego." In the eye defect, there is both defense and punishment, the former against pleasurable looking which substitutes for the sexual act, and the latter for the desire to look and past guilt-inducing looking. In cases of excessive eye blinking Huebsch notes "an indecision or doubt as to whether the outer world shall be permitted to occupy attention or whether the inner world…shall have the upper hand" (p. 177). In his cases, Huebsch finds in the eye a symbol of the hymen; of pregnancy; and of the "intra-uterine complex" in which patients "play the (role of the) embryo" (parentheses added) via the eyeball, while the eyelids, lashes and brows together represent the mother, and the whole signifies parturition and the separation trauma of birth. Huebsch wonders how far the idea of seeing is carried by neurotic imagination and notes that the fantasy of embryonic witnessing of parental sexual intercourse is "not at all infrequent."

Well before his mirroring paper, Winnicott (1944/1975b) reviewed a number of "ocular psychoneuroses" in children noting that not only does the child value sight and fear blindness but expresses many "hopes, fears, and suspicions" through the eyes. Winnicott observed that the eye stands for the excitable genital organ which can lead hysterical blindness, like other authors. He also noted that paralysis of ocular accommodation, blinking, eye fatigue, and other minor eye symptoms are related to unconscious guilt regarding the sight of tabooed things. Winnicott described a defense against depression through the development of a squint. Like the thumb which represents the breast or bottle to the lonely infant, the child derives reassurance from recreating the eye position that allowed perception of the mother's breast and face, in a compromise between subjective sight and objective perception. In both the squint and compulsive reading, convergence and near accommodation of the eyes are maintained as a

"reminder of the early relation to the breast." In contrast to this internal squint is the external squint in which "the two eyes do not work with one aim" as a dramatization of the split in the ego. In the disintegrated state of psychosis, one eye is identified with the dominant part of the personality and the other, "a hopelessly wandering eye," represents the other parts. A third type of squint occurs as a dramatization of preoccupation with internal phenomena during an acute introversion phase. Winnicott states that the eyes, like other bodily organs, take in and give out and "in a sense everything we see comes out from ourselves on to the object" and the eye is thus "an organ of excretion" (p. 90) as well. He suspects that eye muscle and tissue may well be involved in the production of not only normal visual imagery but also hallucinations.

In a review of nearly one hundred cases reported by various authors, Hart (1949) takes the reader on a whirlwind tour of eye-related symptoms which are interpreted as displacements from the genitals. He makes an attempt to understand the motives for displacing punishment to the eye rather than another body part. He finds that fear and guilt are the affects most often leading to punishment through eye disturbance: "Whenever the act of looking becomes associated with horror at the things seen or guilt over the pleasure in looking, the organ involved becomes incapacitated by the unconscious mechanisms of punishment" (p. 4). In addition to horror and guilt, envy, jealousy and hate are also common. Hart said, "Since in our culture sexual objects are particularly taboo, guilt becomes associated with the forbidden pleasure of peeping…The eye is not only the organ involved in the guilty act but is the organ that betrays the guilt" (p. 4) in hysterical ocular symptoms. He clarified that "The eye, the most precious organ of pleasure, is equated with the sexual organ of even greater but more socially condemned pleasure" (p. 6).

Hart noted that the eye has been the object of punishment for sexual seeing since prehistoric times. He recited case after case making the point for hysterical ocular symptoms in both psychiatric reports and literature, folktales, and mythology, in which blindness, eye inflammation, or pain, and loss or destruction of eyes is punishment for real or fantasied sexual transgression. He also observed that the eyes are both male and female in that they represent the penetrative and receptive genitals. The pupil as a small hole and the hair around the eye facilitate its use as a vaginal symbol. He cites the case of a woman who had both a fear of her lover's penis and a fear of sharp objects entering her eye. Hart finds the injured eye representing castration in not only Oedipus but also Ovid's Metamorphosis and Odysseus. The bleeding eye can be either a menstruating vagina or castrated male genital. Vacant eye-like windows stand for the maternal vagina or womb. The superstition of the evil eye allows for the transmission and satisfaction of aggressive impulses through seeing and looking (discussed further in Chapter Four). Hart concludes that eye symptoms/eye harm is related to guilt due to scopophilia, incest, masturbation, penis envy, and the castration complex through processes of conversion and displacement and may serve the motives of avoidance of reality or of perception of the unpleasant. He also finds that patients with such symptoms have "resistance to any penetration of light into the cause of the guilt (that) is unusually great. The eye is not only the organ punished for seeing the forbidden but it symbolizes the rejection of insight…a part of their life is to be blotted out forever; 'I shall never look at this part of my life again' is the unconscious message" (p. 17).

Noting the tendency to assume that the eyes symbolize the testes due to the Oedipus myth, Devereux (1956) undertook the task of demonstrating the eyes' role in symbolizing female genitalia. He drew partial evidence from a primitive sculpture in which the eyes are depicted by

cowrie shells, a common symbol of the vagina; an Arab poem, in which the vaginal introitus is compared to a red eye; and an advertisement for ladies' handbags depicting an eyeball with a handbag, the analytic symbol for the vagina, as its iris. He noted also the passive-receptive function of the eye. The equating of the face with the eyes (French *visage* and German *gesicht* translate to "that which sees") and therefore with the genitals, is vividly brought to life by the unveiled Arab woman who used her skirt to cover her face at the cost of exposing her genitals. However, Devereux believes that in the final analysis, the original equation of eye=phallus is "restored" by the fantasy of the "internal female phallus." The eye=vagina symbol then, according to Devereux and his phallocentrism, is merely a screen or an intermediate symbol between reality and the eye-male genital symbol.

The eyes are involved in the representation of the face by the genitals. Following Freud's early discovery of face-genital displacements in *The Interpretation of Dreams* (1900, p. 387), later authors have also commented on this. The unconscious equivalence of the whole face with the genitals in total has been noted by virtue of their shared expressive and mimetic functions – the display and discharge of affects and libidinal tensions by Roth (1959) who says that "Both are biological mechanisms for relieving tensions through the discharge of instinctual excitement… (and have) a close unconscious relationship with each other, since each can serve as an auxiliary device for the other in this one respect" (p. 495-496). Using evidence from Tibetan Sherpa culture, Paul (1977) states that man possesses "two faces," a higher one and a lower one. The latter is represented by the male genitals that in totality are "a very neat analogue of the face" with the nose and the eyes represented by the penis and testicles, and the addition of the anus as analogue of the mouth (as also proposed by Ferenczi, above). The higher face is dominated by "the conscious, knowing eyes representing the Reasonable Ego or Knower; and the

other dominated by the blind instinctive penis. This lower one represents the Subject and is phenomenologically experienced as the 'other.'"

Fenichel: Sadistic Incorporation and Empathic Identification

Fenichel (1937) wrote a noteworthy paper on scopophilia in which he states that looking has the unconscious significance of sadistic incorporation or devouring. He explored the equation "to look at = to devour" finding that several eye activities including reading have the characteristic of sadistic incorporation, usually associated with oral tendencies. He refers to "libidinal reading" seen in pregenitally fixated individuals who enjoy reading in the bathroom; this is an attempt to "preserve the equilibrium of the ego; part of one's bodily substance is being lost and so fresh matter must be absorbed through the eyes" (p. 6); those of an oral-erotic disposition read while eating in order to ensure "twofold satisfaction." Obsessional neuroses are marked by an inhibition in looking: their contact with the world is through concepts or words or the other senses, rather than through seeing things.

Fenichel notes that the glance can be a "sadistic weapon" and not just because it symbolizes the penis, but also because the eye is oral in character. Fenichel also notes the eye's vaginal significance; the eye plays a dual role, in being not only actively sadistic but also passively receptive as well. The *staring* eye on the other hand is the erect penis but also has the significance of being a symbol for "the terrible, devouring female genital" and of being the link between penis and mouth.

In contrast to the sadistic impulses associated with looking, Fenichel also emphasized and drew attention to the relation between looking and identification, noting that to look at an object may also have the unconscious significance of "to devour the object looked at, to grow like it (be forced to imitate it), or, conversely, to force it to grow like oneself" (p. 9). The aim of the

scopophilic instinct is to look at an object in order to share in its experience and enter into it through a process of empathy. However when sadistic impulses enter into this, the wish is to destroy the object looked at; these two tendencies determine the goal of the scopophilic instinct. Fenichel states that the precursor of both love and hate in the pregenital, primitive object relation is incorporation[66] which may be associated with any of the erotogenic zones. In the scopophilic instinct, the form is: "'I wish what I see to enter into me'" (p. 11). Ocular introjection exists along with oral, anal, epidermal and respiratory introjection. Noting fantasies of head pregnancy and eye-impregnation, Fenichel examined the evidence for incorporation through the eyes and for introjection, i.e., "the phantasy of taking possession of assimilating oneself to the object," and connects this to the visual mode of perception.

In addition to looking that is powered by aggressive, sadistic incorporation wishes, Fenichel also highlights libidinized looking in which the aim is sexual gratification rather than perception, and which is often in the form of a fixed or spastic gaze – staring. In such looking, there is a regression to an archaic mode of seeing, marked by the greater inclusion of motility, separating it from ordinary looking. Fenichel makes the claim that in libidinal looking, visual and kinesthetic perception are joined, whereby seeing is an "active behavior by means of which one enters into the object seen." The entire body undergoes change in part because of the lack of differentiation between the object and one's own body and "perception and consequent motor reaction are still one and the same thing…all primitive perception is a taking part in what is perceived...Thus in libidinal seeing certain characteristics of primitive seeing are reproduced;

[66]Freud (1915/1957c) made this point earlier: "Preliminary stages of love emerge as provisional sexual aims while the sexual instincts are passing through their complicated development. As the first of these aims we recognize the phase of incorporating or devouring—a type of love which is consistent with abolishing the object's separate existence and which may therefore be described as ambivalent (p. 139).

that is to say, the motor and kinesthetic faculties play a greater part than in ordinary seeing[67]". In such libidinized seeing, "subject is confused with object and the ego with the outside world."

Fenichel looks at the common idea of being turned into stone as punishment and finds in it punishment for the desire to become that which was seen. He connects it to primal scene witnessing in which the child's fascination (which is the child's helplessness and being overwhelmed by massive excitation) and the fixity of the devouring gaze bring a physical sensation of rigidity, leading to the fantasy of being turned into stone. This is the bridge for identification according to Fenichel. The sadism of the eye is displaced from the one looking to the one looked at and the rigidity of the muscular system in the fixed gaze signifies erection, castration and death, which are all significant features of primal scene witnessing, with the result that one becomes that which is witnessed.

More Recent Literature: Maternal Eye and Childhood/Adult Scopophilia in Clinical Cases

Almansi and the Face-Breast Equation

In a series of papers, Almansi (1958, 1960, 1979, 1981, 1983, 1990), borrowing from Spitz's observations, examined the role of early experiences in the nursing situation, particularly mother's face and breast and the relationship to scopophilic impulses. He proposed that scopophilia (which refers to voyeurism in his papers) originates in feelings of oral deprivation and object loss leading to oversensitization of vision early in life (1960). In three patients "whose drive orientation was directed toward the breast," Almansi found a constellation of orality, fear of object loss, preoedipal factors, hostility toward the ungratifying object, and scopophilic impulses, particularly voyeuristic interests, leading to a propensity for visual and oral assaults. A compensatory need to maintain visual contact with the object leads to a

[67]While these ideas appear strange if taken literally, Fenichel presages the discovery of the role of mirror neurons (discussed in *Chapter Six*) and their role in empathic perception, in his proposal of a motor element in looking and identification.

hypercathexis of the visual function. Using this clinical material, Almansi hypothesized that the hypercathexis of the visual function which is brought on by infantile trauma, is connected to not only the need to keep the object within sight but to incorporate it visually. The need to be close to the pregenital maternal object is likely to be a predisposing factor in the genesis of a general propensity to voyeurism. Almansi cites Kohut (1971) according to whom perversion may represent attempts to re-establish union with the narcissistically invested lost object through visual fusion and other archaic forms of identification. The voyeuristic impulse may be mild when fear of object loss and other pregenital factors are less severe, while early and severe disruption of object relationships predispose to a voyeuristic perversion. Almansi (1958, 1960) also noted a prominent theme of incorporation through the eyes in three patients with voyeuristic tendencies and object loss fears who had developed aggressive impulses after seeing younger siblings nursed.

From Spitz' description of perception in the nursing situation, it would be easy to conceive of the fusion of the *visual* percepts of maternal face and breast as well as fusion of the eye its pupil with nipple/breast. Almansi demonstrated how on a primitive perceptual level, there exists a strong visual correlation between not just the maternal face and the breasts but between the maternal eyes and nipples. Almansi (1958, 1960) described cases of the former fusion in which the loving/angry face of the mother is concealed within the image of the breast. He asserted that face and breast are unconsciously equated. He described (1958) hypnagogic phenomena which represent the infantile memory of the gestalt of face-breast fusion: "The duality – temptation and danger, attraction and fear – become inextricably interwoven with the dread of separation from and striving for reunion with the mother at the breast. Ultimately this

dual theme is displaced to a counterapposition of the friend to the enemy, and the familiar to the unknown."

He noted that visual images are an essential component of the perceptual cluster during the nursing situation and lead to the perceptual equation of the nipples with the mother's eyes. Around the age of three months, when children are deprived of the nipple, that their eyes deviate from the mother's face to the general direction of the breast (Almansi, 1960). Interruption of the "primitive perceptual cluster" – the simultaneous sensations of nipple in the mouth and visual image of mother's face, is an important determinant of the differentiation of that which is internally experienced from what is externally seen, of "I" from "non-I." Frustration at the breast leads to hallucinatory projection of the breast in order to regain the primitive perceptual cluster. Almansi connects this to Spitz's assertion that at the age of three months, when deprived of the breast, the infant turns from mother's face to her breast, leading not only to the superimposition and fusion of these two percepts but also the emergence of the aggressive drive as a result of such repeated frustrations. Almansi's 1960 paper contains reproductions of face and body drawings of patients in which this equation was particularly significant – in their drawings his patients begin with a sketch of the breast but ultimately portray the face[68]. In addition to these drawings, Almansi also examines cartoons, language[69], and artifacts[70] in which

[68] S*Figure 6* for a depiction of breast-eye equation in Rene Magritte's art.

[69] Almansi calls attention to the linguistic homonyms that betray this primitive identification – in Latin *pupilla* refers to both eye pupil and young girl as does *kore* in Greek, *nina* in Spanish and *kanna* in Sanskrit. Several authors beginning with Abraham (1913) have noted this including Hart (1949), but they connected the pupil to the female genital rather than the breast. Almansi however delves further into this and discovers that *pupa* in Latin, which is the diminutive of *pupilla*, and means girl or damsel also indicates nipple. *Mata susu* in a Mayan dialect translates to "eye of the breast."

[70] The prehistoric temple at the Tell Brak site (now in Syria) presumably dedicated to an "eye-god" cult is mentioned by Almansi. This temple, from approximately the third millennium BC, contains a frieze of a very large eye and thousands of votive alabaster objects. These objects, termed eye-idols, are remarkably similar, each having large eyes in the absence of other facial features ((Mallowan, 1947, 1965). Some objects appear to have a mother-child motif while others have double pairs of eyes. This temple has been tentatively connected with this worship of the Eye Goddess or the Mother Goddess, the hesitation due to the absence of figurative characteristics associated

the themes of breast nipple and eye pupil equation are evident along with mutual "looking" through these body equivalencies.

Other Authors

Quoting Anna Freud, Kris (1956) commented on the influence of a fear of object loss on the infant's visual function. In his discussion on the recovery of childhood memories in psychoanalytic treatment, Kris made use of Spitz's propositions to state that if there is "a breast but no maternal smile, then the two ways of object relation, oral and visual incorporation, may become separated." This leaves the child who is physically nourished, with a "searching look" due to a visual hunger that remains ungratified. The deficient nursing situation is the antecedent for later voyeurism or exhibitionism. These speculations began with Kris' case of a man whose depressed mother, a "beloved stranger," related to him in her depression only through her facial expressions, which he became adept at understanding.

Writing on the contribution of disturbances in mother-infant eye-to-eye contact, to later pathology, Riess (1978) emphasized that the developmental role of visual experiences before the advent of language remained unrecognized in the analytic literature: "In particular, eye-to-eye contact, a powerful ingredient of the relationship between mother and infant, may among other socializing functions take on the forbidding and controlling elements in the early mother-child dyad that later on are assumed by the word" (p. 407). Riess noted that mutual gazing between mother and infant has life-enhancing and life-threatening properties and is central to preverbal affective bonds, but is prone to both gratification and frustration. For the infant, the subjective experience of mutual gazing is assumed to be one of "undifferentiated, unmitigated, and vitalizing enjoyment." However, the withdrawal of eye contact by the mother leaves children

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with motherhood found in other Paleolithic–era figures. However, it seems plausible to that these eyes themselves represent motherhood through a powerful distillation and symbolization of the maternal gaze.

"bewildered and frightened, their world depleted of the life-giving force of the mother's eye and of her emotional availability." Reiss stated that the mother's face is the most regularly present stimulus in the infant's life, and one of his first objects of his/her extended focusing and visual attention, and therefore also his emotional attachment. While most early face-eye experiences are not likely to be retained in conscious memory, for some people there are "unconscious memories like echoes from a dim past of a threatening, often female face or eye which will occasionally surface in their fears, fantasies, or dreams[71], and possibly also in their symptoms" (p. 388-389).

In her work with adult patients, she found that the quality of mother-infant attachment may leave "'visual' traces in the child's personality development, that is, "a proneness to pleasure, disturbances, or conflicts experienced and expressed in the visual mode." In two psychotherapy patients frightening eye to eye contact with their mothers early in life led to a hypervigilance and vulnerability to visual contact which played a significant role in later object relations and also resulted in "severe impulse inhibition and massive guilt." These patients had what Riess termed "facial dependence" and "eye dependency" evident in both their transference behaviors and object relations, and which were related to early experiences with their punitive and rejecting mothers and "eye traumatization." The preverbal mother's angry facial expression in early eye to eye contact may be a source of severe anxiety to the infant and "contribute significantly to the development of superego forerunners by its frightening and forbidding qualities."

Mahony (1989) wrote extensively on a single case of "nonperverse scopophilia" in which there were hyperinvestment, inhibition, or phobic curtailment of looking behaviors. Inadequate

[71]Goldberger (1995) noted the role of "vague" facial expressions in patients' dream reporting which are often superego derivatives and connected to preverbal communication of prohibition or approval between parent and child.

mirroring by a narcissistic mother led to an overinvestment of oral and genital impulses displaced to the eyes. Trauma was also present in the form of primal scene exposure, castration fears and sexual abuse that added to the early deprivation and frustration leading to both scopophilic hyperacuity and traumatic inhibition. The patient was given to "looking to avoid life, looking but not seeing, fear of looking and therefore denying, wishes to be looked at but not into, and looking in order to make sure that the other is not destroyed by hate. Besides ranging in function from affective hunger, aggression, and love, her looking was an incorporation that served to compensate for her pervasive sense of bodily injury and the narcissistic wound of castration" (p. 391).

Mahony used the concept of focal symbiosis[72] (Greenacre, 1959) to propose an optical focal symbiosis between a patient and her mother. This mode of symbiosis was chosen to "close the haptic distance between herself and her mother" and led to a hypertrophy of the visual function, arising from the lack of optimal mirroring from mother's accepting eyes. Referring to Fenichel's ocular incorporation concept, Mahony describes his patient's early development: "The qualities of early optical touching extended to an aggressive expression, the optical devouring of the distant mother, thus counterbalancing the fear of being devoured which was at the root of (the patient's) paranoid and masochistic trends" (p. 392). The manifestations in treatment of this patient's intense need for "optical symbiosis" are described in Chapter Five.

Two authors present material from child analyses in which the children suffered from marked conflicts regarding looking. Lewis (1963) presents a case in which "watching" was the child's primary defense. Excessive watching was understood as operating as a defense on multiple developmental levels. The most primitive level is as defense against the terror of the

[72] Focal symbiosis is a state "restricted to a special organ or body area and is frequently expressed in a union between the child's special need and the parent's projected pathology."

annihilation of the self stemming from oral longings. Watching is also a preservation of the libidinal tie to mother through a "quasi-identification" with her and her role of watching. At the highest level it is a defense against shameful loss of control of the body. Lewis understands this as a bridge to phallic-oedipal libidinal longings. Lewis proposes two general groupings of perceptual experiences: the proprioceptive-kinesthetic-tactile modality which is more primitive and linked to affective experiences; and the visual-auditory-olfactory group which develops later and is related to distance experiences. Looking and the overdevelopment of the latter modality may come about as a defense against overwhelming affective/ proprioceptive stimulation. In addition, looking may be a defense against fusing and longing which are first experienced proprioceptively. With increasing cognitive and libidinal development, as well as the greater primacy of vision, the child can now observe and "'watch himself' more or less lovingly, as mother once watched him safely through dangers. Or…(he) can fantasy that he is watched and loved by the significant people in his life. Pathological watching functions both to maintain a deeply threatened libidinal tie, and as a defense against the annihilation of the self" (p. 80).

Abrams (1991) presents the case of a 12-year old profoundly deaf girl whose main referral issues was a pattern of alternating between "intense libidinal looking and aggressive looking away from others." This pattern functioned to split good ("life-enhancing') and bad ("deathlike") self and object representations. This appears to have been an identification with her preoedipal mother who in the nursing situation alternatively provided an admiring, mirroring face and angrily looked away. Abrams speculated that this experience of "libidinal mutual gazing as maternal holding and sudden aggressive looking away" may be experienced as being dropped, invoking the primal fear of falling forever as proposed by Winnicott (1960/1965c).

Allen: Nonperverse Scopophilic and Scopophobic Derivatives

Filling an area of Freudian theory that has been called "empty…neglected" (Henderson, 1975) and "lacking adequate exposition" (Silber, 1976), David Allen (1974) wrote the only book-length treatment of the scopophilic instinct. Allen points out that "looking and being looked at are among the earliest libidinal experiences" and that "scopophilic-exhibitionistic factors play a critical part in human personality development." Instead of scopophilic perversions however, Allen is interested in "the neurotic disturbances of seeing and showing and with the fate of scopophilic-exhibitionistic impulses within normative life styles" (p. 3). He deals with reaction formation to these impulses as well as *scopophobia*, or fear of looking or being looked at. Allen's contributions will also be considered in further detail in Chapter Five, on looking within the clinical situation.

