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Psychoanalysis with adults inspired by parent–infant therapy: Reconstructing infantile trauma

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ABSTRACT

This the first in a series of articles on how Psychodynamic Therapy with Infants and Parents (PTIP) can inspire work with adult therapy. PTIP helps infants and parents improve their relationship and facilitate child development. During sessions, developmental hazards are dramatized by parent and baby, giving the therapist first-hand impressions of how conflictual relationships impact on the well-being of mother and child. This article argues that PTIP experiences may also inspire analytic work with adult patients. (1) It gives the analyst a foothold when reconstructing a patient's infantile trauma and linking it with his/her present distress. (2) It deepens his/her attention on primitive anxieties, para-verbal communication and psychosomatic functioning. (3) PTIP experiences with high-speed interchanges between container and contained, personified by baby and parent, seem to induce more internal images and metaphors in adult work as well. (4) Working with two patients simultaneously means the analyst's position resembles that of a couple therapist or a participant observer of the traffic between container and contained. This can make him/her more agile in dealing with corresponding movements between him/herself and the patient. The present article focuses on (1), reconstructive work in adult work inspired by PTIP experiences.

KEYWORDS

Psychoanalytic technique; depression; postnatal depression; parent-infant psychotherapy; reconstruction

This article proceeds from discussions with colleagues who work with Psychodynamic Therapy with Infants and Parents (PTIP). Many of them convey that their work with adult patients has been affected by PTIP experiences, but they have found it hard to pin-point how. This and forthcoming articles will discuss how my psychoanalyses with adults have been influenced by experiences of PTIP work.

Basic hypotheses

This article posits that PTIP is a specific application of psychoanalytic therapy. It aims to investigate how it can affect analysts working with adults, and lists four areas, the first of which will be discussed here and the others in future articles.

(1) An increased propensity to *reconstruct*, together with the patient, traumatic influences from infancy that we assume impact on his/her present distress.

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(2) A deepened understanding of *primitive despair*, such as separation anxiety, and *paraverbal communication*: tone, voice, tempo, body movements and posture, odour, and psychosomatic phenomena.
(3) A familiarity with handling high-speed interchanges between container and contained, as incarnated in the mother–infant interaction. These impressions induce in the analyst more *improvisation and volatility in technique*.
(4) A greater ease in acting as *participant observer*, thus taking a third position or a "helicopter view" on the transference–countertransference interchange.

PTIP as a mode of psychoanalytic therapy

We need first to investigate the status of the infant in psychoanalysis, since there is a long-standing chasm between theories about the infantile mind and clinical work with real babies. PTIP was devised half a century ago by psychoanalysts (Dolto 1982; Fraiberg 1987; Paglia 2016) and enriched by subsequent generations (Acquarone 2004; Anzieu-Premmereur 2017; Baradon et al. 2016; Emanuel and Bradley 2008; Norman 2001; Thomson Salo 2007; Tuters, Doulis, and Yabsley 2011). In contrast, hypotheses on the birth of the baby's mental apparatus had emerged earlier. Freud (1900) theorized about the first days of infancy and even earlier, with the aim of highlighting the link between infantile experiences and unconscious phenomena in older patients:

> Our memories—not excepting those which are most deeply stamped on our minds—are in themselves unconscious … They can produce all their effects while in an unconscious condition … Our "character" is based on the memory-traces of our impressions; and, moreover, the impressions which have had the greatest effect on us—those of our earliest youth—are precisely the ones which scarcely ever become conscious. (539)

Reconstructing infantile experience and history was thus always central to psychoanalytic practice, though during its first decades only with adult patients. This changed with Klein (1932, 1945, 1946, 1959), Winnicott (1941, 1949, 1962), Anna Freud (1926, 1965) and other pioneer child analysts. Still, none worked in a PTIP-like setting. When babies finally entered the therapy room, this enabled a rapprochement between the clinical and the theoretical infant. New questions emerged: could PTIP data support analytic theories about the infantile world, and could these theories help refine PTIP practice (Aguayo and Salomonsson 2017; Salomonsson 2014, 2018)? This article discusses a third question: can PTIP influence adult therapy technique? It had already been argued that *child analysis* can influence adult work (A. Freud 1972), for example the use of parameters (Eissler 1953) with children, which influenced technique with "seemingly nonanalyzable" adults (Anthony 1986, 71). Child analysts could also step out of the transference role "to become a real person" (72), sometimes needed in adult work (Ferenczi 1931; Greenson 1967; Winnicott 1955). Anna Freud (1965) brought out that child analysts heed the "powerful influence of the [child's] environment" (50), which might also be essential with some disordered adult therapy patients. Furthermore, children's nonverbal communication can sensitize analysts to similar phenomena in adults. Finally, intense countertransference experiences with children can open up the analyst to comparable occurrences with adults (Bonovitz 2009).

These arguments might possibly be transferred to PTIP since here, similarly to child analysis, emotional problems are exposed through concrete and often impetuous

actions that must be handled instantly, as when a baby is screaming or a mother is intrusive. Yet PTIP also diverges from child work; the child therapist meets separately with the parents, whereas the PTIP therapist meets baby and parent(s) together. A child understands the lexical meanings of words, whereas the baby does not. Does this make PTIP a clinical method which, though it is psychoanalytically inspired, is irrelevant for therapists working with adult patients? The reason I dispute this is based on an argument by Anna Freud (1965): very young children reveal how much of their behaviour and pathology is determined by "environmental influences such as the parents' protective or rejecting, loving or indifferent, critical or admiring attitudes, as well as by the sexual harmony and disharmony in their married life" (50). In PTIP, we analyse and treat these influences between the baby and his/her parent(s). Its setting allows for dramatizing them and for visualizing analytic concepts like container/contained, ambivalence and split communication with the object. Since we, like Freud as cited above, believe that infantile remnants continue to exist in the adult, I hypothesize that PTIP can help clinicians grasp and experience these phenomena more immediately. Let us now test this assumption in an adult analytic case.

Reconstructing infantile trauma: The case of Laura

Laura is 40 years old and seeks treatment with her second daughter Winnie, 2½ years. She is severely depressed and has been on antidepressant medication for several years. Winnie appears to me as a bossy and up-tempo girl and Laura feels she "never really made contact" with her. Laura also realizes that she projects her own dismal self-image onto the girl. During PTIP treatment, which lasts some months, the girl reacts promptly and anxiously to her mother's sadness. Laura has mentioned an abortion between the births of her daughters; a Combined ultrasound and biochemical (CUB) screening revealed a chromosomal aberration. Laura is addressing her guilt while Winnie is running around the room. I tell Winnie, "Mum is sad. She had another child before you were born. He was sick and died." Winnie retorts, "No! Mum's HAPPY!" Laura is taken by the girl's perspicacity and manic denial of her sadness. She is the object of Laura's constant worries and projections and is also her "comfy blanket." During PTIP, the girl becomes calmer and Laura feels more competent as a mother. She begins a personal therapy that is soon transformed into psychoanalysis four times a week.

Laura is not consistently depressed. She can also be heated, humorous and censorious. When her dependence on me emerges and I address it, she becomes enraged. She returns after my vacation, gloomy after a tough week with the children. I suggest her feelings might also relate to my absence. She retorts, "You think I'm a sick jerk!?" Later in the analysis, the dependency theme emerges in a Monday session. She relates a dream in which she marvels at a dazzling moon (Monday is "Moon-day" in Swedish). A fire breaks out near her childhood home and the bystanders neglect the impending catastrophe, but a fireman extinguishes it. Now she accepts my suggestion that she has been longing for Moonday to return to me, the fireman, to extinguish her panic.

The next night, she dreams of being with a male colleague at a conference centre. There was smoke from a fire, so they must escape. They went down to the kitchen, where the smoke was less disturbing. The bottom floor contained dormitories, prison-like, where guards were watching the conference participants.

Laura claims angrily that her psychoanalysis feels like choking smoke from a fire, now that I have interpreted her fear of depending on me. She is terrified of fires and always checks the fire exits at hotels. The kitchen in the dream reminds her of a family summer visit to a restaurant.

