

The framing relationship: the scientific rationale for psychoanalytic psychotherapy

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'If what it is that exists comes into being for each one of us through its interaction with our brains and minds, the idea that we could have a knowledge of it that was not also an expression of ourselves, and dependent on what we brought to the relationship is untenable' (McGilchrist, 2010:37).

The neuroscience of the last two decades has made it increasingly clear that it is in and through our earliest relationships that we learn to adapt to the social circumstances into which we are born, and so survive. Schore's (2003) work shows how our very minds are adaptive in this way, developed through our particular primary relationship, as emotional experience makes neural connections which, having fired together, wire together. A child's early relationships thus establish through intersubjectivity the brain patterns that make a mind (Balbernie, 2001). The qualities of these earliest relationships set up a frame of reference for understanding experience, as a way of getting to know the world to which the child must adapt in order to survive. They are thus framing relationships, which set a template for relating through which experience is understood. We have to acknowledge that our framing of experience is always provisional and to be understood in a specific context, but always present; dependent, as McGilchrist explains, on what we bring to the relationship, as well as on what the other brings. The implications of this are that there are always other ways of seeing, which are not available to us if they are outside our experience.

The idea of the framing relationship arises in the converging findings of child psychotherapy, psychoanalytic theory, child development studies and neuroscience. Each of these perspectives sheds light on the nature of intersubjectivity in the primary relationship and in psychotherapy, which shapes the world as experienced by the child and makes some things seem possible, and others not.

It seems to me that this scientific evidence has implications for helping disturbed children, which I would like to examine here. I will begin by giving the child psychotherapy context, looking at thinking in this field about work with severely disturbed children, particularly the formative impact of the relationship with the maternal mind. Adoption will be a particular focus, representing as it does severe disturbance in early experience, compounded by shifting patterns of caregiving. I will then draw on psychoanalytic theory of the relational development of the mind, especially Bion's ideas about dynamic containment in relation to the growth of mind, Klein's ideas about the internal world, and Winnicott's thinking on the facilitating environment and the development of the self.

My intention is to make explicit the links between emotional experience and awareness, and so I will draw on child development studies of intersubjectivity, looking at the way in which emotional experience is mutually communicated in the mother-infant dyad. I will consider this process in relation to psychotherapy. Finally, I will consider findings from neuroscience about the relational nature of the way the mind is built and works, focusing on intersubjectivity as the mechanism of mental development, and the processing inter-relationship of the two hemispheres of the brain.

Child psychotherapy and the formative impact of the relationship with the maternal mind

Boston and Szur's (1983) work on severely deprived children led the way in using child psychotherapy techniques with children who had endured very painful early experiences without access to a containing maternal mind, and had then been subject to shifting patterns of care. They noted that 'all the children, at times, some in more subtle ways than others, made their therapists feel useless, helpless, rejected, abandoned, messed up or cruelly treated - precisely the experiences and feelings which the patients themselves found intolerable or hard to bear' (Boston & Szur, 1983:58) .

Marsoni (2006) considers the links between the child's early and ongoing traumatic experience in the context of the absence of a containing mind, and the absence of his capacity to be aware of the trauma, and thus have a perspective on it, rather than be caught up in it. She connects his inability to 'process and transform in his mind the concrete memory of what had happened to him' with his fear 'that he could be caught in it again any minute' (Marsoni, 2006:313).

Using Freud's (1909:122) 'unlaid ghost' metaphor as a frame of reference, Marsoni made sense of the explosive sessions she experienced in working with an adopted boy during the initial year of therapy. She understood his behaviour in this context, feeling that 'through these murderous fights Luke was making contact with his past' (Marsoni, 2006:314). She was sensitive to the force of his emotions and sensed that her containing response needed to be limited to naming what he was showing her. She used a 'grammar of description', not a 'grammar of explanation' (Alvarez, 1997:755). Her feeling was that any attempt to explain or interpret the violence would escalate rather than contain it. As we will see in the clinical chapter, my experience with Dan was similar in this respect, and there seems to be something important here in relation to the process of co-construction of meaning in the therapeutic relationship. If external, therapist-led meanings are applied too readily, it seems to reinforce the child's feeling of not having been really taken in to the mind of the therapist and understood. There seems to be a need for a phase where, paradoxically, the therapist is taken into the emotional world of the child through resonance, that is, receiving the force of feeling from the child. I would like to explore this idea further in Alvarez's contribution to the child psychotherapy literature.

Alvarez's experience of work with deprived and abused children has led her to think about the behaviour of disturbed children as communication, rather than as defence. She writes about a boy for whom 'some of my interpretations seemed to make him more mad. He complained that I did not know what it was like to be near a light bulb that is going to explode, and he was right - I was not getting the message' (Alvarez, 1997:762).