Allen explores what he calls the "looking-showing polarity" in several clinical cases featuring conflicts regarding looking and being looked at. Such conflicts, according to Allen, affect one's wish to learn, ability to learn, and ability to show or teach what has been learned. Each of Allen's cases had difficulty looking at him and his things, being looked at, eye-related complaints such a photophobia or vision clouding, learning inhibitions, interest in subjects that had sexual/aggressive scopophilic meanings, a lifestyle or occupational choice that had been determined by scopophilic conflicts, and early prephallic experiences that led to conflictual cathecting of exhibitionistic-voyeuristic elements.

Allen notes that patients with such conflicts tend to have in common frustrations in the attempt to establish a gratifying relationship with the mother early in life, leading to a strong but ambivalent relationship with the mother who was experienced as potentially rejecting and

castrating. In addition they have experienced one extremely vivid and traumatic incident in the genital or latency phase in which developmentally appropriate voyeurism or exhibitionism was severely reproved by the mother. "The patient with perverse and compulsive forms of exhibitionism and voyeurism is clearly not only attempting to achieve libidinal contact across distance, but is also keeping at a distance. The child who in his earliest libidinal body-zone contact with his mother learns to feel that he and his body and all its parts are lovable and fundamentally gratifiable will not be likely to develop the ambivalent (enjoyed and shunned) compulsive activity of the exhibitionist-voyeur, almost no matter what later strains occur."

Allen takes into consideration the work of Bowlby, Harlow, Hess, Lorenz, and Spitz "to confirm that early gratification of exploratory interest in seeing and showing with others is inversely related to reactions of apathy, withdrawal, and depression in childhood and adulthood. The vicissitudes of the partial instincts of looking and showing do much to determine success and failure in adaptation in later life[73]."

Looking and Shame

As has already been pointed out, Freud connected the emergence of shame in the affective spectrum of humans to the event of seeing and being seen – the visibility of the genitals. He also proposed that the visual instinct and shame stand in opposition to each other and that shame is not only a repressive force against scopophilic impulses but arises in this repressive action. While in his initial descriptions shame is an affective experience, it emerged as a resistance against the sexual drives of exhibitionism and voyeurism, and fell under the designation of those forces which are against the drives and known as reaction formations.

[73] Allen also addresses gender differences in exhibitionism and notes that these trends are no less present or intense in females but rather more diffuse, spread away from the genitals and on to a broader range of things such as clothes, hair, breasts, but also belongings, including her house, compared to the male who defends against castration anxiety by focusing on a single "big thing."

Nunberg (1955) claimed, "Shame is a reaction formation of the ego to the wish to exhibit" (p. 157). Several authors have since connected shame to looking and being looked at.

In his 1963 opus on the dynamics of affect, Tomkins traces the sources of the universal taboo on looking and mutual looking,[74] or "shared interocular intimacy," through an examination of the history of the role of the eye in human experience. He posits that the taboo on looking is firstly a taboo on intimacy; secondly that it stems from general cultural constraints on the expression and communication of affect; and thirdly, is reinforced by its specific association with sexuality. He also understands it as a shame response due to the taboo on intimacy and the inhibition of affect in general. The taboo is classically expressed in the evil eye belief. However, Tomkins sees origins also in the parent's shame – shame in both the child's shame in the presence of the stranger, and the child's excited staring at the stranger. The latter shame of the parent is in part an identification with the stranger's shame and discomfort, created by the child.

Tomkins states that the taboo on looking exists in any culture which taboos sex, due to the connection between looking and sexual excitement, emphasizing the connection between the eyes and sexuality. He makes the claim that the taboo on mutual looking is stronger than that on sexual intimacy. The eyes are auxiliary to the mouth, hand, and the genitals, and phenomenologically, a fusion may take place between the eye and one of the others, so that biting, touching, or genital contact can be experienced in eye contact. Tomkins notes that sexual intent can be communicated directly through the eyes and mutual looking is sufficient to intensify the sexual excitement of each partner; ocular interaction and awareness of it is key in

[74] Tomkins insists that the taboo on mutual looking can be demonstrated by asking "the members of any group to turn toward each other and look directly and deeply into each other's eyes" (p. 170). After momentary direct staring, the individuals look away subtly by looking at the nose, forehead, or one eye only. Tomkins maintains that this occurs in daily interactions, serving to titrate intimacy. He also notes that this is done in secret in order to negotiate "the shame of looking and the shame of being ashamed to do so" (p. 171).

sexual foreplay. The "major crime of the family romance" is looking, rather than the presumed genital behavior in the Oedipus myth according to Tomkins. He asserts that the primal scene is the most traumatic of childhood experiences – the looking at the parents and the trauma derived from mutual looking when one's own face as well as the faces of others communicate intense affect and sexuality.

In his volume on the affect of shame, Wurmser (1981) examined the role of the wishes to look and be looked at and the defenses against them. Shame pathology based on feelings of unlovability arises through disruptions of what is commonly regarded as the oral phase in which, according to Wurmser, looking at the other's face and its expression and having one's own facial expression understood in the mother-infant interaction is more fundamental than oral interaction. The infant powerfully uses her eyes to express herself and stimulate the mother's responsiveness. Failures in the infant's strivings for recognition and communication with mother lay the groundwork for shame. The shame affect forms by around eighteen months at approximately the time of the rapprochement and anal phases and when genital awareness is just beginning to emerge.

Wurmser presents new constructs which parallel exhibitionism and voyeurism and which he calls theatophilia – "the desire to watch and observe, to admire and to be fascinated, to merge and master through attentive looking" (p. 158) and delophilia[75] – "the desire to express oneself and to fascinate others by one's self-exposure, to show and to impress, to merge with the other through communication" (p. 158). These drives are rooted in the zone of "perceptual and expressive interaction with the environment," which appears prior to the oral, anal, and phallic phases. Wurmser's theatophilia and delophilia are similar to Allen's proposal of nonperverse

[75] Solms (1999) commented on Strachey's "translation" from Freud's writings to *scopophilia* in English which sounds like "a particularly awful disease" (p. 29); this unfortunate choice of terms for looking related drives appears to be replicated by Wurmser.

manifestations of the scopophilic instinct and his understanding to the mother-infant interaction is similar to Winnicott and Kohut's ideas on maternal mirroring. Wurmser takes the primal perceptual zone beyond Spitz' oral cavity and proposes a yet more archaic zone, and though he notes the importance of the eyes, he does not propose an associated somatic or erogenous zone.

Yorke (1990), in summarizing the most common observations of writers on shame, cited the repeated noting of the strong sense of exposure, "of bodily or psychological nakedness, in which innermost secrets and what are felt to be the mental equivalents of body content are bared to view" (p. 380-381). Shame always carries "an awareness of an observer, a possible observer, a former observer, or a fantasized observer" (p. 381) who is always experienced as disapproving. This awareness of an observer is the link between shame and exhibitionism/voyeurism and the need to hide. Yorke points out the importance of Freud's observations on dreams of being naked and their connection to looking, hiding, and shame. Yorke focuses his study on the anal developmental phase and shame as rooted in fear of loss of sphincter control, with the sphincter representing a borderline between internal and external. He also notes the significance of the phallic-narcissistic phase (as delineated by Edgcumbe & Burgner, 1975) in which exhibitionism transforms from "Look at what I can produce" to "Look at what I am," (p. 390) (reflecting a move in focus from body contents to the whole body).

The Evil Eye and the Nursing Eye

The notion of the eye as on organ of aggression can be seen in this most widespread of beliefs. The antiquity and universality of discourse on gaze is seen in the myth of the evil eye, ubiquitous in most cultures worldwide – "The belief in envy or the evil eye is found in the literature of every people, in every land since history began to be written" (Elworthy, 1895/2005). Evans (1975) asked, "What is it that 'all men, at all times and in all places have believed?' The

answer is that there is an indissoluble link between jealousy and envy and the sense of sight" (p. 481).

The idea of the evil eye – that the one possessing the evil eye has the intentional or unintentional power to accurse through the gaze the one beheld, is one that has been studied and theorized about extensively in the anthropological field (Di Stasi, 1981; Dundes, 1981; Maloney, 1976). Before undertaking his own study (below) of the evil eye, Carroll (1984) observed that the unconscious factors that have contributed to the origins and widespread maintenance of this myth have not been fully explicated in the psychological literature.

Freudian concepts of instinctual scopophilia, castration anxiety, and penis envy, and Kleinian concepts of envy, part objectification, projection, and symbolization may be applied to derive a psychoanalytic understanding of the evil eye and its widespread appeal as a belief. Freud (1909) said, "The evil eye is an excellent proof of the contention that envy and hostility always lurk behind love" (p. 267). The love that Freud refers to in the case of the evil eye appears to the love of the mother and infant for each other. In Kleinian terms, one way in which the envied breast is attacked by the infant, in fantasy, is "by projective, penetrating looking (the evil eye)", says Segal (1988).

Experiential elements of the nursing situation seem to coalesce in this most ancient folklore. Roheim (1952) noted that women more than men have the evil eye and the victim is often an infant, or the nursing mother, cow, or milk, and proposes that the latent meaning of the evil eye is the infant devouring the mother's breast: "The aggression of the sucking infant is projected and personified in the hostile devouring glance of the witch-mother" (p. 358). The spitting method used by mother and midwives to counter the effects of the evil eye reveal their identification with the one having the evil eye and is a demonstration of their spitting out the

child rather than devouring it. Due to the widespread use of both phallic charms and amulets and vaginal ones (stones with holes), Roheim postulates the representation of denial of castration anxiety; exhibitionism as a denial of voyeurism; and masturbation anxieties.

Carroll (1984) sought to explain the cluster of elements found in what he calls the evil eye complex: association with envy; infants and children as vulnerable to attack, association with women more than men; widespread use of phallic amulets; spittle or other bodily fluids as a common cure; connection of social inequality; and prevalence in societies heavily reliant on dairy products. In explaining the maintenance of belief in the evil eye across centuries, Carroll uses a Kleinian perspective and also draws upon infant's fixation on the eyes and the similarity between the areolas of the eye and the nipple. Both the adult experience of envy and the adult exposure to milk products stimulate the adult's infantile memory of the first experience of envy and the good breast. The fear of the evil eye is a projection of the repressed infantile hostility against the good breast. The use of spittle and other bodily fluids is a re-enactment of the fantasy attacks when the same substances were used to attack the good breast. The father's penis is both used to attack the good breast and is a substitute for it.

More recently, Shabad (2004) noted that the significance of the gleam in the mother's eye highlights the evil eye as a representation of "the struggle to disengage his or her essence from an over-possessive parent" (p. 663). Rather than emphasizing the infant's envy of the mother, Shabad, highlights instead the mother's "separation envy" of the child: "To the extent that the newborns' physical separateness and individual life are narcissistic insults to the mother's temporary glory of being the creative source of a new beginning, the primary manifestation of the evil eye is to begrudge the child its independent life by binding it to herself" (Shabad, 2001, p. 170). Some mothers use the gleam in their eye by which the child can become a mirror of their

own self-admiration, “a mirror to seduce and appropriate the child’s life force to sustain their own glory.” Shabad argued that “the admiring gleam of the mother’s eye thus is contingent on the child remaining an imprisoned creature of her creative imagination and in not separating from her sphere of omnipotent influence” (2004, p. 663).

These authors demonstrate that the notion and fear of the evil eye, to which few cultures are immune, is likely to be rooted in universal experiences of infantile struggles with mother and what she provides through her eye, breast, and body.

Summary/Conclusion

This chapter delves into a subject that once enjoyed considerable discussion – the visual instinct, pleasure in looking, eye symbolism, and its connections to the desire to know on the one hand, and fear, guilt, shame, and punishment on the other. In the early history of psychoanalysis, vision as scopophilia was cast as an instinct vulnerable to distortions such as repression and perversion, given its association to both survival and libido, as pleasure in looking. The visual instinct, scopophilia, is deeply connected to knowing and curiosity, particularly sexual curiosity, sharing as they do their energetic sources. Scopophilic vicissitudes may lead to sublimation, perversion, repression, and transformations of its passive – voyeurism, and active – exhibitionism, forms, in which one may defend the other and whereby both always coexist.

Early psychoanalysts such as Rank, Abraham, Fenichel, Greenacre, Jones, Winnicott, Ferenczi all produced works related to looking-related conflicts and many others contributed, with numerous clinical cases of patients struggling with fear, guilt, and punishment displaced to the eyes, particularly due to castration-related fears, resulting in hysterical blindness or other symptoms or dysfunctions of the eye. The eye may repel in horror or guilt in pleasure at the things seen. It has been repeatedly observed that both sexual and aggressive impulses are

imputed to the eye by the unconscious. Though looking-related conflicts may arise at any stage of development, from pre-oral to the genital, the eye touches like skin, devours like the mouth, penetrates like the phallus, receives like the vagina, and excretes like the anus. It is phallic by virtue of its vulnerability to injury, its correspondence between the lower and upper halves or faces of the body, the similarities in qualities – the ability to be rigid/erect and to penetrate and ejaculate/project. It is vaginal by virtue of being a cavity which is passive, receives, incorporates, and engulfs, its link to the mother, due to being a small hole surrounded by hair, like the pupil. It is oral by virtue of being orificial, devouring, and sadistic. And it is anal due to its ability to evacuate and excrete.

On the other hand, the eye may be used to identify with and for empathic purposes, and in its incorporative guise, it is the precursor of both love and hate. The eye is also the mother's face and breast from the nursing situation which it fuses with as part of a perceptual cluster. In particular, maternal nipples and pupils become superimposed and conceal the loving/angry mother representation Frustrations and trauma and the degree of object loss or object relationship disruption predispose to a hypercathexis of the visual function or voyeuristic or exhibitionistic impulses. This is due to a visual hunger, or the need to keep the object within sight and to incorporate it visually. The quality of the mother-infant relationship thus leaves visual traces such as dependence on the face or eye or hypervigilance. The presence of exhibitionistic and voyeuristic nonperverse derivatives and their conflictual cathecting have significance for neurotic functioning.

Shame is both the result of scopophilic impulses and acts as a deterrent to their expression and is intimately connected to the experience of looking and being looked at, beginning early in development. The omnipresent belief in the evil eye and the use of phallic

amulets to oppose it seems to represent the envy and aggression of the infant and mother in the nursing situation and beyond and to be symbol of the fused love and hate that are present in the earliest relationship, expressed through the eye and gaze.

CHAPTER FOUR

The Eye of the Other. Existential Philosophy, Feminist Theory, Postmodernism, and Contemporary Culture

Philosophers and Alterity

A number of works in existential philosophy, particularly by Lacan (1949/1977, 1964/1978a), Sartre (1956/1965), Merleau-Ponty (1964/1969, 1945/2002), and Foucault (1974/1977), have been on the topic of alterity, or the state of otherness, experienced through the gaze of the other. In their thinking, to experience the gaze of another is an experience with alterity – gaze is other. In both Lacan's and Sartre's view, the gaze of the other has a paranoia- and schizoidism-inducing quality. It carries existential threat and provokes profound human alienation. This section presents their viewpoints on seeing and being seen, and the phenomenological and subjective experience of gaze. Lacan and Sartre in particular are focused on as they have been the most influential in subsequent writings on *the gaze* in various fields.

Lacan and *Le Regard*

Lacan's view of gaze is paranoid and reflects a deeply cynical view of the development of individual human agency and the ego. His views on the gaze however have had an enormous impact, if not on American psychoanalysis, then on numerous intellectual fields from literary criticism and film theory to political theory, which parallels Freud's widespread influence on varied disciplines.

Lacan's idea of the gaze (or *le regard*, in his writings) grew increasingly complex as he developed his theories. His first theoretical publication, based on a talk given in 1937, was on the gaze, *The Mirror Stage as Formative of the Function of the I as Revealed in Psychoanalytic*

Experience (1949/1977). In this paper, unlike Kohut and Winnicott and other authors who speak of metaphorical mirroring in which mother functions as mirror, Lacan appears to be referring to an actual mirror in front of which the infant appears. Says Barzilai, "In Lacan's view, the mirror is the mother of the ego. But the mother is not in the mirror" (as cited in Lieberman, 2000, p. 380).

Referring to comparative psychology, Lacan notes that the human infant is in a state of relative immaturity and dependency, a state of "fetalization," at the mercy of internal drive states and having poor motor control. Upon achieving some separation from the mother, the infant, at around six to eighteen months of age sees its image in a mirror, upon which its fragmented bodily experience is critically transformed. Seeing itself reflected as an apparent unitary whole, the infant experiences jubilation, as where there was once chaos, fragmentation, and disjointedness, there is now a superior, contained totality, in the mirror image, with which the infant prematurely and mistakenly identifies, taking the image as ego-ideal. This mis-identification becomes the template, by "exemplary function," for all future identifications and results in a lifelong "paranoic alienation," in which the self is identified in terms of the Other. Lacan said,

> The *mirror stage* is a drama whose internal thrust is precipitated from insufficiency to anticipation – and which manufactures for the subject, caught up in the lure of spatial identification, the succession of phantasies that extends from a fragmented body-image to a form of its totality that I shall call orthopaedic – and lastly, to the assumption of the armor of an alienating identity, which will mark with its rigid structure the subject's entire mental development. (p. 4)

The end of the mirror stage is marked by the establishment of "paranoic alienation, which dates from the deflection of the specular *I* into the social *I*" (p. 5). The alienation is twofold – in mistaking the specular self for the bodily self, a misrecognition Lacan calls *meconnaissance*, the

infant enters into a disengagement from the immediacy of bodily experience, seduced by the idealized body in the image. Social alienation is also suffered, as the image of the other in the mirror is confused with the material other. These mirages and tempting images become the basis of the ego and the Imaginary Order, the realm that governs most conscious life, and which is "experienced in a hall of mirrors" (Mitchell & Black, 1995, p. 197).

Later, in his 1964 essay *The Split between the Eye and the Gaze*, Lacan (1964/1978) speculated that the gaze belongs not to the subject, but to the object. There is an "uncanny sense" that the object of our eye's look, looks back, with the effect of reminding one of one's own lack, or castration, which is at the heart of the Symbolic Order. Thus the supposed power of one's look is undone by the fact of one's bodily existence, which is associated with the Real and which threatens the Symbolic Order. "In the scopic field," says Lacan, "everything is articulated between two terms that act in an antinomic way – on the side of things, there is the gaze, that is to say, things look at me, and yet I see them" (p. 104). In this essay Lacan acknowledges Sartre (discussed below) and says:

> The gaze in question must on no account be confused with the fact, for example, of seeing his eyes. I can feel myself under the gaze of someone whose eyes I do not see, not even discern. All that is necessary is for something to signify to me that there may be others there. This window, if it gets a bit dark, and if I have reasons for thinking that there is someone behind it, is straight-away a gaze. From the moment this gaze exists, I am already something other in that I feel myself becoming an object for the gaze of others. (p. 215)

The gaze surrounds and is ever present. As Franses (2001) put it, "For Lacan…the presence of another person seeing the looking is irrelevant. Even if there is no one else present, as long as one is looking, one is also subject to the gaze…but crucially, it does not reside in someone else's looking at the looker. For then, one is subject to the look, not the gaze" (79-80).

Lacan also stated, “For it is in so far as all human desire is based on castration that the eye assumes its virulent, aggressive function” (p. 118). In *Of the Gaze as Objet Petit a*, Lacan (1964/1978) postulates about the relationship of desire, represented by the *objet petit a*, and the gaze, which threatens desire through the eruption of the Real into the Symbolic Order. Lacan’s distrust of the visual is further revealed in his linking visuality with the most severe of psychopathology. He uses the metaphor of the eye in calling psychosis a scotomization – “a ‘blind spot’ related to the sight of the mother’s apparent castration, the rejection of that image, the resulting inability to symbolize, and the eventual production of a substitute, the hallucination” (Lieberman, 2000, p. 22). His extreme eye distrust is evident in “The eye may be prophylactic, but it cannot be beneficent – it is maleficent. In the Bible and even in the New Testament, there is no good eye, but there are evil eyes all over the place (pp. 118-119).

Sartre and the Annihilating Gaze

At the center of Sartre’s play *No Exit* (1944) are three deceased characters who find themselves in Hell, described as a series of room and passages. The characters’ punishment is being locked together in a room (with no windows or mirror) for eternity. They are forced to use mutual gazing to find their reflection and confirm their existence. Gazing at and away are used by Sartre as symbols of suffocating closeness and terrifying aloneness. One character, Estelle, says: “When I can’t see myself, I begin to wonder if I really and truly exist.” Ines offers up to Estelle her eyes to peer into and her gaze in which she can exist, vowing to neither look away nor flutter her eyelids. However, Estelle is frightened both of Ines’ gaze and its lack. Hell is both having the averted gaze (“torture by separation” [p. 8]) and being dependent on mutual gaze for a feeling of aliveness (“hell is other people” [p. 47.]) There is both death in looking away, and a sense of being torturous entrapment when one’s existence lies in the eyes of the other. Abrams

(1991) likens it to being "inseparably inside the body of another. It is as if the image of the self in the pupil of the other is the tiny, totally dependent fetus within the mother's womb. One is powerfully protected from the world, but closed in with no exit for independent existence."

In his essay "The Look," in *Being and Nothingness* (1956/1965), Sartre described what the meaning of the Other's look is. The Other's look creates consciousness of oneself as being an object. But to the detriment of the freedom of the self, this consciousness can be produced "only in and through the existence of the Other" (p. 247). The Other's look is apprehended by oneself as spatializing and temporalizing the self. Sartre described this objectification:

> The *Other's look* as the necessary condition of my objectivity is the destruction of all objectivity for me. The Other's look touches me across the world. I am looked-at in a world which is looked-at. In particular, the Other's look, which is a look-looking and not a look-looked-at, denies my distances from objects and unfolds its own distances . . . I withdraw; I am stripped of my distanceless presence to my world, and I am provided with a distance from the Other . . . Thus within the very experience of my distance from things and from the Other, I experience the distanceless presence of the Other to me . . . Anyone may recognize in this abstract description that immediate and burning presence of the Other's look which has so often filled him with shame. In other words, in so far as I experience myself as looked-at, there is realized for me a trans-mundane presence of the Other. The Other looks at me not as he is "in the midst of" my world but as he comes toward the world and toward me from all his transcendence; when he looks at me, he is separated from me by no distance, by no object of the world – whether real or ideal – by no body in the world, but the sole fact of his nature as Other. (pp. 245-246)

Sartre also sees "the look" as manifest in sounds and other sights, in service of his paranoia, which is concretely evident in this passage:

> What most often manifests a look is the convergence of two ocular globes in my direction. But the look will be given just as well on occasion when there is a rustling of branches, or the sound of a footstep followed by silence, or the slight opening of a shutter, or a light movement of a curtain. During an attack men who are crawling through the brush apprehend as a look to be avoided, not two eyes, but a white farmhouse which is outlined against the sky at the top of a little hill. (p. 233)

Later Sartre asked, "What does being seen mean for me?" (p. 235). Ultimately, it is the threat of a violent turn into absolute nothingness: "This indication to run away, which dominates me and carries me along and which I am – this I read in the Other's watchful look and in that other look – the gun pointed at me[76]" (p. 242).

