

Psychoanalytic Theory and Infant Development

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Introduction

The experience of psychoanalytic clinical work with adults has long supported the conviction that adult patients' current ways of functioning have a complex history dating back to early childhood and indeed to infancy. This gave rise to an interest among psychoanalysts in early development. This interest was at first pursued mainly through clinical work with adults and children, but from the beginning there has also been an interest in directly observing childhood and infancy unfolding in its natural setting in order to study early modes of mental functioning and the quality of infantile experiences (Freud 1909, 1920; Klein 1921, 1952a; Winnicott 1941).^{1*} In 1948 Esther Bick,² with the support of John Bowlby,³ established Infant Observation as a central part of the training of child psychotherapists at the Tavistock Clinic (Bick 1964).

This chapter gives an outline of one particular psychoanalytic model of mental and emotional development rather than covering the full range of psychoanalytic theories of development. It is a model which derives centrally, though not exclusively, from the work of Klein, Winnicott, Bick and Bion. This account does not give separate descriptions of their work or explore the differences between their positions. Rather, it seeks to outline the view of infant development which has been derived from their work and which is, broadly speaking, part of a shared tradition of thought among those teaching on the Tavistock Clinic Psycho-analytic Observation course.⁴ We have tried to give a description of the relevant psychoanalytic ideas in a form which would be useful to readers who are unfamiliar with this approach. At various points, chiefly in the footnotes, we have related this model to some of the issues currently being debated within developmental psychology.⁵ (Students attend a separate course reviewing the academic literature on child development.)

Psychoanalytic theory has arisen gradually. It is not an unchanging body of dogma, nor is it a homogeneous entity; rather, it is made up of a

number of different and developing strands of related ideas about the nature of human personality, generated chiefly in response to the demands of clinical work. Different theoretical concepts have grown or receded in importance not through refutation or confirmation but as elements in a continuing train of thought. The model described here is one that has arisen within the British object relations tradition over the last fifty years,⁶ stemming originally from the work of Klein and her immediate group of fellow analysts.⁷ Research in infant development during the last fifteen years seems to have produced findings which are largely consonant with this model.

It may be helpful briefly to set the theoretical preoccupations of this book within a historical context (since this is not the way in which the chapter is organised). There are two distinct, and often contradictory, strands of thought to be found in Freud's work. Over time, Freud's *mechanistic* model of emotional life, derived from modes of thought prevailing in the nineteenth century (for example, that of an organism dealing with different quantities of excitation), became interwoven with, but was never wholly superseded by, more *psychological* formulations. These were principally concerned with the relationship between instinctual life and the capacity for contact with reality and rational thought (Freud 1911) and with the role of childhood sexuality and the relationship to the parents in the formation of an adult capacity for emotion. His focus was on the formation within the child's mind of representations of this intimate relationship and the feelings it generated (Freud 1909). Subsequently Abraham (1924), Klein (1928), Fairbairn (1952) and Winnicott (1945) among others took this strand of Freud's work and developed it as a theory of 'object relations'. In doing so they looked at the earliest relationships of infancy and the processes these set up within the developing mind. This model of the mind had ceased to be one in which the past *caused* the present and had become one in which experience accumulates and develops within the individual, affecting the present in complicated and indirect ways. The model had become one in which the *phenomenology* of the mind – the mind's experience of itself and the world – had become the centre of interest. This line of development was taken further in the work of Winnicott (1949), Bick (1968) and Bion (1962a) in their attempts to find ways of describing how the mind first develops the capacity to experience bodily and emotional states and, from this base, a mental apparatus for thinking thoughts and generating meanings.⁸

The different states of being in the newborn

In Klein's model of development, the newborn infant's complex instinctual equipment led *both* to the development of a primitive mental world within the infant and to a contact with external reality

* The notes to this chapter are on pp. 201-11.

(Isaacs 1952).⁹ We will consider the 'internal world' below and concentrate first on the infant's contact with external reality. Klein writes in 'On Observing the Behaviour of Young Infants':

I have seen babies as young as three weeks interrupt their sucking for a short time to play with the mother's breast or look towards her face. I have also observed that young infants – even as early as in the second month – would, in wakeful periods after feeding, lie on mother's lap, look up at her, listen to her voice and respond to it by their facial expression; it was like a loving conversation between mother and baby. (Klein 1952a, p. 96)

Since the early 1970s developmental psychology has demonstrated, through a mass of research, the innate capacities of the newborn and how they add up to an urgent need for, and ways of seeking out and making use of, precisely those aspects of the environment which in ordinary circumstances are most available to the human newborn – namely the various characteristics of a human caretaker. The baby is 'pre-programmed', so to speak, to prefer the human face and voice above other visual and auditory stimuli, to feel comforted by rhythmic rocking and the sound of the mother's heart and the familiar smell of her body as he is held against her. The nipple uniquely meets the needs of the baby both for food and for the physical comfort of rhythmic sucking. Yet the nature of this fit between what the baby is reaching out for and what the mother can provide is not a static phenomenon; it is intrinsically dynamic, providing the basis for a subtle reciprocal interaction between mother and baby which contains within it the potential for increasingly complex exchanges. For instance, in his work on mother and infant interaction Brazelton refers to one aspect of this dynamic interaction when he describes the transformation brought about in the baby by human contact. The baby's movements become smooth and rhythmic, reaching out with circular arm movements. He contrasts this to the state of a baby confronted with a mere object. Here the baby is jerky and uncoordinated, approaching the object with haphazard snatching movements (Brazelton 1975). Such research has increasingly borne out Klein's hypothesis that the infant is (human) object-related from birth.¹⁰

Despite this increasing convergence, there remains a difference in emphasis between the psychoanalytic approach we are describing and that of developmental psychology. Developmental research in this area has looked, broadly speaking, at the developing *external social relationship* between mother and infant starting from the moment of birth.¹¹ The psychoanalytic approach being described here has an additional focus of study – namely, what are the beginnings in the neonate of those processes which, in time, will enable the infant to

develop a sense of his own mind, i.e. an awareness of complex psychological/emotional states in himself and others?

Klein's view was that the meeting of instinctual needs (within the baby) with an external object (aspects of the mother's care) not only results in a physically satisfying experience, an interest in the external world and a rudimentary social relationship to the mother, but also initiates the beginnings of mental development in the infant. Precisely because of the match between the infant's needs and the object's capacities, the external world can be brought within the infant's mental grasp and thought about as well as being available for sensual contact. Klein regarded the 'thirst for knowledge' for its own sake as a driving force in emotional development (Klein 1921). Bion too saw the meeting of a 'preconception' (the infant's innate readiness for certain kinds of experiences) with a 'realisation' (the corresponding external experiences for which the infant is 'seeking') as a crucial moment at the start of mental life (Bion 1962a).¹²

This picture of the neonate has many points of contact with the vivid account of infantile experience in the first two months of life which Stern constructs out of a mass of discrete research findings (Stern 1985). The infant of Stern's model is able to sense pattern and order in the world and in his own body. Stern gives a compelling picture of the excitement of discovery and the pleasure for the infant in experiencing the match between his innate capacity to apprehend the world and the aspects of the world which unfold before him. The infant is inhabiting a world which is coming to meet him and which the infant feels received by, and at home in, presumably because over millions of years his mind has been evolving into a form which can receive these impressions.