She was influenced by Joseph's (1978) highlighting of disturbed patients' need for the therapist to be willing to feel the feelings evoked by the patient, and furthermore to feel them long enough 'to experience the missing part of the patient' or 'his or her previously unexamined internal object' (Alvarez, 1997:755). There seemed to be a need to take in, hold and digest the emotional experience of being with such children, painful and disturbing as it is, rather than serve it back to them too quickly in an interpretation, however accurate, of what might be going on. Alvarez attributes her change of approach in this area to being supervised by someone influenced by Bion's (1959) theory of containment. She stresses the distinction between 'the grammar of wishes in neurotic patients and the grammar of imperative needs in borderline patients' (Alvarez, 1997:753). This allows for the developmental importance of offering the containment of primitive anxiety that children with disturbing early experiences have not had. It also involves a recognition of their struggle to protect themselves from emotional fallout that they cannot process. In terms of neuroscience, it offers a right brain responsive attunement to their unconscious communication of disturbed states of mind, which can eventually be wired in as a template for a processing function, once the stressful disturbance ebbs away enough for the left brain to become active and notice a pattern. Hence emotional regulation acts as a transformative influence on mind change.

Canham (2006) describes this dynamic in terms of digestion. In writing about work in a children's home, he notes that the lack of it can mean that a child's feelings and expectations from their previous experience, 'can easily get recreated between the child and a particular worker, or within whole staff teams'. He explains that the 'dynamic re-enacting of past experiences that have not properly been understood and digested has, for a long time, been one of the key tools used in psychoanalytic psychotherapy' (Canham, 2006:260).

Thus the reflective process of exploring the child's mind in psychotherapy involves a dynamic re-enactment, with experiences from the past re-lived and

experienced in the present moment in the hope of being psychically and emotionally 'digested', that is, taken in and understood, so that the possibility of something new becomes available. The mental and emotional digestive system of the therapist needs to be made available to the child in the way that his mother's could not. The wisdom of Alvarez's (1997) paper would suggest that if a child's extreme behaviour in a children's home is not taken as an emotional communication belonging to the world of his early experience, which the child desperately needs someone to digest, but is instead attributed to the child too quickly, this would exacerbate the feeling of not being taken in and urgently reinforce the behaviour. No doubt those of us who work in children's homes will have witnessed this painful process.

Although adopted children potentially have their new parents to take in their terrors in a way that is hard for staff to manage in a children's home, they face another difficulty. Associated with the prelude to and lifelong process of adoption, there are serious losses to be digested on all sides. An aspect of this theme is discussed in Tollemache's (2006) paper on reconciling the differences between expectation and reality in work with adoptive families. She focuses particularly on the hopes and expectations of adoptive parents, and the difficulty of relinquishing these. Adoptive parents – though not of course only adoptive parents - thus have the daunting task of trying to contain powerful emotions for their children, while inevitably sometimes struggling to contain their own.

Although the expectations that adoptive and birth parents alike bring to the task of parenting are often unvoiced and perhaps unconscious, they are crucial to an understanding of the child's situation and behaviour. They are influential from the first weeks and months of life, or indeed of adoption, in shaping children's attitudes and behaviour. Music makes the point that Winnicott's (1964:88) famous dictum 'There's no such thing as a baby' reminds us that 'we can only ever understand a baby in relation to the minds and behaviours of those around it' (Music, 2010:2). In the light of this, I would like to explore the child psychotherapy literature which describes the effects of

shifting, abusive and neglectful patterns of care on the child's own capacity for taking in.

Klein suggests that 'in unravelling the details of the transference it is essential to think in terms of total situations transferred from the past into the present, as well as of emotions, defences and object relations' (Klein, 1952:55). Her idea is that the child will bring to therapy expectations about relationships and mental representations of figures from their past, interacting in their mind and charged with the visceral emotions they carried at the time.

Rustin (1999) discusses the complexity of the adopted child's predicament, when moves have meant the new geographical and emotional territory is lacking meaningful landmarks and connections. She notes that the adoptive child often carries in mind a plethora of figures: birth parents and other family carers, adoptive parents, significant foster carers and social workers. She alerts us to the 'area of disorganized experience' (1999:52) in the child's mind, formed when patterns of care have been too transitory to take shape in the child's mind: different adults in the family caring for the child in a disorganised way, institutional care with its shift patterns, or the experience of being cared for by a mentally ill parent.

The implication is that part of the huge challenge for therapist and adoptive parents is that this complicated shifting series of placements constitutes an environmental failure, which is experienced by the child as a formative pattern of caregiving, albeit disorganised, frightening and neglectful. It is not an absence. As Klein emphasized, the absence of something good, say, a feed, is experienced by the infant as the presence of something bad, a hunger pang. This is borne out by Tronick's (1975) 'still face' experiments, discussed further in the child development studies section of this chapter, in which a very short absence of emotion on mother's face is seen to be disturbing for babies.

Klein (1930) suggests that when such a bad feeling is experienced, there is a need to seek a representative to stand for the badness, as a regulation of this emotion. If such a figure is not available to mediate the experience, then the

fear is overwhelming, and the internal representation carries the dread of the original feeling; it becomes symbolically equated with it in phantasy. Thus the child who has suffered overwhelming fear, without the protective function of a parental mind to mediate and regulate it, in Klein's terms, cannot 'distinguish between phantasy and reality in terms of the effect on him or herself, and reacts to the representation as if it were the original feared object' (1930:251).