> It was so nice and welcoming, and the food was good. But I couldn't help asking the staff if they had formal permission to allow our children into the kitchen. Why did I come up with that moralistic comment!?

The basement dorm she associates with her cloistered life.

I interpret that she has transformed the theme of the fire extinguished by me, the fireman, into a catastrophe. She runs to the basement, seeking help, but none is to be found because the custodians of sleep have become prison guards. The kitchen is turned from a good and nurturing place to a courtroom where she displays her moralizing attitude. Life itself is a penitentiary with no possibilities of penitence or consolation.

Laura defends against dependence in various ways. She asks repeatedly about my personal life and when I respond by asking about her fantasies, she gets furious. "I know nothing about you, but you expect *me* to trust *you*!" One day she reveals details about me that she has looked up on the internet. She is terrified that I will get enraged. "You must think I'm prying into your privacy." I'm taken by Laura mentioning my mother's maiden name and date of death. I interpret that since she cannot acquire from me directly what she believes is real care, because she feels I am rejecting and callous, she must look me up on the internet. However, the online data are of little comfort since they merely provide dry biographical facts, not vital containment. Another defence against dependence is idealization of her strength and self-reliance. A friend speaks of his employees as "dead meat." Laura laughs in unison with his contempt but feels like dead meat herself: "In the mirror, I see my mother's dead eyes. You must feel the same when you see me." She has few close friends, since confiding in someone means divulging her misery. She thinks my true pleasure is bringing her case to congresses and laughing at her with my colleagues. She feels her husband despises her, but cannot imagine living without him.

She is an "afterthought child" born many years after her siblings. Her father dominates the family with bigoted statements, for example about people who do not share his dietary philosophy. He idealizes his wife but seems to covertly despise her ignorance and social ineptitude. Laura identifies with his values and contempt. Her mother seems poorly equipped intellectually and emotionally and has only briefly taken up jobs outside of home. Laura cannot recall any interesting or intimate chats with her.

Psychodynamic formulation of Laura's case

Laura's condition does not match exactly that of melancholia, as Freud (1917) used the term. She is interested in the outside world, has a dry sense of humour and is not suicidal. Yet her mood, guilt and self-denigration do match Freud's description. One part of her ego has set "itself over against the other, judges it critically, and, as it were, takes it as its object" (Freud 1917, 247). Now, if her self-accusations "fit someone else, someone whom the patient loves or has loved or should love" (248), who is—or was—that object? Who was involved in what Laura perchance experienced as "a real slight or disappointment

coming from this loved person" (249)? Freud suggests that, due to such setbacks, the object loss leads to an "ego-loss." This results in "a cleavage between the critical activity of the ego and the ego as altered by identification" (249). If so, with whom does Laura identify? Many signs point to her mother. Laura is terrified of becoming similarly weak and narrow-minded. Her parents' marital balance is displayed in the transference, where I am viewed as a superior and omniscient man, with Laura adopting the role of a neglected housewife and a helpless mum.

Until Winnie was born, Laura was working extremely hard. During the CUB test and the abortion, she allowed no time for reflection or relaxation. Some time before Winnie's birth, she collapsed with a burnout condition and has been unable to work since then. She handles the malignant introject that Freud speaks of by identifying with her father, developing a rough and superior attitude towards "helpless nerds." Yet, as a mother to her daughters, she is responsible and caring, and she is desperate not to repeat the relationship with her mother.

Reconstructing the impact on Laura of her mother's depression

Laura is deeply attached to her mother, though in a special way; she is an obedient daughter who takes care of her mother but never confides in her. "I outgrew her when I was 10 years old," she says sadly. She brings up childhood memories of when her mother's buns came out scorched from the oven, yet Laura must praise them. Today she tells her parents that her life is great, yet no one asks for details, for example why she is unable to work. She also accuses me of having no genuine interest in her. These stories and impressions assemble in my mind—and here I am clearly inspired by my PTIP experiences with depressed mothers and their infants—to form an image of a dejected baby in its mother's arms where the contact contains annoyance, hopelessness, avoidance and a mutual sense of incarceration in a gloomy dungeon. We will now follow the fate of this budding idea.

One day, I suggest to Laura that her mother seems depressed. She agrees, but not when I add that her mother might have been in a similar condition when Laura was a baby. Later, I extend my reconstruction: "Your father, who despises feeble people, can hardly have been of much support to his wife." The family culture is to sweep any flaws or worries under the carpet. This attitude, plus the description of herself as an afterthought child, make me dare to say: "Perhaps you were an 'accident', as you've told me, and maybe your mother never worked through her mixed feelings about you." I also base this painful and risky interpretation on how she experiences our relationship; she is convinced that I consider it a mistake having her in analysis but that I cannot now back out. She is an "afterthought" patient, whom I can only offer mock containment and a view of her as an idle yet "interesting" case. In the session, I ask myself whether I am closing my eyes to a part of the countertransference where I look at her as interesting—from a detached, disdainful and superior position—but I cannot recognize this. What I do sense in myself, however, are instances of vexation and fatigue: "Nothing that I do is of help to her, anything I say is rejected." Such feelings remind me of depressed mothers' interchanges with their babies that are accompanied by shrugging shoulders, a flat tone of voice and annoyed comments like, "However much I offer him the breast, he won't take it." In that sense, I find her

interesting—but as a fellow human being struggling with excruciating feelings that are not being adequately contained.

Laura receives these reconstructions with disbelief, scorn and sometimes wrath: "You know nothing about my infancy!" From one perspective, Laura is perfectly right. This important objection will be considered later in the article's theoretical sections on reconstruction. She continues dreaming about fires, dungeons, warlike scenes and so on. Then one day, she brings a photo album with some excruciating mother-baby pictures. The mother, with a frayed appearance, slouched posture and unhappy expression, is looking away from her six-month-old baby Laura, who seems unhappy, limp and is looking in another direction. There are similar pictures up to some years of age. Laura bursts out, "Why did they put such pics in the family album!? Didn't they see *anything*?" I comment, "This looks like a very unhappy couple." Laura reports that her mother recently gave her some cartons, one containing her Child Health Centre records. "I read that my breastfeeding was interrupted at two months. Why? I asked Mum and she pretended she didn't hear me."

Why did Laura bring the album to the session? One answer is that she wished to confirm my reconstruction of the mother's depression and its effects on her. Did she yield to my persuasions? I find this improbable since Laura only slowly ceased to attack my "baby fixation." Sometimes she maintained a critical, even ironical attitude to it. Other times, she continued to test it out. Another answer, in my view more correct, was that she felt relieved when I paid attention to her suspicions about the relationship with her mother. Over the months, the album became the basis of a shared reconstruction of the climate during infancy and its links with her present gloom and the torturing transference. Furthermore, it provided a refreshing look at the countertransference/transference interplay. One day, she spoke of her "dead eyes" and accused me of avoiding them when greeting her. I responded: "You're right. I now realize that I'm sometimes scared of your eyes and look away." Of course, she felt repudiated but became interested. "We two are looking away from each other, like in the photos." This interchange revealed another aspect of the countertransference: my identification with a scared baby who gets scared and confused when looking at its mother's (here, Laura's) still face (Tronick et al. 1978) and thus avoids it.

Often, Laura would crouch under a blanket and doze, like she did at home after sessions. This provided a psychic retreat (Steiner 1993) from her depression and anxiety about resuming work. These blanket sojourns seemed like an eroticized version of her gaze avoidance in the photos. It was more comfortable and cosy to stop time and doze off, only to wake up again in distress at wasting away her life. Analytic progress was thus thwarted, and I finally suggested she sit up. Now I could see the pallor, despair and embarrassment in her face. She hid her eyes with her hands or looked at me on the sly, like a terrified child: "I'm embarrassed … looking at you … I realize that you're a human being. Other times, I feel you're a monster. I can't stop thinking that you hate me and that you're evil, though I know you aren't."

The next day, she sat down, now with warmer eyes. She apologized, rather conventionally, for having covered her eyes yesterday. Slowly, her gaze became warmer, revealing curiosity and playfulness. We spoke of the previous session. "Nothing happened afterwards. I took the girls to their sports, had a migraine attack, drowsed in bed as usual." Yet she had been wondering at length what to do about her present confinement.