While the Kleinian psychoanalytic model, in common with recent developmental psychology, takes the infant to be capable from birth onwards of having experiences in which he feels himself to be integrated and attending to the world around him, particularly to people, it is also a model in which the newborn moves rapidly and unpredictably between different states. He can seem to his parents to be a very different baby, inhabiting a very different world, from one moment to the next. Because of its different method, psychoanalytic observation has not been restricted to studying the infant in the state of 'alert inactivity' which experimental researchers, on the whole, have studied. 'Alert inactivity' is a state in which the infant is peacefully awake but not engaged in feeding or sucking. He is able to attend to the world around him and is therefore able to 'answer' the researcher's 'questions'.¹³ Psychoanalytic observation within a natural setting has given attention to the whole range of actual infant behaviour and the transitions between states – alert, fretful, screaming as well as satiated and withdrawing into sleep.¹⁴ Looked at in this way the infant is seen to gain a sense of integration and a capacity to attend and then

to lose it, again and again, as his state shifts from moment to moment. This gives a cognitive and emotional dynamic to infantile experience which psychoanalytic theory has sought to address. It is these achievements and losses of a sense of integration which the kind of observations described here attempt to follow.¹⁵

It is not only the infant who seems more complex when seen in a natural setting rather than solely in 'alert inactivity' but also the parents. Their role in supporting and interpreting the infant's behaviour in attentive receptive states expands to one of attending to him also in his distressed states and in helping him to gather himself together after them. With this comes an interest in the internal mental states of the parents – a gap in developmental research to which Richards (1979, p. 41) draws attention. It is to the role of the parents that we turn next.¹⁶

The role of the mother¹⁷

Winnicott and Bion have both been interested in the early relationship of mothers and infants. They both came to view the mother's state of mind, which Winnicott (1956) calls *primary maternal preoccupation*, as closely related to the state of the newborn and as providing what he needs.

Undoubtedly the hormonal upheavals of pregnancy and the post-partum period as well as the experience of the labour itself and (in our society) often of the post-natal ward, all play their part in creating a state of emotional vulnerability in new mothers. But in a large measure, this maternal state of mind seems to arise directly from the actual experience of caring for a newborn infant and the mother's vulnerability takes on a new dimension when it is seen as *an openness to being stirred up emotionally* by the baby. The outcome of this situation is extremely variable both as between different mothers and for any one mother at different times. When things go well the states of mind which the baby seems to engender in the mother become a basis for intense identification with, and sympathy for, the baby. But, on the other hand, these states of mind may sometimes be felt as unbearable and overwhelming for the mother and the baby's presence may then be experienced as a threat to the mother's sense of her own mind and identity. The mother may then seek to withdraw from such intimate contact.¹⁸

Why should a situation in which mothers are rendered so vulnerable come about? What purpose could it serve, especially as in some cases it seems itself to pose a threat to the mother-infant relationship? Research on mammal behaviour post-partum seems to indicate that the mobilisation in mothers of various instinctual behaviours towards their newborn during this period is vital to the survival of those species

(Klaus & Kennell 1982). Without implying the rigidities of instinctual behaviours and 'critical periods', one might still hypothesise that, as part of the evolution of the human mind, there has developed a set of needs in human newborns which have to do with the conditions necessary for the development of that mental capacity. One might then argue that it is these needs in the baby that are being met through the mobilisation of states of 'primary maternal preoccupation'.

However, while the position of mothers of newborn infants is indeed special, other adults caring for young babies can, and do, experience a similar intense engagement with the baby and with their own baby-like feelings. It was Bion's thesis that the way in which a mother is able to get in contact with her baby's state of mind, and through her attention and support enable the baby to grow psychologically, constitutes a form of relationship in which the mother's mind acts as a container for the baby. He called this relationship *container-contained* and he used it as a model both for thinking about the development of the mind and also as an analogue for other emotional relationships. In Bion's terms, this kind of receptivity to being stirred up emotionally is the basis of our capacity to be responsive in all those occasions throughout life when we are brought into intimate contact with someone else's state of mind.

Yet a benign process in which we are able to sustain the impact of someone else's state of mind, leading to a deep (often unconscious) contact with them, is not the only, or even the most usual, response to this kind of emotional experience. There is something inherently disturbing about such a contact. This renders us prone to seek ways of avoiding the emotional impact and disrupts the capacity for containment. The 'container' may then itself be in need of containment. The observer often becomes the 'container' for some aspect of the mother's experience during the observations and may be disturbed by the process. The seminar group, when functioning well, may then act as a 'container' for the observer's experiences and help to develop and maintain the observer's capacity to attend as fully as possible to the infant and his parents during the observation visits.

Winnicott stressed the particular needs of the very young infant, as against the sort of relationship which the older baby requires, and he stressed the unique capacity of the mother to experience the required degree of emotional vulnerability. In terms of Bion's ideas, the infant's need for this particular sort of adult emotional receptivity continues for a far greater length of time. Even by the second half of the first year, when, as we shall discuss later, various psychological milestones have been reached, the baby will continue to have periods of greater fragility. The recurrent need for a more infantile relationship to his parents and other adults continues in varying degrees as the child grows up.¹⁹ Indeed, it follows that the need for someone else to perform

externally, albeit temporarily, the function of a mental container for unsettling feelings is a situation which can recur throughout adult life.

*The mother as a container*²⁰

In Bion's model, the states of mind which are stirred up in the mother by caring for her baby – a sense of falling apart, for instance – are seen as related to experiences which belong to the baby but which the baby himself is unable to experience, having as yet no mental structure which would allow this.²¹ An example might be the baby's acute distress on being undressed or held in an unfamiliar way and the feelings of uncertainty or fragility which the baby may then evoke in the mother. Her response to this may be a more tender concern for her baby's vulnerable state or it may be an urgent need to switch off from the baby and press on mechanically with the undressing and bathing lest this too intimate contact and too clear a glimpse of distress overwhelm them both.

Where there is a real imbalance (whether temporary or more long-lasting) between the mother's capacity to cope and what she has to cope with, a situation arises in which, to defend her own mental state, the mother inevitably seeks to rid herself of her mental discomfort, with the baby felt as the source of, and acting as the receptacle for, the discomfort. In ordinary parlance, the mother 'takes it out on the baby'.²² A common example of this sort of situation would be where the mother feels overwhelmed by the baby's apparently insatiable need to be held and, unable to keep the actual baby and his point of view – his possible feelings of fragility – separate in her mind from the effects he is having on her, she comes to attribute to him a deliberate wish to tyrannise and exploit her. This may be talked about as if the baby were waging a well-thought-out campaign which she feels she must not 'give in to'. A difficult situation is thus made far worse by the picture she now has of her baby and the spirit in which she seeks to limit his demands. Yet close to the surface may be a sense of panic, which is not recognised as such, stemming from the conviction that the baby's needs, if she attends to them at all, will fill her up completely. One might say that only in so far as the mother can register and digest her own experience will she be able to contain her feelings as feelings and not translate them into retributive action.

Where the mother is more able to bear the pain of the original predicament, in this case that of having a clinging unsatisfied baby, then a potentially different situation is set in train. The mother's mental processes enable her to digest what is happening to her (though not necessarily consciously) in a way which strengthens her sense of herself and enables her to offer the baby the comfort of that strength as manifested in her care of him. His mother's solidity in the face of his

experience of falling apart seems to be the source of that rudimentary trust in himself and his surroundings which allows the baby to relinquish his mother's external presence and enables him to begin to turn instead to internalised images of her.

The model of 'container-contained' allows us to picture the emotional relationship between mother and baby in a complex and dynamic way and to specify some of the factors in the relationship. A mother's capacity for containment seems to be dependent on at least four conditions. (These have been listed in an order moving outwards from the baby rather than in such a way as to imply a hierarchy of importance).

(i) The existence of a capacity in the baby to arouse feelings in the mother. Much work has been done on the infant's instinctual equipment for locating and fixing on to his mother. It is difficult for mothers to feel close to infants where these impulses have been affected by medication in labour or prematurity or by medical conditions in the infants (Trowell 1982). There are also temperamental differences in babies such as passivity or irritability, which complicate their ability to seek and find the nipple or comforting holding. Such babies can be helped towards a more satisfying engagement with the world but more effort and imagination seems required (Middleton 1941). The degree of 'fit' between mother and baby seems to have something to do with the mother's capacity to cope with the particular constellation of feelings evoked by a particular baby.