Those of us working with very disturbed children will have seen this happen many times. In more everyday terms, the child is so flooded with fear that he or she cannot tell the difference between their own terror and the intentions of the other. Emanuel (2004) has pointed out how primitive responses are then triggered instantaneously by wired-in connections. Thus the anti-social behaviour of a child taken into public care is to be understood in the context of the frightening early experiences in which mind-body connections were made. In contrast, where a relationship with a parental figure has helped to mediate suffering for a child, the fear is less overwhelming; there can be a representational object which carries some, though not all, of the emotional load. The frightening experience is processed in the parent's mind, and then begins to be understood between parent and child. It is not borne by the child's immature coping strategies alone, and thus is felt to be thinkable and survivable, inside a frame of reference. The experience is then moderated for the child, in first an external relationship, and then once this is internalised, an intra-psycho relationship which can bear it, rather than the child feeling subjected to an onslaught of overwhelming emotion. If, as for many adopted children, no adult is available at a critical period to be seen as responsible for the terror, as a representative of the external world, then the child seems to be left with the feeling that they must be responsible, and that the terrifying thing is inside them. Much of the child psychotherapy literature on work with severely disturbed children illustrates this process; there are examples of it in the work with Dan that I discuss in the clinical chapter. Perhaps one way of looking at the purpose of child psychotherapy is to view it as an attempt to take compassionate responsibility for the failure of the early relationships and its consequent terrors.

Psychoanalytic thinking about the relational development of mind

I will now turn to key ideas in psychoanalytic thinking about the relational development of the mind and the building of the internal world.

Bion: dynamic containment

Bion's ideas about containment provide a useful starting point. He records being struck by something a patient said to him about not being able to take something in. Building on Klein's (1935) insight that Freud's (1917) shadow of the object does not simply fall upon the ego, but moves in and takes its own shape, so that internal representations of objects relate to each other in a whole internal world of object relations, he felt that 'the statement that something cannot be taken in must not therefore be dismissed as a mere way of speaking' (Bion, 1963:6).

He went on to say that such words did not just represent but actually conveyed to him something of the nature of the emotional experience. He was being given something to contain – a sense of something not being able to be taken in. He developed from this the idea that something in the patient is seeking containment, and is potentially found by the analyst's mind, in a way that is similar to an infant seeking and being found by the mother's mind. He sees this as taking place in extreme form when the baby is distressed or in pain, such that there is a fear of breaking down or falling apart. The mother's response will be decisive in shaping the baby's feeling about whether the world is a safe place or not, whether fear of annihilation can be contained, thought about and survived or not.

It is important to note that different mothers will of course experience and so think about and name feelings in different ways, thus making different connections in a child's mind. When a child screams, his mother may understand this as a cry for help and seek to allay the suffering, soothing the child and saying that it is a bad pain and will get better. When things go well, both partners can be perceived as loving – to others and perhaps to themselves. 'In a loving relationship they can be mutually beneficial. A model

of this is the mother with her baby; both can grow through the experience of containing and being contained' (Symington, 1996:58). The implication of Bion's containment theory and Klein's internal world is that the child takes in a number of things from this process: not only the soothing, but an internal relationship in which there is the capacity to soothe, and the capacity to be soothed. Importantly, in understanding the pain as not essentially part of the baby but in painful relation to it, the mother helps the child to separate himself from it; hence there may also be taken in the feeling that the pain is bad but it is not the baby himself that is bad. The infant also takes in the experience of things getting better, and thus the feeling that things can get better and annihilation may not lurk round every corner as they may have feared.

Another mother, however, may understand her child's scream as an attack on her and think of the child as being bad. In this case what the child experiences and internalises is likely to be very different; perhaps more like an unsoothability and a sense of badness. Furthermore, a relationship is internalised in which things cannot get better and instead can get appreciably worse. Being in pain and frightened with no sense that things can get better, with no separation understood between pain, screaming and child, the child is likely to internalise a feeling that he is himself essentially part of the badness. Perhaps here are some of the roots of disturbed children's damaged capacity to take in or be taken in.

Thus the relationship with the mother provides a context, a frame through which experience can be understood. Perhaps sensation cannot be said to be experienced unless it has gone through this framework. The feeling may be of raw sensory onslaught that makes no sense, for the child has no way to bring it into awareness. Bion writes:

'If alpha-function is disturbed and therefore inoperative the sense impressions of which the patient is aware and the emotions which he is experiencing remain unchanged. I shall call them beta-elements. In contrast with the alpha-elements the beta-elements are not felt to be phenomena, but things in themselves' (Bion, 1962:6).

Bion has used the term 'beta elements' for these unprocessed sense impressions, to differentiate them from the products of 'alpha function', in which a mother is able to experience the baby's disturbing feelings without being overly disturbed herself, thereby offering the possibility of surviving awareness of them. The implication of this is that, in contrast to a feeling of disconnected 'things in themselves', the mother's response serves the vital function of putting things in relation, of making connections.

In the absence of alpha-function, Bion (1963) describes how a child's contact with reality in infancy would have been pervaded by a terrifying sense of life-threatening catastrophe. Bion's disturbed patients attempted to get rid of both this sense of catastrophe and also those functions which might let it in. In the service of this impulse, he suggests that the very sense organs themselves, say, eyes and ears, are felt to be projected out in minute fragmentation as 'bizarre objects' (1967:50). These fragments are felt to be lodged in outside world objects, which are then attributed with the psychic qualities of their origins, for example, 'impregnated with cruelty' (Bion, 1967:50) and so the outside world objects are then felt to be charged with the terror of annihilation.

