



Has infantile sexuality anything to do with infants?

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Classical psychoanalytic theory draws many concepts from mental processes that are assumed to arise in the infant and influence the adult mind. Still, psychoanalytic practice with mothers and infants has been integrated but little within general psychoanalytic theory. One reason is that only few analysts have utilized such practice to further theory. Another reason is that infant therapists tend to abandon classical psychoanalytic concepts in favour of attachment concepts. As a result the concept of infantile sexuality, so central to classical theory, plays an unobtrusive role in clinical discussions on infant therapy.

The author argues that infantile sexuality plays an important role in many mother–infant disturbances. To function as a clinical concept, it needs to be delineated from attachment and be understood in the context of mother–infant interaction. Two examples are provided; one where the analyst's infantile sexuality emerged in a comment to the infant. Another is a case of breast-feeding problems with a little boy fretting at the breast. This is interpreted as reflecting the mother's infantile sexual conflicts as well as the boy's emerging internalization of them. Thus, to conceptualize such disorders we need to take into account the infantile sexuality in both mother and baby.

Keywords: infantile sexuality, mother–infant psychoanalytic treatment, attachment, Laplanche

Introduction

This paper aims at investigating to what extent it is possible to integrate current parent–infant psychoanalytic practice with classical Freudian psychoanalytic theory. (By infant is meant a preverbal child below one year of age). Put inversely, has this theory anything to say about such young patients interacting with their mothers? The paper will focus on the concept of infantile sexuality, while forthcoming papers will investigate other concepts along similar lines. The background is experiences of mother–infant analytic treatments in my private practice and as a consultant at a Child Health Centre. Treating relationship disturbances and functional symptoms has awakened questions as to the status of the infant in psychoanalytic theory. To what extent does this theory refer to a virtual, reconstructed infant or, alternately, to an observed or clinically treated baby? Thus, I paraphrase André Green's (1995) question 'Has sexuality anything to do with psychoanalysis?' in asking: Has the concept of infantile sexuality anything to do with infants?

It is not always recognized to what an extent Freud based his theories on baby observations and speculations; for example, how the mother helps the

baby handle anxieties (Freud, 1950[1895], p. 318), how frustrations force the baby to abandon hallucinatory wish-fulfilment in favour of realistic thinking (Freud, 1900, 1911), and how anxieties manifest in the infant and how she/he handles them (Freud, 1920, 1925–26). Major theoreticians continued formulating imaginations about infantile life. For example, Klein (1935, 1945, 1946, 1952) described infantile anxieties, Bion (1962, 1965) developed his theory of containment on a model of the infant's mind, and Meltzer accounted for the infant's perverse fantasy world (Meltzer, 1966) and aesthetic conflict (Meltzer and Harris-Williams, 1988). Yet they did not base their theories on clinical baby work. As for analysts experienced in such work (see, for example, Cramer and Palacio Espasa, 1993; Fraiberg *et al.*, 1975; Lebovici and Stoléru, 2003; Norman, 2001), their findings have only to a modest extent been used for developing general psychoanalytic theory.

One exception is Winnicott who created many concepts from his vast clinical experiences of infants and mothers; the holding environment (1955), the transitional object (1953), the parent–infant relationship (1960), the primary maternal preoccupation (1956), etc. However, only the paper on the spatula game (Winnicott, 1941) is singularly devoted to a clinical account of mother–infant work. The youngest patient in his book on therapeutic consultations (Winnicott, 1971) was seen at the age of two years. As for infantile sexuality, he almost never mentions it explicitly. One exception (Winnicott, 1960) appears in connection with his work with borderline cases, which enabled him to “reconstruct the dynamics of infancy and of infantile dependence, and of the maternal care that meets this dependence” (p. 595). We note here, however, that infantile dynamics and dependence are uncovered via reconstruction, not via direct clinical infant work. One would, for example, imagine that the concept of holding entails infantile sexuality. Actually, however, it comprises the child's “total environmental provision” (p. 589) and the mother's physical holding, “which is a form of loving” (p. 592). No mentioning of infantile sexuality. To sum up: “Freud's epoch-making discovery [has not] been followed by theories that have the infant's sexual development as their object” (Zeuthen and Gammelgaard, 2010, p. 4).

In contrast, the literature by mother–infant therapists contains abundant presentations including babies. In general, their theoretical models are founded on attachment theory amalgamated with parts of analytic theory (Acquarone, 2004; Baradon *et al.*, 2005; Lieberman and Van Horn, 2008; Papousek *et al.*, 2008; Stern, 1995). For example, Lieberman and Van Horn (2008) describe the infant's

biological propensity to develop a hierarchy of preferential emotional relationships with a small number of attachment figures based on the expectation that they will provide reliable protection against external and internal dangers. In psychoanalytic theory, this innate motivation is understood as closely intertwined with and colored by other motivations, including self-assertion, sexuality and the need for mutual recognition.

(p. 8)

However, these authors' references to sexuality concern parents and not infants. Similarly, the Parent–Infant Psychotherapy group in London (Baradon *et al.*, 2005) does not include infantile sexuality among the key concepts

in early development. They view attachment as the “unique and powerful relationship ... it is the outcome of the response of the parent to the absolute dependency of the infant at the beginning, and of the baby’s propensity to relate” (p. 6). Consequently, sexuality is not mentioned as a contributing factor in infant pathology. Other clinicians do mention infantile sexuality (Cramer and Palacio Espasa, 1993; Lebovici and Stoléru, 2003), but they refer to the mother and not the baby.

If these clinicians had considered sexuality in the infant as a clinically valid concept they would have empowered it with examples, discussed its position in theory, and used it to comprehend pathological states in the infant. We run up against the paradox that infant clinicians rarely mention infantile sexuality and if so, not in connection with the baby – and that analysts discussing the concept rarely mention the clinical baby. The shadowy status of the concept, and its dearth among infant therapists, might reflect a present-day general tendency to disregard sexuality, in its psychoanalytic sense, to explain psychopathology (Fonagy, 2008; Green, 1995). Alternatively, we might answer our main question negatively and claim that infantile sexuality has nothing to do with babies. But, if the prefix ‘infantile’ only refers to verbal children and adults, it would imply that a baby is devoid of infantile sexuality until she/he has left infancy. If so, why speak of *infantile* sexuality? On the other hand, if ‘infantile’ does refer to phenomena or fantasies in the baby, we ought to search for methods of investigation of how they emerge in well-functioning as well as disordered babies. Before proceeding to that task, we need to excavate the roots of the concept of infantile sexuality.