She also discovered that she kept destroying her view of me as a human being: "I can't stop distorting my image of you." Now and then she looked at me with open, childish, confidential and curious eyes.

Analyst: "I'm thinking of those photos with you and your Mum looking away—like you're turning your eyes away from me now and then."
L: "Because I'm scared of looking at you!"
A: "You fear the hatred, both mine and yours, yet we can speak about it. But when hatred remains unacknowledged, it makes for a sham contact. Maybe this happened between you and your Mum back then."
L: "Also between me and my Dad! In another pic, I'm alone on the carpet, yelling. Shouldn't he pick me up rather than photographing me? He seemed delighted the other day when we were looking at those pics."

The clinical emphasis was now on our combined visual contact and dialogue, and a transference switching between fear, hatred, object hunger and warmth. She alternated between shunning and imbibing my eyes. In our dialogue, I confirmed that she probably was rejected and silently detested then—and that today she prefers hating me to seeing me as helpful. At this point, I thought it was important that she could look at me and maybe would have to do this for a while, while working through her dread of me.

How, then, did my assembled PTIP experiences with other mothers and babies make a difference in my clinical approach in Laura's analysis? True, I did not need any experience with distressed mother–infant dyads to address her depressive mood and her contempt of weakness and reliance on me. As I now recall my years of work before I had such experiences, I assume I would then have interpreted the accounts of her previous and present family life more as *experiences* than credible renditions of events. I might have focused on her pathological narcissism (Rosenfeld 1971) that aimed to maintain her self-idealization and quench the pangs of dependency on me as an envied object. I did this now as well, but previously I would have been less prone to couple the Mafia-like internal organization that dominated her sane self with assumptions about her childhood interactions with her mother. I discern a similar hesitancy in Klein, who preferred to conceive of pathology, not so much in terms of reconstructed mother–baby interactions but in how the patient's drive conflicts affected present experiences, for example, of the transference (Aguayo and Salomonsson 2017).

To sum up, I do not claim that my PTIP experiences were a *sine qua non* for reconstructing Laura's mother's depression. Neither do I argue that PTIP work helps the therapist understand all instances of, say, depression. One may also ask if it was my encounters with Laura and her daughter Winnie that propelled my fantasies about a depressed mother and her baby and then led up to the reconstruction. My answer is yes and no. Laura was certainly depressed, also with Winnie in the initial sessions. In that sense, she might have provided a template for my visions of a depressed mother. Yet Laura was talking to her daughter, who also responded verbally, about how she felt and she was eager to understand what went on inside Winnie. In that sense, she was cognitively and intuitively more alert than the mother I fantasized about. Furthermore, my visions centred around a suckling infant, not a 2½-year-old verbal girl. Thus, I think the major impact on my fantasies and reconstruction work—apart from the transference–countertransference interplay—came from observations in PTIP that have sharpened my acuity regarding how babies pick up and react to a depressed mother's state of mind.

Such experiences inspired me to persist, despite Laura's initial rejections, in reconstructing links between relationships now and in infancy.

Reconstructions: Historical or narrative truth?

At this point one might object: we understand that PTIP experiences show you first-hand the intensity of mother–baby interactions. We also agree with Freud that our character is based on memory-traces of early and repressed impressions. If Laura's mother was depressed during her infancy, we concede that it might hamper the baby's development. But two questions need to be approached:

- Do we really *know* that Laura's mother was depressed long ago?
- If she was depressed, was it a major factor explaining Laura's present suffering?

In a series of publications, Donald P. Spence (1982, 1986, 1989, 2000) has disputed the validity of conclusions drawn from case presentations. He claims our conjectural interpretations often masquerade as veridical explanations. Therefore, case presentations should be submitted so that the reader can judge whether the suggested interpretation is the most plausible or whether other data—presented with equal clarity—point in alternative directions. He warns that the therapist's "satisfaction of finding a narrative home for the symptom, dream fragment, or piece of behavior completely overshadows any doubt as to the credibility or validity of the explanation" (Spence 1986, 7). Spence warns against muddy science *and* that our narcissism might cloud the possibilities of assessing the validity of our conclusions. To give the reader "the possibility of refutation, disconfirmation, and falsification" (14), he recommends that presenters clarify the following points:

- (1) our suggested links between past and present events ("rules of inference");
- (2) our hypotheses and compare them with other possible explanations;
- (3) our ideas of how unconscious processes are transformed into manifest behaviour and reasoning ("rules of transformation").

Spence has been criticized for a one-sided empiricist and positivistic view of psychoanalysis and for advocating "the gathering of brute data while denying or downplaying the epistemological value of theorizing and of interpretive understandings" (Sass and Woolfolk 1988, 429). Morris (1993) argues that Spence has misunderstood Freud's (1937) archaeologist metaphor for reconstructing the patient's repressed memories. Freud claimed the analyst's job is easier than the archaeologist's because the patient displays his "reactions dating from infancy" (259) in the transference and that "even things that seem completely forgotten are present somehow and somewhere" (260) in the psyche. Morris argues that Freud did not imply that these "things" could be dug up in their original form. Rather, events become experiences and take on traumatic meaning only after a lengthy process. Memories were originally registered as "Wahrnehmungszeichen" (Freud 1950 [1892–1899])—"signs of perception" which, *nachträglich* (après-coup, by deferred action), take on meanings, first as a traumatic experience and then, in psychoanalysis, as enactments, atmospheres and relationships that may be reconstructed as traces of the past. This reconstructive work, says Freud (1937), "involves two people, to each of

whom a distinct task is assigned" (258). This brings *the analyst's subjectivity* into reconstruction work, a topic to be addressed in the section entitled "Reconstruction: One-way or two-way procedure."

For Freud, the essential aim of reconstruction is to liberate "the fragment of historical truth from *its distortions* and its *attachments to the actual present day* and in leading it back to the point in the past to which it belongs" (Freud 1937, 268, italics added). His famous comparison of reconstructions to the psychotic's delusion does not devalue their validity but rather emphasizes that the two contain a "kernel of truth" (268) transposed into the present. Freud is cautious as to the confirmatory value of a patient's reactions to a reconstruction. Her plain "Yes" is "by no means unambiguous" (262). It can also be meaningless or hypocritical unless followed by indirect confirmations, for example, "new memories which complete and extend the construction" (262). Similarly, a "No" does not prove the reconstruction to be correct; "the only safe interpretation of [her] 'No' is that it points to incompleteness" (263). A relevant reconstruction can achieve "the same therapeutic result as a recaptured memory" (266) in that the patient can recognize its kernel of truth, which can afford "common ground upon which the therapeutic work could develop" (268). Freud's expression "common ground" points again to his view of reconstruction work as a joint effort of patient and therapist.

After having highlighted Freud's insistence on the value of reconstructions plus his caution about their truth value, one question and one challenge await us. The question is: what is their potential gain for the patient? This will be discussed in the final section. The challenge is imposed by Spence's critique. I might object to his view of psychoanalysis that downplays its two-person hermeneutic method (Gadamer 1975/1989). I might also claim that there is nothing wrong if a clinical interpretation "might be true, [though] not necessarily … is true" (Spence 1986, 6). But it is harder to dispute Spence's demands to make my *grounds* for an interpretation transparent, especially since I argue that PTIP experiences of stressful mother–infant interactions have provided such ground and even support for reconstructing Laura's present depression from similar interchanges in her infancy. This challenge will now be approached.

Rules of inference and of transformation

Spence's point (1) in the previous section asked for the rules of inference that led me to suggest the links between past and present events, such as the mother's depression after delivery and today. To argue, I begin by stating that Laura's description of her mother today matches that of a depressed, listless person. She rarely participates in family conversations, finds little joy with her grandchildren, and complains much. However, this does not prove that she was depressed with baby Laura. So, on what do I base this inference? One answer is Laura's explicit childhood memories:

> My mother was like invisible back home. I was afraid of looking into her eyes, like dead. I can't recall ever singing a song with her. Dad put her on a pedestal though she rarely said anything. Some folks say she was lively, but I never saw anything of that.