The logic of Bion's thinking, along with the process of internalisation not just of figures but of relationships (Fairbairn, 1954; Klein, 1957; Greenberg & Mitchell, 1983) would suggest that this framing relationship lays down the form of the child's capacity for bringing sensation into awareness. It will of course influence the awareness of the adult the child grows into. For fostered and adopted children, the experience of containment is likely to have been compromised at best, or damaging. The intergenerational nature of this process will be evident.

Klein (1930) sees a degree of anxiety which is not overwhelming as important for normal development, triggering a capacity for symbolization. In the terms of this book, the primary parental framing relationship is key here. If there is someone there to help mediate frightening experiences, including that of the child's own angry, hating and destructive impulses, anxiety can be tolerated. Klein's 'depressive position' (1935) in which the child can bear for good and

bad experiences to be felt to come from the same object and not have to be split off and protected against, is achieved. Feelings are less extreme, less life and death; the child can bear for the object to be lost without feeling himself to be destroyed, and thus can feel sad and mourn what has gone. For Klein, the symbol - thing, word or thought - represents the lost object. As Bion, working in the Kleinian tradition, put it: 'Sooner or later the 'wanted' breast is felt as an 'idea of a breast missing' and not as a bad breast present' (1962:34).

But this development presupposes the availability of an attentive maternal mind. It is hard to overstate the significance of this function, evolving in the early infant-mother relationship, which can turn the possibility of catastrophe into meaningful events, experienced as occurring within a frame of reference. When the mother's psyche is open to receiving the signs of catastrophe which her baby emits in what Bion has called 'maternal reverie' (1970), the baby's unthinkable fear of catastrophe is transformed, and the baby takes in not only the transformed experience but also the function which transforms, developing a feeling of going-on-being (Winnicott, 1956) which persists through catastrophe.

Thus the mother's experience frames her response to the child, and the child develops inside and in relation to that frame of reference - a kind of womb with a view. The implication of Bion's theory of thinking suggests that there is a parallel with therapy here. It is not so much that the mother or therapist has named a feeling correctly, more that she will more or less sensitively pick up what the child is feeling, and respond to it with an idea of what it might be, thus offering perhaps a room with a view. The view is formative, but not absolutely determinate. It offers a perspective, always provisional, and subject to review. The drawback of the word container is that it invokes the idea of something static, and yet the relationship Bion (1963) describes is one of dynamic interchange, a constant reformulation of subtle and changing nuances. Between the mother and infant, as feelings are expressed, the mother's idea will frame the experience of that feeling, and the child's response will refine and shape her naming of it, and so the relationship will continue to develop along idiosyncratic ways, contributed to by both of them in

mutual resonance. A similar process happens in psychoanalytic psychotherapy. This process of movement between incoherence and integration by naming is an idea which has been furthered by other psychoanalytic thinkers more recently; for example, the work of Bollas. Bollas (1999) suggests that the technique of free association used in psychoanalysis is essentially destructive of the story of what has gone before, opening the self into an uncertain and open-ended future. In writing about the goals of psychoanalysis, he reasserts Freud's 'evenly suspended attention' (1912:116) as the analyst's invitation to the patient's free association. He proposes that:

'The speaking of deep free associations uses the analyst-other as an object exploiting their suspension of the relational perspective to liberating effect as the self finds in such paradoxical intimacy a deep mutual involvement in a process that deconstructs relational possibilities just as it joins two subjectivities in separate worlds of thought' (Bollas, 1999: 66).

I would suggest that free association suspends not the relational itself, for there is a 'paradoxical intimacy', but the relational frame of reference that has been mis-set by the early framing relationship when it did not sufficiently meet the impulse of the infant. I will shortly turn to the thinking of Winnicott, for whom the impulse of the infant is paramount. However, what Bollas describes is a dynamic process, each element influencing the other, through which interaction a truer, that is, a more attuned meaning develops. This idea of an intersubjective process leading to meaning has links with child development research and with neuroscience, which I will elaborate later in this chapter.

I would first like to note that my understanding of Bion's (1959) idea of the containing response involves more of a moving towards understanding than a total grasp of it. The idea that this relationship is not static but dynamic, that there is an inter-relation between the container and what is contained, has implications for the study of interpersonal experience. He sees the element seeking containment as inchoate, unformed, given shape by the receiving container/mind. The implication is that the shape it is given is one of a number of potential forms it might take – the relationship between the two elements

influences the form. It provides a frame of reference, or rather, an ongoing framing relationship, without which experience is meaningless.

Applying Klein's theory of the internal world (1958) to this thinking gives rise to the idea that the child will take in not only the content of any one particular example of this process of attributing meaning, but the nature and qualities of the process itself - what the containing relationship feels like. There are studies of the therapeutic process (see Horvath, 2005, for a review) that bear this out, showing that here, too, the qualities of the relationship are most significant in influencing therapeutic change, rather than any particular model. Bion extends his theory to encompass thinking, suggesting that the meeting and interaction of container and contained is how mental growth occurs at every stage of development (Bion, 1970). He suggests that it is possible to see these dual components in the relationship not just between people, but between thoughts. He described this interaction in terms of an impulse seeking a mind to contain it (Bion, 1991). It seems to me that neuroscience may support this insight, in the relation between the free-ranging awareness of the right hemisphere, and the selective, focused attention of the left, as I shall suggest towards the end of this chapter.