For both Lacan and Sartre, the gaze is ultimately negative, other, and paranoid, and entraps the individual in dialectics of dominance and submission, shackling and freedom, subject and object.

The Politics of the Gaze

Several authors have pointed out that pleasure in looking and in taking other people as objects bestow a sense of power, and that degree extent of mutuality of gaze is reflective of power structure. Gaze is thought to be a signifier of a power relationship in which the gazer is in a place of superiority in relation to the object of the gaze. Sartre and particularly Lacan's conceptualizations of gaze have been extended in feminist theory.

John Berger (1972), Laura Mulvey (1976), and Luce Irigaray (1974, 1977) have noted out that gaze dynamics are, as with other dimensions of interaction, underpinned by gender dynamics. Berger, art historian and critic, wrote in his influential book, *Ways of Seeing*,

> To be born a woman has been to be born, within an allotted and confined space, into the keeping of men…A woman must continually watch herself. She is almost continually accompanied by her own image of herself. Whilst she is walking across the room or whilst she is weeping at the death of her father, she can scarcely avoid envisaging herself walking or weeping. From earliest childhood she has been taught and persuaded to survey herself continually. And so she comes to consider the *surveyor* and the *surveyed* within her as the two constituent yet always distinct elements of her identity as a woman. (p. 46)

[76] Sartre's personal history in relation to his thoughts on gaze, separation, and alienation is striking: he was congenitally partially blind in one eye, and at the age of fifteen months he lost both parents – his father through death and mother by abandonment (Abrams, 1991).

Berger goes on to explain the contrasting relationship of men and women, with regard to the look:

> *Men act* and *women appear*. Men look at women. Women watch themselves being looked at. This determines not only most relations between men and women, but also the relation of women to themselves. The surveyor of woman in herself is male: the surveyed female. Thus she turns herself into an object – and most particularly an object of vision: a sight. (p. 47, original italics)

Mulvey, a feminist film theorist, and Irigaray, a feminist psychoanalyst, have written seminal works on the *male gaze*. They insisted that in existing patriarchal culture, it is the man's viewing pleasure, and the women's pleasure in being a beautiful object for the man to view. Mulvey (1976) wrote a widely cited psychoanalytic study of cinematic spectatorship using Freudian and Lacanian theory, and introduced the idea of the male gaze. Wielding "psychoanalysis as a political tool," Mulvey maintained that patriarchal society, in which "pleasure in looking has been split between male/active and female/passive," is reflected in the dominant forms of cinema, specifically Hollywood. "In their traditional exhibitionistic role women are simultaneously looked at and displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote *to-be-looked-at-ness*." On the role of women in patriarchal culture, Mulvey said:

> The paradox of phallocentrism in all its manifestations is that it depends on the image of the castrated woman to give order and meaning to its world. The idea of woman stands as lynch pin to the system: it is her lack that produces the phallus as a symbolic presence, it is her desire to make good the lack that the phallus signifies. . . .Woman then stands in patriarchal culture as signifier of the male other, bound by a symbolic order in which man can live out his fantasies and obsessions through linguistic command by imposing them on the silent image of the woman still tied to her place as bearer of meaning, not maker of meaning.

Mulvey describes two modes of cinematic looking, both of which are responses to male castration anxiety: voyeuristic scopophilia, which is the sadistic desire to punish women for their

lack, and fetishistic scopophilia in which there is the building up of feminine beauty, in defense of castration anxiety. The typical cinema spectator is said to oscillate between these two modes of looking. This works set the stage for critical studies of media, feminism, and sociopolitical relationships through the lens of the gaze and the power dynamic inherent in gaze. In studying who has the power to look, gaze has become a "theoretical touchstone" at the intersection of film studies, feminist theory, and postcolonial theory (Columpar, 2002). "Looking relations are never innocent" (Kaplan, as cited in Columpar).

The Virtual Eye: Screens, Cameras, Images and Postmodern Culture

This section attempts to provide a cultural context in which to situate the discussion on the prevailing use of the couch and non-engagement of the couch. An attempt is made to show the voyeuristic and exhibitionistic elements of modern culture and to demonstrate how scopophilic gratification is dominant.

Nearly four decades ago, Gombrich (1972) noted that ours was "a visual age" (p. 82). Ten years ago, Mirzoeff (1999), a cultural theorist said, "Human experience is now more visual and visualized than ever before," (p.1) and the urgency of the visual has grown exponentially since then. In contemporary Western culture, we look[77], more than ever, but what we look at is often not in the realm of the real as previously defined. Some cultural commentators would

[77]Of note is the fact that the highest priced piece of art until recently was adorned with multiple eyes (specifically, the Egyptian Eye of Horus) on the garment of the principal figure (Klimt's *Adele Bloch-Bauer*, completed in 1907, was purchased for $135 million in 2006). In the highest-grossing* film of all time, the recent *Avatar* (2009), which has presumably appealed to mass audiences worldwide, the highest form of greeting is an expression that surpasses the visual but uses an ocular metaphor: "I see you."** The very recent and most successful of performance art pieces that drew over half a million observers and over a thousand participants involved nothing more than being engaged in silent mutual gaze with the artist, Marina Abramovic in her piece *The Artist is Present* at the Museum of Modern Art, March 15-May 31, 2010.
*Before being adjusted for inflation.
**This has been hypothesized to be drawn from the Hindu greeting *namaste*, which translates to "I see the divine in you."

argue that we are engaged with a new reality, a reality that must be redefined to include the virtual presence of things, things which are apprehended through a mediating screen.

Two interrelated trends that seem to mark contemporary culture are the ascendance of the image and simulation, and the rise of voyeurism. One is inundated with visual stimuli that are imagistic in nature[78]. Images bombard at every turn – pixilated and digital images on packages and products, on the television and computer, and in print media, posters, billboards, and personal photographs, sharing one's space and present on all sides, so that we seem to be in a simulated world of the presence of others. More frequently than before, we turn to images to experience pleasure, though through these images that are continuously encountered, one also submits oneself to experience a range of other affects – horror, disgust, shock, sadness, wonder, desire, surprise, curiosity, envy. In their ability to elicit such affective experience, images carry power, an idea exploited by the media and other creators of images. The modern world is dominated by the presence of images, and though we may look at them only momentarily, the imagination is stimulated. An overriding feature of modern day existence may then be to be in a state of oft-stimulated imagination. The unwitting though constant consumption of images constructs our notions of self and other.

Our experiences are constructed in part through these images and commentators have given notice that it behooves all of us to understand how it these images work. Movements of critical thinking have called for *visual literacy* – "Visual culture should be understood in an analytical way…by all of us who increasingly encounter a startling array of images in our daily lives" (Sturken & Cartwright, p. 2).

Increasingly, we attribute meaning to, and find meaning through visual images, choosing this modality over others and leading authors to claim that modern Western culture is a *visual*

culture[79]. "Over the course of the last two centuries, Western culture has come to be dominated by visual rather than oral or textual media . . . Hearing and touching are important means of experience and communication, but our values, opinions, and beliefs have come to be shaped in powerful ways by the many forms of visual culture that we encounter in our day-to-day lives" (Sturken & Cartwright, 2001, p. 1).

The proliferation of the imagistic is linked with an increasing desire to look *at* and *into*. Popular culture is marked by "look at me" behavior (driven recently for opportunity to achieve the proverbial fifteen minutes of fame) which is on the rise, and ever-prevalent celebrity journalism makes one an unwitting voyeur, which along with reality television, internet blogging, and webcams, speak to the preoccupation with looking into other people's lives. Cameras are everywhere, pocket-sized and integrated with phones so that every moment may be captured as more than an image fleeting past the eyes. Voyeuristic eyes are extended by cinema and its technological advances that allow for increasingly sophisticated special effects; reality, home video, hidden-camera, and tell-all talk shows on television; by 24-hour girl cams and pornography on the internet; and by tabloid journalism. It is possible to be intimately aware of the intricacies of people's lives, their secrets, their romances, their fears and humiliations, their closest relationships – their work, familial, sexual and interior lives, in a way that was neither possible nor sanctioned before. The new media, advertising, and increasing photojournalism ensure that we gaze upon others – virtual others – almost unwittingly. It is a voyeuristic society, constituting a "voyeur nation" (Calvert, 2000), fed by a constant diet of spectacle.

The internet has given the impetus to the image-drive, with its interactive graphics and YouTube videos, created, forwarded and widely shared online. "Modern life takes place

[79] The term visual culture encompasses several different forms of visual media that include the fine arts, visual performance, and visual data from scientific fields.

onscreen," said Mirzoeff (1999, p. 1). However, onscreen there is no avenue for the modulation of stimulation or regulation of identity. Online games like *The Sims* allow one to participate in complex simulated social worlds, in which it is possible to choose one's body and physical appearance and assume one or more identities of one's choice which then interact with other live members, also with assumed identities. In competitive video games, various scenarios and characters are presented for one to adopt and to flex one's cyber- and psychic muscles through. The new generation is raised with fluency in the operation and mores of MTV, reality television, video games, graphics-driven computer technology, digital cameras, and DVDs, all of which are predominantly vision-driven. Television and cinema drive not only the entertainment industry, but the economy as a whole, which was characterized as a "celebrity-fueled [one that]… capitalizes on the public's boundless need for minutiae about entertainment stars" (Navarro, September 21, 2006).

There is a preoccupation with surface; covers, packaging, physical appearance trumping other dimensions of objects. The look of things has become increasingly important, so that the package lures more than the content. There is high investment in the visible surface and how one looks. Body narcissism, the great ascendance of the cosmetic and fashion industry, which are economic juggernauts, and the drive for beauty enhancement further attest to the overvaluation of the visible and for the clamoring to be seen. Permanently changing the features of one's appearance through plastic surgery and other cosmetic procedures has growing acceptance. It is as if we are, at large, a scopophilic society, driven by the pleasure in looking and being looked at. There is a desire to escape the lived-in body by both adopting a virtual body and by surface manipulations of the body of varying permanency.

In modern existence and in our wish to gaze and be gazed at, there appears to be a fascination with *likeness and recognition,* in Mulvey's terms: "Curiosity and the wish to look intermingle with a fascination with likeness and recognition: the human face, the human body, the relationship between the human form and its surroundings, the visible presence of the person in the world" (1972). It would appear that we are engaged in a seemingly endless search for likeness of self and recognition of self in the other, and that this has created voyeurs and exhibitionists of us. The term "culture of narcissism" (Lasch, 1972), which is marked in part by by shame/vulnerability denial (Altman, 2004, as cited in Orange, 2008) had been used to describe the current psychological era. Curtis (2007) extends the pathology of the current era in to autistic functioning, noting "The condition of postmodernity with its emphasis on CMC [computer-mediated communication], time-space convergence, compression, and distanciation, and the privileging of simulacrum over authenticity, has resulted in a 'culture of autism'" (p. 100, parentheses added). Cyperspace, says Lemma (2010), denies corporeality, destroys the meanings of difference and separateness, and distorts the relationship between internal and external reality.

Lemma also notes the ways that technology makes it possible to reject the actual/original body, "Technological advances and the dominant values of contemporary culture make it possible and acceptable to alter, extend, or altogether bypass the body and its functions in actuality and virtual space" (p. 691).

Body narcissism, body hatred, and body dysmorphia, and its attendant preoccupation with the visual image of the self, in the eyes of others and self are an increasing phenomenon. The body has become a site of anguished self-improvement. Orbach (2009) has said that the

body is in crisis, and notes the increasing "calls for bodily transformations, enhancements, and 'perfectability[80]' in the consulting room" (p.1), and this has been echoed by Lieberman (2000).

Hysterical and conversion disorders and functional disorders of the eyes are no longer common as they were in the first half of the last century, as evident by the works cited in *Chapter Three*, and this may be because looking is no longer taboo, leading to reduced shame, guilt, and need for punishment. However, the body continues to be recruited to express conflicts, as can be seen in the rise of body-related psychological disorders, and recruited in a far more destructive manner, as seen in self-cutting, body integrity identity disorder, and eating disorders. Eating disorders, including anorexia, bulimia, and binge eating disorders are on the rise. Anorexia and bulimia are disorders impacted by the media (Garner, Rockert, Olmsted, Johnson, & Coscina, 1985) and by the visual image, perhaps more so than any other disorder. They are unable to apprehend their bodies with a benign gaze and in anorexia, one sees a paradox around the gaze – what begins as the desire for others' approving, desiring gaze, results in bodily disappearance through the emaciation, leading to the horrified gaze of the other. Anorexia has more than doubled in the past forty years[81] (Guarda, 2008) and has the highest mortality of any psychiatric disorder[82] (Sullivan, 1995), and bulimia doubled in the last half of the twentieth century (Hudson, Hiripi, Pope, & Kessler, 2007). The fact that these are body as well as food related disorders is significant, raising the associations to the nutritive and caretaking aspects of the maternal relationships.

[80] Compounding this is the exposure to images of bodies that do not exist in the real world. Orbach reports that we receive images of digitally manipulated bodies that numbers in the thousands per week.
[81] The epidemiological rates have not only increased all around, but increased at an alarming rate amongst the prepubertal (hospitalizations jumped by 119% between 1999 and 2006 for children under the age of 12), ethnic minorities, males, and amongst low socioeconomic groups, in a study by Rosen and the Committee for Adolescence (2010) and globally, in countries previously protected from eating disorders.
[82] With published rates varying from 5-20%.

Body integrity is disturbed in ways ranging from the relatively benign (body modification to enhance one's appearance with piercing, tattoos, scarification, cosmetic surgery[83]) to degrees of destructiveness (deliberate self-cutting during intense affective dysregulation) to amputation (as seen in body integrity identity disorders), all of which involve acts of aggression against one's own skin and limb. Each of these phenomena has been on the rise.

Postmodernism and the visual. Contemporary culture is said to be postmodern culture, which embraces the blurring of lines, particularly between presence and absence, reality and fantasy. It is further characterized by irony, self-reflexivity, pluralism and multiplicity – of subjectivity, of meaning – and the subjectivity of meaning. Postmodern theory claims that there is nothing without referent, and there are no absolutes and no universals. Postmodernism particularly characterizes modern intellectual and art studies. Mirzoeff (1999) claims that postmodernism is best understood visually. Many others agree that the dominance of the visual is a defining feature of postmodernism. The virtual gaze is a given of postmodern society, it is said. According to Sturken and Cartwright (2001), we exist "in a culture where the image is the ultimate register of experience" and "looking practices inform our lives beyond our perception of images *per se*" (p. 5, original italics).

Authors concerned with visual culture are interested in understanding how and why the heavy reliance on visual forms to make meaning in almost all areas of life has come to be so. Notable authors are Mirzoeff (1998, 1999) and Jay (1993; Brennan & Jay, 1996). In his books, Mirzoeff has explored the mechanisms through which visual media, including fine art, cinema, the internet, advertising, performance, photography, and television, have become so central to

[83]The cultural fixation on the female breast, seen in its exposure and cosmetic enhancement may be linked to disturbances of the nursing experience, attachment disturbance, and the visual percept of the fused eyebreast or facebreast.

contemporary everyday life. He argues that the visual is replacing the linguistic as our primary means of communicating with each other and of understanding our postmodern world: "World-as-a-text has been replaced by world-as-picture. Such world-pictures cannot be purely visual, but by the same token, the visual disrupts and challenges any attempt to define culture in purely linguistic terms" (1999, p. 7).

Sturken and Cartwright say, "Postmodern theory sees the surface as the primary element of social life, as opposed to the idea that true meaning is hidden underneath" (p. 258). They go on to refer to Baudrillard, the French postmodern theorist, in stating: "The surface is all we see and all we can have access to. The image transcends the idea of the real, taking on a new importance in millennial culture. We can no longer look below the surface for depth and true meaning, because we will find nothing there" (p. 258). For Baudrillard, the image is more real than the real, and simulation replaces representation.

Summary/Conclusion

For the influential philosophers Lacan and Sartre, one's reflection in the gaze of the other is an experience that is fragmenting and alienating and amplifying of the sense of otherness. In feminist and critical theory, the direction of gaze is an important indicator of relative power and status. The male gaze predominates in many domains of experience, in which men are the beholders of gaze and women the one beheld, motivated in part by the need to appease castration anxiety.

As a culture, it is as if there is a hungering for the gaze, to be both look and be looked at. A number of avenues allow for the drawing of attention to oneself and satisfaction of the clamoring to see others. There is an engagement in a search for increasing levels of visual stimulation. Between home television, tabloid magazines, and pornography a computer click

away, it would appear that the camera has ensured that the "most supreme" sense has come to be actualized and gratified. It seems then that the task of the postmodern individual may be to extract herself from the media blitz, from the deluge of images, and ultimately to be able to discern between reality and virtuality, reality, and hyperreality. It may be argued that technology through electronic media has served to create the presence of the other so that one is never alone, however, this presence is a *virtual* presence only. The current state of shame is also not clear. On the one hand it may be said that there is decreased shame (evidenced by increased voyeurism and exhibitionism, which are to be curbed by shame), and on the other that there is increased shame vulnerability, which tends to accompany a culture of narcissism. There is an observed increase in body related distress and with the image of the body as seen in both the consulting room and epidemiological rates of dangerous body dysmorphic disorders. The "existential" and relational needs of today's patient living in the world of body manipulation and virtual presence are to be determined.

CHAPTER FIVE

The Eye/I on the Couch. Regression, internal focus, and the infantile

The couch is the most prevalent and iconic symbol of psychoanalysis, as well as most ridiculed and caricatured aspect, observable in both cartoons and innumerable titles of analytic work in which *couch* stands for psychoanalytic theorizing. Mangabeira (1999) argued that, although the couch is not much mentioned in the psychoanalytic literature, the social meanings which surround it mark it as a symbolic device for distinguishing practitioners of Freud's method from "competitors, doubters and apostates."

There were several early dissenters to the inflexible use of the couch (e.g., Fenichel, 1939; Kelman, 1954; Fairbairn, 1958), but the couch enjoys "unanimity" (p. 440), is used by thousands of analysts world-wide, is the default position for many of them (Schachter & Kachele, 2010), Goldberger (1995) noted that its use is "almost universal." Though Celenza (2005) referred to "an increased acceptance of sitting up as part or the whole of analysis" (p. 1646) which parallels the ascendance of intersubjective and relational analytic stances, Moraitis (1995) noted the "silent consensus" regarding the couch and "a topic that is perhaps the least controversial in psychoanalysis… regardless of the school of thought" (p. 275) in his introduction to a *Psychoanalytic Inquiry* issue devoted to the topic of the couch[84]. He also noted the lack of any open controversy regarding the couch and the paradoxical fact that no new rationales for the use of the couch had been put forward in spite of the advances in psychoanalytic clinical theory in the previous twenty-five years. Moraitis asserted that if the original definition of psychoanalytic

[84] A notable exception to the dearth of literature on the couch is this *Psychoanalytic Inquiry* issue and several of the articles from this issue are reviewed in following sections.

treatment is upheld of making conscious the dynamic unconscious, then the role of the couch is "indisputable," (p. 275) a notion also supported by Lichtenberg (1995).

Juxtaposed with its widespread acceptance and use is the relative paucity of literature on the topic[85]. Fewer yet are those studies that examine the use of the couch in terms of its visual implications. There are three physical elements in the use of the couch: the supine/recumbent position; the couch as physical object/piece of furniture; and the unseen self/other, two of which are interactive dimensions. However, the literature on the couch rarely refers to gaze non-engagement or distinguishes it within this physical matrix. Though there has been some debate on the role of the couch in psychoanalytic treatment and its relation to analytic process, little of it is devoted to an exploration of the visual function in the analytic setting. The literature tends to focus on the utility of the couch in fostering free association and regression, without explicitly considering the role of gaze engagement or aversion in facilitating this, except in passing. Though Freud (1913/1958a) in his first mention of the use of the couch raised the issue of the interplay of the scopophilic instinct, the relation of the two has subsequently been neglected in the considerations of the mediating mechanisms by which the couch produces the effects on analytic process that it does.

There are two recent empirical studies on the couch and these are reviewed before considering the conceptual literature on the couch, beginning with Freud and his explicit and latent attitudes towards the visual and their manifestation in the development of his technique. The review extends to a consideration of the role of elimination of gaze in the induction of

[85]A PEPWeb literature search shows that most literature containing *couch* in its title uses it as symbolic shorthand for "psychoanalysis/psychoanalytic understanding." Several articles are titled _____ on/and the *couch*, referring to e.g., Blacks, Jews, the soul, god, politics, humor, Hollywood cinema, pedagogy, terrorism, the silver screen, piano, kitchen which are understood through a psychoanalytic lens.

regression; the mode of processing of patient and analyst; affective communication; and personal motives on the part of the analyst for the use of the couch.

Empirical Literature on the Couch

Of the three empirical studies on the couch and analytic process, two are recent and investigate analytic process in cases that were seen in alternating face to face and couch positions.

DiNardo, Schober, and Stuart (2005) examined the differential effect of the nature of the "visual copresence" on discourse between patient and analyst in chair and couch treatment situations. They conducted a form and content analysis using two computerized programs[86] and found that the two produced strikingly similar discourse over ten psychoanalytic treatments. The major difference was that analysts spoke significantly less when patients were on the couch and the authors concluded that this was due to their adoption of a "couch stance" or the "analytic attitude."

In a study using the Psychotherapy Process Q-Set, Lable et al. (manuscript under review at time of this writing) examined psychoanalytic process in two patients[87] who were treated both sitting up and lying down. They found greater analytic process for lying down, though the difference did not reach statistical significance (the authors note that this may be due to the lack of power of their study). However, certain items on the PQS did show statistically significant differences with large effect sizes for each patient. In the first cases, examination of the PQS

[86] The two programs were Linguistic Inquiry and Word Count (LIWC) and Computerized Referential Activity (CRA), the latter by Bucci (1997).

[87] The study used archival, audiotaped data of 58 sessions in which one patient transitioned from lying down to sitting up and the other vice versa. Criticisms of this study include the fact that in the first patient, the variable of frequency was not kept constant across the variable of physical position. When this patient transitioned to sitting up, her treatment changed from four/week to twice/week as well (as also noted by the authors who interpret this as a movement toward termination.) In addition, nearly four times as many sessions from the lying down phase were selected and analyzed compared to the sitting up phase (and also as compared to the second patient's two phases.) For the second patient, sessions were selected immediately preceding and following the transition from sitting up to lying down. It can be argued that these sessions are inherently different in terms of analytic process and do not represent treatment as usual, as change in analytic process is likely to be both case and effect of the shift from treatment face to face to using the couch. The authors acknowledged the possibility that "change in process produced the change in position."

items shows that for the patient who was on the couch first and then sat up during her treatment, there was significantly more loading on sexual, erotic, libidinal items while lying down. The patient was assessed to be more controlling, demanding, and provocative while face to face. In the second case, in which the lying down/sitting up positions were reversed in order, there was greater focus on shame or guilt while lying down while sitting up included greater patient resistance, focus on the body, linking to the past, and memories and reconstructions of infancy/childhood. The authors note that there was no overlap in significant items across the two cases. They conclude that the effect of physical position on therapeutic process is likely to be idiosyncratic to each treatment dyad and among their suggestions for future research include studying facial interaction, the position of the analyst's chair, and resulting visibilility and using physiological measures.