These memories intimate that the mother was depressed during Laura's childhood. As for the indications of a *postnatal* depression, one refers to Laura's breastfeeding records. Swedish mothers rarely stop breastfeeding at two months, as Laura's mother did. This, plus her mother's reticence in speaking about it, indicates its emotional charge.

When Laura asked about her early childhood, there was no mention of her as a sweet baby, merely "Here, take the records"—and silence. Later in the analysis, the mother developed dementia. She now claimed Laura's daughters had died and asked about the date of their funeral. Laura reacted aversively: "It's as if she wishes they were dead." Finally, it is hard to detect any happiness, playfulness or eye contact between mother and baby in the photos. One might object that one photo is no proof, but here we are talking about a small collection of pictures with a similar atmosphere.

Point (2) suggested that we compare our hypotheses with other possible explanations. One obvious candidate would be Laura's Oedipus complex. We have spoken a lot about her father, though more in his role as a husband who grasped little of his wife's depression. My impression is that their relationship correlates sparsely with a classical Oedipal configuration. Laura is attached to him in a peculiar way; she thinks his ideas about the dangers of coffee, wine, tomatoes and so on are crazy, yet it took her some years in the analysis to gain courage to have a glass of wine in front of him. She likes talking to him: "He is smart and knows a lot, unlike mother." He thus functions more like an antidote to her mother's depression than as an "ordinary" Oedipal father. Following the reconstruction of the maternal depression, I even claim it would have been disastrous to interpret Laura's sense of dejection as mirroring the disappointment of a little girl enamoured of her father. There is too little of a viable triangle in this family for Laura to feel the full impact of Oedipal love and dethroning. Had I thus interpreted, for example, that she was disappointed in me because I rejected her advances, she would most certainly have felt, not only that I was putting her off, but also that I indicated she was presumptuous in believing that she could have such an impact on me. Laura rather corresponds with Britton's (1989) description of patients who experienced an "initial failure of maternal containment that made the negotiation of the Oedipus complex impossible" (93). For them, encountering "the intercourse of the parents, in phantasy or fact, without having previously established a securely based maternal object through the process of containment" (Britton 2000, 54), can be detrimental. This is why an *unfounded* Oedipal interpretation can have such dire consequences.

Point (3) concerned how I assume the mother's postnatal depression had been transformed into Laura's present depression. My answer is built on how Laura's transference developed. This follows a classical procedure in psychoanalysis for setting up hypotheses of pathogenesis; we facilitate the emergence of that "portion of the libidinal impulses [that] has been held up in the course of development" (Freud 1912, 100), and then we study this transference and trace its infantile origins and links with the therapeutic process. Laura experienced me as sarcastic, foppish, aloof and malevolent, and believed that I found her loathsome, boring and despicable. I infer that this analyst persona is moulded on repressed memories of a depressed mother who cannot master her ambivalence towards the child, feels fettered and fulfils her duties with little enthusiasm or pleasure.

Another hypothesis of the infiltration of her mother's depression into Laura's psyche stems from her hatred of her dependence on me and from her elitist values; if one is not strong, self-reliant or condescending, one is worthless. She feels she must return to her job, which, however, is impossible due to her present working abilities. The only alternative is to stay home. There is no room for compromises or a good-enough job. In this narcissistic organization she belittles dependence, weakness and help-seeking.

I understand it as partly nourished by an identification with her father's expressed contempt of frailty in general and, I assume, his latent condescension of his wife. The organization is also nourished, from infancy onwards, to defend against the pain of being with her mother. It helped her stay unperturbed by the mother's rejection and maintain her self-esteem. In Hurley's model (2017), if a parent fails to be "sensitively involved, mirroring and emotionally responsive … the baby is thrown back on his own resources" (194). This can result in "illusions of self-sufficiency and pseudomaturity, and by evading the need for dependent relationship" (204). In Laura, this construction did not lead to depression in infancy or childhood. During adolescence, however, she was low-key now and then. She left home late, married, and became a hardworking professional who idealized her grit and guts. Depression set in as she aborted a disabled child, had a second child and found little joy in motherhood. Her self-contempt overwhelmed her and she sought help.

What about my "transformational rules" in this reconstruction? Here, Spence (1986) demands a lot to assert validity: "So long as the link between latent and manifest content follows an unknown transformation rule, there is no way to predict from a given piece of latent content, unconscious processes were transformed into overt behaviour" (9). If we accept that Laura's mother was depressed and that this affected the baby, how has this been transformed into the suffering of a 40-year-old woman? In other papers (Aguayo and Salomonsson 2017; Salomonsson and Winberg Salomonsson 2017), we emphasized that psychoanalytic speculations about early interactions and empirical infant research are two different fields of investigation and that no approach to understanding the child's inner world and its repercussions later in life can be all-inclusive. Deep-reaching speculations can be fascinating yet lack empirical grounding. Empirical research can also be intriguing yet unable to reach beneath observable phenomena into their unconscious implications. My transformational rules rely on three clauses: (a) population research demonstrating links between postnatal depression and distress in childhood and adolescence; (b) observations, in PTIP and in experimental research, of babies' swift reactions to shifts in the mothers' emotional state; and (c) therapies or research videos with babies and depressed mothers, where the child was followed up in individual therapy.

As for clause (a), population studies have demonstrated the prevalence of postnatal depression (Gavin et al. 2005; Parsons et al. 2012; Petersen et al. 2018) and its links with child and adolescent distress (Chronis et al. 2007; Field 2010; Murray et al. 2010; Olson et al. 2002; Stein et al. 2014). Interaction studies have shown that depressed mothers exhibit more negative affects towards the baby (Field et al. 1990; Tronick 2007a, 2007b) and regulate their babies' affects less well (Reck et al. 2004). They also have less optimal affiliative behaviour, attachment representations and distress management (Leckman et al. 2007). Their infants have less social engagement and play (Edhborg et al. 2003), less mature regulatory behaviours and more negative emotionality (Feldman et al. 2009; Moehler et al. 2007), and less propensity to develop secure attachment patterns in early childhood (Toth et al. 2009). Thus, when we assume links between maternal postnatal depression and later distress in the adult, we stand on solid ground in the general case. In the individual case, like that of Laura, this needs to be followed up and subjected to psychoanalysis.

Clause (b) implies that babies studied in therapy and experimental research show their swift reactions to shifts in the mothers' emotional state. In one perturbation experiment (Murray and Trevarthen 1985), babies interacted with their mothers via TV. If the

contingency between the mother's image on the screen and the baby's communication was artificially disjointed, the baby reacted with confusion, distress and avoidance (Nadel et al. 1999). The Still-Face experiment (Tronick et al. 1978) can be seen as a kind of micro-depression that provides a snapshot of the effects on the baby once the mother is continuously depressed. She and the baby then have a hard time forming a "dyadic state of consciousness" (Tronick 2005) and the baby reacts with protest or avoidance.

In her PTIP work, Selma Fraiberg (1982) discovered babies who avoided the eyes of mothers that were "psychologically absent for a very large part of the infant's day" (616). The behaviour was "always associated with discord in the mother–infant relationship and with avoidant patterns in the mother herself" (618). Other clinicians have noted gaze avoidance and linked it with maternal aversive, indifferent, distressed or guilt-ridden behaviour and emotions (Cowsill 2000; Kernutt 2007). I conceive of it (Salomonsson 2015) as a psychological defence against an interaction that the baby feels is discontingent; the mother's caretaking does not integrate her ambivalence towards herself and the child. I assume similar processes have been active between Laura and her mother and continued into a longstanding alienation between the two. Today, eye contact is pivotal for Laura. Looking in the mirror makes her think of her mother's "dead eyes." She experiences my eyes as hostile or feigned. When I introduced the parameter that she sit up, the impact of eye contact emerged even more strongly; her shame at looking into my eyes alternated with a fear of damaging me with her "bad eyes." We also noted her shy imitation of my gestures and her "eye hunger" to help establish a good introject.