Freud and infantile sexuality

When child or adult analysts use the term infantile sexuality, they generally refer to verbal children or adults, not babies. The question is what the creator of the concept was referring to. In one quotation, Freud obviously refers to verbal children:

Psycho-analytic research has had to concern itself, too, with the sexual life of children, and this is because the memories and associations arising during the analysis of symptoms [in adults] regularly led back to the early years of childhood. What we inferred from these analyses was later confirmed point by point by direct observations of children.

(Freud, 1916–17, p. 310)

Here, “direct observations” obviously refers to the 3 year-old Little Hans (Freud, 1909). In other instances, he suggested that infantile sexuality covers events in infancy whose sexual connotations, however, emerge later in a deferred way or *nachträglich*. An example is the case of the Wolfman (Freud, 1918), whose deferred understanding [*nachträgliches Verständnis*, p. 58] of the parental coitus only emerged after babyhood.

We will, however, get another picture if we consult Freud’s *magnum opus* on infantile sexuality, *Three Essays on Sexuality*: “There seems no doubt that germs of sexual impulses are *already present in the new-born child*” (1905b, p. 176, italics added). The infant’s thumb-sucking is brought out as

an infantile sexual activity modelled on the baby's recall of the pleasures of breast-feeding. The baby is "sinking back satiated from the breast and falling asleep with flushed cheeks and a blissful smile" (p. 182). Here, Freud does not refer to an adult's *nachträglich* recall or to a verbal child's behaviour. Rather, he refers to a baby whose lips "behave like an erotogenic zone ... no doubt stimulation by the warm flow of milk is the cause of the pleasurable sensation" (p. 181). If we proceed from this work, Freud's response to the paper's main question must have been affirmative; infantile sexuality germinates in the newborn, although he would have warned that its manifestations are "unobtrusive" and "always overlooked and misunderstood" (Freud, 1901, p. 682).

Three decades later, Freud returns to infantile sexuality when discussing danger and anxiety. He now adds that the ego seems to regard infantile sexual demands as dangerous *per se*. "It is a curious thing that early contact with the demands of sexuality should have a similar effect on the ego to that produced by premature contact with the external world" (Freud, 1925–26, p. 155). He relates this observation to the infant's helplessness which he suggests is a biological factor. However, we might also study helplessness from a psychological perspective and inquire which factors create it. I contend that, if Freud had had therapeutic experiences with screaming babies and desperate mothers, they would have emphasized to him that: (a) the baby's impulses emerge in an object relationship, (b) his helplessness is also related to the *emotional* character of this traffic, and (c) emotional factors will also determine if he experiences sexuality as dangerous or pleasant. We will soon return to the characteristics of this traffic, and study whether we might invoke infantile sexuality to explain such mother–infant interaction pathologies. Firstly, however, we need to compare infantile sexuality with another concept often used in describing the mother–infant relationship – attachment.

Infantile sexuality and attachment

To Freud, the major ingredients in the earliest development were infantile sexuality, the self-preservative instinct, and the "affectionate current". The latter, he said, "is formed on the basis of the interests of the self-preservative instinct" (Freud, 1912, p. 180). It is "directed to the members of the family and those who look after the child" (p. 180) and "comprises what remains over of the infantile efflorescence of sexuality" (Freud, 1905b, p. 207). 'Affectionate current' might seem identical to Bowlby's 'attachment', which implies the child's seeking "proximity to and contact with a specific figure ... notably when he is frightened, tired or ill" (Bowlby, 1969, p. 371). However, Bowlby's term contains no reference to "needs or drives" (p. 179), while Freud's affectionate current contains from the beginning "contributions from the sexual instincts – components of erotic interest" (Freud, 1912, p. 180).

Modern attachment theorists have expanded the import of the attachment concept. Fonagy (2001) emphasizes that the search for proximity is "later supplanted by the more psychological goal of a feeling of closeness to the caregiver ... the goal is ... a state of being or feeling" (p. 8). What this

implies in terms of fantasies in the child remains unclear, however. Another question is what “later” refers to. Freud generally held that there exists no “later”; sexuality is there from the beginning. In my view, we do most justice to the terms ‘attachment’ and ‘infantile sexuality’ if we let the former comprise the relationship with the real, protective and nourishing mother. In contrast, infantile sexuality springs from the relationship with a mother who ignites sexual fantasies in the baby. Evidently, the two influence each other; attachment may be influenced by encounters with real others and by sexual fantasies accompanying them. Vice versa, infantile sexuality may be affected by alterations in the qualities of attachment, as when a trauma such as child abuse ensues.

I will now invoke video-recorded normal deliveries to study the dawning of infantile sexuality and attachment. If a baby is placed on the mother’s tummy immediately after delivery, breast-seeking behaviours are observable within 30 minutes (Widström *et al.*, 2007, 2011). He (I use the masculine gender to simplify differentiating the baby from the mother) will start crawling towards the mother’s nipple, looking at it intently but turning towards her face when she starts speaking. What terms cover such behaviours? His crawling must express a biological instinct of survival; he is seeking milk. He is still all organism – a set of behaviours driven by reflexes and not a mind driven by psychological intentions. Thus, his crawling cannot yet be classified as attachment behaviour with its connotation of relationship seeking.

On the other hand, looking at mother’s face could hardly be called a part of nourishment-seeking behaviour. No milk will come from the face. Trevarthen and Aitken would probably use the term “purposeful intersubjectivity” (2001, p. 3) to describe such behaviour. Confirming observations could be gathered from observations of neonates (Kugiumutzakis *et al.*, 2005) and 2 week-old babies (Meltzoff and Moore, 1977) who imitate adult facial expressions while displaying interest. Nevertheless, one might object that the baby’s behaviour just indicates an instinctual looking at anything with a human-like voice or tongue.

To finally bring infantile sexuality into the discussion, could the baby’s behaviour express this phenomenon? Any analyst would probably agree that *the mother’s* experience might contain a sexual component, but to say the same thing about *the baby* sounds counter-intuitive and far-fetched. Thus we would feel certain that attachment and infantile sexuality link with the instinct of survival, but we would not understand the time-table.

Skin-to-skin contact and infantile sexuality

To bring order to the time-table, let us recall a 40 year-old observation. A group of paediatricians (Klaus *et al.*, 1972) demonstrated a short, early period during which skin-to-skin contact between mother and baby proved essential for a positive development of their relationship. For example, such contact during the first two postnatal hours triggers breastfeeding and induces the infant’s temperature regulation to work in unison with that of the mother (Bystrova *et al.*, 2007). It may even have positive effects one year later (Bystrova *et al.*, 2009) on infant self-regulation and maternal interaction and

interest. Other investigations have shown babies' sensual skills in olfactory learning (Romantshik *et al.*, 2007), including connecting odours with pleasure or unpleasure (Soussignan and Schaal, 2005) and discerning mother's odour (MacFarlane, 1975; Van Toller and Kendal-Reed, 1995). Similarly, the mother discerns the odour of her baby (Russell *et al.*, 1983) and his garments (Porter *et al.*, 1983). We thus have rich evidence that mother and infant quickly develop a rich repertoire of sensuous perspicacity. We also know that their early sensual contact has important psychological effects.