Winnicott: the facilitating environment and the development of the self

These ideas have a parallel in Winnicott's thinking about holding and the facilitating environment. He saw the facilitating environment as something like the climate in which a plant may grow, the seed of which already contains its own potential fulfilment.

His paper *Psychoses and Child Care* (1953) focuses on the implications for a mis-meeting of the child's impulse and the thinking mind of the mother. In an environment where there is faulty adaptation to the child's needs, environmental impingement, the child must react to this impingement. The sense of self is lost and is regained only by withdrawal and return to isolation. Winnicott's theory of the true and false self is based on the idea that the mother needs to meet the creative impulse of the infant without imposing an

impulse of her own. Doing this leads the child to begin to orientate itself around the mother, rather than the other way around, and develop along compliant lines, creating a brittle false self rather than a resilient true self that can weather life's storms more effectively.

He sees the parents' task as facilitating the emergence of the true self in its full creativity, able to achieve intimacy and to relate in a way that feels real, not staged or manufactured, unlike the theatrical performance we will see shortly in some of Dan's material. It depends on 'mother and father's early enjoyment of the person they helped to create' ; and the lack of it risks 'a schism in the mind that can go to any depth – at its deepest it is labelled schizophrenia' (Winnicott, 1964:66). He describes a less serious situation where the split does not go as deep as this, and the protective function of the false self allows life to continue, albeit on compromised terms, and in the meantime searches for suitable conditions.

'The true self is, however, acknowledged as a potential and is allowed a secret life. Here is the clearest example of clinical illness as an organization with a positive aim, the preservation of the individual in spite of abnormal environmental conditions. This is an extension of the psychoanalytic concept of the value of symptoms to the sick person' (Winnicott, 1960:143).

Perhaps this is one place where psychotherapy may be of value, and the use to which the psychotherapist is put is to seek out and offer a more sensitive response to the patient's feeling. In work with an adapted boy whom I have called Dan and written about elsewhere, it was apparent that he had developed a false self, conveyed by material involving a show; for example, a dancing waiter performance. He had not had much experience of his parents' early enjoyment of him, and Winnicott's schism between the waiter and his true self was so deep that it was hard for him to use my attempts to put words to his feelings. In fact, these attempts seemed to shatter the protective shield of his act and leave him feeling exposed and in extreme danger.

Winnicott's idea of the growth of the true self, then, is that it is already there in essence, and either cloaked in a false compliant self or brought forth to shine

by loving parenting. Both Bion and Winnicott's idea is that truth is unknowable, even about oneself. For Bion, versions of the truth are always provisional and to be sought in dialogue between minds or between parts of a mind.

Having looked at some central psychoanalytic ideas about being taken in, to do with the internal world, containment and the facilitating environment, I would now like to turn to the child development studies which bear out these theories and illustrate the crucial importance of the mother's capacity to take in her child's state of mind.

Child development research into intersubjectivity

There have been many studies of the effects of parental attitudes on their children, including for example studies of obesity (Johannsen et al, 2006), alcohol problems (Jacob & Johnson, 2007) and education (Gorman, 1998). There is not space here to review them all, but they collectively point to the significance of the relationship with parents as a shaping factor in children's lives and behaviour.

Alongside those focusing on problematic areas, there have been a number of studies of factors promoting well being and resilience in children – parental warmth (Smith & Prior, 1995); the child's perception of parental warmth (Quamma & Greenberg, 1994); emotionally responsive and competent parenting (Wyman et al, 1999); attachment security (Anan & Barnett, 1999; Suess, Grossman & Sroufe, 1992), and maternal reflective function (Fonagy et al, 1994).¹

For good or ill, it seems, our earliest relationships shape our lives. This may seem self-evident. However, it is becoming more and more clear from recent studies of mother/infant relating that these relationships also shape our minds.

¹ See Stein & Fonagy, 2000, for a review.

Research into early infancy confirms the presence of a predisposition to not only relate to but be moulded neurologically by a 'virtual other' (Braten, 1998). Braten (2008) explains that:

'Recent infancy research findings, revealing the capacity for intersubjective attunement from birth, have replaced earlier theoretical views of infants as a-social and ego-centric with a new understanding of infant capacity for interpersonal communion and learning by other-centred participation' (Braten, 2008:134).

He goes on to distinguish three stages in the process from attunement to the internalisation of relationships. The first is primary intersubjective attunement, seen from the very beginning of life and involving body and mind. There is turn-taking and mutual mirroring, with physical gestures mutually reflected, for example the opening of the carer's mouth in offering food. Secondary intersubjective attunement follows, which introduces a third into the 'conversation', for example, a joint point of interest. Thirdly, there is a move towards tertiary intersubjective understanding, emerging in conversational and narrative speech, entailing not only a sense of narrative self (Stern, 2003) and other, but also another level of understanding of others' minds and emotion. This opens the way for emotional absorption, even in fictional others (Harris, 1998) and for seeing things from another point of view, and trying to imagine what might be going on in someone else's mind. Braten's work suggests that this simulation of mind is predicated upon a mutually attuned relationship that has been taken in, and, furthermore, wired in – neuronal connections established in the developing mind of the baby.