Freud, Vision, and the Couch

Freud and His Vision Ambivalence

Freud's antiocularism has been commented upon – he has been called an *anti-visuel*, who "denigrated" vision (along with numerous other twentieth century philosophers and intellectuals) (Jay, 1993). However, Freud's relationship to vision was complicated – on the one hand, Freud elevated vision, referring to the eyes as "our most important sensory channels" (1900/1953b, p. 23), crediting the evolutionary dominance of vision in anthropoids as being responsible for the beginning of civilization, and using vision as the preferred language metaphor to describe clinical and therapeutic processes – free association as visual images one may view from a train window, one is look into the unconscious and help the patient achieve insight and the mind's eye is to be utilized in the endeavor to know. Freud also privileged the seen over the unseen (lack of phallus) with female castration anxiety and male superiority (Van Buren, 1991). On the other

hand, vision is associated with infantile sexual aims and pathogenesis, with a cornucopia of disorders consequent to forbidden and/or shameful looking. Reis (2004) observed that Freud "problematized vision," and attributed "spectacular" power to it. "The power that looking held was decisive…Increasingly, conflictual affective themes were cast in the metaphor of vision" (p. 354).

Kuspit (2000), noted art critic and philosopher, said the following about Freud's use of not the actual eye but the eye of the mind:

> Like a latter day Tiresias, Freud in effect sacrificed sight to insight. He turned away from the symptom toward the association, from the theatrical appearance to the psychological meaning, from the dream's manifest content – a theatrical symptom – toward its latent content. The symptom is visible to the naked eye, the association is visible to the mind's eye – reason's eye…The visible symptom is not there to be mirrored…but to be understood. (p. 258)

In a review of a Library of Congress exhibition on Freud's life and work, it was noted that Freud was not only "anti-visual" but that he "championed a talking cure rather than a looking cure," and had "an intellectual defense against art" through which he turned "art into text." Freud was interpreted as having concluded "Seeing was shallow while hearing went to the depths…The point of analysis is to get beyond the visual" (Boxer, October 24, 1998).

In his introductory lectures on psychoanalysis Freud (1916/1963b) made an effort to demonstrate that though it is "a procedure for the medical treatment of neurotic patients," (p. 15) psychoanalysis differs from medical practice. He said, "In medical practice you are accustomed to *see* things" – an anatomical preparation, a chemical reaction, the shortening of a muscle, and "patients are demonstrated before your senses" (p. 16, original italics) and goes on to elaborate this point, making use of visual linguistic terms related to *witness*, *demonstrate*, and *observe*. Observation allows one to "feel convinced of the existence of the new facts through your own

perception. In psycho-analysis, alas, everything is different. Nothing takes place in psycho-analytic treatment but an interchange of words between the patient and the analyst. The patient talks…the doctor listens." Those who are accustomed to relying on "visible and tangible things" may wonder whether "'anything can be done by mere talking.' That of course is…*short-sighted*" (italics added). Even as he emphasized the role of words, he was unable to escape using visual language. Freud proceeded in this paper to elaborate on the power of words: "Words were originally magic and to this day words have retained much of their ancient magical power…Words provoke affects and are in general the means of mutual influence among them. Thus we shall not depreciate the use of words in psychotherapy and we shall be pleased if we can listen to the words that pass between the analyst and his patient." Freud elevated words and hearing as central to the psychoanalytic procedure and distinguished it from other medical treatments which are dependent on the visible and observable.

Freud's Technique

Such ideas have evidently been translated into his technique. There is no entry for the couch in the index of the *Standard Edition* and Freud has written little on the topic. Freud's psychoanalytic technique as well as his rationale for allowing or disallowing the patient to see changed over time. In his first mention of his new psychotherapeutic technique, Freud noted that in an effort to bring about "an increase in the attention he pays to his own psychical perceptions," and "in order that he may be able to concentrate his attention on his self-observation, it is an advantage for him to lie in a restful attitude and shut his eyes" (1900/1953b, p. 101). This creates a particular psychic state that is similar to the hypnagogic state in which "involuntary ideas" emerge that may transform into visual and auditory images. The requirement to shut the eyes was dropped by 1904 when Freud described his technique for the first time and referred to it

as an outgrowth of the cathartic method. Speaking of himself in the third person, he makes mention of the "sofa" for the first time and again emphasized the removal of sensory distractions so that an internal focus could be fostered.

> At the present time he treats his patients as follows. Without exerting any other kind of influence, he invites them to lie down in a comfortable attitude on a sofa, while he himself sits on a chair behind them outside their field of vision. He does not even ask them to close their eyes, and avoids touching them in any way, as well as any other procedure which might be reminiscent of hypnosis. The session thus proceeds like a conversation between two people equally awake, but one of whom is spared every muscular exertion and every distracting sensory impression which might divert his attention from his own mental activity. (Strachey, 1904, p. 250)

In spite of his protestations regarding the visible and observable, in 1905 Freud noted:

> He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore. And thus the task of making conscious the most hidden recesses of the mind is one which is quite possible to accomplish. (1905/1953a, pp. 77-78)

While Freud acknowledged the significance of nonverbal communication and the importance of engaging such observation, he focused on bodily rather than facial expression[88].

Freud then wrote two papers (1912/1958b and 1913/1958a) outlining his method, titling them as "recommendations" to other psychoanalytic practitioners. In the preamble of the first paper, he made clear, "this technique is the only one suited to my individuality; I do not venture to deny that a physician quite differently constituted might find himself driven to adopt a different attitude to his patients and to the task before him" (p. 111), creating space for analysts with different needs to use alternative technique. Freud noted that his technique consists in the

[88] In his memoir of his treatment, a patient of Freud's recalled: "The position is only a matter of convenience, but one point remains essential: The analysand must not see the analyst's face. If it were otherwise, the analyst's expression would influence him" (Blanton, 1971, c.f. de Mijolla, 2005).

main in maintaining "evenly-suspended attention;" the patient is to verbalize without selection and the analyst is to attend without selection. Yet, "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (1912/1958b, p. 118). Only with the removal of the physical eyes can the analyst truly function as the metaphorical mirror, i.e., his invisibility is a prerequisite to reflect back to the patient.

In his 1913 paper "On Beginning the Treatment" Freud (1913/1958a) outlined his rationale for the adoption of the couch, citing an admixture of historical, personal, and clinical reasons. Here again, in his preamble he emphasized that the "rules of the game" and what followed were "recommendations" and warned against their "unconditional" or mechanistic application, noting that this was a procedure which was "effective on the average." However, when he introduces the use of the couch his language changes:

> I must say a word about a certain ceremonial which concerns the position in which the treatment is carried out. I hold to the plan of getting the patient to lie on the sofa while I sit behind him out of his sight. This arrangement has a historical basis; it is the remnant of the hypnotic method out of which psycho-analysis was evolved. But it deserves to be maintained for many reasons. The first is a personal motive, but one which others may share with me. I cannot put up with being stared at by other people for eight hours a day (or more). Since, while I am listening to the patient, I too, give myself over to the current of my unconscious thoughts, I do not wish my facial expressions to give the patient material for interpretations or to influence him in what he tells me. The patient usually regards being made to adopt this position as a hardship and rebels against it, especially if the instinct for looking (scopophilia) plays an important part in his neurosis. I insist on this procedure, however, for its purpose and result are to prevent the transference from mingling with the patient's associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance. I know that many analysts work in a different way, but I do not know whether this deviation is due more to a craving for doing things differently or to some advantage which they find they gain by it. (pp. 133-134)

On the one hand, the couch is "a ceremonial," and on the other, its value is multifold and Freud "insists" upon it, while warning that a desire to adopt a different approach may be a desire

to rebel rather than any true benefit in an altered approach. This is Freud's first and last articulation of the couch and he recognized both patients' resistance to it and the rootedness of that resistance in scopophilia. His neglect of the *analyst's* scopophilia in either the acceptance or rejection of the use of the couch is significant.

Freud's Motives

It is clear that the strain of having to endure another's gaze for a period of time was something Freud was not willing to tolerate. There has been some speculation about Freud's aversion to being looked at by patients, and some authors believe that Freud's reasons for using the couch were largely personal (e.g., Bergel, 1984; Grotstein, 1995). Ogden (1996) noted: "'I cannot put up with being stared at…while I am listening to the patient' (1913, p. 134). This statement is often seen as a manifestation of one of Freud's idiosyncrasies or even of an aspect of his psychopathology." (p. 885). Allen (1970) has written about Freud's exhibitionism/ grandiosity, and his displeasure with his appearance has been speculated. Lieberman (2000) asserted that Freud disliked being photographed and on at least one occasion was startled at discovering what he looked like, though this may have been a reaction to his aged appearance[89]. Ries (2004) as well has noted Freud's "aversion to being seen and a profound mistrust of what looking would entail" (p. 354). Freud's use of the couch may be due to his own scopophilia, an expression of his conflicts around exhibitionism and defenses against it.

[89] A passage in Freud's essay "The Uncanny" (1919/1955e), recounts this event:

> I was sitting alone in my wagon-lit compartment when a more than usual violent jolt of the train swung back the door of the adjoining washing-closet and an elderly man in a dressing gown and traveling cap came in. I assumed that in leaving the washing-cabinet, which lay between the two compartments, he had taken the wrong direction and had come into my compartment by mistake. Jumping up with the intention of putting him right, I at once realized to my dismay that the intruder was nothing more than my own reflection in the looking-glass of the open door. I can still recollect that I thoroughly disliked his appearance. (p. 248)

Lyotard used Levinas' ruminations on the Jewish taboo on graven images[90] to speculate about Freud's "Jewish Oedipus": "In Hebraic ethics representation is forbidden, the eye closes, the ear opens in order to hear the father's word. The image figure is rejected because of its fulfillment of desire and delusion; its function of truth is denied…Thus one does not *speculate*…" (as cited in Jay, 1999, p. 574). According to Lyotard Freud's atheism allowed the transformation from the renunciation of the desire to see into a desire to know. Patriarchal religions, of which Judaism is one, in his conception, are linked to an aversion to images. Lyotard said "The mother is visible, the father is not…The father is a voice, not a figure. He is not initially situated in the visible world," and Jay understands Lyotard as saying that "along with the repression of the mother goes a certain hostility to images, evident both in Judaism and psychoanalysis" (p. 576). Jay however went on to say that "Freud did not listen to the father's word and the mark of psychoanalysis' greatness [is] that it generally prefers to observe the law (in the sense of obeying the word) rather than observe the world (in the sense of seeing it)" (p. 578).

"The loss of the visible mother and the domination of the invisible father's voice" is seen in the use of the couch, and this maternal dimension and its presence and absence in the psychoanalytic situation is discussed below and in the following chapter.

Since Freud: Positions on the Couch

The Psychoanalytic Setting and the Couch as Infantile

Various aspects of the psychoanalytic situation create an "infantile setting," which in turn promote free association, regression, and transference. The couch is a critical aspect in the creation of the infantile, regressed setting. Macalpine (1950) stated that the patient is subjected

[90] In contrast to this is the compulsion in certain Eastern religious practices (in which mother goddess are more prevalent, while not being matriarchal), to view the idol.

to a "definite environmental and emotional influence," through aspects of analytic technique. The couch, through its "curtailment of the object world," blocking of gratification from looking or being looked at, and the required infantile physical posture on the couch, is a constituent of the infantile setting of psychoanalysis. Greenacre (1954) noted the role of the couch in her discussion of the transference matrix which is derived from the "original mother-infant quasi-union." Winnicott (1955) commented that the analytic setting, including the couch which "represents the mother," "reproduces the early and earliest mothering techniques," and induces regression.

Spitz (1956) followed with a paper on the transference prototype and the infantile setting created by psychoanalytic technique. He noted that Freud "created a surprising parallel to the infantile situation," through the couch on the one hand and the fundamental rule on the other. The couch is infantile due to the patient being required to, "without seeing, but hearing the analyst, having to address his appeals and expressive manifestations into the emptiness of space like the infant, and also, like the infant, aware of the role changing Presence" (p. 382). Spitz reported that patients often expressed a sense of humiliation in being forced to being childlike, by having to recline while the analyst sits upright on a higher level, "the level of the parent." The analytical setting thus acts as a cue for the provocation of transference and reproduces elements of the earliest object relational stage:

> We frustrate the patient's visual participation of the object; tactile participation is precluded by the conditions of the analytical situation. We frustrate his auditory perception by responding sparingly and rarely to his manifestations. Like an infant, we place him into the reclining position and we also restrict his locomotion and his muscular activity by enjoining him against "acting out" and insisting that he *inform* us instead verbally of his urges. The parallel of the resulting feeling tone with that of infancy is striking. (p. 383)

Just as the two eyes, nose, and forehead act as minimal cues for the infant for a sense of security (see *Chapter Three* and sections on Szekely and Spitz), the analyst offers minimal cues for transferential reactions:

> In parallel…the quasi-invisibility of the analyst in the analytical setting, his being situated higher in space than the reclining patient, become the minimal cues which make the analyst the target of the composite emotion directed towards him. He will be endowed, as the case may be, with the face of the love object or that of the enemy of the persecutor. (p. 384)

The couch thus mimics the infant's perceptual experience of the parent and facilitates the development of the transference.

Haak (1957) considered the couch to be "one of Freud's brilliant discoveries" (p. 187) and thought it to be powerfully regressive.

> Lying down implies, on the one hand, being a child, on the other being sick, helpless, defenceless, female, passive. Furthermore, the most important means of contact with the outer world, namely the visual object-relation, is broken off as the analyst sits behind the patient. The contact is exclusively maintained through hearing, and this stimulates infantile fantasies. All this has strongly affective meaning. (p. 187)

Haak elaborated on the magical expectations created by the use of the couch by which the analyst is experienced as the wished for omnipotent magical figure. There is consequent felt "danger" in looking at the analyst who is likened to "the Holy One." Kelman (1954) believed that the couch was a tool for communing with nature as are other positions that have been adopted by humankind through history: "Symbolically and intuitively we could say he (mankind) was moving closer to mother earth and toward greater humility in moving from erect to kneeling to horizontal position" (p. 66).

Salzman (1967) also found that the couch tended to:

> 1) stimulate phantasy by curtailment of the object world; 2) increase infantilization by assuming a prone position and forbidding the gratification which comes from being looked at or looking; 3) provide a constancy of the environment by cutting down on external stimuli and thereby reducing inner stimuli; 4) encourage a dependent, parent-child relationship of an authoritative nature; 5) preserve a ritualistic and ceremonial routine which enhances the mystical and magical quality of the process. (p. 198-199)

Bergel (1984) applied symbolism to the physical positions of both the analyst and the patient in which the patient on the couch is symbolically in an intrauterine position "suspended between heaven and earth, floor and ceiling" and is "reincubated in order that he may be reborn (as a healthier and happier person). The analyst, sitting at the patient's head, is placed in a position symbolizing the life end of the analysand. Were he to sit at the feet, in the seemingly more personal face-to-face position, he would actually be symbolizing death" (p. 296). This prelogical symbolism of the couch with regard to change, growth, and birth processes which are both desired and feared by the patient is the couch's greatest value, according to Bergel.

Fairbairn (1958) spoke to the other side of the infantile regression involved in the use of the couch:

> It seems to me beyond question that the couch technique has the effect of imposing quite arbitrarily upon the patient a positive traumatic situation calculated inevitably to reproduce such traumatic situations of childhood as that imposed upon the infant who is left to cry in his pram alone, or that imposed upon the child who finds himself isolated in his cot during the primal scene. If this view is correct, then it follows that the couch technique is far from being as "neutral" as it is supposed to be, and that the analyst, in employing this technique, is equally far from being "neutral." It also follows that the data provided by the patient who finds himself isolated upon the couch must be significantly influenced by the trauma thus arbitrarily imposed; and it is difficult to believe that the therapeutic result is not similarly influenced. (p. 379)

Balint (1955) noted that the patient's recumbent position "changes his actual picture of the world," in which the analyst is not seen in "'proper proportion'" or "'true perspective'" (p.

240). Danze (2005) also pointed out that the change in physical position and orientation "from being grounded, upright, mobile and physically in control" to being on the couch, immobile and in a state of suspension is a powerful shift that begins the process of transformation. Danze commented that changing physical attitude encourages shifts in emotional attitude. "The experience of hovering and suspension is profound and this new position and point of view transforms the space of the room from a passive container to a full participant in the work" (p. 113).

Hartocollis (2003) emphasized the couch and role in the induction of the sense of timelessness of the psychoanalytic experience; timelessness prevails in the unconscious. Hartocollis says, "The use of the couch and the analyst's location out of the patient's range of vision facilitates free association, which, in turn, brings into play the element of time in both its components: that of duration – the experience of time as moving, slowly or fast, or standing still; and time as perspective – present, future, or past, inherent in the phenomenon of transference" (p. 956).

Regressive symbolism of the physical couch. Several authors have described the patient's infantile associations to the couch, as crib, lap, and mother's breast. For Winestine's (1987) patient, the couch represented both his crib as an infant and the living room couch on which he slept as a child, from where he heard primal scene sounds, and which he wet. Winnicott (1949) noted the associations to the mother's/analyst's body:

> For the neurotic, the couch and warmth and comfort can be *symbolical* of the mother's love; for the psychotic, it would be more true to say that these things *are* the analyst's physical expression of love. The couch *is* the analyst's lap or womb, and the warmth *is* the live warmth of the analyst's body. (p. 72, original italics)

Elsewhere, Winnicott (1955) said:

> The couch and the pillows are there for the patient's use. They will appear in ideas and dreams and then will stand for the analyst's body, breasts, arms, hands, etc., in an infinite variety of ways. In so far as the patient is regressed (for a moment or for an hour or over a long period of time) the couch is the analyst, the pillows are breasts, the analyst is the mother at a certain past era. In the extreme it is no longer true to say the couch stands for the analyst. (p. 23)

Winnicott emphasized that for the psychotic or regressed patient, the couch is no longer symbolical of the analyst, but actually is the analyst's/mother's body and warmth. One might expect that this would extend the patient's experience of being held, cradled, and contained by the analyst. The equation of the couch as a transference or transitional object by patients was described by Waugaman (1995), whose patients equated the couch with the womb, a crib, a bed for sleeping, the sexual bed, an operating room table, and a coffin.

Therapeutic Process

Internal Focus

Though there has been an urging to define psychoanalysis through process variables rather than external criteria (frequency, use of the couch) (Fenichel, 1939; Gill, 1984), for many, psychoanalysis *is* couch, the couch having become reified. There continues to be a lack of agreement on the meaning of psychoanalytic process (Ornstein, 2004). Various authors emphasize/de-emphasize the use of the couch depending on where they lie on the theoretical continuum of internal versus intersubjective therapeutic action.

Referring to the "ingenuity" of Freud's couch method and noting its use as "revolutionary," Ross (1999) stated that it renders the psychoanalytic process "radical" and "antiauthoritarian." Ross examined the impact of the psychoanalytic situation on consciousness, including that of the use of the couch on both the patient and the analyst. Citing G. Klein (1970) and echoing Balint and Danze, Ross noted that "posture is perception" and went on to say:

> When people lie down, they look at their world differently…Once supine, they begin focusing less on their perceptions of material objects in their surround, whose sensory impressions they register and organize from a distance, and more of the *images* that emanates from their stream of consciousness. When they do this enough over time, two things happen. First, what William James (1902) called the "margins of awareness" expand. Second, subjects become more aware of these margins and of their consciousness in general, replacing perception with apperception. More and more of what Freud (1900) called the "descriptive unconscious" becomes preconscious and then falls within the recumbent individual's conscious purview. [This approximates] in the waking but altered states of the analysand that of the dreamer. Laying on the couch with some frequency in the presence of the unseen other, Freud discovered, introduces the analysand and analyst alike to the former's imagination, in altogether novel ways. (p. 92)

Quinodoz (2003) sees the couch as facilitating awareness of bodily sensations and experiences rather than attention to external stimuli, through the lack of visual experiencing of the analyst. She also notes that visual access to the analyst is an interference to the development of the transference.

Reverie and Modes of Processing

Sadow (1995) contrasted listening versus looking in the analytic endeavor to know the patient. He described differences in the mode of thought of analyst as *generative*, which emphasizes listening, and *patterning*, which emphasizes looking, with the couch enhancing the generative mode. The visual is a cognitively simpler and more familiar mode which tends to subordinate the generative mode, which is characterized by "intuition, introspection, and empathy" while the patterning mode is "organized, logical and analytical…[and] attempts to find order and correspondence to established theories in the patient's productions." Sadow emphasized that both modes are psychoanalytic, but ended his paper with noting that in myth it is sightlessness, rather than deafness, that is equated with special wisdom.

Grotstein (1995) claimed that Freud unknowingly discovered right brain functioning in recommending the couch.

> When a person lies down and does not make eye contact with the other person in the discourse, he or she seems to activate a cerebral hemisphere shift in terms of modes of data processing from the left to the right…This shift is from a highly controlled, organized, linear, abstract mode to a looser, more free-flowing, somewhat more desultory, field-dependent mode. The term *field dependent* suggests a state of mind in which the subject is dominated by and organized around emotions and phantasies and, as a consequence, searches for those objects in the environment, internally and externally, that seemingly support or confirm that mental state…Lying down facilitates a shift from the real to the imaginative, phantasmal, and illusory worlds. (p. 396-397)

In a footnote, Grotstein added: "The right hemisphere 'speaks' analogically in terms of sense impressions, especially visual. The mode it employs is generally the visual which in turn subserves the functions of *imag(e)-ination* as well as phantasy and illusion." He goes on to say that the reclining position leads to the attainment of *theta rhythm*, a brain state which corresponds to Bion's notion of *reverie* and is similar to the receptivity of mother and infant during nursing.