Researchers explain these behaviours as hormonal effects (Uvnäs-Moberg, 2000; Romantshik *et al.*, 2007). I suggest they also substantiate psychoanalytic speculations concerning the birth of infantile sexuality. The early sensuous contact between mother and child turns on infantile sexuality in both. They acquire a sense of touch and smell for each other. The flushed cheeks of the Freudian baby thus represents hormonally induced thermal vasodilatation *and* sexual pleasure.

In 2001, Fonagy presented sexuality as “a genetically controlled physiological response that emerges within attachment contexts that are mutually regulatory, intersubjective, or relational” (2001, p. 128). This formulation seems to downplay the influence of autoerotism and fantasmatic activity, that is, infantile sexuality (Widlöcher, 2002). Later however, Fonagy and Target (2007) have taken another position. They regret the reduced emphasis in attachment theory on “infantile sexuality as the predominant explanation of psychological disturbance” (p. 418). Fonagy (2008) now emphasizes two confluent currents for the development of infantile sexuality. Attachment provides its relational basis while the mother–infant interaction fuels its fantasies. “Attuned secure parenting generates the interpersonal context for an erotically imaginative intercourse, while its content arises out of the adaptive mother–infant misattunement” (Fonagy, 2008, p. 26). These formulations are more in line with my understanding of the delivery room scene.

Infantile sexuality or sensuality?

Thus the self-preservative instinct pushes the newborn to crawl towards the nipple. He sucks and is satiated. As hunger sets in again, he begins to have access to dim memory traces of familiar smells, tastes and sounds, ways of being held and a sense of safety. A primitive recall of pleasure is now added to his instinctual search for nourishment. But, here we must stop and ask why we call this pleasure *sexual* and not *sensual*. To answer, let us invoke Fonagy's (2008) formulations about how parenting generates the *context* for erotic fantasies while dyadic misattunements shape their *contents*. It seems reasonable that the baby needs an attuned parenting to develop an ability to fantasize although it is not evident why this should lead to *erotic* imaginations. Still more obscure is why their contents would be shaped by *mis*-attunements between the generations. As we shall see, however, it is precisely these misattunements that provide the argument as to why the baby's pleasure is not only sensual but also reflects his budding sexuality.

These misattunements arise from the gap in the sexual development of the parents and the baby. The adults know things he is ignorant of: his birth is the result of their sexual relationship. His very place of birth was also the place where his mother received and enjoyed his father. Her tummy is used by him for crawling towards the nipple, but it was also used by his father in tender caresses of Mom. Before he sucked her breasts they were fondled by Dad. Thus, the parents will handle the baby, not only with conscious notions of promoting attachment but also with unconscious feelings “derived from [their] own sexual life” (Freud, 1905b, p. 223). The latter influence them like “deep waters ... [that] never saw daylight and yet reflect a dull shimmer of light” (Camus, 1994, p. 300). ‘My dearest, aren’t you sweet, what lovely cheeks, come let me kiss you, Baby’ ... This is not only a language of attachment and commitment; it is also one of love and sexuality.

One might object that such language only reflects the *parents’* sexuality and not that of the baby. Indeed, although Freud was adamant that sexuality exists in the infant, when pressing himself for proofs, he gave a dismissive reply: “Enough can be seen in the children if one knows how to look” (Freud, 1933, p. 121). One problem in proving sexual inclinations in the baby is that we think of infantile sexuality as a mere predecessor to adult genital sexuality. Widlöcher (2002) emphasizes that it involves “psychic creativity” (p. 19), that is, fantasies and autoerotism. Laplanche (1999a, 2002) asks how these fantasies arise. He retains Freud’s infantile sexuality concept and studies its link to observable mother–infant interactions. He disagrees with Freud that: “A child has its sexual instincts and activities from the first; it comes into the world with them” (Freud, 1910, p. 42). Rather, the baby’s sexuality is *created* in response to enigmatic messages that are transmitted verbally and nonverbally through the parents’ ways of speaking, holding, caressing and admonishing the child.

The enigmatic message: An example

During a mother–infant therapy session, 3 month-old Frida is screaming incessantly. Meanwhile, she looks away and returns looking into my eyes. Finally, she gives me a warm smile. In relief and spontaneous joy at the emotional détente, I exclaim: “Oh my, one is totally charmed!” A remarkable word – ‘charmed’ would be more appropriate from a man courting a woman. Still, Frida’s mother does not object but smiles warmly as she sees her girl calming down. And I do not consider my words as a breach of ethics but as an everyday way of talking to a baby.

‘Charmed’ consisted of two currents: my conscious effort at containing a screaming baby and an unconscious fantasy about adult sexual relations. ‘Charmed’ confirmed Laplanche’s thesis that:

An adult faced with a child is particularly likely to be deviant and inclined to perform bungled or even symbolic actions because he is involved in a relationship with his other self, with the other he once was. The child in front of him brings out the child within him.

(Laplanche, 1989, p. 103)

In such an instance of *primal seduction*, “an adult proffers to a child verbal, non-verbal and even behavioural signifiers which are pregnant with unconscious sexual significations” (p. 126). These formulations do not refer to perverse acts but to normal interactions between adults and children. Furthermore, the seduction would fall flat if the girl was not also ready to interpret me at another level from the one I consciously intended. Thus, we might speak of four characters in the analytic field (Ferro, 1999): the analyst as man and boy, a sexually ignorant girl and one who had begun to intuit the enigmas beneath the adults’ messages. Frida had already experienced touches, smells, smiles and sounds from her adult entourage. Perhaps she noted a difference in how I uttered “charmed” compared with other words. A smile, a tone of voice, a gesture on my behalf might deviate from my previous communications with her. Freud’s words about Dora are relevant: “No mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore” (Freud, 1905a, p. 77). I thus suggest that not only analysts react to these leakages; infants do, too.

The response to this osmosis of fantasies expressed as smiles, inflections of voice, changes in temperature and facial colour, altered odours, etc., is the creation of fantasies in the baby, which we subsume under the concept of infantile sexuality. Stein (1998) suggests this subject is difficult to investigate because it is “taboo and takes place early in life on a covert, inner level of fantasy transmission and bodily sensations” (p. 615). However, in mother–infant treatments we can collect observations, comments from the mother, communications from the baby, responses to interventions, and reflections on our countertransference. Taken together, they add substance to our guesswork about the traffic of fantasies between mother and infant. I will now subsume a case vignette.

