# A Study of Michael Fordham's Model of Development: Theory, Explications and Extensions

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## Abstract

This portfolio of published work represents a discourse on Michael Fordham's model of development that extended Jung's theory to infancy and childhood. The papers were published over two decades and indicate how infant research, ideas from related fields and the author's own clinical and observational work have contributed to her understanding of development. The framework for her thinking has throughout been Fordham's model. In this essay the author contends that what she has learned from research and her own experience adds new contributions to the model, based on data for the most part not available to Fordham.

The portfolio of papers is introduced by an essay comprising Part I. It begins with an account of the author's professional life and clinical experience pertinent to the study. Next there is a substantial section on Fordham's theoretical model and links he established with Kleinian and post-Kleinian thought. This exposition is followed by a section on the main sources for the author's work. Following this she proposes five areas that she considers to be her original contributions to the model: identifying and defining the features of massive surges of deintegration in the first year; identifying a period of primary self functioning; new considerations concerning the active participation of the infant in development; identifying precursors to projective and introjective identification, and symbol formation.

Part II contains nine papers, virtually all of which are theoretical and include clinical work and infant research and observation. They are divided into three sections: 'Theory', which are predominantly theoretical and aimed at making a theoretical point; 'Explications', which aim to elucidate concepts and dynamics comprising the model; and 'Extensions', which are those papers explicitly or implicitly containing the author's new links and ideas that add form and content to the model.

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This study is dedicated to the memory of Michael Fordham, Dorothy Davidson and the Children's Section of the Society of Analytical Psychology (1974-2006)

# Part I

## *Introduction*

**Introduction to a Study of Michael Fordham's Model of Development:
Theory, Explications and Extensions**

# Introduction to a Study of Michael Fordham's Model of Development: Theory, Explications and Extensions

## Introduction

The aim of this essay is to introduce a portfolio of papers which, taken together, represent a discourse on Michael Fordham's developmental model extending Jung's theory to infancy and childhood. The papers were published over two decades and indicate how infant research, my own clinical and observational work, and ideas from related fields have contributed to my understanding of development. Throughout, Fordham's model has provided a useful and enduring framework for my thinking. In this essay I contend that what I have learned from research and my own experience add new contributions to the model, based on, as Fordham would have put it, 'sufficient evidence' (Fordham 1993a, p 5).

In what follows I begin by describing my professional life and clinical experience pertinent to my study. As the portfolio centres on Fordham's work, this is followed by a substantial section on Fordham's theoretical model and links he established with Kleinian and post-Kleinian thought. Next is a section on the main sources of my theoretical orientation, and researchers and others who have shaped my views. Following this is a statement of what I consider to be my contributions to the model and reflections on preparing this study.

As for my portfolio, I had originally intended to organise my papers chronologically. However as it is intended as a dissertation on Fordham's model, I decided instead to organise them according to theme. Although virtually all my papers include theory, infant research and clinical and observational work, there are those which are predominantly theoretical or in which I wanted to make a theoretical point. I include these papers in the first grouping, 'Theory'. Those aimed at elucidating the model are in the second, 'Explications'. The third grouping, 'Extensions', contains those papers explicitly or implicitly containing new links or ideas of my own that add form and content to the model.

I conclude with my reflections on this study, and comments on my current work and future projects.

**Professional and Clinical Background**

I left teaching, where a close colleague first introduced me to Jung, to undertake social work training at Brunel University, which was then known for its psychoanalytic approach. Two fellow students and now longstanding friends further deepened my interest in Jung and psychotherapy. Upon my degree and qualification (1977) I took up a joint social work post, half of which was in a primary school for profoundly deaf children, and the other half was based in a local area social services team that supported systemic and psychodynamic casework. I received supervision from Tavistock professionals and joined the SAP infant observation group, led by Gianna Henry Williams. There I first met Michael Fordham in 1979.

I began child analytic training in 1983 and qualified in 1988, whereupon I joined the adult training at the SAP. I left local authority work to take up a half-time social work post at the Paddington Centre for Psychotherapy (now Parkside Clinic). I worked in the Adult Department treating patients and assessing referrals, and occasionally worked with children because of my training. I also ran groups, supervised honoraries and provided consultations to organisations. Throughout I was supported by supervision and clinical meetings with colleagues from psychoanalytic, Jungian and other psychodynamic backgrounds.

From 1983 to 1990 I met with Fordham for supervision during my trainings, thereafter continuing to see him weekly until he died in April 1995. Over the later years we discussed clinical work, his theoretical model and re-examined infant observation notes from the SAP group. We also talked about some of the experimental infant research from American psychoanalysts (Lichtenberg 1983, Stern 1985), and, soon after I first heard Trevarthen lecture, I fed back how his research into the precursors of language corroborated the model.

The year after Fordham's death I left Parkside Clinic to work with children. I had an established part-time private practice with adults and found a part-time post in a

CAMHS service, thus moving from a psychotherapy service to a multi-disciplinary team. Not long after, I joined the Tavistock/UEL doctoral programme, intending to produce a dissertation on Fordham's model and early development. When the main lead of the SAP Child Analytic Training died unexpectedly, a close colleague and I took on responsibilities for the training. This meant I had to withdraw from my doctoral work, whereupon I was awarded an MPsych Psych, which certified the completion of my Tavistock/UEL studies in child psychotherapy to that point.

One of my CAMHS sessions was based in a large GP practice where I worked with children, including infants, and their parents and families. I soon realised the importance of early intervention. This and my continuing interest in infant development prompted my initiative to set up a CAMHS Infant-Parent Support Service. In 2000, with the help of an exceptional manager, I organised a small team with two out-reach bases: one in a large GP practice in the south of the borough and the other in a busy health centre in the north. We formed links with the local health visiting services, perinatal in-patient and community psychiatric services, and community social services.

As part of the same shift toward this specialism, I took on a session in an in-patient psychiatric perinatal unit, where I was responsible for 'raising the profile of the infant' by providing parent-infant therapy and staff development. The therapeutic aspect of my work included parent infant therapy with mother-baby couples and running a weekly mother-baby group. Mothers with infants under eighteen months were admitted to the unit for a wide range of mental illnesses and disorders, and a significant proportion did not speak English. I decided that infant massage would be the most appropriate therapeutic activity, and became a Certified Infant Massage Instructor.

As for staff development, I met regularly with nurses to discuss infant observations and clinical work. To spare nurses from the onerousness of writing up their observations, I videoed 'well enough' mothers who were capable of giving informed consent for being filmed with their babies[1]. Staff also accompanied me in the mother-baby group, partly for purposes of health and safety (for instance, if a mother became psychotic) and partly to develop understanding of group and inter-relational dynamics.

I had been leading infant observation groups for Jungian trainings since 1991, and my work in the Unit offered an unusual opportunity to make my own observations. They

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[1] The video work was designated for purposes of teaching, and written parental consent was given for all filming. A copy of the video was given to the parent.

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were not systematic over time but they were widely varying in terms of maternal and infant relational capacities. Moreover, they were numerous; in the fourteen years I worked in the Unit, I observed formally and informally several hundred babies, some over several months, with their mothers, family members and staff.

Once I had become established in the Unit I became a member of the multi-disciplinary Parenting Assessment Team, providing Independent Court Reports based on six-week residential assessments of the parenting capacities of mothers who had mental health problems. My role was to assess the bond between mother and baby, which I based largely on infant observations. This work prompted my interest in further understanding the impact of fostering and adoption on small children. I consequently took advantage of an opportunity in CAMHS to work psychotherapeutically with a six-year-old adopted boy (Paper 9).

The near-forty year period covered in this section describes the settings in which I was acquiring 'data' from my clinical and observational experience. As I developed skills and understanding, my work in the unit allowed me to test out various ideas which I was working on and incorporating into Fordham's model, thereby adding innovations.

## Michael Fordham

Michael Fordham is best known as a theoretical innovator and for a range of accomplishments still carrying his imprint. Besides developing a comprehensive Jungian model of development from foetal life to old age, he was on the editorial team of Jung's *Collected Works,* a leader in establishing the Society of Analytical Psychology, and the first editor of the *Journal of Analytical Psychology*; he set up an accredited Child Analytic Training and authored nine books[2] and over two hundred papers and reviews. These achievements speak to Fordham's intellectual strength, emotional robustness and character. Following Fordham's death, Donald Meltzer paid tribute to him, commenting, 'He was one of three great men I have known …' (Meltzer 1996, p. 26). Expanding on this, James Astor wrote:

> Some … have compared him with Freud, Klein and Bion, but distinguished him
> from them in his capacity to combine pioneering clinical work with wearing the

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[2] I include in this number Fordham's memoirs (1993b), which provide a context for his work and its development.

> mantle of office, of running the Society, fostering the trainees and being neither inflated nor destroyed by the spoilers great men attract. (Astor 1995, p, 8)

Fordham's life (1905-1995) covered most of the twentieth century and, correspondingly, the first century of psychoanalysis. He was born in London, the third of three children. His early family life was spent in Edwardian comfort, raised by liberal parents who were involved in social issues and mixed with various writers and artists; John Galsworthy was Fordham's godfather. In his memoir (1993b) Fordham described himself as a naughty child who loved his mother passionately. His accounts give less attention to her precarious health (he had been born during one of her asthma attacks). Her unexpected death just as he was turning fifteen shattered Michael, leaving him cut off from his emotional life in a way that left him little sense of direction. This remained, despite the distractions of medical studies and his first marriage, until he entered therapy with a London Jungian, and soon after met Jung.

Fordham had informed Jung before going to Zurich that he required an income if he were to train with Jung. Despite this, Jung crushed Fordham's hopes, saying there were no opportunities for making a living there because of Swiss laws disallowing foreigners to work.[3] He invited Fordham to a lecture the following day and Fordham was impressed with Jung's humanity, directness, vitality and erudition. Back in London Fordham was furious at what he experienced as Jung's lack of sensitivity to his situation, and then realized that his rage was the expression of a strong tie that had formed. This was accompanied by a lasting loyalty to Jung preventing close ties with psychoanalysts; he did not have analysis with a psychoanalyst until the end of his life.

During the same year, 1934, Fordham was awarded a fellowship at the London Child Guidance Clinic on Tavistock Square. He was the only Jungian amongst psychoanalysts at a time when Jungians were apprehensive, even disapproving of child analysis, on the basis it would overwhelm the child's nascent ego. This initially handicapped him in his work with children until he discovered from Klein how to make emotional contact with his child patients through play.

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[3] I understand that this was in response to the influx of pre-war refugees.

*Linking with Psychoanalysis and Kleinians*

In 1944 London Jungians invited Fordham to set up a training, which was the first outside Zurich. At the same time Fordham became actively involved with the Medical Section of the British Psychological Society. Members were working analytically with patients with psychotic personality structures, as Jung had done, and the Medical Section provided a forum for analysts to discuss new concepts that applied to their work. Fordham recognised how these related to some of Jung's established ideas and drew attention to this in the introduction to his third volume:

> In recent years considerable changes have occurred in psycho-analysis in Britain. These have made it desirable to relate its new formulations to those of analytical psychology … (Fordham 1958, p. 2)

Although Fordham's thinking is essentially Jungian, his model lacked conceptual clarity without the ideas coming from new developments in psychoanalysis. The most significant influence was Klein herself: '...Winnicott, Bion and Scott … all derived their work from her, but she was the real innovator' (1985, p. 216). Fordham referred to her in all eight of his analytic books, beginning with his recognition in the first that unconscious phantasies are conceptually virtually identical to Jung's archetypes (Fordham 1944).

Although Jung and Klein drew upon quite different data, both conceptualised innate, instinctual features and processes, the expressions of which develop and became more complex while also continuing to operate on a primitive level throughout life. Both also realised that analytic access to these primitive operations is achieved through transference and counter-transference. While Jung 'though[t] of the analyst as just as much in the analysis as the patient' (Fordham 1985, p. 140), Bion's extension of Klein's definition of projective and introjective identification contributed detailed dynamics that indicated how affects in the analyst can be used to further analysis.

Fordham was also a significantly influence by Winnicott[4]. Their hospital clinics were not far from each other and they shared a close and warm relationship, discussing work,

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[4] Fordham's personal admiration, respect and affection for Winnicott are evident in his tribute given to the British Psycho-Analytical Society in honour of Winnicott. He refers to the reciprocity between them by quoting from Winnicott's review of Jung's memoir, 'If we [psychoanalysts] fail to come to terms with Jung we are self-proclaimed partisans, partisans in a lost cause'. (Fordham 1972, quoted in Fordham1995, p.196).

sparring with ideas, and contributing to each other's thinking. Fordham had especially high praise for Winnicott's clinical work (Fordham 1972,1995) and also made use of the concept of transitional objects, although later holding reservations about generalising the idea because Fordham did not observe them in infancy as Winnicott had described (Fordham 1985). While Fordham acknowledged the importance to him of both Klein and Winnicott, he did not accept their metapsychologies.

The Society of Analytical Psychology had been set up in 1946. By 1955 and under Fordham's influence, the Society was absorbing psychoanalytic ideas and technique, thereby creating an ideational split. It was eventually resolved in 1976 by a group of predominately Zurich-trained analysts separating from the SAP. Over the same period clinical discussions for members working with children gradually shaped into the Child Analytic Training. This entailed providing an infant observation seminar and, at Esther Bick's recommendation, Gianna Williams, an established Kleinian familiar with Jung's ideas, was appointed its leader.

Fordham joined the group as a 'guest observer', where he at last acquired data from direct observations of infants:

> Here, it seemed, was my hypothesis being enacted graphically and often dramatically. …. The integrative sequences stared me in the face. … (Fordham 1987, p. 357)

Williams' and Fordham's discussions were so rich that a second monthly seminar including trainees was formed, separating discussions on observations from those on theory. In linking Jungian and Kleinian ideas, Williams drew Fordham's interest to the post-Kleinians, in particular, Bion, whose ideas of 'O' and beta elements closely parallel Jung's concepts of the self and psychoids. Fordham focused on Bion in his review of Meltzer's series *The Kleinian Development* (Meltzer 1978), drawing further comparisons (Fordham 1980). Bion's influence appears in Fordham's late writing (post-1980), as did Meltzer. In 1981 Fordham nearly died from a viral infection that affected his heart. As he convalesced he met weekly with Meltzer, to whom he credited 'my surprisingly good recovery' and from whom he 'developed … a rich professional and literary existence' (Fordham 1993b, p. 142).

An understanding of the links Fordham established between Jung and Klein would be incomplete without a comment on the historical context in which they occurred. The post-war period was highly productive for both psychoanalysis and analytical

psychology yet fell in the shadow of the breakdown of the Freud-Jung relationship. As James Astor points out, Jung became deeply introverted and drawn into dreams and envisioned fantasies that had hallucinatory elements. Although Jung was internally broken up, he did not experience a psychosis that impaired his sense of reality; he continued to work and maintain family life. In contrast Freud's response was extroverted and politicised. As the fallout between the two brilliant collaborators passed down to followers, the antipathy became institutionalised in training organisations as they spread.

> This was the professional climate in which Fordham began his work: a climate in which psychoanalysts, trained at the Institute of Psycho-Analysis, as a matter of loyalty to Freud did not read Jung – or at least did not admit to doing so (Astor 1995, p. 4).

Some of the SAP membership felt a sense of inferiority combined with resentment at what was considered to be psychoanalysts' intentional lack of acknowledgement of Jung's contribution. For instance,

> [Fordham] emphasised Jung's recognition that the total involvement of the analyst in the [analytic] process was relevant to a successful therapeutic encounter – a point of view now widely acknowledged by psychoanalysts but not attributed to Jung. (Astor 1995, p. 121).

Bion appears to be an example. Bion did know about Jung's ideas; he attended Jung's Tavistock Lectures in the autumn of 1935 with his patient Samuel Beckett, who was particularly taken with a comment Jung made about one of his cases. One of Beckett's biographers, Anthony Cronin, notes:

> There is no doubt that Bion and Beckett discussed Jung's diagnosis of the little girl's case, and Bion's theory [concerning psychological and biological birth] was almost certainly elaborated from Jung and of course from his analysis of Beckett's case. (Cronin 1997, pp. 222-224)

This raises the question whether Bion was influenced more by Jung or Beckett. Or, alternatively, as Gianna Williams commented, was it that 'these thoughts ..., to use Bion's phrase, [were] "looking for a thinker" ...?' (Davies and Urban 1996, pp. 57-58).

There is more evidence for intentional non-acknowledgment in the case of Winnicott. Winnicott was open with Fordham that there was an unspoken edict within the Institute against mentioning Jung, which Fordham spoke about[5] and noted in the following anonymised reference to Winnicott:

> ... a senior psychoanalyst friend had once told me ... he had tried to mention Jung's name during a scientific meeting of the Institute of Psychoanalysis in London. The ensuing silence, he told me, made it clear that he was not to do so again! (Fordham, 1985, p. 121)

But might Winnicott, and possibly other psychoanalysts, have been directly influenced by Jung and used Jung's ideas with a patient, or patients, thereby claiming that the experience had become their own and then conceptualising this according to the analyst's theoretical point of view? While perhaps wanting in intellectual diligence, might this have presented a pragmatic and not entirely dishonest solution to a dark dilemma?

In the course of these decades Fordham's assimilation of Kleinian principles into Jungian theory has been passed down to become the hallmark of the SAP. Providing the SAP with an identity of its own did much to resolve the SAP's need for finding it by comparison with the Institute of Psychoanalysis, while facilitating continuing links between SAP analysts and their psychoanalytic colleagues.

**The Model**

In this section I introduce concepts that are developed in most of the papers in the portfolio. In this introduction I regard them from a post-Jungian perspective that draws upon Fordham's links with Kleinian thought. Yet in an essential sense Jung is, to use an American expression, 'a horse of a different wheelbase' when contrasted to Klein and psychoanalysis. Here it is important to appreciate that the Jung-Freud collaboration broke down in part because they did not agree on the essential nature of psychic energy: for Freud it was sexual and object related, and for Jung it was neutral and directed overall towards self-realisation in its deepest meaning.

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[5] Fordham relayed what Winnicott had told him to some SAP associates, myself included. See also Footnote 4.

*The self*

There is little consensus in psychology, sociology or philosophy on what is meant by 'the self'.   Jung first identified what became his theory of the self from a series of drawings he made as he recovered from the breakdown of his relationship with Freud. He soon realised that they were mandalas, ancient spiritual and ritual symbols in Hinduism and Buddhism which represent the universe. In Kleinian thought the self is based on Freud's structural theory.  Although 'not explicitly defined ... [it] seems to indicate a concept of wholeness which embraces the ego, super-ego, and id, and is even perhaps something more as well' (Fordham 1957, p. 198); that is, it implies a wholeness that unites the structural parts.

For Jung the self is explicitly the whole of the individual, which is more than the sum of its constituents.  This gives it a conceptually superordinate position in relation to the parts, as it operates autonomously as an overall organizing principle providing the functional unity of mind and body in a constant flux of states of the organism.   As the totality, the self transcends and unites all its parts, and thus opposites; for instance, container and contained, good and evil, beauty and ugliness, instinct and spirit.  As this includes the opposites of conscious and unconscious, the self is ultimately beyond experience and unknowable.  Here lies the historical reference in Eastern thought: the self is inherently mysterious; it is mystical.   Bion captured this in his succinct abstraction of 'O':

> Its existence as indwelling has no significance whether it is supposed to dwell in an individual person or in God or the Devil; it is not good or evil; it cannot be known, loved or hated.  It can be represented by such terms as ultimate reality or truth.  … L, H, K are links and by virtue of that fact are substitutes for the ultimate relationship with O which is not a relationship or an identification or an atonement or a reunion.  (Bion 1984, pp. 139-140) [6]

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[6] Edna O'Shaunessy is critical of Bion's shift from his earlier 'vigorous disciplined thought' to:
> mixing and blurring categories of discourse, embracing contradictions, and sliding between ideas rather than linking them.
>   …. [Y]et in scientific writings, such transgressions lead us to anything and everything we fancy – because, as is readily logically demonstrable, from a contradiction any proposition follows.  (O'Shaughnessy 2008, p. 1523)

## The Primary Self

Jung's work and interests were with the adult mind and his thinking and concepts apply accordingly. Initially Fordham accepted that self theory did not pertain to childhood or his child patients, but by the mid-1940s he had acquired clinical evidence that put 'back very much earlier than Jung's view had supposed the capacity of the child to have a "centrum"…' (Fordham 1947, p. 271).

Winnicott had theorized that the initial state in infancy is unintegration followed by integration, but Fordham turned this around and postulated a primary state of integration; a primary self [7] which is the source out of which development emerges. Acknowledging Bion, Fordham wrote:

> I take [the primary self] to represent a state in which there is no past and no future, though it is present like a point which has position but no magnitude. It had no desires, no memory, no images but out of it by transformation all of these can deintegrate. There is no consciousness and no unconsciousness – it is a pregnant absence. (Fordham 1985, p. 33).

As a biologist, Fordham postulated what refers to a species-specific life force: a primary self expressed in individuality, adaptability and continuity of being. As a scientist, Fordham avoided speculation and the attribution of innate contents and structures. Paradoxically his postulate avoided this while making it, as he acknowledged, a mystical concept.

## The ego

Klein posited that the ego is an innate, discrete organising structure, while Jung held that the ego is a derivative of the self and thus a secondary organiser. In Fordham's model, the ego is a deintegrate, that is, it emerges out of the self in the course of development.

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O'Shaughnessy sees this from the perspective of the reality principle, which has its own means of validation. What Jung and Bion are referring to is a different order of reality having its own numenal epistemology, in contrast to the sensate grasp of the phenomenal and its logical ordering. Thus it can be argued that non-scientific language is appropriate because it captures the nature of this other sensed reality, the 'ultimate'.

[7] He also referred to this is as the 'original self' but later acknowledged that 'primary self' was the better term because every self is original in the sense of being individual (Fordham 1986).

*The Individual and Individuation*

Jung maintained that personal identity derives from innate contents (archetypal objects/unconscious phantasies) while Freud held (for the most part) that ego identity is not intrinsic and is built up through identifications with external figures. As Fordham notes, 'Freud exalts the process [of identification] while Jung demotes it' (Fordham 1995, pp.63-64). Fordham's model incorporates the principle of individuality in his postulate of a unique mind-body unity from the outset, and by drawing attention to the infant's active contribution to relating to externals.

For Jung, the inherent goal of the self is the realization of one's individuality, termed individuation. Bion expresses the same notion in his definition of O:

> The most, and the least that the individual can do is to be it. … The qualities attributed to O, the links with O, are all transformations of O and *being* O. The human person *is* himself and by "is" I mean in both instances a positive act of being for which L, J, K are only substitutes and approximations. (Bion 1984, p. 140. *Italics in the original*)

Fordham regarded individuation from a developmental perspective, whereby the sense of having an individual self develops in the ego via the resolution of conflicts between opposites in the self; most notably is that between love and hate leading to the depressive position.

*Archetypes*

Jung understood archetypes to be inherent structuring functions likened to Bion's idea of preconception.

> *Archetypes are the modes of apprehension, and wherever we meet with uniform and regularly recurring modes of apprehension we are dealing with an archetype, no matter whether its mythological character is recognized or not.* (Jung CW 8, para 280. (*Italics in the original*).

Both Jung and Klein referred to their respective concepts (archetypes and unconscious phantasies) as images of the instinct. Fordham defines an archetype as follows:

[The infant] does react in a way that is *characteristic and typical and it is at once mental and physical.* That's the characteristic of an archetype. (Fordham 1984) (*My italics*)

### *The Dynamics of the Primary Self: Deintegration and Reintegration*

In Fordham's model development occurs via the interplay between two-fold complementary actions of the self. Together they account for the overall functioning of a self-organizing system and how the essentially individual self relates to and internalizes the external world.

Fordham reasoned that if the original state is one of integration, there needs to be a way of conceptualizing how the organism relates to the environment in order to survive and develop. He looked for a term that referred to an extroverted action arising from within the self that 'opened it up' or 'reached out' to the environment. When assigning a term, he discounted 'disintegration' and 'unintegration' as inapt, and came up with 'de-integration'.

The complementary action to deintegration is a process of introversion accounting for how a complex experience, say, a baby's feed, is absorbed into the self. This he termed 'reintegration'. This term, like its counterpart, is based on logic: if the original state is of integration which becomes disrupted by deintegration, then any subsequent return to an integrated state is a re-integration. What is reintegrated are deintegrates, that is, pre-objects that can become formed into internal objects via further deintegration and reintegration, that is, development. As mental life becomes more complex through these dual processes, representations and symbols emerge.

**Significant Sources for My Study**

The principal source and inspiration for my work is Fordham and our discussions arising from our shared interest in early development. Following his death and after I withdrew from my doctoral work, I planned to draw together a collection of his published papers on the model. A complete bibliography of Fordham's work had been compiled, and the papers were available in the Fordham Archive in the Wellcome Foundation Library. To get a sense of the progression of Fordham's thinking I read his

papers on development chronologically up to the mid-1970's. My plan was interrupted by the demands of writing court reports for the Parenting Assessment Team but, by then, I had acquired familiarity with the model and how it had developed.

A number of researchers have been instrumental to my studies. Foremost has been Colwyn Trevarthen, whose research into the precursors of language identified 'typical and universal patterns of relating' that I recognized as archetypal. Stern's classic, *The Interpersonal World of the Infant* (1985), opened my eyes to early infant amodal and transmodal perception and distinguished it from later perception (Paper 2). From several researchers (Trevarthen [1989], Trevarthen and Marwick [1986], Stern [1985], Schore [1994], Panksepp [1998] and Hobson [2002]) I developed an understanding of the sequencing and identifying characteristics of surges of global changes, or massive deintegrations, that mark the development toward having a mind linked to other minds. This knowledge has been invaluable in my work at the mother–baby unit and an important contribution to what I consider I have added to Fordham's model.

In 1993 I reviewed Anne Alvarez's book, *Live Company* (Alvarez 1992, Urban 1994) when I was relatively inexperienced and given to assumptions about how I 'should' work. Alvarez's book had the effect of placing theory, technique and research peripheral to learning from the patient and thus allowing me more access to my personality in my work.

As neurobiology began to interest psychoanalysts and analytical psychologists, my attention turned here, despite knowing that my comprehension would be limited by my lack of medical training. I assimilated enough to gain some highly useful understanding, in particular, accounts of how emotion is transferred between mother and infant via imitation motor neurons and neurochemical processes (Damasio 1994, Schore 2002). From others (Sperry 1977, Stewart 1998) I acquired further understanding of the principle of emergence, which is now central to my view of the mind.

James Astor's volume, *Michael Fordham: Innovations in Analytical Psychology* (1995) is the most comprehensive and authoritative source on Fordham's work. His book has been helpful to my broader understanding of Fordham as well as setting out ideas that I have studied but are presented from a different vertex.

Lastly, my observations of mothers and their infants have been central to the development of my thinking and have made early development vivid and real. To those mothers and babies, who suffered and struggled to discover or recover their affectionate bonds, I owe not only acknowledgement but also indebtedness.

**Contributions to the Model**

In his late eighties Fordham introduced a paper summarising his model:

> I regard what I shall say as notes for beginning to construct a model. It may be said that that I have … defined a model using Jung's concepts of the ego, the archetypes and the self. ... [T]here is not much that I would go back on, but I was then, and continue to be, aware that *it needed filling out*, and that may now be possible. (Fordham 1993a, p 5). *(My emphasis)*

In this section I put forward five areas 'filling out' the model, based on research and my own clinical experience and observations of infants. These are implicitly conveyed in various papers and are here stated explicitly. They do not significantly change the model but, inasmuch as they are new to it, they can be considered to be innovations, and thus original.

*I. Identifying Periods of Massive Deintegration*

It was only late in life that Fordham referred to periods of massive deintegration (Fordham 1993a), specifying birth to be the first. He did not develop this and followed post-Kleinian theory to describe the development of the infant's inner world. Yet, just as he was introducing his model, Fordham was cautious about theory-led hypotheses:

> The issues, at present inconclusive, can, in our view, only be decided by a combination of observation and experiment with infants. Analytic experiences must inevitably be content with giving indications of what to look for and when to look for it. (Fordham and Gordon 1958, p. 174)

According to Trevarthen, Schore and other researchers cited in the papers, surges of development accompanied by global changes are manifestations of the emergence of functional brain systems. These occur at typical periods: (1) at six weeks to three months, when, due to the changes to developments in visual perception, the infant becomes drawn to the mother's (or another's) face and begins to engage in protoconversations with this partner; (2) at four to six months, when the infant's

attention is drawn to physical objects which are manipulated and examined with almost scientific interest, thereby promoting self-agency and prompting gross control and fine motor dexterity; and (3) between ten and twelve months, when the prefrontal cortex 'comes on-line', and person and object combine with a new anticipation *from another mind* of what can be done with the object. This last shift marks a revolution in consciousness and a vast array of related developments, including an emergent sense of self and other, shared play, language development, and social affects, such as shame. (Papers 5, 7 and 9).

This identification of universal and typical periods of massive deintegrative surges adds considerable form and detail to Fordham's model. I observed the regularity and consistency with which these archetypal shifts occurred at predictable times during the first year. Therefore I could introduce my court reports with a summary of relevant age-related capacities against which I could assess if a baby was developing according to expectation. Also, I could assess whether a mother was meeting these expectations and, if not, I could turn to experienced nurses, or try myself to draw out these behaviours in order to confirm an infant's capacities or, alternatively, identify possible indications of developmental delay or impairments (Paper 7).

To 'know what to look for and when to look for it' also served useful in parent–infant therapy. For instance, some four- to five-month old babies became fussy, aversive or passively dulled if the mother continued to engage primarily face-to-face, although this quickly changed into interest and curiosity when the babies were allowed to explore objects. The fourteen-month-old toddler I describe in Papers 7 and 9 concerned me because his play with his mother was aimless, solitary, and moved quickly from one thing to another. My shared play with him demonstrated that his capacities were appropriate to his age and that they needed support from his mother and the nurses.

## II. *Primary Self Functioning: Amodal Perception and Primary Consciousness*

Stern (1985) describes research that indicates that infant perception is not of distinct sense modes, such as sights, sounds and touches but, rather, is amodal, that is, of qualities such as shapes, intensities, and rhythms. I realised that amodal properties and their perception also applied to affect; for instance, the soft contour, low intensity and

slow rhythm of tenderness.  In practice this drew my awareness to how I used my voice and its prosody to attune to babies and help mothers to do the same.

Also, I observed how babies on the cusp of language acquisition reached into their mothers' mouths as if they perceived spoken language amodally; that is, perceiving language sounds as objects in the mouth that have physical properties which can be grasped with the hands as a prelude to becoming grasped conceptually as representational (Paper 3). I happened to notice that the few children I worked with who had autistic features seemed to perceive amodally when in emotionally aroused states (Papers 1 and 2). I note these points as observations as opposed to generalising assertions.

The shift at the end of the first year of life marks a development in consciousness. Various related fields, from neurology to philosophy, distinguish between primary and secondary consciousness (Edelman 1989).  The former is conceived as '… a form of consciousness that humans share with non-human animals; it is sense experience ...' (Tallis 2010, p. 26).  Primary consciousness exists from birth and remains throughout life, while secondary, or higher consciousness (the equivalent of ego consciousness) begins to emerge toward the end of the first year and becomes the conscious awareness of being conscious, as in Descartes' 'Cogito ergo sum'.

Fordham had maintained that the division between consciousness and the unconscious is not helpful when thinking about young infants but is a result of deintegration and reintegration.  The distinction between primary and secondary consciousness corroborates this.  Although my studies have not gone far into amodal perception and primary and higher consciousness, I consider that I have put forward enough to be able to refer meaningfully to an initial 'period of primary self functioning', which is marked by a preponderance of amodal perception, deintegrates/part objects, and archetypal patterns of relating.

### III  The Infant's Active Participation in Development

In contrast to the predominance Bick and Winnicott ascribe to the infant's dependence on internalisations from the mother, Fordham believed that from pre-birth the infant is active in his own development.  Fordham repeatedly pointed out how even a very young

infant contributes to his own development by taking initiatives via signalling and giving feedback. Of course development emerges only in relation to and through interaction with a sufficiently adequate parent, but Fordham's point is that the infant is hardly a passive recipient of parenting. The following are examples.

In my mother-baby group I watched mothers as they started to massage their babies, for example, lifting a leg and stroking it. As this happened, infants between four and six or seven months typically raised their other leg and reached to handle it. Taking into account the baby's use of variant and invariant features of experience (Stern 1985), I viewed this as the baby's engagement in actively working out the distinction between touching his own body and it being touched by another, thereby contributing to his sense of his own bodily boundaries.

Another example comes from work I filmed with the fourteen-month-old boy I mention above (Paper 7 and Paper 9). Examined closely the film reveals how he actively assembled sensate experiences (see Picture 7, Paper 9) in the process of constructing a new or, more likely, a new version of a dawning concept of inside-outside/container-contained/three-dimensionality.[8]

## IV Developmental Components of Projective and Introjective Identification

Klein's concepts of projective and introjective identification are probably the most useful tools in understanding human unconscious communication. In Paper 6 I refer to neurological studies providing a microanalysis of early neurochemical phenomena that underlie instantaneous communication of affective states between infant and mother, prior to projective and introjective identification, that is, when there are contents to project (Urban 2003b, Shore 2002). I propound that these early phenomena comprise the contents of what becomes projective and introjective identification, thus filling in details of primary self functioning and affective communication. Furthermore, young infants avert their gaze when 'faced' with depressed, psychotically withdrawn, or persistently non-responsive mothers, often turning to bright lights or spaces. This raises questions of the implications of this for later developments, for instance, a 'black hole'.

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[8] I have sought out other views of this material by showing it to students, senior colleagues and researchers, including Trevarthen. None has put forward a contradictory view.

These explanations from psycho-neurobiology beg for a term that captures the primary unity of the human infant, one that is neither hyphenated ('mind-body') nor compound ('psychosomatic'). I have considered the term 'psoma', which has the disadvantage that it is a homonym of 'soma', while noting that the same disadvantage did not prevent Klein from devising 'phantasy'. I have not put this forward because further investigation is required before a new term is proposed.

## V  Symbol Formation and the Principle of Emergence

Complexity Theory has led me to view reintegration according to the principle of emergence. I introduce this in Paper 6 where I use this principle to describe how concept building develops into thinking, reflection, and reflecting on reflection. This is not inconsistent with Fordham's understanding of how symbol formation occurs as part of the development from whole objects (the mother as the whole world), to part objects (the mother as 'good' and/or 'bad'). Yet what I put forward adds another dimension to his common usage of 'emergence', and better accounts for the growing complexity of deintegrative and reintegrative processes. Together they operate to draw in new experiences and shape and incorporate them with an ever-changing emergent whole *that is more than the sum of its parts*.

Michael Rustin has recognized the contribution of emergence to a new understanding of how sustained developments arise from recurring shifts of state, namely those between the paranoid schizoid and depressive positions. Rustin's work adds to Fordham's model and merits further examination. (Rustin 2002)

**Portfolio**

Toward the end of my child analytic training, Mara Sidoli and Miranda Davies edited a collection of papers by mainly SAP child analysts, titled *Jungian Child Psychotherapy: Individuation in Childhood* (1988). While sharing the same heritage of ideas with my colleagues, my work, like theirs, has been individualised by particular experiences with particular patients in particular settings. Mine have been my experience with profoundly deaf children and the rare position I held as a child psychotherapist in a perinatal in-

patient psychiatric unit.  The papers I include in my portfolio convey the new directions these experiences have led me.

The papers in my portfolio are divided into three sections.  The first, 'Theory', contains theoretical expositions of Fordham's model (Papers 1 and 2); the second, 'Explications', brings together three papers in which Fordham's concepts are elucidated by clinical and observational material (Papers 3, 4 and 5); and the third, 'Extensions', includes publications that implicitly or explicitly include my innovations to Fordham's model.

The papers here were published in three different journals.  All refer to Fordham's model and most include clinical material and infant observation as well as theory.  My own clinical material is used throughout as are several observations of infants.  Others' observations have come from my observation group with Gianna (Henry) Williams and from observers in infant observation groups I have led.  My clinical material comes primarily from infants and children rather than adults, because acquiring consent is less disruptive to the therapy, and it has been easier to preserve the confidentiality of patients (and their families) due to the infant's or child's communication through play or other non-verbal means, and the inevitable  change into non-recognition that comes with growth.

*Section 1: Theory*

These two papers are aimed at putting forward Fordham's theoretical model and clarifying his ideas and the terms he uses.  This is done through the use of metaphor and simile, drawing parallels with other theoreticians, and by illustrating his concepts with clinical and observational material. Throughout I am aware that theories cannot be proved, only disproved; hence I am not arguing the 'truth' of the model but, rather, to flesh out Fordham's more abstract constructs.

## 1. (1992) 'The primary self and related concepts in Jung, Klein and Isaacs'. *Journal of Analytical Psychology*, 37: 411-432.

My aim in writing this paper was to sort out a theoretical muddle described in the introduction. The theoretical section reviews how Jung, Klein and Isaacs conceptualise early psychic contents and processes, followed by an exposition of Fordham's model of a deintegrating and reintegrating primary self.  The clinical material is from one of my

intensive training cases, a boy with autistic features, to illustrate how defences of the self interfere with deintegration and reintegration leading to representation and symbol formation.  I include instances when this oddly remote boy related to me via his perception of contours (the 'O' of 'ostrich'), rhythms (the 'Oh my darling' song), and intensities (the plosive 'Paks!').

**2. (2000) 'Infant observation, experimental infant research and psychodynamic theory regarding lack of self/other differentiation'.  *International Journal of Infant Observation and Its Applications*, 3:64-79.**

This paper examines different analytic views on early states of what are variously termed identity, identification, projective identification and fusion.  Drawing on infant capacities and perception described by researchers, I use a detailed infant observation of a neonate to suggest how these states come about.[9]  The theory includes Klein, Sandler and Fordham regarding self/other differentiation.  Based on my understanding of the early predominance of amodal perception, I suggest that young infants perceive the other as separate but the difference is irrelevant in early life and until later feature-based perception and attachment processes emerge at the end of the first year.

*Section 2: Explications*

These papers describe Fordham's model and its essential theoretical elements.  Each paper aims to illustrate the model and to bring its conceptual formulations to life through the use of clinical material and infant research and observation.

**3. (1993) 'Out of the mouths of babes: An enquiry into the sources of language development'.  *Journal of Analytical Psychology*, 38:237-256.**

The clinical material in this paper details my work with a profoundly deaf ten-year-old girl who attended the school for the deaf where I worked.  The aims of the paper were, firstly, to demonstrate how the foundations of language rest on object relations and phantasies about communication.  Secondly, it illustrates deintegration by describing

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[9] The infant observations in this paper as well as that in Paper 3 describe the observer picking up and holding the baby.  These were exceptions in the course of the observations (both of which were presented in the same group) and not part of usual practice.

how the sources of language follow a 'normal' course of deintegrations that leads from the nipple-in-the-mouth to the word-in-the mouth, and how compensatory deintegrations evolve in infants with profound deafness.

This paper contains a detailed description of the identifying features of periods of massive deintegrations.[10]  I had observed the features of the developmental surge that occurs at six to ten weeks in my own infant observation but my notes failed to capture their aesthetic power (see Picture 3 of Harry, Paper 9).  Later I recognised the infant's typical, compelling awe-struck expression in face of the deprived six-year-old boy described in Paper 9.

### 4.    (1996) '"With healing in her wings ...": Integration and repair in a self-destructive adolescent'.  *Journal of Child Psychotherapy*, 22:64-81.

This paper was written for the ACP annual conference in March 1995 and was the last paper I discussed with Fordham, who died the following month.  The topic of the conference was 'reparation and repair' from different theoretical perspectives, and my title refers to Jung's idea that the cure is in the symptom.

After a theoretical sketch of Fordham's model I introduce three corollaries elaborating his view that internal development proceeds from whole objects, to part objects, to the depressive position I then link this progression with periodic surges of global change during the first year,   The paper was later included in a collection of papers, titled, *Controversies in Analytical Psychology,* followed by a Jungian and a Kleinian respondent. [11]    Both pointed out that my account left out the young teenager's father and sexuality, which I addressed in my counter-response (Withers 2003).

### 5.    (2003a) 'Developmental aspects of trauma and traumatic aspects of development'. *Journal of Analytical Psychology*, 48:171-190.

This paper was written for a conference on trauma organised by the *Journal of Analytic Psychology.* The other speaker was a Jungian known for his work with traumatised adults.  As I represented a developmental perspective, I drew attention to how 'the stuff of trauma' is part of healthy development and describe how pathological splitting comes come about.

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[10] There is a misleading statement on page 240: normal average heart rate is within a range of 60-100 beats per minute.

[11] Julian David responded from a classical Jungian perspective (Withers 2003, pp. 23-30), and Robert Hinshelwood was the Kleinian (*ibid.*, pp.31-41).

I describe the massive deintegration at the end of the first year relevant to the development of perceived differences between self and other. I assert that at this point the baby has a new awareness of self and other that includes the difference of status in the relationship. I use an infant observation to capture the emergence of this sensitivity, along with short term clinical work with a young child, and analysis with an adult to show how failures in the reintegration of feelings of belittlement and shame resulted in grievance split off from grief at the loss of an idealised earlier object relationship.

*Section 3: Extensions*

The papers in this section represent the point at which I began to add my own discoveries and formulations to Fordham's model. Papers 6, 7 and 8 are theoretical, while Paper 9 concerns technique. All four include my innovations to the model, although some are subsidiary to the aims I had in writing each paper.

**6. (2005) 'Fordham, Jung and the self: A re-examination of Fordham's contribution to Jung's conceptualisation'.** *Journal of Analytical Psychology*, **50: 571-594.**

This paper was presented at an SAP Analytic Group at a time when SAP thinkers were abandoning Jung's distinction between the self and the ego, thereby conflating the two concepts. My paper makes an argument for the usefulness of Jung's distinction by regarding the self and the ego from a developmental point of view.

I turn to Fordham's conceptual analysis of Jung's use of 'self', in which he identifies an apparent contradiction between Jung's definition of the self as the psycho-somatic whole of the individual, while also referring to it as an archetype (a part of the whole). Fordham resolves this by drawing in a concept, the 'central archetype of order,' which he then left undeveloped. I make use of Fordham's idea of a central archetype by hypothesizing its emergence at the end of the first year along with a new order of reintegrating 'bits' ego consciousness, and support this with infant and neurobiological studies.

Also included is a detailed description of the direct and instantaneous transfer of affect between mother and infant via perceptual and neuro-chemical processes (p. 577), which I link to early states of identity. At the end of the paper I propose that 'primary self' can

be understood to refer to a period of development which is pre-consciousness (that is, before secondary consciousness) and marked by the predominance of deintegrates (primitive part objects), and which draws to a close around the end of the first year.

**7. (2008) 'The 'Self' in analytical psychology: The function of the 'central archetype' within Fordham's model'.** *Journal of Analytical Psychology*, **53: 329-350.**

This paper was presented at a commemorative conference, 'Michael Fordham: The Past, Present and Future of his Work'. It is essentially an extension of Paper 6 and further argues the usefulness of the concept of a central archetype. I gather together Fordham's statements about the term in order to define it before applying it to the changes that occur during the massive surge of deintegration at the end of the first year. I detail a session with a young toddler to demonstrate the developmental shift from face-to-face to mind-to-mind. In the last part of the paper I introduce the use of 'emergence' from mathematics and Complexity Theory in order to make the case that deintegration and reintegration function as emergent processes, which lead from sentience to mentalisation and the increasing complexity of the mind over the course of life.

When later reflecting on this paper, my attention was drawn to the following sentence in the summary:

> What I have pressed to clarify is that the logical consequence of this is that phenomena associated with the self should be regarded as manifestations of the central archetype. ('Summary comment', first paragraph, last sentence, p. 346).

When it was written I considered that it expressed my thinking as I had intended. I now regard the sentence to be misleading, and I have come to question if the concept to which it refers adds to the model

**8. (2009) 'Conjugating the self'.** *Journal of Analytical Psychology*, **54: 399-403.**

This short commentary was my contribution to a discussion prompted by James Astor, who was addressing what he considered to be an apparent rather than actual conflict between the different positions held by an SAP colleague and myself concerning the self. The title refers to canonical conjugates (from Heisenberg's principle that related pairs of variables cannot be measured simultaneously) described in Paper 6. My

response is a distillation of Papers 6 and 7, concluding that the differences between my colleague and myself represent a reciprocal canonical conjugate: that we are regarding the same concept from different data; his from adults and mine from infants and small children. I include it in the portfolio to demonstrate that my thinking has been part of larger discussions in the SAP and analytical psychology.

## 9. (2013) 'Reflections on research and learning from the patient: The art and science of what we do'. *Journal of Analytical Psychology*, 58: 510-529).

This paper was written for a *Journal of Analytical Psychology* conference in Boston, USA, titled 'Attachment and Intersubjectivity in the Therapeutic Relationship'. The main speakers were associated with research-informed and ego-related approaches, and I wanted to put forward the importance learning from the patient. Here I assert that interpretive analytic work rests on the patient's capacity for three-dimensionality.

This is my only paper on technique or, rather, an aspect of technique. Here I describe the treatment and slow development of a grossly deprived six-year-old boy over two years of therapy. At a critical moment in one of our last sessions, I responded to him in a way that Fordham termed 'working out of the self'. Here I contribute to Fordham's description by adding further considerations of the intrapersonal and interpersonal components that comprise 'working out of the self'.

**Further Reflections**

In the course of re-reading these papers I was surprised to discover how soon I introduced research, and how often I referred to the periods of massive deintegration in the first year. I also realised that my early papers contained thinking and material that could be linked to more recent work. For instance, the description of Baby Toby's development from the nipple-in-the-mouth to a word-in-the-mouth (Paper 3) connects to the toddler's purposeful use of his body to construct a concept of inside-outside/container-contained/three dimensionality (Paper 7), and both of these to the six-year-old boy's construction (as opposed to expression) of a three-dimensional space in which he could hold his loving feelings (Paper 9).

In reflection, I consider that my most substantial and well-substantiated contribution to Fordham's model has been the identification and dating of surges of massive deintegration in the first year of life. My most exciting discovery has been how active a young toddler was in constructing - and then discovering – a new mental concept arising from shared activity with another mind. On the other hand, I need further to clarify certain points, such as, what I mean by the 'irrelevance' between self and other in early infancy, and need to study more into the precursors of ego, that is, what is now called 'subjectivity' and the early sense of the self; those assemblings of sensation with perception into 'the feel of' a 'happening'.

I continue to work with adults and to supervise, teach, give presentations, run an infant observation group and serve on the SAP Ethics Committee, the editorial committee of the *Journal of Analytical Psychology*, and the Fordham Fund, which distributes the fund raised for the Child Analytic Training. In the course of preparing this essay I presented a short paper to a journal conference on the importance of the *JAP* as a vehicle for Fordham's ideas, and plan to present at a minor literary event next year, which will be a new experience.

In his obituary of Jung, Fordham wrote, 'The best monument that can be raised to Jung is to make use of and develop his work rather than let it be passively accepted and sterilized (Fordham 1961, p. 168). My papers here were written to clarify my thinking and link it to what I was learning from research and my clinical experience. Yet, looking back, I realise that what I have done has been in similar spirit to Fordham's monument to Jung: of honouring Fordham and expressing my admiration, loyalty and affection. I hope to continue my study of Fordham by completing the collection of his papers on the development of his model that I started a decade ago, and a friend has encouraged me to do a collection of my own papers, which I hope to be able to do in due course. This present exercise will serve me well should these projects proceed.

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# Part II
## *Portfolio of Published Papers*

**Section 1: Theory**

# THE PRIMARY SELF AND RELATED CONCEPTS IN JUNG, KLEIN, AND ISAACS

ELIZABETH URBAN, *London*

## INTRODUCTION

This paper has its source in some comments made by Dr Fordham in one of my supervision sessions. The patient under discussion was a boy with autistic features, who had been seeing me in analysis for three years. When Dr Fordham said, almost as an aside, that it is not possible to analyse someone who is autistic, I was considerably taken aback, because that was what I thought I had been trying to do. When I asked what he meant, he answered that analysis is of internal objects, and that autistic children have no internal objects. What *do* they have inside, I wondered, and Dr Fordham answered that the primary self is lacking in contents. This made me realize that I had confusions and misconceptions about the primitive mind and its contents.