(ii) The mother needs a sufficiently strong yet flexible sense of adult identity to enable her to experience the sorts of feelings which the care of the newborn infant arouses without feeling endangered by them.²³ With his sometimes extreme vulnerability to external stimuli; his capacity for relating only to parts of his mother's care at any one time rather than to the mother as a whole person; with the intensity and fragility of his contact with these parts of his mother and the tendency for his attention to fragment in discomfort, the baby seems to be prey to states of feeling which are inherently uncomfortable. Much of our mental development and the arrangement of our external lives as we grow up can be seen as attempts to protect ourselves from the possibility of re-experiencing these infantile states. Artists, such as Samuel Beckett, who deal with these primitive aspects of emotional life, tend to get an understandably cautious reception. Yet these are the sorts of emotional experiences which touch so acutely those caring for newborn infants and which can easily make them feel threatened. The experience of parenthood changes as infancy and childhood progress and each stage makes its own demands. Yet what may single out the first stage as particularly stressful is the imagination and resourcefulness required to relate to an infant who is not yet able to relate to a whole person.²⁴

(iii) It follows from this that a third condition for the kind of receptive, maternal contact with the baby which we are describing is the existence of sufficient external supports in the shape of partner, family and friends. Through these relationships the mother's sense of her adult identity, and her sense of her adequacy as a container, can be nourished and strengthened. Anxiety and distress which is beyond the mother's capacity to contain can be communicated to others for them to deal with. At times the mother requires other adults to perform for her a similar containing function to that which she performs for the baby.

(iv) There is a limit to the number of other demands (e.g. domestic and financial) which can be borne without reducing to a critical extent the amount of physical energy and mental space available to the baby.

Where the mother has sufficient external support and internal resources, caring for her baby holds many joys and the disturbing experiences she has in the course of caring for the baby contribute to getting to know both the baby and herself rather than being solely a source of persecution. This benign situation within the mother's mind seems to affect her treatment of the baby in at least three ways.

(i) Because of her awareness of the baby's potential distress, the mother is likely to take care in her handling of the baby to minimise sensations which are overwhelming to him.

(ii) When the baby is distressed, she is more likely to be able to keep him in mind and/or in physical contact, rather than to have to turn a deaf ear. This continuity of mental attention is likely to result, for example, in her being more receptive after separations.²⁵

(iii) Her experience of the baby's use of her as a receptacle for distress and the conviction this gives rise to that she can understand her baby and that, in so doing, she is performing a vital function for him, seem in turn to strengthen the mother's instinctual capacity to protect her baby from her own anxiety, confusion and panic and allow the baby's needs to take precedence, at least temporarily.

Thus the model is one of a baby undergoing constantly changing psychosomatic states which continuously affect his sense of being more-or-less gathered together/more-or-less fragmented. These changing states continuously affect his capacity to focus on, attend to and be interested in the world around him.²⁶ Fluctuations in the baby's state stir up corresponding fluctuating cognitive/emotional states within his mother. The mother's capacity to contain and digest what is being stirred up in her is not a static 'given' but varies continuously according to her general personal state at that moment, other moment-to-moment impingements on her, and the particular impact

the baby is having at the time.²⁷ These things, taken together with the underlying factors concerning mother, baby and the environment referred to earlier, make for a constantly shifting, subtle pattern in the flow of cognitive/emotional interaction. It is this level of interaction which seems to hold one of the keys to understanding the nature of the impact of early relationships and it is this level of interaction which Infant Observation is trying to follow and describe.

The infant's experience of containment

We now turn to the outcome within the baby of this kind of experience of maternal attention and sensitivity. We will assume, as Klein did, that the infant is capable of making contact with the external world and registering experience in the mind. The mother's capacity to respond to her baby's experience seems to be felt by the baby at first as a gathering together of his bodily sensations, engendering the beginnings of a sense of bodily integrity.

Winnicott (1960a; 1960b) describes the impact on the baby of the mother's early 'holding' which, if the dimension of time is added, gives the baby an experience of 'continuity of being'. He describes a process of passive integration within the infant ('containment' in Bion's terms), which is made possible by the mother's active adaptation of the environment so that it meets the baby's needs. He distinguishes this from a situation in which the infant is left more unprotected to experience 'environmental impingements' to which he must actively react. Bick (1968) writes of the infant's first psychological need as one of being held together physically and describes how this gives rise within the baby to a sense of having a skin. Where the mother's holding is not available, the infant is left to focus itself on non-human aspects of the environment (for example by staring at a light or a moving curtain). Or the baby may endeavour to hold itself together by using its own sensations of muscular tension. While all three modes of being 'held together' are likely to be experienced or invoked by all infants at different times, Bick felt that too great a reliance by the infant on the latter two modes held implications for the development of the infant's sense of self.

If one looks at the whole range and fluctuation in the physical state of the infant (e.g. Dunn 1977; Schaffer & Collis 1986) and his initial inability to regulate his own state, rather than looking solely at the infant in an already achieved state of 'alert inactivity', then the extent of the infant's dependence on his mother becomes apparent.²⁸ One might broadly characterise the mother's physical impact on the baby as being of two types – holding and focusing. The infant's need for smooth changes of position, for covering, for the firm sensation of mattress or shoulder, and the rhythms of speech and movement are all

part of the traditional repertoire of child-care. They seem to calm the infant, creating the smoothness and rhythmic responses described by Brazelton (1975), and give the infant a feeling of being all of a piece within his skin (Bick 1968). But the external world and particularly the human world also has the power not just to lull and soothe the baby but to pull him together into an active focused kind of attention – the mother's eyes and voice have this power to gather the baby into an intensely focused whole, as, most dramatically, does the experience of sucking at the breast or bottle.

These two kinds of containment make their direct impact on the infant largely through physical care, yet the emotional and mental dimension of such physical care is crucial. To soothe a distressed infant involves a complex emotional situation within the mother, which is closely related to the infant's distress and which makes its own impact on him. Similarly, when alert and sociable the infant is engaged, not just by the interesting things that the mother shows him, but by her attentive, receptive mental state when she is with him. The mother's mental qualities make an impact on the baby both indirectly through the effect of her physical care on his psychosomatic state but also directly through the infant's capacity to apprehend emotional states in others.²⁹ In terms of the theories being described here, the experience of states of being physically held and emotionally contained by the mother not only gives rise to a way of physically experiencing the world which might be conveyed by such terms as 'a sense of bodily integration', 'having a skin' and 'a physical sense of self'; they also bring the baby into intimate, if primitive, contact with mental and emotional processes within the mother. These states within the mother and their impact on him become objects of intense concern and interest to the baby.³⁰

This sort of close relationship to the mother provides the setting in which the infant's capacity for mental and emotional experiences can develop. It is argued that in the course of development the sense of being physically gathered together, of having a physical skin, becomes the prototype through which the infant can grasp a sense of a 'mental skin' bounding a 'mental space' within himself. This, in turn, enables him to begin to make sense of his experience of his mother's mind and the communication which takes place between them. The quality of early experience thus has a crucial impact on the beginnings of mental life.

The internalisation of experience

As well as the actual moment-by-moment impact of experiences on the baby, images of experience are being stored in the memory (e.g. MacFarlane 1975) and in the process a world is being created within the baby. The questions raised by this process are three-fold. (i) What is the subjective experience for the infant of this 'taking in'? (ii) What

form do these memories take? (iii) What are they the memories of?