A case of breast-feeding problems

In the mother’s mind, the breast is represented in a complex way, as an organ for lactation and one unconsciously cathected with erotic meanings emanating from her infancy and womanhood. When she takes care of, enjoys and struggles with her child, she cannot but transmit messages whose sexual component is partly unconscious to her. They are also enigmatic to the child who cannot grasp their erotic undercurrents. As we shall see, it is precisely this incomprehensibility that promotes the baby’s infantile sexuality. However, if conflicts around the unconscious sexual implications of breast-feeding gain the upper hand, the outcome is less favourable. Indeed, breast-feeding problems are common reasons for complaints at Child Health Centres, often correlating with postnatal depression (Gagliardi *et al.*, 2010; McCarter-Spaulding and Horowitz, 2007) and maternal identity issues (Cooke *et al.*, 2007).

To illustrate the links between a mother’s infantile sexual conflicts and corresponding issues in her baby, I will proceed from a case that was discussed from another perspective in an earlier paper (Salomonsson, 2007). Thirty-two year-old Theresa complained that her 2 week-old son Nic fretted

while breast-feeding. The problems began after delivery when she got a sore and painful nipple at the right-hand side. The wound quickly healed but Nic's fretting continued and she sought therapy. I worked with her and the boy jointly for three months. Thereupon she and I continued with individual psychotherapy for three years. Already the mother-baby sessions revealed her conflict between wanting to reject her child and care for him tenderly. The wound had paved the way for this conflict to manifest itself as a breast-feeding problem. We spoke metaphorically of the "right-hand side" of her person that was frustrated and enraged about motherhood. This was connected to a self-representation of a girl wanting complete attention and affection. In contrast, her "left-hand side" rejoiced and took pride in her little son. This linked with adult self-representations of love and responsibility for the next generation.

The links between the breast-feeding problem, her conflicted relationship with her son, and her unconscious sexuality, were later elaborated in individual therapy. She was unsatisfied in her marriage and beset by anorectic thoughts although she kept her weight at a reasonable level. Later, the connection between the anorexia and her sexual fantasy world became evident; she unconsciously equated eating in public places with promiscuity. There was also a connection between the anorectic restraint (looking at candy but not eating it) and masochistic fantasies of begging for erotic satisfaction under humiliating circumstances. She found it hard to accept her son's sucking her nipples, just because he seemed to enjoy it. In the "right-hand" train of thoughts she wanted all for herself and felt he took it away from her: "On the delivery ward I felt like a queen. Everyone said I was wonderful. But when I returned home and realized I had to take care of him, I felt so lonely." Let us not forget that Theresa was a woman of high ethical standards who keenly felt the responsibilities of motherhood. It is precisely these women who often seek help at Child Health Centres but who are easily dismissed by an attitude of 'She is just worried. Things will get better as she adapts to her role as a mother'.

This mother's conflicts of wanting to have it all and not sharing it with the baby seemed to relate to her infantile sexual desire for the breast and her jealousy of him. To what extent did Nic have corresponding conflicts? One hypothesis was that his alarm at the breast was a response to her ambivalence. This hypothesis emerged when I observed his differential behaviours at the two breasts. Even after the nipple had healed, he kept fretting at the right-hand side while nursing smoothly at the left-hand side. I assumed this expressed *his* emotional disorder. To be true, Theresa's ambivalence was evident. Still, she was not the sole agent in keeping their ambivalence alive. I assumed Nic had internalized this maternal ambivalence which contributed in maintaining the nursing problem. When he was hungry and sucked the left-hand side breast, everything was fine. In contrast, at the right-hand side breast he heard her pained "Ouch" and sensed her involuntary retraction of the breast. This created clashing emotions in him. The object of function, the attachment breast, was reliable enough. He got the milk he needed and gained weight satisfactorily. The sexual breast of pleasurable fantasies, however, was already a confusing

object – partly satisfying and exciting, partly frightening and rejecting. Now, we could speak of conflicts regarding infantile sexuality in him as well.

Anlehnung or enigmatic message: Freud vs. Laplanche

Freud asks how infant sexuality arises. To answer, he invents a peculiar term, *Anlehnung*, implying that the sexual drive *leans on* “to one of the functions serving the purpose of self-preservation” (1905b, p. 182). Although *Three Essays* contains short but vivid descriptions of a baby with a caressing mother, Freud did not emphasize that *Anlehnung* occurred within an object relationship. Laplanche argues that the metaphor implied in the *Anlehnung* concept obscures our understanding of the birth of sexuality. He suggests instead that the baby’s sexual fantasies arise in the communication between mother and child. To be true, he also speaks of “the source-objects of the drive” (Laplanche, 1999a, p. 129), but they arise in interaction with the mother. When the mother, to quote Freud, “strokes [the infant], kisses him, rocks him and quite clearly treats him as a substitute for a complete sexual object” (1905b, p. 223), Laplanche emphasizes that her endearments are enigmatic to the child. This is because the mother–baby relationship is asymmetrical and the import of mother’s messages is partly hidden to herself as well. These qualities will make them precipitate in the child as unconscious thing-presentations or source-objects, which constitute the fountainhead of his/her drive.

Laplanche’s explanation is plausible only after he has made an amendment of drive theory and claimed that the drive *is* message. The drive does not only arise from the baby’s relation to his body but also from his communications with other human beings. Freud emphasized the former perspective when he defined the drive as “the psychical representative of an endosomatic, continuously flowing source of stimulation” (1905b, p. 168). Simply put, to Freud the drive comes from *within*. Laplanche’s formulation on the source-object may seem identical: “The drive ... is the impact on the individual and on the ego of the constant stimulation exerted from the inside by the repressed thing-presentations, which can be described as the source-objects of the drive” (Laplanche, 1999a, p. 129). There is a difference, however; the gist of Laplanche’s idea is that these source-objects spring precisely from that which Freud portrayed as the mother’s strokes and kisses – and that it is their enigmatic qualities which ignite the child’s drive. Thus, to sum up and slightly simplify, to Laplanche the drive comes from *without*. Babies cannot grasp the full import of these parental messages from without; they receive them but do not know what to do with them. In situations of frustration or excitation, they are reactivated in the form of traumatizing signifiers which the baby must bind. To the extent that this binding fails the signifiers, or *Ding-Vorstellungen* [*représentations de chose* or thing-presentations], turn into *Vorstellungs-Dinge* [*représentation-chose* or presentation-things] or “designified signifiers” (p. 97).