Ogden (1995) elaborated on the role of the couch in the creation of the intersubjective *analytic third* that arises from the dialectical interplay of the states of reverie and subjectivities of patient and analyst. This state allows for the symbolization of the "unspeakable and unthinkable" elements in the patient's internal object world. Ogden read Freud's 1913 paper as emphasizing the use of the couch in creating the necessary privacy for the analyst to generate reverie, through his/her position as "out of sight." This privacy allows the analyst to be more receptive to the drift of his/her own unconscious as well as that of the patient. This "respite from being stared at" and the literal and metaphorical psychological space it create is one that can be enjoyed and employed by both parties in the endeavor to increase access to the other's unconscious, and thus

the couch is an "important contributing element" to the creation, generation, and utilization of reverie. Ogden noted that new associational linkages and contextualization of unconscious aspects of experience are facilitated by privacy. Further, he noted the role of privacy in the creation of overlapping states of reverie and "play space," citing Winnicott and Grotstein.

Following Ogden, Celenza (2005) noted that while privileging lying down may be collusive with the patient's defensive avoidance, being outside of the patient's visual sphere allows not only a greater sense of privacy but in containing less structure, facilitates greater "plasticity" due to the absence of constraining visual cues, likening it to the ambiguity of a Rorschach blot which provides for increased interpretive possibilities and meaning construction of the patient's affective experience. Celenza however concluded that every analysis should perhaps include both couch and sitting up modalities given the difficulty in knowing "what anxieties lurk where until they are enacted" (p. 1656).

Face to Face

Greenacre (1954) noted that the couch not only induces relaxation and curtails physical movement in the patient, but allows the analyst to "rest his face" by not having to control "the unconscious blend of reaction and reflection in his facial expression" (p. 680). A few authors however have reported on the significance of facial communication in psychotherapy (Searles, 1984) and there are a few stray reports of using face-to-face sessions in psychoanalysis. These authors also advocate flexibility in the use of the couch from the point of view of facial interaction (Eigen, 1993; Goldberger, 1995, 2005; Jorstad, 1988; Searles, 1984; Weissman, 1977), and from other points of view such as interaction in general and maintaining less rigidity in technique (Bernstein, 2001; Kelman, 1954; McAloon, 1987; Ogden, 1996). There is little literature in general on visual communication in the psychoanalytic situation (Kanzer, 1980), and

the literature on facial communication tends to overlook the fact that the visual instinct and its attendant associations are involved in the perception of facial communication.

Speaking from the point of view of his newly formulated object relations theory, Fairbairn (1958) wrote about his abandoning the couch technique to instead use a face to face situation in which the patient is "slightly inclined" toward him by which the two "are not ordinarily looking at one another, but either may look at the other, if he so wishes;" an object-relationship setting is thereby maintained, by being face to face.

Forrest (2004) examined the "symbolism, power, and mystery" of the couch in contrast to face to face treatment advantages. He urged replacing the couch with face to face encounters so as to avoid a position of power for the analyst, and render accessible patient and analyst's facial expressions, and affective communication. Like Fairbairn, he advocated such moves as tilting the two chairs slightly away from one another to avoid "a total facial confrontation." Noting that the face is the most dominant "organizing principle in the field of meaning" (p. 56), Eigen argued that "psychoanalysis must concern itself with the face." Particularly with the early disorders of the self, the face is central in in the formation of self-feeling, and the therapist's facial expressions evoke and broaden the patient's capacity to experience.

Some of the above authors have written about the transferential and countertransferential issues involved in having an analytic patient off the couch. The use of the couch was a repetition of the recumbent position during the childhood enemas administered wordlessly by her mother while also averting her gaze for Goldberger's (1995) patient. The choice of the couch for the patient was an expression of the desire that her analyst "extract" her thoughts from her and an enactment of shame dynamics. Another patient who both desired but feared sitting up said: "'Sitting face to face is a confrontation; you'll see something I don't want you to see. You don't

know my face, my eyes. It's kind of private…I don't look in your eyes, you don't look in mine. I don't enter you nor you me'" (p. 28). It was interpreted by Goldberger that sitting up would leave her feeling open to sexual penetration and the couch served to defend against the impulse to penetrate the analyst. Another analyst (Jorstad, 1988) wrote about a patient who silently stared at him both from the couch, and off the couch, for four months. The patient revealed the fantasy-related aspects of her staring behavior in a letter to her analyst, in example of the sort of fantasy-based narcissistic-grandiose and libidinal and aggressive components of gaze that may become activated in analysis and what analysts and patients alike may seek to avoid by not using the visual mode[91].

Personal Motives of the Analyst

Fairbairn noted the "rationalizations" for the use of the couch, and the "very high defensive value" of aspects of traditional psychoanalytic technique, which are 'dictated by his [the analysts'] own interests." Noting that the "emotional impact of the personality of the therapist" is the critical agent in any psychotherapy, and the necessity of affective contact, Robertiello (1967) wrote a vitriolic against the use of the couch: "It is truly a ridiculous anachronism that has remained in our profession because it keeps us comfortable – the same reason Freud kept it" (p. 71)[92].

A couple of analysts have written about how the couch offers a defensive function of acting as a "shield" for the analyst. Goldberger (1995) noted that the couch allows for the

[91] This patient explained her staring by writing: "I want to be turned on sexually by you, so much that it rubs off on you, so that you want to sleep with me, or feel like touching me, preferably against your will. I want you to do things which you in reality don't want to do, things which conflict with your own values. I want to suck you wordlessly to me against your will" (p. 131).

[92] He describes an analyst's motives for using the couch as such: "Yes, I like it that way too, I'm uncomfortable with a real involvement with a person too…If I ever let myself see you or you see me, it might get very sticky. You might find out that I'm as sick as you are and you might leave me. And I might start to care about you or want you or hate you or need you that would be very upsetting to both of us. Yes, by all means, let's continue to use the couch, never look at one another and play analyst" (p. 71).

bypassing of shame not only for patients but also for the analyst, as did Lichtenberg (1995). In his prologue to the couch issue of the *Psychoanalytic Inquiry* journal, Moraitis (1995) observed:

> The psychoanalyst's personal investment in recommending the use of the couch…needs to better understood. Given the degree to which the analyst feels wedded to the traditional psychoanalytic setup, it becomes evident that Freud's personal reaction to being stared at is not an isolated or idiosyncratic response…The highly autobiographical nature of most of the papers included in this volume shows beyond any doubt that Freud's recommendation about the use of the couch in psychoanalysis remains for the analyst a highly personal issue that cannot be approached only in conceptual terms. (p. 276)

Conversations with Analysts

To further examine reasons and motives on the part of the analyst for the use of the couch, four senior analysts were interviewed using a semi-structured format[93]. The results of these conversations are presented here.

The analysts were two Freudians, one object relationalist, and one relationalist. These four analysts appear to lie on a continuum with regard to their view of the couch, extending from believing the couch is necessary for analysis; to strongly preferring it; to being neutral about the couch (leaving the decision up to the patient); to preferring face to face treatment. Three of the four analysts use the couch flexibly when conducting psychoanalysis and emphasize the possibility of conducting analysis with or without the couch. This group therefore varies with regard to their view of the essentialness of the couch to conduct psychoanalysis.

The viewpoints regarding the functions of the couch that emerged from these conversations were diverse and had little convergence. Two dimensions on which however there was some convergence were the issues of regression and of intimacy or connection with the patient, both of which are modulated with the use of the couch or face to face treatment. The

[93] The interview questions and the consent form may be found in the Appendix.

analysts cited regression as allowing for an internal focus, access to deeper material, and the emergence of imagery.

While there was a dearth of significant group findings regarding articulated reasoning for using the couch, each analyst presented either explicitly and implicitly, striking personal and idiosyncratic motives that had been heretofore unacknowledged by the analyst's themselves. However, as these motives are highly idiosyncratic and such clear signatures of the analyst, that to provide elaborated accounts of these interviews would constitute a breach of confidentiality; a highly condensed summary is provided instead below.

The personal motives of these analysts for using the couch or not ranged from a desire to comply with analytic tradition or authority, for comfort or convenience (avoid exhaustion linked to maintaining eye contact), to cultural, familial and developmental determinants. One analyst, who prefers face to face treatment, noted her family's tendency to avoid mutual gaze, due to an overconcern with being intrusive, and the relief provided in her pursuit of the analytic profession via the permission for direct engagement. Another analyst shared that in his non-Western culture, mutual gaze is overly intimate, places a burden on the other, and is discouraged, particularly with one's parents. Past and current visual limitations were raised by three of the analysts. One analyst, who had evolved a non-traditional neutral position with regard to the couch, had congenital prosopagnosia (a neuropsychological deficit involving recollection of faces). Another analyst for whom no analysis takes place without the couch noted two developmental experiences that have contributed to her difficulty with facing patients and to her comfort with the couch: having had late detection of early myopia in childhood and the worry and pain in her mother's face in response to her late acquisition of language. These motives color the way in

which these analysts had made judgments and decisions around issues of seeing and not seeing the patient, and around looking and being looked at.

Thus, many of the reasons and motives provided by this sample of analysts uphold Freud's original rationale for the use of the couch, but like Freud, they also were not able to make available a full account of the factors that enter into the psychodynamics of their seeing/not seeing motives. These analysts did however provide useful additional ways of understanding the utility of the couch. A point raised by one of the analysts, that in a regressed state, prosody and rhythm become affectively loaded and substitute for the lack of availability of the face, was informative. This analyst emphasized that the experience of analysis is "multisensory" and that the analyst makes use of "synesthesia," and extra-visual information, which was also informative. Additionally, this analyst suggested the idea of "optimal empathy" and the "right distance" with the patient which is highly personal for her. The object relational analyst made the point that in his work he endeavors to promote in the patient an internal connection versus an external connection to him as the analyst, which is facilitated by the couch. These are significant points that find further elaboration in the next chapter.

Summary/Conclusion

In spite of theoretical plurality and the years since Freud's recommendations regarding the couch, it continues to be widely used, with relatively little discussion and with an upholding of Freud's original rationale. This section began with a focus on the status of visual ways of knowing and the use of the couch in classical psychoanalysis as predicated by the history of the development of psychoanalytic technique and by aspects of Freud's personal background. Freud's relationship to the visual was a complicated one: he both used it to reflect the language of the conflictual and pathological and was his preferred linguistic metaphor for aspects of the

analytic process. The subsequent review was largely limited to that literature which considered the visual dimension in its consideration of the use of the couch. Of the two empirical studies, neither of which isolated position and visibility, one found similar discourse regardless of whether use of chair or couch and the other concluded that the effect of position on process was idiosyncratic to each dyad.

Several authors have commented that the couch and loss of visual access to the analyst, in combination with the recumbent position, lend themselves to the creation of the infantile nature of the psychoanalytic setting and symbolic associations to the maternal and to birth. The position also changes the way in which the world and the analyst are "seen," promoting both transference distortions and change. It has also been noted on the other hand that the couch position may evoke the traumatic aspects of infancy.

With regard to therapeutic process, physical posture and lack of visibility benefits the process by promoting an internal focus, changing consciousness, and rendering greater access to the unconscious and bodily sensations and experiences. Use of the couch impacts the mode of processing of the analyst and patient, allowing the functioning of a mode that is more intuitive, introspective, and empathic, and more right brain oriented, facilitating greater access to affects, fantasy, and imagination. The state created is similar to the nursing situation and mother and infant's receptivity to one another. The creation of privacy for both analyst and patient which allows them to enter into a state of intersubjective reverie, has also been emphasized.

The merits of allowing the patient and analyst access to one another's faces have been noted, as have the transferential and countertransferential reactions to patients who are not on the couch. Access to affective information, reduction of power dynamics and the capacity to

broaden the patient's experience have been noted as have shame dynamics and sexual and aggressive aspects that are activated face to face treatment.

Analysts' personal motives for using the couch have been speculated upon and it has been suggested that it serves defense, acts as a shield, and bypasses the analyst (and patient's) shame. It has been suggested that Freud was not alone in having a personal investment in the psychoanalytic setup and use of the couch. This was upheld in interviews conducted with four analysts by this writer in which the personal history and psychodynamics of the analysts regarding visual interaction with others appeared to bear on preferences with regard to looking at and away from patients and therefore on using or not using the couch in their clinical practice.

CHAPTER SIX

Gaze and Face in the Clinical Encounter. Danger, Desire, Loss, and the Image/Symbol

Gaze and its consorts – threat, dominance, affiliation, shame, and desire have their roots in the natural and instinctual world both along the evolutionary scale and in human development. The trajectory of the development of the function of the visual sense through both phylogenetic shows an evolution from a biological, survival-based, instrumental function to an increasingly psychological, libido-serving one, that is, a turning of vision from an ego instinct, to a sexual instinct, with mutual gaze gaining increasing importance. Seeing is therefore connected to both libidinal pleasure and ego survival. Moreover, the eye is the organ of id, ego, and superego. Seeing is an ego function and can operate from the conflict-free zone of the ego; seeing is also instinctual and appetitive and fraught with memory and desire and processes that operate out of awareness. The act of *not* looking, like looking, is instinctual and also motivated. The twin affiliations of gaze, to desire, attachment and empathy on the one hand, and threat and aggression on the other, are seen throughout the review in the previous chapters and are applied below. Below, the possible interactive purposes served by both looking and not looking, the metacommunication within it, and its implications for therapeutic action are examined.

Mutual Gaze Benefits

Here I review the evidence from the previous chapters suggesting the need for inclusion of facial-visual interaction to facilitate therapeutic action and consider what may be foreclosed in the absence of gaze.

Eyes and Face as a Way of Knowing and Being with the Other

Self, other, and self with other are experienced known through the gaze and face. Face to face is a fundamental way of knowing and interacting, and human eyes, faces, and minds have evolved to undertake. We are visually interconnected to one another with automatic, unconscious reactions to the eye, facial, and bodily micromovements of the visible other, in which pupil, eye, facial muscles, and bodily gestures of self and other are in constant affective interplay, in a recursive loop. We are accustomed to use gaze to establish intimacy and to using the eyes and face of the other to know his/her affects, attitudes, and intentions, having had lifetimes of experience in doing so. The analytic situation severely limits this most ordinary way of being with an other. In averting the gaze in analytic treatment, access is also lost to arguably the most significant channel of affect, expressed through the language of the eyes and the face - affect which may or not be accessible through other modalities. The possibility of intersubjective participation in the affective state of the other, through the automatic matching and mirroring that occurs through the visual observation of affect is also curtailed.

In not visibly observing the face or body of the patient, or doing so in a limited manner, the realm of the nonverbal is also severely restricted. Arlow (1979) has noted the following about the place of the nonverbal and its relation to verbal meanings:

> The patient uses several modes of communication with the therapist. He expresses himself verbally and nonverbally. Mode of behavior, facial expressions, body posture, different gestures, all transmit meaning which augments, elaborates, or sometimes even contradicts what the patient articulates verbally…All of these are perceived sometimes subliminally and are elaborated and conceptualized unconsciously, i.e., intuitively. There is something intensely aesthetic and creative about this mode of functioning. Scientific discoveries and artistic innovations of enormous complexity are known to have originated in precisely the same way. (pp. 201-202)

The first three chapters demonstrated gaze aversion as a primitive ego defense which has its roots in our ethological heritage as well as in early templates of self and mutual regulation established in the mother-infant relationship. For the infant, gaze aversion functions to control sensory and affective stimulation and his/her patterns of using gaze to engage and disengage is said to be the earliest defense, particularly with an unattuned mother. Mutual gaze engagement and disengagement experience learnt in the maternal climate and whether a focal symbiosis with mother was created through vision likely sets the stage for over- or under-cathecting of vision in adulthood and propensity to use gaze aversion as a defense. There is a lack of opportunity to observe this defense at play with the use of the couch, and moreover, the use of the couch supports and reinforces the use of this defense.

We begin life gazing at mother's eyes, and the gaze dynamics of the patient are a potential source of understanding his/her earliest libidinal relationship. Gaze is of paramount importance in attachment, socioaffective development, and in the regulation of internal and external stimulation in infancy. Winnicott has shown that gaze is a signal of presence and of being held and the ability to find oneself in the gaze of an other is an important developmental experience. Winnicott took the sight/site of the mother's face as the springboard for healthy development, creativity, psychotherapy, and what it means to be truly alive. The mother-infant gaze relationship is the "enduring encounter," said Harris (1992) and "the self is to a degree inseparable from its mirroring origins in the gaze of the other."

The baby may be prematurely forced to take into account mother's state of mind and moods and to be compelled to react to them, though outside of its capability and interrupting "going on being." Pathogenic aspects of maternal gaze cause disruptions in face-gaze attunement and may lead to a hyper/hypocathexis of the visual function, expectancies of misattunement and

lack of reciprocality and mutuality and resultant disturbances in visuospatial boundary management with the other, including the analyst. Expectancies and procedural memory are laid down in infancy for how to look and be looked at and how to be with others. Through presymbolic representation, expectancies about the nature and quality of the gaze of the other become encoded in "interaction structures" (Beebe & Lachmann, 1988) or RIGS (Representations of Interactions that have been Generalized; Stern, 1985).

Mayes and Spence (1994) point out that "early patterns of mother-infant interaction is the *genotype* which undergoes a variety of developmental transformations until it appears, in a highly transformed manner, in certain aspects of the adult analytic relationship," while cautioning that the *phenotype,* expressed in the analysand's behavior, is hardly a "transparent window" into early developmental periods. Emde (1988) has pointed out the continuity of infant motives throughout the lifespan. He also suggests that the infant-caregiver relationship is internalized and becomes activated in similar relationship contexts throughout life. Parallels have also been drawn between the infant-caregiver relationship and the patient-analyst relationship, driven by motivational systems (e.g., Lichtenberg, 1996; Beebe and colleagues). Self and object representations are created in infancy, leading to expectancies regarding self-in-relation-to other (Beebe & Lachmann, 1997). Given this it is particularly noteworthy that the visual aspects of the mother-infant relationship which we have seen constitutes a vital and critical aspect of their relating, is left out of consideration.

Kiersky and Beebe (1994) noted that early manner of relating provides a foundation for later interpersonal interaction patterns: "Adult behavior will reflect in some degree, aspects of these early modes of relatedness and their subsequent transformations" and this is particularly true in the intimate relationship in the analytic situation. The nonverbal manifestations of

interaction structures (physical distance, spatial boundaries, temporal pattern expressed in "greeting and leave-taking, gaze behavior, posture, inadvertent vocalizations, turning toward or away, moving with or against the analyst, timing, intensity, etc.") may be either background or foreground. They presented cases in which patterns of gaze and chase and dodge patterns were prominent, demonstrating that early interaction structures around visuospatial boundaries were "rigidly retained" and provided a strong defensive function in affective experiencing. Beebe and Lachmann (1988, 1998) have shown how these dyadic experiences of infancy can lead to expectations of dyadic misregulation in adulthood, and impact of analytic interaction. For example, the experience of mother's hypercontingency of gaze may produce a patient who is hard to engage and compensatory vigilance on the part of the analyst which in turn may be experienced by the patient as "intrusive, shadowing, or suffocating" or in another patient as "a lifeline: Someone is looking, watching, and noticing everything" (p. 502). The lack of mutual gaze between patient and analyst results in lack of access to this kind of information as well as the opportunity to provide a missing element from infancy and a corrective emotional experience.

Beebe (2000) noted, "The role of the face in psychoanalysis is directly linked to seeing and being seen…(which) carry many connotations" (p. 90) and reported on a 10-year, three times weekly treatment in which the facial-visual dimension of interaction and mirroring was critical for her patient. Their chairs, which were arranged at a "'biological' face-to-face distance helped create more 'immediacy' of my presence,' said Beebe by which the implicit "action-dialogue" of their face, voice, and orientation could be experienced. This face to face interaction (which was also viewed by the patient on videotape between sessions) provided a new emotional experience regarding the face and what it can offer, for this patient, who had significant early trauma and loss of multiple mothering figures. Citing Ekman's and Dimberg's research on unconscious

reading and matching of facial expressions (see *Chapter One*), Beebe understood the process of change as occurring through the patient's likely matching her facial expressions and physiological arousal: "She was learning more about her own feelings by watching me experience her…When she was able to 'see' herself in my face, she was able to sense her own inner state more clearly." Beebe has noted that "repair happens through the face" and in the case of early attachment disturbance, couch use is to be avoided (NYU Postdoc seminar, 2010).

Body Recognition

There appears to be a new social reality, one that is scopophilic, marked by rampant exhibitionism and voyeurism and the removal of taboos against them, with virtual presence on the one hand and body narcissism and preoccupation on the other, and a lack of tolerance of aloneness. Psychoanalytic and the use of the couch appear to be countercultural with its frustration of scopophilic needs and neglect of the body. Due to technology, while it used to be that seeing and being seen were inextricably bound together – in order to see, one had to be seen - this is no longer the case. We are no longer simultaneously subject and object, perceiver and perceived. The psychological implications of this divorcing of the reciprocality and mutuality that was once inherent in gaze requires examination. The impact of technological development, specifically digital revolution, has only begun to be addressed in the psychoanalytic literature (Hanlon, 2001).

Gaze is regarding the physical, material body of the other and the lack of looking in psychoanalytic treatment appears to be a denial of the body, particularly the visual, semiotic body. This liminal body between the internal and external worlds has been relatively neglected: "[The] analytic mode powerfully channels discourse, particularly for the patient, backward into the body language of skin and gut, where the private self takes its base; and forward into the

separateness and distance of verbal-auditory exchange" (McLaughlin, 1995, p. 436). What takes place between embodiment and the intersubjective– the expressive body – is neglected. The self, as agent and subject, is embodied and everything that transpires in the analytic situation is embodied (Meissner, 1998). The actual, physical body however remains unseen.

The psychoanalytic denial of vision stands in curious juxtaposition to the rest of the world's visual indulgence. The lack of visual interaction in the analytic hour maybe a useful counterpoint to this state of affairs, or it may leave patients "unduly" frustrated when analysts do not attend to and act in accordance with the impulse to engage in exhibitionistic and voyeuristic behaviors. There is no gaze aversion in this new culture, but rather a constant engagement of gaze. We live in a world of virtual bodies and disembodied words and text. With its disembodied voice psychoanalysis may parallel modern culture it may be argued that it is in keeping with its times in a way that it benefits patients. Or, given these modern conditions it may behoove psychoanalysts to be more live and "alive" in the consulting room. In this era of the visual and in a culture marked by looking and being looked at and by heightened body narcissism, the implications for a psychological treatment that does not allow for a meeting of the eyes between healer and patient need to be further examined.

Power, Gender, and Shame

Bollas (2004) noted that "aesthetics is reciprocity" and to the extent that the analyst is the holder of the look, asymmetries in perception and power exist in the use of the couch. Shame is generated by being on the couch. For the patient, "the asymmetry of the analytic relationship, the implied superiority of the analyst seated behind the recumbent analysand, and the shaming potential inherent in certain interpretations" are sources of transferential shame (Morrison, 2008,

p. 69). (In the following section it will also be seen that paradoxically the use of the couch may appease the experience of shame.)