Clause (c) refers to therapies or research videos with a baby and a depressed mother, where the child was followed up in individual therapy. One study (Salomonsson and Winberg Salomonsson 2017) issued from a video of a five-month-old girl, Annie, who avoided her intrusive depressed mother's eyes. By six years old, she had become an anxious, angry and sleepless child and the parents sought help. In child therapy, the girl likened her therapist to "poo-poo sausage" and "shit," expressions quite similar to the negative attributions (Silverman and Lieberman 1999) that her mother had been voicing in the video from infancy. The therapist surmised that the girl had introjected them as part of her self-image, which she tried to get rid of by projecting them onto her therapist. Six-year-old Annie's case can shed light on processes in Laura's childhood and present transference. Annie gives indications that she has internalized her mother's negative projections, identified with them and set up a negative self-image. I assume a similar process has taken place in Laura; an unintegrated maternal ambivalence was projected onto the girl, who identified with it and felt worthless and rejected. This she has tried to "export" into me by belittling and caricaturing me as a fake and cynical analyst.

Reconstructions: One-way or two-way procedure?

Peter Fonagy (1999) also casts doubt on the rules of inference in our reconstructions, albeit from another vantage point. To him, a therapist who seeks to recover the patient's repressed memories, especially those that are implicit and pathogenic, is pursuing "a false god" (220). He dismisses Freud's archaeological metaphor. "The only way we can know what goes on in our patients' mind, what might have happened to them, is how

they are with us in the transference" (217). This is because, although our implicit memories, including their defensive distortions, greatly influence our "experiences of being with" others (Stern 1985), they are irretrievable. As analysts, we encourage them to be played out in the transference–countertransference, with the "aim of modifying implicit memories … [and an] active construction of a new way of experiencing self with other" (Fonagy 1999, 218). In contrast, the aim is *not* to achieve "relatively superficial changes in autobiographical memory" (Fonagy 1999, 218).

Fonagy does not spell out whether memories are modified in therapy through a one-way procedure (i.e. via the analyst's interpretation of the transference) or a two-way procedure (via the transference–countertransference interplay). In a recent panel on reconstructions, Hoffman (2018) brings out that a "reconstruction may say more about the analytic present than about the patient's historical past" (473). He asks, "how much change occurs as a result of the analyst's communicating the meaning of the patient's communications, and how much occurs as a result of the nature of interaction between patient and analyst?" (476). The "relational turn" in psychoanalysis implies that we have come to pay much greater attention to the analytic couple's modes of functioning and to view the clinical process in bi-directional terms. Yet Gottlieb (2017) points out that "the traditional view of *reconstruction* (and *reconstructing*) seems largely to have remained untouched by the new perspective" (307, italics added). He proposes that "the analytic emotional relationship that includes the analyst's countertransference will inevitably shape the process and contribute form and content to reconstructed scenes and narratives, as well as to their imputed meaning" (307). He contrasts this with Blum (1999, 1130), who cautions that countertransference can exert a distorting influence when we reconstruct.

Gottlieb (2017) uses the Wolf Man case (Freud 1918) to illustrate that what Freud presented as a veridical reconstruction of events in the patient's early life was in fact a copy of the power struggle between him and his patient. Freud wanted to have his theories of infantile sexuality confirmed, and therefore the Wolf Man needed to succumb to his reconstructions. As Blum (1999) puts it, though not referring to this case but in general terms, "analytic conjecture can be misused as reconstruction, cocreating analytic myth, or, in extreme forms, as an analytic folie à deux" (1130). In terms of Laura's analysis, a suspicion arises: did she change in a positive direction because I imposed on her my general convictions about depressive mother–infant interactions? Was she my "token case" to prove the value of PTIP? If we join this suspicion with Fonagy's caution that nobody can recall memories from infancy, this would risk collapsing the entire reconstruction as an imposture.

Whereas I agree with Fonagy on his point about memories, another factor facilitates traffic between implicit and explicit memories and thus blurs the strict division between the two: every family transmits to the next generation atmospheres, personal labels and family myths. They may be discerned in ambiences, gestures, sighs, mimic expressions, or cues when talking about specific topics. Or they emerge as brief sentences in family conversations. They exert their effects as *shadows of an irretrievable infantile past*. One female patient said, "My mother told me, 'You were never breastfed because you were born with teeth'. Is that possible?" Or, in a male patient's words,

> My mother was very concerned that my school must be located near our home, "because you're an eczema child," as she put it. I was indeed hospitalized with eczema as a baby, but it healed completely after a few months. What was she anxious about?

In line with Fonagy's argument, the two could recollect neither breastfeeding nor hospitalization, but the stories had affected and intrigued them. And the analyst could use the stories as a basis for reconstructions. This helped the "tooth woman" to make her distrustful and hostile relationships with loved ones more comprehensible, and it aided the "eczema man" to better understand his separation anxiety and yearning for a woman to heal all his worries. Note that the reconstructions emerged, not as simplistic transpositions of past to present, but via a lengthy and thorough analysis of the transference–countertransference interplay.

I suggest Laura gave similar cues from her childhood. One example is the memory of her mother's scorched buns that Laura must praise. This can be interpreted as a story about a delicacy (the breast) being destroyed by the mother's negligence (her depression) and then followed by denial (of the buns' burnt crust) and a demand that Laura should submit to it (praise the buns). The mother's reticence in speaking about breastfeeding is another example. A third cue is Laura's impression of her mother being "invisible at home" and her fear of looking into her mother's "dead eyes," and the absence of memories of singing or playing with her. Fourthly, Laura reports that her father took care of his weeping wife every night, though nobody ever addressed this theme. There seemed to be a consensus in the family that one could not communicate with the mother like one did with others.

Taking a second look at the reconstructions, we might suggest that if there was any similarity between Freud's and the Wolf Man's power struggle (Gottlieb 2017) and the relationship with Laura and me, it could be formulated like this: I imposed on her my experiences with other depressed mothers and babies, and my ideas about their consequences later in life, to reconstruct baby Laura's relationship with her mother and its present effects. I did this to prove the value of my PTIP experiences (like Freud did with the Wolf Man to prove his sexual theories, according to Gottlieb), and I wanted her to praise my reconstruction. I might defend myself by bringing up the photos from infancy, but I think there is a better argument for the value of the reconstruction. It is based on a condensed statement by Blum (2003): "Reconstruction is synergistic with and may substitute for memory retrieval, and provides a developmental context for genetic interpretation" (500). It does not, as Blum cautions, replace the analysis of transference or countertransference. Thus, my reconstructions did not provide unequivocal proof about Laura's infancy. Furthermore, I did not force her to believe in them as "false gods," to paraphrase Fonagy (1999). Rather, they enabled us to talk about her present ailments and their possible, or plausible, connections with her earliest relationship with her mother. And, although I do not claim that one must have PTIP experiences to believe that our earliest experiences can be of crucial importance later in life, I argue that they provide vivid examples of how a baby can be impacted when its mother is depressed or anxious. This is no more far-fetched than to say that an analyst who has been facing death, loss or severe illness may develop a deeper empathy with patients in similar situations.

The therapeutic gain of reconstructions

Freud suggested that reconstructive work consists in liberating historical fragments from their distortions and attachments to the present and in leading them back to the past where they belong. That sentence contains the seed of possible therapeutic gains; the

reconstructions liberate Laura from the idea that she has caused all her suffering, and that she is a bad person. She can indeed do something about her elitist values, her unrealistic expectations of a suitable job, and her view that she is doomed to be a copy of her depressed mother. True, she cannot magically undo the relationship that I assume she was drawn into as a baby, with a mother whose depression was denied and not taken care of. The therapeutic gain emerges when Laura realizes the difference between areas where she is an agent and a victim, respectively—and that this sorting out is done with an analyst who strives to reach "the kernel of truth" (Freud 1937, 268) in a frank and non-condemnatory way.

Arguably, I cannot prove more clearly the links between an assumed postnatal depression 40 years ago and Laura's depression now. I am not convinced, however, that Spence (1989) would demand more. Although "what passes for reconstruction is largely narrative truth; it has its own persuasive appeal and therapeutic clout, but does not necessarily represent a true recovery or faithful reworking of the past" (520), Spence does not reject narrative truth as useless.