Nic seemed beset by *représentation-chose*. We might translate them into “Ouch, take away, hurts, bad, panic, what does it want, terrible handling”.

His mother was simultaneously loving, distressed and irritated. This made it difficult for him to create *représentations de chose* of, for example, “mother’s nice voice” or “her pleasant smell”, or “mother is annoyed when I scream”. Had such representations developed they would, in a later step, become repressed and contribute to the development of his adult, genital sexuality.

The problem with *représentation-chose*s is that they exist “outside of communication and signification” (Laplanche, 1999a, p. 129). This is what makes them enigmatic. Laplanche utilizes the Freudian term “*Wahrnehmungszeichen*” or “signs of perception” (Freud, 1950[1892–9], p. 234) as equivalent to *représentation-chose*s. I would also point out their kinship with Bion’s concept of the β -elements of the mental apparatus (Bion, 1962). When the mother’s messages convey nothing “but energy or excitation” (Laplanche, 1999b, p. 106), they become traumatizing. In Bion’s terms, the mother cannot contain the child’s β -elements and the child is traumatized – like Nic when I met him. Later, analysis helped him to transform the ‘*Wahrnehmungszeichen*’ into more comprehensible, unequivocal signs. This helped develop his infantile sexuality as I could witness through his clearly positive development.

Infantile sexuality: Complementary French views

Laplanche is not the only French psychoanalyst who emphasizes sexuality to understand development and psychopathology. André Green (1995) warns against viewing the mother–baby relationship as “totally sexless” and to think of “patients as babies” (p. 874). Other French psychoanalysts criticize attachment theory for bypassing the “ambivalent erotic nature” (Squires, 2002, p. 139) of the mother–infant relationship and the impact of unconscious fantasy formation (Widlöcher, 2002). Still, they do not apply infantile sexuality to *infants*. In a recent issue of the *Revue Française de Psychanalyse*, devoted to the topic, Diatkine (2008) emphasizes that infantile sexuality has disappeared from psychoanalytic discourse. Importantly, he refers to phenomena in adults or verbal children which, as I argue, will detract from our understanding of sexuality in babies. The same focus on infantile sexuality in the adult is found in Lebovici’s and Stoléru’s (2003) volume on mother–infant psychoanalysis. Despite their dual clinical focus on mother and baby, when speaking of fantasies in “connection with maternity [and which] depend on the developmental level and on infantile sexuality” (p. 257), they refer only to the mother.

These authors illustrate why Freudian psychoanalysts hesitate to attribute sexuality to the infant. Diatkine proceeds from the treatments of adults. As I argue, however, to understand infantile sexuality we must also take into account clinical experiences with babies. Lebovici and Stoléru (2003) do proceed from such experiences but they emphasize the unconscious of the mother at the expense of that of the baby. In his brilliant clinical work, Lebovici based interpretations on spontaneous remarks by the mother and observations of the baby. Despite this dual clinical focus, his concept of

“fantasmatic [mother–baby] interactions” (2003, p. 269) clearly emphasizes the maternal unconscious.

In contrast, Schaeffer (2008) views infantile sexuality as active in the baby. She differentiates between his relation with the “care-taking mother” and the “seducing mother” (p. 762). We might translate these terms into the mother of attachment and the mother of infantile sexuality. She refers to the latter when stating that a mother “opens up the child’s erotization of his body and lets herself be seduced by the child” (p. 762). She also stresses the adaptive function of infantile sexuality; the mother’s seduction helps the child to get used to being surprised without being traumatized. “The mother simultaneously excites and defers the excitation” (p. 763). Schaeffer’s conclusions do not seem to be based on clinical experiences with babies, but they are definitely in line with this paper’s view of infantile sexuality.

Clinical conclusions

‘Has infantile sexuality anything to do with infants?’ My answer is affirmative. I have tried to show the value of the concept in understanding common mother–infant disorders met with in clinical practice. My major example was one of breast-feeding problems in a young boy, Nic. Of course, one could argue that I speculate about his sexuality. Freud himself was cautious about the demonstrability of sexual manifestations in infants: “They are mostly a matter of interpretation” (Freud, 1916–17, p. 313). When I use mother–infant practice to support my arguments about infantile sexuality, I indeed rely on interpretations. However, this restriction applies to any systematic effort at understanding the emotions behind a baby’s behaviour, whether in laboratories, infant treatments or adult psychoanalyses.

Some mothers experience nursing as disgusting, pleasurable, or provoking. Conflicts around sharing, autonomy, pleasure, and dependence may be coloured by maternal infantile sexual conflicts. This drags the baby into a sexual conflict of his own, such as how to enjoy mother while yet sensing her ambivalence. This is illustrated by Nic’s case. Older babies ready for weaning cannot bear losing their only imaginable comforter, the breast. These are the children who cling to the breast as soon as any ambivalence appears in them or their mother. To such an infant, the relationship with the breast is conflictual. From the perspective of his sexuality, mother’s breast is both enticing, comforting and a frustrating hindrance for attaining the longed-for separation and autonomy.

Another common clinical problem is postnatal depression, which is often associated with functional baby symptoms (Field, 2001; Murray and Cooper, 1997). It has been shown to interfere with the synchrony of mother–infant interactions (Tronick, 2007). At the beginning of treatment, Theresa qualified for such a diagnosis. The irregular and stressed interactive rhythm between her and Nic was plain to see. I interpret this as an interference by infantile sexual conflicts which prevented a smooth ‘rockin’ in rhythm’ to develop between the two.

Before concluding, I would emphasize that my emphasis on infantile sexuality has nothing to do with what André Green (1995) depicts as a common tendency among analysts to view their patients as reproducing a “totally sexless” (p. 874) mother–baby relationship. I would argue that we might indeed conceive of, for example, an adult borderline patient as a vulnerable baby, that is, to also consider the infantile strata of his/her personality. Such a view does not imply that we regard him as ‘sexless’ since, as I have argued, a baby is far from sexless. Neither does it imply that we also might consider other strata in his personality where he is struggling with oedipal issues.

To conclude, we have good reasons for investigating infantile sexuality in mother–infant disturbances such as excessive crying, insomnia, or maternal depression and anxiety. I suggest these conditions may involve the infantile sexuality of mother *and* child. I regard the two as involved in an intercourse that is sexual, in the psychoanalytic sense of the term. In one of them sexuality is fully developed, while in the other it is dawning. If we want to better understand infantile sexuality as it emerges in this asymmetrical relationship, mother–infant treatments offer rich material.