Trevarthen's (1993) work with mother-infant dyads helped establish the basis for these ideas. He argues for 'innate intersubjectivity' as the basis for infant psychology. The mutual resonance between infant and mother when things go well allows for the regulation of positive affect brain states. Gerhardt (2004) describes the importance of sensitive, available care-giving adapted to the baby's needs, along Winnicottian lines. She makes clear the biochemical potential for problematic development when this does not occur - for example,

an early overload of the stress hormone cortisol, which effectively sets the stress 'thermostat' in the infant brain too high.

There have been a number of studies of the effect of an impaired or absent maternal state of mind on infants. One striking example which shows how quickly effects take place is the 'still face' experiment. Tronick (1975) describes how an infant, during only three minutes of interaction with a mother looking blankly back, rapidly grows wary. Having made repeated failed attempts to get the interaction into its usual reciprocal pattern, the infant withdraws, and furthermore squirms in evident distress, turning face and body away from his mother, and looking withdrawn and hopeless.

The children in the study showed confusion and distress almost immediately, so tuned in were they to their mother's moods. They soon protected themselves by turning away. This response in the babies showed that even a very brief absence had an effect – a blank face was not neutral for these babies, but seemed to be experienced as something hard to tolerate, which caused distress and necessitated turning away. They seemed to try harder for a while to reach out in order to re-establish normal responsiveness, but then seemed to lose faith in their capacity to enliven their mother's face, and fall apart, almost as if in despair.

The logic of Bion's (1959) theory of the reciprocity of containment would suggest that the experience of unresponsiveness is taken in as part of the framing relationship. It is not the mother's silence which disturbs the babies, it is her lack of response. It may thus be not so much the content, a still face, as the process, a lack of mutual responsiveness, which is taken in. The experiment suggests that it is not neutral to be neutral in human interaction, which would seem to have implications for the process of psychotherapy. A blank face, on the evidence of this research, is experienced as disturbing to the infant self.

This may be the case for babies of mothers with depression. A large body of literature documents the adverse effects of maternal depression on the

functioning and development of offspring. For example, Goodman & Gotlib (1999) identified maternal depression among risk factors for abnormal development and psychopathology in children. Field et al (1988) found that the 'depressed' behaviour of infants with depressed mothers generalised to interactions with non-depressed adults - as early as three months of age. The implication of this seems to be that the relationship with the mother frames all the baby's interactions, not just those with their mother. However, there was a hopeful sign in a later study (Pelaez-Nogueras, Field et al, 1994), which showed that in interaction with familiar non-depressed adults, the researchers noticed strong reciprocal influences, and the babies' mood lifted. Thus the babies' behaviour was relational; it was to be understood in the context of a particular relationship.

Furthermore, child development studies have shown that our sense of self is laid down in these early years, patterned by our earliest relationships. Stern (1985) describes how abuse or trauma suffered during sensitive periods will adversely affect the nature of this sense of self. He describes the 'core self' as being established in babies as young as two to nine months in 'not only the feeling experienced but also the experience of interpersonal evocation or regulation or sharing' (1985:205). In effect, he is saying, not just what is shared between mother and child, but even more significantly, how the baby is regulated emotionally in their interactions, is internalised as not only a way of being, but as the core sense of self. Where this early way of being has been disturbed and disturbing, these qualities are embedded in the growing child's sense of self.

For adopted and fostered children, this core sense of self has had to incorporate painful things. There may have been abuse and neglect, as well as the reality of loss and of having been lost or given away. This seems to be a central point; if the qualities of the framing relationship with the mother establish a core sense of self, then this function being damaged is internalised too, and contributes to the child's sense of a damaged self.

It is hard to see how Winnicott's (1960) true self could somehow be protected from the damaging relationship, if the sense of self derives from that relationship. Put in terms of child development studies, attachment is internalised, 'being built into the nervous system, in the course and as a result of the infant's experience of his transactions with the mother' (Ainsworth, 1967:429). There would have to be another world in the child's mind, built from other kinds of experience in relating, so that other views of himself were possible, and from what we have seen, this would be formed in relationship. It would therefore necessitate another relationship, with very different qualities. It may be that other family members are important here. It may also be that the framing relationship is a constellation of emotional responses, which includes other qualities than that of damage, so that the sense of self is more multi-faceted and complex, and less of a single entity than it sounds. These questions seem to me to merit further study. However, what is clear from this child development research is that this early relationship lays the groundwork for our sense of ourselves, for good or ill, and for our future relating.

Interestingly, the effects of the maternal state of mind have been found to apply to adoptive mothers too – overlaying with another layer of complexity the patterns of care adopted children are already likely to have in mind. A study of attachment representations soon after adoption (Steele et al, 2003) warrants a closer look, being especially pertinent to the theme of the complexity of the framing relationship for the adopted child.