(i) The nature of this internal work and the manner of its formation have long been a focus of psychoanalytic investigation. One result of this work has been the hypothesis that the processes of internalisation in infancy have characteristics which distinguish them from later forms of internalisation that are under the aegis of symbolic forms of mental activity. In later life, we have a linguistic and not simply a physical relationship to the world. It seems unlikely that the baby has any such symbolic conception of the relationship of his mental activity to the external world. The implications of this are obviously extremely difficult to assess but, from infant observation and work with patients whose modes of relating to reality are very primitive, it has been hypothesised that when, for example, the baby stores a picture of his mother's face gazing at him, or stores an impression of being cuddled, it is experienced by a baby of under three or four months as a process of actually taking in, incorporating the perception as if it were itself an object (Stern 1959). If this is so, then it lacks an important characteristic of early mental life – that of *concreteness* – which distinguishes it radically from later symbolic levels of functioning. This is partly to do with the physical nature of early memory (Stern 1956) but never described here goes beyond this to say that the 'taking in' is something up and holding in the mind of these images of physical experience are also perceptual processes. Thus the infant feels he contains within himself a world of concrete images of at least as much reality as the material world surrounding him, and his relationships with other people which can have such an impact on his states of being, even when his states consist of concrete exchanges.³¹

(ii) What form do these memories/concrete objects in the mind take? There seems a strong case for arguing that early experience must be dominated by (a) the infant's own intense bodily experiences; (b) his perceptions of the external physical world; (c) his rudimentary, but direct, apprehension of his 'human' link to his mother. Memories of experience must somehow encompass all three elements.

(iii) How are these objects in the mind formed? A strong argument exists that they are *just* the images of external reality, no more and no less (Bowlby 1973; Stern 1985). We entirely agree with the view that the infant is in touch with the external world and that the nature of his real encounters with it are of enormous importance.³² However, what Stern writes that there is no psychodynamic level of experience before language he seems to be suggesting that, before language, the infant cannot make for himself his own subjectively-transformed experience of an external event. This is a position which differs sharply from the one which we are pursuing here. We will go on in later sections to outline the Kleinian theory of 'fantasy', operating from the beginning

of life in conjunction with the baby's experience of the external world, to create both a human (rather than purely physical) contact with the external world and a world of internal objects.

We hope that in the detailed observations of individual infants which follow, the variety and complexity of the process of internalisation, as well as its content, will become clearer.³³ For the time being we can take the experience of being held together, and the concomitant holding in the mother's mind, as the starting point of this process of internalisation. The baby's dependence on this sort of containment by mother will eventually be replaced by the containment offered by the baby's sense of his own mind. But this development does not come about by a process of physical maturation or, it seems to us, by 'learning to be self-contained', but through repeated opportunities for taking in the experience of being held together by someone else and being kept in *their* mind. Through this process, which as a concretely experienced phantasy Klein called *introjection*, the infant comes to feel the 'containing mother' as a definite presence within him. He is now sometimes able to summon up, in his mother's absence, resources which originated in his contact with her. An external, visible aspect of this process of internalisation has been given wide currency through Winnicott's concept of a transitional object (Winnicott 1951) and the use which the infant may make of a familiar physical object during his mother's absence. However, Winnicott makes it clear that he means this external relationship to a transitional object to be seen as dependent on, and arising out of, the child's relationship to his internalised mother. Later this process within the infant is taken further as he comes to feel *identified* with his 'containing mother', in the sense that this experience becomes a part of himself, part of the hidden internal structure of his personality.³⁴ At this point, one might say that he has become self-contained and self-confident. The different, characteristic emotional styles of different individuals, and the continuities in this style over time (Dunn & Richards 1977; Dunn 1979) may be seen as arising in part from the different emotional qualities of early relationships which have been internalised and which have become embedded in the self.³⁵

Dealing with distress and the development of concrete communication

Understandably, most of the research on mother-baby interaction has focused on the nature of the good experiences which the mother provides for the baby and the ways in which the baby is equipped to elicit these experiences and make use of them. Yet distress is a crucial experience in infancy and one which can by no means be avoided, nor

one which necessarily militates against an intimate and creative contact between mother and baby.

What is the emotional quality of the internal representations which the baby is forming? They might, in a state of 'alert inactivity', be envisaged as benign, or at any rate neutral objects, which can be held in the mind. Yet this is not the baby's only state. What happens when the baby is distressed? What happens to the representations of 'bad' experiences – a loud noise, the feed that does not come, stomach aches, an upset or shut-off look on the mother's face? As Hinde (1982) points out, a degree of conflict is inherent in mother-infant relationships.

One characteristic of these 'bad' experiences is that they can arise even in the midst of what would appear to be a 'good' environmental situation and apparently destroy the baby's capacity to use the holding or feeding which is being offered. Thus a common experience for parents of a screaming baby is to feel that, though they are available, the baby is in the grip of a state of mind in which they have become transformed into, or become obscured by, whatever is distressing the baby. Another related aspect of these bad experiences is that the infant seems at first unable to apprehend them and attend to them as experiences in the way that he is able to do with pleasurable or more neutral events. It is only when a more robust and enduring sense of connectedness to his good, strengthening experiences has developed that the baby will be able to maintain his sense of himself and so begin to be able to tolerate and make a more coherent cognitive contact with distress.

Bion felt that an infant who was overwhelmed by distress was in a state which could not of itself become a meaningful experience – rather there was a tendency for the baby's physical and psychic state to deteriorate and the baby's rudimentary capacity for a coherent sense of himself to be lost. The infant then requires the intervention of a more mature personality – an adult who could tolerate the feelings which the distressed baby arouses. Looked at in this way, the mother in comforting her baby, in addition to her conscious attempts to think about and remove possible sources of distress, is also (i) allowing the baby's state of mind to make itself felt within her own mind without being overwhelmed and (ii) through the largely unconscious activity of her mind, the distress is given a shape and meaning which renders it more tolerable to the baby. This view of the process of comfort adds something to our ordinary commonsense conception of it. Comforting is not conceived of solely in terms of the removal of the source of the distress or the distraction of the baby's attention. It is conceived in terms of the impulse within the baby to *project* his distress into others and the mother's capacity to receive and tolerate his distress, so that the experience is available for the baby to reintroject in a modified form.³⁶

Just as the infant seems to experience internalisation as a concrete process, so his screaming and kicking when distressed may be felt in phantasy as concrete attempts to *split off* and rid himself of his bad experiences (*projection*). The presence of his mother, her mental activity and capacity for response, transforms this situation by providing a receptacle for these bad experiences and so allowing the formation of a primitive process of communication – *projective identification*. Through projective identification the infant is brought into contact with his mother as a *container* – as an object with a space for the distress which he cannot tolerate, at the same time providing him with the opportunity for internalising a mother who has this capacity. The fact that his mother's capacities allow her not simply to register the baby's distress but to *think about it* (consciously or unconsciously) and respond in a *thoughtful* way means that she is in a position to modify the demands made on the baby's psyche by distressing experiences and at the same time give the baby his first contact with the human capacity for bearing pain through thinking. This model would imply that for the baby eventually to develop a structure within himself for dealing with his own distress he requires a sufficient number of experiences of such a containing structure within another person.