This paper represents my attempt to address these questions. It is a study of early psychic contents and processes, beginning with a consideration of the differences between Jung, Klein, and Isaacs, on the one hand, and Fordham, on the other. I then examine Fordham's theory of a primary self and its actions, and attempt to describe how contents are built up in the psyche. Some of the primary processes described are illustrated by an infant observation. At the end of the paper I give clinical material through which I hope to show how the same psychic processes that contribute to psychic growth can also result in the failure of psychic development.

## JUNG, KLEIN, AND ISAACS

A major, if not *the* major, difference between Freud and Jung lay in their views about the inner world. Freud's main emphasis was on the way contents of the mind are derived from personal experience, whereas Jung's studies viewed the mind as innately endowed with *a priori* configurations that encompass far more than personal contents. Klein too departed from Freud on this point, and the Controversial Discussions of the British Psycho-Analytical Society revolved around this issue (Hinshelwood 1989). Both Jung and Klein thought that the primary contents of the mind are inextricably bound up with the instincts, that, in fact, they are the mental representations of instincts.

According to Jung, the primary content of the psyche is the archetype. In contrast to instincts, the archetypes are 'inborn forms of "intuition" ' (Jung 1919, p. 133),

> analogous to instinct, with the difference that whereas instinct is a purposive impulse to carry out some highly complicated action, intuition is the unconscious, purposive apprehension of a highly complicated situation. (ibid. p. 132)

Jung also notes the similarities between archetypes and instincts. The archetypes make up the collective unconscious, which is universal and impersonal; that is, it is the same for all individuals. Instincts, according to Jung, are also impersonal and universal, and are, also like the archetypes, hereditary factors of a dynamic or motivating character. Thus, instincts 'form very close analogues to the archetypes, so close, in fact, that there is good reason for supposing that the archetypes are the unconscious images of the instincts themselves' (Jung 1936, pp. 43–4). Elsewhere he writes that the archetype 'might suitably be described as the *instinct's perception of itself*, or as the self-portrait of the instinct' (Jung 1919, p. 136).

Archetypes described in this way are virtually the same as Klein's unconscious phantasies. She writes, 'I believe that phantasies operate from the outset, as do the instincts, and are the mental expression of the activity of both the life and death instincts' (Klein 1952, p. 58). Isaacs presents a fuller exposition of the relationship between phantasies and instincts than does Klein. Isaacs states that 'phantasies are the primary content of unconscious mental processes' (Isaacs 1952, p. 82). 'This "mental expression" of instinct *is* unconscious phantasy. Phantasy is (in the first instance) the mental corollary, the psychic representative, of instinct' (ibid., p. 83).

Although for the most part Klein and Isaacs describe phantasies in terms of 'stories', for example, 'I want to eat her all up', these stories are based upon images:

> What, then, does the infant hallucinate? We may assume, since it is the oral

impulse which is at work, first, the nipple, then the breast, and later his mother as a whole person; and he hallucinates the nipple or the breast in order to enjoy it. As we can see from his behaviour (sucking movements, sucking his own lip or a little later his fingers, and so on), hallucination does not stop at the mere picture, but carries him on to what he is, in detail, going to do with the desired object which he imagines (phantasies) he has obtained. (ibid., p. 86)

The 'picture' of the breast that is an image of the instinct makes Isaacs's description of unconscious phantasies virtually identical to Jung's description of the archetype as the 'self-portrait of the instinct'. When she writes 'such knowledge [of the breast] is *inherent* . . . in the *aim* of instinct' (ibid., p. 94), she can be understood to be talking about the same thing that Jung is describing when he states that the yucca moth has an image of the yucca flower and its structure, so that, when present externally, the flower sets off instinctual behaviour (Jung 1919). Both Jung and Isaacs are stating that there is an image of the aim of the instinct—the object that fulfils the instinctual urge—that exists within the psyche, enabling the instinct 'to know what it is looking for'.

Important differences do, however, exist between Jung and Klein. Klein was a psychoanalyst who extended Freud's concepts of libidinal and destructive instincts to pre-Oedipal development, focusing on how infancy lies at the core of the personality. On the other hand, although Jung drew attention to the inherent richness of the mind before Klein began writing, his interest in childhood and infancy is limited. Although he refers to the individuality of the infant (Jung 1911, 1921), for the most part he thinks that the infant is in primary identity with the mother (Jung 1927). The issue of primary identity raises a number of questions which have since been addressed by Fordham.

## THE SELF, THE PRIMARY SELF, AND 'THE ULTIMATE': JUNG AND FORDHAM

My misconception was that I had pictured an innate, internal realm of images and phantasies that from birth were projected on to the external world. Sorting this out required that I 'empty out' the contents of the infant mind and differentiate between the self described by Jung and the primary self described by Fordham.

Jung concluded from his studies 'that a class of images, expressing totality, symbolizes the self, defined as the total personality, conscious and unconscious' (Fordham 1976, p. 11). Jung's awareness of the self arose from the period following his break with Freud. At this time he discovered the meaning of the mandala symbols that preoccupied

him. In *Memories, Dreams, Reflections*, Jung writes, 'Only gradually did I discover what the mandala really is: "Formation, Transformation, Eternal Mind's eternal recreation". . . . Mandalas were cryptograms concerning the state of the self which were presented to me anew each day. In them I saw the self—that is my whole being—actively at work' (Jung 1963a, p. 221). Later he adds, 'I knew that in finding the mandala as the expression of the self I had attained what was for me the ultimate' (ibid., p. 222).

The 'ultimate' to which he is referring is the individuating self, which, according to Jung, emerges out of an initial primary identity with the mother (Jung 1927). Fordham has applied Jung's ideas about the self and individuation to early childhood, and has introduced clinical material from his work in support of the idea that children show signs of individuation at a very early age (Fordham 1969). He revises Jung's ideas and postulates that the child's individuation emerges not out of a primary identity with the mother, but out of an original, or primary, self, which is a *pre*-individuating self (Fordham 1976). Drawing from Jung's definition of the self as 'the totality of the psyche altogether, i.e. conscious *and* unconscious' (Jung 1955, p. 389) and also, 'the self embraces the bodily sphere as well as the psyche' (Jung 1963b, p. 503), Fordham defines the primary self as 'a psychosomatic integrate—a blueprint for psychic maturation—from which the behaviour of infants may be derived as they gradually develop and differentiate into children, adolescents and adults' (Fordham 1976, p. 11). Thus 'the ultimate' for Jung is the individuating self, and for Fordham it is the primary self.

Together these two concepts describe the self as alpha and omega. To understand this more fully, I have found it important to consider how the 'empty' primary self (Fordham's 'ultimate', the ultimate source), which has the potential for providing the space for inner objects, acquires the characteristics of inside and outside and develops into a container for psychic contents to which the ego might then relate (Jung's 'ultimate', the ultimate goal). For me this has meant going back to 'the very beginning', to the point at which the primary self is in its most primary state, before it has any characteristics and when it is 'pure' potential. This—Fordham's 'ultimate' in its ultimate form—would be at the instant when the foetal organism acquires a psychic constituent (thereby becoming psychosomatic) but prior to deintegration and reintegration, that is to any further relating to the environment. This state exists only as a theoretical construct. But, for my purposes here, it is important to describe it.

The fertilized egg at the instant of union more aptly illustrates the primary self at 'the very beginning' than does the infant at birth. This is because deintegration and reintegration occur *in utero*. These

processes are accelerated at birth and lead eventually to the internaliz-ation of objects and, later, to symbolization. But, at birth, the pri-mary self has developed beyond its 'original state'. 'Originally' the primary self exists as 'nothing but' potential. As Fordham describes it, it is a 'pregnant void':

> I conclude with a reflection on the 'ultimate'. I take it to represent a state in which there is no past and no future, though it is present like a point which has position but no magnitude. It has no desires, no memory, no thoughts, no images but out of it by transformation all of these can deintegrate. There is no conscious-ness and so no unconscious—it is a pregnant absence. (Fordham 1985, p. 33)

The primary self at birth has developed from the 'ultimate' but is still mainly without contents; that is, it is primarily void-but-predis-posed-to-receive objects from without that can be internalized. Fur-nishing the internal world really gets under way only after increased deintegrative and reintegrative processes have taken place after birth. However, the primary self has undergone transformations from 'the very beginning' up until birth and to the point at which there are the primary contents described by Jung, Klein, and Isaacs. That is, the images considered by them to be innate are not; what is innate is the potential and predisposition to have images.

Fordham has drawn upon Freud's analogy of the protozoa amoeba to the ego to describe his postulate of the primary, pre-individuating self, and I would like to extend the analogy to describe Fordham's 'ultimate'. In Fordham's analogy, the amoeba, like the primary self, is a living organism. It is a nucleated mass of protoplasm, densest at the outside, which forms a boundary with the outside world. Finger-like extensions called pseudopodia protrude from the amoeba and engulf food, which is then incorporated into the organism. In this analogy, the nucleated endoplasm of the amoeba corresponds to the centralizing and ordering functions of the primary self. The pseudo-podia correspond to deintegrates of the primary self, extending out and relating to the environment while still maintaining a relationship to the whole. The taking in and digestion of food corresponds to reintegration.

A model of the primary self at its most primary state—at its 'very beginning'—is of a less developed amoeba. This can be pictured by imagining the reversal of the development of the amoeba as though looking at high-speed film shown in reverse. The amoeba will then be seen to become smaller and smaller, its ectoplasm shrinking to become part of the nucleated mass until the whole of the organism becomes quite simply a dot, 'like a point which has position but no magnitude' (Fordham 1985, p. 33).

Another picture of Fordham's 'ultimate', which views it from the

inside, so to speak, has been supplied to me by the conscious vision of a patient in her late twenties. This vision occurred at the outset of a period of considerable change in the patient's life. I understand this experience to belong to a state of integration, in which deintegrates came together momentarily into a state of oneness, expressed through an image of 'the ultimate'. This experience is relevant to my subject because states of integration in individuating adults are very similar to primary states of integration in infancy and thus to the primary self. As Fordham comments:

> It follows that in normal development the 'delusional' state of primary identity— or unity—with the mother can only be transitory and the formation of a new integrate, a new dynamic equilibrium within the infant, corresponding to, but more differentiated than, the original self unit. (Fordham 1985, p. 110)

In this vision the patient is an infinitely small speck—'a point with position but no magnitude'—in an infinitely large universe of blue sky which is a pure nothingness. She 'knows' that this is the moment of death. Around and before her is timeless eternity, in which she is suspended in an eternal pause of beginning. This seems to be what Fordham is describing above as the 'pregnant absence' of 'the ultimate' (Fordham 1985, p. 33).

THE DYNAMICS OF THE PRIMARY SELF: DEINTEGRATION AND REINTEGRATION

For Jung and Klein, the contents of the mind, whether they are called archetypal images or internal objects, are autonomous internal realities, relating to one another, to the ego, and, via projection and introjection, to the external world. But how does the primary self relate to the environment if it has no contents to project? In answering this question, Fordham offers a unique contribution to our ideas about psychic dynamics as well as about individual development. He writes:

> I considered the self as a dynamic system that acted not only as an integrator of psychic and physical elements but also as a system that spontaneously could divide itself up into parts. For that, I coined the term 'deintegration', which did not disrupt the integrity of the organism as would be implied by disintegration. I postulated a rhythm of integration and deintegration that leads to growth. Deintegrates are new experiences, either predominantly affective or cognitive, which can then be digested and integrated into the whole. (Fordham 1987, p. 354)

It is important for an appreciation of Fordham's theory to understand that the concepts of deintegration and reintegration are designed to describe the dynamic of inner with outer without necessarily refer-

ring to mental mechanisms and contents, although the dynamics of the self can give rise to them. Initially, the self is a structure of potentials and predispositions without contents and without characteristics: structures without images, the word processor's template without the print. Although deintegration is similar to projection and reintegration to introjection, they are different in a significant way. Neither projection nor introjection can occur until there are internal objects—internal, initially, to the self—because projection and introjection necessitate a content. Deintegration is the inherent action of the primary self and is a way of relating that occurs before objects have been internalized as well as after.

Because deintegration means relating to an experience, whether it is internal or external, early deintegrates are the same as Bion's beta elements, which are the primary instrument of the baby's relating. Beta elements represent the facts of experience, that is, sense impressions and very primitive emotional experiences (Bion 1962). Therefore, like early deintegrates, they are physiological as much as mental; they are, to use Bion's term, 'proto-thoughts' or, to use Fordham's, 'proto-mental' (Grinberg *et al.* 1975, p. 38; Fordham, 1985). This means that primitive mental processes have a psychosomatic, mind–body quality. One can observe how an infant's physical actions, such as sucking, eliminating, and crying, are imbued with emotions, and how they enable the baby to manage various states, like getting rid of discomfort, as well as to communicate with another through projective identification. This runs contrary to Stern's conclusion that projective and introjective processes are not operative until the baby is capable of symbolization, because he presumes that these dynamics are mental rather than mind–body (Stern 1985; Davies 1989).

Deintegration begins *in utero* and accelerates at birth, when the infant must adapt to extra-uterine life. About this Fordham writes:

> Suppose that when a new adaptation is required the self responds by deintegrating optimally followed by a new integration. Birth is such an experience. A massive deintegration would occur causing fears of a very primitive kind recorded later on as such experiences as catastrophic chaos, nameless dread, dropping into a black hole, etc. A reintegration would follow provided the suitable environment were made available. (Fordham 1991)

Commenting on the 'massive deintegration' following birth, Hobdell writes, 'Sleep for the infant is the time for integration. As much as eighteen out of the twenty-four hours is spent on it, which gives some idea of the psychic and physical energy expended on deintegration' (Hobdell 1988).

The point I should like to make here is that the 'massive deintegra-

tion' at birth may affect subsequent deintegrations, such as those at the breast, and that the relationship to the breast may be preceded by other experiences which have been taken in and organized by the self archetypally. That is, when the infant is put to the breast, the infant's response to it may not be, strictly speaking, an innate response, but rather the result of the interplay between the infant's self and the environment.

The process that begins with the facts of experience, that is, sense impressions combined with primitive emotions into a psychosomatic, mind–body experience, quickly goes on to develop in complexity. In interactions with the mother, the baby takes in not only the physical contents of the breast which are assimilated into his body through milk, but also proto-mental contents that are also assimilated. The baby's actions and the mother's actions interrelate, so that the baby's experiences of the mother also come back into the baby's self, and are reintegrated. Experiences of the mother are taken in again and again through repeated deintegrations and are processed again and again through repeated reintegrations.

Once the baby has related to an experience, whether external to him, like the breast, or internal, like a pain in his stomach, the deintegrate withdraws and takes something in from the experience that will form a content. Actions of the self will form the contents into an internal object that is primarily archetypal. This means it is universal, unconscious, typical, and is combined with intense emotional 'meaning'. Being imbued with the self, these objects are felt to be omnipotent, have an all-or-nothing quality, and thus seem to be of one extreme or its opposite.

As the process unfolds, 'bits' of experience, via actions of the self, coalesce in such a way that the contents of these experiences acquire characteristics. Stern concludes that initially the characteristics are 'global' (that is, archetypal) and are of 'intensities, shapes, temporal patterns, vitality affects, categorical affects, and hedonic tones' (Stern 1985, p. 67). In this way the baby gets 'an idea' of what the mother is like. Mother/infant observations show that babies can have this 'idea' soon after birth. Foetal studies, which demonstrate deintegration *in utero*, also support this. Verney, drawing upon the results of such studies, vividly describes 'how the unborn becomes an active participant in intra-uterine bonding' and convincingly supports the idea that 'bonding after birth . . . [is] actually the continuation of a bonding process that [begins] long before, in the womb' (Verney 1981, pp. 61–2).

This, then, is what Fordham means by reintegration; as experiences (that is, deintegrates, which can be construed as similar to beta elements) get withdrawn into the self, they become integrated into

the self and then take on various forms which eventually acquire clearer definition. As cognitive and emotional development gains in complexity, the self begins to reveal its structure, much as the fertilized egg develops to reveal physical characteristics, such as individual facial features. As this development occurs, the infant can experience objects as having an inside and an outside. As this happens, and as the mind—now experienced as having an inside and an outside—develops contents, something can be done with the inner objects. Relationships come into play, and objects can be identified with, projected, and introjected. This allows for further development of the inner world and its objects.

With continued deintegration and reintegration comes the capacity for a qualitative change in the nature of inner contents. Stern and Trevarthen indicate that there are discrete, qualitatively different surges of change during infancy and childhood (which Fordham has described as 'deintegrating optimally'), but Stern is careful to distinguish them from developmental stages or phases (Stern 1985; Trevarthen 1974, 1987; Fordham 1991). Fordham too makes this point: 'Many psychiatric constructions and theories about infancy refer to states that may lead to psychic damage. Many of these can be described and/or inferred with considerable certainty, yet the impression given that they are more or less continuous and so defining stages in development is questionable' (Fordham 1987, p. 358).

With the gradual separating out of mind and body and the development of symbolization, objects, through inherent actions of the self, can take on an increasing correspondence to their correlates in the external world. As that happens, it can be said that some contents refer mainly to reality and some refer mainly to the self.

In summary, Fordham's theory of deintegration and reintegration makes explicit the interplay of the archetypal and the external, which occurs from before birth. The primary self, initially without contents and characteristics, deintegrates and reintegrates as the infant adapts himself to extra-uterine life. The breast is an early object that the baby reaches out to and then assimilates, whereupon it becomes a perception imbued with meaning and organized in a particular—archetypal—way to create an inner object. Experiences are taken in time and again, and 'recorded' time and again. There is a change in the nature of inner contents as the primary self unfolds through deintegration and reintegration, leading to growing complexity and the enrichment of the mind.

According to Fordham, inner contents are initially internal to the self, and not, at least until representations have been built up in the mind, to the ego. This view contrasts with that of Klein, who, drawing upon Freud's structural model, postulates an ego from birth

(Hinshelwood 1989) because the id has no organizing or containing function. Thereby the concept of the ego is extended beyond that which would be understood by Fordham. This also contrasts with the viewpoint of Stern, who runs into a conceptual difficulty when trying to account for the early organizing phenomena observed in infants before the ego (that which 'senses' the various 'senses of the self' that he describes) has become established (Stern 1985).

## EARLY DEINTEGRATION AND REINTEGRATION: AN INFANT OBSERVATION

The most vivid way of describing early deintegration and reintegration is to turn to infant observation. The first three observations of Toby show him reacting to varying degrees of discomfort and seem to indicate the gradual coming together of experiences into what becomes a bad object.

> First visit (4 days old): His mother pointed out the line of a bruise across his brow, which she thought was from a contraction . . . I watched him while he slept. I noticed him extend his arms forward from the shoulders and put his head back, in a single twitched movement. It seemed as though he was resisting something and pushing and moving against it. For the most part he lay with his arms crossed at the forearm in front of his face. . . . The baby twitched a couple of times, extending his hands forward and his head backward, but was otherwise still throughout the visit.

In this observation Toby's only movement during sleep is a reflexive forward pushing out of his arms and a simultaneous pulling back of his head. In the expression of resistance there is a suggestion of something unpleasant, but it is not much more than a suggestion.

> Second visit (1 week, 6 days old): Toby lay on his right side, with his hands held outside the covers. During the whole of the observation he slept. . . . His brow occasionally knit into a frown, and the skin twitched along the temple, between the outer corner of his eye and his ear. The eyes themselves moved beneath the closed lids, giving the impression that he was 'seeing' despite the fact that the lids were shut. . . .
> *He moved his head backward and his arms stretched forward.* . . . His cheeks moved with the movement of his mouth when he drew it back at the corners as if he were going to start to cry. . . . Toby made one or two little monosyllabic crying noises. . . . At one point he screwed up his face as if he were going to cry and then farted quite loudly. His face then relaxed and he became still.

The same movement observed in the first visit—the head moving backward and the arms stretching forward—is observed in the second. However, in the second visit, the experience is more clearly uncomfortable, and is accompanied by crying noises and facial expressions that more than suggest discomfort. There seems to be

evidence of an inner object; it has qualities (discomfort) and location (it is inside him), so that something can be done with the object. What is done is that it is evacuated through a bodily response, despite the fact that the experience is not entirely bodily because it also has something of emotion. In both observations, Toby is sleeping, and it is evident that it is not relevant to talk in terms of Toby being either conscious or unconscious; the distinction does not matter at this point.

> Third visit (2 weeks, 2 days old): Toby slept propped up in his chair. [He had had some milk from his mother's breast, but the full feed was postponed.] He occasionally stretched his legs, straightened and raised his arms and hands, and *stretched and reached out, as if pushing away from something in front of him*. . . . His face occasionally screwed up, and he knit his brow. Occasionally his eyes opened, but when they did he closed them quickly before they focused on anything. After a while he became more awake and stared at the side of his chair.
>
> Once he had awakened (although he shut his eyes for intervals), he began to screw up his face. He tensed his hands and wrists, quickly drawing them up towards his face and quickly taking them away. . . . Once or twice he pulled his hands to his face and sucked on the cuff of his Babygro. His noises became more disturbing. [On the mother's instruction] I picked him up. He moved his head from side to side, and then quieted, relaxing into a half-sleep. Then he screwed up his face again and made repeated half-cries. . . .
>
> I lifted him against my right shoulder. His temple was against my right cheek, and he moved his head, which I supported with my hand, toward and away from my face. His left hand flexed and clenched, and his right hand firmly grasped the neck of my pullover. *He pushed against and away from me, a push that was from his shoulders with his head back and arms forward.*
>
> I patted his back with my left hand, and he was quiet and then became distressed again. I noticed that he was making a kind of clicking noise, and it seemed to be coming from the back of his mouth. It became increasingly distressing to see him so upset. . . . He went from his restless discomfort into a loud, open cry— long throaty aahs. The mother picked up Toby, who continued crying. . . . She raised her pullover over her left breast and directed his face toward the nipple. He took the nipple into his mouth and sucked with closed eyes, rapidly and rhythmically.

The same pushing movements observed in the first and second visits are again evident and observed with feelings of discontent. However, there are clearer indications of distress and discomfort; that is, there is increased intensity in body movements and crying.

Over the course of the three visits, the experience in the first observation has been combined, via actions of the self, with subsequent experiences (deintegrations) of unpleasantness and discomfort to coalesce (reintegrate) into a more clearly defined bad inner experience, or object. Initially the experience does not have an 'all-or-nothing' quality because actions of the self have not by that point shaped it archetypally, although this happens within a short period after birth.

I would like to make a further comment about the initial absence of an 'all-or-nothing' quality. Lichtenberg writes:

> It might also be asked: Is there an inborn affect of anger or, as Kleinian analysts propose, an intense destructive oral rage? . . . I believe it is noteworthy that references by neonate researchers to anger or rage are relatively rare. (Lichtenberg 1983, p. 25)

Thus Klein's hypothesis of innate rage is not supported by Lichtenberg's infant research or my baby observation; nor is Jung's hypothesis of the infant's primary identity with the mother. However, Fordham's postulate of a deintegrating and reintegrating primary self is supported by observation. In fact, while infant observation has here been used to illustrate the concept of deintegration and reintegration, one can equally say that the concept of deintegration and reintegration illuminates infant observation.

This also applies to the concept I am studying in this paper. Infant research attests to the 'elaborate innate machinery' of the primary self (Trevarthen 1974, p. 231). For instance, Stern concludes that 'Infants are not lost at sea in a wash of abstractable qualities of experience. They are gradually and systematically ordering these elements of experience' (Stern 1985, p. 67). He also describes deintegration and reintegration: 'Development occurs in leaps and bounds; qualitative shifts may be one of its most obvious features. . . . Between these periods of rapid change are periods of relative quiescence, when the new integrations appear to consolidate' (Stern 1985, p. 8).

## CLINICAL MATERIAL

As clinicians, we know that actions of the self that shaped Toby's inner world archetypally and enabled his inner development can also result in the failure of maturation. What Fordham calls defences of the self serve to protect the integrity of the personality, yet can also stand in the way of psychic growth (Fordham 1947; Davies 1991). This can come about as follows.

Deintegration is the way the self divides up and differentiates. 'The most primitive [differentiation] is the distinction between a good and a bad breast', and development follows from the reintegration of these experiences (Fordham 1987, p. 357). But,

> If, for instance, a baby is submitted to noxious stimuli of a pathogenic nature (either in utero, during or after birth) a persistent over-reaction of the defence-system may start to take place; this may become compounded with parts of the self by projective identification, so that a kind of auto-immune reaction sets in; this in particular would account for the persistence of the defence after the noxious stimulus had been withdrawn. Not-self objects then come to be felt as a danger

to or even a total threat to life, and must be attacked, destroyed or their effect neutralized. The focus is therefore on the not-self and little or no inner world can develop. (Fordham 1976, p. 91)

In the following clinical example I hope to describe how these defences affected the patient's deintegrations and reintegrations, what the consequences were for his internal world, and how treatment brought about change. The material is that of a boy whom I call Ricky, and it was the supervision of his sessions with Dr Fordham that started me thinking about how the self acquires contents.

Ricky attended a special school because of his difficulties in relating and learning. In some cognitive respects, Ricky was precocious: he could read well and was particularly good at arithmetic. However, he read with a flat, robotic quality that was detached from meaning, and his mastery of numbers was obsessional. For instance, he repeated over and over again in sessions a 'numbers game', in which he did nothing more than make a chart of the multiplication tables. Initially he had little eye contact with others and spoke in an echolalic manner, unable to speak spontaneously. He confused personal pronouns, referring to me as 'she' when he meant 'you', and to himself as 'he', for instance, 'He wants the key' when he meant 'I want the key'. His sessions opened and closed with an obsessional ritual, and if he had to depart from it, he became very upset. Despite his extreme cut-offness, he had a strong wish to fit in and be accepted by others, and often tried to do this by playing the clown.

When he began treatment his mother told me that he had been breast fed, but failed to develop a good relationship with the breast and was a difficult feeder, with frequent vomiting, diarrhoea, and crying. At 2½ he developed asthma, which for a period was life-threatening. His family, which included both parents and an older sister, was a loving one with many strengths. My picture was that he had undermined his parents' confidence, leaving them feeling intimidated by his odd behaviour, which they did not understand, and frightened by his asthma attacks. Thus he tended to control them, preventing them from helping him in areas where they might have done, like providing firmness for his silliness. He was not quite six years old when he came to his first session:

> Once in the consulting room, Ricky became rather nervous. I said that there was a box on the table with some things in it I thought he would like to look at. He answered mechanically and with false enthusiasm, 'Game, it's a game!' and circled me as I sat in my chair. He ended up standing beside me on my left and touched his head against mine. . . . He stood away and said cleverly, 'Elizabeth, your name's Elizabeth.' As he walked around me, I said he wondered who I was and what I wanted to do with him.

He went through the contents of the toy box, and, with exaggerated emphasis, recited what each object was, reading, when he could, what was on the manufacturer's label. Then,

> He stood in the middle of the room and said to himself. 'Your name's Elizabeth Erminella', and, laughing to himself, softly repeated, 'Erminella'. I said that Erminella was close to Urban, but not quite the same thing; perhaps it was his word for me which was different from my word for me. He came close to me and stood next to me, looking intently at my mouth. I said that he was curious about me and wanted to know who I was, so he wanted to look inside me—inside my mouth—to see where the words were coming from. As I said this, he peered—at a distance of less than an inch—into my mouth and then—from the same distance—into my ear, my nose. and then moved behind me, his head remaining only an inch from mine. I continued that he wanted to look into all my holes to see what was inside me.

Toward the end of the interview,

> He came and touched my left ear, very gently, whereupon my earring came off. He looked in wonder at the earring, and I pointed out that it was shaped like a hole and that he was interested in my holes—my mouth, my ears, my nose, and my bottom hole. He tried to replace the earring and I helped. He laughed to himself, saying 'Ostrich'. I asked what an ostrich does, and he said excitedly, 'It's got an O!'

What Ricky understood as a game seemed to involve our matching wits against one another. He expressed this concretely, so that matching wits, presumably located in one's head, was represented by putting his head against and touching mine. He knew very little of me, and this aroused his anxiety. Who I am—what kind of person I am inside—could only be explored by attempting a close examination of my physical inside, or what he could examine of it through my orifices. Holes, through primary thought processes, were linked with my round earrings, and then to 'ostrich' (O). This was not because of the meaning of 'ostrich' as a large, flightless bird, but because of the way the word itself looks. Thus, Ricky's inner objects had only flat, sensate qualities, and what was outside the sensate, or concrete, was beyond his ability to take in.

The flat, unidimensional quality of the 'O' deserves comment. It strikes me that the 'O' in Ricky's material held the potential for being a container, or self-representation, but was instead felt as a hole. This is reminiscent of Tustin's autistic black hole (Tustin 1974), although I view this phenomenon from a different theoretical perspective.

I have previously quoted Fordham on the 'massive deintegration' at birth, 'causing fears of a very primitive kind recorded later on as such experiences as catastrophic chaos, nameless dread, dropping into a black hole, etc.' (Fordham 1991). I should like to expand on this comment and consider that at birth there is an explosion of deinte-

grates reaching out to make contact with the new, extra-uterine environment. The deintegrates would carry with them inherent 'expectations' of, say, a breast, but if the environment does not respond or contain these deintegrates, the deintegrates meet with 'nothing' and 'nothingness' is then taken back into the self. If the 'nothingness' is felt to be overwhelming, the self would not be able to assimilate the experience, although some kind of processing might be done which combines it with colourings of, say, dread. The 'nothingness' would then be defended against in the way described by Fordham (Fordham 1947).

This could explain why Ricky so resisted what was experienced by him as 'not-self' (whether this was the contents of his mother's breast or my interpretations), and how, in not letting 'not-self' inside him, he was unable to experience having an inside, internal world, that is, having a mind that is a container. The defence against 'not-self objects' involved splitting, including that between good-inanimate-controllable objects and bad-animate-uncontrollable objects. Stern and Trevarthen demonstrate that neonates respond differently to people and to inanimate objects and that relating to them both is required for development (Stern 1985; Trevarthen 1974, 1987). Ricky drew upon his ability to manipulate inanimate objects in an attempt to 'relate' to people.

In the introduction to this paper I described Ricky as having autistic features. From the material I have given, it is clear that he had something of an internal world, but it was highly defended against. In further discussion in my supervision, Dr Fordham clarified that no one is completely autistic; some deintegration has taken place in order for the individual to survive. However, as a result of splitting, Ricky's deintegrations were primarily cognitive. For him, cognitive development had become defensive and served to replace affective development, insight, and symbolic thought. He could relate cognitively to the toys that I provided and 'know' what they were by reading the labels, although he never played with them nor did he come to know their emotional meaning for him by projecting parts of himself on to them. Only at the very end of treatment did he seem to become aware of the emotional meaning of some pictures he drew, thus indicating that the 'O' that so fascinated him at the beginning of treatment was becoming a container for psychic experience.

As his treatment proceeded, I could respond to Ricky's likeability, but typically I experienced cut-offness, frustration, uselessness, and exclusion. Sometimes I felt driven nearly mad by his obsessionality because it made me feel so excluded and controlled. He spent one session reading out the changes of number on his digital watch,

which—to my relief—his mother usually kept at home. At one point in his treatment, I tried an experiment, in which I made a point of surrendering to his control. What happened arose out of what was happening in the session and was at a time when I was interested in a particular infant study which drew attention to the impact on infants when they experienced themselves as efficacious (Broucek 1979). I was also driven to desperation by having so little impact on Ricky.

The experiment began in a session eighteen months into treatment. Coming to his session that day meant that he was unable to go out on the playground during break, and he responded to this by calling out 'Therapy stop!' when I went to pick him up in his classroom. In the therapy room he followed his ritual for taking out the toys from the cupboard, then paced the room before lying down on the couch and asking, 'Is it time?' I commented on his anger at missing playtime, and this was met by a mischievous sparkle in his eyes. He became increasingly prankish and silly.

After a bit he started whispering, and I could make out that he was saying a children's rhyme—something about going to the zoo to see the elephants climb a fence so high it reached the sky. I repeated the lines in a whisper. Then he started rhythmically patting the back of the couch and softly sang 'Oh My Darling Clementine'. I joined in, singing as softly as he did. It took a moment for him to realize what was happening, and he stopped abruptly and turned to look at me to see.

There was a pause before he settled again and started patting the back of the couch, but not singing. I sang to the patting, following its faster or slower beat. When singing with him, I had sung at his pitch, but alone I sang at a lower pitch which was more comfortable for me. When I did this, he said, 'Higher', and I lifted my pitch; later he said 'Lower', and I followed. His eyes sparkled and danced, and he giggled from deep within himself. When the session came to a close and as he was making to go, he said, 'That's a lovely "Oh my darling" song.'

For the next several sessions he continued to direct my singing the same song by patting the back of the couch. Variations were introduced by my adding verses, so that he would direct me to sing 'In a cavern', 'Ruby lips', or 'Oh my darlin'', and he would be upset if I did not comply. I attempted to add interpretations by making up some verses, such as: 'Baby Ricky, Baby Ricky,/Wants Elizabeth to sing./When she does he is delighted,/She's the bride and he's the king.'

He seemed to enjoy the custom-tailored words, but their meaning had no interpretative impact. This play went on for several weeks, by which time I felt resistance towards his increasing bossiness and

also I began to question the value of what we were doing. This was because the treatment failed to include analytic thinking. I had abandoned mine and thus did not give my attention to the manic defence that Ricky felt to be so high that it reached the sky. I was also ignoring his heroic, large-as-an-elephant efforts to address this defence, a heroism that became clearer later in the treatment.

Ricky was understandably upset when I returned to more orthodox interpretations and resisted his attempts to control me. For my part, although I felt guilty that he had felt seduced by me, I had established in my own mind the value of offering Ricky my analytic thinking, a position which can better be explained after I have described the outcome of the treatment. Establishing this position resulted in my becoming more accepting of the slow pace of the work and the impression that there was no change.

This impression was, however, false. By the end of the second year of treatment, Ricky was accurately using 'I', and his pronoun confusion had disappeared. Although still quite inhibited, he was able to show some spontaneity, and this was reflected in his voice, which lost its mechanical quality. His echolalia disappeared, and he was able to speak from himself, although the results were sometimes baffling. I shall give an example of this, as it shows where he—and his family— had reached by the end of two years of treatment.

In the following excerpt, he had left the special school two months before, having reached the end of the period offered to pupils. At that time his family also moved outside London. Because special school provision would have meant Ricky being placed with children who were educationally subnormal, his parents arranged for him to go to a local school, which, although small, had classes far larger than Ricky had known at his special school. The parents valued Ricky's therapy and, concerned at the effect of their moving on their son, arranged to bring him to London for once-weekly sessions.

Initially I shared the concern expressed by the special school that Ricky's accomplishments would not be sustained, let alone increased, if he attended a mainstream school. In this I was underestimating Ricky's heroic quality and not understanding that it attached to his wish to be normal. I had only a faint awareness of this wish, when, during a session while he was at the special school, he was distracted by two boys outside, walking along the pavement. Teachers at 'normal' schools were on strike that day, while those at special schools did not take action. Ricky was aware of this because his sister attended a mainstream school, and, like the boys on the street below, did not have to go to school that day. He looked at them long and hard, as if trying to understand what he was looking at. I also sensed a longing in his expression, and commented that, although I knew that he liked

his special school very much, he also wanted to be 'normal' like the boys.

I also had not appreciated the effect of the changes in Ricky in restoring his parents' confidence. They had become firmer with him when it was appropriate, and his mother could translate his sometimes peculiar statements. This is demonstrated in the following:

> Ricky and his mother came up the stairs and stood on the landing by the waiting-room door. He said something that he had to repeat several times because it was not comprehensible, but eventually it became, 'Are you going to tell about her?' His mother translated back to him, 'Is there something you want me to tell Miss Urban?' 'Yes, about Cubs.' She then explained to me that he had started to go to Cubs. He was delighted and laughed in a giggly, convulsive way. He called out, 'Packs!', and went up the stairs to the consulting room calling this out. He went into the room ahead of me and shut the door (which was typical), and I could hear him inside, laughing and calling, 'Packs! Packs! Packs is *normal!*'
>
> I went into the room and sat down. 'I think that you're saying that your going to Cubs is what normal boys do and that going there makes you feel normal.' He continued to giggle in a manic way and then said loudly, 'Shhh! Don't talk! Be quiet! . . . Sit down and do your work and be quiet!' He continued to tell me to be quiet as I started to say; 'I think you're telling me now about going to a normal school, where your teacher tells you to be quiet.'
>
> Toward the end of the session he said to me, 'You're a therapist', and I answered that having therapy meant that he felt he wasn't normal. He asked when therapy would end.

The above session indicates Ricky's need for thinking. This is provided by his mother, who can understand and translate his rather odd communication and give it meaning, much as a mother does for her infant. His excitement about telling me that he is capable of joining in 'normal' activities was not contained, and he gave way to the feel of the plosive 'Packs!' (beta elements) rather than the more linguistically meaningful 'Cubs'.

The kind of thinking that Ricky's mother offered in the above example I have called 'translation', because his mother translates Ricky's sometimes idiosyncratic language into common parlance in order to give it meaning. Translation is different from interpretation, which is directed at the emotional meaning of what a patient says or does and is an expression of the analyst's symbolic thinking. Interpretation, in contrast to translation, offers possibilities for a multiplicity of meanings and an opening up of on-going related meanings, that is, an unfolding of meaning. For example, a toy truck with which a child plays can be interpreted in such a way that it is not only a toy but also a part of the child's self that is also part of an on-going story about the child in relation to others and other parts of himself, including the range of emotions involved. When the child understands this, the toy has a number of dimensions and a depth of

meaning for him, reflecting that his mind has multidimensionality and depth, that is, it has an inside which contains. However, the child needs to discover the inside of another's mind if he is to develop a mind of his own that is a container. Ricky seemed very close to this point by the time his treatment stopped.

A year after the session just described, Ricky announced that 'therapy is for babies' and wanted to stop. I considered his request, discussed it with his parents, and we agreed to an end of treatment. By that time Ricky had developed and maintained his capacity for self-expression. His heroic efforts to do what 'normal' children do resulted in a number of accomplishments, including moving into his second year at the mainstream school and managing a school weekend outing away from his family. I was concerned that, if his wish to end was not respected, his confidence would be undermined; added to which, I questioned what he could gain from a treatment for which he had little or no motivation. Moreover, by the time he had asked to stop, he had had a brief glimpse into what was for him a new way of thinking.

His parents drove to his sessions on the motorway and Ricky had become interested in the signs and what they meant; they had pictures, not words. In his sessions he began to draw the pictures he had seen on the signs, drawing them in three different sizes. I interpreted that he was drawing the Daddy Motorway, the Mummy Motorway, and the Baby Motorway. What I said seemed to have some meaning for him and produced more pictures of the motorway signs. Although there was an obsessional feel to the repetitiousness of the drawings, there was also a sense of his trying to capture something, which I understand to be a thought. He expressed this once when drawing the motorway signs, telling me excitedly to 'Read that again!', meaning to repeat for him that his pictures were also meaningful representations to him of Daddy, Mummy, and himself.

The reason I gave up my experiment in play therapy with Ricky was that it resulted in my not offering him symbolic thought. Only if it was offered to him, despite his not yet consistently being able to use it, would he have been able to achieve the awareness he did of the meaningfulness of the road sign pictures. I think that my opinion is confirmed by work with a profoundly deaf girl, with whom I used play therapy (Urban 1990). Although this kind of therapy brought about a dramatic change in her behaviour, it was limited in promoting her capacity for symbolic thought.

By persisting with my interpretations in my work with Ricky, I felt that I was able to offer him 'the mind of the analyst . . . [as] the breast, providing food for thought that is part of the experience of

the analytic upbringing of our patients' (Astor 1989, p. 117). In response, by the end of three years of treatment, Ricky showed signs of acknowledging and enjoying the symbolic aspect both of his analyst's mind and of his own.

## SUMMARY

In this paper, I have tried to re-examine my understanding of early psychic processes and contents. This has involved comparing and contrasting the ideas of Jung, Klein, Isaacs, and Fordham, with an emphasis on the contributions of Fordham. Fordham's postulate of a primary self that deintegrates and reintegrates is a model of the mind that combines structure and dynamics, and which, moreover, helps to describe what is observed in infant observations and infant research. Infant observation has been used to illustrate these concepts, and clinical material used to show how the same concepts can be used to describe impairments to psychic development.

To pursue this study I have had to construct for myself models that describe and explain. I am aware that they are just as inaccurate as they might be accurate, because they imply that there is an answer to the questions I am asking, and that there is a way of describing and explaining what 'the answer' is. 'Nature is always too strong for principle', wrote Hume (Hume 1751, p. 121), and this is particularly true of the ultimately unknowable self.

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# Infant observation, experimental infant research and psychodynamic theory regarding lack of self/ other differentiation

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## Abstract

In this paper I draw upon infant observation, experimental infant research and psychodynamic theory to explore the early development of internal objects in which there is no differentiation between self and object. I have used an infant observation to experiment with the idea that, early on, identificatory processes predominate over projective mechanisms. From developmentalist understanding of early perception, I have suggested that amodal perception may create a different kind of object than featural perception. With amodally shaped objects/representations the difference between self and other is irrelevant, and with feature-based objects/representations what counts is the difference.

## Introduction

In this paper I am examining psychodynamic theory that attempts to explain early states marked by lack of differentiation between self and other. Concepts in psychoanalysis and analytical psychology that relate to these states include projective identification (Klein, 1946; Bion, 1962), primary identification (Sandler, 1993), and primitive identity (Jung, 1923; Fordham, 1976). All are considered to operate from very early in life, and refer to the lack of perceived differentiation between subject and object. Analysts agree that these processes, however they are conceptualised, persist into later life and are manifested in psychopathologies of varying severity, such as autism and borderline states.

'Fusion' and 'merger' refer to these states, however it is unclear whether these terms refer to two people merged together in a combined mind, or the experience of each - or one or the other - of being fused with another. In other words these terms are ambiguous because each refers both to subjective states and to structures of the mind.

In an effort to be clear I shall be describing these states in terms of lack of perceived differentiation, and exploring how internal objects (structures) develop in one mind

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in interaction with another, and trying to imagine how one (subjectively) experiences early objects in one's own mind. I shall be drawing upon what developmentalists have discovered about early infant perception and using this in a 'developmentalist informed' psychoanalytic infant observation. Following this I examine various theoretical perspectives about early states of lack of subject! object differentiation, and lastly comment on the thoughts that have struck me from this study.

My work in this area makes me one of several, perhaps now many, analytically trai ned child therapists from different theoretical backgrounds who are attempting to assess and integrate various aspects of experimental infant research with analytic understanding of early processes and development (Alvarez, 1992; Dubinsky, 1997; Reid, 1997; Rhode, 1992; Urban, 1998; Urwin, 1987 to name a few in Britain alone). Although the work of developmentalists can be difficult to assimilate with psychoanalytic models, their contributions are not antithetical to analytic thought and can add to its substantiality.

## Infant experimental research

Developmentalists point out that in the first year there are two kinds of perception: amodal perception and feature-based perception. Feature-based perception is more developed than amodal perception, and is the way we are ordinarily inclined to think of perception - through one or another specific sense mode. Amodal perception means not belonging to one sense mode or another; amodal perception is not of sights and sounds and touches, but of certain abstract properties. Newborns and young infants (and, Bower (1982) thinks, foetuses) perceive shape (contour), intensities (both absolute intensity and the contour of intensity) and temporal patterns (temporal beat, rhythm, duration). In other words young infants perceive the 'thatness' and 'thereness' of something, its 'aliveness' and certain qualities of its animation (rhythm and intensity).

A-modal perception in newborns makes sense if one considers that the infant is required to relate to life, which is characterised by abstract properties. Stewart (1998), a mathematician, points out:

> Life is not a thing [that is, the specific molecular structure of DNA]; it is some kind of *abstract property* of a system, characterised by such features as adaptability, flexibility, reproduction, self-complication, self-organization ... ' (my italics)

Human life is not only an expression of these properties. Infant minds with immature sense modes (especially sight) could not comprehend and recognise life-sustaining life forms in the external world if they did not have an inherent grasp of the abstract properties that identify aliveness. This comprehension appears to be innate and is evident in the newborn's grasp of abstract principles inherent in life - shape, unity, rhythms and intensities.

These abstract qualities also apply to qualities of emotion; emotions have shape (the softness of tenderness, the sharpness of anger), intensity, and temporal patterns (duration, the slowness of calm and the quickness of excitement). Because these abstract properties do not belong to one sense mode or another (they are a-modal) they can

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- and do - automatically translate from one mode to another. The translation across sense modes is known as "transrnodal". Meltzoff and Borton (1979) give an example of this. They studied three-week old infants, who were blindfolded and offered two different teats to suck, one spherical and the other with nobbly protrusions. When the infants had had time to get used to the teats in their mouths, they began to show by increased sucking that they preferred one teat over the other. The blindfolds were then removed, and the babies shown both teats they had previously experienced only through sucking. They consistently looked more at the teat they had preferred when sucking, indicating that they recognised by sight something they had previously only touched.

To relate this to the development of *internal* objects, I am turning to one of the developmentalists' great mysteries; newborn face imitation. How can an infant only a few hours old imitate another's face, despite having never seen another face nor his own? Bower (1989) understands this as an expression ofamodal perception. He explains that the foetus builds up a primitive map of its body via touching its face with its hands and moving its face. mouth and tongue, which we know foetuses do (Piontelli. 1992). After birth, when the infant looks at his mother's face, say, sticking out her tongue. the infant will respond in kind because the *seen* face is perceived to be the same as the touched and viscerally *felt tface* - a transmodal perception in which there is no distinction between one sense and another.

However the experience is not only transmodal. it is also *transpersonalbecause* there is a yoking of two people into one perception. As the focus, so to speak, of the perception is on an abstract quality - shape - the perception is one in which the distinction between self and other is not relevant. That distinction is based more on lasting features (such as specific facial or vocal features) that distinguish self and others, and featural differences are not distinguished and internalised until months later.

The perception of emotion would also be transmodal and transpersonal. An infant directly perceives, say, the mother's feeling of lovingness and goodness when she talks to him, and apprehends the perceived goodness in her voice to be the same as his own experience of goodness. What is relevant to the infant is what the developmentalists call the categorical affect (in this instance. the quality of'goodness') and its contour and intensity. It is irrelevant to the baby that two people are experiencing it. This does not represent a confusion between self and other. nor is it the result of projective processes; it is simply the way young infants perceive experience.

The infant can produce an 'imitation' for a short time after the other's face has gone (Gergely, 1992), and this suggests short term memory and that the perception has been represented. However more is needed to understand how the representation becomes a durable mental content. This appears to be done via the infant's capacity to identify the invariants of experience, which amounts to an ultra-sophisticated computer 'search and find'. Stern (1985) details how the mother offers her infant complex behaviour marked by theme and variation. From behaviours that are both familiar (the theme) and interestingly novel (the variation), the infant performs an automatic search and find, and seeks out those parts that are just the same as similar past experiences which always go along with that particular kind of experience. For instance, thumb-sucking is always accompanied by a number of 'invariants'; volition

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('I want to suck my thumb'), motor activity (thumb raised to mouth), proprioceptive feedback (hits target and lodges inside) and predictable consequences (sensations in both the thumb and mouth). When the infant sticks his thumb into another's mouth, he may not be able to get it inside (the consequences are not predictable), and, if he does, he will not have sensations in his own mouth.

Thus the baby groups together like - experiences that relate just to himself, and groups of experiences that relate just to his interchanges with others. However, unlike the word processor, the baby stores these collections of like experiences - and their emotional qualities - as representations, and so, according to Stern, comes to have core representations of himself and of others. This appears to be how the baby develops a containing skin, as Bick (1968) described, although in her account the infant depends passively and more or less exclusively on the mother's capacity for containment, which the infant then internalises. According to Stern's description, the infant has his own means and is quite active in forming his sense of his own skin, although it is of course formed within the relationship with his carer.

Stern describes how like - experiences are grouped together internally via the infant's capacity to identify the invariants of experience. Gergely (1992) adds that affect can serve as an invariant, that is, affects, like feelings of goodness or badness, can be the 'constant that link similar experiences together which are then formed into representations. The result might be seen as the structuring of good and bad internal objects.