The study compares Adult Attachment Interviews (AAs), obtained from adoptive mothers, with emotional themes appearing in the play narratives of their recently adopted children. The children were between four and eight years old, and all had been subject to neglect and abuse in their birth families. The authors point out that the more children had been moved from one family to another, the greater the chances that they would be highly attuned to the parent figures' state of mind and have an attachment system that is very quickly activated. They reasoned that this might have a kind of survival function, helping them in grounding themselves and trying to understand

something of the new emotional, cultural and physical environment in which they found themselves.²

The evidence of the research was that themes of catastrophic fantasies, death, aggression, throwing away and bizarre content were significantly more likely to appear in the story completions of children adopted by insecure mothers as opposed to secure ones. This is significant in relation to Dan's experience in his adoptive family, for his mother had herself undergone a troubled childhood. It would seem then that adopted children tend to tune quickly into the adoptive mother's state of mind, which acts in a formative way on their own state of mind, and on their world view and expectation of what is likely to happen in life.

There have been other studies of intergenerational transmission of attachment patterns (Fraiberg et al, 1975; Van IJzendoorn, 1995), focusing on genetically linked parents and children. If we are geared to relate to our pattern of care, which provides a template or frame of reference for understanding experience, there are serious implications for adopted children, deprived of an enduring attachment relationship with their biological caregiver, and then undergoing shifts of caregivers.

Alongside the adoptive mother's pattern of care, the shifting caregiving pattern experienced by fostered and adopted children itself is formative, as Rustin (1999) has pointed out. Hodges et al (2003) found that late-adopted children with discontinuities of care and multiple placements, tested two years into their adoption, showed no decrease in negative representations of adult behaviour as aggressive or rejecting. There were some positive changes in representations of adults as more available and limit-setting, for example, but the study suggests that these 'do not automatically transform the already established representations' (ibid:360).

² See Balbernie, 2010, for a commentary on the adaptive function of indiscriminate reactive attachment behaviour.

Furthermore, Bowlby (1980) showed how these various representations form multiple models in the child's mind which require more psychic energy than a singular well-functioning internal world made up of coherent representations, and often occur in a context of confusion and fear. It would seem likely that for children who have not only suffered the loss of their primary caregiver, but for whom this same caregiver was often but not always a perpetrator of abuse or neglect, this shifting pattern in a context of confusion and fear, may itself become the frame of reference.

It is another link between psychoanalytic thinking and neurobiology that attachment results in the development of internal working models, like the representations of adult behaviour in the studies quoted above (Steele et al, 2003; Hodges et al, 2003), which impact upon the development of later relationships. The impact of caregivers' own upbringing affects their relationship with their children, adoptive or otherwise. We have seen how insecurely attached adoptive mothers tend to evoke feelings of impending catastrophe in their children. Traumatic, disorganized or disoriented attachments often involve an adult whose history includes unresolved trauma. More subtle disturbance in the attachment relationship, such as role-reversal or emotional withdrawal, may also result in a traumatic attachment style developing (Solomon & George, 1999).

The psychoanalytic wisdom that unconscious expectations about relationships are set by our experience of relationships, has thus been established as scientifically valid in child development studies such as those quoted above. I will now draw briefly on findings from neuroscience that show how this process happens, how we are wired for and by relationships, especially our earliest.

The neuroscience of mind-building

Over the past two decades, neuroscience has moved us some way towards a fuller grasp of how early experience shapes our brain (Schore, 1994) and our

emotional responses (Perry et al, 1995; Siegel, 2001). Balbernie (2001) explains that a baby's emotional environment influences:

'the neuro-biology that is the basis of mind. From the infant's point of view the most vital part of the surrounding world is the emotional connection with his caregiver. It is this that he is genetically pre-programmed to immediately seek out, register and exuberantly respond to' (Balbernie, 2001:237).

It has emerged in recent years that this emotional connection with the caregiver has a home in the neurobiology of the right brain. A body of neurobiological research shows that the right hemisphere, or 'right mind' (Ornstein, 1997), which takes precedence in the first three years, is dominant for the perception and expression of nonverbal communications (Blonder et al 1991; Dimberg & Petterson 2000; Schore, 1994, 1998a). Schore (2001) tells us that although the process of emotional regulation arises early on in the right brain emotional communications within the mother-infant dyad, this process plays an essential role in the communication of emotional experience in all later periods of development.

The implications for sensitive maternal attunement are clear. Schore's work shows that the capacity to self-regulate emotion, depending upon social context 'emerges out of a history of regulated interactions of a maturing biological organism and an early attuned social environment' (Schore, 2003:259).

Thus the process of communicating and regulating emotion are intrinsically twined, beginning in the mother-infant dyad intersubjectively, in mutual emotional resonance between the two people involved, and then continued intrasubjectively in the growing child's mind in a mental representation of the original relationship, involving the original emotional responses. Both the wired in intrasubjective experience and the process of intersubjective communication as regulation of emotion continues throughout life, though its developmental impact is greatest in our earliest years.

Importantly for the idea of the framing relationship, the implications are that all later relationships occur in the context of this primary relationship. It is the qualities belonging to this relationship that will, as it were, shape the lens through which future relationships are seen. This relationship seems to provide the emotional frame of reference, so that other ways of being in relationship are outside awareness.