Although we have concentrated on distress, the central issue is how the baby comes to perceive *any* of his experiences as mental processes. In Bion's view it was through projective identification that the mother gets to know her baby. What she is getting to know is the nature of the baby's psychosomatic states through their impact on her. As the baby comes to feel himself to be known in this way by mother he becomes able to get to know his own psychic qualities and those of others. Bion used the symbol *K* to stand for this fundamental type of thinking which is at the heart of his model of mental functioning (O'Shaughnessy 1981).³⁷

The growth of a sense of self

Through this contact with his mother's capacity for containment of mental states and their transformation into thought, the basis is laid for the development of these same capacities within the infant, by means of internalisation and identification. Where the infant has had sufficient opportunity to communicate his experience through projective identification and to internalise his mother's capacity to tolerate and think about him, a new emotional resource grows within the infant around which his sense of himself can develop. A sense of self based largely on identification with these internalised experiences (*introjective identification*) makes possible a degree of tolerance of, and openness to, experience, both internally and externally. This forms the basis of a capacity to learn from the emotional impact of life. Bion's model of the mind concerns the nature of this capacity to 'learn from

experience' (Bion 1962b). Such a capacity will be sorely needed in the course of a lifetime. As Harris puts it,

Traumatic events throughout life, from whatever source, test the capacity of the personality to hold new experience with its inevitable pain and uncertainty, and to grow from it. This capacity must always, to some extent, be influenced by the nature of the earliest containing objects and in particular with the primary receptive responsive qualities of the mother. Receptive parents help an infant to have an experience of himself. His identification with them helps him manage later the conflicting emotions and impulses that arise in the ordinary course of living, if he is *being* what he is and *feeling* what he feels. (Harris 1978, pp. 167-8)

However, it is not generally simply a question of the overall presence or absence of maternal/parental containment and the opportunity to be understood. The process is always partial. Ordinary 'good enough' parents are more able to notice, tolerate and digest some aspects of their baby's experience than others. Some aspects of the baby's experience may be accepted by the parents in the way we have described above and so contribute to a helpful internal situation and the growth of the mind. Other aspects of the baby's experience, which have not been tolerable to the parents, do not disappear but neither can they be so easily accepted by the infant as a part of himself and brought into contact with his growing capacity for thought. Those parts of the infant's experience which have not been accepted by his parents may lead a split-off, repudiated existence on the edge of the mind, but with an undiminished, if not actually increased, potential for impact on the life of the individual.³⁸

Where there is, for whatever reason, insufficient maternal containment the baby is forced to rely prematurely on his own resources. This gives a very different quality to his self-confidence and self-containment, even if that quality is sometimes difficult to pin down.³⁹ Much recent psychoanalytic work with children has been devoted to trying to understand these sorts of phenomena in the course of treating children who have been in and out of local authority care (Henry 1974; Boston & Szur 1983). The work referred to earlier by Bick (1968) on the consequences for the personality of inadequate maternal containment proved extremely helpful in finding ways to understand, and make contact with, the very diverse and complicated ways in which these children's needs manifest themselves. Thus Bick felt that some infants came to rely too heavily on an active focusing on, and clinging to the inanimate physical environment as a means of holding their sense of themselves together, rather than depending on human contact.⁴⁰ This means of acquiring a sense of identity came to be described as *adhesive identification*. Bick thought that such

children tended to develop the social appearances of a personality but without any real sense of an inner mental space and internal resources. She felt that, in a similar predicament, other children tried to develop feelings of being whole largely through using their experience of their own muscular tensions or the experience of motion. This gave a particular quality of hardness, rigidity and sometimes hyperactivity to their ways of dealing with the emotional impact of experience. Bick called this a *second skin formation*. Such a 'skin' is not conducive to the development of a mental experience of a skin/container which can both hold together a sense of identity and yet remain permeable to emotional experience.⁴¹

These mechanisms for holding the self together may be used by all infants to differing degrees and for a variety of reasons, not all of them to do with deficiencies in the external environment. But to the extent to which the infant has come to rely on gathering *himself* together for whatever reason, then to that extent he will not have had the experience of his parents' capacity to tolerate his distress and will not have had the opportunity to internalise and identify with their capacity.⁴² Children in whom this deficiency is severe seem to grow up lacking the conviction that distress can be tolerated or that it is possible for the human mind to digest, and so bear, distress. This phenomenon seems to have something to do with the mechanism which perpetuates the so-called 'cycle of deprivation'.⁴³

We have been describing a model of the relationship between the parent and child which is both social and psychological. It is social in that everything is seen as developing through the complex and subtle interaction between parent and child. Yet it is psychological in that it is processes internal to each participant that are seen as essential materials in these interactions. The concern is not only with the development of the child's capacity for social experience but also the child's capacity to have mental/emotional experiences.⁴⁴

Such an internal structure for mental 'digestion' starts to be laid down in the early months of the infant's life through internalisation and identification with his immediate caretakers. As development unfolds, internal processes increasingly take on a life and logic of their own. The infant comes to feel that he contains within himself a three-dimensional mental/emotional space which mirrors his sense of his mother containing such a space within her. As this space becomes filled with experience it takes on the configuration of a world within him.

An internal world

In her work with very young children, Klein observed mental and emotional phenomena which she felt were not only the result of disturbances in the child's development but also intrinsically shaped

by, and intimately connected with, mental mechanisms and states of mind which occur naturally, from the beginning of post-natal life.⁴⁵ Her child-patients' activities in the playroom ranged from primitive and concrete enactments of internal states in relation to very primitive conceptions of another person through to the symbolic representation of them in play and language as part of an intentional communication with another whole person. Klein's theoretical formulations attempted to offer a picture of the earliest mental processes and the sort of mental constructs they give rise to. Clearly there are enormous problems involved in trying to recount in language mental activity which occurs before the formation of language and, indeed, before pre-linguistic symbolic thought.⁴⁶

Despite these difficulties, Klein's formulation of an internal world does have points of convergence with recent experimental research findings. Developmental psychology gives an account of infancy in terms of a largely external, social interaction between the biological 'givens' of the infant and the provisions of the external world. There is now considerable debate as to whether or not the infant's relationship to the external world is a direct one or whether it is mediated by internal representations and, if so, from what age.⁴⁷ Klein's view was that *mental life began at birth* and the chief focus of her work was the *process of internalisation and the qualities of the internal mental life* so created.

Klein used the term *phantasy* to refer to the earliest forms of mental activity that, from the beginnings of life, start to shape and fill this internal world. It refers to primitive representations which arise in the infant's mind as a result of (a) his own instinctual activity and (b) his contact with the environment (Isaacs 1952). (This spelling – rather than the more usual *fantasy* – distinguishes it from its use in relation to more conscious symbolic forms of mental activity such as day-dreaming.)

The term *internal object* refers to the unit of internal representation. The term *object* does not, of course, imply that they are the images of inanimate objects in the external world – the term applies to people and parts of people more than to objects in the ordinary sense. The use of the term *object* as against *representation* distinguishes it from too great an implication of an exact correspondence with the external world: there may or may not be such a correspondence. A second characteristic of these internal objects arises from the view that, for the infant, these images have an actuality which is different from the more mature experience of them as being merely mental representations of the external world. As adults, we often regard the external world as simply being *the reality* which the contents of our minds more or less mirror; whereas Klein felt that one consequence of the fact that our inner world first develops in earliest infancy is that it continues to

have a reality of its own and to be forcefully and concretely experienced, albeit largely unconsciously. One of Klein's central ideas and major contributions to psychoanalysis concerned the status of the internal world as a concrete *internal reality* in its own right and not merely an image of external reality – though it is also that to varying degrees. That being so, she felt that it had to be taken seriously as being the site of processes within the individual which could not be directly inferred from an observation of the external world alone and that vicissitudes within the internal world acted on the individual with a force of their own no less than the external circumstances of an individual's life.⁴⁸

This is an important point of difference between this model of infant development and what is usually understood as an interactive model. For, although the external interaction between mother and infant is of continuing vital importance, it does not remain the only dimension of the relationship. The relationship becomes internalised as memory but also as identifications indistinguishable from the self, and in this way *acquires a life of its own within the baby*. The images of the relationship are in a constant state of modification, growth, stagnation or deterioration within the individual, from birth onwards throughout life. As Winnicott (1950) puts it, the individual has the 'life-long task of (the) management of his inner world'. This includes concern for the state of 'vitality' (in Stern's terms) of his internal objects.⁴⁹ This view of internal representations is not only, as in Stern's model, one in which memory is continually being added to and updated by experience of the mother in the external world. The representations are also subject to *transformations* (Bion 1965) from within.⁵⁰

Klein's work centred chiefly on the processes within the internal world which lead to (a) the development of a sense of a whole person (both self and other); (b) an awareness of being engaged in a relationship between whole persons; and (c) the capacity for symbol formation which underlies the self-conscious wish to communicate that is at the heart of such a relationship.