Psychoanalytic treatment can be said, traditionally, to replicate phallocentric dynamics – the male analyst is indeed the one with the visual vantage point, and the male is the bearer of the look, the female patient, the object of the look. In Mulvey's terms, the couch setup would be a defensive and counterphobic reaction to the historically male analyst and his castration anxiety. Though psychoanalysis is increasingly a female pursuit, the use of the couch may be a carryover from its patriarchal roots. Mutual gaze would be equalizing and address the dimension of authority and power as represented in the one-way direction of gaze.

Gaze Aversion Benefits

Here I examine the evidence from the previous chapters that supports the exclusion of the eyes, gaze, and face in order to promote the goals of analysis.

Gaze Aversion as Ego Defense against Danger and Desire in the Dyad

Each of the previous chapters demonstrate the utility of gaze aversion as defense against the gaze of the other. Gaze aversion and is an innate and instinctual defense that is primitive phylo- and ontogenetically, and is replicated in the analytic setting. In our biological heritage, gaze aversion is used to indicate submission, dominance, rank in the face of explicit or implicit threat. Phenomena like eye spots and evil eye use signals from this archaic biological heritage. Gaze is experienced as a tool of both introjection and projection. Philosophical works as well express the enduring ways in which the gaze of the other is alienating, annihilating, and paranoia-inducing. In addition, the eye may also be experienced as a punishing superego agent.

The previous chapters have demonstrated the libidinal and aggressive associations to the eyes and gaze, through both their symbolic and actual aspects. The eyes and gaze are innate

releasers of human fear and attachment/desire. To the extent that the eye is connected to sexuality and development, it has the potential to be activated in the transference. In the regressive field of the analytic session, the symbolic, unconscious associations of the eye with the breast and genitals and the evil eye, or of the gaze with the threatening stare, superego, sexual foreplay and orgastic release, perversions, sadomasochism, projection, and introjection (mediated by past personal experience) may become activated. The associations, all of which are affectively charged and represent danger and/or desire, are likely to be experienced as threatening, and stimulate defensive activity to avoid their activation.

The creation of metaphoric equivalents of the eyes has its roots in the infant's propensity to create perceptual metaphors through amodal perception. Our bodies are used as semantic templates (Modell) and the eyes and gaze are used as equivalents with other mental processes. Gaze is the route to the erotic, in part due to its interchangeability with touch and other sensory modalities. By shutting down the eyes, other libidinal zones are also managed, as if the eyes are the conduits to the rest of the body. In the clinical situation, the body's equivalencies – the eye's with skin, with the mouth, with the sex organs, have the potential to become activated. The eyes are the route to the whole body so that looking becomes akin to touching, eyes incorporate and project like the mouth, and penetrate and engulf like the genitals. Nursing, maternal attachment, and sexuality are conflated, though they are separate biological systems, because of an unconscious metaphoric process (Modell, 2003), and mutual gaze is prominent in all of these dyadic contexts. The analytic situation could perhaps be added to this list of intimate relationships in as much as it stimulates sensations and affects from each of these intersubjective contexts. The occlusion of the eyes may assist in managing this stimulation to the extent that it is unwanted.

Scopophilic Derivatives in the Analytic Process

Allen (1970) states that voyeuristic and exhibitionistic factors or what he calls looking and showing factors constantly exert an influence on the analytic process for both patient and analyst: "Every correct interpretation indicates to the patient that he has been perceived accurately and that the analyst is able to observe and exhibit his findings." Allen noted that looking/showing elements are active in the transference throughout treatment but that the voyeuristic-exhibitionistic transaction may be the critical piece in the reversal of the regression:

> The critical turning point or reversal…occurs…at the specific point of balance in the scopophilic-exhibitionistic regression when the patient knows he has revealed himself to his analyst as fully, as completely as he consciously can…The patient has a feeling of having exhibited himself – all his badness and his goodness. That all of the exhibiting has been tolerated, even approved, is demonstrated by the analyst's finding it all useful…In all this time of the analysis the patient has experienced no attack as a result of his exhibiting and looking, has not been rejected for it. He sees himself more realistically and he sees his analyst as a real and reliable person. (pp. 100-101)

Part of the turning point for reversal of the regression occurs when "the scopophilia which has been charged with unconscious fear and guilt arising out of such things as castration fantasies, primal scene fantasies, and oedipal conflict has become more ego-syntonic; the ego has reworked conflicts surround the scopophilia and synthesized it into the ego function of curiosity."

The recasting of the therapeutic process in metaphoric exhibitionistic-voyeuristic terms in the way that Allen has might imply that excluding actual, visual looking and showing may untherapeutically intensify the object relational field between patient and analyst, though Allen himself does not address the issue of face to face treatment or the use of the couch in his theory or extensive case discussions.

Lifeworlds of Shame

If shame is an affect experienced when a perceived defect is exposed to the gaze of others (Wurmser, 1981) or when one is caught between the desire to be recognized and the fear of being seen (Kilborne, 2002) shame may be a fundamental aspect of most if not all clinical encounters. Shame as defined as the failure to "initiate, maintain, or extend a desired emotional engagement with a caretaker" (Broucek, 1997, p. 44) or, more generally, as any disruption to the affective flow of interactions, gives further clarity to shame's presence in treatment for the patient. Allen quotes Waelder (1956) who says that analysis is "the unilateral exposure, by the patient, of the most intimate aspects of his life – putting him in the position of the child that is nude in the presence of adults" (p. 367).

The patient and analyst both bring "lifeworlds of shame" to the analytic encounter, noted Orange (2008). Countertransferential shame arises from the sense of not being helpful, and memories stimulated by patients' shame feelings. Relational or selfobject needs for "admiration, respect, gratitude, or sexual responsiveness" are also sources of shame for the analyst. All of these trigger the shame of falling short of one's professional ideals and goals.

The analytic situation as fraught with shame for several reasons. For the analyst, the risk of humiliating professional failure and risk of exposure of painful vulnerabilities and personal shortcomings in a clinical encounter is shaming. Citing L. Jacobs (1996), Orange delineates the following sources of shame for patient and analyst:

> 1) The patient usually needs the analyst more than the analyst needs the patient. 2) Approaching an analyst means something is wrong with the patient right off. 3) For therapists, there is the risk of humiliating failure at a profession that means everything to us. 4) Both analyst and patient risk exposure of painful vulnerabilities and personal shortcomings that may be felt as the shameful sense of being bad, disgusting, or a complete failure as a human being. 5) Emotional life itself, with its painful, wounding fears and hopes, if often a context of shame, although this depends on the cultures of family and larger contexts. 6) Worst of

> all, traditional therapies, including psychoanalysis, having made the analyst/therapist into the expert authority. The claim to know the patient better than the patient knows himself creates a culture of shame. (p.90)

Steiner (2006) found that the analytic situation is infused with aspects that can be shaming the patient: "Ordinary aspects of the analytic setting, such as lying down on the couch, starting and stopping the session at a stated time, or being seen by other patients, can make him feel painfully exposed and observed. Sometimes, even the process of being listened to and understood by the analyst, so essential to the analytic process, can give rise to similar feelings."

For the patient, if shame is inherent in the process of engaging in treatment, not engaging the analyst visually may offset the shame as opposed to exacerbating through facing the analyst. For the analyst, the potential that shame can be generated in an encounter or with a particular patient is a reason for the use of the couch and his/her position outside of the visual purview of the patient.

The Analyst's Scopophobia as Defense Against Scopophilia

The early genetic roots, particularly as they lie in the preverbal, infantile period, of possible visual inhibition or hypertrophy were examined in previous chapters. Here I speculate about their application to the metapsychology of the analyst, including deep motivations, and childhood drive derivatives. It has also been proposed that the analyst is driven by primal scene-derived wishes and that the analytic encounter is a primal scene variant. Voyeurism, even it be of the metaphorical kind, specifically marks the analytic profession. The analytic profession has substituted actual looking with looking of the symbolic kind.

Writing on the analyst's "blind spots" and "projections," Fenichel (1938) remarked:

> But it cannot be denied that there still remain enough possibilities of direct unconscious instinct satisfactions which might be hidden in "analytic" activity: scopophilia (watching the patient might unconsciously mean a perpetuation of

> primal scenes…), exhibitionism ("analyzing" might mean showing to the patient one's own potency…). (p. 28)

Brenner (1975) pointed out that childhood drive derivatives persist throughout life as do the conflicts which gave rise to them, never disappearing, and find form in compromise formations. The choice of profession as an analyst, as with other vocations, is a compromise formation which consists of conflictual drive derivatives that cause conflict, anxious and depressive affect, and defense. One of the drive derivatives gratified by being an analyst is that of sexual curiosity – "To know what one's parents do in bed, to learn all about it, to participate in the primal scene, at least as onlookers, are childhood wishes that are regularly gratified by working as an analyst." Another drive derivative is a sadistic one, but which also involves scopophilic pleasure in looking - "the wish to see another suffer…as analysts we spend our days watching them suffer." These wishes of early childhood are present in the analyst in sublimated modified form and are also defended against with reaction formation in particular in order to avoid the unpleasure of anxiety and depressive affect.

Aron[94] (1991) made a strong assertion for the presence of scopophilic conflicts in the analyst:

> I believe that people who are drawn to analysis as a profession have particularly strong conflicts regarding their desire to be known by another, that is, conflicts concerning intimacy. In more traditional terms these are narcissistic conflicts over voyeurism and exhibitionism. Why else would people choose a profession in which they spend their lives listening and looking into the lives of others while they themselves remain relatively silent and hidden? The recognition that analysts, even those who attempt to be anonymous, are never invisible, and

[94] The relational theoretical tradition of psychoanalysis has rallied against classical psychoanalytic notions of the analyst's anonymity, neutrality, and invisibility and emphasized instead the analyst's subjectivity and visibility in the analytic relationship. However, while there is this emphasis on metaphorical visibility, this has not translated to actual visibility and a clear endorsement of face to face treatment over couch treatment. Anecdotal reports support that relational analysts utilize the couch with less regularity than analysts of other theoretical traditions; however, to my knowledge, this has not yet been reflected in the literature.

> furthermore, the insight that patients seek to "know" their analysts raise profound anxieties for analysts who are struggling with their own longings to be known and defensive temptations to hide. (pp. 43-44)

Defensive voyeurism in the analyst was addressed by Poland (1986) who took voyeurism as an example of the analyst's deep motivations, each of which can be "examined on a continuum ranging from infantile drive to sublimated aim inhibition." Applying exhibitionism/voyeurism to the analyst's speaking activity, Poland notes, "an analyst's original wish to see arose in defense against conflicts over pleasure in being seen, in showing. If the analyst's working curiosity persists as a defensive substitution for his forbidden exhibitionistic impulses, the analyst may be inappropriately silent out of a reluctance to show himself. This specific conflict can account for much of the difficulty in an analyst's struggle over activity and passivity, over much he speaks." The analyst's voyeurism in this case is defensive against wishes to exhibit.

Due to our polymorphously perverse infancy and the fact that looking and being looked at are important in the creation and maintenance of interpersonal relationships, we are all voyeurs, said Sabbadini (2000): "We psychoanalysts…make ourselves particularly vulnerable to being labeled as voyeurs (though of the auditory rather than the visual kind), insofar as our profession also implies a curiosity about, or even probing into, our analysand's internal worlds, including their darkest fantasies and secret passion." However, to the extent that there is asymmetrical viewing of the other in the analytic setting with the use of the couch, the analyst is set up as visual voyeur as well. Sabbadini distinguished between covert voyeurism in which the object does not willingly participate, and collusive voyeurism, which is consensual, modeled on the earliest exchanges in the nursing situation, and present in all normal sexuality. The classical analytic setup appears to allow for the avoidance of this kind of collusive voyeurism.

Nersessian (2000; Nersessian & Silvan, 2007) addressed himself to the sublimated form of the analyst's voyeurism, as curiosity. Nersessian sees the analyst's curiosity as having a crucial role in the therapeutic process and one with which the analyst identifies over time, leading to a posture of inquiry regarding his/her thoughts, defenses, fantasies, etc. The analyst's curiosity works best when it is "freed from its conflictual offspring of voyeurism." The vicissitudes of curiosity depend in part on it being a direct expression of voyeuristic impulses. Gitelson (1952) also notes "a thin boundary between [curiosity about the feelings and behavior of other people and about himself] and unconscious scopophilia as an instinctual aim" (p. 3) and reminds us that "the analytic situation is a microcosm in which the analyst has elected to live a significant part of his life" (p. 4).

The apparent scopophobia or displeasure in looking as represented in the use of the couch may be defensive against such scopophilic drives on the part of the analyst and a gesture toward disclaiming scopophilia and pleasure in voyeurism.

Arlow (1987) remarked, "The psychoanalytic situation is perhaps the greatest and most original of Freud's contributions to the study of human psychology" (p. 382), and below I undertake a contextual analysis of one particular dimension of the psychoanalytic situation, the lack of visual engagement through the application of the couch. Having addressed the inherently scopophilic aspect of the analytic situation and profession, I turn to actual perception and its role in therapeutic action.

The Perceptual and Experiential Dimensions of the Analytic Office: Space to See

What is the perceptual field in psychoanalytic treatment? The patient lies, looking at the ceiling, wall, window, or the objects in the room. The analytic office is a relative perceptual vacuum, ascetic and asensual, save for the occasional sound of the analyst's voice and the

analyst's space and the objects it contains. Danze (2005) took a look at the analytic setting from an architectural point of view and remarked that there was no architectural space like the analyst's office with the specific demands as the site of interpersonal exchange and personal transformation. She examined the architectural meanings and consequences of the couch, the relative positions of patient and analyst, the role of objects, windows, views, natural light, and the sequence of entering the analytic space. She raises one's awareness of the dynamics of space and the senses within the analytic room. Objects in the room are stimulators and containers of imagination:

> Objects of art, as well as ambiguous props are invitations to dream and imagine. The objects are representations of imagination: first, the imagination of the maker, and then the imagination of us, the viewers, these representations or object become conveyors of imagination and expression for both…They hold great potential for provocation, but at the same time might be seen as emptied and mute- a void waiting to be filled. (p. 113)

Regarding physical space, Danze noted that in a face to face situation, there is a "focused, defined, condensed space" which is limited, but the experience of space differs with the use of the couch:

> When the analysand is looking up, out, or over, and looking not at any particular focal point, there is made to exist a spatial openness, and implied spatial potential for infinity…Space, and hence *relational opportunity* is expanded, enhanced, limitless, and open-ended. The relationship is not bound by the physical space between them, each is a free-floating object, surrounded by a bubble of space, gazing independently. The two exist in the room together yet are able to roam imaginatively and psychically, freely apart. (p. 112, original italics)

Yet the analyst's position of looking down on the patient also creates a spatial hierarchy and puts the analyst in the position of surveyor, voyeur, or judge who assesses and looks without being seen and reinforces an asymmetrical relationship. Danze noted that the space between the two is akin to the space between perception and reality: "The analyst provokes dreaming and

ultimately the reorganization between perception and reality and does so from the very specific spatial location" (p. 112).

Thus, the physical domain of the analytic office and the sensuousness of the space contribute to the pre/unconscious experiences of action and change. The relative sensory constancy of the office provides the background for the treatment.

The Internal Focus

Perception versus sensation. The visual tends to dominate over other modalities and can interfere with perception through other channels. In the analytic treatment room, where an internal focus is desired, perceptual input must be impoverished. The disengagement of gaze allows for this inward turn to be facilitated, and the lack of external perception allows for internal sensation. The exclusion of gaze may allow for the protection of inner space which includes inner object, affects, and self-representations, and the privileging of internal sensing over external perceiving. Consciousness directed toward the interior of the body is the counterpart of perception (Modell, 2003). Sensory innervations are the signals of affect and so creating the space for them may allow for the identification of affective states which can then be verbalized. This space for them also allows for a role of the kinds of data that have their origins in the earliest sensorimotor phase of development. Freedman and Lavender (1997) stated, "The demonstration that these early beginnings continue to have an impact in a subtle, yet forceful fashion in the communicative encounters of adults is one of the major contributions of psychoanalytic thought" (p. 84).

Empirical research has demonstrated that in unstructured settings, bodily sensations become prominent and "impose themselves as frames of reference upon the perceptual field"

(Fisher, 1970, p. 191, cf. Meissner, 1998). This would facilitate the rise of bodily metaphors which are considered to be at the core of analytic communication (Freedman & Grand, 1976).

Perception versus imagination. Gaze mediates internal-external; fantasy-reality; and subject-object. Gaze grounds to reality and the here and now of the analytic situation. With lack of mutual gaze, the patient is less perceptually bound less reality bound, and thus more symbolically oriented toward memory and imagination. The more the patient (and analyst) shift attention to look (and to listen), the less her capacity to attend to internal processes such as memory and imagination and tendency to be nonreflective. Minimization of external stimulation through the gaze facilitates a movement away from the concrete and present-bound and toward the processes of memory, fantasy, and imagination. Beres (1960) defines imagination as "the capacity to form a mental representation of an absent object, an affect, a body function, or an instinctual drive. I am here defining a process whose products are images, symbols, fantasies, dreams, ideas, thoughts and concepts" The lack of external perception may allow for the hierarchy of mental representations to be realized, which per Beres are "symbol, image, fantasy, thought, and concept."

The analyst's regressive imagery: What the analyst sees. The analyst is engaged in his/her own countertransferential internal perception, and imagery has been particularly emphasized. Examining some of Isakower's unpublished works, Balter, Lothane, & Spencer (1980) wrote, "Because of the regression within the analyst's subsystem, the patient's words are more likely to evoke visual, auditory, and bodily images in the analyst. Finally, and most important in Isakower's discussion, there is a tendency for involuntary images to emerge within the analyst and 'come up to meet' the patient's productions, ideas which *originate* with the analyst (i.e., his or her *own* associations)…" (p. 491, original italics). According to Lewin

(1972), the patient and analyst are joined together in pursuit of the patient's *pictorial past*, which they are attempting to "see" together. Arlow (1969) wrote:

> Each analyst has a different capacity for visual imagery or fantasy representation. But following Lewin, I think it is correct to say that some form of visual thinking occurs in the analyst's mind as he thinks along with his patient's free associations. The joint search by patient and analyst for the picture of the patient's past is a reciprocal process. In a sense we dream along with our patients, supplying at first data from our own store of images in order to objectify the patient's memory into some sort of picture. We then furnish this picture to the analysand who responds with further memories, associations, and fantasies; this is how we stimulate him to respond with a picture of his own. In this way the analyst's reconstruction comes to be composed more and more out of the materials presented by the patient until we finally get a picture that is trustworthy and in all essentials complete. (p. 49)

Ross (1999) noted that the couch not only frees up the analysand's imagination and desire, it facilitates the analyst's imagery:

> Freed from the gaze that prohibits introspective scrutiny because it demands an immediate and satisfying response, and because it elicits tact and defensive disavowal, clinicians are under less pressure to constrain their awareness and communication…Summoning up their free-floating attention, looking inside with what is received from outside, analysts are free to indulge, shift, and critique a number of projective, introjective, and trial identifications. In their own "splendid isolation" behind the couch, they can arrive at a new level of empathy for the individual who has surrendered his or her consciousness to their scrutiny. (p. 95)

Bucci (2001) found an integral place for the analyst's imagery in her description of the referential process in the analytic context:

> The patient's words and multiple parallel channels of subsymbolic expressions together directly activate sensory and somatic experience in the analyst. To the extent that the connections within the analyst's own emotion schemas are intact and operative, she will generate imagery, reflect on this, and eventually come to some emotional understanding of the state that has been activated in her. The analyst infers and understanding of the patient's state – as yet opaque to the patient – on the basis of these inner transformations of her own experience.
>
> The analyst's goal may now be stated specifically: to intervene in such a way as to *activate the imagery that is missing for the patient*, to enable the referential process to proceed. Imagery is the pivot of the referential process, symbolizing the subsymbolic contents and enabling connections to words. If the

> words are effective, they will evoke imagery for the patient that connects to his own somatic and sensory experience. …At the same time…the analyst will also be continually expressing her own experience in subsymbolic format in the session, as the patient does and as we all do, in all interactions – in tone of voice, pausing, gesture, body movement, and in her varying degrees of attentiveness and attunement. (pp. 62-63)

Moreover, imagining a visual scene activates regions that are involved in the actual perception of that scene (Gallese, 2007, p. 522, c.f. Diamond, 2008) and this gives weight to the importance of the analyst's imagery, as an additional conduit to empathy.

Recapitulative Processes

Much as mutual gaze stimulates important experiences of connection, lack of gaze facilitates separation. The analytic process appears to recapitulate important aspects of development, perhaps facilitated by the *lack* of gaze between analyst and patient.

A fundamental metaphor for the psychoanalytic process is the mother-infant relationship (Mayes & Spence; Slochower, 1996; Van Buren, 1991) and this metaphor has been gaining increasing ascendance. The analytic space is increasingly seen as a regressive space in which the patient is encouraged to relive his *infantile*, preverbal life in the transference rather than merely linguistically-encoded, post-infancy, Oedipal-age memories. Jjust as the school is the maternal body for the child, in which all learning is ultimately about what is inside mother's body, according to Klein, the analytic office is the internal maternal body.

Bollas (1979) referred to the "analytic ecology," which is constituted of the analyst, his/her interpretations, the couch, and rest. In creating the analytic ecology, Freud "enacted" his unconscious awareness of the importance of the mother-infant relationship which was otherwise repressed by him and left out of his theory, according to Bollas (due to Freud's own conflicts

regarding his mother.)The analyst functions as "an evocative mnemonic trace" of the mother and a "maternal ambience" is created in the analytic space in part through the use of the couch.

Winnicott's overall theoretical contributions speak to both the importance of gaze (as presented in *Chapter 2*) in development, and its absence in the analytic process, and are explored below. Though Winnicott explicitly likened the analyst-patient relationship to the mother-infant relationship[95] (see *Chapter Five*) and termed the analytic setting an "infantile" one that "reproduces the early and earliest mothering techniques," (1955, p. 21) he made no recommendations with regard to the use of the couch and implicitly at least supported its use. In an earlier paper, Winnicott (1949) spoke about being able to "take for granted" (p. 71, 72) early environmental essentials in the patient's life (assumedly holding, including maternal mirroring) which allows analytic work to proceed through verbal interpretations: "He [the analyst] cashes in on the success of those who did the dirty work when the patient was an infant" (p. 71). He went on the say that with "those whose very early experiences have been so deficient or distorted that they analyst has to be the first in the patient's life to supply certain environmental essentials…analytic technique becomes vitally important" (p. 72). He noted, "This provision

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[95] Having speculated about Freud's motives with regard to his treatment of the visual, the following can be said about Winnicott's early biography. Winnicott's having grown up in a female-dominated world with "multiple mothers" in which his mother was depressed and his father absent has been speculated as giving rise to his preoccupation with the maternal mind and face and his professional need to assist with the sadness of others (Kahr). Below is a poem, *The Tree*, that Winnicott wrote at the age of 63 and gives context and meaning to his Mirroring paper regarding the significance of the mother's face:

> Mother below is weeping
> weeping
> weeping
> Thus I knew her
> Once, stretched out on her lap
> as now on dead tree
> I learned to make her smile
> to stem her tears
> to undo her guilt
> to cure her inward death
> To enliven her was my living

(Kahr, as cited in Buckley, 1999, p. 1400)

and maintenance of an ordinary environment can be in itself a vitally important thing in the analyst of a psychotic…at times, even more important that the verbal interpretations" but then goes on to talk about the psychotic's experience of the couch. So for Winnicott, the couch appears to have been a constant, regardless of the degree of disturbance of the patient and it is not clear how he supplied the "certain environmental essentials" that were missing[96].