In contrast to amodal perception, featural perception is of constant, lasting features, say the features of the mother's face, which are experienced through differentiated sense modes. The change from amodal to featural perception (and representation) does not occur until about five months. Bower (1982) found that infants under five months were not bothered when presented with multiple images of their mothers, and they interacted with each in turn; that is, the difference between different selves was not relevant. This contrasted sharply with infants over five months, who were distressed when shown simultaneously several representations of their mothers.

The development from amodal representations to featural representations demonstrates another astonishing capacity of the infant. The invariable features of, say, exchanges with a smiling mother, are gradually worked out through repeated experience and become generalised into a prototype that is not identical to any particular experience. For instance the baby generalises a representation of his mother's smiling face made up of an average of all her different smiles. This prototype (of mother's smiling face) is then used as a model against which other prototypes (the mother's laughing, uninterested, troubled, worried faces) can be compared to establish invariable features, and so on until a stable representation (of her face) is established. This example is of the organisation of visual perceptions, but prototypes would also be created around other sense modes as these gradually become differentiated (for instance, mother's loving, tired, and angry voice).

If one adds the emotional colourings of these different prototypes, say the infant's love of the mother's warm, smiling face and the anger at the cross, disapproving face, then what is being brought together in the development of featural perception are not only 'pictures' but feelings. The result seems to be a description of the develop-

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ment of the depressive position. Interestingly, Klein (1935) dated the onset of the depressive position at midway in the first year, which is when Bower (1982) notes the change from amodal to featural perception.

To summarise, perceptual development in the first year shifts from amodal to featural perception. Amodal perception is linked to representations/objects in which the distinction between self and other is irrelevant. In later 'feature-based' representations the distinction between subject and object is of utmost relevance. Although featural perception through separate sense modes comes to predominate the way we perceive the world, amodal perception remains. It may be the way premature babies and children with autistic features perceive, and, paradoxically, the means through which we appreciate music and poetry, and the world directly perceived, uninterpreted by separate senses.

## Psychoanalytic infant observation

I am going to trace in detail the interplay of mini-events and feelings between a newborn and his mother around a feed, when their respective feelings of anxiety shift with and against love and pleasure. Frames of reference are necessary for careful observation, and my way of seeing this infant and his mother is in line with psychoanalytic thinkers who feel that the very young infant does not have the maturity for projective identification (Bick, 1968; Fordham, in Astor, 1995), and that identificatory processes are developmentally more fundamental than projective mechanisms (Fordham, in Astor, 1995; Sandler, 1993). I shall be looking more closely at the theoretical framework in the next section of this paper, while here my task is to describe how an infant, by means of identificatory processes, develops internal objects or representations in which there is no distinction between self and other.

The baby, whom I shall call Nathan, was a wanted baby and second son. He is two weeks and two days old at the time of the observation. When the observer arrives, she is met by the mother and Nathan's fourteen-month-old brother. Together they take the observer to meet Nathan, who is lying in his bassinet alone in the parents' bedroom.

> He was lying on his right side with his right arm tucked under his body and his left arm bent up so that his hand was near his face. His head with its soft covering of jet black hair was touching the top of the bassinet and the mother said he had wriggled his way right up to the top. His eyes were open and he was moving his whole body slightly as if a little restless. His mother said he was probably hungry as it was nearing feeding time. He then suddenly quietened and for several minutes lay absolutely still with his black eyes staring at the side of the bassinet.

Nathan has been on his own in the bassinet, apparently making it familiar by moving up to the top so that his head was in contact with a surface, the way it was for him in utero. He becomes restless as, presumably, feelings of hunger start. He then settles, but I think it is unclear whether his sudden quieting and absolute stillness are due to hearing his mother's voice, or 'playing possum' the way Broucek (1979) describes in small babies, because he has heard the strange voice of the observer.

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> His mother said the birth had been very easy. [She details the events surrounding the birth.] She said she just couldn't believe it was over so fast, particularly after her bad experience of giving birth to Nathan's brother. Nathan weighed 6lbs 2 oz and after the birth he was put to her breast and sucked vigorously. Since then he has fed hungrily and the feeding has gone very well. The day following the birth there had been some incident
> with the baby gasping and the mother had been very anxious and called the nurse, but the nurse told her that the baby had something that was quite normal for new babies.

When Nathans brother was born, the mother had! been in labour for three days, and this difficult experience shaped her expectations of Nathan's arrival. As Nathan's birth turned out to be just what she wanted, her love and gratitude toward him are evident, although her worry is also noticeable (the gasping incident).

The mother picks up Nathan and they all go into the sitting room. The brother becomes demanding, and the mother hands the baby to the observer while she g<Jes to make coffee, taking the brother with her.

> Nathan lay in my arms looking intently at my face. often opening his mouth and making sucking noises. I talked to him and he responded by fixedly looking at my face. Several times he looked as though he was trying to smile and finally he gave a slight smile in response to my talking. Then he looked away as if exploring the room and, when I spoke he turned his head back to me looking in the vicinity of my face but not able immediately to focus directly.

Nathau's vision at 16 days is still immature. Presuming that he follows the norm, he can focus on objects at ten to twelve inches but not over distances greater than that. That is, when the observer interprets that he is 'exploring- the room', this is unlikely. What Nathan sees would be contrasts (such as the hairline between dark and light) and patterns and shapes. The observer interprets Nathan's smile to be in response to her talking, which would enhance her good feelings toward him. It is hard not to imagine that she is smiling as she talks to him, and I suspect that his effort at a smile is a transmodal perception like that described by Bower, (1989) in which the seen face (held in short term memory) is experienced as a viscerally felt face, which registers in his own facial musculature. Given his focal limits, when Nathan turns away from the observer's face as if exploring the room, he is, more likely, taking in his amodal perceptions of the shape and contour of her face, and organising them according to the variants and invariants of his experience of faces. The fact that he does not readily re-engage with the observer's face is because its pattern does not match that of the mother's face which has been registered inside him.

The mother returns with the coffee but then the brother becomes so unruly that she leaves to put him down for a nap. The observer continues to hold Nathan until the mother comes back.

> The mother talked to Nathan gently and lovingly, smiling a great deal at him and saying she just couldn't believe he was really here. Then she took the baby and put him to her right breast to feed. It took a few attempts for Nathan to get the nipple properly in his mouth. but he then sucked loudly and greedily and hiccoughed. The mother said he often hiccoughs because he drinks so quickly and she laughed and said what a greedy little thing he was. Nathan has put on weight, and is now 7 lbs. She commented she is losing weight but that is usual when one breast feeds. She fed him for five minutes. Nathan sucked vigorously, occasionally stopping for a rest. At first his eyes were wide open looking into his mother's face but after a couple of minutes they shut while he continued to suck.

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In the first part of the feed I think Nathan is responding as much to anxiety as he is to hunger. At the beginning he seems un-together and uncoordinated, as indicated by the hiccoughs. Although the hiccoughs are interpreted by the mother and the observer as his being 'greedy', there is little indication that Nathan is very hungry. It makes more sense to me to think of his hiccoughing and sucking as urgent because of being held by the observer, a stranger.

Nathan then gradually settles. Although this can be seen as his taking in what his mother has mentally digested (Bion, 1962), I do not think this hypothesis is necessary, nor does it take into account other important factors. Here I have in mind the oral anatomy of newborns. The moist surface of the lips is considerably more spongy than it will be in just a few months, indicating its vascularity and, hence, sensitivity to touch. Also, in most newborns there is a narrow fold of erectile tissue along the outside base of the gum, called the Magitot membrane. It swells during sucking and is thought to be an organ of sensation and, presumably, pleasure. This disappears by seven months (Middlemore, 1941).

As Nathan settles into the pleasure of feeding from his familiar mother; he takes little rests. Brazelton and Cramer (1991) notes that infants feed in short bursts of sucking, five to twenty-five sucks to a burst, and then a pause. These rests occur more frequently with breast than with bottle fed babies. They suggest that pauses serve a social purpose by eliciting the mother's response to return to feeding, and, in turn, the baby comes to expect this. I would add that pausing not only allows space for the mother to react but also would give the infant space to integrate his perceptions and feelings. Hence the goodness of the experience is integrated in regular little intakes between bursts of sucking.

In this part of the feed I think what is being integrated are multiple perceptions and feelings into an early mental content, or object. At first Nathan feeds while looking at his mother's face, and when he recognises its familiar shapes and patterns, his anxiety about being held by a stranger abates. Then his eyes close, giving the impression that Nathan is giving himself more fully to the experience, and experiencing wholeness. The sense of wholeness would include the pleasurable sensations in his mouth and the sound of his mother's familiar, loving voice. Given the nature of young infant perception. I picture that the regularity of the rhythm of his sucking and the regularity of her familiar facial shapes and voice patterns. settle with the goodness of the experience to register as an amodal perception, or early good object, in which the distinction between self and other is irrelevant.

While Nathan seems to be putting together a good object, his mother seems to be in a different state of mind.

> The mother explained that she had learned a new way of getting the baby to release his hold on the nipple. She had been told to press his chin and that the pressure would stop the sucking action. She said that before she had just tried to pull her breast away but that that had been very painful because Nathan would continue sucking and this method seemed much better. She demonstrated and the baby released his grip easily. She then sat him up holding him under his chin. His head flopped to one side and his eyes closed. He suddenly brought up some milk and then yawned widely. The mother talked about a yellow spot she could see at the back of his mouth and wondered about the possibility of thrush, but dismissed the idea as unlikely. She then lay him on his side

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> on her lap, while she got ready to feed him from the other breast. Nathan usually feeds every three to four hours. She said she finds the 7pm feed difficult because Nathan doesn't seem to get enough and she feels as though her breast is empty.

When Nathan settles into his feed his mother interrupts it. This may in part have been done for the sake of demonstrating her parenting to the observer, but I feel it is more fundamentally due to her anxiety about the pain that can accompany closeness. She also repositions him, whereupon he possets some milk. This affects her and seems to make her anxious about him (her reference to the spot in his throat). His being emptied of some of her milk resonates, in what follows, with her own feelings of being emptied of milk (that is, seeing Nathan emptied of milk is the same as feeling emptied of milk).

> She put him to her left breast and he sucked vigorously with lots of little grunts and noises, looking intently upwards. I thought he was trying to see his mother's face, but she said he was looking at her red jumper. He then fell asleep and stopped sucking. The mother went to remove her breast and Nathan immediately started sucking again. After a couple more minutes the mother removed her breast without any resistance from Nathan, who was now fast asleep. She held him for some time in a seated position, with the baby slightly leaning forward and his mother supporting his neck. He burped loudly without opening his eyes. Then she lay him back in her arms and he looked very serious holding his hand close to his mouth. His mouth gradually fell open and she pressed his lips together telling him to breathe through his nose else he'd take in too much air. She said she likes to hold him after a feed but she can't if his brother is around because the brother doesn't like it.

Consequent to the interruption Nathan has a renewed sense of anxiety, the intensity of which probably accords with the redness of the jumper. Once again, he settles and seems to restore the goodness of the experience, with evidence of some anxiety as he seems to need to cling onto the nipple to help himself hold on to these sensations when his mother tries to remove the breast. He is apparently asleep when he does this, and this raises the question of consciousness in babies. Fordham (1987) believes that it is not helpful to apply the concepts of conscious and unconscious to small infants, and his view is useful here. Still sleeping, Nathan is able to give up the breast a few moments later and sink into a sleep in which, presumably, he is taking in the experience and integrating it. During this integration, he seems to attempt to hold on to the good feelings in his mouth with his hand, which neurologically is closely connected to his mouth (Trevarthen, 1989). He gradually relaxes into deep sleep.

The mother enjoys the intimacy, possibly helped by projecting her impulse to rupture the closeness on to Nathan's brother (who must be absent if she is to enjoy this intimacy with Nathan). However her feelings of closeness give way to deciding she must change Nathan, although it is not clear from the observation whether Nathan needs it. She lays Nathan down and goes off to get a fresh nappy.

> She returned and showed me a mild rash on his bottom saying it would be much worse if he wasn't being breast fed. She commented that his scrotum was big because his testicles were filled with fluid but that the nurse said there wasn't anything to worry about. She showed me his long back and how long his legs were, commenting, 'He's going to be tall like me'. She said he loves his bath which he has every second day in the evening and that in a year's time he and his brother will be able to enjoy it together. She looked at Nathan in wonder, commenting' on his heart beat and gently touching his fingers saying how little they were and how perfect he was. She said that her husband is still rather scared to hold him because he feels he is very fragile.

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The changing seems to help the mother restore confidence in the goodness of what she has to offer, and she expresses her belief that her milk mitigates Nathan's discomfort. Her feelings of closeness come up against her anxiety about the difference between them - he is male (has testicles) and she is female - but the anxiety soon subsides and she expresses a felt identity with him: they both have the same long back and legs. The goodness of the experience begins to include her love of her other son, and the pleasure they will all have when the boys can share bathing. This intensifies into a loving wonderment of Nathan's perfection, while her anxiety about Nathan's vulnerability and dependency is projected on to her husband.

## Theories of early object development: psychoanalysis and analytical psychology

I shall begin this section with psychoanalytic theories of early object development that refer to lack of differentiation between self and other, and shall briefly review the theories of Klein, Bick, Bion and Sandler.

For Klein (1958), the infant at birth has a primitive means of distinguishing self from other, and it is this premise that underlies her belief that the infant is object related from the beginning of life. According to Klein, infant feeding is the prototype for the first dynamic introjection, by which the infant takes in experiences that the infant innately recognises as good or bad. Good objects which are formed from good experiences and accompanying phantasies about them, come to support the fragile ego in getting rid of bad objects. Bad objects are derived from 'bad' experiences and the phantasies of annihilation that are part of the death instinct which accompany the experience. Getting rid of bad objects is done via a form of projection by which parts of the self as well as the bad object are eliminated into an object. Because parts of the self are involved in this process, the result is a projective identification. Another way of putting this is that the infant manages the early death instinct by identifying the unwanted part of himself with an object via projection. The resulting subjective experience of projective identification is that the object is not 'felt to be a separate individual but an aspect of the self' (Klein, 1963).

Bick (1964; 1968), observed infants repeatedly falling into states of disintegration and fears of annihilation and then recovering coherence through the ministrations of the mother. She questioned whether the young infant's fragile ego could initially recognise self from other, or be able to internalise or externalise good or bad experiences. Bick concluded that the first object was necessarily a containing object, passively introjected from the prototype experience of the nipple fitting into the mouth during feeds with the mother.

Bick had taken her ideas about containment from Bion, who extended Klein's concept of projective identification by understanding it to be an 'interpenetrating contact' (Hinshelwood, 1989), that is, of one thing inside another in such a way that the former is contained by the latter. Bion (1962) considered that projective identification operated from birth and initially was a primitive means of communicating. As communication, projective identification was 'normal', although later it could be

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used in the defensive and pathological way described by Klein. Bick disagreed with the notion that projective identification was a very early dynamic on the basis that the infant needed a firm boundary between self and other for this to happen, and this occurred only after the internalisation of a containing object, which develops into the experience of having a containing skin (Hinshelwood, 1989).

There are significant differences between Kleinian and non-Kleinian understanding of early objects and processes. For Kleinians the term 'object' refers to subjective experiences, such as pain or pleasure, whereas for non-Kleinian ego-oriented psychoanalysts, objects are unexperienceable structures. For example Sandler, a Freudian, sees the earliest objects in terms of representations of self and other.

Sandler bases his thinking on Freud's concept of identification. Freud thought that 'identification is the original form of an emotional tie' (1921), and believed it to be 'a direct and immediate identification [that] takes place earlier than any object-cathexis' (1923). For Sandler the phenomena persists throughout life, so he terms it 're-current primary identification' (1993). He first discovered the idea from his own experience: 'I was walking along a crowded street in London, along the edge of the pavement, when suddenly a man who was walking a yard or two in front of me slipped off the edge of the pavement. I immediately righted myself, just as if I were about to stumble into the street. In thinking about this experience I became aware of how, when we are not on our guard, we mirror the movements we perceive in others ... ' (Ibid., p. 1101).

Here Sandler is describing a primary form of identification which is passive, automatic and reflexive, and is associated with perception. It includes communication through a kind of resonance, including emotional resonances, which is understood to include sympathy of a 'kind that binds animal societies together' (Ibid.). Besides empathy, the concept also accounts for aesthetics and some states of oneness. For Sandler, primary identification is an ongoing fundamental state closely linked to perception, and one in which representations of self and other, although established, become lost until one actively disidentifies with the other. For instance when one listens receptively to another, one momentarily experiences the thought as one's own until quickly disclaiming this, thus moving from thinking with, to thinking about.

For Sandler, states of fusion can be understood to come about through primary identification or projective identification. Sandler distinguishes between the two, and defines the latter according to Klein's original description (1946), of which a significant element is the intention on the part of the subject to thrust an unwanted content into the object. Primary identification is, he stresses, a 'basic and automatic mirroring process' (Sandler, 1993).

I shall now turn to theory in analytical psychology which relates to the earliest objects and their development. Whereas Freud believed that the personality was comprised of the gradual assimilation of identifications, Jung believed that the individual personality, the self, was a given to be discovered in the course of life, and identifications with others compromised the true self. Paradoxically - or contradictorily - Jung considered that the child's personality emerged, or rather e-merged, from an unconscious, fused stage of oneness with the mother's unconscious, during an initial stage of identity, which lasted for the first four to five years. Unlike his theory of adult

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personality. Jung's theory of early development was not well researched, and the Jungian study of infancy and childhood fell to Michael Fordham.

Fordham's work with children led him to conclude that, from conception, the child was an individual apart from his/her parents. Fordham postulated a primary, psychosomatic integrate, which he termed the primary self. The concept of the primary self assumes an initial organic wholeness (integrate) which then unfolds, unpacks (deintegrates) in order to relate to the environment. What is experienced is then assimilated into the personality in a process called reintegration. Deintegration and reintegration are biologically (or archetypally) determined (early deintegration is very similar to Bion's (1962) innate preconception, and are a means of relating before structures are built up and before objects have become internalised as well as after. These dynamics underlie projection and introjection but differ from them in an important way, because projection and introjection require a content and a separate object into which to project and from which to take in (Urban, 1992).

For example, in my Jungian frame of reference, the unity of infant amodal perception is an expression of the wholeness of the primary self. Whereas Maria Rhode understands amodal perception from a Kleinian framework and looks to how the infant links together the different senses (Rhode, 1997). I see it as something that is initially integrated, but which through experience becomes de-integrated and separated into differentiated sense modes.

Although Fordham considered that projective and introjective identifications could result in lack of differentiation between self and object, he concluded that 'At first an infant has not enough structure for projective identification to occur without an earlier period in which identity between subject and object predominates, out of that state enough structures form to make the theory of projective identification useful' (Astor, 1995). The earlier period to which he refers is one when primary identity predominates. However Fordham is careful to say that primary identity refers to temporary and fluctuating states, and is not a stage of development, as Jung saw it. During this initial period the infant, via deintegrative and reintegrative processes, creates states of identity with the mother. Out of these states the first objects are produced, which Fordham termed self objects, as they are shaped largely by the primary self (and the archetypal patterning that goes with it), in contrast to reality. These are understood to refer to objects in which there is little difference between self and object.

Fordham said little more than Jung about the dynamic of primary identity, except that it does not involve projection (as Jung implied), and that it was 'a state where consciousness (and unconsciousness) are not relevant' (Fordham, 1995).

## Comments

### 1. Theoretical considerations

As an analytical psychologist I tend to use a Jungian conceptualisation of the development of early objects which are marked by the lack of differentiation between self and other. That is, I am addressing this development by attempting to describe the

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dynamic of primary identity. From this study I understand states of primary identity are a kind of sum of complicated interactions between an infant and his mother, interactions which are a series of mutually regulated, purposeful 'reachings out' to each other that are attempts by each to match up feeling states in such a way that each enjoys and is fulfilled from what is 'matched up'. The matching up involves 'work', and a certain amount of hit and miss. For instance, at the beginning of the feed Nathan's efforts are first affected by his own anxiety about being held by the observer, and then they come up against his mother's anxieties which interrupt the feed. For the mother's part, she is working through her worries about closeness and whether she can be a good mother to him. By the end of the observation, each seems to have 'matched up' to the good feelings inextricably associated with the other, with the overall effect that they have shared the goodness of the feed.

The overall effect seems to be comprised of 'mini-matchings up' between mother and baby. My picture is that the matchings might include a psychosomatic element, matching not only feeling, but also somatic states, such as happens later in life in the matching up of body postures, or of rates of heartbeat after sexual intimacy. These mini-matchings are similar to Sandler's idea of primary identifications in that they are basic, automatic, related to perception and refer to emotional resonances, but they are different in that they do not occur passively nor are they sustained, except that they contribute to the overall sense of being together with someone in a particular way. This overall sense, which is the result of all the 'mini-matchings up', is a state of primary identity in a Jungian framework, that is, a feeling of being together in a shared experience. This state arises out of specific, but frequently occurring, episodes. By drawing upon his capacity to organise the invariants of the good aspects of this complex feeding experience, such as the one described here, the infant can bind them together internally into an early good object. Because these experiences are amodally perceived, they register internally as objects in which the distinction between self and other are not relevant, and are (probably) experienced subjectively as being together in a fused and loving togetherness, the consciousness of which is not relevant. Thus a state of primary identity becomes an internal object in which there is a lack of differentiation between self and other.

Here I need to acknowledge that I have used 'object' and 'representation' interchangeably, when in fact they have rather different connotations. Perlow (1995) has written a very thorough and helpful conceptual analysis of the psychoanalytic concept of mental object. There he points out that the Kleinian idea of the concept is irreconcilably different from that of ego-oriented non-Kleinians. A similar conceptual analysis needs to be carried out within the framework of analytical psychology, although one has been attempted by comparing Jungian ideas to Perlow's analysis (Knox, 1997). On the whole, I join Anne Alvarez when she calls for a modified object relations theory that includes what she calls 'pre-objects' (Alvarez, 1992).

## 2. The development toward projective processes

If primary identity occurs prior to projective processes, when do projective processes begin? The answer, I think, would depend in part upon when objects are formed, in other words, when there are contents to be projected. This seems to happen quickly.

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and may vary from one infant to another. The following is from the second observation of Nathan, a week, later (3 weeks).

> While we were talking Nathan gave a big smile as if in response to the familiar sound of his mother's voice even though she was out of his line of vision ... I talked to him and Nathan looked at me for a long time, at one point giving me a very wide smile. Then his eyes dropped and he looked at the side of the bassinet. He seemed restless and a little uncomfortable and his body was straining slightly. Then he made sounds as if he had defecated.

What strikes me in this second observation is that Nathan's good objects seem more consolidated, and he smiles readily and broadly. He studies the observer's face and seems to conclude that it is friendly, although perhaps worryingly strange, but he has a capacity to manage the anxiety by getting rid of the experience by evacuation. That is, he now has objects inside and he can project them.

## 3. Amodal perception, pathology and technique

One cannot assume that, theoretically, early contents and structures follow a uninterrupted line of development into more complex objects and structures. The early objects formed from amodal perception may be qualitatively different from later objects based on featural perception. With amodally formed objects, it is in the nature of the perceptions on which they are based that the distinction between self and other is irrelevant. With feature-based objects, difference between self and other is the hallmark.

Although part of normal development, amodally shaped objects appear to underlie pathological conditions, such as autism. Fordham (1976) considered that autism is an instance in which the individual's inner world remains fixed by self objects, which are distinguished by the lack of self-other differentiation. Alvarez (1992) appears to be considering a similar kind of object, or objects, when she refers to 'pre-objects' that predate objects in which the differentiation is evident. She has altered her technique with children with autistic features in order to help them create an enlivened object, and in doing so conveys an appreciation of amodal perception.

To explain, I shall turn to an example from my own, much more limited experience with children who show autistic behaviour. Tim, aged 7, was being asked questions by my psychiatrist colleague about what others might think, in order to assess whether he had a theory of mind, as Hobson (1993) puts it. Tim couldn't do this, and seemed to feel intimidated and angry. He took the toy he was holding and repeatedly thrust it towards her face. Without thinking, I matched what I said with the amodal properties of his actions, that is, its rhythm, contour and categorical affect (the aggressive thrust); 'Tim! doesn't! like-it! when-he! can't! answer! questions!'. When I did he looked directly at me with sparkling eyes, turned and did it again to my 'accompaniment'. It is important to add that this kind of response is only one aspect of the considerable expertise needed to work with these children.

## 4. Experimental research and psychoanalytic infant observation

I should like to make a plea for the further incorporation of experimental studies into the way we observe babies. Although they have different aims, both psychoana-

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lytic infant observation and experimental infant research involve observation and are valuable research tools (Miller *et al*, 1989). Experimental research draws upon technology that makes possible microanalysis of the observable. However, as Stern (1985) points out, what is omitted from experimental studies are inferences about what is happening in the baby's internal world and emotional life. Important sources of information in the making of psychoanalytic inferences are the observers' subjective responses. AB Davison, (1992) remarks. "Such a process would seem to have poor claim to be scientific', but continues that 'human beings are uniquely programmed to be sensitive to social cues, and to processes ... which at an unconscious level inform the inferences of mothers and observers" regarding the emotional life of an infant.

Psychoanalytic observation can, I believe, be fairly criticised on the grounds that it is used to confirm existing theory rather than investigating and questioning it. My efforts here may be seen in that light, although I hope it is also evident that I am attempting to explore and experiment with theory rather than to prove it, which psychoanalytic infant observation cannot do. Although infant observation has not provided new knowledge in the way that experimental research has done, Michael Rustin (Miller *et al*, 1989)·points out its research value in describing phenomena discovered by developmentalists and others using a more empirically based methodology. My position is that these methodologies are complementary, and both are necessary for understanding infant development.

## Acknowledgements

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# Part II

## *Portfolio of Published Papers*

### Section 2: Explications

# OUT OF THE MOUTHS OF BABES

## An enquiry into the sources of language development

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### INTRODUCTION

This paper is about the quest for what I call here the mother tongue. It is both my quest and that of a language-deprived, 10-year-old deaf girl. Both require an investigation into the developmental origins of language, and this is elucidated by infant observation and research. My model of early development is based upon that put forward by Michael Fordham, whose postulate of a primary self derives from Jung's concept of the self.

### THE SELF AND THE PRIMARY SELF

Jung's concept of the self developed out of his idea of the transcendent function (Fordham 1985a). In 'The transcendent function', written in 1916, Jung describes the psychological function which mediates between opposites and produces a 'living, third thing' when opposites confront one another (Jung 1958, p. 90). Over four decades later, in his prefatory note to 'The transcendent function', he recalls the essay as being among 'the first attempts at a synthetic view of the psychic process in analytic treatment' (Jung 1958, p. 67). The 'synthetic view' refers to Jung's discovery of the integrating function of the self. The 'self' in this context is 'the total personality', that is, 'conscious and unconscious', mind and body (Jung 1921, p. 460).

Fordham draws upon this definition of the self when he postulates a primary self. The primary self is a psycho-somatic integrate that contains the potential of the organism. From before birth the primary self has the functions of both integrating (Jung's 'synthetic view')

and dividing up (Fordham's contribution). Development occurs through the dynamic of the dividing up in order to relate to the environment, or deintegrating, and the coming together again to assimilate experience, or reintegrating (Fordham 1976, 1985a). Archetypal, that is, instinctively human, processes regulate the patterns of deintegration and reintegration.

Early deintegration and reintegration can be seen in the typical and organized way very young babies approach the breast and feed (deintegration) and then assimilate the experience in sleep (reintegration). According to Fordham, initially the baby experiences the touching, holding, feeding and other components of its relation to the mother's breast as a single, 'whole' experience; that is, for the infant the breast is the centre of the world. In time, the 'whole' experience of the mother and her breast will deintegrate into experiences of increasing complexity and differentiation. The mother's face, voice and touch, initially perceived as all-in-one, develop into perceptions of different and distinct qualities.

The first distinction the baby makes is between satisfying and frustrating experiences, which the infant self organizes into 'good' and 'bad' experiences. Rudimentary awareness accompanies early experiences, and over time these 'bits' of consciousness coalesce into an ego. When the ego is established, the way is open for individuation to occur. Thus, the primary self is the developmental source of the self that Jung studied.

## INFANT STUDIES AND THE WORK OF TREVARTHEN

Fordham first hypothesized a primary self in 1947 (Fordham 1947, 1957). However imaginary or visionary the postulate is – and it is both – Fordham was aware that it 'hung fire' until supported by data (Fordham 1985b, p. 3). He has explained how 'systematic observations of babies and their mothers in emotional interaction', in the natural environment of the baby's home and family, later confirmed his ideas (Fordham 1987, p. 356). The infant observation at the end of this paper is an example of this kind of confirmation.

In addition to 'home observations', 'laboratory observations', such as those done by Stern and Trevarthen, confirm and fill in Fordham's intentionally abstract, 'empty' concept (Stern 1985; Trevarthen 1974, 1980, 1987a, 1987b, 1989a, 1989b, 1990; Trevarthen and Marwick 1986). Trevarthen's findings are easy to integrate with those of 'home observations' because, first, both acknowledge the primacy of feelings over thought processes in early infant development. Trevarthen argues against developmental psychologists who, like Piaget, focus

on the baby's cognitive development to what Trevarthen feels is the exclusion of the emotional underpinning that motivates later learning. He holds that the infant is innately endowed with personal motives, emotions and powers that soon after birth intimately affect his or her caretaker, leading to an interpersonal, interactional relationship. Infants learn about objects because there is someone specially cared for and caring to share them with; children learn how to talk because there is someone specially interested and interesting to talk to.

Second, Trevarthen's studies, too, are longitudinal and describe behaviour that is observed at home and not just in laboratories (in contrast, for example, to experiments which show the infant's preference for the smell of the mother's milk by use of milk-soaked pads presented to the infant, which would not be observable in the ordinary home).

There are important differences between 'home observations' and Trevarthen's. Selecting a particular behaviour for study and experimentation, Trevarthen focuses on very early patterns of communication between mother and infant, but only while the infant is in an alert state. If the baby needs feeding or comforting the observation stops. The emotional intensity between the mother and infant is therefore moderate, leading Trevarthen to describe the mother as the baby's 'favourite companion' (Trevarthen 1987b, p. 365). A 'home observation', in which the observer would attempt to minimize his or her intervention, would include as much as possible of whatever happened during the observation, with the observer particularly noting expressions of intense feeling. Trevarthen's observations are made in a laboratory 'studio', where what happens is videotaped, filmed, and audio-recorded for later frame-by-frame microanalysis, showing details of mother–infant interchanges not available to 'home observers'.

The results of Trevarthen's studies show a patterned development of communication over the first year, which can be summarized as follows. Although at birth infants can discriminate between people and objects and show means of orientating to each in distinctly different ways, these capacities are rudimentary and not developed until later; weeks later in regard to humans, and months later in regard to objects.

At 6 to 8 weeks the infant has a noticeably improved ability to focus visually and to exert control over the direction and duration of the focus. The focus of the infant's eyes is most drawn to the mother's hands, face, and, especially, eyes. By making, maintaining, or breaking eye contact, the infant regulates a feelingful connection with the mother. An exchange of smiles that serves to match and express their respective feelings leads on to 'a dialogic "protoconversation", a

cooperative exchange made up of complementary utterances with gestures' (Trevarthen 1989b, p. 193).

The patterns of behaviour of both infant and mother are characteristic and universal. When engaged with the mother, the infant coos and makes elaborate lip and tongue movements that Trevarthen has recognized as efforts to articulate speech. Prespeech, as he terms these efforts, is accompanied by raising one or both hands and a variety of finger movements. The right hand moves more frequently than the left, indicating activity in the left hemisphere of the brain, which is where the language centre of the brain is located (Trevarthen and Marwick 1986).

For her part, the mother synchronizes regular and exaggerated head, eyebrow and face movements, accompanied by a particular pattern of vocalization that Trevarthen calls 'intuitive motherese'. 'It is characterized by short, evenly spaced utterances with gently "breathy" voicing and undulating fundamental frequency in a moderately high pitch range' (Trevarthen 1989b, p. 198).

These exchanges can best be described as an intricately arranged duet for eyes, face and hands, 'as tightly organized as the performance of well-matched and highly practical dancers or musicians' (Trevarthen 1987a, p. 179). Microanalysis of recordings of protoconversations reveal astonishing comparisons between infant and adult rhythms in expressiveness. For instance, mother and infant are drawn to join in with one another on a shared 'beat'. When mother and baby attempt to synchronize their vocalizations, the duration of the pause to 'catch up' with the other and establish the 'beat' is the same as that 'of a wide variety of "pre-beat" signals – the article before a noun, prefixes, the up-beat of a conductor's baton, etc.' (Trevarthen 1990, p. 700). Each infant utterance lasts about the same time that an adult takes to say a short sentence, and the rhythm of turn-taking of utterances is a slow adagio; one beat every 0.9 seconds or 70 per minute (Trevarthen 1990). This is also the average rate of heartbeat.

In these interchanges it is the baby who takes the lead and the mother who follows. If the mother fails to hold her attention on the baby's face, the baby will stop the protoconversation, avoid the mother's gaze, show signs of distress that arouse the mother's sympathy, or withdraw.

This changes at 3 months. Conspicuous body growth, rapid increase in strength and control of arm, leg and head movements and a maturation of binocular vision, all contribute to an increased capacity to locate and manipulate objects. Trevarthen notes that the interest in objects competes with the interest in people during this period. The baby prefers objects to people, focusing not so much on the mother as on the animation she gives a toy. The mother naturally

coordinates with the baby by using more vigorous approaches, but not only with toys. She also introduces games, such as tickling games, along with baby chants, like 'This little piggy went to market', and baby songs. The patterns of the mother's songs and chants, like 'intuitive motherese', are unconscious and universal (Trevarthen 1990).

By the tenth month the infant has established distinctly different ways of orientating to people and objects; there is 'communication with persons and "doing" with objects' (Trevarthen 1974, p. 230). Bringing together the distinction made between people and objects, the baby begins to regard the mother in a significantly different way. There is 'a new form of spontaneous play, one that is more explicitly a joint enterprise in the managing of experiences and manipulation of objects' (Trevarthen 1980, p. 330). At this point, and not before, play becomes a shared activity, and the baby begins to cooperate with the mother, anticipating her motivations and learning from her the purposes of certain objects, for instance, what to do with a comb. 'Changes in the infant's cooperation as "receiver" or "listener" lead to large transformations in the mother's behaviour as "utterer". . . . She replaces questions and invitations with imperatives and directives' (Trevarthen 1990, p. 725). The unconscious and universal reactions of the mother give way to patterns of behaviour established by particular cultures and social class.

When people and objects, which have been differentiated, come together in cooperative play, the object becomes a potential symbol because the meaning of the object can be shared with a person (Trevarthen 1980). At the same time, utterances, termed 'protolanguage', are used to 'talk about' the objects and events of shared interest with another (Trevarthen 1980).

Trevarthen concludes that 'The evolution of the infant's expressive behaviours, coordinating movements of the whole body, but particularly face expressions, visual orientations, head movements, vocalizations and hand gesticulations, confirms the existence of a central patterning of expression' (Trevarthen and Marwick 1986, p. 287). The 'central patterning of expression' is, in my opinion, a reference to the influence of the primary self, and the 'evolution' which Trevarthen describes in remarkable detail is the unfolding of deintegrative and reintegrative processes. When Trevarthen defines infant 'motives' as 'mental structures underlying perception and action', consisting of 'images' and schema that do not necessarily reflect experience (Trevarthen 1980, pp. 325–6), he is also defining archetypal structures underlying deintegration and reintegration. Both Trevarthen and Fordham view the way mother and infant interact as well as the overall

developmental pattern of their relationship as shaped by archetypal (characteristic and universal) processes.

Incorporating Trevarthen's research with my understanding of deintegration and reintegration relating to early communication between a mother and her infant, I offer the following summary.

Initially the infant experiences the breast as a whole, in which the qualities of 'good' and 'bad', and animate and inanimate, are combined. First 'good' and 'bad' experiences are deintegrated and reintegrated, and then, when the infant is about 6 weeks old, experiences of animate persons deintegrate out of the initial experience of wholeness and are reintegrated following repeated protoconversations with the mother. At 3 months, experiences of inanimate objects are deintegrated out and then reintegrated, so that by 9 months the infant differentiates between people and things. At around 10–12 months, towards the end of the weaning process, the baby is able to combine in a new way what is animate with what is inanimate by sharing objects with others. When objects have shared meanings, they can serve as symbols. This marks a significant point in the development of the mind. Trevarthen notes that Klein dates the depressive position at this period, and Fordham has pointed out that the depressive position 'constitutes the first step in the lifelong process of individuation' (Trevarthen and Marwick 1986; Fordham 1989, p. 68).

## CLINICAL MATERIAL

The deaf girl I call Virginia stole various things, such as money from her mother and small items of school equipment from her classroom. Consequently I saw her weekly over her last four terms at primary school, from Easter until July of the following year. In what follows, I should like to examine what it was Virginia was trying to steal, or, as I was led to conclude, to retrieve.

By the time she had reached the age of 10, Virginia's impulsive bad temper and stubborn defiance made her a target for criticism from her classmates, unfortunately all boys, who made a point of excluding her. Her teacher and her parents were concerned about both her stealing and their inability to manage her, as at times she became exasperatingly belligerent and obdurate.

Before either her stealing or her behaviour became matters for concern, the school for several years had been worried about her lack of language development, which lagged noticeably behind that of her classmates. According to her audiogram, she was one of the deafest children in the school, yet, from the time she had started school, there had been an ambiguity about the degree of her deafness. From

her voice and lack of response, she seemed to be very deaf, yet – as will be seen – there were times when this conclusion seemed questionable. Although the cause of her profound perceptive (nerve) deafness was unknown, she was presumed to have been deaf from birth.

Virginia was the second of five children, and the only member of the family who was deaf. Her parents believed that she should be taught lip-reading, because they felt she would be excluded from the usual advantages and opportunities available to those in the hearing world if she were taught sign language. Virginia seldom used her voice and communicated through gestures, which her mother and older brother seemed to understand. ·

She had two younger sisters and a baby brother. She had been quite involved with the care of the second sister when a baby, and their closeness remained until the sister began talking, whereupon the sister preferred to be with others who spoke. When her little brother was born, Virginia was also involved with looking after him. There were times when he screamed at such a pitch that the mother could not stand to be near him, and Virginia would turn off her hearing aids, pick him up, and patiently comfort him.

Virginia started school at the end of her second year, at the beginning of a period of considerable change in deaf education. Until a year before I became the social worker there, the school, then typical of schools for the deaf in the UK, taught lip-reading and discouraged sign language. This was done with the genuine conviction that it was damaging to deaf children to isolate them from the world in which the majority use spoken communication. The year I began work at the school, in 1977, a select number of pupils were being taught sign language as well as lip-reading. Originally this was done in an effort to reduce the behaviour problems of these children, which to a certain degree it succeeded in doing. Six years later, by which time Virginia had been taught lip-reading for four years, there was a major shift in deaf education, and sign language was taught throughout the school.

At the time I started to see Virginia, which was only a few months after sign language was incorporated into the curriculum. I was impressed by the impoverishment of her language. She was like the deaf boy of the same age who is described by Oliver Sachs in *Seeing Voices*. 'He perceived that something was "going on" between us, but he could not comprehend what it was – he had, as yet, almost no idea of symbolic communication, of what it was . . . to exchange meaning' (Sachs 1989, p. 39).

In regard to our communicating, to begin with, there was as much lack of understanding as there was presence of it. Virginia could not speak discernibly, save for a very few words, and although she was being taught signing, she had, as I have explained, limited

understanding of language and what it is about. Added to this, she was uncommonly clumsy, and what signs she did use were conveyed in a sloppy manner. For instance, rather than point to herself to mean 'I', she limply patted the hearing aid harnessed across her chest. I had some signing skills, but basically it was a foreign language to me. Gradually Virginia and I developed a 'good enough' way of communicating based upon a kind of pidgin-sign language, gestures, mime, drawing, and simple written messages.

In our painfully unpropitious first session, I understood virtually nothing of Virginia's communications, either analytically or in terms of signing. The feelings of being misunderstood and rejected which this evoked then became acted out. For the next two weeks, she refused to see me in my room, although I was able to persuade her to go to the shops with me during our second meeting, and in the third I joined her in her classroom. There she rebuffed me by refusing to look at me and by moving away if I started to approach her. I made it clear that I knew she did not like me, but it was equally clear that this did not provoke my retaliation.

As the fourth session approached, I felt a strong sense of failure when I considered that she would yet again refuse to come. This was followed by a sense of relief that I would no longer have to suffer her lacerating rejections, which left me with feelings of thorough worthlessness and intense pain, the nature of which I had never been aware of experiencing before. I was very dependent on my supervisor, Dorothy Davidson, who taught me how to rely upon projective identifications – the thoughts and emotions that Virginia aroused in me – to understand Virginia's feelings. When I could see that the rejection I felt had its source in Virginia, I could develop a way of understanding her.

To my surprise, she came willingly to the fourth session, and rejected me *in pretend*. This was the beginning of a regular pattern of play; soon after the session started, she would feign a superior attitude and march haughtily into the medical room adjoining my office, slamming the door behind her. I would then jiggle the door handle in lieu of knocking and attempt to stick my head just inside the door, whereupon she would shriek one of her few understandable phrases, 'Go 'way!' I would retreat behind the closed door and wait for a few minutes before trying again. Occasionally she would allow me to stand in the open doorway, and I would pretend to beg her to let me play with her. She turned me away repeatedly – sometimes six or seven times – before eventually letting me in.

During the time she was alone in the medical room, she would be arranging the furniture and equipment to suit her play or going through the contents of the box of toys I provided, studying each

object as if she were taking inventory of a treasure. When I was allowed in the room, she would play teacher and order me to pick up paper she scattered on the floor and direct me to do impossible homework. Later she became a doctor, isolating me beneath blankets and behind screens and leaving me until she returned to administer 'medicine' from a urine specimen container. She would also give me anxiety-provoking medical examinations, including eye tests in which I was expected to identify individual letters her ruler whisked past on the wall chart. When I failed to keep up, she became exasperated and critical.

As I have described elsewhere (Urban 1990), Virginia tended to expect others to look upon her with criticism and scorn. I found it difficult to watch her, say, examining the toys I provided without her feeling unbearably criticized. When she felt criticized, it was impossible to direct sign language to her; she would scream and turn away or refuse to look. I discovered that she was in fact interested in what I had to say because she watched me indirectly. When I became aware of this difficulty and how she managed it, I found alternatives to direct communication, such as using the mirror in the room or signing to a space next to her, rather than straight at her.

The endings of the sessions were characteristically disruptive, initially because she wanted to take something from the toy box away with her. Only later did I understand that her behaviour had a bearing upon her language deprivation. For instance, at the end of the fifth session, she stubbornly insisted upon taking the entire box of toys with her, and I tried without success to dissuade her. As she was leaving the room with the box determinedly tucked under her arm, I asked feebly if she was going to bring it back the following week. She answered yes. This she did, thus making what might have been stealing – or confiscation – into an exchange; she takes something from me and then gives something back. This exchange was marked by ruthlessness (on Virginia's part) and intense anxiety (on my part). The anxiety that I experienced was related to dependency, because I felt that if she took all the toys and did not return them, we would not be able to continue to meet. This feeling was not based upon reality, because her play with me did not involve the toys; it involved playing school and hospital. But the toys were a means of exchange that served as a fundamental link between us.

Within the familiar pattern of play there were significant changes. She used her increasing communication skills to tell me to wait, rather than slamming the door shut and leaving me out. We worked out ways of accommodating one another that allowed for moments of good will, such as moving furniture together to make the

arrangement she wanted. At our last meeting of the term, she wrote me a note: 'Elizabth not play. Sad not play Eliizabth (*sic*)'.

By the end of the term, Virginia had shown considerable changes outside her sessions as well as within. Her behaviour both at home and in class had improved. Her parents told me that she had changed '100% in her attitude'; she was more relaxed in herself and was more interested in joining in activities with others. Her communication skills had developed, and she was confident enough of her ability to communicate to have occasional chats with the speech therapist. Also, I had looked through the school accident book, where her name had previously been logged more than any other child's for regular falls, cuts, and bruises. There was no entry for her during the term from Easter to the summer break.

To the best of my or anyone else's knowledge, she had not stolen from home or school since the first time she saw me. However, when I took Virginia's toys home with me over the long summer holiday, I happened to look inside. There, along with the small toys I had provided, was a strange toy I had not seen before. It was a tiny, soft cushion, probably part of the furniture for a doll's house, that only Virginia could have put there. Something had been added to that which stood for our means of exchange, that is, she had contributed something of her own to what passed between us. Granted, this was done surreptitiously, but it conveyed by its size and texture an element of tenderness.

When we resumed meeting the following autumn, Virginia's play continued to reflect change. The emotional intensity of the sessions in the first term became more moderate, and her reactions to me less volatile. Her relationship to me shifted from one marked by controlling/being controlled to one of mutuality. She confided to me her need for help with her homework, and drew a picture of a 'beautiful rainbow' to express the feeling of togetherness that existed between us. A new pattern of play developed; she played that she was my friend. The development of this play reached a climax in our last session before the Easter break, just a year after we had started to meet.

At the start of the session, she pulled out some disused speech therapy equipment that had been stored in my room. Using some of this equipment and the procedure with which she was familiar, she pretended to give me a hearing test. She put the headset on me and made various vocalizations behind me. Pretending to be deaf, I raised my hand when I 'heard'. She reversed our places, and I gave her the 'test', saying one of three names that she knew. At one point she turned, looked at me, and smiled. Pointing to her ear and nodding affirmatively, she clearly indicated that she had heard me. Startled

and pleased, I said that I thought she was deaf, adding that the headset would make hearing even more difficult. She removed the headset and turned away, asking me to repeat the names. Again she indicated that she could hear. I asked her what word she heard me say, and she answered correctly, 'Virginia'. When I asked what the second name was, she wrongly answered, 'Elizabeth'.

The subsequent session picked up from where this one had left off, despite the four-week Easter break between the two. She pulled out the hearing test equipment, darkened the room, and administered the hearing test. She then insisted that I go with her into the school hall, where she directed me to pick a song from several that were written on posters hung on the wall and to copy it, while she did the same. When we returned to the darkened therapy room,

> She places me in the corner in front of the lamp and turns it on. She wants me to sing the song I chose, which I do with the spotlight on me, while she holds the music and, after a fashion, directs by signing the words. When we finish my song, she switches our positions so that she stands in the corner in the spotlight. She tells me to sign the words of her song, which I do. Together we perform the song together, my inarticulate signing accompanying her flat yet enthusiastic tones, the words of the song being all but indiscernible; 'red and yellow and pink and green . . .'
>
> She intently watches my hands while I sign, and sings wholeheartedly, swaying rhythmically back and forth from one foot to the other. When we finish, she turns and stands opposite to where she stood to sing, and applauds, and has me do the same. There is enthusiastic appreciation in the applause – and a curtain call.

## COMMENT

The feelings that were aroused in me by Virginia during these last two sessions helped me to understand what was happening not only in these two particular interviews, but also how they represented a culmination of something that had been developing all along. What I felt during, and following, these two sessions was an intense humility at the unique privilege of being 'heard' by this deaf child, and an exquisitely painful tenderness at being allowed close to what felt at the time like her 'primal wound'. These feelings of idealized specialness and closeness were opposite to the rejection and worthlessness I experienced at the beginning. These important clues enabled me later to consider how Virginia's play expressed phantasies she had about communicating.

These thoughts can be summarized as follows. At the time I started seeing her, Virginia identified with being deaf (patting her hearing aid to mean 'I') and this meant to her being unable to communicate and being rejected. By the end of the first term, there was evidence

in the tiny cushion that the foundations of communication had been established between us, and this was accompanied by an improvement in her communication skills. The primary means of communication had shifted from projective identification to play and semiotics (signing).

When the autumn term started, the development of her phantasy not only continued, but gained momentum. It can be described as the unfolding (deintegration) of a complex phantasy of idealized good communication, in which there is a close and special togetherness with another, without the pain of not understanding or of being misunderstood.