Klein's model of these processes of development involved the formulation of two 'ideal types' (rather than realistic descriptions) of emotional experience. She named them the paranoid-schizoid and the depressive positions.⁵¹ They refer to perceptually and emotionally fragmented and to integrated states of mind respectively. They are *positions* rather than *stages* because, from one point of view, she felt that they were fundamental states of being, which alternate throughout life as the individual copes with the internal and external pressures which impinge on him. In terms of infant development, she maintained that while, on the whole, the infant began by experiencing life in the paranoid-schizoid position (0-3 months) and gradually achieved a capacity for experiences in the depressive position (3-6

months), none the less there were moments in the infant's life from birth onwards when he seemed able to grasp something of the nature of his relationship to his mother as a whole person (Klein 1948).

The *paranoid-schizoid position* was characterised by the infant's inability to perceive his mother (or himself) as a whole person; and by the way his experience seemed limited to one set of feelings, one view of his object (part of mother), at a time rather than encompassing the range of feelings engendered by the relationship. Klein described a period in the first three months of infancy when she thought the baby's relationship to himself and his world was often dominated by extremely fragmentary states – his awareness at any one time being apparently entirely concentrated on a part of himself or his world – for example, on his mouth and the nipple; his skin and his mother's hands; or his attention gathered by the sight of his mother's eyes or the sound of her voice. Thus Klein hypothesised that the kind of world the baby relates to in the first few months of life is predominantly a world of *part-objects* i.e. parts only of what will later become an experience of mother as a whole person (whole object) in relation to himself as a whole person. Klein's rather anatomical conception of the nature of part-objects has over the years been modified into something more like the different functions which the mother performs for the baby.⁵²

In Klein's model, the first step in the baby's development is the establishment of a satisfying relationship to aspects of his mother's care – her feeding, cleaning, gazing, holding, talking. Without such a sustaining centre, he does not thrive. The mental concomitant of this fundamental achievement is the establishment within the infant's mind of an image (or images) of this relationship, that is *itself* physically and emotionally satisfying and sustaining – what Klein called a *good internal (part-)object*. By this she did *not* mean morally good, nor that the infant is capable, so to speak, of sorting, filing and categorising experience; rather the infant *clings* to these satisfying moments and the objects associated with them because of the pleasurable, vitalising, integrating nature of their physical, emotional and, in terms of Bion's model and in the light of recent developmental research one would have to add, cognitive impact on him.⁵³

While Klein's view of the crucial nature of the establishment of a *good object* can now be linked with research findings about the importance of early mother-infant relationships, there is another aspect of her account which goes beyond this. She held that when the infant seeks out and clings to his good experiences, we should not construe the remainder of his experience as just neutral events, a sort of blank time, something like the equivalent of white noise. Some of what remains is physically uncomfortable, even painful, and emotionally distressing; that is to say, there are infantile experiences as powerfully charged negatively as are the positive experiences. Klein

gives both positive and negative experiences equal importance in her map of early development. She thought one had to pay detailed attention to the quality of bad experiences, arising both externally and internally, their impact on the baby, their transformation into internal representations and their subsequent vicissitudes in the baby's sense of himself and his world in the face of these (now internal) *bad objects*.

Psychoanalytic work with adults and children led Klein to a view of early development in which the formation of and relationship to good internal objects constitutes the focus of the infant's drive towards the development of deeper emotional and mental contact with his mother. But she felt that the very young infant could only achieve the necessary sense of being in a strong and unambiguous contact with his good external experiences (and their internal representations) if he could approach those experiences in a state of mind in which he was not encumbered with the bad images of other aspects of his experience. The infant must be able to deal with states of distress or discomfort in such a way that the memory of them does not interfere with his capacity to be alert and satisfied at other times. Equally, he must be able to cope with unsatisfactory aspects of good situations in such a way that they do not complicate and interfere with his perception of good experiences. She suggested that bad experiences are mentally split off and isolated in the infant's mind, so that they are held outside his 'good' relationship to his mother. To survive, the infant needs to introject and identify with ideally good experiences, and the internal objects they give rise to, while making use of an inherent capacity of the human mind for *splitting and projection* to rid himself of bad experiences and their internal equivalents.⁵⁴

Such devices do not always succeed – some discomforts seem to defy the infant's attempts to rid himself of them; some bad memories seem to have the power to flood back and suddenly repossess the infant's mind. Where this happens, Klein felt that there was a tendency for the infant to be overwhelmed and his sense of connectedness to his mother to be destroyed. Once gripped by distress, the infant is apparently unable to perceive the interesting and satisfying aspects of his surroundings which are so compelling an attraction at other times. Thus Klein felt that, for the most part, the very young infant was unable to hold in mind simultaneously both his good and bad experiences.

Yet these good and bad experiences, whether they seem to originate in the external world or to arise from within the infant, are not fixed entities. They are not transformed into good or bad internal objects *only* by virtue of their objective qualities, which the infant, and everyone else, can simply come reliably to recognise. It is not only a question of distinguishing objectively bad experiences from objectively good ones. For the ordinarily well cared for infant, it is also a question

of how a combination of external and internal states colours the perception of an event: this can be highly unstable from moment to moment. Trying to get a fretful baby to take the breast can seem to the mother to have just this sort of unpredictable quality.

Bowlby and Stern maintain that the infant can only internalise what is actually happening in external reality. In Klein's model, the infant's perceptions are affected by the operation of introjection and projection. Benign or malign cycles of perception (or misperception) can be set in motion. The projection of bad feelings into his mother in one mood may prevent her from being introjected later as a good object. An example of this would be where an infant has cried himself into a very distressed state of mind while waiting for a feed so that his mental image of the breast becomes full of his distressed feelings. It may then be extremely difficult for him to approach the feed when it is offered as being something separate from the 'bad' image created by his distress. Equally the introjection of 'good' experiences may weaken the impact of frustrating or frightening occasions, thus allowing the baby to be more tolerant. For example, this may be why some babies seem more able than others, or more able on some occasions than others, to deal with the difficulties of feeding when they have a cold, without getting the wanted aspects of their feed mixed up with and spoiled by the misery of the cold.

Despite the vast range of stimuli that continuously impinge on him, the research into mother-infant interaction demonstrates that the infant's innate capacities enable him to find and make the maximum physical and cognitive use of the caring offered to him by the mother. The psychoanalytic view that the first need of the infant's psyche is for an unqualifiedly good object (*ideal object*) around which to organise itself implies a similarly high level of innate drive towards making use of his mother's psychological capacities and a capacity within the infant for a complex sifting of perceptions of his experience in order to facilitate this process. In other words splitting and projection are seen as mechanisms essential for life.⁵⁵

These psychological capacities, namely introjection, splitting and projection, with which the infant approaches his environment, differ quite markedly between babies from birth. For example some infants seem able to cry and kick out when distressed in a way which enables them to rid themselves of what is troubling them, making it possible for them to accept comfort or the breast. Other babies seem to cry in a more constricted way as if their misery remains locked inside them, leaving them less free to accept their mother's attention. It seems, therefore, that the distinctive qualities of an individual's internal world are brought about by a complex interaction of the individual's innate physical and psychological constitution and his external experiences. Developmental research has shown the infant as active,

within limits, in the creation of his immediate social environment. In Klein's psychoanalytic model he is also an active agent, within the limits of his real external environment and his biological state, in the creation of his internal world.⁵⁶