In his 1967 mirroring paper (examined in *Chapter Three*), he wrote, "Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen." Perhaps because this was one of his last works, his thoughts about the face and gaze did not become incorporated into his ideas about analytic technique and meeting the needs of the patient through the setting. Below, the ways in which the couch is in correspondence with other ideas of Winnicott, if not his ideas about gaze, are addressed.

Holding, transitional space, and the couch. Here, I address the couch, the integral prop in the *mise-en-scene* of the analytic encounter. The couch may be said to be the physical manifestation of the transitional space that is the analytic encounter and of the holding provided by the totality of the analytic environment. The couch demarcates transitional space and is between here-there, inner-outer, and reality-fantasy.

The transitional space is described by Winnicott (1953) as "an intermediate area of *experiencing*, to which inner reality and external life both contribute" (p. 90, original italics), and

[96] He came back to this topic again, noting that Freudian psychoanalytic theory was built upon data from adult patients who had received good-enough care in their early personal history, Winnicott noted that with those patients with whom such experiences could not be taken for granted, whose egos were not intact "the setting becomes more important than interpretation" (1955-6/1975, p. 297). He noted that the behavior of the analyst is represented by the setting and the goal is to provide sensitive and good-enough adaptation to the patient's need, gradually leading to the point where "the false self hands over to the analyst." The patient then begins to "recall the original failures" of his/her early environment. But again, Winnicott did not elaborate on the provision of this setting that caters to the patient's needs and by which good-enough adaptation is provided by the analyst through the modifications of the setting.

a "*resting place* for the individual engaged in the perpetual human task of keeping inner and outer reality separated yet inter-related" (Winnicott, p. 90, italics added).

> The task of reality acceptance is never completed…no human being is free from the strain of relating inner and outer reality, and that relief from this strain is provided by an intermediate area of experience, which is not challenged...The transitional phenomena are allowable to the infant because of the parents' intuitive recognition of the strain inherent in objective perception. (p. 96)

The transitional object is "the first possession" in the "intermediate area between the subjective and that which is objectively perceived" (p. 90) or between "primary creativity and objective perception." It "stands for the breast, or the object of the first relationship" (p. 93). Winnicott further says that the transitional object is "a neutral area of experience which will not be challenged," in an agreement between mother and infant.

The transitional object is unchallenged by the mother, much like the analyst does not question what the analysand derives from his/her use of the couch, and which tends to remains unanalyzed. The couch may be thought of as a transitional object in the transitional space of the analytic office – a literal resting place. The couch seems to be allow the patient to exist in the liminal state, suspended as s/he is in air, between presence and absence, between seeing and not.

Holding and containment in crossmodal forms. In the holding phase of maternal care, structured ego integration takes place, psychosomatic existence is attained, the capacity for object relationships is developed, and several important processes are initiated from which secondary processes and symbolic functioning arise, which form a basis "for dreaming and for living relationships" (Winnicott, p. 45). Holding allows object relationships to be transformed from a relationship with a subjectively conceived object to a relationship with an objectively perceived object, which Winnicott stated is connected to change from being merged with mother to being separate from her and relating to her as not-me.

Winnicott (1960/1965c) made clear that holding referred to more than the physical holding of the infant by the mother and extended to the total environment. Thus it may be said that while holding in the analytic encounter is not offered through the gaze of the analyst, it is offered through the analyst's verbal interventions and his voice. In turn, the couch may be said to function to physically hold the patient.

Crossmodal matching characterizes the infant's sensuous experience of the mother, and "the infant is compelled, within the context of maternal boding, to discover equivalent meaning across different sensory portals" (Modell, p. 72).

> The infant perceives the mother's feelings by seeing, especially the mother's face and eyes, hearing her voice, feeling her touch, and kinesthetic sensations, including posture and muscular tension. The infant feels pleasure or discomfort in the interior of its body, and this is communicated to the mother through these multiple sensory and motoric channels. The mother, in turn, responds to the infant's communication by modifying her tone of voice, facial expression, and bodily musculature. Sensory experiences of mother and infant are conjoined through cross-modal matching. (p. 72)

Charles (2001) has described how holding, containment, and touch occur in nonverbal and nonphysical modes – "our capacity to receive and transmit information cross-modally creates an interpenetration of meanings between self and other in the absence of actual physical contact." She groups all nonverbal intercommunicative processes under the rubric of "nonphysical touch" by which sensory and affective experiences are transmitted from one person to another. Amodal perception, which has its roots in infancy and was described by Stern (1985), was covered in *Chapter Two*. In amodal perception, information is displaced from one sensory modality to another, while preserving "the underlying form, pattern, and affect."

Amodal perception can be used to describe how gaze, tone, and empathic resonance create the experience of being held in the analytic process. Therefore the experience of being

held in another's gaze may be had through the quality of the analyst's tone or empathic attunement, creating an experience of nonvisual gaze. The goals of the visual may then be achieved through other perceptual means.

Absence, aloneness, loss, and symbolization. In all that has been reviewed thus far, it is apparent that if the eyes and their gaze denote any one thing, they denote *presence*. If that is accepted as a heuristic, then in the analytic situation, with the lack of gaze, there is *absence*. It may be argued then that the use of the couch and the lack of interpersonal gaze are in the service of absent object, and that this represents what may be conjectured to be the fundamental task of psychoanalytic treatment – the grappling with the loss of the object. The psychoanalytic setup recreates conditions of object loss and forces the patient to engage with this developmental task. And in the object loss, the patient's capacity to be alone is confronted. Averted gaze prepares for absence, loss, separation, end of the hour, weekends, holidays, and termination.

It may be no coincidence that "eye" and "I" are homonymically the same. If I is taken to reside in the eye, when there is no eye, there is opportunity for perhaps a new self. Looking may be equated with selfhood and subjectivity, and to be on the psychoanalytic couch may be then be a call to "grow a self" (Eigen, 1996), facilitated by the lack of looking.

If mutual gaze is indication of presence of an other, lack of mutual gaze is absence and aloneness. In absence, the experience of loss is provoked. The experience of loss in turn activates internal representation, i.e., memory. And memory, infused with fantasy/ imagination then is the grist of the analytic mill. The lack of external visual image fosters access to internal amalgams.

If psychoanalytic treatment induces the experience of object loss for the patient, there may be an antithetical relationship between gaze and the fostering of the capacity for

symbolization in the analytic situation. The elimination of gaze allows for separation of subject and object, and the intimation of physical distance facilitates psychic distance. In the chasm created, fall the shame, danger, and pleasure associated with gaze, and is thus freeing. The analytic situation must foster the sense of object loss for the patient; it is with this sense that the space for the creation of symbols is developed (Segal; Bion). The space becomes the space in which symbols are created, as with mother and infant (Wright, 2000). It is as the infant moves from the "exclusively tactile closely knit at one-ment with mother" (Van Buren, 1991, p. 249) that the infant comes to learn to symbolize. Separation from the mother, or loss, and the attendant longing or desire thus gives rise to the symbol and the birth of language. The absence of the visual gives rise to the verbal.

Infant gaze research has demonstrated that mother and infant engage in constant look-avert cycles. The infant constantly loses and regains the image of the mother's face. The infant's first protosymbol is the image of her mother's face. Repeated object loss and the gap between wish for mother and realization of the wish gives rise to the image. The psychoanalytic setup recreates this – the patient loses and regains the analyst's face again and again as she steps across the threshold of the room, lays on the couch, gets up, and leaves the office, seeing and not seeing the analyst. Beres notes that "Only with the development of the imaginative process, the capacity to create a mental representation of the absent object, does the child progress from the syncretic sensori-motor affective immediate response to the delayed abstract, conceptualized response that is characteristically human."

Winnicott's notion of aloneness in the presence of the other, transitional phenomena, and non-communicating are pertinent here. The couch setup recreates being alone in the presence of another, which is necessary to achieve a "sophisticated aloneness," a sign of maturity, in

emotional development. For the infant and child, it is the ability to be alone in the presence of the mother. It is achieved when the "ego supportive" mother is introjected and the good internalized object is created, which may be said to keep company when alone. Winnicott (1958) states that when alone in the presence of another, the infant is able to discover her own personal life through sensations and impulses which "will feel real and be truly a personal experience." This wards against the development of a false existence created by reactivity to external stimuli, and ensures mature ego relatedness. Eventually the child learns to do without the actual presence of mother, due to the establishment of an internal environment. "The relationship of the individual to his or her internal object, along with confidence in regard to internal relationships, provides of itself a sufficiency of living, so that temporarily he or she is able to rest contented even in the absence of external objects and stimuli" (Winnicott, 1958, p. 32).

The unseen analyst's body is perhaps less prone to be experienced as the maternal body with which the patient may experience associations related to primitive need and dependency, projection and introjection, and further fostering separation and loss. However, Winnicott clarifies that "Even so, theoretically, there is always someone present, someone who is equated ultimately and unconsciously with the mother" (p. 42). The analyst perhaps has the potential to be that someone who is equated with the mother beyond dependency and infancy, when gaze is eliminated and the patient is alone in the presence of the analyst.

Silence and isolation. Non-mutual gaze is the bodily analogue of silence. This corporeal equivalent of silence in lack of mutual gaze may be experienced varyingly by the patient as loss and reunion or communion with the analyst. In Nacht's (1963) description there is both separation and communion in silence and silence has integrative functions.

The stillness and muteness may be experienced as protection of isolation. Winnicott (1963/1965a) speaks of the "isolation of the individual" which is the hiding of the true or central self and remains protected by maternal care which wards off impingements to the continuity of being and the development of a personal existence. Impingements include instinctual satisfactions and object relationships with which the ego is not equipped to manage. When continuity of being is disturbed, the personality is constructed out of reactions to impingements from the environment (1960/1965c; 1963; 1963/1965a). Continuity in going-on-being with relative freedom from impingements allows for the infant to become an integrated unit, with an inside and an outside and to have "a self with a past, present, and future" (1963/1965b, p. 86). "Now the infant's growth takes the form of a continuous interchange between inner and outer reality," says Winnicott. "The child is now not only a potential creator of the world, but also the child becomes able to populate the world with samples of his or her own inner life…Perception is almost synonymous with creation" (p. 91). The child is then able to face the world, "seeing there more and more of what is already present in his or her own self." It may be said that the patient's necessary isolation, protection from impingements, ability to form a continuous sense of self, and to creatively perceive is provided by the lack of visual engagement with the analyst and the use of the couch.

The couch appears to foster dependence towards independence. Winnicott (1963) likens dependence in the analytic transference to dependence in infancy and childhood, and moreover that "there is nothing that we do that is unrelated to child-care or to infant-care" (p. 340). It seems as if the analytic patient on the couch may be rendered sightless to foster regression to the stage of dependence - in infancy, this is dependence on the holding environment. In analysis, this is dependence on the analyst to see for him/her and to show the way. Independence is

arrived at through the eventual establishment of "an internal environment" as the growth takes place from absolute to relative dependence and then towards independence.

The isolation of the individual is also connected to "the right not to communicate" (Winnicott, 1963/1965a, p. 179) because of the (unpleasant) fantasy of being found. The individual's "non-communicating self, or the personal core of the self that is a true isolate" is to be protected. "Each individual is an isolate, permanently non-communicating, permanently unknown, and in fact unfound" (p. 187), said Winnicott. "At the center of each person is an incommunicado element, and this is sacred and most worthy of preservation."

Buchholz and colleagues (Buchholz & Helbraun, 1999; Buchholz & Chinlund, 1994) emphasize aloneness as a psychobiological need on par with attachment and our capacities for relatedness as well as being alone. This need begins in utero and continues through the lifespan, finding expression in infancy in the infants' gaze avoidance and disengagement. Aloneness serves the purpose of the development and functioning of self-regulation. In aloneness, the child "develops the forms and symbols that integrate inner and outer realities" (1994, p. 365).

This also connects to the analyst's needs for privacy in order to give him/herself over to reverie as described by Ogden (1999), in the previous chapter. The analyst's needs for self-holding (Slochower, 1996) and management of loneliness (Buechler, 1998) are also addressed by eliminating the need to engage in mutual gaze with the patient.

Winnicott perhaps assumed that metaphorical gaze, experienced crossmodally, suffices when actual gaze has been received in a good-enough manner in the patient's past. It is also possible that he is speaking of two different developmental points in the child's relationship with the caregiving object; while mirroring addresses the symbiotic needs of the infant, being alone in

the presence of the other creates space for the separation needs of the older child – separation from the maternal body and mind.

The developmental trajectory from vision to audition. Developmentally the process of separation-individuation appears to follow a trajectory of reliance on the various sensory modalities to remain connected with the caregiving object. Fraiberg (1971) commented, "Vision, by its nature, is continuous; visual tracking confers temporal order to events, and a break or closure of the visual record is read as the sign of 'gone.' Sound is discontinuous...Since there is no stability or predictability in events that are experienced through intermittent sound, the breaking of closure of a sound sequence need not connote "separation" or "loss" or "absence." Vision and audition therefore offer differential experiences of presence and absence. Shopper (1978) demonstrated how the history of psychoanalytic technique has recapitulated ontogeny with the analyst moving from being a tactile to visual to auditory presence. In the development of analytic technique, "Freud recapitulated the sequence of hierarchical development of the sensory modality of the individual, tactile – visual – auditory," when he moved from initially applying physical pressure to the forehead of the patient to induce hypnosis, to face to face interaction with the patient, to finally having the patient lie facing away from him on the couch.

In development, audition replaces vision and tactile connecting through the process of separation-individuation. Mother and child both increasingly come to rely on hearing as the modality of sustained contact as the child learns locomotion and increasingly physically separates from mother. Shopper notes that only audition allows for contact in the case of curved distance, darkness, and a turned back. The mother's "auditory presence" recall for the child tactile and visual closeness. "It is the capacity to progress from visual to auditory contact that

further enhances the child's tolerance for repeated and prolonged visual (and tactile) separations," says Shopper (p. 291). In part the replacement of the visual with the auditory is recapitulated in each session as the patient and analyst see one another before the two assume their respective positions with respect to the couch.

The implication of this for treatment is having awareness of which modality a given patient relies on for contact. Shopper stated: "As a result of our implicit insistence that our patients have the tolerance and the ego ability to relate to the analyst solely as an auditory presence for the entire length of the session, I think that many patients who otherwise have the ego abilities and assets to undertake an analysis are sometimes judged 'unsuited' for psychoanalytic treatment." She went on to say, "It is emphasized that some patients, for reasons of development, constitution, and/or significant stress (separation), cannot work with the analyst as an 'auditory presence,'" as required by the use of the couch. "The more refined tripartite concept of 'presence' as it relates to the predominant perceptual modality – tactile, visual, auditory – is felt to be a useful conceptualization for both development and clinical understanding."

Referring to the variable of internal structure, Mayes and Spence offer a different perspective on the role of the sensory modalities in development and implication for treatment. Noting the importance of the establishment of contingency expectations in development, they state that auditory input in not sufficient and that "most social referencing behaviors seem primarily visually based…The balance of cue and response, contingency and predictability, is influenced by tactile as well as visual or auditory contact." These provide the necessary elements for the development of internal structure. They address "less endowed" patients who have insufficient internal structures of contingent responsivity and social referencing. "These

patients are simply unable to overcome the drastic shift from visual to auditory mode, from normal, spontaneous conversation to the more ritualized analytic variant, from face-to-face contact to various kinds of visual and social deprivation."

Mirror Neurons, Involuntary Mimesis, and the Titration of Empathy

All human communication is said to involve an unconscious process of self- and mutual-regulation. The analytic encounter is not only a two-person, but a two-body encounter in which self and other regulation is influenced by visually perceived bodily movement of position and gesture. The couch setup may be a serendipitous way of titrating the activation and effects of the mirror neuron system in the analytic process. The analyst behind the couch is creating a clearer field for his affective responses, by minimizing the influence of the patient's affective behaviors, and by reducing the countertransferential and transferential field, through reducing the spontaneous matching of emotional states between patient and analyst.

The analyst and analysand's participation is inherently bodily, noted Meissner (1998). "Even empathy is dependent on affective attunements that are themselves bodily and are conjoined with other bodily mediated observational data" (p. 277). Most live human communication is also an intercorporeal enterprise, which Pally (2001) calls, "body to body, biology to biology." Aspects of self experienced as sensations are passed back and forth between patient and analyst (Charles).

The discovery of the mirror neuron system in the prefrontal cortex of both primates and humans has illuminated the field of social cognition and revitalized the concepts of empathy and unconscious communication, including identification (Olds, 2006) and projective identification (Greatrex, 2002; Olds). Mirror neurons are activated in the motor context with the mere observation of movement in an other and give rise to the corresponding affect. This activation of

mirror neurons is understood as being the neural mechanism in empathy. While it has now been shown that both visual observation of movement and auditory observation of associated sounds of movements can induce empathic affects, no study has yet studied the direct activation of mirror neurons in relation to affective prosody or affect carried in speech.

The visual perception of the action of an other and auditory perception of associated sounds causes similar motor neurons in the mirror neuron system to fire, or creates a neural representation of the action in the observer. This yoking of perception and representation is said to underlie the development of empathy. Mirror neurons create an internal simulation of action and affect. The same neural structures become active when we act intentionally, experience sensations and emotions and when we observe others' intentional actions, sensations, and emotions. Embodied simulation is the precursor to empathy and identification, based on the mirror neuron system. We unconsciously mirror perceived facial affect in our own facial expression in our physiology. Ekman and Zajonc's (e.g., 1989a, 1989b, 2005) research has shown that the replication of a perceived facial expression induces the associated affect in the observer. Citing Davidson and Fox, Beebe (2000; Beebe & Lachmann, 1998) has noted, "*The mere perception of emotion in the partner creates a resonant emotional state in the perceiver*" (p. 93, original italics)

The mirror neuron system activates in the realms of action, heard or seen, including affective action. Its activation with the processing of emotional content of language is less clear, though it has been demonstrated with the reading of happy or sad angry sentences. Gallese (2009), a leading mirror neuron theorist, notes, "The patient's productions can be read as a 'text' in need to be deciphered and interpreted in order to be truly understood. It is an open questions to which extent such 'text' is permeable to the influence exerted by the embodied simulation

mechanisms here discussed" (p. 532). To my knowledge, embodied simulation with affective prosody or affective content auditorily perceived has yet to be demonstrated. That is, the mirror neuron system may activate with read emotional content but perhaps not with heard emotional content.

While listening, the analyst vicariously participates in the patient's experience that is created by "a parallel affective and imagistic scenario that resonates with the patient's while sustaining a thin, permeable boundary between that evoked scenario and the intrusion of highly personal interferences" (Freedman & Lavender, 1997, p. 82). During the act of listening, the therapist preconsciously engages in bodily acts, which are the bodily manifestations of listening, that serve as a bridge between expression and regulation and reflect the state of countertransference. These "kinesic enactments" are rhythmic and arrhythmic movements such as head nods, foot kicks, posture shifts, midline self-stimulation with fingers or hands acting upon one another. They are important regulators that help sustain the listening space for the analyst. The therapist's bodily movements shift in patterns with the ebb and flow of transference and countertransference, in a face to face setting. Symbolization and desymoblization in the patient evokes bodily action in the therapist. In other words, the therapists' bodies reacted as they received and respond to patients' communications. The authors found that therapists "colluded with patients' desymbolizing activity, not only verbally but also on a nonverbal level." This kind of reciprocal behavior would impede the therapeutic process and appears to lend support for not choosing face to face treatment. Beebe and Lachmann (1998) have also noted the self-regulating behaviors of the analyst and patient both. These further constitute the behavioral actions of the both members of the dyad that may or may not be intentional or conscious.

Humans automatically and unconsciously match the nonverbal cues of others (Pally, 2001). It has also been shown that in the face to face therapeutic encounter, patient and analyst, at various points of the clinical process, may mirror each other's bodily gestures and positions, demonstrating the concrete way in which mirroring, introjection, and identification take place in therapeutic encounters. "Affect perceived on the face, through bodily position or gesture is integrated far more rapidly than conscious, verbal awareness" (Pally, 2000). Nonverbal behaviors of the listener in a conversation have considerable influence on the speaker, including what s/he retains and remembers and becomes conscious of. Viewing the affects and gestures of others involuntarily and automatically induces visceral responses in us and in the analytic situation this would mean interference in countertransferential reactions, noted Pally. Nevertheless, face to face treatment is the preferred mode for Pally.

Olds, on the other hand addressed the use of the couch and says, "We have seen there is a tremendous pull to involuntarily respond to the actions and affect states of the other, to actually *have* them, and to some extent, to *become* the other. This is similar to the phenomenon, noted above, of mirroring postures in face to face therapy. Control or (p. 39) influence of the other by one's own expressions is powerful and goes both ways in the dyad. The intuition of Freud, who did not like being observed all day by his patients, turns out to have been prescient; he was not really using the couch just for his own convenience. Interactive and mutual control through nonverbal expression may indeed interfere with free association and the flowering of the transference." (p. 39-40)

Reis (2004) summed up the continuous operation of nonverbal ways of knowing through the lifespan and in analytic treatment, and the involitional matching of affective states that occurs between patient and analyst:

> Forms of knowing that do not require self-reflective awareness begin at birth and continue through adulthood, becoming layered with representational and symbolic levels of complexity as development proceeds. Thus analyst and analysand must necessarily participate in nonverbal, bodily-based conversations occurring on a moment-by-moment level and largely hidden from conscious scrutiny. Knowledge of this intimate rapport must change our notion of what has to this point been discussed in the clinical literature as the volitional ability to mirror or not mirror one's patients' affective states. (p. 363)

The functioning of the mirror neuron system provides a new rationale for the use of the couch. The couch allows for the prevention of affective "interference" through involuntary mimetic behaviors and breaks the entrainment of gaze and facial expressions and their impact on one's affective status. This would allow for the experience of empathy which is not wholly involuntary. Facial communication is to a large extent, nonsymbolic, implicit, and procedural and operates out of awareness and reducing or removing such communication may allow space for the greater interplay of the explicit, verbal, and symbolized.