In Virginia's phantasy, ideal communication could only occur if one were hearing and, by implication, speaking. Thus, she could only 'really' communicate while in projective identification with an idealized hearing (and speaking) object. From the feelings I experienced at the time, she was clearly in this state of mind in the two sessions involving the hearing test equipment. As she had undergone actual hearing tests many times, I think that she responded as she did because she knew what to expect and not because she could actually hear – that is, beyond some residual hearing, which may have come to have more value for her. So when she said she could hear, she meant she was projectively identified with me as a hearing person and *felt* that she could hear. She also *felt* that she could speak, and this was expressed in singing together with me, while in projective identification with an idealized speaking (singing) object. In that feeling state, she could both watch (my signing) and be watched (by me and an imaginary audience).

In summary, I think that in achieving a state of mind in which she *felt* that she could hear me and *felt* that she could speak to me, Virginia had been able to acquire 'honestly', that is, by hard work, what previously she had only been able to attempt to get by stealing.

I have so far described Virginia's quest as one for the experience of being in communication with another. However at this point a new question arises: if Virginia was deaf from birth and without a visual language until she was 10, how did she know what she was missing? Or, put differently, was Virginia stealing something that she did not have or retrieving something she once had but had lost? To address this question I am turning to infant observation.

INFANT OBSERVATION

In what follows I am drawing upon notes I made of an infant and his mother and other family members during weekly visits to their

home. At that time I attended a seminar with other infant observers, where my notes were discussed. Several years later I studied my notes again under Dr Fordham's supervision, and it was during this re-examination that Dr Fordham offered the reflection, which I shall point out in due course, which provides the central theme of this paper.

In the following excerpts from my observation notes, I am focusing on early exchanges between the baby Toby and his mother. In the first observation Toby was 2½ months old, the age at which infants and mothers engage in protoconversations. By this time, Toby had established a good relationship to the breast, which, I think, is clear in the observation.

> He sucked heartily at the breast for several minutes, making throaty noises and moving his cheeks rhythmically. He fed for several more minutes before his mother sat him up to wind him. She turned him around with his head resting on her right elbow, his eyes watching her. She looked at him intently and talked to him, her face occasionally breaking into a broad grin.
>
> Toby resumed vigorous sucking. After about five minutes, he pulled away from the breast and looked at his mother's face. He began to suck again, but more slowly than when he first fed. He then stopped sucking, and she asked if he had finished. She pulled him toward her right nipple and held him there for a minute. Although he had taken the nipple into his mouth, she told me that he wasn't sucking. She turned him around and sat him on her leg to wind him. He looked at me and smiled. I noticed again this time, as I had the last visit, how he seemed to play with his tongue. It seemed to move within his mouth causing his cheeks to move, and occasionally he stuck it out as if savouring it.
>
> She turned to him and said, 'There now, time to have your nappy changed'. Her tone to him was very affectionate and when she talked to him the questions she asked were spoken as if he might really answer. She undid his babygro and talked to him. He began what she called his 'conversation'. He made a series of noises which had the rhythmic inflection of someone speaking. His mother looked down at him and smiled, and talked back to him, asking him to 'Say that again?' As she spoke, he smiled and looked at her and then away and waved his arms. Then he held them out in front of him in the air, first suspended, then moved up and down. While he was 'talking', his face changed expression; he knit his eyebrows together with an intent expression, he smiled, and he just looked around with raised eyebrows, as if expecting something. These expressions added to the sense of his having a 'conversation'.

In this observation, Toby's relationship to the breast is intimately linked to the protoconversation he has with his mother. The mutually satisfying feed includes not only taking in milk, but also touching, 'talking to', and looking at one another. Toby lingers at the breast after feeding and holds the nipple in his mouth. When he is taken from the breast, the nipple is replaced by his tongue and, a few moments later, by vocalizations. Thus, for Toby a good feed of various components is located in his mouth, first as a nipple in his mouth, then as his tongue in his mouth, and later as vocalizations in

his mouth. The vocalizations are part of a 'conversation' with his mother, the 'topic' of which seems to be their mutual enjoyment of one another.

Influenced by Fordham's model of deintegration and reintegration, I view what is happening around Toby's mouth as an early step in development. That is, the nipple-in-the-mouth of a good feed is a protophenomenon which separates out (deintegrates) into a number of later discrete phenomena, such as container-contained, a good intercourse, and, as I hope to show, a word-in-the-mouth. Thus, this protophenomenon is like a simple bud which gradually unfolds into a intricately complex flower.

I shall now turn to an observation when Toby was 6 months, 3½ weeks old. Earlier in the observation, Toby was in the kitchen playing with various utensils, and I noted that his main preoccupation had shifted from people to things. Later his mother left temporarily and, when Toby protested, I held him on my lap, which quieted him.

> He sat on my leg and leaned forward and dug his fingers into a hole in the chair covering. I noticed that his mouth was pulled in as it is when one forms the letter 'B'. I spoke to him, and he looked up at me and then away again. I turned him around to face me. He leaned forward and reached out for the front of my sweater and breasts, feeling the texture of my sweater. After a while, he lay back a bit, half-upright, resting against my body and arm. A couple of times he turned his head against my shoulder and breast, as if expecting to suck. I talked to him, and he relaxed. I felt I was running out of conversation but that my voice was soothing to him, so I began to sing a little lullaby. His lids lowered as he watched my fingers rub his tummy, and then he looked away at nothing in particular, seeming to concentrate on listening to my voice. He seemed relaxed and pulled his right arm around so that he could suck on his fingers and waved his left hand in the air. He watched his left hand as he moved it around. He looked up at my face and then at my mouth, and then reached for my mouth and touched it as it moved when I sang, still sucking on the fingers of his other hand.

As in the first observation, there is an experience at the breast (reaching for it) followed by an exchange with another. However, there are developments in this observation beyond those which were noted in the first. His interest has shifted from people, especially his mother, to things, which he can manipulate through developing fine motor control. This is consistent with Trevarthen's finding that in the middle of the first year the baby, if in the company of the mother, prefers objects to people.

Increased muscular control also applies to Toby's tongue and labials, as his infant cooing, which is made up of primarily vowel sounds, develops to include consonants (the 'B' mouth shape). Parallel to this is an increased awareness of inside/outside, and fingers are used to explore this dimension, for example, the fingers into the rip in the

chair covering and into his own and my mouths. (I shall comment later on the developing awareness of inside/outside.)

Dr Fordham's reflection was on Toby's interest in the song/word in my mouth, for which he looks and tries to touch. Dr Fordham's comment carries the understanding that for Toby the word is a thing. Toby reaches for this thing with one hand while simultaneously sucking on the fingers of his other hand, so that one can hypothesize that there is a link between the fingers-in-the-mouth (which derive from the nipple-in-the-mouth of the good feed) and the song/word-in-the-mouth.

The subsequent visit supports this formation. Once again, the mother had temporarily left.

> He sat on the mat on the floor and started to cry. I picked him up and held him on my lap and talked to him. I began singing to him, and he stopped crying and looked up and watched for a long moment. He then made agitated movements before becoming quiet again. He started to 'talk' as if commenting on something that was going on, and reached for my mouth. He then made sucking movements in his mouth.

In this observation, my song/word-in-the-mouth is linked, by Toby's reach, to his vocalizations-in-the-mouth and his sucked tongue-in-the-mouth. Thus, what became the song/word-in-the-mouth can be traced backward, via vocalizations-, fingers-, then tongue-, to its source in the nipple-in-the-mouth of a good feed. All of these thing-in-the-mouth experiences are inextricably bound up with emotionally coloured, that is, meaningful, exchanges with another. This describes the mother tongue to which I referred in my introduction.

In order to follow the forward development of the thing-in-the-mouth, one needs to keep in mind that Toby's growing awareness of inside/outside (exploring the tear in the chair covering and the insides of my and his own mouths) occurs alongside the gradual discovery of things (the kitchen utensils). Referring to a series of observations of children between 18 and 30 months (at least a year older than Toby in the previous two observations), Meltzer writes about the 'Buccal Theatre for Generating Meaning' (Meltzer 1986, p. 181). He describes the way one child seemed to be playing with the sounds in his mouth in a way that paralleled his play with objects, 'not merely as commentary on that play but as an alternative theatre of phantasy manipulation' (Meltzer 1986, p. 179). Meltzer concludes that 'the physical space of the oral cavity is utilized as the theatre of phantasy and play, a mid-point between external play and internal thought . . . [where] the sounds can be manipulated as concrete objects' (Meltzer 1986, p. 179).

To show what had happened to Toby's language development by

the time the word was in his own mouth, I am skipping almost twenty months to the time when he was 2 years, 2 months, 2½ weeks, to complete the picture.

> Toby smiled when he saw me. His mother asked him, 'Who is it?', and Toby, having been able to identify me by name for at least a month, said, 'Frances'. His mother said it wasn't Frances, and Toby said 'Elizabeth'. He said something I couldn't understand about a story, then repeated, 'Less read a story'. I followed him into the sitting room and sat down while Toby brought me a book. He and I read it as he stood by my knee. He repeatedly pointed to pictures of mice and said, 'Dassa rabbit', but after a bit conceded, 'Dassa mouse'. There was a picture of a fly on one of the pages, and I asked him what it was. 'Dassa spider,' he answered. I said I thought it was a fly. 'Issa heliocopter', he declared authoritatively. Later he changed this; 'Dassa fly'.

By 26½ months Toby had come to know a lot about language. Not only did he have a good vocabulary, which he could will to use accurately or not, but also he knew about statements, questions, and imperatives. He knew about verbal one-upmanship and that his 'heliocopter' outmatched my 'fly'. He was thus able to use words as part of a game. Knowing that at that time he was terrified of spiders, I think he was also using the word in his mouth as a toy with which he played, helping him to develop a means of managing a powerful phantasy and to differentiate internal from external reality, similar to the way Meltzer describes.

I have tried to show how the origins of what eventually became the richness of Toby's language can be traced to an object (the thing-in-the-mouth) that was simultaneously a relationship (a good feed). I believe that it was this 'mother tongue' that Virginia was trying to steal or, more accurately, to retrieve. Before this conclusion can be accepted, there is one more point to add. To do this, I would like to compare the part of the first observation that describes the post-feed protoconversation Toby had with his mother during his nappy change with that of a baby girl just the same age as Toby; 2½ months.

> Amy looked at me and smiled, waved her arms and legs, and made 'eh' noises and raspy syllables in the back of her mouth. I could talk to her when she finished her vocalization, so that we had a 'conversation'. In this 'conversation' she made single syllable 'ooh', 'eh', and 'ee' sounds and some multi-syllable sounds that in my imagination I could make into 'hello' and 'how are you?'. That is, she had in her voice the same song, or inflection, of someone saying this. There were a series of waves of smiles, crescendoing with her sounds. These crests were accompanied by vocalizations of a variety of human speaking sounds. She 'talked' in the crest of the wave, and I talked in the fall.

The protoconversations between Toby and his mother and between Amy and me are virtually identical; each infant is in relation to an

adult via alternating vocalizations accompanied by facial expressions and arm and hand movements. In neither case does it matter whether words are being used or understood. What does matter is that there is a *meaningful* exchange of expression. The only significant difference between Toby and Amy is that Toby is hearing, and Amy is deaf.

CONCLUSION

I would now like to return to Virginia and her quest, in which she was trying to get for herself the object that is the thing-in-the-mouth which is also a relationship in which there is a purposeful exchange and a feeling of being together with another in shared understanding. In infant protoconversations, which deafness does not preclude, it makes no difference whether the utterances have specific meanings; it is the emotional quality – the meaningfulness – of the exchange that counts.

It could be argued that Virginia's loss of her mother tongue was inevitable. Not untypically, her deafness was not diagnosed until she was in her second year. This is well beyond the second half of the first year when babbling develops, and when the mother helps her child to establish a preference for certain babbled sounds which become phonemes, the 'alphabet' of the sounds of a language. It is clear that the baby must be able to hear in order to establish which of his or her vocalizations have meaning when he or she babbles. This might have been Virginia's first step towards language deprivation and, to her, the loss of the mother tongue.

A more convincing view is that Virginia, for unknown reasons, was severely deprived. Most of the other children at the school also had hearing parents and late diagnoses of deafness, but did not have her difficulty in understanding that language, whether signed or spoken, is fundamentally about the exchange of meaning. Hence Virginia's deprivation was not simply one of language because of her deafness, although I think that in both my and Virginia's minds that was where the deprivation was located. It was in the area of deafness (play referring to her experiences at the school for the deaf and at the hospital audiology department) that feelings of hurt, rejection and being excessively controlled could have a place, and it was in the area of hearing and speaking that feelings of hope could develop.

Also, Virginia was very like the severely deprived children described by Alvarez (Alvarez 1992). Alvarez's view is that these children are burdened with despair of attaining what is meaningful, and she argues that the therapy of these children needs to be directed to helping them with 'the new hopes and the new development of

idealization' (Alvarez 1992, p. 126). Certainly this was the way Virginia used her therapy.

What Virginia did with her therapy can be described using Trevarthen's framework. When Virginia developed a way of managing her feelings of rejection and being excessively controlled, she started to play that we were friends. I understand this to be her way of working toward an attitude that could lead to the fulfilment of an unmet longing. What I think she hoped for and temporarily achieved was the experience of what felt like a post-feed protoconversation. What happened following the play with the hearing test equipment had marked similarities to just that; a duet for eyes, face, and hands in an emotionally coloured exchange with a special person. The parallel with infancy is that only after the infant's hunger and discomfort have been allayed (Toby's feed and nappy change) and there is a good object in the infant's mouth (a nipple, then musical vocalizations) can there be a mutual, pleasurable interchange with a 'favourite companion'.

However, this description is not complete without an analytic understanding of the content of our exchanges. Jung likened the transcendent function to 'a language which is eloquent enough for one who understands it, but which seems like deaf-and-dumb language to one who does not' (Jung 1958, p. 89). The feelings Virginia aroused in me served as such a language. Only if I experienced, contained, and understood the feelings Virginia stirred up in me, could there be a relationship in which the fundamentals of communication were re-established and developed. Because this happened, Virginia was able to retrieve an experience of the thing-in-the-mouth that is also a relationship of shared meaning. This developed alongside her acquisition of sign language, whereby a word-in-the-hand, which derives from the gesture-in-the-air, could come to serve the same purpose as a word-in-the-mouth.

## SUMMARY

The clinical material in this paper is drawn from the treatment of Virginia, a profoundly deaf 10-year-old, who was referred for treatment because she stole things from home and school. This paper attempts to address the question of what it was she was trying to steal. In formulating an answer, I draw upon the infant research of Trevarthen and my own infant observation. I attempt to comprehend the clinical material and the infant studies within Fordham's model of early development.

My conclusion is that Virginia was attempting to retrieve, rather

than steal, an experience that lies at the source of a number of later developments, including that of language and friendship.

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# 'With healing in her wings...': integration and repair in a self-destructive adolescent

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SUMMARY This paper describes certain Jungian concepts related to integration and repair. Fundamental to this is Jung's concept of the self, which Fordham has made the basis of his model of development. To Jung's notion of the self as an integrator and organizer of experience, Fordham has added the idea that the self divides up, or deintegrates. Three corollaries of Fordham's model, pertaining to whole and part objects and the depressive position, are amplified through infant studies.

Clinical material from the treatment of a pigeon-phobic adolescent is presented, which attempts to demonstrate that a significant part of what the phobia represented was an infantile state of projective and introjective identification with an anxious mother. Treatment facilitated actions of the self that contributed to the integration of the experiences represented by the pigeons, so that what had been split off became a deintegrate capable of being reintegrated.

The focus of this paper is on the developmental as well as the pathological. Both are conceived in relation to the treatment.

KEYWORDS Primary self; deintegration; reintegration; repair; Michael Fordham.

## INTRODUCTION

One of the most important of Jung's concepts is that of the self. Although he used the term in a number of different ways, the one that predominates is Jung's definition of the self as the totality of the personality: mind and body, conscious and unconscious, ego and archetypes (Jung, 1971). As a phenomenon, the self is characterized by totality

and wholeness, and is the source of meaning. Functionally it is an organizer and integrator, bringing together and structuring the inner world. Because the self is the totality of the personality, it contains or, rather, transcends opposites.

For Jung, meaning and the pressure to become whole are the motivating drives behind development. From his work with adults in mid-life, he conceived development as a process, termed 'individuation', in which the individual becomes more deeply and truly himself. Individuation is ongoing; one individuates but is never individuated. Technically, it is a process by which the ego, the centre of perception, time and again confronts conflicting and opposite forces, say between good and evil, or being dependent and being separate. The consequence of the conflict between opposites is – and here is Jung's optimism (Fordham, 1985a) – a new resolution, symbol or insight arising in the ego. Individuation thus involves the ego and a pair of opposites, andthis triangulation is a cornerstone in Jungian understanding of development (Jung, 1955–6, 1959; Fordham, 1985b).

## FORDHAM'S MODEL

Drawing upon Jung's concept of the self, Fordham postulated a *primary* integrate at or before birth, which he termed the primary self. Taking Jung's concept of the self as a psychic integrator and organizer, he added his own original concept, that the primary self divides up, or deintegrates, in order to relate to the environment. The self then assimilates the experience by reintegrating it (Fordham, 1976, 1994).

Freud used the protozoa amoeba as an analogy for the ego (Laplanche and Pontalis, 1973), and it can also be used as a model for the deintegrating and reintegrating primary self. The pseudopod of the amoeba reaches out into the environment and takes in food (deintegration). What is taken in is then assimilated into the nucleated endoplasm (reintegration). The pseudopod does not become detached from the rest of the amoeba, but remains part of it, just as deintegrates remain part of the primary self. If the deintegrate (experience) becomes cut off from the self, then splitting occurs. In other words, according to Fordham, splitting refers to experiences that have pathologically become detached from the self (Fordham, 1987, 1993).

Fordham cites a typical example of deintegration and reintegration in infancy. An infant wakes up from sleep, a state of integration, and relates to the breast during a feed. Following the feed, the baby sleeps

again, assimilating, or reintegrating, the milk and the experience (Fordham, 1987). A fuller description, which takes into account the interactive dimension of Fordham's model, would be as follows. The infant wakes from a state of integration, having an archetypal predisposition towards that which fills his need (cf. Bion's preconception [Bion, 1962]). He gives signals, such as crying, to his mother. The mother takes these signals into herself, does something with them, and then responds to her baby, such as putting him to the breast. The baby feeds, and takes in not only the milk but something of the mother's way of feeding and responding. In assimilating the milk and the experience, the baby adds something of his own, such as meaning, the way the mother added something of her own, such as alpha function, when she took in the baby's signals. What is done within the baby is the result of actions of the self. I shall return to this.

The organizing functions of the self differ from those of the ego. It is the self that accounts for the overall, archetypally shaped unfolding of the personality, and for the organization of the infant's personality. However, infants also exhibit rapidly fluctuating states, which Fordham understands as evidence of the fragile and unstable infant ego. There are bits of ego at birth, because early experiences (deintegrates) include bits of perception or awareness. Only in the course of development, that is, as the self deintegrates and reintegrates, do they coalesce into a stable ego.

The unfolding of the personality proceeds in surges, which can be understood as periods of massive deintegration. The findings of experimental researchers indicate that surges within the first year occur at birth, at about two months, to a lesser degree at three to five months, and again at ten to twelve months (Stern, 1985; Trevarthen, 1980; Trevarthen and Marwick, 1986).

I should now like to focus on three corollaries of Fordham's postulate of a deintegrating and reintegrating primary self, which pertain to whole and part objects and the depressive position. I shall attempt to expand upon each by drawing upon infant studies.


## FIRST COROLLARY:
## WHOLE OBJECTS PRECEDE PART OBJECTS

For Fordham, the primary self begins before birth. Unlike Freud's primary narcissism with its libidinous and destructive energies, the energy

of the primary self is neutral. Interaction between archetypally (bio-logically) determined expectations and the intra-uterine environment produces the first objects, which Fordham terms 'self objects' (Fordham, 1994). These are pre-image and pre-symbol, and, as I understand them, are what Alvarez is describing when she refers to the pre-objects of autistic children (Alvarez, 1992).

Self objects are imbued with the self, that is, with feelings of whole-ness, at-oneness, altogetherness, together-with-me-ness. At the beginning of life, these qualities pervade experiences, thus creating states of fusion via the processes of projective and introjective identification, early processes that initially are probably very close to one another. Foetal swallow-ing provides a picture of how the experience of being at one with that which one *is* inside (projective identification) can be very close to that of being at one with that which one *has* inside (introjec-tive identification). According to Milakovic, the foetus 'at will' swallows amniotic fluid in order to regulate the imbalance of fluids in its body (Milakovic, 1967). It is easy to imagine that, because what provides relief is of minimum texture and the same temperature as the foetus, what envelops and what is taken in is experienced by the foetus as being part of itself.

After birth, early feeds (deintegrations) are typified by the infant's total absorption in the experience, eyes closed, body still, and mouth sucking rhythmically, as if the breast were the whole of his universe and he was giving himself entirely to it. Visual, aural and tactile aspects of the mother become incorporated into the wholeness characterizing early self objects. From the observer's point of view, the baby is relating to parts of the mother, but from the infant's point of view, the part *is* the whole (Fordham, 1987; Astor, 1989).

Earlier, I stated that, when the infant assimilates an experience (rein-tegration), he adds something to it. An example is amodal perception and cross-modal fluency. Because the newborn can fluently translate amodal experiences from one sense into another, Stern concludes that the 'seen' breast is experienced by the infant to be the same as the 'sucked' breast (Stern, 1985). In Fordham's model, the global, whole nature of the infant's perceptions is an expression of actions of the self that make them so. According to the infant's experience, self objects are whole objects. However, even in infancy, self objects come and go, and so do experiences of wholeness and fusion (Fordham, 1985b).

## SECOND COROLLARY:
## PART OBJECTS ARE A RESULT OF
## DEINTEGRATION AND REINTEGRATION

Self objects arise out of and represent the satisfied needs of the foetus and, later, the infant, and quickly develop into good objects. Early on, other concurrent sense data, for example, commotion from an older sibling, do not become integrated (Stern, 1985; Brazelton, 1991), or are experienced as not-self. If not-self objects are felt to be frustrating or unpleasant, they initially are rejected, attacked or evacuated (Fordham, 1976), and can later become bad objects. The intensification of and differentiation between 'good' and 'bad', which can be observed in young infants, is a result of early actions of the self, creating parts out of the whole.

At about six weeks to two months, dramatic changes occur in the infant, indicating a new surge of deintegration. Trevarthen details the considerable changes that occur in the area of communication. He describes in fascinating detail the intricate, alternating behaviours of infant and mother that develop into protoconversations. Later, at three to five months and given a secure relationship with a present mother, the infant turns away from face-to-face conversations in order to engage with an object animated by the mother (Trevarthen, 1980; Trevarthen and Marwick, 1986). Psychoanalytic baby observations show how babies this age explore objects on their own through mouthing and handling. Taken all together, these observations show how animate and inanimate become firmly differentiated.

Stern describes the gradual differentiation between self and other. He details how the infant sifts invariant from variant features of experience and organizes them into clusters of experiences associated with self and experiences associated with another, resulting in the infant's sense of core self and sense of core other: 'Somehow, the different invariants of self-experience are integrated . . . . Similarly, [the different invariants of different experiences of the mother] all get disentangled and sorted. "Islands of consistency" somehow form and coalesce' (Stern, 1985: 98)

In Fordham's model, the sorting of invariant from variant features and the organization of them into discrete clusters are actions of the integrating and organizing functions of the primary self. Fordham would consider Stern's description of the coalescence of 'islands of consistency' into a sense of self to be a description of ego formation. For Fordham, having a sense, a perception or an awareness – no matter how primitive – is a function of the ego (Fordham, 1994).

The self not only shapes the ego, it also adds something to the clustering of perceptions. This means that there is a fundamental difference

between Fordham's and Stern's concepts of the ego. This can be seen in their different views about self-representations, which arise in the ego. Stern's representations of interactions that have been generalized (RIGS) are mental prototypes of lived experience, that is, memories of actual experiences. For Fordham, the ego is born out of the self and despite the gradual boundary that is built up between them, the self remains partially represented in the ego. Hence self representations contain aspects of the self, and are more than memories of actual experiences (Fordham, 1985b).

In summary, through deintegration and reintegration, the original wholeness of self objects divides up into parts, such as good and bad, inside and outside, animate and inanimate, and self and other.

## THIRD COROLLARY:
## INDIVIDUATION BEGINS WITH THE
## DEPRESSIVE POSITION

At about ten to twelve months there is another surge of new developments, or deintegrations. In the period Trevarthen terms 'secondary intersubjectivity', play between mother and infant becomes a shared activity. The baby begins to cooperate with the mother, anticipating her intentions and learning from her the purposes of certain objects, for instance, what to do with a comb. When the meaning of an object can be shared, the object becomes a potential symbol (Trevarthen, 1980; Trevarthen and Marwick, 1986). According to Stern, this is the period of establishing a sense of subjective self. As the infant discovers that inner experiences are shareable, he begins to relate to his mother's mind and acquires 'a "theory" of separate minds' (Stern, 1985: 124). Thus, Trevarthen and Stern demonstrate the enormous potential for cognitive development that comes out of the bringing together of self/other, animate/inanimate, and inside (the mind)/outside (behaviour).

Psychoanalytic baby observations during this period are usually concerned with the infant's final weaning from the breast. An example is from the observation of Edward, at twelve months, one week. I am grateful to the observer in the BAP training who allowed me to use the following extracts from her notes.

Edward was completely weaned from the breast only a few weeks before. At the beginning of the observation, the observer watched him being given lunch from a bowl. When the bowl was emptied and taken away, Edward suddenly let out an intense wail, 'mouth open wide and crying bitterly so that he was just exhaling in bursts. He was inconsolable.'

His mother offered him the bowl and then juice, which he refused. Then she tried to hold him. Each effort on her part to comfort or distract seemed to escalate his screams. Eventually the mother took him into the lounge and cleared a space for him on the floor, while she sat close by. 'For fifteen or twenty minutes, he rolled on the floor and screamed, [writhing] back and forth.' Throughout this time the mother remained close and attentive.

> Slowly the intensity of the screaming eased but did not stop, and Edward seemed able to tolerate his mother's soothing. The screams had changed into something more regular and rhythmic, but [eventually] they stopped altogether and at last he lay still and quiet. . . . He stared at the ceiling, exhausted . . . . His mother bent over him after a while and he smiled slowly in response. Within minutes he was smiling and seemed quite happy.

The seminar group found this observation quite upsetting, and considered that Edward's loss of the bowl might be an expression of his loss of the breast. Nothing external in the observation accounted for the unreachable depth and intensity of his response; he was responding to something internal. In thwarting his mother's efforts to console or distract, he seemed to be 'true' to his experience of his loss and to show a depth of character. Eventually and of its own accord, the intensity subsided, disappeared, and a good relationship with the mother was restored. When his mother went into the kitchen, he played happily with the observer, something he had never done before and which seemed to mark an increased awareness of reality and affection. These are hallmarks of the depressive position.

The classical Kleinian idea of the depressive position is that the infant comes to experience that the good, satisfying breast is the same as the one he recognizes as bad and frustrating and which he attacks. Consequently he comes to feel that he has destroyed that which he loves most (Segal, 1979). Fordham describes the sequence that follows:

> He pines and becomes absorbed in himself so that he is inaccessible to his mother. After a variable and distressing period of time, he gradually recovers; now he has reconstructed the breast internally. In short, he has accomplished a rather wonderful act of reparation. After this sequence, the baby's sense of reality takes a step forward and his mental life is enriched. The transformation is called the *depressive position* and, in my view, constitutes the first step in individuation.
>
> (Fordham, 1989: 68)

When Fordham states that the depressive position marks the beginning of individuation, he understands that the opposites of good and bad and love and hate are brought together in such a way that a new symbol (an internal breast) is formed, thereby enriching inner life and, equally, leading to an increased sense of reality.

These three corollaries, taken in the order presented here, demonstrate the development of the internal world. The original wholeness of self objects divides up into parts, and then the parts come into relationship with one another.

## CLINICAL MATERIAL

The girl I shall call Ruthie was 13 when she was referred because of her excessive and irrational terror of pigeons. Ruthie could not walk from home to the nearby tube nor from school to the bus stop without being frightened that she might encounter a pigeon.

A psychoanalytic understanding of a phobia would usually include sexuality. Although treatment included the gradual understanding of emotional, cognitive and sexual aspects of what the pigeons represented to Ruthie, in what follows I shall focus on the aspects of the phobia that related to certain states of confusion. These states were not only the subject of much of Ruthie's treatment but also referred to her self-destructiveness and what stood in the way of her development. I should like to use Ruthie's treatment to describe how Fordham's model of development helped me to help Ruthie to integrate the experiences represented by the pigeons and how, therefore, splitting became deintegration.

When Ruthie and I first met, she reported in detail how abhorrent and repulsive she found pigeons. I asked her to draw a picture of one and she made an attempt but stopped short of completing the picture because it aroused such strong fear and revulsion. Closing her eyes and shaking her head, she shuddered and flapped her hands while expelling repeated 'oohs' of disgust. We established that what was unthinkable for her was that a pigeon would fly up on big flapping wings and rush into her face.

Once-weekly treatment started, and Ruthie eventually filled me in on some of the details of her external life. She started to become frightened of pigeons after her family moved to London from a smaller community, when she was about 10. Unhappy and friendless, she remained the 'new girl' in school until secondary transfer.

Most of the sessions during the first months were detailed, repetitious accounts of her day-to-day encounters with pigeons, which left me feeling sleepy, cut off and useless. For her part, Ruthie found me cold and unfriendly. When I tried to offer an interpretation, she frequently would ask me to repeat or to say more. When I tried to do so, I often discovered that I was unable to restate my thoughts coherently; my sentencing broke up into nonsense.

Eventually I suggested that she was frightened of getting into a flap. Having had some experience of her mother's anxiety and volatility, I felt I could picture what Ruthie might feel like when her mother was upset. I wondered if, when her mother got in a flap, Ruthie became frightened that the flap in her mother's mind would get into her mind. This line of thinking seemed to mean something to Ruthie. She became increasingly aware of her worry that my muddle or lack of understanding might become her mixed-upness and confusion. She told me dreams, and then worried about the parts she could not remember for sure. What if I got the wrong idea about the dream and based my interpretation on a misconception? She feared that she would then have this wrong understanding in her mind, and believe in it. This implied that Ruthie felt that knowledge and understanding needed to be linked to the truth.

After about five months, Ruthie left for an extended holiday abroad, and, when she returned, her mother stopped the treatment because there had been no change in the pigeon phobia. The mother arranged for Ruthie to see a behaviour therapist, and over a year passed before this broke down. The mother contacted me again, thus beginning a second period of treatment that, in retrospect, roughly corresponded to the school year prior to her taking her GCSEs.

Ruthie returned to treatment livelier and more motivated, and with a positive transference to me. Mostly she spoke to me of her fear of failing her exams, and from week to week she faced one assignment or exam after another, fraught with an anxiety bordering on panic. She spent more and more time over her studies and turned down invitations to be with friends over the weekend in order to do homework. She became exhausted from these efforts, which seemed her only protection against the dread of failure.

As her exams approached, any changes in my room were noted and treated with deep suspicion. For instance, during a break my consulting room was redecorated, and I moved a vase containing a willow branch from a position opposite to one alongside where Ruthie sat. She became frightened of this, frequently looking across her shoulder

as she spoke. I made a number of interpretations, including that the spreading branches were felt by her to be the spreading wings of a flapping pigeon. Just saying this seemed to vivify and intensify her fears. The terror on the streets was now in my room.

This period of treatment came to an end when she passed her GCSEs with virtually all As. The confirmation of the competence of her own thinking seemed to parallel her developing confidence in mine.


## A-LEVEL DEVELOPMENTS

Soon after starting her A-levels, Ruthie's accounts of her anxiety about schoolwork began to include fights she had with her mother. The rows tended to arise when her younger sister got attention from their mother that Ruthie felt was her due. The fights usually occurred at bedtime, when Ruthie demanded that her mother see her to sleep. Arguments also arose from Ruthie's demand for a vegetarian diet, different from what the rest of the family ate.

Some of the fights became violent, with Ruthie furiously decanting non-vegetarian food from the fridge, throwing things and, occasionally, hitting her mother. The emotional violence could keep the family awake until the early hours of the morning. Just what occurred was difficult to ascertain because Ruthie got confused and forgot what happened. Gradually a pattern could be described. As the anger and hate escalated, Ruthie would tip into feeling out of control, and screaming, hitting, crying, swearing and vomiting. Rage became violence which became chaos.

I did not appreciate the extent of Ruthie's destructiveness at home until the parents contacted me, asking to meet. Ruthie had anticipated this, saying she hoped I would see them because they were upset and needed my help to understand what was happening. After I heard the parents' accounts, I explained that Ruthie's pigeon phobia represented a condensation of intense emotions that were now beginning to break up and be experienced as feelings in relation to the family. We discussed how Ruthie needed boundaries in order to help her manage the violence of her feelings and to limit psychological, personal and material damage that she might inflict. By the end of the interview I was impressed with the parents' ability to work together to draw limits that, by the mother's admission, had not before been established.

When Ruthie and I next met, she was in flap. Her parents had told her of the boundaries they were going to set, and she was overwhelmingly

persecuted by the awareness that her parents were not under her control. At one point, she spluttered out through her tears, '*I can't stand being ordinary!*' Tearful, frightened and outraged, she was reluctant to go home after her session. In order to restore her omnipotence, she threatened to cut herself. That night she carried out the threat, the first of several instances of self-inflicted wounding.

There was a long period of intense and turbulent emotion, as limits became set and tested both at home and in her sessions. But there was evidence of change. Her relationship with her father improved, she spent more time with her friends, and she used her therapy to avoid fights with her mother. From time to time she indicated that her fear of pigeons was subsiding. These changes happened alongside evidence of her increased dependency on her treatment and the thinking she associated with it. For example, there was a crisis during the summer break between her first and second years of A-level study. She had been given homework to complete over the summer, but she got into such a state over it that the family holiday abroad had to be cut short.

There was a very real question about whether she would be able to continue with her A-level work and her sessions were increased to twice weekly. Her return to A-level studies was accompanied by heightened anxiety about failing because of the incomplete homework. She studied increasingly late into the night, which left her so tired after school that she had to sleep and then wake up in the late evening to begin her work. As this pattern became set, rows about her mother putting her to bed became replaced by arguments about whether the mother would wake Ruthie up in time for school in the morning. I pointed out how days and nights, holidays and term times were all mixed up.

When studying for her GCSEs, Ruthie had been compelled to check and recheck that she had gathered up all her papers when leaving class. She was deeply anxious that her papers would get all mixed up, and spent considerable time sorting them. With A-levels, her 'obsessionality', as she herself called it, increased. If she threw away a wasted sheet of paper, she would spend long periods frightened that she was throwing away good work needed for class. Sorting out dirty laundry could take hours, because she repeatedly had to check that the pockets were empty.

I had taken a number of approaches to this material, but it became clearer that these yet-to-be-understood phenomena had to do with mixed-upness and confusion. My comments along this line seemed to produce relevant, guiding dreams. In one of the first, her mother was wearing Ruthie's swim suit while diving into what I interpreted was their fused and confusing pool of emotional life. In another dream about the

same time, Ruthie was in a house associated with mine talking on the telephone to me, who was in the house of one of her best friends. I interpreted that the Ruthie in me was talking to the me in Ruthie. Not surprisingly, the confusion the dream was describing spilled into our discussion, so that we both had to struggle to disentangle the muddle.

Following these dreams, new images arose expressing internal development. In one dream, two birds flew into her room, which was at the top of the house. They settled, one above her desk and one above her bed. Ruthie left and went into the room of her younger sister, whom Ruthie had described as a 'go-with-the-flow' kind of person. This was not long before a holiday break, and I understood it to be an expression of her worry about getting into a flap without her two sessions. What was important was that she had another state of mind to which to go. That was to the room of the easy-going, that is, unflappable sister.

In another dream, I was visiting her in her room. She was pointing out that there were two piles: one of a messy stack of schoolwork and the other of dirty laundry. When she told me the dream, she said she had sorted this laundry over the weekend. What seemed significant was that she could take my thinking into her mind – her room at the top of the house – without the previous worry about being contaminated. Also, there was a sorting out of internal objects, between school work done during the week and household chores done during the weekend. Because I was concerned about Ruthie's confusion, I focused on evidence of underdeveloped differentiation – the *separate* piles – rather than on what was in need of processing – the *messy* homework and the *unwashed* laundry.

Still another dream pictured her father showing her mother a series of lottery cards that looked like bingo cards. The mother commented that there were so many cards and so many numbers that it was confusing and one could not tell them apart. I interpreted that 'lottery' referred to 'lots and lots', and that the dream was about having lots and lots of feelings about her parents and their relationship. In her father's hands they were, upon discernment, distinct and separate items. Although for her mother these were overwhelming and confusing, there seemed to be a new thought – a Bingo! – namely, that there is a difference between a single mass of confusion and a plurality of distinct thoughts and feelings.

These dreams occurred alongside her increasing interest in my mind, which she found calm and settled. Her curiosity was evoked: How do I remember what she says? Do I keep notes on her? Are they in the filing cabinet across the room? Is that a dictionary on top of the table? Gradually we established that she perceived my mind as containing

things that were organized. The filing cabinet was my mind with ordered contents, and the dictionary was my mind where everything has a meaning, all in order. Although these were rather sterile pictures of a mind, they were a development from the threatening chaos of misperception, wrong understanding and a mind in a flap.

After the Christmas break there were other views of my mind and thinking, which arose out of an emerging negative transference. Although the apparent trigger for the change in the transference was moving one of her session times, there were other factors. Deepening supportive friendships and other advantages of being 'ordinary' had begun to compensate for the loss of omnipotence over her parents. Also, as Ruthie began to see beyond her A-level exams, there was a dawning awareness that going to university meant that she would leave home and, of course, her therapy.

About this time there were two sessions in which her negative transference was evident. Each was followed by other events, and it was noticeable that those following the second session resulted in a state of confusion while those following the first did not. I should therefore like to compare these two sessions and their subsequent events.

In the first, Ruthie had been squeezing one of her fingers with a string, while talking in a teasing and manic way about clever people who knew things she wished she did. I interpreted that she wanted to squeeze information out of me that would explain why I was changing the session time. She agreed, and the jokey teasing and wheedling escalated, until eventually, in answer to her direct question, I said I did not intend to tell her why. The giggly mania abruptly became rage. She attacked me with the criticism that I was just like her mother; I was inconsistent, sometimes I answered questions and sometimes I did not, and session times changed. She exclaimed, 'I never know what to expect from you!'

A week later, she briefly referred to what had happened in our session, but was preoccupied with something that had happened at school the same day as the giggliness-turned-rage session. She had got into a similar teasing with a teacher, with whom, as with me, she had become friendly only after a difficult period. Although that school day ended in a spirit of high jinks, the atmosphere of the next day ( the day after the session) was very different. She thought the teacher had become distant and disapproving, and that their good relationship was damaged. Yet he also seemed still to be interested. Several times at school she burst uncontrollably into tears, and yearned to talk to him to get the problem sorted out. Later at home she again experienced waves of intense pain

and episodes of unstoppable crying. When I suggested that she was worried and hurt that she had damaged our relationship, she denied this, protesting that she was still angry at me.

Not long after, she again became angry at me, for what I thought was the changed session. Her anger in this session was expressed as criticism that I would not make up sessions she intended to miss over the summer because she planned to have two summer holidays after her A-levels. She told me that I was stupid not to make up important sessions, and, in the same breath, that I was too intelligent to do so without a good reason. She demanded to know what it was, and when I did not offer one acceptable to her, she again attacked me for being inconsistent and irrational, like her mother.

Following that session, she was scheduled for some minor surgery with a doctor she admired. She had broken her toe at Christmas, and this required a brief hospitalization. When she later told me about this, she was full of praise for the doctor and the hospital staff. She anticipated a similar good experience from the follow-up surgery, but at the last minute the day of the operation was changed. She had planned to stay in overnight, but this too was changed, in part because the experience had become so 'horrible'. Before going to hospital she had cleared up her room in a brief twenty minutes. When she came home, she returned to her old obsession of checking and re-checking what needed sorting out in her room. Worried, she wanted to know why this was.

I compared the two sessions I have described here. In the first, a clearly perceived bad, injurious me was experienced in contrast to a good but injured (by her) teacher. In the second, a similar bad me was experienced in contrast to what might have been a clearly perceived skilful and good doctor, but his goodness had become mixed up with badness because he had unpredictably changed the time. That was just what I had done to make me bad. The good and the bad had become all mixed up and she was compelled to try and sort them out. This interpretation had a noticeably calming effect upon Ruthie.

As the end of school approached, and as her exams were eventually taken and passed, Ruthie's material increasingly focused on leaving her family and her friends to go to university, and drawing her therapy to a close.

## DISCUSSION

I have described the treatment of an adolescent girl, who was eventually able to integrate a split-off part of herself. What was split off held

not only unwanted aggressive parts of herself, but also projective and introjective identification with unprocessed 'bits' of an anxious maternal mind. Ruthie's fears about psychic contamination had therefore to be dealt with first. Ruthie then faced her anxieties about her own destructive phantasies, which were split off from both her loving relationships and a primitive form of guilt. I should add that I view her Herculean efforts to get good marks to be a way of warding off this primitive superego.

I have just suggested that Ruthie had split off 'bad' parts of herself from 'good' parts, but in another sense 'bad' and 'good' had not developed into distinctly differentiated qualities. It was as if the distinction between bad and good rested on a precariously held foundation. This foundation was an infantile state of fusion with a mother-in-a-flap, a state of projective and introjective identification analogous to the foetus swallowing some if its amniotic environment. When tested against the weight of change – of moving to London and of puberty – the foundation became split off and the pigeon phobia developed. Although her self-inflicted wounding could have become dangerous if not dealt with, I consider that it was of secondary importance compared to the destructiveness of splitting and states of primitive projective and introjective identification. Self-wounding was a conscious effort to punish her parents, while splitting and confusion were unconscious phenomena that interfered with Ruthie's mental processes and development, and impoverished her internal world and her external relationships.

With treatment and consequent deintegration and reintegration, confusion developed into differentiated qualities of experience. When parts became distinguishable, they could then come into relation to one another, as I think they did when Ruthie's 'bad' therapist came into relation with her 'good' teacher. The pain, pining and remorse she felt in relation to him, and for which what actually happened did not fully account, are reminiscent of little Edward. I viewed my therapeutic role to be similar to that of Edward's mother: to allow space, to monitor the degree of persecution, and to process the fluctuating states of mind, even if the process was sometimes unspoken.

I should now like to turn to the theme of my paper, Jungian concepts relevant to integration and repair. First, although Ruthie was well defended against the part that had become split off, I also think that she was just as drawn to the pigeons as she was repelled by them. In being drawn to them, I think that she was seeking wholeness. According to Jung, wholeness is a characteristic of the self, and the pressure to become whole is the motivation behind individuation. It is

out of my understanding that the self seeks to integrate that I have titled this paper 'With healing in her wings'.[1]

Second, what was integrated was a self-representation of what I consider to be something like a self object, and thus referred to primitive aspects of Ruthie's experience. The image of the pigeons was characterized by wholeness, because they were *totally* bad. Ruthie was preoccupied by pigeons for a long time, and spoke to me of little else, which indicates how much *meaning* they had for her. The image also included reference to states of projective and introjective identification with a mother who was in a flap, and thus referred to *states of fusion*. As with self objects, the representation contained enormous *potential*, which gradually began to unfold.

What early on was experienced as chaos and confusion was acted upon by the self and organized into discernible objects and experiences that then developed and complexified. My understanding and handling of the dreams of differentiation were informed by my understanding of how the self, in the Jungian sense, operates to differentiate and organize. I suppose that one could say that these were unconscious operations, but for a Jungian it is more meaningful to refer to the self.

This brings me to the concept of repair. Within a Jungian framework, 'repair' is seen as making whole. Ruthie's personality was 'repaired' when the split-off part became a deintegrate and experienced by Ruthie as a part of herself. In other words, to use a model I described earlier, the pseudopod got reattached to the amoeba. This is also what is meant by integration in a developed personality, like Ruthie's, in contrast to a small infant, for whom integration would refer to states of at-oneness.

As what the pigeons represented became a deintegration, Ruthie became more open to deintegrative and reintegrative processes. In this the ego is just as important as the self. As Fordham writes, 'the ego contributes and ensures that the dynamic sequences in the self [deintegration and reintegration] do not prove unproductive and circular, but are changed by ego activity, which in turn increases its strength' (Fordham, 1994: 73). Hence, the treatment could be seen to have facilitated actions of the self that restored the dynamic processes of deintegration and reintegration, thereby enriching Ruthie's ego, her personality and her life.

I should like to make a distinction between 'repair' and 'reparation'. I understand 'reparation' to arise creatively out of guilt, born out of the conflict of opposites in the depressive position. With Ruthie, when feelings of persecution occurred alongside deep remorse and apparent pining in the 'bad' therapist/'good' teacher episode, her internal organization seemed close to that of the depressive position. It is difficult to

say whether reparation was involved. Fordham points out that in infancy the depressive position does not occur 'in a clear-cut form' (Fordham, 1995: 72), and it is likely that the same applies to adolescence.

Finally, having distinguished deintegration from splitting, I should like briefly to comment upon 'disintegration'. Fordham holds that, in a fundamental sense, the self is indestructible, and points to the persistence of the individual's uniqueness and continuity, which are expressions of the self. 'Disintegration' refers to the ego. It was Ruthie's ego, not her self, that from time to time disintegrated in the face of overwhelming fear, rage, persecution and confusion.

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## NOTES

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1   'But unto you that fear my name shall the Sun of righteousness arise with healing in his wings; and ye shall go forth, and grow up as calves in the stall' (Malachi iv, 2).

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# Developmental aspects of trauma and traumatic aspects of development

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*Abstract*: In this paper I try to show that inherent in healthy development are emotional experiences that are the stuff of trauma. Failure to reintegrate these experiences means that they can serve as a resonating board for difficulties in later life, adding to their traumatic impact. Focusing on global changes that occur at the end of the first year, I exemplify these developments with an infant observation and show how a six-year-old boy's failure to integrate them contributed to his experiencing a normal life event as a trauma. I then offer clinical material from the analysis of a man to demonstrate how later life events resonated with early experience associated with this period. All are linked to a complex pattern of object relations I have come across clinically, whereby feelings of grief associated with an idealized object are split off from feelings of grievance against an object experienced as persecutory because of its perceived superior status.

*Key words*: developmental perspective, Fordham, humiliation, infant observation, Melanie Klein, shame, Schore, theory of mind, Trevarthen.

## Introduction: the developmental perspective

From its beginning psychoanalysis has held a developmental view of the mind. Analytical psychologists, on the other hand, have been ambivalent about taking a developmental perspective, for a long time eschewing it as 'reductive'. It was Michael Fordham who was the first Jungian to appreciate that 'if the archetypes are universal they must be demonstrable in childhood' (Fordham 1944, p. 5). Over more than fifty years of clinical experience and observation, he worked at shaping a model that centres on Jung's concept of the self and encompasses early development. This concept of the self, in contrast to the sense of self, is outside direct experience, expressed in individuality, the capacity to adapt, and continuity of being (Fordham 1985a). It is the continuity of being, in particular, that makes a developmental approach a study of the self in the Jungian sense of the term.

Fordham postulated a primary self and its paired processes of deintegration and reintegration. He intended deintegration to describe the means by which the infant relates to the environment in an archetypally patterned way. Reintegration accounts for the incorporation of experience into the personality,

which, in turn, triggers complexification and further structuring. Failures to reintegrate have an effect on the capacity to deintegrate and hence to develop. Trauma, which is an experience that cannot be assimilated, can thus be seen as a failure of reintegration that impedes further deintegration.

The primary factors determining trauma are the nature of the external event, the nature of the internal world and how the two interact. Trauma is thus subjectively defined, whether the external event is a major disaster, like war, or a more ordinary life event, like the breakdown of a relationship[1]. In what follows I shall be linking archetypally laid down developments in infancy that have failed to become reintegrated with later events in life that appear quite ordinary but are experienced as traumatic. I shall be drawing on analytic work with a man, whose dreams and transference expressed a particular, but not uncommon, inner constellation of problematic object relations associated with a certain developmental period.

In taking a developmental perspective, I am not viewing the earlier happening as the cause of the later one, but rather looking at how the later resonates with the earlier, intensifying and making more pervasive the effect of it within the personality. Put another way, I do not understand the difficulties within the highly complex adult to be 'really' or 'only' infantile phenomena; however I do believe that experiences in later life trigger those in infancy and childhood. This can be seen particularly in analysis, which can help the patient with an understanding of these resonances and thereby extend and deepen the sense of self.