The awareness of whole persons and a sense of dependence

The strengths and limitations of this first good emotional relationship at the start of life lie in its being an idealised totally good relationship that can give way abruptly to something totally bad. Klein thought that the very young infant could not at first link the different parts of his experience together. Thus she thought that he could not relate the good relationship that existed at one moment between his mouth and the breast or his cheek and mother's shoulder to the bad experiences that these contacts can also be the setting for – the milk that comes too fast or the shoulder which bumps rather than supports his head. She felt that these experiences existed largely as two separate entities within the infant's mind. For Klein, the next issue in development was how the infant comes to integrate his separate experiences of mother and so perceive her as a whole and continuous person. She felt that this was part of a complex process which led to a sustained awareness, on the part of the infant, of his need for her and ultimately to a capacity to miss her when she was absent.⁵⁷

Although there are many different ways of describing the nature of the change, there seems now to be some consensus that around seven months there is a major developmental shift, whereby the infant becomes able to experience himself and his mother as whole persons (Stern 1985; Dunn 1977; Trevarthen 1980). This development seems to have both cognitive and emotional dimensions since what is being 'put together' is not only a physical object but an emotional object – a human being from whom separateness must be experienced in the midst of emotional need. Also, it is not only a matter of what the infant is aware of in a state of 'alert inactivity' that is involved but a more securely rooted knowledge which can pull together the infant's experience in different states. Klein's contribution was in perceiving the emotional dimension of this development and in focusing attention on the precursors of this transformation in infantile experience. Her model of this development is formulated in terms of how the infant comes to integrate his different experiences with mother, through beginning to grasp the range of feelings he has for her. Being able to keep in mind and combine his different perspectives on his relationship to mother forms, for the baby, something like the axes of a graph, enabling him to fix mother's existence in time and space. The more he can grasp the range of his feelings for her, the more they can be perceived as being his feelings, rather than being part of the given

state of the external world. Out of these two developments grows a sense of separateness from mother, an awareness of her capacity to transform his experience and a sense of dependence on her. Klein thought that there were moments of a more integrated appreciation of the reality of his relationship to mother from birth but that, in the main, this transformation in the baby's perception, which she termed *the depressive position*, only gathered momentum after the first three months, becoming consolidated by the middle of the first year.⁵⁸

Klein's ideas about these integrative processes and how they might arise out of the earlier need for splitting and an idealised good object, were centred on the notion of mental pain. She thought that for the paranoid-schizoid position to give way to the depressive position the baby was faced with (a) the painful loss of idealised relationships and (b) the problem of what to do with bad experiences and the negative feelings they give rise to. To recognise that bad experiences, such as being left with someone else or being weaned, come from the mother who, in other circumstances, is a loved source of pleasure, renders the relationship more vulnerable and mother a more equivocal figure. To feel rage towards his mother in these circumstances is an anxiety-provoking experience in which the baby must either, in some sense, retain his anger as a feeling within himself or revert, albeit temporarily, to a paranoid-schizoid situation, in order to have a bad object to act as the source and recipient of distress. Although one might say that it is the baby's more realistic perception of his mother which enables him to give up the paranoid-schizoid position, Klein's view was that it is also being able to bear the anxieties and disappointments of a real relationship to his mother which enables the baby to see her more realistically.⁵⁹

These processes within the baby visibly transform his external relationship to his mother, but Klein also felt that they transformed his relationship to his internalised images of her. As the infant begins consciously to depend on and feel the helpfulness of his external mother, a similar, though more mysterious, process is taking place internally in which the infant becomes able to summon up and hold in mind good internal objects during moments of external need. He can begin to feel held together internally during periods of distress and so begin to experience them rather than merely to disintegrate under their impact. As the baby's internal world becomes more integrated, a sense of internal continuity becomes possible. Around the middle of the first year, this process has developed and strengthened to the point where the infant can maintain an internal relationship to his mother in his mind while she is externally absent. It is this internal relationship which allows the mother to be missed. Dunn (1977) writes: 'There is a profound shift that occurs when the child begins to recognise his mother's absence and to miss her presence in a new way.'

This indeed qualifies as a developmental milestone.'

This capacity for a relationship to an internalised mother is not the equivalent of a cognitive development in relation to the external world, which once achieved is not easily lost. Psychoanalytic experience leads one to think that emotional learning develops rather differently. The capacity to relate internally to a loved good figure despite its absence, during which the infant may experience strongly felt unmet needs, is a precarious emotional achievement. This internal good relationship, which can sustain the baby in a mood of hope and trust, or at any rate patience, during delays and separations is at the mercy of anxiety, rage and despair with their potential for undermining and destroying the baby's good internal figures. Because the experience of separation is, in varying degrees, painful, there is a constant pressure towards transforming a sense of missing a good absent figure into a feeling of being abandoned by a bad unloving one. It is a struggle for the baby to maintain his bond to his mother and he may not always manage this. The capacity to struggle at all only develops over time as part of emotional maturing. The need to keep hope, love and creativity alive in the face of the feelings stirred up by external losses and disappointment is a continuing problem in adult life.

The development of symbolic thought

It was part of Klein's view that the establishment of the depressive position brought with it the beginning of a new relationship to external reality that was based on symbol formation. Drawing out the implications of these ideas of Klein's about the growth of contact with external reality and the capacity for symbolic thought and play have been important lines of development since her death (Segal 1957; Bion 1962b; Winnicott 1971).

The account of infant development given so far has centred on the establishment of a relationship of psychological dependence on the mother based on her real presence – an external relationship which is internalised as part of the foundations of the personality. There is a second major thread running through the first year of life, and beyond, which concerns the infant's experiences of separateness and separations – weaning in the widest sense of the word. In terms of the model being described here, it is the impact of both these lines of development on each other which generates the growth of symbol formation within the mind. What follows is a highly schematic account of development, artificially separating different aspects of experience, in order to describe a model of the early stages of symbol formation.

(i) Face-to-face encounters between mother and infant

Both psychoanalysis and developmental psychology have, from their different points of view, described the delicate and complicated ways in which the newborn and his human environment potentially fit together and how this potential needs to be realised, to a certain extent, if the baby is to thrive. The baby needs an environment which matches up to and nurtures his capacity to make contact with it. In so far as this happens, (a) the infant is emotionally supported in his capacity for contact with the external world; and (b) he is given experiences which his rudimentary (but developing) mental apparatus can receive and begin to elaborate. In the work of Bion and Winnicott it is this matching of a need within the infant with an external object which enables the infant to endow such encounters with significance and which distinguishes them from external impingements which the infant can perceive but cannot render meaningful.

Freud (1911) wrote an account of mental development whereby unrealistic forms of mental activity (fantasy and hallucination) give way in the course of development to contact with reality and to a capacity for conscious thought. As redefined by Klein, the capacity for phantasy ceased to be seen as a barrier to contact with reality and became, through the infant's phantasy of concretely introjecting and projecting emotional states, the *means* by which the infant can enter into human relationships. Phantasy also became viewed as a continuing part of mental life with a reality of its own, with which the mind needed to maintain contact, and was not to be opposed to or superseded by a capacity for contact with external reality alone. In the work of those who subsequently developed Klein's ideas, phantasy became increasingly seen as the aspect of mental life concerned with the apprehension and generation of meaning in its most fundamental forms and the means by which the external world can be imbued with human significance.