Conclusion

In the sequestered, cloistered ambience of the psychoanalytic setting, patient and analyst alike give themselves up to the currents of feeling, sensing, knowing, and being. The analyst as "sentient other" (Carrere, 2008, p. 400) in the room who receives the patient's implicit and explicit, conscious and unconscious, verbal and nonverbal communications looks for an entry-point to the process of sense-making. S/he searches for those idioms of communication that will reach this patient toward making the unknown knowable and known. This study was an attempt to look at those idioms as situated in the perceptual field of psychoanalytic interaction.

With the couch, analysts do their work of understanding, knowing affect, and empathizing in an unusual field of relating and being mutative – without the usual observable cues ordinarily available in human relating. The analytic enterprise privileges metaphorical looking – insight, introspection, reflection over actual looking. Decisions about the use of the couch are traditionally largely determined by analyst-related factors – their theoretical orientation and/or their preferences about how to engage interpersonally (and the two may overlap). This study supports the idea that the decision may necessitate a reasoned assessment of the visuofacial needs of the patient, in addition to the analyst's needs and beliefs. This study has indicated the long-term resonance of evolutionary predispositions and early experiences of gazing that predispose each individual differentially with regard to perceptual and therefore interactive proclivities and needs. Proclivities and needs to look, be looked at, or not, are fundamental and highly idiosyncratic and to neglect them may be a scotomization. The status of visuofacial functioning and needs in development and constitution must be determined per patient, to understand for example, the preponderance of visual experiential elements in their

psychic structure and interaction structures. Whether the "watchful eye" of the analyst is experienced in patient's unconscious as something benign, holding, and healing, or shaming, intrusive, and persecutory requires understanding.

Both face to face and couch can serve the needs of both parties and therefore the therapeutic process. Disturbed presymbolic and nonverbal ways of relating are present and may dominate for a particular patient, in which case accessing and altering affective and intersubjective wiring through mirroring facial interaction and supplying an element missing from the early gazing relationship may be indicated, especially in the case of known early attachment disruptions and body-related disturbances. On the other hand, when the patient looks at the analyst and is being looked at the analyst, processes are set in motion that may be counterproductive to the purposes of treatment. The face is healing on the one hand and reveals too much on the other, in the form of unconscious expressions. One can postulate a need to protect emotional state from exposure to facial expressions due to mirror neurons and facial feedback mechanism by which unwanted emotional reactions are aroused via neuronal participation. In most interpersonal contexts eye behavior is used to regulate dyadic conversations and the exclusion of gaze may be critical in the creation of the "unique conversation" (Shapiro, 2002) that is the psychoanalytic dialogue. Not seeing may make possible the ongoing dialectic and movement between levels of consciousness and reality and modes of being and communicating (even if the visual communicating is in a highly attenuated form). The couch position may also allow ease in shifting gaze (as attention) from self and other and in taking self and other as both subject and object.

Both of these ways of knowing and being are powerful and there are gains and losses with each. It would seem that while the ears attune to the more conscious, manifest content of

the interaction, the eyes would more so apprehend the latent, affective content, even if this apprehension takes place through unconscious processes. Ultimately, to be able to "hear with the eyes" and "see with the ears" in a bilingual, synesthetic experience as one in which empathically obtained and observationally obtained knowing are synergistic may be a goal for the analytic practitioner.

This study has examined gaze in the both the natural world and in the treatment room. I have attempted to follow trajectories from low to high on the evolutionary scale, from prehistoric to the postmodern, and from classical to contemporary psychoanalytic literature. I have borrowed from different registers and paradigms of behavioral study, though these do not map with correspondence on one another and these are likely to have created scotoma of my own. The lack of correspondence amongst the various fields that examine human experience that I have sampled is a limitation of the study.

Another limitation is the lack of fuller consideration of the differential contribution of gaze/face, face/voice to affect expression and perception. A major source of data besides the eyes and the face is vocal prosody and rhythm. As noted, facial expressions of affect have been found difficult to suppress and to exercise voluntarily control over, particularly its microexpressions. Nevertheless, a comparison with prosody and rhythm as a means of knowing the affect of the other, would be useful to understand specifically the kind of information that is lost in the absence of visual access to the face.

Figure 1. The Egyptian Eye of Horus, a pervasive symbol through Egyptian mythology and history, with various parts of the stylized eye representing each of the six sensory modalities.

Figure 2. Eye spots on a local moth, mimicking the eyes of an owl, Fort Tryon Park, NY, NY.

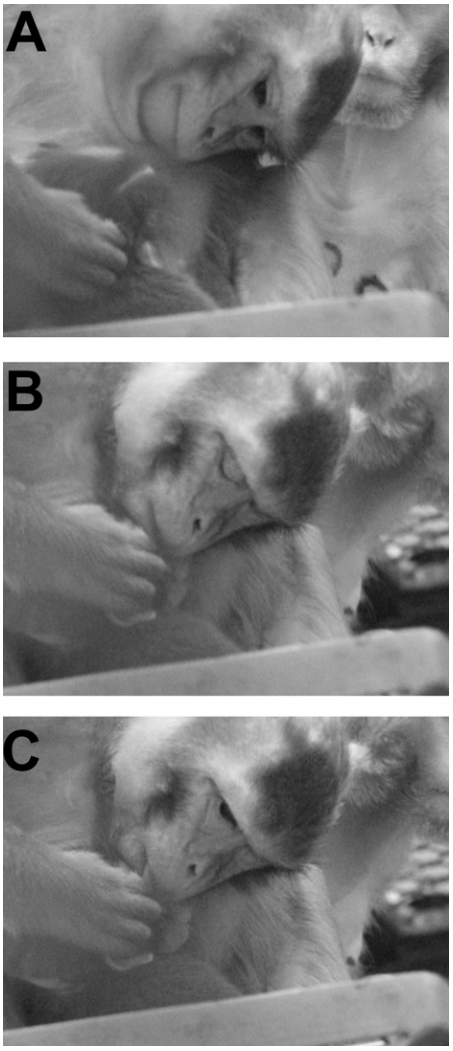

Figure 3. Affiliative behaviors via visuofacial interaction between a mother-infant pair of rhesus monkeys. From Ferrari et al. (2009): "Still Frames Illustrating Maternal Behaviors Toward Infants…
(A) Mother pulls infant's head and stares at him. Infant is ~10 days old.
(B) Mother lipsmacks at infant's orbital area.
(C) Mother licks at infant's orbital area." (p. 1769)

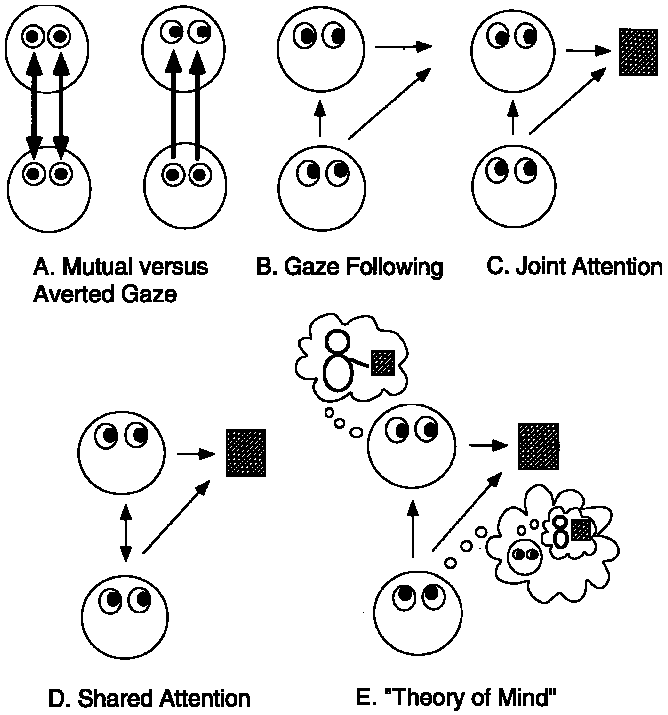

Figure 4. From Emery (2000): "A. **Mutual Gaze** is where the attention of individuals A and B is directed to one another. Averted gaze is where individual A is looking at B, but the focus of their attention is elsewhere. B. **Gaze Following** is where individual A detects that B's gaze is not directed towards them, and follows the line of sight of B onto a point in space. C. **Joint Attention** is the same as Gaze Following except that there is a focus of attention (such as an object), so individuals A and B are looking at the same object. D. **Shared Attention** is a combination of Mutual Attention and Joint Attention, where the focus of individual A and B's attention is on the object of joint focus and each other (i.e. I know you're looking at X, and you know that I'm looking at X). E. **Mental State Attribution or Theory of Mind**, probably uses a combination of the previous A-D attentional processes, and higher-order cognitive strategies (including experience and empathy) to determine that an individual is attending to a particular stimulus because they intend to do something with the object, or believe something about the object" (p. 590).

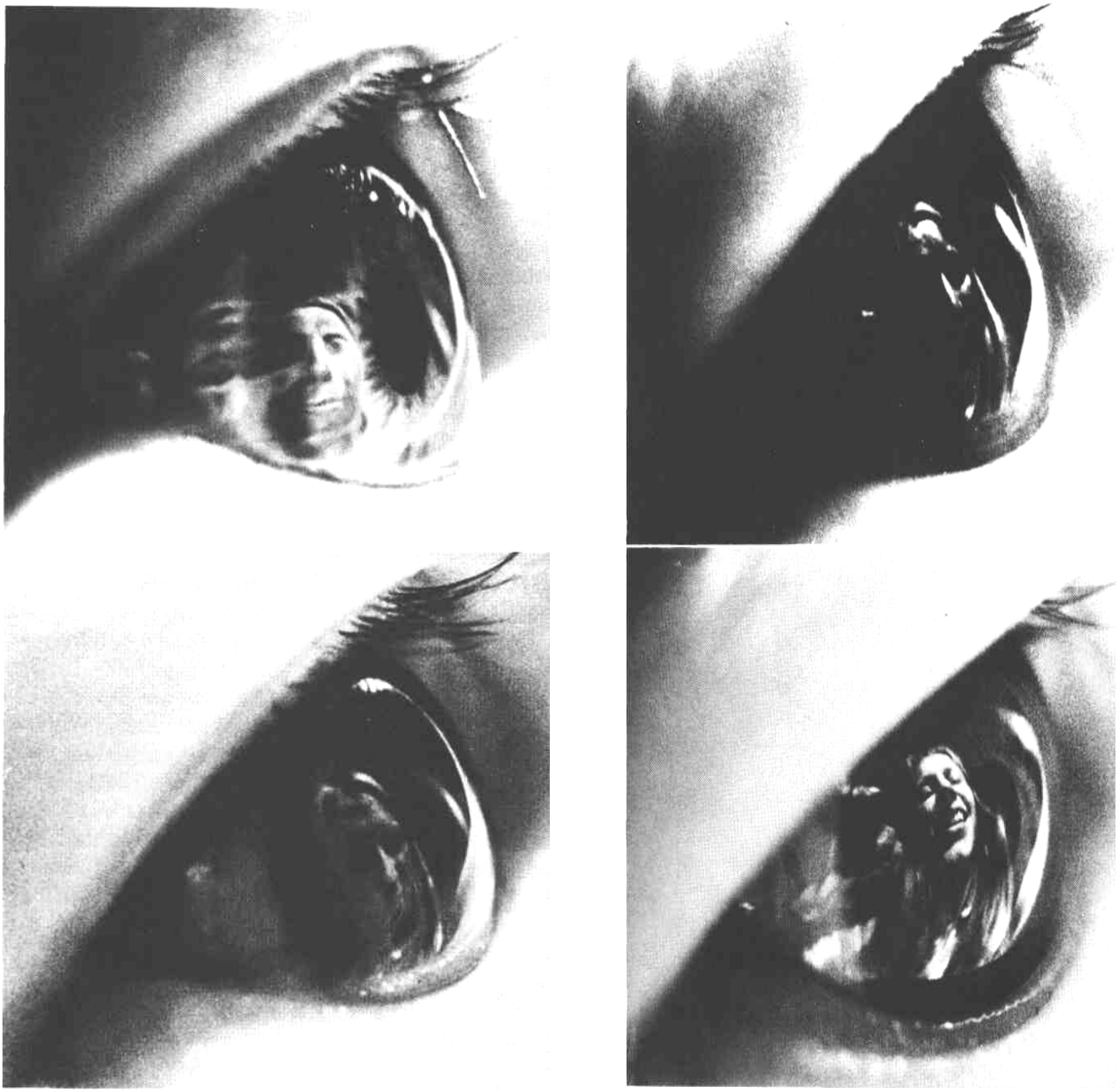

Figure 5. **Biological Mirroring: "Mother's 'greeting response' to the visual contact with the neonate as observed in the corneal reflection, (a) and (b) maternal face out of the neonate's sight; (c) a visual contact between mother and neonate; (d) mother's 'greeting response' following the achievement of visual contact" (Papousek & Papousek, 1979, p. 468-469).**

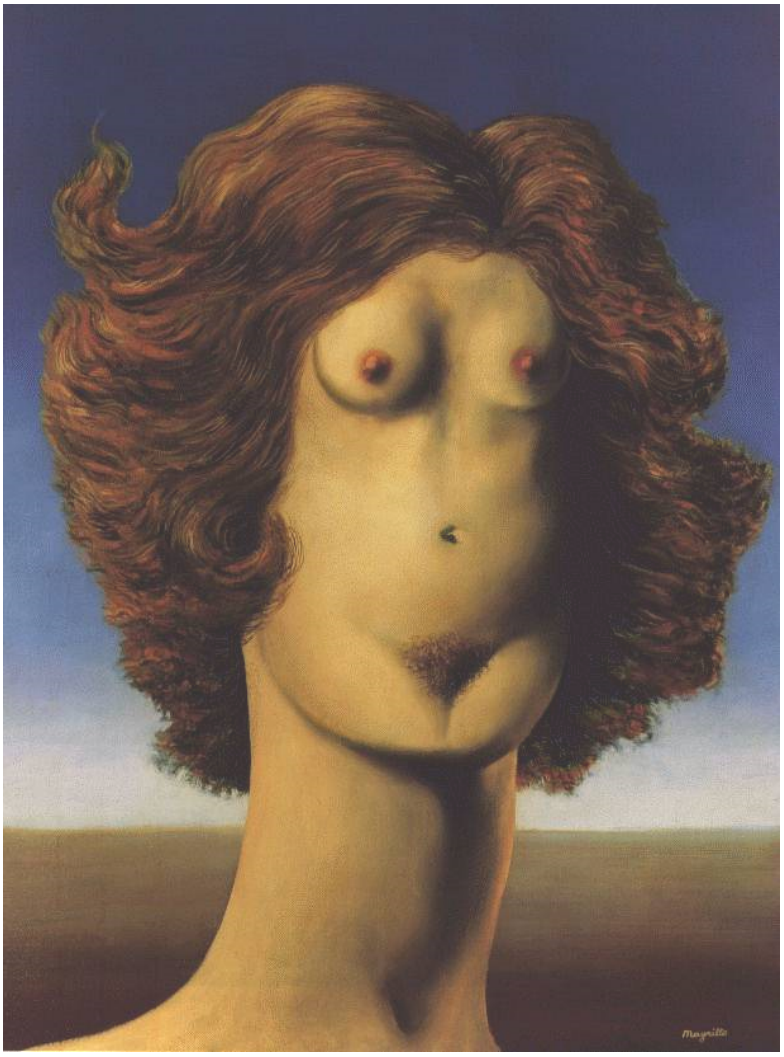

Figure 6. Eye-breast symbolism. *Le Viol*, Rene Magritte, (1934).

APPENDIX A

CONSENT FORM

To See or Not to See: Gaze, Mutual Gaze, and the Psychoanalytic Couch

You are invited to participate in a research study regarding gaze and mutual gaze in psychoanalytic treatment, and analytic beliefs and practices around the use of the couch. You were selected as a possible participant because you were identified as an expert in the psychoanalytic field by the interviewer and her dissertation committee. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Komal Choksi, MPhil, Clinical Psychology Program, City University of New York; Jeffery Rosen, PhD, Clinical Psychology, City University of New York.

Background Information

The purpose of this study is to understand the avoidance of looking in the analytic situation. This study is undertaken in part through interviewing psychoanalysts regarding their adoption of the couch, as predicated through not only their theory but also their personal predilections regarding looking.

Procedures

If you agree to be in this study, we would ask you to do the following:

Engage in a two-hour interview that will be audio recorded and take place over one or two sessions.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the City University of New York. If you decide to participate, **you are free to not answer any question** or withdraw at any time without affecting those relationships.

Risks and Benefits of being in the Study

There is minimal risk involved in participating in this study. Risk is limited to possible discomfort in answering specific interview questions. However you are not obligated to answer every question and you may refuse to answer one or more questions with no penalty. You may also discontinue participation at any point during the course of this interview with no penalty.

There are no direct benefits from participating in this study. However, potential indirect personal benefits include those that stem from the interview representing an opportunity to reflect upon your clinical beliefs and practices. Potential benefits to the field extend from a careful examination of the costs and benefits of a particular practice from a broad conceptual view.

Remuneration/Compensation

There is no financial compensation for participation in this study.

Confidentiality

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be stored securely and only researchers will have access to the records. The audio digital recording of this interview will be saved on the interviewer's personal computer and on a CD.

Confidentiality will be preserved with regard to your interview, in part, through not attaching your name to the recorded interview or the transcript and by restricting access to the recording and all pertinent documents, including this one. However, **there is a risk of breach of confidentiality** as you may have been recommended for this interview by a member of the interviewer's dissertation committee, in which case they may be aware of your participation in the study. Your identity will otherwise be protected as described above.

You will be allowed to review the audio recordings and request that it not be used if you feel uncomfortable. Once the study has been completed, the audio digital recording of this interview will be saved by the interviewer indefinitely for possible future research. Only the interviewer will have access to the material.

Contacts and Questions

The researchers conducting this study are: Komal Choksi and Jeff Rosen. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at xxx xxx xxxx or komalc@hotmail.com; or xxx xxx xxxx or jjr1@aol.com (to reach Jeff Rosen). If you are interested in receiving the results of this study, the interviewer can mail you a copy of the completed study.

If you have any questions or concerns regarding your rights as a participant and would like to talk to someone other than the researcher(s), **you are encouraged** to contact Lissy Wassaff, IRB Administrator, at xxx xxx xxxx.

You will be given a copy of this consent form to keep for your records.

Statement of Consent

I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

Signature of Participant:

_____ Date: _____

Signature of Investigator:

_____ Date: _____

APPENDIX B

INTERVIEW PROTOCOL

Thank you for agreeing to meet with me. As you know, I am interested in how analysts experience the lack of gaze and mutual gaze in psychoanalytic treatment. More specifically, I am keen to understand your subjective, phenomenological experience with looking, being looked at, not looking, and not being looked at in your clinical work. I am also curious about your preferences regarding the visual both in the analytic hour and outside of it. Today I'd like to understand your various motivations for the use of the couch in your practice as well as the role of exogenous and endogenous visual imagery in your work.

1. How do you identify theoretically as a psychoanalyst? Are you a training analyst? Tell me in brief about your training and background.

2. What is your current clinical practice: psychoanalysis/ psychotherapy, adult/child? Has this been different in the past? Is it composed exclusively of psychoanalysis? Do you have a mix of analytic and therapy cases? How frequently do you see your analytic cases?

3. Can you tell me about the use of the couch in your practice? Do you use the couch exclusively with psychoanalytic cases or do you see some analytic cases face to face? Are some mixed with some sessions on the couch and some face to face (alternating, phases, etc.)? So are you behind the couch all day? In a day, are some patients seen on the couch and some face to face? That is, in a day are you moving from couch to chair?

4. Where do you position yourself with regard to the couch? How much and what of the patient are you able to see from your chair? What are they able to see of you?

5. Where is your gaze most of the time? What do you do with your eyes? What is the majority of your time spent looking at? Are they ever closed? What is the visual input for you?

6. What is the patient's view from the couch? What is yours? How did you choose what is on your walls/in your office?

7. In a particular moment, what informs your sense of the experience of the patient? What are your sources of information about a patient who is lying on the couch? In what modality do you know what you do?

8. How much do you make use of visual imagery in your own associative reverie with patients? And what about auditory forms of imagination? Can you tell me about a case in which your work was informed by your sense of the importance of seeing and not seeing and the use of imagery in your effort to understand the patient? What was your felt experience?

9. Do you ever find yourself mirroring your patient's physical behaviors – not consciously?

10. How do you think about the role of the couch in your practice?

11. In your experience, are there relative costs and benefits of having a patient on the couch versus being face to face? Is there any information lost by not having access to the patient's face?

12. How do you experience the therapeutic process differently when a patient is facing you versus on the couch?

13. Can you tell me about a patient who was reluctant to use the couch and how you handled it? When do you ask a patient to sit up if ever?

14. Can you recall a patient for whom it was important to look and be looked at in the session? How did you approach it in understanding and in practice? Did it further your understanding of the patient?

15. When might you turn to look at the patient? When do you turn away? How does it feel when patients turn around to see you? Is it an intrusion? How do you handle it?

16. Is regression a goal of the process? Is it necessary for the aims of analysis? Is regression possible without the use of the couch?

17. In cases where the patient is on the couch, what are moments before and after the couch like, if there tends to be anything typical of those moments for you? Both with regard to the interaction, your subjective experience, and your behavior (looking, scanning – for affective information, physicality)? Can you describe atypical moments with reference to a case?

18. If practice not exclusively psychoanalysis – what is it like for you to go from sessions where you are behind the couch to face to face? Is there any jarring?

19. How do you personally experience not looking at the patient? What does it offer you?

20. Experientially, what is it like for you to not be seen? Is the use of the couch defensive for the analyst? For you, is there any truth to the idea that the analyst hides behind the couch or that it is a protective shield?

21. Freud claimed a "personal motive" in using the couch – that he could not stand to be stared at for eight hours a day. Are you aware of any personal motives on your part?

22. Might any early experiences of your own have predisposed you to function effectively in and prefer this sort of interpersonal setup, to find comfort in it?

23. What has been the role of the visual instinct in its passive and active forms in your life and how do you feel that has influenced your choice of profession? (the idea of sublimated voyeurism)

24. With experience, do you feel you have "grown" into denying the visual aspect in your clinical life? Have you compensated for this in other aspects of your life? That is, do you see yourself as personally impacted by "putting up with not being seen for up to eight hours or more" – to turn Freud's admission?

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