Having said this, the role of infancy in later mental life remains controversial (see Wolff 1996; Green & Stern 2001). For those who do take a developmental view in analytic work, their understanding must take into account how infants actually develop. There are no commonly held conclusions about this. However in the past few decades developmental psychology and, more recently, neurobiology, have made significant advances in our understanding, although the implications for analytic theory and practice are still being worked out.

### Early surges in development and the contributions of developmental psychology and neuroscience

Fordham most commonly described deintegration and reintegration as they occurred in daily episodes of feeding, bathing and play. Only occasionally did he refer to the archetypally programmed surges of deintegration and reintegration that occur at various points within the life span and, more specifically,

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[1] My definition of trauma is based on Freud's, whereby trauma is not viewed by objective standards such as childhood sexual abuse. Rather it is understood to be defined subjectively according to the individual's 'incapacity to respond adequately to [the intensity of an event], and by the upheaval and long lasting effects that it brings about in the psychical condition' (Laplanche & Pontalis 1973, p. 465).

during babyhood (Fordham 1993). That deintegration and reintegration occur in this way is clear from developmental psychologists. As Daniel Stern describes this,

> Development occurs in leaps and bounds... During these periods of change, there are quantum leaps in whatever level of organization one wishes to examine, from electroencephalographic recordings to overt behaviour to subjective experience. Between these periods of rapid change are periods of relative quiescence, when the new integrations appear to consolidate.

(Stern 1985, p. 8)

Developmentalists have clarified the endowments and limitations of infant capacities, especially perceptual ones, and have identified waves of development during which the infant constructs qualitatively different senses of self and of other. (In Fordham's model these 'senses' refer to the ego, so that these surges can be viewed as the way the ego emerges out of the primary self.) Firstly the infant senses perceptions and emotions occurring within him, which are probably experienced as 'happening' to him (birth to two months). Then he senses himself and others as being bodily different (two to six months), followed by the sense of himself and others as having different minds and purposes (nine to eighteen months). Lastly, with the capacity to symbolize, the baby can stand aside from himself and see himself not only as a subject, but as an other upon whom he can reflect (eighteen months to two years). These domains of senses of self and relatedness, what might be thought of as qualitatively different consolidations of consciousness, remain once established. However until they are established, the infant's focus of operations is limited to the domain or domains in which he is, or has passed. For instance, a newborn, experiencing and consolidating his direct awareness of his perceptual and emotional aliveness, perceives his mother as being separate, but that is not relevant to him until he enters the next developmental realm of experience.

This paper will focus on developments that occur at the end of the first year, which produce revolutionary changes. These include what Stern calls the infant's sense of intersubjective self, the emergence of attachment proper (Bowlby 1969), the beginnings of a theory of mind (Bretherton et al. 1981; Bremner 1994), and significant shifts in self-regulating processes in the brain (Schore 1996). To this I would add a new level of awareness of the difference in status between self and other, that is, of the generational difference between self and parent.

In order to appreciate the vastly complicated nature of these changes, one needs to know something about what has gone on before. I shall briefly summarize some of the changes that are relevant to my subject.

Trevarthen has researched the foundations of language development, describing periods of change at two to six months and at ten to twelve months, which he terms the periods of primary and secondary intersubjectivity. During the first period, consequent to significant physiological, motor and neurological

changes, the infant is drawn to his mother's face in a new way, concentrating on it, initially, with an awestruck expression. These intense and emotionally rich face-to-face engagements lead to carefully synchronized protoconversations in which the *baby* takes the lead. The mother naturally softens her voice by lifting the pitch and making it slightly breathy, a universal response called 'intuitive motherese', her vocalizations alternating in a slow adagio with the baby's utterance of an undulating 'a-ghu'. These behaviours are hardwired, universal and innate, that is, archetypal. According to Trevarthen, the relationship between mother and baby during this period is marked by *companionship* (Trevarthen 1988). In other words, there is a quality of the relationship in which there is an assumed equality of status between the partners. This is because the mother's status as a 'superior' is not relevant to the infant's domain of experience; what is relevant is her awesome, fascinating, numinous otherness.

During secondary intersubjectivity this changes markedly. By the end of the tenth month the baby begins to regard the mother in a new way, and the mother senses this and changes her responses to him. At this point, and not before, the baby lets the *mother* take the lead and she begins to teach, and to become a socializing agent. 'Before the change, the infant has no interest, no comprehension of what is wanted' (Trevarthen 1988, p. 193). However with the surge of development at the end of the first year the baby begins to anticipate his mother's motivations and 'to take a gesture and a spoken message as an instruction' (ibid., p. 193). For instance, if a mother points to something, a very young baby will look at her hand, while an older baby will follow the direction of the point, aware that the mother is making a gesture that conveys her intention that he looks at something. The infant's capacity to glean that the mother has an intention enables cooperation between them. This leads to new developments in play, in which there is a sharing of objects and through which the mother will introduce cultural elements, for instance naming toys as she and the baby play with them. Hardwired patterns of communicating that have existed prior to this, such as 'intuitive motherese', give way to expressions shaped by culture, such as the mother reinforcing certain babblings to 'teach' her child the phonemes of the mother tongue used in that particular family.

Thus an important element of the period of secondary intersubjectivity is the baby's dawning awareness that behind his companion's face is a mind with intentions, thoughts and aims that are different from his. The baby's newly developed capacity for what will become a 'theory of mind' combines with other developments, such as establishing an internal 'schema, a mental image of the mother, especially her face' (Schore 1996, p. 68), meaning that he becomes more sensitive to the subtlety of his mother's expressions. Accompanying the increased awareness of others is increased self awareness. Trevarthen notes that by ten to twelve months the baby shows gender and age awareness (Trevarthen & Marwick 1986), so that the baby can recognize that he is like some who are his age and gender, and unlike others who are not. At this point status becomes relevant to the infant.

Trevarthen points out the heightened, positive energy that accompanies the infant's growing sense of autonomy. He calls this *prestance*, from the French for having a 'commanding deportment', a subjective state that analysts might view as omnipotence. Schore, a psychoanalyst who also works within the field of psychoneurobiology, is particularly interested in this period because it is when the infant shifts from being dependent on the mother for the regulation of his internal states to beginning to acquire the capacity for emotional self-regulation. The 'highs' that are notable during this period need to be self-regulated by 'lows' that balance them. Schore states that shame, which is known as 'the primary social emotion' and which emerges later in this period at fourteen to sixteen months, plays a role in this: 'Shame, a specific inhibitor of the activated ongoing affects of interest-excitement and enjoyment-joy, uniquely reduces self-exposure or exploration powered by these positive affects' (Schore 1996, p. 69).

The experiments on which these discoveries are based have their limitations; for instance, they focus on particular areas to be tested, leaving out others, and many are carried out only when the baby is in a state of alert inactivity. The results, valuable as they can appear to be, must also be seen as having limitations, so that one must not assume that 'companion' or later 'teacher' are the only ways to describe the mother's relationship to her baby. Having said this, I think psychoanalytic infant observation supports the hypothesis that there are vast changes at the end of the first year, when, in my view, the baby begins to perceive differences in status between himself and his mother in a new way.

One of the most common expressions of this change is when the mother starts telling the baby 'No'. It will have been experienced all along, for instance, in the implied 'No' of an interrupted feed and various stages of weaning, to which a baby can have very strong reactions. However it is a very different experience for the infant when he becomes aware that his mother *intends* to oppose him, and to take this in he will repeatedly test her during toddlerhood to discover whether she *means* 'No' when she says it. This represents the emergence of a more complex, qualitatively different way of being, perceiving and relating.

### An infant's experience of being told 'No'

In the following two excerpts from an infant observation, I shall contrast subtle changes in the way a baby girl reacted to an explicit 'No'. The first excerpt is at nine-and-a-half months, just on the cusp of the vast changes that occur at the end of the first year. Baby Anna is interested in a set of keys, and the mother has dropped them on the floor in order to show the observer how Anna can crawl. Anna does just that, clutching the keys when she reaches them.

> With the keys in her grasp Anna shifted her weight back and by trial and error pulled one leg under her so that she could sit back. She immediately put the keys in her

mouth after looking at them briefly. She took them out of her mouth, waved her arms up and down and bounced herself vigorously on her seat, banged the keys on the floor and put them back in her mouth. The mother said 'No' firmly, but Anna just looked at her with them in her mouth; the mother again said 'No' and gently and firmly pulled them away from her mouth. Anna did not protest but waved her arms up and down, bounced and put the keys back in her mouth, chewing and sucking them. Again the mother took them out and again after waving her arms and bouncing, Anna put them back.

In the second observation, just two weeks later, the mother once again sets Anna on the floor.

After sitting still for a few moments Anna set off to crawl to the back of the room but the mother quickly called out 'No' firmly, and indicated the other direction, which was towards Anna's area, her bookcase, toys, etc. Anna hesitated, looking at her mother, before starting again in the 'wrong' direction, and the mother again said 'No' and talked to her about why she had to go in the other direction. Anna hesitated again, then sat looking at the area just around her. She 'bounced' a bit, kicked and stretched her legs and waved her arms, touched the floor with both arms/hands once or twice, then without looking at her mother set off in the 'right' direction.

Anna came towards me on the settee, looked up and sat nearby. Her mother gave her a rag doll baby. Anna took it and *threw* it away – about a foot away from her and within reach. The mother gave it back, and she *threw it away again*, reached forward to pick it up again and *threw it away again*. The mother gave it back and pressed it against Anna's chest as though suggesting that Anna should hug it. Anna *tossed it up* in the air lightly, looked at it on the floor, *picked it up and banged it* on the floor once or twice, felt it and *squeezed* it, *threw it away* and picked it up again. But she would not hold it close.

[My emphases]

In the first observation Anna seems unaware of what her mother means when she says 'No', even though the mother demonstrates by taking the keys out of her mouth. In the second Anna seems to know her mother has an intention when she says 'No', and discovers by trial and error that her mother intends to prevent Anna from going in the direction she wants to go. In response, Anna gets cross.

### A child's experience of being told 'No'

I should now like to turn to Barnaby, who was six when he was referred because of behaviour problems. His difficulties started when his little sister was born, when he was a one-and-a-half years old. Being told 'No' made Barnaby not just cross but enraged. In contrast to Baby Anna, who expressed her crossness directly, Barnaby usually conveyed his anger by having the person who told him 'No' feel furious. I was to experience this on several occasions over the twelve brief therapy sessions I had with him, sometimes on his own and sometimes with other members of his family. Typically Barnaby would do something he knew I did not allow, like investigating the contents of

my desk drawers. Then he would ignore my asking him not to do this, and I would feel angry, understanding this to be his anger. However on two occasions, something else happened as well.

The first of these two sessions included his mother. He provocatively asked her if he could have a Happy Meal from McDonald's, something that for dietary reasons he knew would be refused. His response to his mother giving him a mild, almost kindly 'No' was dramatic. He slumped over the picture he had drawn, would not answer his mother's, nor my expressions of interest in him, and slipped down onto the floor and curled up in a ball. A moment later he slid under my chair. I spoke to him, saying when mummy said 'No' it hurt him deeply and made him feel he was no good and just bad. I asked about his picture, which had disappeared with him, and a moment later a wadded up ball flew across the room. I said he seemed to feel like rubbish when Mummy said 'No'. As we had previously discussed how his behaviour had changed at the time of his sister's birth, I linked his feeling of worthlessness to her arrival and his wondering why his parents wanted another baby when he was their baby.

Barnaby's behaviour was melodramatic, but I think there was something genuine in what Barnaby was enacting of his low self-esteem. It reappeared several months later, when Barnaby provoked me to say 'No'. After he had been given his own box of toys, he opened a toy cupboard and proceeded to empty what was inside onto the floor. When he ignored my request not to do this, I became firm and he stopped. Barnaby then became withdrawn and sat at a small table and quietly drew two pictures. The first was of a large head with a large, long body, and the second was of a head only.

> While he was drawing, I acknowledged that I had had to say 'No' and wondered how it made him feel. When he finished the pictures, he pushed himself away from the table, eyes cast downward and looking despondent. I asked who the pictures were of, and Barnaby pointed to the one with the long body and said it was Father Christmas [it was July]. There was a pause and I pointed out that the other was of a head but no body; it was a no-body. I said the Father Christmas was me because both Father Christmas and I had lots of toys for children, while the no-body was himself, who felt like a no-body when I told him 'No', that he could not take the toys out of the cupboard.

Barnaby makes it clear that being told 'No' can be not only infuriating, but also painfully and despairingly humiliating. I have understood this to be his continuing struggle with his awareness of the fact that he and his parents, along with his teachers and therapist, live on different sides of a generational divide, a difference fundamentally marked by status, with expanding ripples of implications, such as his parents' sexuality and their capacity to create new life.

So far in this paper I have described how at the end of the first year the baby moves toward a new awareness of the difference in status between self and other, about which there may be negative feelings, and illustrating this with Baby Anna. I then described Barnaby's reaction to the same realization, pointing out not only feelings of anger, shared to some extent by Anna, but also

feelings of shame, worthlessness and despair. I linked these feelings to what was for him the traumatic birth of his little sister, which I see as epitomizing the difference in status between him and his parents.

### Clinical work with an adult

I should now like to look more closely at trauma in my work with a depressed man, whom I shall call Charles, who was in his late thirties when he came for treatment. I shall try to show how Charles expressed, in dreams and in his transference to me, the dilemma that can accompany changes at the end of the first year, when a 'companion' becomes a 'socializing agent'. If the loss that is part of this change cannot be processed, then grief becomes grievance as one struggles with what are experienced as persecutory 'superior' objects.

It was loss that brought Charles into his first treatment, following the breakdown of a long-standing relationship. This occurred about the same time that his freelance work dried up, leaving him dependent on an unsatisfying part-time job in a large organization. He saw a psychotherapist weekly for several months, but stopped going following the first long summer holiday, from which she returned with her new baby. About that time he became involved in a new relationship with a woman, Donna, falling into debt by taking her out to expensive places in order to impress her. They had started to live together in a more modest life-style, but by the time I first saw him this relationship was also failing. He acknowledged that Donna was disappointing when he compared her to the girlfriend who had left him. I had the clear impression that he felt he wanted to get out of the relationship because he felt Donna was not quite good enough.

Charles and I concluded that as the non-intensive therapy had not worked, it made sense for him to have four times weekly treatment. He did not want to start until he had settled some matters, including separating from Donna and moving back into his own flat. When he did begin analysis, he surprised me by describing the break up as if Donna had left him because *he* was not good enough. In particular, it was because of what he called his 'naïveté', by which he seemed to mean a lack of mental manliness. He grieved for Donna for a long time in his analysis, but the grief was more like a stuck record than a process that developed and then allowed him to move on.

By his own account, Charles had been traumatized when his parents' marriage broke down when he was nine. Before this happened, his parents had been socially prominent, frequently leaving the children in the care of their nanny. They held high ambitions for Charles, the only son in the family, and had chosen a career for him. When they separated and the father went to live on the Continent, the mother and children were left in considerably reduced circumstances. Despite this, Charles started having private tuition to set him off in this career. Coming to see me sometimes reminded Charles of going to these lessons. It was, he explained, because my consulting room is close to

where he went to see one of these teachers. Thinking of his inner situation, I understood him to be saying that coming to see me after the loss of Donna placed him in the same internal neighbourhood where he found himself after the loss of his father, left with the pain of his absence, resentful of the presence of a 'teacher' who limited and made demands upon him. This inner situation was conveyed in a dream he had early in the analysis:

> I'm walking along a high street with my mother and sisters, carrying a heavy burden. I asked them if we can take public transport or a car because the burden is so heavy. They wouldn't answer; they kind of teased me with not telling. I got angry and set the burden down and crossed the street, and as I was doing this, a man about 40–50 yards away threw a stone – a pebble – which hit me in the face. I got angry and went over to the man and said, 'If you're going to throw stones, don't hit people'.

Here I should like to focus on how Charles's loss of Donna resonates with the earlier crisis of the break up of the parental relationship and, with it, family life. The burden he carries is experienced as the weight of his loss after his father left home. The help he asks for, I think, is having a family, complete with father, which Charles imagines to be the vehicle for his development, that is, growing up and feeling like a man. When his request for help is ignored, Charles gets angry and sets down the burden, as if he is unprepared to struggle with the pain of his loss.

Charles crosses the street to another internal position, where he becomes aware of a man who has projected something at him. I think this refers to Charles's sense of the ambitions his father had projected onto him, and hence to the tutors to whom Charles was compelled to go. It was as if the absence of a valued father became the presence of a rather persecutory, teacher father. In the dream this figure wore thick glasses, like, as Charles explained, Mr Magoo in the comic. Like, in fact, Charles, who wore similar glasses and felt himself to be similarly nearsighted, or, as he called it, naïve. Here we have the image of a naïve, that is, baby-like, son mixed up with that of a teacher-father. I think this indicates that internally Charles has not differentiated his inferior, filial status from his father's superior paternal status.

Here I should like to recall what Trevarthen tells us about the period at the end of the first year, when the primacy of the baby's view of the mother as companion is lost to a more complex view of her as teacher and socializing agent. Charles's analysis indicated that he was struggling with just this adjustment and the loss it entailed. As this developed, his material took on Oedipal dimensions.

Charles continued to be full of grief over the loss of Donna, to whom he often referred as 'a kind of angel'. Six months after the Mr Magoo dream, over a weekend break, he had the following dream, in which, alongside his grieving, lay deep grievances.

> I was in a village by the sea, a village I've dreamt about before. The village is on a peninsula, by a hill and the sea. I am walking along with Tom, Donna's current

boyfriend, whom I'm sure Donna was seeing before our relationship ended. Tom and I happen to look into a pub we pass. It reminds me of the pub in Islington where Donna used to meet with her friends, at the Angel. Inside the pub, Donna, who has her back to us, is talking with another man in an intimate way, and I know she is having a relationship with him. Donna is wearing glasses with gold wire rims. I'm so upset with Donna that I rush away from the pub, through King's Cross, and off in the direction where I live.

The setting of the dream is a familiar place, what I understand to be his traumatized internal world. However the location for what is happening is on a peninsula, as if by this point in his analysis the feelings that had been split off are experienced as having some connection with the mainland of Charles's personality.

The dream can be seen to be about Charles's growing emotional awareness of the difference between himself and his parents. From this perspective it is significant that the figures referring to the internal mother and father each have dual aspects. The dual aspect of the mother is her ideal nature and her duplicity; she appears to be an angel, while inside her Angel mind she is having thoughts about another. Here is Charles's theory of mind in operation. The father has two aspects too. He is both a familiar companion, Tom, who accompanies Charles's awareness of his internal mother's duplicity, and also a rival, that is, the one with whom Charles fears Donna has had a liaison and who provides the identity for the stranger in the dream who is having the intimate exchange with the mother. Equally important, the figures in the dream depicting the internal parents – Charles's superiors – are in external life his peers.

Despite the continued blur of generational boundaries, a distinction is beginning to be drawn between relationships in which there is no difference in status between self and other, and relationships in which this difference is of utmost importance. However the dream depicts that this development is undermined. What Charles does see of the generational divide is unbearably painful, and this pain is masked by anger and omnipotence; the King's cross, and it seems a very cross, belittled king who returns to 'where he lives' in his internally fortified castle.

Spectacles feature in both dreams, Mr Magoo's in the first and the gold-rimmed glasses Donna is wearing in the second. I think both refer to Charles's theory of mind about his own and his object's insight and reflective capacities, and how their two minds relate. There is little sense of sharing between them, in part because there is so much distance between them. Charles senses his own mind to be diminished (short-sighted), while his object's is idealized (gold-rimmed). There is a transference link here as Charles openly confessed to feeling 'in awe' of the way he felt my mind worked. Looking at a session in detail reveals more about Charles's theory of his object's mind.

Charles occasionally referred to a male friend with whom he had an ambivalent relationship, and once, when they fell out, he had felt deeply upset.

We discussed this over a number of sessions one week, and then the next, after a weekend break, the subject suddenly changed to what had been happening at work. One of his most important responsibilities had been shared with a colleague. However, Charles had recently been asked by his manager to undertake this work on his own. Charles felt 'paranoid', as he put it, that this would result in his being seen to be a fraud.

Just before the next session the following day and in anticipation of his arrival, I found myself thinking about Charles and feeling resentful because of how and what Charles paid me, which I need to explain. Charles could not afford to have private intensive treatment, and I was seeing him under the auspices of the C. G. Jung Clinic, which is a charitable clinic set up for those who need analysis but cannot afford it. The Clinic arrangement is that the analyst sets the fee with the patient, which due to Charles's circumstances were the minimum fee. The fees are then paid via the analyst, who passes them on to the Clinic. Ordinarily I would have billed Charles at the end of each month, but, despite the low fees, he wanted to pay at the end of each session in order to avoid getting into debt, as he had done when he started to see Donna. There was something of a ritual to the way he paid me on his way out of each session. He would get up from the couch, step toward me, then pause and dig deep into his pockets and pull out pound coins. Standing so close to a man of over six feet, I often felt dwarfed.

That morning I found myself feeling belittled by his height, and, while dwelling on that, it suddenly occurred to me I was being paid 'pocket money' for my professional efforts! In retaliation I wanted to raise his fees, remind him that I did not get paid anything for seeing him, and demand that he pays monthly by cheque or banker's order. In short, I felt furious and retaliatory at what I experienced as Charles's diminishment, undervaluation, and humiliation of me.

When he arrived he said that he had been so engrossed in a mental argument with his colleagues that he had missed my street. He was furious that the people who planned the change at work earned twice as much as he, and that they wanted *him* to do this work all on his own. He wanted to leave his job, in fact, he thought he needed to leave. I mentally noted that if he did leave his work, he would also have to leave his analysis. He went on about how impossible the job would be single-handed, and was clearly intensely anxious and struggling against despair.

I commented that he seemed to be dreading what he felt sure was going be a failure, and how he felt singled out, as he may have done as the only son in the family who was expected to achieve what seemed like impossibly high demands from his parents who gave him so little emotional support. He said he did indeed feel singled out, adding that he felt he would be watched. I said that he seemed to feel that his manager would be looking out for his inadequacies. Drawing on my transference experiences just before the session, I added how he felt frighteningly and humiliatingly small in comparison to his manager,

while at the same time enraged that he was being undervalued by him. This seemed to settle Charles somewhat. In a less angry tone of voice he said he thought what might happen would be that he would stay at his job, but become cynical, and not take his work personally. I privately noted he had stepped back from his threat to leave, and said out loud that cynicism would protect him from caring about what his managers thought of him.

He said he admired people who make something out of nothing, which he could not do. Some were given a lot. People had told him he was gifted and had been given a lot, and he could see that he just could not use these gifts. I sensed that the matter had shifted more into the transference, and said that he felt I was giving him a lot because he was coming four times a week and under a special arrangement. I added that he appreciated this, especially when he experienced me as understanding how he felt, so he wanted me to know that he was aware that he was not using what was available to him in his analysis (which I too felt was the case). I continued that the reason for this was because he could not help feeling resentful that I seemed to have so much, like the managers who earned twice as much as he. In a tone of self-flagellation he answered that he turned this resentment against himself. I answered that when I just referred to how much *he* felt I had, he experienced this as me saying how much *I* felt I had. This made him angry because he felt I was flaunting what I had, but he took his anger out on himself rather than me.

Following this, toward the end of the session, he talked about another friend, Edward, describing their relationship as one of unequal dependency. In this he, Charles, was dependent on Edward, but Edward could not see anyone's wishes other than his own. Edward had lots of money, but did not even repay Charles what Charles had loaned him. I commented that Charles felt he was in a similar relationship with me. Not only did he feel that I was more concerned with myself and my own needs, but also that I did not appreciate his good feelings toward me, like admiration, which from time to time he expressed. He felt I used his valuing of me mainly to make myself feel better about myself rather than fonder of him, and this made him feel exploited. I suggested that he might feel particularly sensitive to such feelings as the weekend was coming up.

This session contained the theme evident from early in Charles's analysis: grief over the loss of someone (the friend with whom he fell out), followed by grievance against persecutors associated with superiority and authority (his manager). However in the course of the analysis there had been developments on this theme, such as a growing range of feelings about a more clearly delineated status-differential between Charles and his parental objects. These feelings included resentment, rage, envy and the pain of not having his good and idealizing feelings reciprocated because his object was felt to be self-centred and narcissistic. In relation to his internal 'superiors' Charles felt not only naïve but humiliatingly inadequate, with persecutory fears that these inadequacies would be seen and he would be unmasked as a sham. This is more complex

than what Barnaby described as being a 'no-body'; it is a no-body pretending to be a somebody and caught out at wishing to be so. It is a double shame.

## Discussion

Charles's intense ambivalence towards his objects and the way they had become split into 'bad' and 'good' are the most noticeable aspects of his personality. The conflict between idealized good objects and persecutory bad objects is at the core of what Klein calls the depressive position[2]. This is a process beginning in infancy that can lead to a more realistic awareness and appreciation of other and self, a process that recurs throughout life (Klein 1935). Jung, too, referred to an on-going process involving the conflict of opposites which can lead to a more realistic sense of oneself and the other: individuation. Michael Fordham used Klein's concept, which applies to a process of mourning in infancy, to extend Jung's idea of individuation into babyhood, thereby integrating the depressive position into a Jungian concept of development that covers the life span.

Moving on from Fordham and combining analytic observation with contributions from developmentalists and neurobiology, I consider that there is another dimension to mourning in infancy which is an inherent part of early development. I consider that loss is involved in the shift from 'companion' to 'teacher'. Here I am using the two roles in a diagrammatic way to describe how one generalized way of relating can be experienced as lost to another in the course of development.

What I have in mind is related to, but not the same as, the loss in infancy with which Kleinians are concerned. Margot Waddell captures the nature of the loss to which I refer when she describes it as a 'nostalgia for a state of being which can never be "home" in quite the same way again' (Waddell 1998, p. 57). Ron Britton refers to this loss as that of an 'idea of a relationship' (Britton et al. 1989). That to which both are referring is the infant's 'idea', held separate from affectively quite different 'ideas', that he and his mother have

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[2] Developmentalists disagree with Klein about early splitting, whereby isolating 'bad' from 'good' feelings is considered one of the earliest defences. Stern and Gergely conclude that the very young infant does not have the developmental capacity to split in this way (Stern 1985; Gergely 1991). However they describe how feelings serve as invariants that bind experiences together into representations. This process can be seen to provide the structuring for the internal grouping of 'good' and 'bad' experiences which Fordham considered to be part of normal development. Post-Kleinians call this 'normal splitting' whereas Fordham reserved 'splitting' for pathological states (Fordham 1985a).

Klein dates the depressive position at six months, and Fordham seemed reluctant to note that it was not evidenced in the observations he discussed (Fordham 1989). However, he describes aspects of the depressive position in a thirteen-month old baby, and I have done the same using an observation of a similarly aged infant (Fordham 1985b; Urban 1996). My view is that the processes associated with the depressive position arise out of the surge of deintegration at the end of the first year.

an exclusive, mutually significant relationship which has an assumed primacy over all other relationships. Although this 'idea of a relationship' is not the same as Trevarthen's notion of early companionship, it does seem very similar, especially as Trevarthen also referred to this as being 'best friends'.

Britton and Waddell link the loss they describe to processes involved in the depressive position. Here the loss is the consequence of destructiveness, and the developmental move from part to whole objects. In contrast, I associate the loss not only to the struggle to integrate affectively charged perceptions and experiences held, up until that point, in separate coexistence. I also associate it with the struggle to integrate new emotionally laden perceptions and experiences, when the mother starts to behave differently in archetypal response to her changing baby, and with how the new way of being threatens the loss of the old. These conceptually different losses may be linked if one considers that an infant may regard the changes in his mother as she subtly shifts from 'companion' to 'socializing agent' as her changing from being a good to a bad object. This is what seemed to be happening with Charles, whose mind shifted between grief and grievance.

Compounding factors may intensify the feelings. As the baby becomes more aware of his own intersubjectivity with another, he becomes increasingly aware of the intersubjectivity between others. This becomes the basis of the Oedipal conflict, which Klein emphasizes 'develops hand-in-hand with the developments that make up the depressive position...' (Britton et al. 1989, p. 84).

According to Klein, the struggle between loving and hating can arouse concern for the object and guilt at the destruction done by hate. Out of this arises the wish to repair. The infant's reparation to the mother helps to restore his sense of his own goodness, and this brings mourning to a close. With reparation in mind, I am returning to the observation of Baby Anna, which left her feeling cross, and banging and throwing the doll her mother had given her. What happened next was that the mother gave Anna another doll, which Anna accepted and held. The mother seemed to know that Anna was upset with her and that she (the mother) needed to do something to repair matters. Here the mother seems to be helping Anna with the 'idea' of reparation by being reparable.

The part Anna's mother takes in this is an example of how Allan Schore regards reparation in infancy. In contrast to Klein, he emphasizes the importance of the mother's reparative role rather than the infant's, and holds the position that the mother's restoration of good feeling is necessary to the baby's development:

> Although re-regulating repair transactions begin in the first year, they are essential to emotional development in the second. Under the aegis of a caregiver who is sensitive and cooperative in this reparative process, the infant develops an internal representation of him/herself as effective, of his/her interactions as positive and reparable, and of the caregiver as reliable... [They] permit the infant to develop the capacity for anticipation of relief and a sense of his/her own efficacy.

> The child's experiencing of an affect and the caregiver's response to this particular affect are internalized as an affect-regulating, symbolic (as opposed to earlier presymbolic) interactive representation.
>
> (Schore 1996, p. 71)

In the observation the mother is helping Anna's brain to self-regulate emotions by modifying a drop from 'high' – Anna's heightened sense of can-do – to 'low'. To repeat what was said at the beginning of the paper, later on in the same developmental shift, the drop is accompanied by shame, a specific inhibitor of the 'highs'. Anna's mother, through her act of repair, can be seen to be offering a way for Anna to 'come down' softly that anticipates helping Anna manage later shame without too much humiliation. According to Schore, ordinary play such as this can establish lasting bridges both in the parent–child relationship and in the brain.

Barnaby and Charles did not seem to have internalized in a secure way this reparative link between companionable moments and brushes with a thwarting authority[3]. This left them vulnerable to overwhelming feelings of humiliation and affected their confidence in their own capacity for reparation, both of which interfered with recovering from the loss of their good objects. Britton links the inability to give up, or lose, the 'idea' of this very early relationship with 'the failure to establish a securely based good maternal object before encountering the vicissitudes of the Oedipus complex' (Britton et al. 1989, p. 94). When Barnaby was an infant his mother was depressed, and Charles's material indicated that his internal maternal object was narcissistic, a characteristic consistent with the picture he drew of his mother when he told me about his contact with her during the course of his analysis.

Both Barnaby and Charles experienced my analytic understanding as having reparative aspects. To show this in relation to Barnaby I shall return to what happened after we had talked about his picture of the No-body. He then drew a picture of me smiling, then a man with large feet, who he said was 'Daddy'. I told him that when he felt I was interested in the way he felt about my saying 'No', he felt as big and important as Daddy. This was followed soon after by Barnaby saying in a soft but very determined voice that he wanted to go to the lavatory. After only a moment he returned, lively and pleased with himself, with a toy from the waiting room. He opened the toy cupboard door and placed it with the set to which it belonged that he had discovered during his ransacking. The completeness of the set had been restored and a part reunited with the whole, although it was done in a spirit of making a power play;

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[3] It should also be noted that Anna was only entering into the deintegrative surge that begins at the end of the first year and continues, with changes building on one another, to the middle of the second. In relation to being told 'No', Schore writes: 'At 10 months, 90% of maternal behaviour consists of affection, play and caregiving. The mother of the 12- to 17-month old toddler expresses a prohibition on the average every 9 minutes' (Schore 1996, p. 68).

he had tricked me into believing that he was going to the lavatory when he intended to do something else. My comments had restored not only our good relationship and his esteem, but also his self-inflation.

Charles, like Barnaby, struggled against feelings of belittlement and shame, especially in the session I detailed, and my understanding of this helped to restore his self-esteem and re-establish a good relationship between us. As with Barnaby, the effect was not simply benign. It led on to an opening up of various aspects of what had been split off, what might be described as a persecutory inner relationship between humiliating insignificance and a rather grandiose superiority. Both were traits of Charles. His humiliation was clear in the session I detailed, and his inflated superiority was evident from early on, for instance, in his attitude of being too good for Donna. Although my understanding in the session went somewhere toward restoring a good internal relationship, as we have seen, Charles would not make fuller use of it because my having 'something' aroused his resentment and envy. Acknowledging this led to thoughts and feelings he had about being in a relationship of dependency with a narcissistic other who provoked resentment and envy. This object relationship seemed to be a vicious circle, but over time it was modified as Charles experienced my motives as benign rather than self-serving.

Klein has pointed out the important role of guilt in the achievement of the depressive position, and Schore has discovered the role of shame in the development of the infant's frontal cortex, which fundamentally influences the way the baby will experience himself and others. I have linked these two by bringing them together as aspects of a complex surge of deintegration at the end of the first year. It is then that the infant's dawning awareness of his status, like that of his newly acquired upright stature, is less than that of his parents. There is a sense of the loss of an earlier relationship in which these matters are irrelevant and so seemed not to exist. The loss fuels the intensification of ambivalence that can lead to guilt. Parallel to this, the baby begins to experience shame as his sense of his own 'size' oscillates like that of *Alice in Wonderland*, as does his sense of importance in the eyes of others.

If leading up to this the baby has not been supported by the sense of well-being that comes from an adequately sensitive and attuned 'companion', then he may not be able to bear the loss of an assumed 'equal' relationship, nor to work out a new relationship in which differences in status between self and other can be tolerated. The effect is considerable. There is a lasting sense of overwhelming shame and humiliation, which stands in the way of accepting the reality of the generational gap between self and parent, and impairs the capacity for empathy, concern and self-reflection (Britton et al. 1989; Schore 1996). There are also lasting difficulties with the achievement of the depressive position, and therefore with individuation.

I have drawn attention to clinical phenomena I believe are linked to developmental processes at the end of the first year. My understanding of the material draws upon psychoanalytic concepts, yet it differs in that I see the

child's struggle at the end of the first year to be with a broad range of implications arising from perceived differences in status between himself and his parents, including but not necessarily centering on sexual differences. Clinically, that means that I see developmentally linked connections between such clinically diverse phenomena as the patient's grievance about my setting holiday dates independently of the patient, sensitivity to withholding information about my personal life in contrast to the patient's revelation of intimacies, and jealousy when I am perceived as being with others. What each has in common is a heightened sensitivity not just to differences between patient and analyst, but the patient's perception of differences in their status.

## Conclusion

In this paper I have tried to show how emotional experiences that are the stuff of trauma are inherent in healthy development. Failure to reintegrate them means that they can serve as a resonating board for difficulties in later life, adding to their traumatic impact[4]. Trauma involves a wound to both the self and the sense of self, and both must be addressed in treatment. The wound to the ego means the sense of oneself is susceptible to unbearably low esteem, and to omnipotence that can mask not only helplessness but also humiliation, as clinical material with Barnaby and Charles illustrates. Helping the patient manage feelings of shame is essential to further development. The wound to the self, in contrast to the sense of self, is an impairment of reintegration, resulting in part of the self being split off from the personality, affecting further deintegration and therefore impeding the individuation process.

I have also tried to convey that development entails complexity; what for the infant was being cross, for the boy was being furious and humiliated, and for the man, furious, envious and doubly shamed. What they have in common are certain experiences arising out of a shared, archetypally-shaped unfolding that they gather into themselves in their individual ways.

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[4] Donald Kalsched describes how self-care defences can build up around trauma. Fordham referred to these entrenched, pervasive and 'total' defences as defences of the self (Fordham 1974). They are commonly linked to borderline psychotic phenomena, which is well-exemplified in Kalsched's paper in this same issue.

I consider that these defences are not established until after a period of development at the end of the first year. However, I believe there is an important link between this period, when the beginnings of what will become shame begin to emerge, and the development of defences of the self. Defences of the self serve to protect a vulnerable and unstable sense of self from overwhelming shame and the threat to an individual's sense of agency, which is a fundamental expression of the self. Interestingly, Steiner and Schore associate overwhelming shame with borderline personalities (Steiner 2001; Schore 2002).

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TRANSLATIONS OF ABSTRACT

Dans cet article j'essaie de montrer que certains des vécus émotionnels qui donnent matière au traumatisme sont inhérents au développement normal. Une non réintégration de ces vécus fera que ceux-ci peuvent servir de tremplin vibratoire devant des difficultés rencontrées plus tard dans la vie, cet effet vibratoire accentuant alors l'impact traumatique de l'évènement. Je décrirai les changements normaux qui ont lieu à la fin de la première année, en les mettant en lumière à l'aide de l'observation d'un bébé, et montrerai chez un enfant de six ans comment le fait qu'il n'ait pas pu intégrer ces changements de la première année contribue à ce que son expérience d'un évènement normal de la vie soit vécu comme un traumatisme. Puis, à partir d'éléments cliniques provenant de l'analyse d'un homme adulte je montrerai comment des évènements de la vie survenus plus tard entrent en résonnance avec des vécus de cette période de la petite enfance. Tous ces vécus sont reliés a un agencement complexe de relations d'objets que j'ai vu à l'oeuvre dans la clinique, par lequel des sentiments de perte associés à un objet idéalisé sont clivés des griefs ressentis vis à vis d'un objet vécu comme persécutif du fait du statut supérieur qui lui est octroyé.

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In dieser Arbeit versuche ich zu zeigen, daß zur gesunden Entwicklung emotionale Erfahrungen gehören, die das Material von Trauma sind. Gelingt es nicht diese Erfahrungen zu re-integrieren, können sie als Resonanzboden für Schwierigkeiten im späteren Leben dienen, was ihre traumatische Wirkung noch verstärkt. Indem ich mich auf die generellen Veränderungen konzentriere, die am Ende des 1. Jahres geschehen, demonstriere ich diese Entwicklungen mit einer Baby-Beobachtung und zeige, wie das Nichtgelingen der Integration dieser Erfahrungen bei einem sechs Jahre alten Knaben dazu beitrug, ein normales Lebensereignis als Trauma zu erfahren. Ich bringe dann klinisches Material aus der Analyse eines Mannes um zu zeigen, wie Ereignisse im späteren Leben eine Resonanz erzeugten mit früher Erfahrung, die mit diesem Zeitraum zusammenhängt. Alle sind verbunden mit einem komplexen Objektbeziehungsmuster, das ich klinisch gesehen habe. Dagegen sind Trauergefühle in Verbindung mit einem idealisierten Objekt per Spaltung getrennt von Gefühlen des Grolls gegen ein aufgrund seines überlegenen Status als verfolgend erlebtes Objekt.

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In questo lavoro cerco di dimostrare che le esperienze emotive che sono il fondamento del trauma sono inerenti a un sano sviluppo. Il fallimento nella reintegrazione di queste esperienze significa che esse possono costituire una sorta di "camera di risonanza" per le successive difficoltà della vita, aumentando così il loro impatto traumatico. Focalizzandomi sui cambiamenti globali che occorrono alla fine del primo anno, esemplifico tale sviluppo con un'osservazione infantile e mostro come in un bambino di 6 anni il fallimento dell'integrazione di tali esperienze ha contribuito a far sì che il bambino sperimentasse un evento di vita normale come un trauma. Offro poi del materiale clinico dall'analisi di un uomo per dimostrare come eventi di vita successiva risuonano con l'esperienza precoce associata a tale periodo. Si legano tutti a un complesso modello di relazioni oggettuali cui mi sono imbattuta nel lavoro clinico, laddove sentimenti di dolore associati con un oggetto idealizzato si scindono dal rancore nei confronti di un oggetto sperimentato come persecutore perché percepito come di stato superiore.

En este trabajo trataré de mostrar que el desarrollo saludable posee experiencias emocionales inherentes que constituyen la esencia del trauma. La falla en integrar estas experiencias puede significar que ellas puedan servir como caja de resonancia para que surjan dificultades en la vida futura. Focalizándonos en los cambios globales que ocurren al final del primer año, ejemplarizo estos desarrollos con la observación de infantes y muestro como la falla para integrarlos en un niño de seis años de edad contribuye para que vivencie eventos normales de la vida como experiencias traumáticas. Yo entonces presento un material clínico de un hombre para demostrar como eventos tardíos en la vida resuenan con las experiencias tempranas asociadas a este periodo. Todas ellas están ligadas a un complejo patrón de relaciones objetales, me he encontrado clínicamente donde los sentimientos de pena asociados a un objeto idealizado son separados de sentimientos de humillación contra un objeto experimentado como persecutorio debido a que es percibido como perteneciente a una condición superior.

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*Part II*

*Portfolio of Published Papers*

**Section 3: Extensions**

# Fordham, Jung and the self: a re-examination of Fordham's contribution to Jung's conceptualization of the self

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*Abstract*: This paper is about Fordham's contribution to Jung's studies on the self. It opens with the epistemological dilemmas inherent in the subject, before moving on to an account of Fordham's research into the incompatible ways Jung used the term 'self'. There is a description of Fordham's model, which covers his concepts of the primary self, deintegration, reintegration, self objects, self representations, and individuation in infancy. There is a section which discusses areas in which Fordham apparently diverged from Jung, including how these were reconciled by Fordham's developmental approach. These areas include the definition of the self as totality or archetype, the mind-body relationship, the 'ultimate', the origins of the archetypes, and the primary self, the self and the sense of self. It concludes with an extension to Fordham's outline of a resolution to Jung's incompatible definitions. This draws upon the concept of the central archetype of order and how its unfolding is evidenced towards the end of the first year of infancy.

*Key words*: archetypes, central archetype of order, deintegration, infant development, Michael Fordham, primary self, reintegration, self representations.

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This paper is about Fordham's contribution to Jung's studies on the self. He was well aware that the self is a 'special case' because the subject studying is also the object studied and, moreover, that the observing ego is only a part of the total subject of investigation: '...a concept of the totality is particularly difficult to construct', he noted; 'Indeed it is impossible' (Fordham 1985, p. 21).

Any study of the self presents fundamental dilemmas. In philosophy the self is included under the 'complementarity principle'. Here Heisenberg's uncertainty principle is extended beyond quantum physics to encompass philosophical situations involving properties that appear as particular pairs of opposites, termed canonical conjugates. 'Heisenberg deduced that when this relationship [of canonical conjugates] holds, ...the more determinate or 'sharp' the value of one of the quantities, the *less* determinate (or more 'unsharp') its value for the other quantity' (Bullock & Trombley 2000, p. 893). In Michael Frayn's

play *Copenhagen*, the character Heisenberg discusses the 'application of complementarity' to the self (Frayn 1998, p. 69):

> *Heisenberg* [to Bohr]...Exactly where you go as you ramble around is of course completely determined by your genes and the various physical forces acting upon you. But it's also completely determined by your own entirely inscrutable whims from one moment to the next. So we can't completely understand your behaviour without seeing it both ways at once, and that's impossible. Which means that your extraordinary peregrinations are not fully objective aspects of the universe. They exist only partially...as our minds shift endlessly back and forth between the two approaches.
>
> (ibid., pp. 69–70)

The *Oxford Dictionary of Philosophy* defines the self as 'the elusive "I" that shows an alarming tendency to disappear when we try to introspect it' (Blackman 1996, p. 344). Warren Colman referred to the elusiveness and endless shift he encountered in the course of his own study on the self.

> Trying to think about the self was like trying to grasp a jelly that keeps slipping out of your hand. Someone pointed out to me that *mercury* would be an apt image of this and I suddenly understood why Mercurius holds such a central position in Jung's thinking.
>
> (Colman 1999)

Another expression of the elusiveness is the way the concept—an abstraction—shifts easily into reification, and the self becomes a 'thing' rather than an idea. Jung had resisted this in his work on religion,

> by claiming that all he could know is that psychology could explain much of religion and denying that psychology could be used as an instrument to tell whether God really existed apart from man. This is not a psychological issue at all and could only be tackled by philosophy.
>
> (Fordham 1985, p. 179)

Fordham had tried to be clear that his and Jung's researches pertained to psychological theory and phenomenology, not ontology. However, as the reader may find, this distinction can easily be lost when studying the self.

### Fordham's studies of the self

Fordham regarded himself as a scientist. Late in life he reflected, 'I never really wanted to become a doctor, but rather, after studying natural sciences at Cambridge, was interested in the application of science to medicine' (Fordham 1988, p. 7). Fordham entered child psychiatry in 1933, just as he was beginning to become involved in Jungian psychotherapy. His earliest papers (1937–1943) reflected his conviction that children are individuals rather than products of parenting, and identified archetypal phenomena in the play,

dreams and drawings of the children he treated. By 1947 he had observed clinically how alternating states of integration and disruption produced ego development in small children and, within ten further years, he had established a model of development based on a deintegrating and reintegrating primary self (Fordham 1957). Fordham's work on the self culminated in *Explorations into the Self*, published in 1985. The volume is a *tour de force* of comprehension, intellect and Fordham's particular kind of vision, and it is disappointing that the editing of this volume did not match the quality of the author's work. Following *Explorations* there were numerous papers and two other volumes; however these were refinements to rather than major revisions of his model.

The first chapter of *Explorations*, titled 'The self in Jung's works', is probably Fordham's most condensed and complex paper. The chapter opens with a notable understatement: 'This first chapter is lengthy and somewhat heavy going...' (ibid., p. 5). Essentially it is a research project attempting to clarify what Jung meant by the self. It originally appeared in 1963, not long after Robert Hobson had published his brief study of how Jung used the term 'archetype' (Hobson 1961). Fordham's study revealed inconsistencies in the way Jung used the 'self', and he sets out to explain how they arose and how they can be resolved.

In the introductory summary, Fordham contends that these incompatible definitions '... stem from the interlacing of primitive experience and the abstractions from them' (ibid., p. 8). Jung's data were subjective affective experiences, symbols and myths derived from clinical experience and comparative studies. When making hypotheses from this data, 'Jung kept his abstract formulations related to empirical affective experiences' (ibid., p. 25) in order for his theory to convey the wholeness for which it was supposed to account. To achieve this, Jung used metaphors. Hence his conceptualization combined directed thinking (the logical form underlying theoretical thought) and undirected thinking (thought, like metaphors, influenced by archetypal processes). Added to this, over time Jung 'ran up against the lack of adequate [scientific] language' for expressing the wholeness of the self, so that later on in his writing he 'relied more and more on paradox' (ibid., pp. 8–9). Fordham criticizes Jung's mixing myth with abstract statement because it devalues the role of theory, when 'theories have advantages over myths in scientific studies...' (ibid., p. 24).[8]

Fordham then reviews Jung's data and points out that the clinical population from which Jung had drawn was not representative. Rather, those involved tended to include exceptional individuals who were introverted, schizoid and some apparently mildly depressed. Jung's data also excluded references to relationships with the external world and internal objects. Lastly, 'there is a signal lack of attempt' to bring in 'material related to childhood let alone infancy' (ibid., p. 17).

Fordham next considers Jung's theories of the self, first as it is defined as the totality of the personality, and then as an archetype. The totality definition

derived from references in Eastern mysticism to states of at-one-ness. However using this as the datum for defining a concept of totality comes up against the epistemological dilemma to which I referred earlier. 'If the self is the whole psyche, then it cannot be observed intrapsychically' because the observing ego is only a part in the whole (ibid., p. 21). Furthermore, as much as Jung needed to base his theories on experiences, 'The difficulties in taking the primordial experience to represent the totality of the psyche are many, but the greatest so far considered is that experiences in solitude, however important in themselves, leave out the organism's adaptation to external objects whether personal or otherwise' (ibid., p. 22).

As for the archetype definition, Fordham notes that it accounts for a range of phenomena related to wholeness (archetypal images) and, in fact, is closer to the data than the totality definition. However this data 'cannot also be the totality' because it excludes the ego, which Jung differentiated from the archetypes. For instance, in *Answer to Job*, Jung (1954) used God to refer to the unconscious (a totality) yet God needs man (the ego, which is not an archetype) to become conscious. Fordham concludes that although '... this definition [self as archetype] is nearer the phenomena described, ... the experience of wholeness is not a reliable basis on which to construct a definition of the self' (Fordham 1985, p. 23).