(ii) The experience of separateness in the presence of the mother

From the beginning, the experience of being held, fed, looked at and talked to by his mother is being internalised by the baby, enabling him to maintain a sense of being gathered together, attending to the world around, for increasing lengths of time. Internalisation also enables the baby to feel he contains the vitality and intimacy of the first immediate relationship within himself. He comes to regard the space between himself and his mother when they are together as a place in which these aspects of their first relationship can be recreated by him. Thus, in close proximity to the breast, the baby begins to use the pauses in his sucking to look at his mother, to stroke her clothing and hands and

to vocalise to her. By calling this a *re-creation* we are drawing attention to the possibility that this second kind of relationship is not *only* the continuing of an immediate relationship conducted in the present tense. Through internalisation, the baby seems to be beginning to have some conception in his mind of an intimate contact with his mother which he is then able actively to invoke and externalise. In calling it *re-creation* we also wish to distinguish this process from symbolic representation. One might hypothesise that what the baby feels he is doing in his stroking and vocalising is concretely *re-creating*, rather than symbolically representing, his first experience of being with his mother. (Segal (1957) calls attention to this stage in the development of symbol formation when she distinguishes a *symbolic equation* where meaning has, in phantasy, been concretely put into an external object, from a *symbol* where an external object has been endowed with meaning but where the object retains its external character and its significance is felt by the subject to be part of a mental relationship to it.)

In the description above, the infant seems able to create an external manifestation of his internal psychic situation when he feels held within the intimacy of an external relationship to his mother. Winnicott (1971) took such activity to be the beginning of play. By three to six months the infant is also beginning to play with objects, as well as with his mother, and one might see his interest in objects, while undoubtedly driven by immediate sensor-motor impulses, as also being part of a manifestation of his mental life and an attempt to recreate and explore the parameters of his first relationship to his mother. Thus he mouths and bangs objects where once he sucked and patted the breast or bottle. Looked at in this way, it is not only that the baby learns from external events and receives meaning from the culture around him, but that the external world is increasingly filled with significance by him and can then be apprehended as meaningful and so explored further.

(iii) *The experiences which take place within the baby during actual separations*⁶⁰

In the first few months of life separations seem to be a class of events which the baby cannot experience as such. This should not be equated with the view that early separations have no impact. Since babies under six months are only in the process of developing an idea of mother as a whole person, what seems likely at this stage is that they are particularly sensitive to styles of care – to the characteristics of the part-objects they come into contact with. It seems likely that it is precisely the predictability and continuity of the infant's part-object experiences of the world that provide the precondition which enables him to start to recognise and anticipate events and so begin to integrate a sense of himself and his mother. Constant changes are

likely to disrupt this process. If the infant under six months cannot hold his mother or parts of his mother in mind for long during separations he may be said not to 'miss' her, but he may suffer her absences in other ways.⁶¹

Yet some degree of separation and 'failure' on the part of the external environment is inevitable. Initially, the baby's fleeting sense of the external world allows him the possibility of withdrawing into his own sensuality and phantasy, as a means of summoning up the illusion of an experience which is not, in fact, present. The most obvious example is thumb-sucking, but some babies seem to have more elaborate and idiosyncratic means of creating a wished-for experience such as by crooning or holding their own hands in a particular way. Other babies use sleep or a loss of attention to unmet needs as a means of staving off the distress of having to wait. Again, some infants, experienced by parents as 'demanding', appear unable to find within themselves the means to exist psychologically without the actual presence of mother and are unable to 'switch off'. What underlies these different ways of dealing with separations is the baby's inability, until about the middle of the first year, to hold in mind an *absent good object* – i.e. an object that is known to be absent, whose goodness is held on to and whose return is waited for. The baby experiencing separation either 'hallucinates' the object, as if it were actually present, loses interest in it, or is overtaken by the presence of a bad object.⁶² In that sense the baby is unable to experience separations.

For the purposes of this argument we need to distinguish, somewhat artificially, the implications for development of what one might call inevitable manageable separations and failures of the environment from the implications of more serious and overwhelming separations.⁶³ Where ordinary manageable separations are a relatively minor part of the infant's life, these 'failures' in his environment allow him a space in which to struggle on his own for brief periods. Infants have the means to evade contact with the impact of such separations, but they also have a growing ability to make something of them.

In Bion's model, it is because of the absences of the external object (at first the breast, but later the mother as a whole person) that the infant is driven to generate mental images which can hold the impact of the experience of absence (thoughts), rather than continuing to be absorbed in the immediacy and sensuousness afforded by the presence of the object. In Winnicott's terms, when the mother is 'good enough', some degree of environmental failure stimulates the baby to make up the deficit imaginatively. The model is one in which *both* the presence of a containing mother *and*, on that foundation, a manageable amount of separation from her, are needed for the baby to develop. Manageable absences help to generate an awareness of separateness. Where the infant is able to cope with the feelings which this arouses he will begin

to develop a sense of dependence on his internal resources and on their utilisation in thinking. His thoughts and feelings can now begin to be experienced as separate from the external world and in a symbolic relationship to it. His capacity to communicate can also begin to be felt as a symbolic activity.

For separations to be experienced by the infant, rather than suffered in a way that severely disrupts his sense of being held together, they need to fall within his capacity to digest them. In practice, this is usually determined on a trial-and-error basis, the way weaning is often undertaken when there are not too many extraneous pressures on mother and infant. Being weaned at a time, and at a pace, at which the infant can keep his good sustaining experiences in mind, to some extent, in the face of loss is a very different matter from being weaned, for whatever reason, at a stage or speed at which this is not possible. In the former situation the infant has the possibility of making something of the weaning in his memory and imagination; in the latter situation, there is a danger that it remains something indigestible, unknowable, beyond the compass of his mental world.

(iv) Play as an expression of internal object relations

By the middle of the first year, weaning, in the sense of a growing physical and mental separation from the mother, is an important part of the baby's life. It is part of a long process which will take the rest of childhood to achieve. We have described the way in which the stages of an external process of growing independence can be seen as based on developments in the internal world of the baby, so that dependence on an external figure can gradually be partially replaced by a dependence on internal objects.

The sense of separateness in relation to his mother as a whole person which develops around the middle of the first year allows the infant to gain a sense of his own mind as something distinct from the external world. At this point, his capacity to externalise and recreate internal preoccupations takes on symbolic characteristics and a new relationship with the external world becomes possible. It becomes a place to fill with meaning. This in turn brings it within his mental grasp.

The external world can be used to recreate (for example through play with a blanket) the joys of mother's presence, and somewhat later in the first year, when the impact is more digested, it can also be an arena to explore her absences. However, the fragility of the enterprise is more apparent than in his earlier play (stage 2). The infant can be overwhelmed by his own play, distressed by the configurations or collapses of his toys. The infant could not sustain for long the kind of relationship to his mother externally, or internally in his mind, which

fosters this sort of symbolic play – i.e. a relationship based on a sense of separateness and dependence – were it not for the pleasures inherent in the external world itself. The world which held such delights for the newborn continues to be an entrancing place. It holds the sensual and intellectual pleasures of encounters with physical objects. In addition, the activity of play itself also enables the infant to create new containers for his feelings, as well as a widening set of relationships. This assists the infant by lessening somewhat the intensity of the burden borne by his mother as at first the only container and mediator with the external world. But such a widening horizon is only possible and satisfying if his internal relationship to his mother (and increasingly to his parents as a couple) is, on the whole, loving and rich enough to bear its re-creation as the underlying meaning with which he invests his encounters with the external world.

Conclusion

For the newborn only the actual presence of his mother (or committed regular care giver) can provide the continuity, attention and sensuous pleasure needed to call up the infant's rudimentary capacity to integrate his perceptions and set in motion the processes of mental development. When these needs are sufficiently met, and when the infant is able to make use of what is offered, this absolute dependence on an external person diminishes during the first year. The familiarity and pattern derived from a few dependable care-givers will have begun to develop into the infant's sense of having pattern and continuity within himself: he will have a sense of being himself. His mother's attention to him will have enabled him to develop a capacity to attend to what is going on and to be increasingly curious about it. From his experience of being thought about by his mother he will have become able to begin to reflect on his own experience. The legacy of his pleasure in being cared for seems to be found in his expectation of, and capacity for, enjoyment in an increasing range of relationships and activities which he is able to invest with meaning.