Acknowledgements

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Translations of summary

Hat kindliche Sexualität irgendetwas mit Kindern zu tun? Die klassische psychoanalytische Theorie entwirft viele Konzepte mentaler Prozesse, von denen angenommen wird, dass sie beim Kleinkind entstehen und die Psyche des Erwachsenen beeinflussen. Trotzdem ist die psychoanalytische Praxis mit Müttern und Kindern nur wenig in die allgemeine psychoanalytische Theorie eingegangen. Ein Grund dafür ist, dass nur wenige Analytiker diese Praxis nutzbar gemacht haben, um die Theorie voranzubringen. Ein weiterer Grund ist, dass Kindertherapeuten dazu neigen, die klassischen psychoanalytischen Konzepte zugunsten von Bindungskonzepten fallen zu lassen. Als Folge davon spielt das Konzept der infantilen Sexualität, das für die klassische Theorie von zentraler Bedeutung ist, in der klinischen Diskussion über die Therapie von Kleinkindern eine bescheidene Rolle. Der Autor argumentiert, dass die infantile Sexualität bei vielen Störungen der Mutter-Kind-Beziehung eine wichtige Rolle spielt. Um als klinisches Konzept zu fungieren, muss das Konzept der infantilen Sexualität von Seiten der Bindung her geschildert und im Kontext der Mutter-Kind-Interaktion verstanden werden. Zwei Beispiele werden vorgestellt; in einem der beiden tauchte die infantile Sexualität des Analytikers in einer Bemerkung dem Kind gegenüber auf. Das andere Beispiel ist der Fall eines kleinen Jungen, bei dem es Probleme mit dem Stillen gab, weil er sich an der Brust wund scheuerte. Dies wird als Widerspiegelung der infantilen sexuellen Konflikte der

Mutter sowie als sich entwickelnde Internalisierung derselben durch den Jungen gedeutet. Demnach müssen wir sowohl die infantile Sexualität der Mutter wie auch des Babys berücksichtigen, wenn wir solche Störungen konzeptualisieren wollen.

¿La sexualidad infantil tiene algo que ver con los bebés? La teoría psicoanalítica clásica extrae muchos conceptos de procesos mentales que se supone que surgen en los bebés e influyen sobre la mente adulta. Sin embargo, la práctica psicoanalítica con madres y bebés casi no ha sido incorporada a la teoría psicoanalítica general. Una razón es que sólo unos pocos analistas han utilizado esta práctica para profundizar la teoría. Otra razón es que los terapeutas de bebés tienden a abandonar conceptos psicoanalíticos clásicos a favor de nociones provenientes de la teoría del apego. Como resultado, el concepto de sexualidad infantil, tan central para la teoría clásica, juega un papel modesto en los debates clínicos sobre terapia de bebés. El autor sostiene que la sexualidad infantil juega un papel importante en muchas perturbaciones materno–infantiles. Para funcionar como concepto clínico, tiene que ser distinguida de la noción de apego y comprendida en el contexto de la interacción madre–bebé. Se brindan dos ejemplos: en uno la sexualidad infantil del analista surgió en un comentario al bebé; el otro es un caso de dificultad para amamantar a un niño que se ponía muy inquieto frente al pecho. Este problema se interpreta como un reflejo de los conflictos sexuales infantiles de la madre, así como de la internalización emergente que el niño hace de ellos. Así, para conceptualizar estos trastornos debemos tener en cuenta tanto la sexualidad infantil de la madre como la del bebé.

La sexualité infantile a-t-elle quelque chose à voir avec les nourrissons? La théorie analytique classique tire de nombreux concepts des processus psychiques qui sont supposés naître chez le nourrisson et influencer le psychisme de l'adulte. Pourtant, l'intégration de la pratique psychanalytique auprès des mères et de leurs nourrissons au sein de la théorie psychanalytique en général laisse à désirer. L'une des raisons est que rares sont les analystes à avoir utilisé cette pratique pour développer la théorie. Une autre raison est que les thérapeutes de nourrissons ont tendance à abandonner les concepts analytiques classiques au profit des concepts de la théorie de l'attachement. Il en résulte que le concept de sexualité infantile, si central dans la théorie classique, joue un rôle discret dans les discussions cliniques sur la thérapie du nourrisson. L'auteur de cet article soutient que la sexualité infantile joue un rôle important dans les troubles de la relation mère–nourrisson. Ce concept clinique ne peut fonctionner à bon escient que s'il est clairement délimité par rapport à l'attachement et compris dans le cadre de l'interaction mère–nourrisson. L'auteur présente deux exemples. Le premier exemple illustre la façon dont la sexualité infantile de l'analyste a surgi dans une remarque faite au nourrisson. Le second, qui a trait à un cas de troubles de l'allaitement face à un petit garçon qui pleurait lorsque sa mère le mettait au sein, illustre la façon dont ces troubles reflétaient les conflits sexuels infantiles de la mère et leur intériorisation précoce par l'enfant. Ainsi, la conceptualisation de ces troubles passe par la prise en considération de la sexualité infantile de la mère et du nourrisson.

Cosa ha la sessualità infantile a vedere con il bambino? I principali concetti che sottendono la teoria psicoanalitica classica affondano le loro radici in processi mentali che si presume emergano nell'infanzia e che si conservino poi, con tutti i loro effetti, nella mente adulta. Ciononostante, non si può certo dire che la prassi psicoanalitica nel trattamento della diade madre/bambino sia stata sufficientemente integrata alla teoria psicoanalitica di ambito più generale. Ciò è in parte dovuto al fatto che solo pochi analisti si sono avvalsi di questo tipo di casi per concepire o informare le loro concettualizzazioni teoriche. Un ulteriore motivo è costituito dal fatto che nella psicoterapia infantile si tende ad abbandonare i concetti psicoanalitici classici in favore della teoria dell'attaccamento. Ne consegue che il concetto di sessualità infantile, così centrale nella teoria classica, va a ricoprire un ruolo di minore importanza nelle discussioni cliniche della psicoterapia infantile. La tesi sostenuta qui dall'autore è che la sessualità infantile rivesta un ruolo importante in molti disturbi inerenti al rapporto fra la madre e il bambino. Tuttavia, la sessualità, per poter essere assunta come concetto clinico, deve essere distinta dalla teoria dell'attaccamento e deve essere compresa nel contesto dell'interazione madre–figlio. Vengono poi presentati due esempi. Nel primo si vede come la sessualità infantile dell'analista emerga in un'osservazione fatta al bambino. L'altro riguarda un caso di difficoltà di allattamento. L'agitazione che il lattante mostrava durante l'attaccamento al seno è stata interpretata sia come manifestazione dei conflitti sessuali della madre, sia come emergenza nel bambino degli stessi conflitti, in seguito a un processo di internalizzazione. Al fine di concettualizzare questo tipo di disturbi, è quindi necessario tenere conto sia della sessualità infantile, sia della madre sia di quella del bambino.