He then turns to others who have studied the same phenomena. He cites Perry, who observed self images in schizophrenia and considered them in relation to a 'central archetype' (ibid., p. 24). Fordham comments that all the images associated with the central archetype suggest a 'powerful integrative influence', whether in schizophrenia or a well-developed individual (ibid., p. 26).

Fordham's conceptual analysis concludes by returning, full circle, to the introductory comments about Jung's methodology. He asks whether it is acceptable to run two incompatible theories alongside one another: 'Is it enough to say that it is effective [*sic*: affective], pre-logical experience that counts and then play down theory?' (ibid., p. 29). Fordham thinks not. While he appreciates Jung's efforts to maintain the links between the concept and the data it was intended to describe, Jung's 'often graphic word-pictures ... are theoretically confusing' (ibid., p. 25).

In a highly condensed paragraph at the end of the section on 'General Psychology' (p. 30), Fordham disentangles Jung's 'interlacing of myth and model' (ibid., p. 7). To summarize it, I shall draw upon the distinction in logic between contradiction and paradox. A contradiction can be stated: A is B and A is not B. It is unresolvable, inasmuch as '... true contradictions indicate some conceptual (theoretical) error'[1]. In contrast, a paradox is an apparent contradiction, the resolution to which can be worked out. When Jung used

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[1] I am grateful to John Adkins of Jesus College for this concise statement.

paradoxes to capture the nature of experiences of the self, he was referring to contents within a whole, which includes opposites. From this position one can make paradoxical statements such as 'the whole (images and experiences of totality) is in the part (the ego, the observer)' and 'the part (the ego) is in the whole'. However Jung seemed to regard experiences of wholeness *as if* they were actually *of* the totality, ignoring that the whole is beyond experience. Fordham's point is that the 'as if' metaphor (undirected thinking) blurs logical distinctions (directed thinking) that are necessary when defining concepts used in a theoretical model of the self. Theoretical models require clear definitions and logical consistency. In effect Jung was saying that the self is the totality and the self is not the totality (it is a part, an archetype). This, Fordham points out, is a logical contradiction within a theoretical scheme, not a paradox.

Having identified Jung's incompatible concepts of the self, Fordham asks, 'Can a hypothesis be formulated closer to the experiences accumulated and capable of being tested by or used to organize them?' (ibid., p. 31). Here lies Fordham's resolution to the dilemma. I shall develop this later on.

## The model

The model as it stood in its most mature form drew upon several concepts: the primary self, deintegration, reintegration, self objects, self representations, and individuation.

Jung had conceived of the self as a way of accounting for certain, particularly mystical, phenomena in adulthood. Fordham shifts the function of the self within the theoretical model so that it accounts for development, postulating a primary self as the starting point. Certain processes are defined as integral to the central postulate, which account for how development proceeds and contents and structures are formed. These processes, structures and the relationships between them are then used to account for subjective phenomena, including the states of integration for which Jung sought an explanation. Implied in what Fordham writes is that the primary self is also a period of development.

Fordham's starting point is before and beyond all phenomena, and hence refers to a phenomenon-less state. As a postulate, the primary self is a psychosomatic integrate, that is 'empty' of phenomena, so that it is 'nothing but' potential. Rosemary Gordon has described the primary self as 'a simple totality ... a matrix of all those potential faculties of the organism which await the process of "deintegration" and "reintegration" in order to become operative and so actualize themselves' (Gordon 1985, p. 267). Mario Jacoby also associates the primary self with potential, describing 'the primary self as the original potential' (Jacoby 2003). Elsewhere I have commented that the primary self might be seen as analogous to the egg at the instant (if there is one) of fertilization, at a moment conceptually held in time (Urban 1992). Astor describes it as 'somewhat analogous to the potential in DNA but probably

without its hereditary constituents' (Astor 1995, p. 50). Unlike the egg at the moment of fertilization but like the cosmic egg to which Fordham had earlier associated it (Fordham 1957), the primary self is a mystical concept, referring to the 'nothing that is everything'. Although the primary self has no represent-ations, there are subjective states associated with it, such as those in early infancy following a satisfying feed, as well as later on, such as mystical states that refer to the 'pregnant absence' expressing the potential that is the essence of the primary self.

The concept implies that the infant is an individual from the start, and that development begins from within, given of course an adequate environmental background. A physiological analogy is the onset of the embryo's heartbeat. As the embryo's first observable activity, at about three weeks, the heartbeat 'initially originates within the heart itself... it is not a response to an external stimulus' (Bremner 1994, p. 25).

Inherent in the concept of the primary self is its dynamic, the complement-ary processes of deintegration and reintegration that, taken together, Fordham terms actions of the self. Both concepts refer to processes that underlie development. The alternating disruption and stability of deintegration and reintegration can be recognized in a summary hypothesis offered by Thelen from her studies of motor development in early infancy.

> ... in order to understand development we have to understand that complex systems are self-organizing: they 'prefer' states of equilibrium. However they can be pushed towards new states of equilibrium by particular forces, acting from within the organism or from the external environment. Thus development is understood as a progression through a series of stable states.

(Bremner 1994, p. 47)

As the earliest period in development, the primary self is assumed to operate from before birth. This is substantiated by, amongst others, Piontelli, who made ultrasound observations of foetal development. Her studies show foe-tuses exploring their intrauterine home, playing with the placenta, touching themselves and, in twinships, their foetal sibling through the membranes that separate them (Piontelli 1992).

Fordham conceptualized deintegration and reintegration in order to account for developmental processes before structures and contents became estab-lished. For example, internalization is development of deintegration and reintegration, involving repeated engagements with an experience (deintegra-tion) and assimilating these time and again into the personality (reintegration). He held that initially these actions of the self create a particular state, termed primitive identity, which is meant to account for states of fusion. Recent neuro-scientific studies into right brain function have contributed to an understand-ing of how this state comes about.

Researchers have discovered that it takes 30 milliseconds for an infant to appraise facially expressed emotional cues, 100 milliseconds to detect and

carry out complex processing of change within a human face, and 300–400 milliseconds to mirror and synchronously match the affect of an emotionally expressive face. The same applies for recognizing and matching the emotional qualities of voices (termed 'prosody'). Within this split second, what is perceived by the infant triggers affect and concomitant bodily responses that are innately connected to expression. So '"reading" another's emotional expression' entails decoding by 'actual felt [somatic] emotional reactions to the stimuli...' (Schore 2002, p. 27, quoting from Day & Wong 1996, p. 651). Schore emphasizes how instantaneous perceiving and matching are occurring within both mother and infant engaged together. This results in a mutual mapping process comprised of a 'very rapid sequence of reciprocal affective transactions [co-constructed] within the intersubjective field' (Schore 2002, p. 19). These are experienced subjectively as a state of fusion.

Deintegration produces deintegrates, which are early proto-structures and contents.[2] Deintegration and deintegrates are conceived as processes, structures and experiences that remain part of the self. An analogy is the relationship of the pseudopodia (deintegration and its contents, deintegrates) to the amoeba (the primary self). Early deintegrates are structured within the self via reintegration, which shapes experiences along archetypal lines, that is, within universal human patterns. In time, these proto-structures, which are made up of fragments of similar kinds of experience such as good, bad, 'I' and 'not-I', coalesce into more stable structures that develop into archetypal forms and the ego. As they all begin as deintegrates, they maintain a fundamental link with the primary self. The neurological understanding behind this is that experiences provoke firings in the brain that over time become wired together, and these wirings, if repeated often enough, become patterned, that is, integrated within the brain into generalized phenomena.

As I have noted, the subjective experience of states of identity is a state of fusion with the other, producing an object Fordham termed a self object. Self objects contrast with 'reality' objects:

> When the object is mainly a record of reality, it may be called a reality object; when it is mainly constructed by the self and so records states of the self, made out of exteroceptive and introceptive sense data, then it may be called a self object...It appears that self-objects increase in affectively charged states, whilst in quiet contemplative exploring activities real objects predominate.

> (Fordham 1985, p. 56)

Conceptually, self objects are closely related to self representations, and Fordham's use of each has become confused with how other theoreticians have used these terms. Stern describes the infant's developmental experience

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[2] The term 'deintegration' has proved difficult for those unfamiliar with Fordham. In part this is because it seems to connote an undoing of a negative nature. Fordham intended it to be seen as the unfolding of an integrate that does not un-do development, but instead is an essential part of it.

from the point of view of the emerging ego, beginning with the sense of emergent self. Over time a more coherent sense of self begins to emerge, indicating that the ego has taken on some preliminary form and that mental representations of the self are becoming established. Fordham's position contrasts with developmental theorists who hold that the baby's self representations are derived fundamentally from internalizing the experiences of and with the mother (Stern 1985; Fonagy et al. 2002). In Fordham's model self representations are understood as expressions (representations) of the wholeness of the primary self occurring in the developing ego, that is, conscious awareness. Because it is a product of deintegration and reintegration, the infant's sense of self derives from the infant as well as from interactions with the mother.

To give an example of what is meant by the emergence of self representations in the ego I shall turn to a brief observation. It is of two babies about the same size, although one was five months old and the other eight months. They were sitting near one another on the floor when a large doll was placed between them. Each explored it simultaneously and it began to topple from one to the other. Occasionally when the younger one had the doll, the older one seemed to want it and pulled it his way. The younger one did not get distressed but seemed perplexed that the doll was 'going away', and watched it go with some surprise, clearly unaware that another person was removing it. The younger one never tried to pull away the doll when the older one had it, while the older one did this several times from the younger. The impression is that the older one had a stronger sense of himself, his agency, his wishes and what he felt to be his, while the younger one had not yet reached this point of self-awareness.

Fordham links the infant's developing sense of himself with individuation. He holds that the infant is an individual from the start, so that 'individuation becomes realization of his condition through the development of self representations' (Fordham 1985, p. 54). This is another way of saying that the infant's ego is developing a gradually more discriminated sense of his individuality and wholeness, realized through evolving expressions of the primary self. These expressions are not directly of the self, but via representations of a psychosomatic unity beyond experience, let alone consciousness. In this process the infant's experiences involving various senses of himself are incorporated around a sense of having a centre. Fordham links this centredness back to the original state, re-experienced during early infancy in the sense of wholeness that occurs with, say, pleasurable feeds.

As deintegration and reintegration continue, more stable internal structures and processes develop, leading to greater complexity as these in turn develop. For example, at the end of the first year, the baby begins to understand that when the mother points, she intends for him to look at something. This is the beginning of what developmental psychologists term a 'theory of mind', whereby the baby is able to perceive that the mother has her own motives, intentions and thoughts, in short, a mind behind her face, and this matches a growing sense of his having a mind of his own.

## Discussion

Although Fordham's work is based in Jung, some elements diverge from Jung. Fordham's developmental approach often reconciles apparent differences, as I hope to explain.

### The definition of the self concept—totality or archetype

Fordham had pointed out (1963, 1985) Jung's 'incompatible definitions' of the self. Fordham consistently defined the self as the totality of personality. I shall try to give an example of what Fordham meant by the infant being a psychosomatic totality by giving a brief observation of a baby, whom I shall call Jake.

Jake and his mother had been referred for parent-infant therapy and I saw them when Jake was just over a month old. Throughout the session Jake was asleep while his mother and I were talking. From time to time I noticed Jake and what he was doing, which gave the impression of a progression, or unfolding, of development in relation to what was happening around him.

Just as I was entering the room to join Jake and his mother, the door slammed behind me with a loud bang. Jake was asleep in his sling cot on the floor in front of his mother, and he startled at the noise. His whole body jerked forward reflexively as if to curl up protectively, although he did not wake up. A bit later I noticed Jake begin to squirm and buckle forward—a variation of the reflexive curling into himself—after which he stretched out with his arms raised in front of him. He slept soundly again and then wriggled a bit, his face puckering as if working up into a cry, his head gently turning from side to side as if expressing 'no'. He then stretched his arms forward and upward, his fingers extended with palms outward. It appeared as if he was pushing something away, what I presumed was the 'badness' of the noise.

A bit later, as he drifted again into lighter sleep, the pushing away movement was clearly directed toward me, and what I guessed was the 'badness' of my felt presence, which might have been linked with the bang followed by my unfamiliar voice. Still later I observed him making similar yet quite different motions toward his mother. He stretched his arms out toward her but with his fingers extended and palms held downward rather than up, so it looked as if he was reaching rather than pushing away. As I watched, his gestures seemed quite different depending on the direction of his arms; toward me, he pushed away and toward his mother, he reached out.

Here we see a baby relating to what is happening around him in spite of being asleep. It is difficult to say what level of awareness he has, but he is certainly not conscious in the sense we ordinarily mean it. In fact the distinction between conscious and unconscious is irrelevant, and it is useful to consider what is happening in terms of the self. Jake's self is a psychosomatic self,

whereby bodily actions convey that experiences are being internally organized, or differentiated, into 'me' and 'not-me', and 'good' and 'bad' experiences. It is however not an observation *of* the primary self, only of its expressions via deintegration and reintegration, functioning in a unified way within a separate 'unit' responding to what is going on externally and internally. Furthermore, the experiences are of sensations rather than of mental images.

I am trying to show how Fordham recognized a unity and personhood of the infant. However, might this observation also be seen as an example of the self regarded as an archetype? I shall come to this later in the paper.

### The mind-body relationship

Jung seemed divided on the issue of mind and body. Fordham notes, 'At one time Jung conceived the archetype as the psychic representation of instinct only, but he often writes as if they were purely psychic forms' (Fordham 1985, p. 162). In *Psychological Types* Jung defines the self as the psychic totality; 'the self is the subject of my total *psyche* which also includes the unconscious' (Jung 1971, para. 706; my italics). Also, Jung considered psyche and soma as opposites: 'Mind and body are presumably a pair of opposites and, as such, the expression of a single entity whose essential nature is not knowable either from its outward, material manifestation or from inner, direct perception' (Jung 1926, para. 619).

Undoubtedly Jung was aware of a mind-body link because his experimental researches depended on this. These researches drew upon the James-Lange theory of affect, which distinguished between 'emotion' and 'feeling':

> I take emotion as affect, it is the same thing as 'something affects you'. It does something to you—it interferes with you. Emotion is the thing that carries you away: You are thrown out of yourself; you are beside yourself as if an explosion had moved you out of yourself and put you beside yourself. There is a quite tangible physiological condition which can be observed at the same time. So the difference would be this: feeling has no physiological or tangible physiological manifestations, while emotion is characterized by an altered physiological condition.

(Jung 1935a, para. 46)

Jung's statement is in line with the thinking of the contemporary neurologist Anthony Damasio, whose research has drawn upon the same theory of affect:

> In a typical emotion, then, certain regions of the brain, which are part of a largely preset neural system related to emotions, send commands to other regions of the brain and to almost everywhere in the body proper... The result of these coordinated chemical and neural commands is a global change in the state of the organism. The organs which receive the commands change as a result of the command, and the muscles, whether the smooth muscles in a blood vessel or the striated muscles in the face, move as they are told to do. But the brain itself is changed just as remarkably.

(Damasio 1999, pp. 67–8)

According to Damasio, the brain spontaneously makes a primary mapping of these 'changes in the body state that are induced in myriad organs' (Damasio 1994, p. 139). In contrast to emotion, feeling is the imaging of these changes, called secondary mapping. Just how this happens is unknown, although secondary mapping (feelings) might be said to be more clearly psychic than psychosomatic. If the self is considered the *psychic* totality, then by logical extension the concept would exclude emotions, and this makes no sense. If emotions are included in the notion of psyche, then the body is necessarily involved. According to Damasio, to 'feel the feeling', consciousness as well as primary and secondary mapping are required, that is, consciousness is based on psychosomatic elements.

Fordham addresses the mind-body question developmentally. He regards the self as a psychosomatic entity, which over time deintegrates and reintegrates into mental and physical functioning. 'In treating these twin concepts, psyche and soma, as deintegrates, their origin in the self is not lost sight of, nor is their adaptive value left out of account' (Fordham 1985, p. 170). When Jung states (in places), and other Jungians imply, that the self is 'only' psychic, it may be because they work primarily with adults. Throughout Fordham's career he worked with children and was aware of how bodily their expressions are—touching, running, stroking, climbing, biting, hitting and spitting. His developmental model was intended to cover the continuity between childhood and adulthood, and the bodiliness of the mind throughout life was integral to his thinking.

*The 'ultimate'*

Both Jung and Fordham commented on a state to which they referred as 'the ultimate'. Jung's reference is in *Memories, Dreams, Reflections*, when he is describing his experiences following the break up with Freud. He wrote, 'Only gradually did I discover what the mandala really is: "Formations, Transformations, Eternal Mind's eternal recreation" ... In them I saw the self—that is my whole being—actively at work ... [in them]. I had attained what was for me the "ultimate"' (Fordham 1985, p. 12, taken from Jung 1963, pp. 187–8).

Fordham's comment on 'the ultimate' is as follows:

> ...a reflection on 'the ultimate'. I take it to represent a state in which there is no past and no future, though it is present like a point which has position by [*sic*: but] no magnitude. It has no desires, no memory, no thoughts, no images but out of it by transformation all of these can deintegrate. There is no consciousness so no unconscious—it is a pregnant absence.

(Fordham 1985, p. 33)

The 'ultimate' described in each quote refers to mystic states, which both Jung and Fordham studied. Jung's work was extensive and well known, while Fordham's lesser known studies focused on the experiences described by

St. John of the Cross. As Astor describes, Fordham saw similarities (as well as important differences) between the process described by the saint (the *scala mystica*) and individuation (Astor 1995). Noting that 'the past never disappears it is transformed', Fordham traces 'ultimate' union with God to its sources in infancy (Fordham 1985, p. 197). This primitive object relationship involves an experience of a good feed leading to the image of a good breast. This occurs developmentally before the infant's capacity for differentiation, thus involving projective and introjective identification. This account explains the subjective experience of union and views the mystical state as a transformation of the earliest state of infancy. Fordham notes, 'That state is nearest to the whole self' (ibid., p. 198).

Fordham's comment on the 'ultimate' comes at the end of the first chapter of *Explorations into the Self* and seems tacked on to what precedes it. In fact, the paragraph was not included in previous editions of the paper (Fordham 1963; Fordham et al. 1973). Why did Fordham add it? I believe that he did so because states of integration were central to Jung's conceptualization of the self and Fordham wanted to include an equivalent state associated with his model. Drawing upon Bion, Fordham refers to a phenomenon-less state, a 'pregnant absence', which presents a contrast to Jung's idea of the 'ultimate'. For Jung, the 'ultimate' is the individuated self experienced as a unity that transcends the multiplicity of object relationships. For Fordham, the 'ultimate' is the primary self, which precedes but contains the potential for and predisposition to develop a multiplicity of objects and relationships with them.

## The 'origins' of the archetypes

The old conflict between nature and nurture for a long period divided psychologists into opposing camps of 'nativists', who came down on the side of innateness, and 'empiricists', who came down on the side of the environment. Within the nativist camp, distinctions were made between 'preformationism', whereby 'structures underlying behaviour are there from birth', and 'predeterminism', in which structures develop during childhood through a predetermined sequence of differentiation and elaboration' (Bremner 1994, p. 5). Although Jung and Fordham held that both nature and nurture played a role in development, the distinctions between preformationism and predeterminism may help to clarify a difference between them regarding the 'origins' of the archetypes.

Jung had stressed that the archetypes were *a priori*, as was the archaic substrate of the collective unconscious. To use Barbara Wharton's metaphor (personal communication) archetypes are there from the beginning like a dry river bed ready to receive water and then flow. Jung wrote,

> So far as I know, there is no inheritance of individual pre-natal, or pre-uterine, memories, but there are undoubtedly inherited archetypes which are, however, devoid of

content, because, to begin with, they contain no personal experiences. They only emerge into consciousness when personal experiences have rendered them visible.

(Jung 1935b, para. 846)

Here it is implied that the archetypes and the collective unconscious are conceived to be 'there' as innate, 'pre-formed' endowments.

In relation to Jung, Fordham can be seen as a 'predeterminist' (although only in this specific sense). He holds that structures, including body, mind and the structures and processes of each, unfold out of the primary self via deintegration. He writes, '. . . in infancy the archetypal forms are derived from the self through its deintegration' (Fordham 1985, p. 45).

To expand upon this, I should like to turn to an observation in a video produced by Johnson and Johnson, entitled *The Amazing Talents of the Newborn* (Johnson & Johnson 1998). It shows a series of stills of Andrew, forty minutes after his birth. Andrew has been dried but not washed or given various treatments, so that the smells of the amniotic fluid are still with him. He has been placed on his mother's abdomen and slowly starts climbing towards his mother's breast and face. The narrator relates that as he does so, the movement of his feet stimulates her uterus to 'clamp down' so that the bleeding stops, while also producing the 'love hormone', oxytosin, resulting in powerful feelings of love. Then it is noted how Andrew looks from her face to her right nipple and back to her face again, and, in the little pauses in between, he sucks his fingers. The narrator describes how there are similarities between the smell and taste of the amniotic fluid and what Andrew will smell and taste of his mother's milk. He continues to look from face to nipple and back again, and then, lifting his head to look at his mother's face, he is put just in the right position to latch on to the aureole, which he does. This awesome interplay of nature and nurture is a good way to exemplify what is meant by early archetypal phenomena and its relation to deintegration.

Bremner points out that behaviours like Andrew's may be viewed as innate, or 'pre-wired', 'if we take birth as the starting point, [but] the fetus's activities in the womb may have been involved in the "wiring up" process' (Bremner 1994, p. 36). For instance, the stepping movements that Andrew uses to crawl are now known to be foetal movements, which may be important in preventing the organism from becoming attached to the side of the uterus. Bremner adds, 'So instead of there being just one dramatic neural reorganization following birth, it seems more plausible that, starting in the fetal stage, there are a series of discontinuities brought about as successively higher regions of the brain become functional' (Bremner 1994, p. 37). This can be seen to describe Fordham's idea of how a phenomenon-less, 'empty' primary self develops even before birth.

The observation of Andrew shows the meeting point of nature and nurture. Fordham held that the match between them need not be perfect. Although newborns like Andrew may be capable of what is termed the 'breast crawl', it

is not the actual experience of many babies, in spite of the fact that they do adapt, survive and thrive. Developmentalists refer to this as the newborn's 'flexibility in the range of his affordances', that is, how he makes use of the environment. Fordham believed that the infant also contributes to the environment, and Andrew's stimulation of oxytosin in his mother's bloodstream is a good example of what he meant. However Andrew also contributed to his own development even before birth because foetal stepping produces neural activity and organization in the foetal brain.

If archetypes are the result of deintegration and reintegration, how does Fordham account for the collective in childhood? Firstly, it should be clear by this point that he does not believe that the infant is born with a wealth of collective images which then become projected onto the mother. Nor does he believe that 'The unconscious psyche of the child is truly limitless in extent and of incalculable age' (Jung 1931, para. 95). Instead Fordham turned to Jung's likening of archetypal phenomena to a spectrum covering, at the one end, instinctual life (as with the example of Andrew) and, at the other, spiritual life. For Fordham, expressions of the collective in infancy are best understood in terms of a body mythology, as Melanie Klein had understood and described. As for the spiritual pole, the child's predisposition to 'develop archaic ideas, feelings and fantasies... are influenced and refined by education which in turn, as in feedback systems, provides suitable imagery through which the unconscious archetypes can find expression in consciousness' (Fordham 1976, p. 6). The growing child discovers images around him that contribute to the imagery expressive of the collective. Images become available via the culture at large, such as children's books, television, films and—the therapist's curse—video games. Miranda Davies has referred to the one-sidedness of most of these popular images, and the imbalance of power, speed, and violence at the expense of smallness, dependency and loss (Davies 1993).

Fordham adds, 'In contrast to the instinctual drives, which are relatively fixed and few in number, the fantasy (or spiritual) component has wide and flexible application' (Fordham 1976, p. 6).

## The primary self, the self and the sense of self

What is the difference between the primary self and the self? Rosemary Gordon had noted that the primary self 'is a primitive form of the self' (Gordon 1985, p. 267). To this I have added that the primary self is also a period of development. This raises such questions as when does the primary self begin and when is the self no longer primary? In this section, I shall divert in order to clarify certain matters, including Fordham's position in relation to current conflicts amongst Jungians who also take a developmental perspective.

Fordham would not be pinned down in dating the beginning of the primary self, other than to say it occurred before birth. It is important to keep in mind that Fordham postulated a *psychosomatic* integrate. Carvalho warns against

'the danger particularly when the idea of the "self"' is pushed back prior to the formation of a nervous system and its function of apperception, [because] the idea invites theologizing, idealization and inflation' (Carvalho 1985, pp. 237–8). Using 'the formation of a nervous system' as a guide, one might consider the primary self to have beginnings as early as fourteen days after conception, with 'the formation of the primitive streak and therefore the beginning of the development of the nervous system' (Piontelli 1992, p. 109). If one includes apperception, that is, the cognition of a perception, this may change the dating, to say, around seven weeks, when external stimuli to the peri-oral area will produce a response, indicating neural connections have begun to become established.[3] Bremner considers that 'in practice it is often hard to draw a clear line between perceptual and cognitive processes' (Bremner 1994, p. 52). The same is likely to be the case with the beginning of the primary self.

Carvalho is reluctant to use the term 'primary self' 'unless talking about the primary integrate *after* the stage at which it has developed a mind and the functions of mind' (Carvalho 1985, p. 237; my emphasis). He states that '"self" as a term implies some notion of reflectiveness and therefore of mind and awareness' (ibid., p. 236),[4] a position shared by Louis Zinkin. Within Fordham's model, both Jungians are referring to the sense of self.

Fordham distinguished between the self and the sense of self, and for him the difference was major. In 1986 Zinkin published a paper in the *Journal of Analytical Psychology*, in which he criticized Fordham's notion of the primary self:

> Because Fordham is deeply concerned with babies and how they come to have a *sense* of self, a *sense* of an inside and outside, he posits an original self... which seems to be quite undifferentiated which he sees as deintegrating through an act of spontaneous division.
>
> It is here that I have the greatest difficulty with his theory ... the baby is at no time undifferentiated even when it is a foetus [*sic* zygote] consisting of only one cell. As a model or a hypothesis of what takes place in infancy I cannot accept that there is an original self.... I can agree with it only as a postulate like 'initial conditions' in systems theory language but would regard such a state as preceding the birth of the individual.
>
> (Zinkin 1986, p. 302)

The article was controversial. James Astor, who is and was at the time an authority on Fordham's work, wrote a letter to the *Journal*, stating, 'The

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[3] The peri-oral area is the first part of the body to come 'on-line'. The onset of the response marks the point the embryonic period ends and the foetal period begins (Bremner 1994, p. 25).

[4] The word 'self' is of Anglo-Saxon, Old Saxon and Old Norse origins, and Damasio notes that the term does not occur in romance languages except in the reflexive, such as 'self-reflective', 'self-centred' (Damasio 1999). Nor, I am told, does 'self' occur in the Eastern languages of Hindi and Gugerati.

Winnicottian idea that the original self is undifferentiated is not one that Michael Fordham subscribes to ...' (Astor 1987, p. 57).

Zinkin's misunderstanding of Fordham extended to other elements of Fordham's position. Fordham had not postulated a primary self simply in order to account for the sense of self. It was to account for the fundamental unity of the infant before an ego is formed, including the capacity of the infant to relate to and make use of the environment, particularly its human components, as we saw with Jake. Secondly, Fordham had explained that the sense of self arose as self-representations became part of the ego, so only indirectly did it come from the primary self. Thirdly, whether the self is differentiated or not depends on what is meant by differentiation. The sleeping infant Jake could differentiate between his mother and me, but it is unlikely that he had formed stable internal differentiation in terms of self, good, not self and bad.

Following this paper, Fordham initiated a personal correspondence with Zinkin that lasted from January to June of 1987. In his initial letter Fordham wrote:

> ... you [Zinkin] cannot conceive of a self without a sense of 'I' or 'myself', but Jung persistently denies that his 'self' is that and he regularly distinguishes the ego from the self.... I was quite horrified at the symposium on the self in the *Journal* [Vol. 30, 3, in which Carvalho's paper had appeared] to see how far our members had departed from Jung in this respect.
>
> (Zinkin 1998, p. 136)[5]

Zinkin responded and Fordham wrote back, enclosing some notes he had made about foetal deintegration and reintegration. They include the following:

> Considering the accumulation of data it would seem wrong to assert, as has been widely done and still is in many quarters, that a foetus has no mental life and so no ego even in the later part of gestation, say after five months when his brain is fully formed. Even before this it would be daring to assert that there are no physical elements from which mental life will emerge.
>
> (ibid., p. 139)

Here however Fordham seems to be regarding the primary self as a concept beyond time and space and therefore existence, at the same time as making efforts to date it (in his notes).[6] The correspondence does make clear the strength of his opinion that the self is not the same as the sense of self.

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[5] Daniel Stern and Antonio Damasio have in their respective ways also studied the self. Stern and Damasio are careful to use phrases such as 'sense of' or 'feeling' of self, while not getting into the thorny issue of what the self is. Each holds their respective ideas, whether explicit or implied, about an 'emergent' and 'core self' (Stern 1985) or 'proto-self' (Damasio 1999). These are not equivalents to the primary self, but they refer to the same dynamic entity that Fordham postulated.

[6] Fordham's attempts to date the beginning of the primary self imply that the concept also refers to the period of development.

### An extension to Fordham's resolution to Jung's incompatible definition

I shall now return to Fordham's attempt at a resolution of the contradictory meanings Jung attributed to the self. In so doing, I shall address the question of when the primary self is no longer primary.

Fordham concludes his study in the first chapter of *Explorations* with an overly condensed section entitled 'The nature of the self'. I shall expand on this section, which is a reworking of a previous paper (1963, republished in 1973). The chapter was being revised when Fordham was still recovering from a serious illness, when his wife and colleague, Frieda, had become quite infirm and dependent, and while he was under pressure to complete what was undone in his life's work. His purpose in this section of the chapter is to answer the question, 'Can a hypothesis [about what is meant by the self] be formulated closer to the experiences accumulated and capable of being tested by or used to organize them?' (Fordham 1985, p. 31). Fordham's purpose here would be clearer if he had retained the original section heading: 'Attempt at a solution of the theoretical quandary'.

Essentially Fordham's resolution lies in a development approach. Development begins with the primary self, that is, the potential for an individual being with psychosomatic continuity and the capacity to adapt. Deintegration and reintegration lead to the development of stable structures, both somatic and psychic, including an embodied mind and conscious sense of self. This involves the emergence of archetypal structures and forms, and one of particular importance to Fordham's model is the central archetype of order. The term identifying this archetype seemed to be Fordham's way of dealing with the 'problem of nomenclature', that is, the term 'self' had been used to refer to both the archetype and the totality of the self. If a distinction was needed in the conceptualization, one was also needed in the terminology. Fordham had clearly intended the term to be an alternative to what Jung had meant by the archetype of the self. In the original version of what became Chapter 1 in *Explorations* he wrote, 'The central ego has a special relation to what, with some hesitation, may be called the central archetype of order (archetype of the self, in Jung's terminology)' (Fordham 1963, p. 20).

The 'central archetype of order' had been used by Jung and Perry. To my awareness, Fordham had first used the term in a 1962 paper, 'Ego, self and mental health' (Fordham 1962). It is republished in *Explorations* as Chapter 7, 'Mental Health', where he states, 'Turning to the possible ways the archetypes may be related to each other, we at once think of the possibility of a hierarchy subservient to a central organizing system, as Jung suggested when he referred to the self as the central archetype of order' (Fordham 1985, p. 117). Fordham again used the concept in his 1963 research study on Jung's meanings of self, in which he pointed out that Perry had used the term to account for images of wholeness in schizophrenia. Fordham expanded on this, drawing out the integrative function of the central archetype, which is evident in the

individuation process as well as apart from it (in psychosis), and in early development. Fordham also used term in a 1964 paper, 'The relation of the ego to the self', revised as Chapter 6 in *Explorations*. In the revision he writes, 'If the "Ich Gefühl" be considered from the dimension of the ego, then the self appears as part of the ego. But looked at from that of the self, then it would be conceived as manifesting the central archetype of which the ego is a part' (Fordham 1985, p. 108).

It seems that Fordham used the concept of a central archetype of order during the early 1960's, at a time when he was consolidating his model of development. He then dropped the term. It does not appear in either *Children as Individuals* (1969) or *The Self and Autism* (1976), yet it reappears in *Explorations* in the chapters that are revisions of the 1960's papers. Why had Fordham revived the term in *Explorations* and why, once revived, did he not develop it? I suggest that after Fordham started to use 'central archetype of order', he became more involved in, amongst other activities, his clinical research into autism. In his research, Fordham used the concept of self objects to describe the lack of self/other differentiation that was so evident in his clinical studies. He did not need the concept of an archetype distinguished by its function of integration because he was thinking of autism as a problem primarily of deintegration. Why was the idea of the central archetype revived but then not developed? I consider this may be because he realized that the central archetype enabled him to resolve Jung's contradiction via his developmental model and needed to remain. Fordham may not have had the energy to develop it as he progressed into old age, when he needed to prioritize his efforts around the two volumes and numerous reviews, papers and chapters he wrote during the last ten years of his life. He may also not have considered he had the data to develop the concept of a central archetype of order.

I should like to extend the concept as he presented it. To begin, Fordham clearly meant for the central archetype of order to distinguish a particular archetype that has special integrative functions in relation to the archetypes and to the ego. He describes the archetype as follows:

> Integration is the main function of the self ([that is,] the archetype of order) . . . That central archetype can be thought of an [*sic*: as] an organizer of the unconscious: it contributes significantly to the formation of the central ego in which it finds expression especially in conscious experiences of selfhood . . . In this formulation, the central archetype, being a part system in the total self, can be introjected, projected, can assimilate other unconscious elements, identify with the ego, be the source of religious experience, the source of the central ego, and function mostly in the unconscious in a compensatory manner until it gets realized, i.e., largely integrated into the ego in individuation . . . At the same time, room is left for the personal life of the individual and his relation to the external world as a whole, within the self conceived of as the superordinate totality.

(Fordham 1985, pp. 31–3)

How might the notion of the central archetype be viewed developmentally? By the end of the first year, most infant researchers agree there is a surge of significant developments. These changes include the beginning of attachment proper, when there is an enhanced awareness of the singularity and significance of the attachment figure, accompanied by the infant's new consciousness of his own individuality and value. Also there are the dawning awarenesses of a theory of mind, mentioned earlier, and the capacity for empathy (Schore 2002). This period correlates with Stern's domain of subjectivity (that is, of the subjective sense of self), and might be seen as the point at which there is a shift from what Edelman calls primary consciousness, which is shared by most mammals, to secondary consciousness, which includes a basic awareness of one's subjectivity as well as that of another (Edelman 1992). Thus this archetype could be seen to be that of subjectivity, as Young-Eisendrath concludes (Young-Eisendrath & Hall 1991 in Colman 2000). In his study of the self Warren Colman notes, '. . . it is possible to think of archetypal processes directed towards wholeness and of a "central archetype" whose centring functions involve the organisation and integration of the *psyche* as a whole' (Colman 2000, p. 8, my italics). Following on from this, I am putting forward that the central archetype of order organizes and integrates *psychic* deintegrates.

In summary, there is towards the end of the first year a vast array of evidence indicating a predominance of integrative processes within the infant's emerging mind, leading, amongst other developments, to a new awareness of the sense of self as an individual. This evidence indicates activities of what Fordham conceived as the central archetype of order, which has a special role in shaping and consolidating the ego. By the end of the first year the emerging archetype becomes shaped via deintegration and reintegration into a more coherent processing structure, resulting in numerous new capacities in relation to subjectivity and mindedness. These include a nascent unified sense of self, such as was seen with the two babies and the doll. In this light, what Fordham termed 'representations of the self' might more accurately be considered representations and pre-symbolic expressions of the central archetype of order. As I conceive it, the archetype arises from early actions of the self, perhaps beginning *in utero* and being amongst the earliest to deintegrate, and perhaps based in the physiology of the brain and the way it wires together (integrates) circuits that fire together.

This conception of the archetype means that it is intimately linked to the primary self. Yet they differ in two important respects. The central archetype is a part of the whole and, as such, it can be projected, introjected and so forth as Fordham described (Fordham 1985, p.33). Its primary function is to integrate. In contrast, the primary self and its successor, the self, refers to the whole and functions as an integrator and deintegrator.

When is the primary self no longer primary? Conceived as a period of development, I view the primary self to refer to a period of early development that is predominated by deintegrates, that is, primitive part objects. Through

deintegration and reintegration, contents become both differentiated and consolidated into a more stable ego and internal objects. As the infant begins to have a sense of his own mind and his mother's, internal objects take on a three-dimensional quality and become whole objects in the Kleinian sense. As the changes that begin at the end of the first year develop through the second, one may begin to refer to the self and to its contents and structures by their specific terms within the theoretical model, such as 'ego' or the 'central archetype of order' and so forth. Hence as more clearly defined archetypal structuring occurs, the self moves beyond being primary, although its processes continue throughout life as new deintegrates appear.

## Conclusion

This paper began with some of the difficulties inherent in a study of the self. Jung referred to his circumambulations of the self, and Fordham had his own experiences of the elusiveness of his subject. In their correspondence, Zinkin had written to Fordham, '. . . when you avoid dating the original self it is not simply that we don't know the date and one day we might find out, but that *it has no date*. In this sense I entirely take your point that it is an abstraction' (Zinkin 1998, p. 142). Fordham answered:

> I certainly think that dating the original self is not important and am struck and attracted to your idea that 'it has no date'. That seems the obvious conclusion now you have suggested it. If that is so, and I am persuaded that it is, then can we speak of the self as existing? Against that we put Jung's idea, and that of others, which covers cosmic experiences extending to the limits of space and time. That is what I am talking about, following Jung.

(ibid., p. 143)

Here Fordham seems to find himself caught in the rapid and endless shifts that accompany thinking about the self. He has made it clear to Zinkin that the primary self is an abstraction, or concept. He then slides into wondering if the self is a 'thing' that exists, before shifting rapidly back to it being a mystical concept accounting, as Jung intended, for cosmic and mystical experiences.

Over all Fordham was able to keep his conceptual bearings because of the value he placed on theoretical constructs to further understanding. He wrote during the long period in the twentieth century, when psychoanalysis was defining itself through theory. Fordham appreciated the need to steer a course through the muddles that came from the proliferation of theory that was occurring, and had the clarity of thought to do so. Hence he developed his model in a way that led him to sharpen one aspect, theory, while leaving another, phenomenology, 'more unsharp'. This has begun to change, and analytic thinkers are working to balance theory with human experience, so that they are reaching to literature to expand upon their conceptualizations (Britton 1998; Canham & Satyamurti 2003; Williams & Waddell 1991).

Recently Jean Knox has made a plea to re-establish this 'heart of our theory and practice', and James Astor has presented a paper to the Society of Analytical Psychology Analytic Group, in which he argued that literary descriptions of fictional characters may offer something more authentic about what happens subjectively within and between analyst and patient, than do clinical accounts (Knox 2004, p. 1; Astor 2004).

The enormous changes in developmental psychology and neuroscience that challenge our theories and offer hope of leading forward, can also be seen as part of an endless shift:

> ... On a huge hill,
> Cragged, and steep, Truth stands, and he that will
> Reach her, about must, and about must go ...
>
> (Donne 1633, p. 163)[*]

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### TRANSLATIONS OF ABSTRACT

Cet article s'intéresse à la contribution que Fordham a faite aux études sur le soi de Jung. Il s'ouvre sur les dilemmes épistémologiques inhérents au thème, avant de poursuivre en rendant compte de la recherche faite par Fordham sur les différentes manières dont Jung a utilisé le terme 'soi' et l'incompatibilité de ces différentes significations. Est faite une description du modèle de Fordham, qui recouvre ses concepts de soi primaire, de déintégration, de réintégration, d'objet du soi, d'auto représentations, et de l'individuation dans la petite enfance. Puis une partie explore les zones dans lesquels Fordham apparemment divergeait de Jung, partie qui comporte un exposé de comment Fordham a trouvé un moyen de réconcilier ces divergences par son approche développementale. Ces zones comprennent: la définition du soi comme étant une totalité ou un archétype, la relation corps-esprit, l' «ultime », les origines des archétypes, et pour finir le soi primaire, le soi et le sens de soi. Pour conclure, l'auteur poursuit les propositions faites par Fordham pour résoudre l'incompatibilité des définitions de Jung. Ceci s'appuie sur le concept central de l'archétype de l'ordre et sur l'évidence de son développement vers la fin de la première année de l'enfant.

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Diese Arbeit befasst sich mit Fordhams Beitrag zu Jungs Studien über das Selbst. Die Autorin beginnt mit den erkenntnistheoretischen Problemen, die mit diesem Thema verbunden sind, um dann einen Überblick über Fordhams Forschungen und darüber zu geben, wie Jung den Terminus 'Selbst' in manchmal unvereinbarer Weise benutzt. Fordhams Modell wird beschrieben: Es umfasst seine Konzepte von Primärem Selbst, Deintegration, Reintegration, Selbstobjekten, Selbstrepräsentationen sowie Individuation in der frühen Kindheit. In einem Abschnitt werden Bereiche diskutiert, in welchen die Ansichten Fordhams von denen Jungs offensichtlich abweichen, dann aber durch Fordhams entwicklungspsychologischen Ansatz wieder in Einklang gebracht werden.

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Zu diesen Bereichen zählen die Definition des Selbst als Ganzheit oder als Archetyp, die Beziehung zwischen Geist-Seele und Körper, das 'Ur-Eigentliche' (the 'ultimate'), die 'Ursprünge' der Archetypen und das Primäre Selbst, das Selbst sowie die Wahrnehmung des Selbst. Zum Schluss wird auf Fordhams Skizzierung einer Zusammenführung von Jungs unvereinbaren Definitionen hingewiesen. Sie beruht auf dem Konzept eines zentralen Archetyps der Ordnung und darauf, wie sich dessen Entfaltung gegen Ende des ersten Lebensjahres darstellt.

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Questo lavoro riguarda il contributo di Fordham agli studi di Jung sul sé. Si apre con i dilemmi epistemologici inerenti al soggetto, prima di proseguire con un resoconto della ricerca di Fordham sui modi contraddittori in cui Jung usò il temine 'sé'. Vi è una descrizione del modello di Fordham, che copre i suoi concetti di sé primario, reintegrazione, deintegrazione, oggetti-sé, rappresentazione del sé e l'individuazione nell'infanzia. C'è una sessione che discute delle aree nelle quali Fordham apparentemente diverge da Jung, includendo anche il come queste si ricompongono nell'approccio evolutivo di Fordham. Tali aree comprendono la definizione del sé come totalità o archetipo, la relazione corpo-mente, la 'causa ultima', le origini degli archetipi, il sé primario, il sé e il senso del sé. Si conclude con un ampliamento delle linee tracciate da Fordham per una soluzione alle definizioni contraddittorie di Jung. Ciò porta al concetto dell'archetipo centrale dell'ordine e al come il suo emergere si evidenzia verso la fine del primo anno dell'infanzia.

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Este trabajo es sobre las contribuciones de Fordham a los estudios de Jung sobre el Self. Se inicia con los dilemas epistemológicos inherentes al sujeto, antes de proseguir en un recuento de las investigaciones de Fordham sobre las vías contradictorias en las cuales usaba Jung el término, Self. Se hace una descripción del modelo de Fordham, este cubre sus conceptos del self primario, desintegración, reintegración, objetos del self, representaciones del self, e individuación en la infancia. Hay una sección donde se discuten áreas en las cuales Fordham aparentemente tiene divergencias con Jung, incluyendo aquellas que fueron replanteadas por Fordham en su aproximación desarrollista. Estas áreas incluye a la definición del self como totalidad o arquetipo: La relación mente cuerpo, lo 'ultimista', el origen de los arquetipos; y el self primario, el self y el sentir del self. Esto concluye con una ampliación de la idea de Fordham para resolver las definiciones incompatibles de Jung. Ello trae a colación el concepto de arquetipo central y de como su desarrollo se hace evidente hacia el final del primer año de la infancia.

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# The 'self' in analytical psychology: the function of the 'central archetype' within Fordham's model

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*Abstract*:  This paper concerns the self as Fordham came to conceive it after a conceptual analysis of Jung's use of the term. Fordham identified a contradiction in Jung's usage, and resolved it by reserving 'self' for a definition of the psychosomatic entirety of the individual, and using a separate term for referring to expressions of the self in human experience (e.g. symbols). Fordham tentatively suggested that the latter be termed the 'central archetype', although this was neither developed nor dropped. I explore the value of this term from a developmental perspective and, more specifically in terms of the deintegration of psyche out of an early psychosomatic unity. This draws upon infant research and an observation of a 14-month old boy. Finally, further developments are briefly described and illustrated, whereby pre-symbolic expressions of the central archetype become symbolic and come to reflect what was for Jung, the 'ultimate', 'Formation, Transformation, Eternal Mind's eternal recreation'.

*Key words*:  brain development, central archetype, emergence, infant observation, infant research, self

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Fordham once commented that the term 'self' would not have been used when he was studying medicine at Cambridge during the late 1920's, implying that it was not 'scientific enough'. He gives credit to Jung, who earlier the same decade introduced his formulations on the self (Jung 1921) and was, in Fordham's estimation, 'the first to evolve a method whereby the self could be systematically observed and experienced' (Fordham 1985, p. 102). Fordham noted that it was not until mid-twentieth century that psychoanalysts, such as Federn, Winnicott, Hartmann, Kohut, Scott, Klein and Bion, began to become interested in the self, often describing 'the psychology of the self whether or not they have used the term' (Fordham 1987, p. 345). Not long after, scientists too were using the 'self', as developments in brain science drew neurology to philosophy over the mind-brain question, producing such volumes as that cited by Fordham (1987), *The Self and its Brain* by Popper, a philosopher, and Eccles, a neurologist (1977). Thus in the course of the twentieth century, it was as if there was a converging

sense of need to find a term that captured the unity of the individual, while at the same time suggesting human subjectivity. Even twenty years ago it was with some understatement that Fordham wrote, 'So now there is a complex and often confusing literature to digest' (Fordham 1987, p. 345).

This paper sets out to examine how Fordham addressed the complexity and confusion surrounding the 'self' within Jungian psychology. This entails exploring an idea that Fordham suggested with such tentativeness that it has been all but lost, yet is, I maintain, useful. I shall be looking at his idea of a 'central archetype' from within the conceptual framework of his model, covering development from infancy to adulthood.

## The 'self' in analytical psychology

Within analytical psychology, Fordham disputed whether the 'self' could apply both to the global unity of the human being as well as to subjectivity. He considered that the self was one thing, and the sense—or awareness or experience—of the self was another. The basis of Fordham's thinking rested upon Jung's uniquely extensive and elaborate studies of the self, which drew upon data from adulthood. Fordham realized very early on that, 'if archetypes are universal they must be demonstrable in childhood' (Fordham 1944, p. 5). His earliest published work identified archetypal phenomena and imagery in childhood but said virtually nothing about the self, presumably because he did not expect to find it there as Jung had maintained that the self became manifest only in mid-life. As Fordham's interest began to focus on ego development, he came, via clinical observations of two children under age two, to the conclusion that early ego development was related to the self in childhood (Fordham 1947). Between 1947 and 1957 he wrote three seminal papers (1947, 1951, 1955). These became the core of *New Developments in Analytical Psychology* (1957), which contains the basic model that has remained: the postulate of the primary self that deintegrates and reintegrates, and accounts for development from foetal life to old age (Fordham 1957).