Intersubjectivity as the mechanism of mental development

Siegel writes that how 'we experience the world, relate to others, and find meaning in life are dependent upon how we have come to regulate our emotions' (Siegel, 1999:245). We have seen how emotional regulation happens intersubjectively, each partner tuning in to the other's state of mind. Intersubjective emotional regulation, then, is formative - it is a developmental mechanism. This relates to procedural memory, laid down in the body, of not just *what* but *how* things were experienced, their emotional qualities setting the nature and tone of implicit connections. Schore's (2003) work explains how the orbitofrontal system involved in emotion-related learning retains plasticity throughout life: here we have the potential for change.

In writing about the reconstructive properties of memory processing, Pally (1997) describes how what is later remembered 'is constructed on the spot', together with all the sensory and emotional impressions of the present moment, and is not an exact replica of what happened in the past. 'All the neural elements involved in the processing of events... serve as new information to be stored as additional memory traces of the event (Pally, 1997:1229). These new neural elements include the emotional qualities of the present intersubjective relationship. Thus the psychotherapeutic relationship offers the scope for change, through new patterns of intersubjective emotional regulation opening new neural pathways alongside old connections. However, it is important to note that for abused and deprived children, the emotional qualities of the present intersubjective relationship can include an implicit feeling of danger, even when there are more positive feelings alongside this.

There was evidence of this in my work with Dan, the adopted boy I mentioned earlier, as I struggled to find a way to bring this implicit feeling of danger into awareness, without destroying the simultaneous implicit experience of new emotional qualities. For example, he used the symbol of a pot that turns into a volcano, which powerfully communicated his fear of eruption. He seemed to be showing me how frighteningly explosive my attempts at containment could feel for him. He taught me that any bringing to awareness needed to happen first and foremost through emotional regulation; we needed to make the road before we could draw the map.

The processing inter-relationship of the two hemispheres of the brain

Before leaving this brief review of some of the neuroscience that supports the developmental nature of psychoanalytic psychotherapy, I would like to link the idea of a frame of reference to the nature of the relationship between right brain and left brain. The importance of the inter-relationship between the two hemispheres of the brain for emotional processing is a huge subject and I can only very briefly consider it here.

McGilchrist (2010) sums up the distinctive contributions of the hemispheres:

‘Ultimately, the left hemisphere is the hemisphere of ‘what’, the right hemisphere, with its preoccupation with context, the relational aspects of experience, emotion and the nuances of expression, could be said to be the hemisphere of ‘how’. (McGilchrist, 2010:71).

He warns against an over-simplification, reminding us that the two halves of the brain share many functions and inter-relate continually, but suggests that overall, the left hemisphere deals with the explicit, and more conscious processing, while the right hemisphere specialises in implicit, non-verbal communication.

Both the content and the process have an impact on the child’s experience – what is felt to be happening and how it feels are both shaped by the first relationship, and furthermore are mutually influencing. Does the relation

between the two hemispheres reflect the early processing of the emotional impact of sensory experience? Could the way in which the more vigilant and selectively focused left hemisphere (McGilchrist, 2010:39) assesses and looks for pattern in the broad open awareness of the right hemisphere be a means of seeking Joseph's psychic equilibrium (1989), in the way laid down by the primary relationship? It would seem to be a way of selecting what to prioritise, of all the plethora of sensory and emotional input of everyday life. It is an area which might well reward further study. It seems possible that implicit right brain to right brain emotional attunement integrated with the explicit coherent narrative overview of left brain processing sets the pattern for someone's grasp of life³.

Overall in this paper, I have tried to follow the converging paths of child psychotherapy, psychoanalytic thinking, child development research and neuroscience in showing how the process of early experience shapes psychobiological development in ways which influence our social responses over the course of our lives. In these overlapping disciplines, the process of intersubjectivity is seen as essential in establishing a pattern of emotional regulation that becomes a core sense of self, and a template not only for relating, but for understanding experience.

I address the implications of these ideas for research into psychotherapy elsewhere, but importantly, it is increasingly the view from neuroscience (for example, Cozolino, 2002) that intersubjectivity as a mechanism of change lies at the heart of psychoanalytic psychotherapy.

In summary, I would like to suggest that the practice of psychoanalysis, beginning in the early modern age, offers the unsettling possibility of a shift in perspective, the dizzying step outside the frame that calls the previous world view into question. Without the signposting that this world view offers, we feel we risk being left disorientated, in no-man's land. However, on the evidence of

³ See McGilchrist, (2010:37), on right brain breadth and flexibility versus left brain focus and grasp.

the neuroscience we have seen, the emotional qualities of the relationship with the therapist help establish a pattern for new experience.

The psychotherapeutic relationship thus itself provides an experiential bridge across no man's land from the old world view to the new, which can then be mapped in left brain ways. It can eventually re-sign the old world, though not remove it. If the framing relationship essentially involves a womb with a view, then psychoanalytic psychotherapy thus offers a room with a new view of the world. It constitutes a reflexive re-framing relationship, in which the frame is explicitly open to question and thereby to revision, with and through implicit right brain attunement throughout the process, so that new ways of seeing, thinking and feeling are made available.

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