> Quite the contrary … all therapies, regardless of content … provide a framework within which certain sets of seemingly disconnected life events can be placed. Each therapist establishes his or her own narrative truth, and in the right hands, it has the power to heal. But this should be kept separate from the true recovery of the past—and separate from the scaffolding we like to call theory. (1989, 520)

To illustrate the link between reconstruction and therapeutic gain, I end by submitting a brief vignette. During a recent session, Laura has pre-ordered a taxi to pick her up afterwards because she feels weak and tired after recovering from flu. She gets anxious that there might be a problem with the taxi. Her mobile phone just broke, so she cannot reach the taxi service. She glances at my phone on the table, says nothing and continues voicing her worries about the taxi ride. After some waiting, I ask her: "You're worried about missing your cab, your mobile phone is down, you look at mine here … " She responds, "I wouldn't ask for your phone, because you'd say no or be angry with me for asking." She hesitates and then asks me if she can borrow it if needed. I say yes. At that point, she becomes annoyed with herself for creating this negative scenario. I link it with the relationship with her mother, where Laura is always expecting an indifferent or negative response, feeling that she does not have the right to disturb. Now she pushed me into the position of a hostile mother, although, as she says now, "actually I know you wouldn't be mean."

This sequence exemplifies, to quote Spence, how "seemingly disconnected life events" are brought together for Laura. To paraphrase Freud's idea about reconstruction, we have liberated a fragment of plausible historical truth (mother as depressed and rejecting) from its distortions (me as rejecting) and its attachments to her life today (I won't lend her my phone) and lead it back to the past where it belongs. This implies that she is not forced to experience the sequence passively but can handle it as an agent. The value of reconstructions also lies in the fact that they increase comprehensibility. Britton (2000) suggests that if maternal containment fails, the infant's "unformulated fear of death" is transformed into nameless dread. When fear does not become identifiable, something even worse occurs: "the *uncomprehended* has become the *incomprehensible*" (62, italics added). Laura says:

> That photo album, I had it at home for ages, but I never thought anything special about the pics. Now that I think of it, I was often anxious from childhood up to adulthood. Every time it happened, I mumbled to myself: "My mum, my mum." I never grasped why I did this.

The work of reconstruction has helped Laura to transform such a phenomenon, I argue in paraphrasing Britton, from being incomprehensible to becoming comprehensible and even comprehended.

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Translations of summary

Cet article est le premier d'une série sur la façon dont la thérapie psychodynamique avec les nourrissons et les parents (PTIP) peut inspirer le travail avec la thérapie pour adultes. Le PTIP aide les nourrissons et leurs parents à améliorer leur relation et à faciliter le développement de l'enfant. Au cours des séances, les risques développementaux sont dramatisés par parents et bébés, ce qui donne au thérapeute des impressions de premier ordre sur l'impact de relations conflictuelles sur le bien-être de la mère et de l'enfant. Cet article soutient que les expériences du PTIP peuvent également inspirer le travail analytique avec les patients adultes. (1) Le PTIP donne à l'analyste une fondation pour la reconstruction du traumatisme infantile d'une patiente en le liant à sa détresse actuelle. (2) Le PTIP approfondit l'attention sur les angoisses primitives, la communication para-verbale et le fonctionnement psychosomatique. (3) Les expériences PTIP d'échanges rapides entre le contenant et le contenu, personnifiés par le bébé et le parent, semblent induire aussi dans le travail adulte plus d'images internes et de métaphores. (4) Le fait même de travailler simultanément avec deux patients fait que la position de l'analyste ressemble à celle d'un thérapeute de couple ou à celle d'un observateur participant de la dialectique conteneur-contenu. Cela peut rendre plus agile le traitement des mouvements correspondants entre lui-même et le patient. Le présent article se concentre sur (1), le travail de reconstruction inspiré par les expériences PTIP dans le travail avec adultes.

Dies ist der erste Beitrag einer Reihe, die sich damit befasst, wie psychodynamische Säuglings-/Kleinkind-Eltern-Therapie (SKEPT) in die therapeutische Arbeit mit Erwachsenen einfließen kann. Die SKEPT hilft Säuglingen, Kleinkindern und Eltern dabei, ihre Beziehung zueinander zu verbessern und fördert die kindliche Entwicklung. Während der Sitzungen werden Entwicklungsgefährdungen durch das Elternteil und den Säugling bzw. das Kleinkind in Szene gesetzt, was dem Therapeuten unmittelbare Eindrücke vermittelt, welche Auswirkungen konfliktreiche Beziehungen auf das Wohlbefinden von Mutter und Kind haben. Dieser Beitrag argumentiert, dass Erfahrungen aus der SKEPT auch als Inspiration für die analytische Arbeit mit erwachsenen Patienten dienen kann. (1) Diese Form der Therapie gibt dem Analytiker einen Halt, wenn er/sie das infantile Trauma einer Patientin rekonstruiert und einen Zusammenhang zu ihrem gegenwärtigen Leid herstellt. (2) Die SKEPT vertieft seine/ihre Aufmerksamkeit gegenüber Urängsten, paraverbaler Kommunikation und der psychosomatischen Funktionsweise. (3) Die Erfahrungen von SKEPT mit einem sehr schnellen Austausch zwischen *Container* und *Contained*, wie er von einem Baby und dessen Elternteil verkörpert wird, scheinen auch bei der Arbeit mit Erwachsenen mehr innere Bilder und Metaphern hervorzurufen. (4) Durch die gleichzeitige Arbeit mit zwei Patienten ähnelt die Position des Analytikers der eines Paartherapeuten oder auch eines teilnehmenden Beobachters des Austauschs zwischen *Container* und *Contained*. Dadurch kann er/sie agiler auf die entsprechenden Bewegungen zwischen ihm/ihr und dem Patienten/der Patientin reagieren. Der vorliegende Beitrag konzentriert sich auf Punkt (1), die Rekonstruktion in der therapeutischen Arbeit mit Erwachsenen, mit Erfahrungen aus der SKEPT als Inspirationsquelle.

Si presenta qui il primo di una serie di articoli dedicati al modo in cui la Terapia Psicodinamica con Neonati e Genitori (PTIP) può ispirare il lavoro clinico nella terapia con gli adulti. La PTIP aiuta i neonati e i genitori a migliorare la loro relazione e a facilitare lo sviluppo del bambino. Nel corso

delle sedute, i momenti critici dello sviluppo emergono in forma "drammatizzata" nelle interazioni tra genitore e bambino, dando al terapeuta un'impressione di prima mano del tipo di impatto che le relazioni conflittuali possono avere sul benessere di madre e bambino. Nell'articolo si sostiene che l'esperienza della PTIP può anche ispirare il lavoro analitico con i pazienti adulti. In particolare, (1) essa dà all'analista un punto d'appoggio per ricostruire il trauma infantile di un paziente e collegarlo al suo malessere attuale, e (2) approfondisce la qualità della sua attenzione rispetto alle ansie primitive, alla comunicazione paraverbale e al funzionamento psicosomatico; (3) le esperienze PTIP con rapidi interscambi tra contenitore e contenuto (personificati dall'infante e dal genitore) sembrano inoltre sollecitare più immagini e metafore interne anche nel lavoro con gli adulti; (4) lavorare simultaneamente con due pazienti rende infine la posizione dell'analista simile a quella del terapeuta di coppia o di un osservatore partecipante del "traffico" tra contenitore e contenuto, aiutandolo contestualmente a essere più agile nella gestione dei corrispondenti transiti tra lui stesso e il paziente. Il presente articolo si concentra sul punto (1), ovvero sul lavoro di ricostruzione con gli adulti ispirato da esperienze con la PTIP.