Because his new model was based on the 'self', Fordham not long after began to research the ways that Jung used the term 'self', which included the data upon which Jung's ideas were based (Fordham 1962b). He published his study in this journal, entitled 'The empirical foundations and theories of the self in Jung's work' (1963). This study enabled Fordham to recognize a contradiction in Jung's thinking; Jung used 'self' to mean both the totality of the personality and an archetype. Fordham suggested this arose from Jung's 'concept of two kinds of thinking [directed and undirected] to mean that theory and myth are analogues' (Fordham 1963, p. 3). Drawing upon directed thinking, Jung arrived at a definition of the self as a totality: 'the self is "my totality" ... [and] hence it [*sic*: also] includes the unconscious. It 'embraces and includes the ego' as well' (Fordham 1963, p. 11, citing from Jung 1921, in Baynes 1923, p. 540). However Jung was also concerned to capture the nature of the experience of wholeness

linked to the term, derived from undirected thinking. Here Jung was referring to the self considered as an archetype, or rather, archetypal expressions in symbolic imagery and metaphor referring to the totality of the individual. Jung's thinking thus interlaced myth and model, which Fordham disputed: 'The advantages of theories over myths in scientific studies cannot be contested...' (Fordham 1963, p. 3). Moreover, Fordham argued, the two main ways Jung used 'self' were 'mutually incompatible' concepts because archetypal phenomena referring to the self's totality are, within the theoretical system, only a part of the 'whole' self. For example, in *Psychology and Alchemy*, Jung writes:

> I call this centre the 'self', which should be understood as the totality of the psyche. The self is not only the centre, but also the whole circumference which embraces both conscious and unconscious; it is the centre of this totality, just as the ego is the centre of the conscious mind.
>
> (Jung 1944, para. 44)

Logically this does not work: how can the self be the totality and also the centre (only a part) of the totality? This does however work as a metaphorical statement about subjective experience that Jung associated with an archetype of totality. Fordham was not arguing about Jung's data, but rather looking for logical coherence within the theoretical system. His explanation of Jung's logical inconsistency is that Jung's mind moves back and forth between directed and undirected thinking, and the metaphorical and the theoretical.[1]

Fordham proposed a resolution to the contradiction in the theory, by which 'self' would refer to a concept that defined the psychosomatic whole of the personality. Another term would be needed to account for the functioning, imagery and subjective experiences of wholeness that Jung had ascribed to the self when he used the term to refer to an archetype. Because it would confuse matters to call this the 'archetype of the self', Fordham suggested the term 'central archetype'.

The term comes from John Perry, who used 'central archetype' to refer to particular integrative psychic processes that were not necessarily part of individuation, like those processes compensatory to ego states evident in schizophrenia (Perry 1957). Perry's understanding was that these images belonged to 'one class [of primordial images] that describes a centre of order and circumference of delimitation which [Jung] called the self (Jung 1928, et al)'. In other words, Perry's use of 'central archetype' was synonymous with 'archetype of the self'.

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[1] In his biography of Jung, Vincent Brome noted that Jung 'imagined himself to belong to the type called Logos- or thinking-dominated man, but in fact the intuitive-sensation functions came first and the Logos last' (Brome 1980, p. 225). In contrast Fordham was a very fine conceptual thinker, who greatly admired Jung's intuitive powers, so evident in the way he gleaned ideas of the transference from the *Mysterium Conjunctionis*.

In his 1963 'Empirical foundations' paper, Fordham wrote that, besides Perry, Jung had also suggested a centralizing archetypal organizer closely related to the ego:

> With reference to schizophrenia Perry suggested that another term be given to the archetype lying behind the images. He used the term 'central archetype'. Jung seems to have considered it also for he refers (1958, p.137) to '... a central archetype ... which I have called the archetype of the self'.
>
> (Fordham 1963, pp. 14–15)

It is clear from this that Fordham believed that Jung used the term because he cites what he considered to be the source. 'Central archetype' does not appear in the index of the *Collected Works*, which does not mean that Jung did not use the term, just that its occurrence did not merit indexing. However further investigation shows that the term is not in the source cited, in the bibliography of 'The transcendent function' (1958). Instead his citation, '(1958, p.137)', is closer, although one year off, to the Perry paper than in anything found in Jung.[2] There Perry wrote:

> Since I use the term self-image regularly..., I wish to avoid confusion of terms and call the former the *personal self-image* and the latter the *central archetype*; this archetype is here conceived as making its appearance at all phases of life and in all kinds of states of integration and disintegration [that is, schizophrenia], and thus is not always associated with the conscious experience of selfhood, in the sense of being an achievement requiring long and arduous work of spiritual or psychological development specifically designated by Jung the individuation process.
>
> (Perry 1957, p. 137)

Fordham may have wished to find the term in Jung in order to lend it authority when applied to his own objectives. However Fordham would certainly not have suggested 'central archetype' if it did not connote what he understood to be Jung's meaning of 'archetype of the self' which, as a central organizing and integrating principle, could also be considered the 'archetype of order' (Jung 1944, 1950, 1951, 1954, 1958). Although 'central archetype' did not in all likelihood come from Jung, but from Perry, Perry's ideas about it served Fordham's purposes. It was important to Fordham to have intellectual clarity and consistency in the theoretical system and this required distinguishing the definition of the self as the totality from usage referring to an archetype; Fordham's model rested on the totality definition. Added to this, at the time Fordham was working on this matter, he had not yet regarded individuation as beginning in childhood.[3] Hence it would have been useful for him to have a

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[2] I examined the 1960 and 1928 versions of the 'The transcendent function', as well as searched other possible sources in *The Collected Works*.

[3] It was not until 1965 that Fordham came to be convinced that individuation applied to childhood. Up until that time, 'I argued that because of the differences between the relation of the ego to the self in childhood and later life, individuation did not take place in childhood...' (Fordham 1985,

concept of an archetype intimately related to selfhood and the ego, and not part of individuation but applicable to ego development in childhood.

In the last edition of his study,[4] Fordham gave a thumb-nail sketch of the distinguishing properties of the central archetype:

- Its primary function is integrative; 'the central archetype ... transcends and unites opposites.' (Fordham 1985, p. 33). This primary function discriminates the central archetype from the self, as, according to Fordham, the self integrates *and* deintegrates.
- The central archetype has a special connection with the ego and its development. 'The main body of the ego, sometimes called the central ego, has a special relation to the archetype of the self. That central archetype can then be thought of [*sic*: as] an organizer of the unconscious: it contributes significantly to the formation of the central ego...'. [It is] the source of the central ego' (Fordham 1985, p. 32). That is, the operations of the central archetype pertain to *psychic* functioning and organization.
- In regard to subjective experience, the central archetype 'finds expression especially in conscious experiences of selfhood...' (Fordham 1985, pp. 31–33), whether these expressions are 'spiritual ecstasies or being down to earth and quite ordinary' (Fordham 1986).

The 'central archetype' does not appear in any of Fordham's writing after 1985, which included several papers about his model, some of which refer to the contradiction in Jung's usage of 'self' as well as modifying certain details to his earlier thinking. Hence Fordham did not eliminate the term, nor did he develop it.

I am proposing that Fordham's idea of a central archetype is useful within his developmental model. I shall argue that it is helpful conceptually, not only because it helps to refine terminology, which was Fordham's original intention in using it. It can also describe in Jungian terminology the deintegration of psyche out of the psychosomatic unity of the early infant self, a process implied in Fordham's statement, 'In treating these twin concepts, psyche and soma, as deintegrates, their origin in the self is not lost sight of...' (Fordham 1985, p. 170).

To follow this through, I shall need to identify what could be conceptualized as early manifestations of the central archetype, which would be the early

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p. 44). His conclusion first emerged in a paper entitled 'Individuation in childhood', which Fordham presented to the Third IAAP International Congress (1965). It was published in J. B. Wheelwright's compilation of the proceedings (Wheelwright 1968). It appeared with minor alterations as Chapter 4 In *The Self and Autism*, where he wrote, 'By the age of two, therefore, an infant can achieve every essential element of individuation in the sense that Jung could have accepted' (Fordham 1976, p. 40).

[4] The 1963 paper was reprinted in *Analytical Psychology: A Modern Science* (1973) and then revised to be the first chapter in *Explorations into the Self* (1985).

development of consciousness and 'conscious experiences of selfhood' (Fordham 1985, p. 32). This will require turning to developmental studies. I shall also need to provide support from clinical and observational material, which comes from observations of a 14 month-old boy, whose behaviour in relation to me can illustrate how the central archetype can express itself in the deintegration of psyche.

### The deintegration of psyche and developments at the end of the first year

In order to examine the emergence of the central archetype, I shall be looking for the early development of consciousness and evidences of expressions of self-consciousness, self-awareness, and early mentalization relating to the sense of self. I shall begin with a relevant statement from Fordham: 'the self being the whole, subjectively there's nothing to describe it with. It's only when a certain amount of deintegration occurs that you can get an angle observed, and of course what you've observed isn't the whole self, but you can *infer* the existence of a whole self' (Fordham 1986; my italics). This raises the question as to when infants begin to make inferences.

This capacity comes with other new developments that begin to appear between nine and fifteen months. During this period there are significant developments in infant capacities indicating new intimations of the awareness of awareness, and consciousness of consciousness. As Stern puts it,

> [There] is a quantum leap in the sense of self [that] occurs when the infant discovers that he or she has a mind and that other people have minds as well.... This discovery amounts to the acquisition of a 'theory' of separate minds.... The potential properties of a self and of an other have been greatly expanded. Selves and others now include inner or subjective states of experience.... At this stage, for the first time one can attribute to the infant the capacity for psychic intimacy.
>
> (Stern 1985, pp. 124–26)

The new organizations within the infant lead the psychologist Gavin Bremner to describe the changes as a shift from knowledge based on direct perceptual and environmental input, to that based on representations, including those of self.

In psychoanalytic and Jungian terms, these changes represent ego development. Although still unstable, the ego by the end of the first year has become more or less consolidated and, within it, representations of the self begin to appear, experienced as the new sense of self to which Stern refers. Although there is a new consciousness of the sense of self, early on in this period it is probably best conceived as 'pre-"I"', and lacks the conscious coherence of a two-year-old, who can refer to himself as 'I'.

This new surge in ego development between nine and fifteen months can be regarded as evidence of the central archetype, which 'contributes significantly to the formation of the central ego'; that it is 'the source of the central ego', and is expressed 'in conscious experiences of selfhood' (Fordham 1985,

pp. 32–33). Put differently, because Fordham conceived the central archetype to be the source of the ego and expressed in conscious experiences of selfhood, ego development during this period—the new consciousnesses of consciousness, including that of self—can be regarded as manifestations of the central archetype.

The complexity of the changes that mark this period can be seen in the wide-ranging fields of research from which our understanding now draws. They include studies of language development (Trevarthen 1986, 1988), neural development (Schore 1994; Chugani 1998), affective neuroscience (Schore 1994, 2002; Panksepp 1998), emotional development (Sroufe 1995), social and cognitive development (Stern 1985, Fonagy *et al* 2002), affect regulation (Schore 1994), attachment (Fonagy *et al* 2002), and autism (Hobson 2002)—to name but a few of the sources.

This period is but one of several that occur during infancy. These are now considered to be manifestations of the serial progression of the wiring up of the brain. Harry Chugani discovered that the development of synapses in the individual infant brain follows the evolutionary path of the species; that is, development moves from the primitive brain stem to the midbrain (which includes the limbic system), and then to the frontal cortex. His research was based on the link between synaptogenesis, which soars just after birth, and glucose uptake in the brain, which can be measured. He discovered that glucose uptake in the newborn is highest in the reptilian core, which regulates primitive vital functions. At two to three months there are increases in the 'old mammalian brain', which 'mediates social emotions' (Panksepp 1998 p. 43). Then

> between eight and twelve months, the dorsal and medial frontal regions also show increased glucose utilization. . . . By approximately one year of age, the infant's pattern of glucose utilization resembles qualitatively that of the adult.
>
> (Chugani 1998, p. 7)

In other words, the wiring up of fundamental functional parts of the brain has been accomplished by the time the infant is about a year old. This marks the point at which there is mind-to-mind communication, at the heart of which are joint co-operation and shared play (Trevarthen & Hubley 1978). Toward the end of the first year, shared play is possible because of neural developments at this time, and neural developments occur because of shared play during this time. As Trevarthen entitled one of his papers, 'Sharing makes sense' (Trevarthen 1988).

The research team including Peter Fonagy have investigated the development of mentalization, or reflective capacity (Fonagy *et al* 2002), which is the capacity to reflect upon oneself. An early step towards this is the 'social-cognitive revolution' that occurs in relation to attachment at about nine months. This revolution is marked by the acquisition of what they term the 'teleological stance', when the infant develops a new awareness of the relationship between means and ends. This is accompanied by a 'naive' rationality,

whereby infants assume that 'agents pursue their goals in the most rational or efficient manner available to them given the constraints of physical reality' (Fonagy *et al* 2002, p. 224). These developments are accompanied by 'a set of qualitatively new communicative behaviours; *goal-directed, coordinated activities . . . involving joint attention to objects or situations*' (Fonagy *et al*, p. 225; my italics).

Earlier Trevarthen, in his research into the foundations of language development, had observed the infant's new capacity for joint cooperation. He described significant developments at the end of the first year in the infant's ability to perceive his own and other's intentions, and to bring together previously separate ways of relating to people and to objects. 'Before this, objects are perceived and used, and persons are communicated with – but these two kinds of intention are expressed separately' (Trevarthen & Hubley 1978, p. 184). But toward the end of the first year, during the period of 'secondary subjectivity', 'a deliberately sought sharing of experiences about events and things is achieved for the first time' (Trevarthen & Hubley 1978, p. 184). Trevarthen emphasizes the importance of shared play because it is the means by which the broader culture becomes passed on in various ways, such as conveying information (what a telephone is for), cognitive skills, social mores, language and all that language brings with it.

Shared experiences depend upon shared intentions, and shared intentions rest upon a capacity for making inferences, because intentions lie in the mind and cannot be directly perceived. At this time and not before, if a mother points to an object the infant will follow the direction of the point. Stern notes how infants, 'not only visually follow the direction of the point but, after reaching the target, look back at the mother and appear to use the feedback from her face to confirm that they have arrived at the intended target' (Stern 1985, p. 129). Trevarthen concludes, 'Before the change, the infant has no interest, no comprehension of what is wanted . . .' but at the end of the first year, he is able 'to take a gesture and a spoken message as an instruction' (Trevarthen 1988, p. 193).

Being able to infer is inextricably linked to being aware of another's awareness. Peter Hobson researches into autism, which he considers to be a failure in the development of mind.[5] Following Trevarthen's work into secondary subjectivity, Hobson's studies have led him to explore the origins of thinking and mindedness. He notes how at the end of the first year:

> [The infant] is becoming aware of the other person's awareness of things, conscious of the other's consciousness. [The baby] is interested in and responsive to what the other person does with things and feels toward things.
>
> (Hobson 2002, p. 63)

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[5] This is consistent with the conclusion that Fordham drew from his studies into autism, namely, that autism is a failure of deintegration and reintegration.

As this occurs, the infant enters into triangulations. As Hobson points out, these are comprised of infant, other (e.g., mother), and object (e.g., toy) or event (e.g., a strange sound) or another person (e.g., Daddy), along with the infant's sense of the relationships between them. Each triangulation, to be tripartite, requires psychological space between the self and the other components of the triangle. Time and again through play the infant will, step by step, encounter new perspectives in the ever-changing relationships between the elements making up the triangulation. With each shift of perspective, there is a slightly new awareness. Judith Woodhead, when describing triangulations involving 'the father', has referred to this dynamic as 'trialectic' (Woodhead 2004). Here, I am expanding the notion of 'trialectic' process to include objects and events as well as others.

To summarize, developments begin to manifest at nine to twelve months, which include the emergence of the capacity to infer along with the dawning of a new awareness of one's own and another's attention and attitudes. This does not mean that these new awarenesses involve conscious thinking. Only later can the baby reflect upon himself to another ('Mummy, I'm hurt') or to himself ('I'm naughty'). When this occurs toward the end of the second year, 'This represents something new, which doesn't happen until the other aspects of the relatedness triangle have been in place for some time' (Hobson 2002, p.108). It is at this point when the trialectic includes self-reflective function—thinking about, understanding and interpreting one's own feeling states and those of others. But before that time, toward the end of the first year, one can see the emergence of the components of this highly important capacity, which provide the foundations for the links that Ron Britton has made between the Oedipal triangle and three-dimensional thinking (Britton 1989).

In summary, around the end of the first year there is a new consciousness of consciousness and capacity for mind-to-mind sharing. These developments lead to varying triangulations and new perspectives, which provide the foundations for symbolization, language, thinking and theory of mind. It is this which leads Trevarthen to say, 'The mysterious, forward-looking, innate determination of psychic growth is here manifest in a most elaborate form. Indeed, psychological functions that remain central to the highest intellectual and moral achievements of adults in society are expressed in a one-year-old on the threshold of spoken language' (Trevarthen & Hubley 1978, p. 184). Within Fordham's model and my expansion of his idea of a central archetype, this can be regarded as the emergence of manifestations of the central archetype, the deintegration of psyche, and the beginning of having a mind.

## A clinical observation: Vejayan

This section aims to provide support from clinical and observational experience for evidences of manifestations of the central archetype, detailed in the previous section.

The boy I shall call Vejayan was fourteen months old when I observed him playing with his mother in a mother-baby in-patient unit where some of my NHS work is based. His mother had suffered a severe depression after Vejayan's birth, and he had spent much of his young life in the unit. They both attended a mother-baby group I run, where, earlier in his babyhood, his mother seemed crushed by the weight of her depression. This was evident from the overall sense of deadness she bore and wore upon her face. There was little physical or emotional contact between them; during baby massage, her hands stilled or were withdrawn to her lap, and making eye contact required prompting and encouragement. For his part, Vejayan too was still and avoidant. When he was old enough to sit up, he would squirm on her lap, leaning and reaching away from her, wriggling toward others in the group, persistently trying to distance himself from her and her depression. Gradually her depression diminished and she emerged as a pleasant, rather passive, woman, who showed courage in addressing serious domestic problems. Throughout the time Vejayan and his mother were in the unit, various nurses cared for and played with Vejayan when his mother was too withdrawn to do so. By the end of his first year, Vejayan had become attached to her and, as he entered toddlerhood, he became a lively and popular baby in the unit. I often came across him stomping hurriedly and unsteadily along a corridor, grinning and wildly waving his arms, with a good-natured nurse in pursuit.

The videos I took of Vejayan arose from a regular staff group discussion of infant observations and studies[6]. When possible, we use videoed observations, given that the mother is well enough and willingly gives consent.[7] When staff and I watched the video with Vejayan and his mother, I became concerned about two things. The first was that there was virtually no truly shared play between them, which I knew to be essential to development. As one person in the group commented, 'The play doesn't go anywhere'.

*Vejayan plays with a ball, kicking it about aimlessly, chirpily chattering and sometimes stumbling as he moves alongside a shelf of toys, occasionally holding onto it. If the ball came her way, the mother would kick it back in his direction, but not being aimed especially for him to catch, and his attention not being aimed at receiving the ball, it bounced off elsewhere. He seemed quite happy playing essentially on his own. Only once did he look at his mother, glancing up at her briefly with a serious, rather worried expression on his face.*

*After a while, Vejayan goes to her and she pulls him up on her lap, where he stands up facing outward, holding a plastic skittle, looking chuffed and crowing as he knocks the skittle against his other hand and then his head. His mother smiles up at him and he knocks the skittle against her temple. Smiling and affectionate, she says, 'Naw,*

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[6] The video was thus intended for observational purposes, which Vejayan's mother understood, and does not represent an interaction primarily intended as parent-infant psychotherapy as it is usually carried out.

[7] Each video recording requires informed consent obtained within procedures established by Health Trusts, which Vejayan's mother understood and granted.

*naw'. He imitates her, emphasizing the end of each word with a slight uplift: 'Naw-uh, naw-uh', and pressing his face against hers, cheek to cheek, with each utterance. Playfully, but a bit roughly, he sways back and forth as they alternate their singsong 'naws', first away from her then back against her face, pushing his mouth against it. He starts to roar excitedly, and stands tall and swings the skittle up and down in the air until it's thrown onto the floor. He returns to swaying back and forth, smearing her face with gooey 'kisses', the 'naw-uh' becoming an aggressive 'ooo-UH', when his face comes up against hers. She objects when the 'kisses' are replaced with pinching fingers. He turns away and gives an excited call, whereupon his voice changes and becomes whiny, increasingly becoming more complaining and grating. Eventually she softly intervenes, 'Vejayan ... Vejayan ... naughty boy' as he swings back and forth against her. She clearly had had enough of the persecutory tone of his whingeing.*

It is evident that Vejayan and his mother are affectionate with one another, although their interchanges do not get beneath the surface. As if pursuing a 'deliberately sought sharing of experiences ...' (Trevarthen & Hubley 1978, p. 184), he tries to touch upon both their minds with the skittle, banging it first against his head and then hers, as if he knew there were thoughts inside to which he wanted access. He smears her face with gooey, sticky 'kisses', a kind of relating that Esther Bick and Donald Meltzer called 'adhesive' and 'two-dimensional' (Bick 1986; Meltzer 1975). Their exchange, despite its warmth, remains face-to-face rather than mind-to-mind, before dissolving into his persecutory whingeing and her soft admonition.

Left with a sense that there was a mind behind his mother's face that was not available to him, Vejayan was not only frustrated but also without something to engage the focus of his attention. So he flitted from one thing to another, the brevity of his concentration being noticeable and worrying. Overall, I was concerned that Vejayan functioned primarily in a two-dimensional way, and it was unclear whether he had the capacity for shared play, three dimensionality and mind-to-mind relationships. If he did not, there was cause possibly for serious concern, indicating autistic tendencies and/or the beginning of behaviour and relationship problems.

I was also concerned that most of the nurses watching the video considered that, given his liveliness and the warmth of their interaction, Vejayan and his mother were playing normally. I wondered if the nurses might become more aware of play that 'went somewhere', and the group agreed to ask Vejayan's mother if I could do a second video, when I would play with Vejayan.

My aim was to see if I could engage Vejayan by following his interest and then invite shared play. To begin, he engaged with me, and he engaged with toys, but these did not come together into a triangulation of conjoint activity that could 'go somewhere'. His concentration shifted quickly from one thing to another, and he became excited and aggressive.

*Vejayan bangs a bucket around noisily and aggressively. His mother tries to quieten him but he bangs on it until he throws a small ball my way. I catch it up and ask him if he would like to play ball. He throws the bucket in my direction and his mother protests. I carefully roll the ball back to him. When the ball reaches him, he brings*

*it back to me rather than rolling it. I reach for the bucket and invite him to put the ball into the bucket, whereupon Vejayan forcefully throws it inside. He squeals in over-excitement and throws the ball willy-nilly. His concentration bounces around as much as the ball, and his excitement and aggression escalate. When he throws the ball toward his mother—clearly intentionally—she firmly tells him 'No'.*

This persisted for what seemed a long time, and I became discouraged and began to sense that my plan may fail. Vejayan, now playing on his own, drifted off behind a small Wendy house, perhaps in his retreat just as dejected as I was. His mother and I conversed as much as we could, given the limitations of language. Eventually Vejayan seemed interested and we encouraged him to come and play again. He came to us, on his way picking up the lid to a small plastic carry out cup.

Near us was a large, mushroom-shaped, toy house, into which various shapes fit through corresponding slots in the hemisphere of the roof, with a door at the bottom of the 'stem' from which they could be removed. On the surface of the roof were objects that spin, turn or could be pushed, with which he and his mother had previously banged against in a two-dimensional way.

*His mother tries to support my efforts to play with him by drawing his attention to the mushroom house, banging on its surface apparatus. He slips down and follows her in this two-dimensional play, becoming excited and throwing the plastic lid at the house, and then grasping the knob on the house top and leaning over it, as if trying to grasp and conquer something about it.*

From what followed I now think that what he was trying to grasp was its interior quality. Rather than get frustrated he begins to string together something like a series of thoughts.

*Vejayan is clearly getting frustrated and his mother hands him the skittle. He tries to put the skittle into one of the holes on the roof but can't get it to go inside. He turns and with intention looks around for something, then finds the plastic lid and inserts it into his mouth. Almost instantaneously he inserts first his hand, and then the narrow end of the skittle, into the hole.*

For just a brief moment he explores perspectives on 'container-contained'. There is the direct experience of 'container', when his mouth encapsulates the lid, and the direct experience of 'contained', when his arm goes inside the toy. Lastly there is the projection of a part of himself into a container when he inserts the skittle inside the toy.

Finally Vejayan dropped the plastic cap into the house, where it disappeared and became a 'no-breast'. He tried unsuccessfully to retrieve it through the slot where he dropped it:

*Speaking to him, I offer to help him find it, and look at and point to the door at the base of the toy, from which he can retrieve the lid. I feel hopeful that here we have a chance for shared play, but Vejayan seems unable to follow the line of my gaze or my pointing. Curiously, rather than following my gaze and point, he retraces them back to my face, behind which lies my intention. He stoops in order to look up and into my*

*face, poking at it. I smile and say, 'That's my face, Vejayan!'. But he seems frustrated that he can't make out what's going on. He tries to put the bucket over my head and, when I prevent this, he puts it over his own head, when his mother intervenes. He seems to be blocking out mind-to-mind communication, as he can't infer what I'm trying to convey. I encourage him time and again to look down at the door, and his mother tries to help, but he just doesn't 'get it' so I retrieve it for him. His frustration throws him off balance, and he tumbles over and cries in emotional hurt and frustration. His mother distracts him by pounding on the top surface of the roof. He does try again with the lid, but soon gives up and goes to his mother.*

*Feeling discouraged, I find myself examining the toy and discovering that the roof has an outer shell that turns and must be in place for particular objects to fit through their corresponding slots. When I 'get' how the toy worked, my left hand, which turned the knob on the top, automatically lifts with a flick in a brief unconscious flourish of satisfaction. Vejayan meanwhile stands next to his mother with one hand on her knee, watching what I am doing without distraction. When I notice this, I repeatedly show how the lid can go into the top and then come out the bottom, telling him so as I demonstrate. He studies the situation for several moments, then leans forward just a bit, looks at me and makes a little sound.*

It is a musical, not a speech vocalization, purely expressive and hence rather like the unconscious flourish of my hand when I had 'got it' how the toy worked.

*He takes a step toward me and the toy, I hold out the lid to him and ask, 'Do you want to do it?'. He takes the lid and inserts it into a hole in the roof and then stoops down and opens the door. The lid's fallen to the back of the base of the toy, out of sight, so I tip the toy so that it falls out and he picks it up. 'Well, brilliant!', I say and he immediately inserts the lid through the top again and retrieves it without help from behind the closed door at the bottom. He repeats this several times.*

The play at last had gone somewhere. Vejayan had eventually been able to see what I had in mind, which, despite being as invisible to him as the lid was inside the house, was, like the lid, reachable. What was curious was the little song-note he emitted, just when he clearly 'got it'. I conferred with Miranda Davies, who is a singer and now a retired child analyst, who identified the pitch of Vejayan's song-note as the C above middle C. She noted that when I told him 'Well *brilliant*', my 'Well', was also the C above middle C. Hence Vejayan and I were metaphorically singing from the same song sheet.

## Self representations and the emergence of the central archetype

I should now like to turn to the two barely noticeable eureka moments in the observation, which would not have been evident if they had not been caught on videotape. The first was the flourish of my hand, dance-like rather than gestural, when I discovered how the toy 'worked'. The second was Vejayan's song-note, song-like rather than a communicative vocalization, when he inferred what I was implying. The words 'eureka' and 'heuristic' are related, and refer to finding out, or discovering something *for oneself*. This is not the same as imitation, projective identification or a state of identity.

Vejayan's frustration toppled him externally and internally, and he reverted to two-dimensional functioning, banging on the surface of the toy. But when he recovered and stood at his mother's knee, he turned his attention back to the toy and me. From that perspective he entered two triangulations: of himself, his mother, and the situation, and of himself, the toy, and me being interested in the toy. We can assume from what followed that he integrated his perceptions into a new thought, but this was not simply a cognitive phenomenon. It is heralded by a 'song-note', which I see as an expression of what Fordham called a 'self-representation': 'A self representation is that which gives rise to a preconscious sense of self and other' (Astor 1995, p. 59). It is a 'sense of being oneself' (Fordham 1985, p. 120), which is an early, pre-symbolic representation of the self in the ego; 'self representations...[require] some degree of ego development...and are obviously partial...though something of the primary self clings to them' (Fordham 1976, p. 13). '[S]ome of them refer...to the total self as Jung maintained' (Fordham 1976, p. 56).

Thus the song-note, like the movement of my hand, can be seen as an expression of a sense of self of which there is some consciousness. In our respective eureka moments, each of us felt, '*I* found it!', and the 'I' to which we referred is a pre-conscious inference, of a taken-for-granted unity of our respective beings. This was accompanied by spontaneous, irreducible phenomena that were purely expressive—merely an announcement of a new reintegration of the self. When a new thought (but not thinking) emanated out of this, Vejayan grasped it as *his own*. He could successfully act on this new thought because he now possessed it. Despite my gestures and efforts to share *my* idea, when Vejayan infers what is in my mind, he feels it to be *his* thought, not mine.

These eureka moments represented a fleeting, momentary awareness of the unity in our respective senses of self, which referred to the wholeness of the self, defined by Fordham.[8] It is true that very young infants are no strangers to musicality and rhythmic movement. I have heard a newborn less than a day old vocalize distinctly musical notes as her family talked about her, and seen babies only a few weeks old 'dance' as they watch the movement of a mobile above them. But these are direct responses to the world and are different from Vejayan's song-note and the flourish of my hand. Our eureka moments, with their accompanying self representations, required the achievement of an awareness of our respective selves, an awareness not yet available to young infants.

Yet self representations viewed as representations of the self are not entirely logically consistent within Fordham's model. Conceptually, 'the primal self cannot be represented *but its deintegrates can*, and from these inferences can

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[8] Here I am understanding 'that we are dealing not only with successive phases but also with simultaneous domains of self experience' beyond childhood (Stern 1985, p. 29).

be made about the self' (Fordham 1994, p. 76; my italics)[9]. Rather self-feeling ('Ich Gefühl'), with its representations and symbols, 'would be conceived as manifesting the central archetype of which the ego is a part' (Fordham 1985, p. 108). Hence I am modifying Fordham's idea of self-representations as representations of the self in the ego, to state that *self-representations and self symbolization are more aptly considered as representations and symbols of the central archetype.*

In furtherance of this, Fordham noted that the primary function of the central archetype was integrative; 'it transcends and unites opposites' (Fordham 1985, p. 33). Vejayan's song-note can be seen as an expression of an integration of his sense of other, of object, and of self, emerging from the space provided by a triangulation of the constituents. Vejayan's new thought, fused as it is with self feeling, can be seen as ego development resulting from the same integrative activities that Fordham, from Jung, ascribed to the central archetype.

Archetypes, as Fordham summarized them, are 'typical and universal, . . . at once mental and physical' (Fordham 1986). Brain developments occurring at the end of the first year are typical and universal, archetypal, and hence they can be conceived to be archetypal. Furthermore they are physical, the result of brain activity in which circuits and systems firing together become wired together; and they are mental, as is Vejayan's having a new thought, even if it cannot yet be considered mentalization.

Just how brain becomes mind remains unknown, however various eminent researchers inquiring into this mystery have forged possible new links between body and mind. One of these is Roger Sperry, a neurophysiologist, who spelled out a hypothesis involving the principle of emergence[10], a concept which rose up in science and philosophy during the mid-twentieth century (Sperry 1977; Tresan

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[9] Here Fordham is not viewing inference as conscious, but as a function of an integrated state.

[10] Jean Knox has written a fine paper in this *Journal* on emergence, which parallels my own while coming from a different vertex. Knox's overall aim is to integrate archetypal theory with attachment theory. Mine is an examination of Fordham's developmental model, both historically and in the light of developmental and related research.

The aim of Knox's 2004 paper is to put forward, 'that mind and meaning emerge out of developmental processes and the experience of interpersonal relationships rather than existing *a priori*' (Knox 2004, p. 16). This statement is an apt description of Fordham's model using different terminology. Fordham (who wrote about parent-infant interaction in the 1930's [Fordham 1937]) thought in terms of deintegration, 'unpacking' (of the original integrate), and 'unfolding' rather than 'emergence'.

Knox uses the term in its common sense meaning, whereas I am thinking here of 'emergence' in a more specific way, drawing on Sperry's description of this principle. My doing so has a certain economy, as Sperry notes the way the brain functions integratively to produce consciouness, whereby subjective experience can act 'top-down' and effect changes in lower parts of the brain. These functions are covered by Knox via an exposition of relevant research.

Lastly, whereas Knox applies 'emergence' to archetypes in general, I focus here on the development of an archetype linked to, and muddled with, the concept of 'self', which Fordham argued should be defined as the totality of the personality.

1996). Sperry suggested that consciousness was an emergent property, and was separate from, although dependent upon, brain activity. Basically, emergence holds that the whole is irreducibly more than the sum of its parts. An example of the principle of emergence is water, which is irreducibly more than its constituent two hydrogen and one oxygen atoms.

Sperry was awarded a Nobel Prize in 1981 for his work on the bilaterality of the cerebral cortex, which are two different systems of consciousness. He pointed out that these become, in normal circumstances, 'single and unified' (Sperry 1977, p. 376).

Sperry was cautious when he introduced the conclusions from his work in a lecture in the mid-1960's, when he put forward a view that consciousness is:

> a dynamic emergent of brain activity, neither identical with, nor reducible to, the neural events of which it is mainly composed.... [It is] not conceived as an epiphenomenon, inner aspect, or other passive correlate of brain processing, but rather to be an active integral part of the cerebral process itself, exerting potent causal effects in the interplay of cerebral operations. In a position of top command at the highest levels in the hierarchy of brain organization, the subjective properties... exert control over the biophysical and chemical activities at subordinate levels...
>
> (Sperry 1977, p. 382)

Sperry points out the evolutionary advantage to humans of having 'two mutually conflicting modes of cerebral processing, holistic-spatial and analytic-sequential...' (Sperry 1977, p. 376). '[C]onsider', he asks, 'the tactical difference between responding to the world directly and responding to inner conscious representations of the outside world' (Sperry 1977, p. 385). This is the advantage that Vejayan was acquiring through shared play, when he integrates new perceptions, observed from new perspectives, and abstracted them into a new thought. He grasped this new thought to be his own, whereby he could internalize it by successfully testing it out on the toy, on his own.

Here the 'central archetype', 'emergence' and developments at the end of the first year converge to form an understanding toward the early deintegration of psyche. Fordham conceived that the primary function of the central archetype is integrative and 'contributes significantly to the formation of the central ego'. This links with Sperry's 'single and unified' consciousness, and Vejayan's coming to possess a new thought. The central archetype 'transcends and unites opposites' and therefore has a transcendent function, just as does Sperry's concept of emergence, which unites mutually conflicting modes of consciousness. The central archetype 'finds expression especially in conscious experiences of selfhood', as Vejayan expressed in his song-note.

## Deintegration of the central archetype from infancy to adulthood

The emergence of capacities at the end of the first year can be seen as a developmental prelude to symbolization, story-making, morality and the variety of subjective experiences of the self that Jung had reserved for later life. What is

left to be done is to link early self representations to symbols of the self in later development.

Developmentally the earliest manifestations of the central archetype are pre-symbolic, such as Vejayan's song-note and the scribbles drawn by a little boy, who was one of the two children from whose activities Fordham hypothesized the self in childhood. The boy, who was around Vejayan's age, drew repeated circles until he could say 'I', whereupon the circles stopped.

The capacity for (but not necessarily the acquisition of) symbolization, as Jung regarded symbols, develops at around four years (Fonagy *et al* 2004). At this point there are evidences of reflective function and theory of mind, indicating the child's capacity to represent representations. This could be expected to apply to self symbols referring to the child's wholeness of being. In fact Fordham described this kind of self-image from his own childhood, when he was around four. In his *Memoirs,* he recalled an experience that occurred as his family were moving from Surrey to Hampshire.

> A lot of packing was going on and it continued until we left the first house in my life when I was three or four years old. I do not remember arriving at Clapham Junction. (I am convinced that I was told and remembered the title of that station at the time.) My mother and I were together; I was sitting on her knee in a railway carriage looking out of the window. I thought we were at the centre of the world and all trains came to Clapham Junction where our train had stopped. I felt important and secure.
>
> (Fordham 1993, p. 27)

Fordham's reflection conveys his sense of wholeness, of being 'at the centre of the world'. Simultaneously it is of self-integrative processes of the central archetype, expressed as a self image, or symbol, of a junction where 'all trains came to' and 'where our train had stopped'. (The memory disregards the fact that trains also departed from Clapham Junction.)

The emergent processes of self-image creation are now recognized to be evanescent and fleeting, less comparable to the fixed properties of $H_2O$, and more to schools of certain fish or flocks of certain birds. These burst into an overall form and move as a unit until dissolving into entities behaving as individuals. The sight of a flock of starlings preoccupied Samuel Coleridge, who made the following entry in his journal as he was leaving the Lake District to start a new career as a journalist.

> Starlings in vast flights drove along like smoke, mist, or any thing misty without volition – now a circular area inclined in an arc – now a Globe – now from complete Orb into an Ellipse & Oblong – now a balloon with the car suspended, now a concave Semicircle – & still it expands & condenses, some moments glimmering and shimmering, dim & shadowy, now thickening, deepening, blackening!'.
>
> (Holmes 1989, p. 253)

Richard Holmes, Coleridge's biographer, wrote,

> This image haunted him for years after...It is an image of shifting energy and imagination, a protean form or a force field, lacking fixed structure or outline, a

powerful personality without a solid identity, or unified will – 'without volition'. Clearly this was some sort of self-image for Coleridge, both stimulating in its freedom, of 'vast flights'; and menacing in its sense of threatening chaos or implosion, 'thickening, deepening, blackening'.

(Holmes 1989, p. 254)

This captures the ceaseless movement of both consciousness and unconsciousness, one state blending into or clashing against another in what appears to be the way emergence functions to create mind and enable mind to create and recreate itself. The term 'representation' and 'image' seem inappropriate because they convey an impression of something static. These symbolic expressions are ephemeral and elusive, rising up, emerging into consciousness seemingly from nowhere and then disappearing again. Jung famously experienced this kind of self-image of mind reflecting on mind, evidenced in the changing mandalas in his series of drawings during 1918–19. He referred to them as the 'ultimate': 'Formation, Transformation, Eternal Mind's eternal recreation' (Jung 1963, p. 221).

This then is a very brief sketch of the deintegration of the central archetype, from infancy to adult life.

## Summary comment

The subject of this paper is the self in Jungian theory as Fordham came to view it, having made it the conceptual centre and basis of his model. Working out his model required it to be logically coherent and consistent, so when Fordham discovered a contradiction in the ways Jung used the 'self', a resolution was required. Fordham separated the 'self' defined as a psychosomatic totality, from expressions of its wholeness in human psychic experience. For this he suggested the term, 'central archetype'. This resolved the contradiction via his developmental model; the self is primary, and the central archetype is a deintegrate. What I have here pressed to clarify is that the logical consequence of this is that phenomena associated with the self should be regarded as manifestations of the central archetype.

Curiously Fordham, having suggested the term, neither developed nor dropped it, although he preserved it in the culmination of his work, *Explorations into the Self* (1985). I am arguing for the value of this concept, based on my own studies into infancy and Fordham's model. 'Central archetype' serves as a conceptual tool providing logical consistency to Jung's theory of the self. It offers a more precise way of describing the deintegration of mind because it accommodates the wealth of data from infant research not available to Fordham, while demonstrating how readily his model comprehends it.

As a deintegrate out of which the ego develops, the central archetype provides a link between early ego development and the primary self. Locating the emergence of its early phenomena at the end of the first year marks the closing of what I have elsewhere considered to be the period of the primary self, and the

early beginnings of psychic phenomena, including symbolization, which were the data of Jung's work (Urban 2005). This link preserves Fordham's view, following Jung, that the individual self is woven into the whole fabric of one's life. In Fordham's model, the self is not emergent, or a construct derived from others, or a process alone, but inherently, bodily and essentially one's own.

TRANSLATIONS OF ABSTRACT

Cet article traite du soi tel que Fordham fut amené à le concevoir, à partir d'une analyse conceptuelle de l'usage jungien de ce terme. Fordham identifia chez Jung une contradiction dans l'usage du terme, qu'il résolut en réservant « soi » à une définition de l'entièreté psychosomatique de l'individu et en utilisant un terme séparé pour se référer aux expressions du soi dans l'expérience humaine (les symboles). Fordham proposa de nommer « archétype central » ces occurrences du soi, mais cette proposition ne fut ni développée ni abandonnée. J'étudie dans cet article la valeur de ce terme dans une perspective développementale et, plus spécifiquement, en termes de dé-intégration de la psyché dans une unité psychosomatique précoce, ceci en référence à l' « infant research », ainsi qu'à l'observation d'un bébé de quatorze mois. Enfin, je décris et illustre brièvement des développements ultérieurs, dans lesquels des expressions pré-symboliques de l'archétype central deviennent symboliques et en viennent à refléter ce qui pour Jung était le but « ultime »; « Formation, Transformation, Eternelle recréation de l'Esprit Éternel ».

Die vorliegende Arbeit beschäftigt sich mit dem Selbst, so wie Fordham es entwickelt und verstanden hat, einer begrifflichen Analyse von Jungs Gebrauch des Terminus Selbst folgend. Fordham erkannte einen Widerspruch in Jungs Gebrauch und er löste ihn auf, indem er das 'Selbst' für die Definition der psychosomatischen Gesamtheit des Individuums reservierte und einen gesonderten Begriff benutzte, um auf die Ausdrucksmöglichkeiten des Selbst in der menschlichen Erfahrung (z. B. Symbole) zu verweisen. Fordham schlug versuchsweise vor, dieses letztere als 'zentralen Archetypus' zu bezeichnen, wenngleich dieser Vorschlag weder weiter entwickelt, noch fallen gelassen wurde. Ich untersuche den Wert dieses Begriffes von einer entwicklungspsychologischen Perspektive aus und, noch spezifischer, in Begriffen der Deintegration der Psyche ausgehend von einer frühen psychosomatischen Einheit. Dieses verweist auf die Säuglingsforschung und die Beobachtung eines 14 Monate alten Jungen. Schließlich werden weitere Entwicklungen kurz beschrieben und illustriert, wobei die präsymbolischen Äußerungen des zentralen Archetypus zu symbolischen werden und beginnen, das zu reflektieren, was für Jung das 'Endgültige war, Formation, Transformation, des ewigen Geistes ewige Neugestaltung'.

Questo lavoro tratta del sé come Fordham giunse a considerarlo, seguendo un'analisi concettuale dell'uso che Jung ne fece. Fordham scoprì una contraddizione nel modo di usarlo di Jung, e la risolse riservando il termine sé per una definizione della totalità psicosomatica dell'individuo e utilizzando un termine diverso per riferirsi all'espressione del sé nell'esperienza umana (ad es. i simboli). Fordham propose come tentativo di

chiamare quest'ultimo 'archetipo centrale' sebbene questo non fosse né sviluppato né lasciato cadere. Esamino il valore di questo termine da un punto di vista evolutivo e, più specificamente in termini di deintegrazione della psiche a partire da una totalità psicosomatica. Ciò si basa sull'infant research e sull'osservazione di un bambino di 14 mesi. Infine verranno descritti e illustrati ulteriori sviluppi per mezzo dei quali le espressioni dell'archetipo centrale divengono simboliche e arrivano a riflettere ciò che per Jung era 'il definitivo'; 'Formazione, Trasformazione, creazione eterna della Mente Eterna'.

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Este trabajo se refiere al self tal como Fordham lo concibe, seguido de un análisis conceptual del uso que Jung le da al término. Fordham encuentra una contradicción en la utilización de Jung, y la resuelve reservando el término 'self' para definir la entidad psicosomática del individuo, y utilizando un término aparte para referirse a las expresiones del self en la experiencia humana (p.ej. los símbolos). Tentativamente Fordham sugiere que este último sea denominado como 'arquetipo central', a pesar de que este no se haya desarrollado ni caído. Exploro el valor de este término desde la perspectiva desarrollista y, mas específicamente en términos de desintegración de la psique de la unidad psicosomática temprana. Ello mediante la investigación y la observación de un niño de 14 meses de edad. Finalmente, otros desarrollos son descritos e ilustrados, donde las expresiones pre-simbólicas del arquetipo central se hacen simbólicas y reflejan lo que para Jung era, 'la finalidad', 'Formación, Transformación, la recreación de la Mente eterna'.

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# Conjugating the self

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James Astor has discerned what he considers to be not an actual, but rather an apparent misunderstanding between Warren Colman and myself in our respective papers in the special Journal edition on the self (*Journal of Analytical Psychology*, 53, 3, June 2008). The substance of his commentary is that Colman interprets the view of Fordham and myself to be that the primary self has, *a priori*, 'a blueprint which sets patterns for development' (see Astor 2009 in this issue, p. 395). Astor considers that this is a matter of linguistic rather than conceptual differences, and that this is due to the way Fordham and I discuss the concept of the primary self; that is, we describe it in a way that can imply that it has structures and contents *a priori*, although it is hardly the case that Fordham and I conceive this to be so. I agree with Astor that the differences he cites are primarily apparent, and express my appreciation for his insight into this. I would also like to restate some of Astor's points from my own position and add some of my own thoughts.

Firstly, Fordham was staunchly against the notion of innate images and contents. The idea seems to derive from Jung's idea of the self as 'an *a priori* existent' (Jung 1954, para. 391), but became distorted into the misconception that the infant self is 'filled' *a priori* with an archetype-rich unconscious, which is projected onto the mother. This was Fordham's argument with Neumann, and the vehemence of his objection comes through in his paper, 'Neumann and childhood' (Fordham 1981).

Colman, Jean Knox, myself and other contemporary developmental Jungians view infant development to be interactive and emergent – as did Fordham. In 1937 he wrote:

> I have attempted to develop the idea that there is a constant interplay between the child and its own world on the one hand and the world of parents and teachers and adults generally on the other. It is through this interplay that the child develops.
>
> (Fordham 1937, p. 15)

Secondly, as for emergence, Fordham commented, 'The idea of the self as an integrator alone leaves no room for *the emergence of part systems* brought into being by the dynamic patterned drives and environmental stimuli. This, then, was an important motive for introducing a more dynamic theory...' (Fordham

1969, p. 99; reprinted 1994, p. 72; my italics). Did Fordham understand 'emergence' in its current philosophical sense? It seems he did. Philosophically, emergence is subsumed under holism (or 'wholism'), which maintains that 'properties of the whole cannot be defined by the properties of the parts' (Audi 2001, pp. 390–91). Fordham wrote that the self is 'the sum of part systems' (Fordham 1994, p. 73); that '[t]he summation would differ in more or less important respects from any primordial experience and be outside and beyond it' (Fordham 1985, p. 21), and implied that the whole is more than the sum of its parts when he wrote, 'any symbol that carries the experience of or of which is postulated as having a greater totality than man himself can be a symbol of the self' (ibid., p. 18).

Then there is the matter of defining the self. Colman resists the way Fordham and myself draw upon 'abstract logical postulates', and argues in favour of 'an alternative view of the self and of archetypes that relates them more firmly to the phenomenal world and therefore to being and knowing' (Colman 2008, p. 353). He then appears to try to dispense with Fordham's model as if it were outdated, although I do not suppose that this is Colman's actual intention. Rather I think that Colman is trying to grasp and describe the subjective experience of the self in development, and to make a developmental model based on that. I believe that there are problems inherent in attempting this.

Before continuing I must correct Colman's statement that Fordham had 'two major definitions of the self, the primary self and the self as archetype (especially the 'central archetype of order')' (Colman 2008, p. 353). Fordham did *not* have two definitions of the self; Fordham defined the self as the whole of the individual organism. Fordham did point out that Jung gave two (apparently) contradictory definitions of 'self', both of which referred to totality and wholeness. One way was in terms of a conceptual definition, and the other was in terms of phenomenology (the product of an archetype). Although Jung might eschew theory in favour of experience ('It is not the concept that matters; the concept is only a word, a counter, and it has meaning and use only because it stands for a certain sum of experience' [Jung 1951, para. 63]), Fordham notes (with characteristic wryness), 'that theories have advantages over myths in scientific studies' (Fordham 1985, p. 8).

Since the time he studied medicine at Cambridge, Fordham was interested in the application of science to practice. There are two elements to Fordham's application of science to Jung: the validity of the data on which Jung based his theory (clinical experience and cultural studies), and logical consistency within the theoretical system. Fordham accepted Jung's data while noting its limits. But in order for the theory to be sound the inconsistency in Jung's definition had to be disentangled into archetypal phenomena on the one hand, and an abstract definition on the other. Fordham did not want to confound things by using muddling nomenclature, such as 'archetype of the self', to refer to the phenomenology. Hence he suggested a different term: the 'central archetype' (Fordham 1963).