References

Acquarone S (2004). *Infant–parent psychotherapy*. London: Karnac.

- Baradon T, Broughton C, Gibbs I, James J, Joyce A, Woodhead J (2005). *The practice of psychoanalytic parent–infant psychotherapy: Claiming the baby*. London: Routledge.
- Bion WR (1962). *Learning from experience*. London: Karnac.
- Bion WR (1965). *Transformations*. London: Karnac.
- Bowlby J (1969). *Attachment and loss*. London: Pimlico.
- Bystrova K, Ivanova V, Edhborg M, Matthiesen A-S, Ransjö-Arvidson A-B, Mukhamedrakhimov R, et al. (2009). Early contact versus separation: Effects on mother–infant interaction one year later. *Birth-Iss Perinat C* **36**:97–109.
- Bystrova K, Matthiesen A-S, Vorontsov I, Widström A-M, Ransjö-Arvidson A-B, Uvnäs-Moberg K (2007). Maternal axillar and breast temperature after giving birth: Effects of delivery ward practices and relation to infant temperature. *Birth-Iss Perinat C* **34**:291–300.
- Camus A (1994). *Le premier homme [The first man]*. Paris: Gallimard.
- Cooke M, Schmied V, Sheehan A (2007). An exploration of the relationship between postnatal distress and maternal role attainment, breast feeding problems and breast feeding cessation in Australia. *Midwifery* **23**:66–76.
- Cramer B, Palacio Espasa F (1993). *La pratique des psychothérapies mères–bébés. Études cliniques et techniques [The practice of mother–infant psychotherapies: Clinical and technical studies]*. Paris: PUF.
- Diatkine G (2008). La disparition de la sexualité infantile dans la psychanalyse contemporaine [The disappearance of infantile sexuality in contemporary psychoanalysis]. *Rev Fr Psychanal* **72**:671–85.
- Ferro A (1999). *The bi-personal field: Experiences in child analysis*. London: Routledge.
- Field T, Diego MA, Dieter J, Hernandez-Reif M, Schanberg S, Kuhn C, Yando R, Bendell D (2001). Depressed withdrawn and intrusive mothers' effects on their fetuses and neonates. *Infant Behavior & Development* **24**:27–39.
- Fonagy P (2001). *Attachment theory and psychoanalysis*. New York, NY: Other Press.
- Fonagy P (2008). A genuinely developmental theory of sexual enjoyment and its implications for psychoanalytic technique. *J Am Psychoanal Assoc* **56**:11–36.
- Fonagy P, Target M (2007). The rooting of the mind in the body: New links between attachment theory and psychoanalytic thought. *J Am Psychoanal Assoc* **55**:411–56.
- Fraiberg S, Adelson E, Shapiro V (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant–mother relationships. *J Am Acad Child Psychiatry* **14**:387–421.
- Freud S (1900). The interpretation of dreams. SE **4–5**.
- Freud S (1901). On dreams. SE **5**:629–86.
- Freud S (1905a). Fragment of an analysis of a case of hysteria. SE **7**:1–122.
- Freud S (1905b). Three essays on the theory of sexuality. SE **7**:123–246.
- Freud S (1909). Analysis of a phobia in a five year-old boy. SE **10**:1–150.
- Freud S (1910). Five lectures on psycho-analysis. SE **11**:1–56.
- Freud S (1911). Formulations on the two principles of mental functioning. SE **12**:213–26.
- Freud S (1912). On the universal tendency to debasement in the sphere of love (Contributions to the psychology of love II). SE **11**:177–90.
- Freud S. (1916–1917). Introductory lectures on Psychoanalysis. SE **1**:5–6.
- Freud S (1918). From the history of an infantile neurosis. SE **17**:1–124.
- Freud S (1920). Beyond the pleasure principle. SE **18**: 1–64.
- Freud S (1925–26). *Inhibitions, symptoms and anxiety*. SE **20**: 87–178.
- Freud S (1933). *New introductory lectures on psychoanalysis*. SE **22**:1–182.
- Freud S (1950[1895]). Project for a scientific psychology. SE **1**, 281–391.
- Freud S (1950[1892–9]). Extracts from the Fliess papers. SE **1**: 175–282.
- Gagliardi L, Petrozzi A, Rusconi F (2010). Symptoms of maternal depression immediately after delivery predict unsuccessful breast feeding. *Arch Dis Child*. doi: 10.1136/2 of 3 adc.2009.179697
- Green A (1995). Has sexuality anything to do with psychoanalysis? *Int J Psychoanal* **76**:871–83.
- Klaus M, Jerauld R, et al. (1972). Maternal attachment: Importance of the first postpartum days. *New England Journal of Medicine* **286**:460–3.
- Klein M (1935). A contribution to the psychogenesis of manic-depressive states. In: Money-Kyrle R, editor. *The writings of Melanie Klein, vol. 1*, 262–89. London: Hogarth.
- Klein M (1945). The Oedipus complex in the light of early anxieties. In: Money-Kyrle R, editor. *The writings of Melanie Klein, vol. 1*, 370–419. London: Hogarth.
- Klein M (1946). Notes on some schizoid mechanisms. In: Money-Kyrle R, editor. *The writings of Melanie Klein, vol. 3*, 1–24. London: Hogarth.
- Klein M (1952). Some theoretical conclusions regarding the emotional life of the infant. In: Money-Kyrle R, editor. *The writings of Melanie Klein, vol. 3*, 61–93. London: Hogarth.
- Kugiumutzakis G, Kokkinaki T, Makrodimitraki M, Vitalaki E (2005). Emotions in early mimesis. In: Nadel J, Muir D, editors. *Emotional development*, 162–82. Oxford: Oxford UP.