Este es el primero de una serie de artículos sobre cómo la Terapia Psicodinámica con Padres y Bebé (PTIP, por sus siglas en inglés) puede inspirar el trabajo terapéutico con adultos. La PTIP ayuda a mejorar la relación entre el bebé y los progenitores y facilita el desarrollo infantil. Durante las sesiones, el progenitor y el bebé dramatizan contingencias del desarrollo, que brindan al terapeuta impresiones de primera mano sobre cómo las relaciones conflictivas impactan en el bienestar del progenitor y el niño/la niña. Este artículo argumenta que las experiencias PTIP también pueden inspirar el trabajo analítico con pacientes adultos. (1) Le da al psicoanalista un punto de apoyo a la hora de reconstruir el trauma infantil del paciente y lo vincula con su actual aflicción. (2) Profundiza su atención en las angustias primitivas, la comunicación paraverbal y el funcionamiento psicodinámico. (3) Las experiencias PTIP con muy rápidos intercambios entre continente y contenido, personificados por el bebé y el progenitor, parecen provocar más imágenes internas y metáforas también en el trabajo adulto. (4) Trabajar con dos pacientes simultáneamente asemeja la posición del psicoanalista a la del terapeuta de parejas o a la del observador participante del tráfico entre continente y contenido. Esto puede brindarle mayor agilidad en el abordaje de los movimientos correspondientes entre él mismo/ella misma y el paciente. El presente artículo se centra en el punto (1): el trabajo reconstructivo en el trabajo con adultos, inspirado en experiencias de PTIP

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References

Acquarone, S. 2004. *Infant-Parent Psychotherapy*. London: Karnac Books.

Aguayo, J., and B. Salomonsson. 2017. "The Study and Treatment of Mothers and Infants, Then and Now: Melanie Klein's 'Notes on Baby' (1938/39) in a Contemporary Psychoanalytic Context." *The Psychoanalytic Quarterly* 86 (2): 383–408.

Anthony, E. J. 1986. "The Contributions of Child Psychoanalysis to Psychoanalysis." *The Psychoanalytic Study of the Child* 41: 61–87.

Anzieu-Premmereur, C. 2017. "Using Psychoanalytic Concepts to Inform Interpretations and Direct Interventions with a Baby in Working with Infants and Parents." *International Forum of Psychoanalysis* 26 (1): 54–58.

Baradon, T., M. Biseo, C. Broughton, J. James, and A. Joyce. 2016. *The Practice of Psychoanalytic Parent-Infant Psychotherapy – Claiming the Baby*. 2nd ed. London: Routledge.

Blum, H. P. 1999. "The Reconstruction of Reminiscence." *Journal of the American Psychoanalytic Association* 47 (4): 1125–1143.

Blum, H. P. 2003. "Repression, Transference and Reconstruction." *The International Journal of Psychoanalysis* 84 (3): 497–503.
Bonovitz, C. 2009. "Countertransference in Child Psychoanalytic Psychotherapy: The Emergence of the Analyst's Childhood." *Psychoanalytic Psychology* 26 (3): 235–245.
Britton, R. 1989. "The Missing Link: Parental Sexuality in the Oedipus Complex." In *The Oedipus Complex Today: Clinical Implications*, edited by R. Britton, M. Feldman, and E. O'Shaugnessy, 83–101. London: Karnac Books.
Britton, R. 2000. "Hyper-subjectivity and Hyper-Objectivity in Narcissistic Disorders." *Fort Da* 6B: 53–64.
Chronis, A. M., Lahey, B. B., Pelham, W. E. Jr., Williams, S. H., Baumann, B. L., Kipp, H., … Rathouz, P. J. 2007. "Maternal Depression and Early Positive Parenting Predict Future Conduct Problems in Young Children with Attention-Deficit/Hyperactivity Disorder." *Developmental Psychology* 43 (1): 70–82.
Cowsill, K. 2000. "'I Thought You Knew': Some Factors Affecting a Baby's Capacity to Maintain Eye Contact." *Infant Observation* 3 (3): 64–83.
Dolto, F. 1982. *Séminaires de psychanalyse d'enfant, vol. 1 (Seminars on Child Psychoanalysis, vol. 1)*. Paris: Editions du Seuil.
Edhborg, M., W. Lundh, L. Seimyr, and A. M. Widstrom. 2003. "The Parent-Child Relationship in the Context of Maternal Depressive Mood." *Archives of Women's Mental Health* 6 (3): 211–216.
Eissler, K. R. 1953. "The Effect of the Structure of the Ego on Psychoanalytic Technique." *Journal of the American Psychoanalytic Association* 1: 104–143.
Emanuel, L., and E. Bradley, eds. 2008. *"What Can the Matter Be?" – Therapeutic Interventions with Parents, Infants, and Young Children*. London: Karnac Books.
Feldman, R., A. Granat, C. Pariente, H. Kanety, J. Kuint, and E. Gilboa-Schechtman. 2009. "Maternal Depression and Anxiety Across the Postpartum Year and Infant Social Engagement, Fear Regulation, and Stress Reactivity." *Journal of the American Academy of Child & Adolescent Psychiatry* 48 (9): 919–927.
Ferenczi, S. 1931. "Child-analysis in the Analysis of Adults." *International Journal of Psychoanalysis* 12: 468–482.
Field, T. 2010. "Postpartum Depression Effects on Early Interactions, Parenting, and Safety Practices: A Review." *Infant Behavior and Development* 33 (1): 1–6.
Field, T., B. Healy, S. Goldstein, and M. Guthertz. 1990. "Behavior-state Matching and Synchrony in Mother-infant Interactions of Nondepressed versus Depressed Dyads." *Developmental Psychology* 26: 7–14.
Fonagy, P. 1999. "Guest Editorial: Memory and Therapeutic Action." *The International Journal of Psychoanalysis* 80 (2): 215–223.
Fraiberg, S. 1982. "Pathological Defenses in Infancy." *The Psychoanalytic Quarterly* 51 (4): 612–635.
Fraiberg, S. 1987. *Selected Writings of Selma Fraiberg*. Columbus, USA: Ohio State University Press.
Freud, S. 1900. "The Interpretation of Dreams." *SE* 4–5.
Freud, S. 1912. "The Dynamics of Transference." *SE* 12: 97–108.
Freud, S. 1917. "Mourning and Melancholia." *SE* 14: 237–258.
Freud, S. 1918. "From the History of an Infantile Neurosis." *SE* 17: 1–124.
Freud, A. 1926. *Introduction to the Technique of Child Analysis*. London: Imago Publishing Co.
Freud, S. 1937. "Constructions in Analysis." *SE* 23: 255–269.
Freud, S. 1950 [1892–1899]. "Extracts from the Fliess Papers." *SE* 1: 175–282.
Freud, A. 1965. *Normality and Pathology in Childhood: Assessments of Development*. New York: International Universities Press.
Freud, A. 1972. "Child Analysis as a Subspecialty of Psychoanalysis." *International Journal of Psychoanalysis* 53: 151–156.
Gadamer, H. G. 1975/1989. *Truth and Method*. 2nd ed. London: Continuum.
Gavin, N. I., B. N. Gaynes, K. N. Lohr, S. Meltzer-Brody, G. Gartlehner, and T. Swinson. 2005. "Perinatal Depression: A Systematic Review of Prevalence and Incidence." *Obstetrics & Gynecology* 106 (5 Pt 1): 1071–1083.