I am not clear from reading Colman's paper whether he sees that the primary self is a conceptual and mystical, rather than ontological, postulate. The primary self has no beginning and goes back through evolution, while it also represents the very beginning of a new individual life. It refers to an 'ultimate': to an emptiness that is 'pure' potential; the nothing that is everything. It represents 'a state in which there is no past and no future, though it is present like a point which has position [but] no magnitude. It has no desires, no memory, no thoughts, no images...' (Fordham 1985, p. 33):

> So in a sense it's not describable, like Bion's 'O'..., though it is describable in as much as it's an absence, a creative absence. It's out of that all the psyche and development emerges. It's a mystical concept primarily but people don't like that word.
>
> (Fordham 1987)

Thus the primary self is quite separate from the collective unconscious although they are often erroneously linked:

> [I]t does not seem that, in spite of the occasional visions of small children, the collective unconscious in its sophistic sense becomes a significant element in a child's life until his psychic structures have developed sufficiently for him to become related to the wider society outside his family.
>
> (Fordham 1985, p. 49)

For Fordham development comes through inherent processes, the ungainly-termed deintegration and reintegration, which lead to internal structuring and contents, which in turn can lead to self-consciousness, symbolization, and self-reflection. In short, Fordham's postulate represents the 'ultimate' source from which emerges the self that is Jung's 'ultimate': the subjective experience of individuation and the wholeness of oneself; of "Formation, transformation, eternal Mind's eternal recreation" (Jung 1963, p. 221) – or, as Colman puts it, 'an indefinable "empty centre" at the heart of me...' (Colman 2008, p. 364).

In a previous paper I described actions of the self in two newborns. One was of Andrew immediately after birth, dried but not washed, and placed on his mother's abdomen. He makes his way to her breast, orienting himself visually by looking from her areola to her face and back again and via smell by tasting the amniotic fluid on his hand, which is similar to the scent of her nipple. His manoeuvrings elicit hormonal changes in his mother's body, producing uterine contractions and oxytocin (the 'love' hormone). The other description I gave was of Jake, who, asleep while his mother and I were talking, oriented preferentially to his (familiar) mother by reaching toward her, and aversively away from me (a stranger) by pushing his arms and hands away from me (Urban 2005).

Colman would presumably take them, from a first person perspective, as Andrew and Jake experiencing being a self. For my part, these views omit what, from a third person perspective, is for me most impressive: the overall functional unity of the neonate's endeavours in engaging with particular (and not other) aspects of the post-uterine environment. This unity, which is in place by birth,

integrates the newborn's body, central nervous system with its own perceptual system, and individual temperament in ways that contribute significantly to relating to others and also to themselves. So for me 'primary self', 'actions of the self', and 'central archetype' stand the test of usefulness in making sense of individual infants, provide a crucial conceptual developmental link between Fordham and Jung, and helpfully inform clinical work about the emergence of psychic developments.

In a previous paper I noted that Fordham uses 'primary self' in two ways: as a postulate and as the initial period of life marked by the predominance of actions of the self. This is pertinent to Astor's final point; 'So what has gone awry is that Fordham and Urban's theoretical language are at odds with their actual scientific observations. Their language implies an unfolding of something pre-existing is taking place whereas their observations describe an interactive flux' (see Astor 2009 in this issue, p. 398). Fordham and I have tried to illustrate the 'primary self' (the postulate) by giving observations of actions of the self (the early period marked by such actions, such as those of Andrew and Jake), with the result that the actions can be mistaken for the postulate.

Because his postulate refers to a concept beyond phenomenology, Fordham was led to say that the primary self, like Jung's 'self', is a 'mystical' concept and a 'special case' amongst definitions (Fordham 1985, pp. 22 and 21 respectively). Elsewhere I have noted that self is a 'special case' as it belongs in a special class of ideas known as canonical conjugates. These are an extension of Heisenberg's uncertainty principle, whereby pairs of attributes are related to one another in such a way that 'the more determinate or 'sharp' the value of one of the quantities, the *less* determinate (or more 'unsharp') its value for the other quantity' (Bullock & Trombley 2000, p. 893). In quantum physics, 'A particle's position and momentum together define its path...' but both cannot be sharply defined within the same system (ibid., 893). Phenomenology and 'abstract, logical postulates' both define the self, yet when one is trying to think in terms of human experience, the subjective approach becomes 'more sharp', while thinking in terms of theory becomes 'more unsharp', and vice versa (Urban 2005). Hence the self by its nature is, 'The elusive 'I' that shows an alarming tendency to disappear when we try to introspect it' (Blackburn 1996, p. 344).

Colman and I tend to describe our thinking about this particular canonical conjugate from a reciprocal rather than opposite approaches, that is, respectively, sense of self (phenomenology) and self (abstraction). Astor and I follow Fordham in regarding sense of self as an ego attribute, conceptually separate yet deeply linked to the self. Colman reacts to this position, in particular to questions I raised in previous discussion with him, in a section of his paper ironically entitled 'Sense of self revisited: do trees have selves?'. He writes, 'Such questions are the price we pay for not defining the self in purely psychic terms' (Colman 2008, p. 358). Yet Colman does not define the self in purely psychic terms, nor do I. Both points of view recognize, following Jung, that self is psyche and soma. Whether 'being and having a self' adds to an already

well-worked out Jungian developmental model based on observation and research, is open to question.

Colman and I come from different perspectives: his, like Jung's, draws on data from work with adults, while mine and Fordham's from work with children and infant observation. Colman sharpens up the first person perspective, while I sharpen the third person perspective, which does not mean we exclude what is 'unsharp'. If it appears that Colman and I are quibbling over terminology and viewpoint, we are also engaging with one another in the course of developing our respective positions – and hopefully that of others – about the same, elusive subject.

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# Reflections on research and learning from the patient: the art and science of what we do

Elizabeth Urban, *London*

*Abstract:* Over three decades ago, John Bowlby argued for psychoanalysis to seek beyond its own parameters if it was to maintain its claim to be a science. Since then there has been a wealth of relevant research from various fields. While this has been instrumental in the development of my own work, this paper concerns learning from the patient.

The paper begins with a premise: interpretative analytic work requires three-dimensionality (self, other and object). Although interpretative work may be ingrained in our professional identity, this triangulation may or may not exist in our patients in any stable way. The paper continues with a brief developmental account of how early archetypally-shaped shifts in the infant's field of interest establish the experiential components of three-dimensionality. From there, observational and clinical material with a toddler and a young boy describe how early relational deficits hindered their capacities for three-dimensionality. Yet both were able to engage with the therapist and to become active in the creation of three-dimensionality within their own minds.

Implied in this work are considerations for working with patients for whom interpretations do not work. Michael Fordham's comments on 'working out of the self' are linked with the art of what we do.

*Key words:* Anne Alvarez, Boston Change Process Study Group, John Bowlby, Michael Fordham, infant deprivation, infant research, Christian Tetzlaff, three-dimensionality, Colwyn Trevarthen, triangulation

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*Jung's final statements ['We need a different language for every patient' (Jung, 1963, p. 153)] should be taken not as a denial of the value of theoretical guidelines for psychotherapy, but rather as a suggestion that the treatment of the patient is an art.*

(Fordham 1979, p. 195)

Over three decades ago, John Bowlby argued for psychoanalysis to seek empirics beyond its own parameters if it was to maintain its claim to be a science (Bowlby 1979). Since then the picture has changed and research, particularly that into infancy, neurobiology and attachment, has been given a

place within the controversies and literature in psychoanalysis and analytical psychology. A good example is the recent JAP conference in Boston USA,[1] where this paper was presented in an abbreviated form.

The Boston conference directed attention to the potential enrichment that contemporary research can bring to Jungian understanding and practice; indeed, various elements of this research have been instrumental in the development of my own studies and clinical work. However what follows will not elaborate on that contribution, which, like theory, is peripheral to my purposes here. Rather, I shall focus on learning from the patient.

I shall begin with a premise: interpretative analytic work is based on a three-dimensional configuration comprising two people with minds or, rather, minds-in-the-making, sharing interest in objects of thought and feelings (or lack of them). Put simply, the object of interest, whether a toy or a memory the patient recalls, serves as a kind of 'constant' in relation to which there are two different positions made up of a complexity of attitude, affect and meaning. These differences allow both parties to separate their minds from one another while becoming more deeply engaged with one another's selves. This triangulation lays the foundation and provides the on-going means for realizing our human capacities for abstraction, language, imagination, symbolization and reflection.[2]

Although interpretative work may be ingrained in our professional identity, this triangulation may or may not be held in the minds of our patients to any workable degree.

What follows concerns just this and might be seen as an account of 'Formation, transformation; actions of the self in the mind's creation'.[3] Firstly I offer a condensed outline of the developmental shifts in the infant's field of interest that provide the experiential components of three-dimensionality: self, other, and object. Secondly, I show how the infant and child are active in the creation of their minds, presuming the participation of a mindful other. Implied in these are considerations for working with patients for whom interpretations do not work. Herein lies the art of what we do.

### Formation: observations of Baby Harry

In the same year Bowlby delivered his case for the recognition of attachment research, Edinburgh Professor Colwyn Trevarthen concluded that 'psychological functions that

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[1] 'Attachment and Intersubjectivity in the Therapeutic Relationship', JAP XIth International Conference, with sponsorship from the New England Society of Jungian Analysts, the C. G. Jung Institute (Boston) and the Child Analytic Project Fund (Society of Analytical Psychology, London) April 4–7, 2013, Boston, MA.

[2] For more about triangulation see Chapters 3 and 4 in *The Cradle of Thought*, P. Hobson (2002) London: Macmillan.

[3] This is a variation of Jung's quote from Goethe regarding 'the ultimate': 'Formation, Transformation; Eternal Mind's eternal recreation' (Jung 1963, p. 221). It is pertinent that in Goethe's play Faust must touch a key given to him by Mephistopheles to a *tripod* [my emphasis] in order to enter the mysterious realm of pure ideas (archetypes, Platonic forms) (Goethe 1954).

remain central to the highest intellectual and moral achievements of adults in society are expressed in a one-year-old on the threshold of spoken language' (Trevarthen & Hubley 1978, p. 184). Trevarthen researched into the precursors of language, drawing upon observations of 'normal' mothers' responses to their babies during the first year. His research therefore included behaviours other than social interaction.

Extracts from Lynn Barnett's filmed observation[4] of the infant I shall call Harry at four different points over his first year illustrate the shifts in the infant's interest noted by Trevarthen. These incremental changes move from self with other, to self with object, and then, at the end of the first year, these
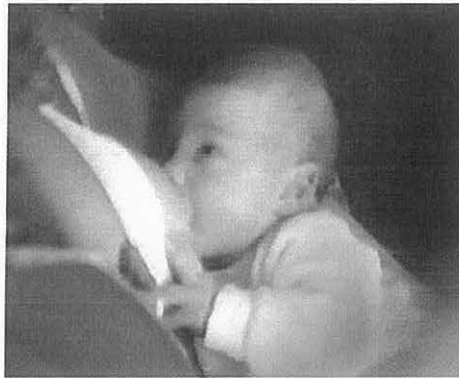


Picture 1.    Harry at 3.5 weeks Self – attentive
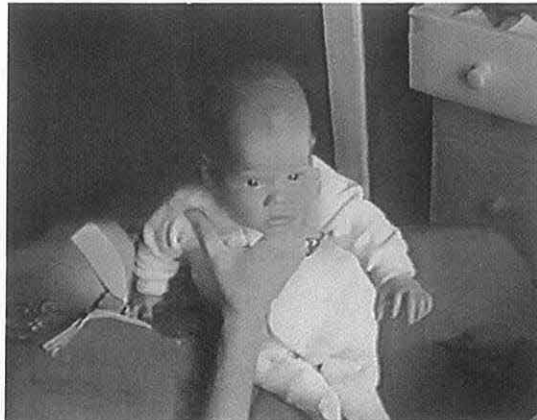


Picture 2.    Harry at 3.5 weeks Self – freeze

[4] Lynn Barnett is a British child psychotherapist who filmed a longitudinal observation of a boy, titled 'Sunday's Child'. I have changed the baby's name at the request of Ms Barnett (1988) for reasons related to her on-going observation.

are integrated into a triangulation of self, other and object. These shifts of attention are typical and universal, that is, archetypal, and are manifestations of post-natal neurological developments dependent upon parental interaction.

At birth and during the neonate period (birth to two months) the infant's behaviour is regulated by the basal ganglia, which is associated with instinctual action and survival (fight, flight, freeze). (Pictures 1 and 2: *Harry at 3.5 weeks 'Self'*) Notice Harry's engagement in his feed (Picture 1): and, afterwards, his post-feed freeze-like trance (Picture 2).



Picture 3.   Harry at 10.5 weeks: Self and other
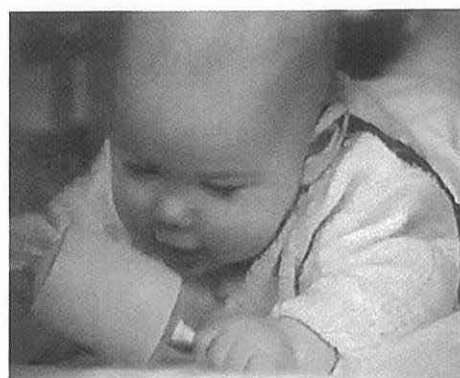


Picture 4.   Harry at 10.5 months: Self and object

Around six weeks to two months the mid-brain and limbic system come 'on-line'. The most obvious features of this change are face-to-face interactions marked by emotionally rich exchanges of smiles and vocalizations ('protoconversations') (Picture 3). At this point there is a new quality and intensity of attention to the mother's face, which is highly evocative and elicits expressive responses. Previously the infant looked *at* his mother's face; now he looks *into* it.



Picture 5.   Harry at 10.5 months: Self, object and other



Picture 6.   Harry at 10.5 months: Self, other and object—one second later on from Picture 5

At around four to five months, there is a shift in the baby's interest from his mother's face to objects that she animates, which then become an interest in themselves (Picture 4).

Toward the end of the first year highly important developments occur in the neocortex. The baby's focus of interest shifts back and forth between the toy (Picture 5) and the other's face and gestures (Picture 6). Up until now the baby takes the lead in social interaction, but at this point the baby turns to another for guidance.

Now the baby looks *behind* the face and searches into the other's mind. At this point, self, other and object come together in shared play to create an 'idea' in the infant's emergent mind of what the game is about.

### Transformation: observations of a toddler

Vijay's mother had suffered an acute post-natal depression just after his birth, not long after which she was admitted, with Vijay, to the perinatal in-patient mental health unit where I work. They regularly came to my mother-baby group, where I frequently observed Vijay, only a few months old, twist his whole body away from his mother in order to avert what he registered of her lifelessness. There were times when she was too withdrawn to look after her baby, and nurses cared for Vijay.

Over the months Vijay's mother improved and took pride in her son and authority for his care. Not long before she was discharged, when Vijay was fourteen months old, I videoed them playing together. [5] What I saw aroused my concern because there was no shared play; Vijay seldom looked at his mother's face and moved quickly from one activity to another until becoming excited and boisterous. At one point Vijay approached his mother and stood on her lap, held by her. He playfully tapped a skittle against his own head and then his mother's, then swayed back and forth touching, then more aggressively, knocking his head against hers. Their interactions were sensation-based and two-dimensional; Vijay and his mother were head-to-head rather than mind-to-mind.

I then videoed Vijay and myself, while I tried to engage him in shared play. I started by inviting him to put an object he was holding into a bucket, which he did, but soon he became distracted and messed about. Twenty-five minutes into the session, I returned to the bucket play, intentionally trying to engage him in the three-dimensional property of the bucket: it can contain something else within it. Although Vijay could not make sense of what I was doing, from what followed very soon afterward he had gleaned something from my behaviour.

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[5] For a more detailed account of these observations of Vijay see Urban 2008.

Frustrated with not understanding my intentions, he smacked his hands against a large toy. He sauntered off and picked up a small plastic lid he had earlier thrown away, and put it into his mouth. At the time I regarded his behaviour as distracted and disorganized but when I studied the video, Vijay was clearly looking *intentionally* for the plastic cap. When he found it and put it *into* his mouth, he, almost simultaneously, put his hand *into* an opening on the top of the toy (Picture 7). He was thus actively experimenting in a coherent way, deliberately trying to comprehend 'insiderness', and 'container' (his mouth) and 'contained' (his hand) by using direct sensation (see Bower 1977).



Picture 7.   Vijay's experiment with three-dimensionality

I then initiated a game of putting the cap into the top of the toy and then retrieving it from a door at the bottom. Too physically close to be able to see the toy and me together, Vijay was unable to infer what I had in mind to do with the toy. Tired and uncontained, he stumbled over, got upset and went to his mother's knee. In so doing Vijay positioned himself within a physical triangulation of himself, me and the game (Picture 8). From that advantage he watched me as I demonstrated the game.

He then leaned forward, emitted a little joyful note of recognition and discovery, and came close and repeated what I had shown him. His song-like note (the C above Middle C) marked the instant when what he saw through direct, sensate perception was transformed into something mental: he 'got it'. This marked the emergence of a triangulation of self, other and mental object.

Picture 8.   Triangulation of Vijay, other and toy

**Formation, transformation: clinical work with a young boy**

The boy I shall call Bryan had been grossly neglected during his first two years, when developmental capacities are particularly sensitive to and dependent upon parental care. His behaviour and responses revealed deprivations in each of the domains of self, self and object, and self together with other and object. The degree of Bryan's neglect was evident in his lack of the most elemental human social norms, including face-to-face intimacy, mutuality, turn-taking and seeking protection from another.

Social Services removed Bryan from his mother's care not long after his birth and placed him with his father. That arrangement broke down when Bryan was around two years old. At the same time his younger sister was taken into care at birth and the siblings, who had never met, were fostered with separate families. A year-and-a-half later, Mr. and Mrs. B. adopted both children. By the end of their first year together as a family, Bryan's behaviour had become unmanageable.

I've distilled the following clinical material to show how Bryan, despite gross deprivation during his first two years, was active in re-forming delusional assumptions and revising early relational memories. By the end of treatment, Bryan was transforming mindless dread into benign three-dimensional space.

Bryan was five-and-a-half when he began his once weekly treatment over a fixed-term two-year period in my NHS clinic. His adoptive mother, wanting to avoid the negative connotation of the treatment, had explained to Bryan that he would be seeing a 'nice person who was interested in getting to know him'. When I first met Bryan with his adoptive parents, he appeared impressively confident, until Mr. and Mrs. B. left the room.

*Bryan carefully explored a few of the toys in his toy box then went to the window and saw his father open the car door, presumably to get something. Bryan said, as if to himself, 'They're going and leaving me'. He found a toy cheetah in his toy box and told me that the cheetah—'the fastest animal in the world' – was his favourite in the zoo.*

By his third and final assessment interview, Bryan's anxieties dissipated into physical activity.

*Running in place beside me, he showed me how he could run faster than a horse. He then became the horse, racing furiously till he suddenly dropped over and 'died'. He repeated this several times. I said he seemed troubled that his parents left him alone with me. Although I was sure his parents would be in the waiting room when we finished, he seemed to believe that they would go away without him, and he worried whether he would be fast enough to catch up with them.*

### Formations: the first year of treatment

Once treatment had started, Bryan seemed to anticipate every session as a prelude to abandonment. He had, after all, experienced other 'nice people', that is, social workers, who 'were interested to get to know him' before he was removed from one carer to be given over to another. Bryan's response to being left was not as organized as attachment behaviour, which might otherwise have resulted in asking for his adoptive parents. Rather, separation for Bryan was a threat to his sense of survival, expressed in fight/flight/freeze behaviours.

Much later I heard that Bowlby had said that most animals run away from danger, while humans run towards safety. Bryan just ran—and did cartwheels and somersaults, and climbed on furniture and the window sill—then suddenly dropped onto the floor in feigned sleep. Marginally more collected, he then insisted on escaping to the lavatory. I did little more than absorb this in baffled impotence. The following is an example of his over—activity at three months into treatment. I had accompanied him to the lavatory and waited outside.

*I heard him call me, distress in his voice. When I went in, he asked anxiously, 'Is it going to flood?' I then noticed the toilet bowl, full to the brim with excreta, soiled water and dissolving shreds of toilet paper. I told him it was only blocked and sorted this out. Returning to the room, I felt protective of him and wondered if I had proved myself to be a safe person. But Bryan became quite manic, and turned two cartwheels. He wadded two balls of paper, labelled one his poo and the other mine, blew his nose into them and threw them at me. He kicked the wall violently and then a metal cabinet, denting it. I physically restrained him, holding him from behind, while he kicked the wall again and shouted, 'Stand off!' I said I would stand off; first I'd count to five and then both of us would take three steps away from each another. This we did.*

From time to time I initiated what I hoped would become shared play. Occasionally I introduced Winnicott's squiggle game, which is based on the imaginative powers of recognizing familiar shapes, say, of animals, from simple scribbles. On reflection, I was acting out my wish to help Bryan and the omnipotence that I could. This got nowhere. Bryan had no imagination; moreover, he had no notion of how to relate to me. And nor did I to him.

When, further into treatment, Bryan started climbing up the safety grill over the window, Bryan's bodily activity became communicative because I could identify my projective identifications six months into treatment:

> *Bryan climbed onto a chair and from there to the windowsill, then clambered nimbly as a monkey up the safety grill over the window to the top of it, eleven feet up. From there he crowed down to me contemptuously, 'Look! Look!', as he touched the ceiling. I felt humiliated. I was tremendously anxious that he would fall. There was no point in trying to coax him down as it only drew attention to his position of power and my helplessness. If I left the room to get his mother, it might make him anxious and possibly lose his grip. I knew perfectly well that the anxiety, helplessness and humiliation had their sources in Bryan, and, equally, that making an interpretation on this basis would make me look only more ridiculous. I stood and waited until he decided to come down.*

Soon after he started his episodes of climbing the grill, I said that we both knew that climbing up that high was dangerous. He looked at me with genuine mystification; '*Danger?*' he queried. I saw that my sense of safety was for him to be on the ground, whereas his sense of safety was based on primate instinct, that is, climbing like a monkey up a tree.

Worried about the risks of Bryan's behaviour, I consulted my supervisor. I realized that Bryan's climbing had a secondary aim of eliciting me to exert control, which would only heighten anxiety rather than contain it. When he next climbed the grill, I told Bryan I would not look at him or speak to him while he was at the top of the window, but I would when he came down. I then looked down at the floor, much like a foraging mother monkey, while keeping him in my peripheral vision. This brought him down and his climbing soon stopped altogether.

Besides Bryan's fight/flight actions, there were his feigned freeze responses. Initially there was the 'dead' horse in the assessment interview, then post-hyperactivity 'collapses' into sleep. These brief still periods evolved, almost imperceptibly, into quiet moments that could become overtures to relating. There were several occasions when he appeared from seemingly nowhere to be beside me, almost touching, his eyes fixed on mine. Face-to-face, from barely a hand-span away, he gazed intently into my eyes with an expression of wonderment and awe. It was a moment when we shared the most remarkable, unspoken intimacy. Thus it was a sharp surprise when, with explosive impulsiveness, he kicked me hard or punched my nose and left a lasting sting. It was as if he were terrified of the closeness that Harry, looking up at his mother from his bath, found so pleasurably engaging.

Fordham was in his seventies when he treated his last child patient, a boy not dissimilar to Bryan, who climbed to the roof of Fordham's consulting room. Fordham admitted that he 'loved him like anything'. I felt the same toward Bryan. Despite this, I considered finishing at the end of the first year because there had been little change outside his sessions, or seemingly within them. It was only when I countenanced giving up that I began to notice that Bryan was

changing and was more amenable to being distracted from his aggressiveness. Toward the end of the first year, we briefly played together.

*Bryan seemed cheerful, telling me about a picnic when some friends came along. He wadded up his shirt and initiated a friendly game of catch. We tossed the shirt back and forth cooperatively and after several exchanges Bryan said brightly, 'Let's do this the whole time'. No sooner had he said this, he insisted he needed to go to the lavatory. He returned aggressive and complained of being bored. He kicked at some toys on the floor.*

*Trying to re-engage him, I suggested that we play a picture-story game. When it was his turn he drew a picture of a boy on the grass next to a rocket, with a speech bubble above the boy, inside of which was 'Aaaaagh! Heeeeelp!' I found myself looking for a question I might ask about his picture, but this was superseded by my sense of our mutuality today. I said 'Aaaaagh', with pretended agony. He joined in and pretended to collapse on to the floor. He asked me to say it again and again, which I did. By now cheerful again, he recollected when he drove with his adoptive parents to pick up his younger sister.*

## Transformations: the second year of treatment

Bryan returned after a long summer break having grown and changed into a 'boy's boy'. It was World Cup time as we entered the second year of treatment, and session after session he played solo football with a small foam ball, scoring repeatedly and declaring he was Wayne Rooney. His movements were clumsy and ineffectual, even for a seven-year-old. With no emotional link between us, I found it insufferably boring.

Yet we stumbled on, not much aware that our relationship was becoming what Bryan later called, 'getting on together'.

Bryan's regular flights to the lavatory continued. His adoptive mother told me that what she knew of Bryan's history was sketchy and unreliable. With this caveat, she passed on a disturbing vignette; as a toddler, Bryan was left alone in his crib while his father went out with friends. The mattress of the crib had been removed, presumably so it would not be soiled when Bryan wet and fouled his nappy. This became a vivid and discomforting image in my mind. Even if historically untrue, it had the ring of psychic truth. I speculated that for Bryan the lavatory was a refuge from others and from the pain and shame at feeling such a loser when it came to eliciting care. Equally it was a chamber of self-comfort, imbued with self-sensations and self-odours, that is, a prison of selfdom.

What was clearer was that the lavatory was part of Bryan's birth theory; he had told me that babies are born out their mummies' bottoms. The following comes from a session eighteen months into treatment, just after he returned from another sortie to the lavatory. It was the first time that a useful interpretation arose out of our interchanges.

*Bryan noticed the calendar on the wall. He turned each page carefully until finding his birthday, and pointed to it. I said, 'Maybe you're thinking about your birthday because you've just done a poo. It seems you feel you were inside your birth mother's tummy until, on your birthday, she did a poo and you came out of her bottom. But you believe that she then just flushed you away'.*

*There was a pause. Still looking at the calendar, he asked in an interested way, 'When's your birthday?' I said, 'I think you're wondering if I was once inside my mummy's tummy, and whether I too was born when my mummy did a poo'. He was on the floor now, leaning into the space beneath a small table. He pointed to an empty phone socket there and asked me what it was. I told him I thought he was wondering what it was like to be in the space inside a mummy's tummy, just like he was wondering about things in the space under the table. That he wanted so much to understand how it was that he had a birth mummy he was inside of, but then had a different mummy he lived with now.*

A few weeks later, Bryan was playing quietly on the floor near me. He cautiously slid under the side of my chair and carefully manoeuvred himself, on his back, face upward, into the space underneath. I always wore trousers when seeing him, and I adjusted my legs to accommodate his apparent intention to push himself between them. As this was happening, I realized he was revising his delusional birth phantasy to become a 'natural birth'. When our eyes met, I welcomed him with a soft hello.

Not long after Bryan asked if he would be coming 'forever'. I explained that we would be finishing in a few months. Soon he protested against coming to his sessions, and his behaviour deteriorated badly. In our penultimate session, his adoptive father had to carry him into the clinic, with Bryan clinging to him like a baby monkey. As soon as we went into the room, Bryan aggressively heaved a chair around and then, taking another, struggled to fit the two together. Sensing a slight change of mood, I said I thought the chairs were the two of us together. With that, and for the first time, Bryan constructed a three-dimensional space: a 'cottage', with a blanket for the roof. He went in and out of the cottage, and in and out of the room, and to and fro between excitement with his new construction, and aggression.

*Eventually he walked determinedly out of the room, saying nothing. I followed and found him sitting on a chair in the corridor. He looked at me with hostility, pushed past me and marched to the end of the corridor. I feared he would leave through the door there, but he returned. He stepped up on to the seats of a row of chairs along the hallway, and strode toward me. Now at my height and eye-to-eye, Bryan glared at me menacingly, thrusting his face into mine.*

I struggled with a sense of failure that our ending was little different from the way we had begun. I didn't want to part humiliated in a contest of wills and therefore had to say something. A useless interpretation came to mind; 'I think you're upset about the ending'. This was as obvious as it was trite and dismissive. I knew from some of my own vulnerable moments in analysis when my analyst would issue forth (for so it felt) with an interpretation. That only made me feel singled out and belittled; that no one

else ever felt that way, certainly not the speaker. I 'knew' Bryan would feel the same. Fordham's phrase 'working out of the self' came to mind, which was his idea of what was needed at just such critical moments. It seemed a long time before a sentence began to form. I said, 'Our finishing affects me, too, Bryan'. It was true and, from what followed immediately on, Bryan heard it to be so.

> *Bryan instantly jumped off the chair, raced passed the door to our room and, to my further surprise, to the room adjacent. He opened the door, realized that someone else was inside, and dashed into our room. There he energetically constructed more rooms to his 'cottage', excited at how big it was, now calling it—not a 'flat'—but an 'apartment'. I said he was building an imaginary apartment in his mind for our being together after we finished, just like he and I would be together in my memories of us. He took the soft teddy from his box, hugged it close, and said in a baby voice that he loved it. He took the teddy inside his 'apartment' and added more 'rooms' until the session ended.*

It was only in reflection that I recognized the meaning of Bryan's actions. He first rushed into to the wrong room as if re-enacting an implicit relational memory of a 'no-entry' maternal mind, comparable to the toddler Vijay knocking his own head against mother's when her mind was inaccessible. As if revising this experience Bryan then dashed into our room, where he had constructed a three-dimensional space. Only now it had the capacity to hold feelings inside, just, as he now knew, my mind held feelings like his. In this Bryan was transforming the dread of abandonment into a tolerable sense of being apart, an 'apart-ment'. Furthermore it was a three-dimensional mental space that could hold loving feelings, and thus—for a moment—Bryan could own what via my projective identifications I had known throughout the treatment of his love. Here was an emergence of a mind different from his assumptions, and the creation of an internal good object.

## The self and what we do

I have tried to show how Harry, Vijay and Bryan all possessed capacities for engagements that enabled them to be active participants in the creation of their own mental development. This is what Michael Fordham termed 'actions of the self'. In this Fordham is distinguishing an infant self that is preliminary to ego, awareness of consciousness, and self-consciousness.

Of course development is equally dependent on early interactions. Herein lie the differences between Harry, and Vijay and Bryan. Both Vijay and Bryan had in infancy registered painful mis- and mal-attunements. Whereas Vijay was of an age when he was still open to change, Bryan was far less so. The deprivations imposed on Bryan registered not simply as lacunae but as a desolate domain of affect coupled with innumerable repudiations.

As the awareness of the sense of self and others develops during toddlerhood, so can counter-developmental protective mechanisms, which serve to protect a fragile sense of self-worth and of life being worthwhile. Fordham termed these

defences of the self, which operate dynamically via the primitive mechanisms identified by Klein, in particular, projective identification.[6] This is different from transference and counter-transference, which Fordham had restricted to its original use as transferring parental representations on to the analyst (Fordham 1979). Defences of the self refer to primary, non-conscious experiences,[7] what I have referred to as 'primary self functioning' in order to indicate functioning prior to the emergence of the awareness of consciousness (Urban 2005, pp. 589–590). As Fordham describes this, 'there is no unconsciousness but rather more or less violent attempts to do away with the bad object …' (1985, p. 153), what I have here termed flight/flight/freeze responses.

Subjectively, there is 'impoverishment of self-feeling', and 'feelings of emptiness, formless terror and dread' (Fordham 1985, p. 159). Once, early in his treatment, Bryan climbed over on furniture until he sat triumphantly on the top of a tall filing cabinet. Then he suddenly slumped over and spoke slowly, with feeling, 'I'm. Just. *Bad*'. Being 'just bad' was Bryan's fundamental assumption underlying his delusional transference.

Fordham maintained that delusional transferences can contain reparative elements that refer to 'archetypal forms aiming to re-establish relatedness although seemingly in a malignant form' (Fordham 1985, p. 159). I have described this in terms of acting out that relates through projective identification. It can also be seen in other archetypal expressions of instinctual behavior that aim toward relatedness, which are linked along a spectrum to symbolic expressions. For instance, I observed Bryan's climb up the grill to be 'like a baby monkey', that is, an instinctual flight response toward safety, whereas there is also a spiritual aspect to the safety of heights; for instance, 'I will lift up mine eyes unto the hills, from whence cometh my help' (Psalm 121:1).

Fordham's aim was to establish a physiological basis for archetypal theory and this is currently acknowledged in what might be now be called 'top-down/down-up' neurological interconnectivity. Drawing directly from Jung, Fordham linked the opposite ends of the archetypal spectrum by citing similar behaviours in parallel situations at each pole (Fordham 1957). At the spiritual pole he instanced the mystical experiences of Mechthild of Magdeburg, who was tortured by the devil until she submitted to him, saying 'Do whatsoever God allows thee to do!' At that point the devil held back, saying, 'Because thou givest thy soul meekly to torment, I lose all my power' (ibid, p. 25). At the corresponding instinctual pole Fordham cites Konrad Lorenz's description of two wolves. The larger one had pressed its younger competitor into

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[6] See Fordham 1985, Chapter 11
[7] Fordham's thinking is closely related to what the Boston Change Process Study Group call 'implicit relational memory'. This is not a transference phenomenon, the projections of representations of the parental relationships, but the more primary unremembered undercurrent of the patterns of the interrelationship between the infant and his carer (See BCPSG 2010, Chapter 1).

submission until the latter exposed its jugular. At this point, Lorenz observed: '... *the victor will definitely not close on his less fortunate rival. You can see he would like to, but he just cannot!*' (Fordham 1957, p. 26; italics from the original).

Although Fordham emphasized the protective purposes of defences of the self, he also implied their link with developmental deficits because these primitive defences interfere with deintegration and reintegration. In a 1979 paper Fordham wrote of his clinical discovery of an effective intervention that penetrated defences of the self. Here he wrote of how he came to identify with his patient's affective projections, felt empathy and respect for her, and started to speak without knowing what to say. His patient responded to his affect and her transference changed. Numerous analysts were working at the time to adapt their responses to similar, difficult to reach patients. For example, in 1993 the child psychotherapist Anne Alvarez explicitly put forward from her experience of these patients that deficits need to be distinguished from defences, and made an argument for modifications to traditional technique (Alvarez 1993).

In the same year, Fordham restated his 1979 clinical discovery of 'an interpretation which is not based on theory but came out of the self':

> That involves trusting one's unconscious, in which projective identifications are active. ... [Y]ou must look and listen to your patient as though you have never seen him before so you will not have any knowledge of him. In that way you will be open to him and be in the best position to experience his state of mind today. As you listen you will begin to experience [the patient's] mood and then have some thoughts or feelings, etc. about him. It is out of this that an intervention will arise.
>
> *(Fordham 1993, pp. 637–38)*

I see 'working out of the self' as a spontaneous, internal temporary state of integration within the analyst, simultaneous with identification with the patient's affective state. The integration is neurologically 'top-down and bottom-up'. When I exposed that I too had humbling feelings about our finishing, I revealed not only that I had feelings, but also, in the way I said it, who I was at that moment. Bryan's lightning reaction was like a flash of neurological top-down/down-up connection—very like Mechthild and the wolves—that seems to have triggered relatedness and developments in his own mind.

Would this have been working out of the self if it had 'not worked'? 'What works' is part of a dynamic between, and within, our selves and our patients' selves. When I worked out of my self, Bryan responded out of his. [8]

Does working out of the self mean abandoning interpretative work? Not at all; it means being clearer when interpretative work is failing because the patient needs a more direct and immediate *emotional* contact (in contrast to physical

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[8] It is the patient's spontaneous response that consequently quickly changes the relationship that, in my view, is the hallmark of working out of the self.

touch). This contrasts with when the patient is ready—even seeks—to know more about himself; for instance, when Bryan pointed out his birthday and asked about mine. At this point he seemed to be open to questioning his basic assumption that he was 'just bad' and to regard the other, that is, wondering something about mothers and birth.

When I spoke out of my self and Bryan reacted out of his, what happened was the equivalent of the fulfilment of those out-stretched fingertips of God and Adam on the ceiling of the Sistine Chapel. Michelangelo certainly knew of that igniting touch, the conjunction of creation and discovery, which the Boston Change Process Study Group calls, rather blandly, a 'moment of meeting'. These occur from the personal engagement between analyst and patient that has been

> *constructed over time and [has] acquire[d] its own history. It involves basic issues ... [and] includes more or less accurate sensings of the therapist's and patient's person. When we speak of an 'authentic' meeting we mean communications that reveal a personal aspect of the self that has been evoked in an affective response to another. In turn, it reveals to the other a personal signature, so as to create a new dyadic state specific to the two participants.*
> *(Boston Change Process Study Group 2010, p. 26[9])*

What the Study Group learned from research is very close indeed to what Fordham learned from his patients: that is, the transformative connections of emotional depth that occur out of an impelling motivation for relatedness. This links what we do with art. Peter Schjeldahl notes in his review of the recent exhibition at New York's Museum of Modern Art, 'The proof of any art's lasting value is a comprehensive emotional intensity: it's something that a person needed to do and which awakens and satisfies corresponding needs in us' (Schjedahl 2013).

### 'Formation, transformation; eternal mind's eternal recreation': the art of what we do

Taking the bus home one afternoon not long ago, I overheard a teenage girl announce to her schoolfriend, 'Some of my ideas are my own'. None of the ideas here are mine or new. I've intentionally not expanded on the sources I have drawn upon in order to emphasize observing and learning from my patient. But I'm not demeaning research from whatever reliable source, or theory and technique confirmed through practice.

Neil MacGregor, the Director of the British Museum, wrote about the challenge of identifying ancient objects held by the museum. This can equally apply to the objects held in others' minds:

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[9] The five points characterizing moments of meeting listed by BSPSG (pp.26-27) comprehensively describe my 'moment of meeting' with Bryan in our penultimate session.

*We acknowledge the limits of what we can know with certainty, and must then try to find*
*a different kind of knowing, aware that objects must have been made by people essentially*
*like us - so we should be able to puzzle out why they might have made them and what they*
*were for. ... Can we really ever understand others? Perhaps, but only through feats of*
*poetic imagination,* combined with knowledge rigorously acquired and ordered.

*(MacGregor 2010, p. xviii; my emphasis[10])*

What is mine and new, as with Vijay and Bryan, is what I have discovered and simultaneously created from my sources, and how that has become for me more than the sum of its parts. I have not tried to define what it is that we do because my point is the holistic and emergent nature of what we do with our patients, *with* our instruments of theory, research, technique, experience and imagination.

Jeremy Eichler, classical music critic for the *Boston Globe*, published a profile of the German violinist, Christian Tetzlaff. He writes: 'Since the time of Paginini violin virtuosos have tried to overwhelm audiences with feats of agility. Tetzlaff is after something different' (Eichler 2012, p. 34). Tetzlaff tries to understand the mind of the composer: 'Interpretation, Tetzlaff believes, should ultimately be an act of compassion' (p. 38), and 'whether you can allow yourself to be touched by things, to be receptive to other people, to be in the pain of the composer' (ibid., p. 39).

The Finnish composer and conductor, Esa-Pekka Salonen, who has worked with Tetzlaff for over two decades, states:

*What always strikes me when I hear him playing, and when I work with him myself, is*
*that it's not about the violin. It's about music being realized, and abstraction becoming*
*reality, through the violin.* He happens to play it extremely well, but that's not the point.

*(ibid., pp. 34–35; emphasis in the original)*

## TRANSLATIONS OF ABSTRACT

Il y a plus de trente ans, John Bowlby plaidait pour que la psychanalyse cherche au-delà de ses propres limites si elle voulait maintenir sa revendication à être une science. Depuis lors une profusion de recherches pertinentes dans différents champs s'est développée. Bien que cela ait joué un rôle clé dans le développement de mon propre travail, cet article concerne ce qu'on apprend du patient.

L'article commence avec une hypothèse: le travail analytique interprétatif exige une tri-dimensionnalité (le soi, l'autre et l'objet). Bien que le travail d'interprétation fasse partie de notre identité professionnelle, cette triangulation peut exister ou non chez nos patients de façon plus ou moins stable. L'article continue avec un bref compte-rendu développemental de la façon dont les modifications archétypiques précoces dans le champ d'intérêt du nouveau-né établissent les composantes de l'expérience de la tri-dimensionnalité. A partir de là, le matériel clinique et l'observation d'un petit enfant et d'un jeune garçon décrivent comment les déficits relationnels précoces entravent leurs

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[10] I emphasize this because working out of the self is the child of considerable experience and analytic discipline.

capacités à la tri-dimensionnalité. Cependant, tous les deux ont été capables de s'engager avec le thérapeute et d'être actifs dans la création de la tri-dimensionnalité dans leur propre psyché.

Dans ce travail, sont aussi contenues des réflexions sur le travail avec les patients avec lesquels l'interprétation ne fonctionne pas. Les commentaires de Michael Fordham sur « les élaborations du soi » sont reliés à l'art de ce que nous faisons.

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Vor über drei Jahrzehnten warb John Bowlby dafür, daß die Psychoanalyse über ihre eigenen Parameter hinaus forschen möge, wenn sie ihren Anspruch auf Wissenschaftlichkeit aufrechterhalten wolle. Seitdem gab es eine Fülle an einschlägigen Forschungsarbeiten aus verschiedenen Gebieten. Gleichwohl diese bei der Weiterentwicklung meiner eigenen Arbeit nützlich gewesen sind, beschäftigt sich dieser Beitrag mit dem Lernen vom Patienten.

Der Aufsatz beginnt mit einer Prämisse: interpretative analytische Arbeit erfordert Dreidimensionalität (das Selbst, den Anderen und das Objekt). Auch wenn interpretative Arbeit in unserer professionellen Identität fest verwurzelt sein mag, so mag diese Triangulierung in unseren Patienten in irgendeiner stabilen Form vorhanden sein, oder aber auch nicht. Der Beitrag fährt fort mit einem kurzen Entwicklungsabriß darüber, wie frühe archetypisch bestimmte Verlagerungen im kindlichen Interessenfeld die erfahrungsmäßigen Komponenten der Dreidimensionalität etablieren. Hiernach wird anhand von an einem Kleinkind und einem kleinen Jungen gewonnenen Beobachtungs- und klinischem Material beschrieben, wie frühe Beziehungsdefizite ihre Fähigkeiten zum Aufbau von Dreidimensionalität behinderten. Trotzdem waren beide in der Lage, sich auf den Therapeuten einzulassen und beim Aufbau von innerpsychischer Dreidimensionalität aktiv zu werden.

Eingeschlossen in diese Arbeit sind Betrachtungen zur Arbeit mit Patienten, bei denen Deutungen versagen. Michael Fordhams Kommentare zu 'working out of the self' werden verbunden mit der Kunst, die wir betreiben.

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Già trentenni fa John Bolby sosteneva che se la psicoanalisi voleva mantenere la sua asserzione di essere una scienza doveva andare oltre i suoi stessi parametri. Da allora c'è stata un'abbondanza di rilevanti ricerche in vari campi. Sebbene queste siano state utili per lo sviluppo del mio stesso lavoro, questo scritto riguarda l'imparare dal paziente.

Il lavoro inizia con una premessa: il lavoro analitico interpretativo richiede una tri-dimensionalità ( il sé, l'altro e l'oggetto). Per quanto tale lavoro possa essere radicato nella nostra identità professionale, tale triangolazione può esserci o no nei nostri pazienti in modo stabile. Il lavoro prosegue con un breve resoconto evolutivo del come i primi cambiamenti che formano in modo archetipico il campo di interesse del bambino stabiliscono le componenti esperenziali della tri-dimensionalità. A partire da ciò, materiale clinico e di osservazione con un bambino piccolo e un ragazzino descrivono quanto presto i deficit relazionali impedirono la loro capacità della tri-dimensionalità. Eppure entrambi furono capaci di impegnarsi con il terapeuta e di diventare attivi nella creazione all'interno della loro mente, della tri-dimensionalità.

Implicite in questo scritto sono le considerazioni che riguardano il lavoro con pazienti con i quali l'interpretazione non funziona. I commenti di Michael Fordham sul 'lavorare con il sé' sono legati all'arte di quel che facciamo.

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Более трех десятилетий назад Джон Боулби призывал психоанализ к поиску источников познания за его собственными пределами, чтобы не утратить возможность называться наукой. С тех пор нам стала доступна масса сведений из надежных источников и много исследований из различных областей. И хотя все эти сведения были чрезвычайно полезными в развитии моей собственной работы, все же данная статья посвящена тому, как я учусь у пациентов.

Статья начинается с допущения: аналитическая работа требует трех измерений (я, другой, объект). Хотя интерпретативная работа укоренена в нашей профессиональной идентичности, такого рода триангуляция может быть, а может и не быть присущей нашим пациентам на стабильной основе. Статья продолжается кратким обзором того, как по мере развития ранние, сформированные архетипом, изменения в поле интереса младенца формируют эмпирические компоненты трехразмерности. После чего материал наблюдений и клинический материал работы с ребенком, только начинающим ходить, а также с маленьким мальчиком, дает возможность описать, как дефицит на стадии ранних отношений затрудняет способность к трехразмерности. Несмотря на трудности и тот, и другой оказались способными установить контакт с терапевтом и стать активными участниками создания трехразмерности в своем собственном мышлении.

Статья содержит в себе размышления о том, как работать с пациентами, для которых интерпретации не годятся. Комментарии Майкла Фордхэма о «работе из самости» связываются с искусством нашего дела.

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Hace ya más de tres décadas, John Bowlby sostuvo que el psicoanálisis debe ir más allá de sus propios parámetros para mantener su pretensión de ser una ciencia. Desde entonces, ha habido una gran cantidad de investigaciones relevantes provenientes de diversos campos. Si bien esto ha sido instrumental en el desarrollo de mi propio trabajo, este artílculo se refiere al aprendizaje obtenido con mi paciente.

El trabajo comienza con una premisa: el trabajo analítiv = co interpretative require de tres dimensiones Si Mismo, El Otro y el Objeto) Aunque la labor interpretativa puede estar arraigada en nuestra identidad profesional, esta triangulación puede existir o no en nuestros pacientes en cualquier forma estable. El documento continúa con un breve desarrollo de cómo las primeras formas arquetipales movilizan el campo de interés del niño hacia la esfera de intereses de los componentes vivenciales de la tridimensionalidad. Desde allí, las observaciones y el material clínico con un niño y con un joven describen cómo los primeros déficits relacionales obstaculizan su capacidad para la tridimensionalidad. Sin embargo, ambos pudieron enganchar con el terapeuta y a participar activamente en la creación de la tridimensionalidad dentro de sus propias mentes.

Implícito en este trabajo se presentan algunas consideraciones para el trabajo con pacientes en los cuales las interpretaciones no funcionan. Los comentarios de Michael Fordham sobre como 'Trabajar fuera del Sí mismo' se relacionan con el arte de lo que hacemos.

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## Acknowledgement

# Appendix

# Elizabeth Urban

# Complete List of Publications

**Papers**

1989 'Childhood deafness: Compensatory deintegrations of the self', *Journal of Analytical Psychology*, 34:143-157.

1990 'Childhood and the child within: views of an analytical psychologist', *Journal of the British Association of Psychotherapists*, 21:3-19.

1990 'The eye of the beholder: work with a ten-year-old deaf girl', *Journal of Child Psychotherapy*, 16:63-81.

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1992     Book Review of *Diary of a Baby* by D.N. Stern, *Journal of Analytical Psychology*, 37: 243-244).

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1994    Book Review of *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Deprived and Abused Children* by A. Alvarez. *Journal of Analytical Psychology*, 39:265-267).

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2003    Book Review of  *Primitive Mental States, Vol 2:  Psychobiological and Psychoanalytic Perspectives on Early Trauma and Personality Development* by S. Alhanati, *International Journal of Infant Observation*, 6:117-122.

2004    Obituary: Dorothy Davidson, *Journal of Analytical Psychology,* 49:125-127.

2012    Commentary on 'Transcendent function or group dysfunction? Comments on 'Transcendence, transmission and transformation: the transcendent function in infant observation' by Virginia Humphrey and Beth Barmac. *Journal of Analytical Psychology*, 57:247-253.