- Laplanche J (1989). *New foundations for psychoanalysis*, Macey D, translator. Oxford: Blackwell.
- Laplanche J (1999a). *Essays on otherness*. London: Routledge.
- Laplanche J (1999b). *The unconscious and the id*. London: Rebus Press.
- Laplanche J (2002). Sexuality and attachment in metapsychology. In: Widlöcher D, editor. *Infantile sexuality and attachment*, 37–63. New York, NY: Other Press.
- Lebovici S, Stoléru S (2003). *Le nourisson, sa mère et le psychanalyste. Les interactions précoces [The baby, his mother and the psychoanalyst. Early interactions]*. Paris: Bayard.
- Lieberman AF, Van Horn P (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early development*. New York, NY: Guilford.
- McCarter-Spaulding D, Horowitz JA (2007). How does postpartum depression affect breastfeeding? *Am J Matern Child Nurs* **32**:10–17.
- MacFarlane A (1975) Olfaction in the development of social preferences in the human neonate. Parent-infant interaction. *CIBA-foundation symposium* **33**, DOI: 10.1002/9780470720158.ch7
- Meltzer D (1966). The relation of anal masturbation to projective identification. *Int J Psychoanal* **47**:335–42.
- Meltzer D, Harris-Williams M (1988). *The apprehension of beauty: The role of aesthetic conflict in development, violence and art*. Strath Tay: Clunie.
- Meltzoff AN, Moore MK (1977). Imitation of facial and manual gestures by human neonates. *Science* **198**(4312):74–8.
- Murray L, Cooper PJ (1997). *Postpartum depression and child development*. New York: Guildford Press.
- Norman J (2001). The psychoanalyst and the baby: A new look at work with infants. *Int J Psychoanal* **82**:83–100.
- Papousek M, Schieche M, Wurmser H, editors (2008). *Disorders of behavioral and emotional regulation in the first years of life*. Washington, DC: Zero to Three.
- Porter RH, Cernoch JM, McLaughlin FJ (1983). Maternal recognition of neonates through olfactory cues. *Physiol. Behav* **30**:151–4.
- Romantshik O, Porter R, Tillmann V, Varendi H (2007). Preliminary evidence of a sensitive period for olfactory learning by human newborns. *Acta Paediatr* **96**:372–6.
- Russell MJ, Mendelson T, Peeke HVS (1983). Mother's identification of their infant's odors. *Ethology and Sociobiology* **4**:29–31.
- Salomonsson B (2007). Semiotic transformations in psychoanalysis with infants and adults. *Int J Psychoanal* **88**:1201–21.
- Salomonsson B (2011). Konzept der infantilen Sexualität und die Sexualität des Seuglings [The concept of infantile sexuality and sexuality in infants]. *Kinderanalyse* **19**:36–49.
- Schaeffer J (2008). Cent ans après les Trois essais, que reste-t-il des trois scandales? [One hundred years after the Three Essays: What is left of the three scandals?]. *Rev Fr Psychanal* **72**:761–76.
- Soussignan R, Schaal B (2005). Emotional processes in human newborns: a functionalist perspective. In: Nadel J, Muir A, editors. *Emotional development*. 127–160. Oxford: Oxford University Press.
- Squires C (2002). Attachment and infantile sexuality. In: Widlöcher D, editor. *Infantile sexuality and attachment*, 133–56. New York, NY: Other Press.
- Stein R (1998). The enigmatic dimension of sexual experience: The 'otherness' of sexuality and primal seduction. *Psychoanal Q* **67**:594–625.
- Stern DN (1995). *The motherhood constellation: A unified view of parent–infant psychotherapy*. New York, NY: Basic Books.
- Trevarthen C, Aitken KJ (2001). Infant intersubjectivity: Research, theory, and clinical applications. *J Child Psychol Psychiatr Allied Disc* **42**:3–48.
- Tronick E (2007). *The neurobehavioral and social–emotional development of infants and children*. New York, NY: Norton.
- Uvnäs-Moberg K (2000). *The oxytocin factor: Tapping the hormone of calm, love and healing*. Cambridge, MA: Perseus.
- Van Toller S, Kendal-Reed M (1995). A possible protocognitive role for odor in human infant development. *Brain Cogn* **29**:275–93.
- Widlöcher D (2002). Primary love and infantile sexuality: An eternal debate. In: Widlöcher D, editor. *Infantile sexuality and attachment*, 1–36. New York, NY: Other Press.
- Widström A, Lilja G, Aaltomaa-Michalios P, Dahllöf A, Lintula M, Nissen E (2011). Newborn behaviour to locate the breast when skin-to-skin: A possible method for enabling early self-regulation. *Acta Paediatr* **100**:79–85.
- Widström A-M, Ransjö-Arvidsson A-B, Christensson K (2007). *Breastfeeding: Baby's choice*. DVD. Sweden: Liber Utbildning.
- Winnicott DW (1941). The observation of infants in a set situation. In: *Through paediatrics to psychoanalysis*, 52–69. London: Hogarth.

- Winnicott DW (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *Int J Psychoanal* **34**:89–97.
- Winnicott DW (1955). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. *Int J Psychoanal* **36**:16–26.
- Winnicott DW (1956). Primary maternal preoccupation. In: *Through paediatrics to psycho-analysis*, 300–05. London: Hogarth.
- Winnicott DW (1960). The theory of the parent–infant relationship. *Int J Psychoanal* **41**:585–95.
- Winnicott DW (1971). *Therapeutic consultations in child psychiatry*. London: Hogarth.
- Zeuthen K, Gammelgaard J (2010). Infantile sexuality: The concept, its history and place in contemporary psychoanalysis. *Scand Psychoanal Rev* **33**:3–12.

Publisher's Apology

***The International Journal of Psychoanalysis* Volume 93, Number 3**

Due to an error during the production process, issue number 3 was erroneously assigned page numbers starting on page 271, which is the same start page number used for issue 2. The issue was published in print and online before the error was spotted, using these incorrect citation details.

Following consultation with the Editor, Dana Birksted-Breen, and colleagues at the Institute of Psychoanalysis and Wiley, it has been decided to correct the publication details for issue 3.

We have therefore undertaken to amend the page numbers for all the published articles in issue 3, and replace the online version of each article, as well as reprinting and redistributing all copies of issue 3 to subscribers.

On the following page we reproduce the full Table of Contents for issue 3, showing the corrected page numbers (and indicating the original incorrect page numbers, which have been struck-through).

When citing any articles from Issue 3, please use the corrected pagination details as shown in the table of contents attached. For instance, for the first article in the issue, please use:

Abbasi A (2012). 'A very dangerous conversation':The patient's internal conflicts elaborated through the use of ethnic and religious differences between analyst and patient. *Int J Psychoanal* **93**: 515–34. doi: 10.1111/j.1745-8315.2012.00601.x

Instead of the erroneous

Abbasi A (2012). 'A very dangerous conversation':The patient's internal conflicts elaborated through the use of ethnic and religious differences between analyst and patient. *Int J Psychoanal* **93**: 271–90. doi: 10.1111/j.1745-8315.2012.00601.x

The Publisher apologises to the authors, readers, and subscribers to *The International Journal of Psychoanalysis* for this mistake, and for creating any confusion regarding citation to the articles in this issue.

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