Gottlieb, R. M. 2017. "Reconstruction in a Two-Person World May Be More About the Present Than the Past: Freud and the Wolf Man, an Illustration." *Journal of the American Psychoanalytic Association* 65 (2): 305–316.
Greenson, R. R. 1967. *The Technique and Practice of Psychoanalysis*. Madison, CT: International Universities Press.
Hoffman, L. 2018. "The Past in the Present, the Present in the Past: Introduction to Panel on Reconstruction From Today's two-Person Perspective." *Journal of the American Psychoanalytic Association* 66 (3): 473–478. doi:10.1177/0003065118782210.
Hurley, A. 2017. "'Her Majesty the Baby': Narcissistic States in Babies and Young Children." *Journal of Child Psychotherapy* 43 (2): 192–207.
Kernutt, J. 2007. "The I, or the Eye, and the Other: A Mother-Infant Observation Vignette Analysed Using Winnicott's Concept of False Self." *Infant Observation* 10 (2): 203–211.
Klein, M. 1932. *The Psycho-analysis of Children* (Vol. 22). London: Hogarth Press.
Klein, M. 1945. "The Oedipus Complex in the Light of Early Anxieties." In *Love, Guilt and Reparation and Other Works*, edited by R. Money-Kyrle, 370–419. London: Hogarth Press.
Klein, M. 1946. "Notes on Some Schizoid Mechanisms." In *Envy and Gratitude*, edited by R. Money-Kyrle, 1–24. London: Hogarth Press.
Klein, M. 1959. "Our Adult World and its Roots in Infancy." In *Envy and Gratitude*, edited by R. Money-Kyrle, 247–263. London: Hogarth Press.
Leckman, J. F., R. Feldman, J. E. Swain, and L. C. Mayes. 2007. "Primary Parental Preoccupation: Revisited." In *Developmental Science and Psychoanalysis. Integration and Innovation*, edited by L. C. Mayes, P. Fonagy, and M. Target, 89–116. London: Karnac Books.
Moehler, E., J. Kagan, P. Parzer, R. Brunner, C. Reck, A. Wiebel, and F. Resch. 2007. "Childhood Behavioral Inhibition and Maternal Symptoms of Depression." *Psychopathology* 40 (6): 446–452.
Morris, H. 1993. "Narrative Representation, Narrative Enactment, and the Psychoanalytic Construction of History." *International Journal of Psychoanalysis* 74: 33–54.
Murray, L., A. Arteche, P. Fearon, S. Halligan, T. Croudace, and P. J. Cooper. 2010. "The Effects of Maternal Postnatal Depression and Child Sex on Academic Performance at Age 16 Years: A Developmental Approach." *Journal of Child Psychology and Psychiatry* 51 (10): 1150–1159.
Murray, L., and C. Trevarthen. 1985. "Emotional Regulations of Interactions between 2-Month-Olds and Their Mothers." In *Social Perception in Infants*, edited by T. M. Field, and N. A. Fox, 177–197. Norwood, NJ: Ablex.
Nadel, J., I. Carchon, C. Kervella, D. Marcelli, and D. Réserbat-Plantey. 1999. "Expectancies for Social Contingency in 2-Month-Olds." *Developmental Science* 2 (2): 164–173.
Norman, J. 2001. "The Psychoanalyst and the Baby: A New Look at Work with Infants." *The International Journal of Psychoanalysis* 82 (1): 83–100.
Olson, S. L., J. E. Bates, J. M. Sandy, and E. M. Schilling. 2002. "Early Developmental Precursors of Impulsive and Inattentive Behavior: From Infancy to Middle Childhood." *Journal of Child Psychology and Psychiatry* 43 (4): 435–447.
Paglia, M. 2016. "The Maison Verte, a Transitional Space: Introducing the Work of Françoise Dolto in the UK." *Infant Observation* 19 (3): 224–237.
Parsons, C. E., K. S. Young, T. J. Rochat, M. Kringelbach, and A. Stein. 2012. "Postnatal Depression and its Effects on Child Development: A Review of Evidence from Low- and Middle-Income Countries." *British Medical Bulletin* 101 (1): 57–79.
Petersen, I., T. Peltola, S. Kaski, K. R. Walters, and S. Hardoon. 2018. "Depression, Depressive Symptoms and Treatments in Women Who Have Recently Given Birth: UK Cohort Study." *BMJ Open* 8 (10): e022152.
Reck, C., A. Hunt, T. Fuchs, R. Weiss, A. Noon, E. Moehler, and C. Mundt. 2004. "Interactive Regulation of Affect in Postpartum Depressed Mothers and Their Infants: An Overview." *Psychopathology* 37 (6): 272–280.
Rosenfeld, H. 1971. "A Clinical Approach to the Psychoanalytic Theory of the Life and Death Instincts: An Investigation Into the Aggressive Aspects of Narcissism." *International Journal of Psychoanalysis* 52: 169–178.

Salomonsson, B. 2014. *Psychoanalytic Therapy with Infants and Parents: Practice, Theory and Results*. London: Routledge.
Salomonsson, B. 2015. "Infantile Defences in Parent-Infant Psychotherapy: The Example of Gaze Avoidance." *The International Journal of Psychoanalysis* 97 (1): 65–88.
Salomonsson, B. 2018. *Psychodynamic Interventions in Pregnancy and Infancy: Clinical and Theoretical Perspectives*. London: Routledge.
Salomonsson, B., and M. Winberg Salomonsson. 2017. "Intimacy Thwarted and Established: Following a Girl from Infancy to Child Psychotherapy." *The International Journal of Psychoanalysis* 98 (3): 861–875.
Sass, L. A., and R. L. Woolfolk. 1988. "Psychoanalysis and the Hermeneutic Turn: A Critique of Narrative Truth and Historical Truth." *Journal of the American Psychoanalytic Association* 36: 429–454.
Silverman, R., and A. Lieberman. 1999. "Negative Maternal Attributions, Projective Identification, and the Intergenerational Transmission of Violent Relational Patterns." *Psychoanalytic Dialogues* 9 (2): 161–186.
Spence, D. P. 1982. "Narrative Truth and Theoretical Truth." *The Psychoanalytic Quarterly* 51: 43–69.
Spence, D. P. 1986. "When Interpretation Masquerades as Explanation." *Journal of the American Psychoanalytic Association* 34 (1): 3–22.
Spence, D. P. 1989. "Narrative Appeal vs. Historical Validity." *Contemporary Psychoanalysis* 25: 517–524.
Spence, D. P. 2000. "Remembrances of Things Past." *Journal of Clinical Psychoanalysis* 9 (1): 149–162.
Stein, A., R. M. Pearson, S. H. Goodman, E. Rapa, A. Rahman, M. McCallum, and C. M. Pariante. 2014. "Effects of Perinatal Mental Disorders on the Fetus and Child." *The Lancet* 384 (9956): 1800–1819.
Steiner, J. 1993. *Psychic Retreats*. London: Routledge.
Stern, D. N. 1985. *The Interpersonal World of the Infant*. New York: Basic Books.
Thomson Salo, F. 2007. "Recognizing the Infant as Subject in Infant-Parent Psychotherapy." *The International Journal of Psychoanalysis* 88: 961–979.
Toth, S. L., F. A. Rogosch, M. Sturge-Apple, and D. Cicchetti. 2009. "Maternal Depression, Children's Attachment Security, and Representational Development: An Organizational Perspective." *Child Development* 80 (1): 192–208.
Tronick, E. 2005. "Why is Connection with Others so Critical? The Formation of Dyadic States of Consciousness and the Expansion of Individuals' States of Consciousness: Coherence Governed Selection and the co-Creation of Meaning out of Messy Meaning Making." In *Emotional Development*, edited by J. Nadel and D. Muir, 293–315. Oxford: Oxford University Press.
Tronick, E. 2007a. "Depressed Mothers and Infants: Failure to Form Dyadic States of Consciousness." In *The Neurobehavioral and Social-Emotional Development of Infants and Children*, 274–292. New York City: W.W. Norton.
Tronick, E. 2007b. "Infant Moods and the Chronicity of Depressive Symptoms: The Cocreation of Unique Ways of Being Together for Good or Ill, Paper 2: The Formation of Negative Moods in Infants and Children of Depressed Mothers." In *The Neurobehavioral and Social-Emotional Development of Infants and Children*, edited by E. Tronick, 362–377. New York City: W. W. Norton.
Tronick, E., H. Als, L. Adamson, S. Wise, and T. B. Brazelton. 1978. "The Infant's Response to Entrapment between Contradictory Messages in Face-to-Face Interaction." *Journal of the American Academy of Child and Adolescent Psychiatry* 17: 1–13.
Tuters, E., S. Doulis, and S. Yabsley. 2011. "Challenges Working with Infants and Their Families: Symptoms and Meanings-two Approaches of Infant-Parent Psychotherapy." *Infant Mental Health Journal* 32 (6): 632–649.
Winnicott, D. W. 1941. "The Observation of Infants in a set Situation." In *Through Paediatrics to Psycho-Analysis*, edited by Masud M. R. Khan, 52–69. London: Hogarth Press.
Winnicott, D. W. 1949. "Mind and its Relation to the Psyche-Soma." In *Through Paediatrics to Psychoanalysis*, edited by Masud M. R. Khan, 243–254. London: Hogarth Press.
Winnicott, D. W. 1955. "Metapsychological and Clinical Aspects of Regression Within the Psycho-Analytical Set-Up." *International Journal of Psychoanalysis* 36: 16–26.
Winnicott, D. W. 1962. "Ego Integration in Child Development." In *The Maturational Processes and the Facilitating Environment*, edited by Masud M. R. Khan, 56–63. London: Karnac Books.