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MOTHER-INFANT WORK AND ITS IMPACT ON PSYCHOANALYSIS WITH ADULTS

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Experiences from mother-infant psychoanalytic treatments help us understand and handle adult psychoanalyses. Babies flood us with non-verbal expressions of their feeling states. Working with a mother who is soothing her baby, the analyst can observe container-contained interactions from another perspective than in a traditional analytic setting and gain a new understanding of how he himself interacts with his adult patient. The struggles that occur between babies and mothers visualize how they influence each other's inner worlds. Having witnessed such interactions contributes to making the analyst conversant in speaking with adult patients about himself as an external object. At times, this may imply disclosing how unconscious factors behind his interventions and attitudes have influenced the analysand. Work with a 2-week old boy and his mother and with a 35-year-old woman are presented as examples. The baby-mother work inspired the adult analysis, the quality of which gradually shifted from "battlefield" to "playground", two metaphors borrowed from Freud.

Key words*: mother-infant psychoanalytic treatment – MIP – mother-infant psychotherapy – intersubjectivity – self-disclosure – containment – semiotic theory*

In my practice with children and adults in psychoanalysis, I have found working with infants has influenced my work with older patients. In this paper, I address three areas: (1) the analyst's semiotic sensitivity to the patient's communication; (2) his interaction with the patient; (3) the external object's influence on the patient.

Part of the material presented has appeared in another paper (Salomonsson, 2007), where I link my understanding of the analytic process with semiotic theory and Bion's transformation concept. The present paper also addresses this aspect, but goes deeper into the clinical processes to investigate the kinship between infant and adult analysis. I will focus on two treatments. One is a psychoanalysis with a woman of 35 years. The other is a mother-infant psychoanalytic treatment with a two-week-old boy and his mother, whom I treated according to the method devised by Norman (2001, 2004).

CLINICAL METHOD

Mother-infant psychoanalytic treatment (MIP) (Norman, 2001, 2004) is a psychoanalytic method adapted to the requirements of the infant as analysand in the presence of his mother. The most obvious difference from adult treatment is that one of the three participants has barely begun his psychic and linguistic development. Despite the infant's immaturity, or rather because of it, Norman (2001) considered him or her the "leading actor" and suggested that the analyst bring "the disturbance in the infant into the emotional exchange of the here-and-now of the session" (p. 83). The analyst addresses the infant to help him liberate affects stuck in stereotyped expressions such as screaming, avoiding eye contact with the mother, and refusing the breast. The interventions aim at helping the baby express himself more clearly and

openly. The analyst intervenes by naming the affects he assumes lie behind the baby's symptoms.

As for the mother, the analyst attends to and sometimes interprets the unconscious meaning of her worries about herself and the baby. She becomes a participant witness, which helps her understand those parts of "the infant's inner world that have been excluded from containment" (Norman, 2001, p.83). This is an important shift, because until now, her understanding has been hampered by her entanglement in the baby's inner drama.

Briefly, MIP shares with the Dolto technique (1982, 1985) the direct infant address, but disagrees that the infant would understand words literally and that its repressed affects could be brought out lastingly in a few sessions. In Acquarone's technique (2002, 2004), room is also made for verbal communication with the baby. However, in the work I present, the analyst is more consistent in getting into a form of dialogue with the infant.

The Parent-Infant Psychotherapy team at the Anna Freud Centre in London also focuses on the baby by letting the therapist's interventions "represent the baby's experience of himself and the other" (Baradon et al., 2005, p. 29). However, their aim is less to interpret the infantile mind to the baby, but more to promote his efficacy in engaging his parent's care. The therapist may engage directly with the baby to "scaffold" the little one's communications and represent them to her parents, a technique that "supports beginning mentalization and emotional regulation" (p. 75). In the MIP approach, the therapist is more intent on approaching the baby in order to establish a containing relationship with her. This is the rationale of the analyst-infant dialogue. I want to stress, however, that the difference between the London and the MIP techniques may be one of emphasis rather than of mutually contradictory perspectives.

Concerning the unconscious conflicts of the mother, the MIP does not primarily aim at uncovering them. Nevertheless, it is in agreement with mother-infant psychotherapy authors (Cramer & Palacio Espasa, 1993; Fraiberg, 1989; Lieberman & Van Horn, 2008) that symptoms in the baby may actualise repressed tendencies in the parent, and that babies are used as targets for externalizing them: "the mother's initial complaint concerning her baby is often just the megaphone of her own superego" (Cramer & Palacio Espasa, 1993, p. 85). A MIP approach, however, is rather to address the baby about how he or she might feel while listening to this "megaphone". On the other hand, no infant focus can go on for long if the analyst does not pay close attention to the mother's reaction when he addresses the baby. This is another implication of the megaphone simile: that the analyst should safeguard the mother's often brittle self-esteem and realize the full impact of her ever-present guilt feelings.

A MOTHER-INFANT CASE

Theresa and her 2-week-old son Nicholas (or Nic) had visited a Child Health Centre because of a wound on a nipple. It soon healed but Theresa continued to cry over her pain and helplessness, and the nurse referred her to me. In the first session, she said she did not want to be a mother, which made her quite unhappy. She was frightened by fantasies that Nicholas might get run over by a bus. She seemed trapped, angry, and desperate but also had clearly expressed warm and loving feelings for her son. While she nursed him, he would jerk and toss his head, as if shunning the nipple. Alternately, he sucked it in entirely rather than rhythmically working on it for nourishment.

To see Theresa's anguished face while he fussed was poignant and alarming to me. My countertransference, plus the fact that both mother and child were now somatically well, made me assume their case belonged to the common difficulties in infant feeding having to do with "the immense problem that every mother has in adapting to the needs of a new baby" (Winnicott, 1996, p. 40). I suggested a four-times-per-week psychoanalysis with her and the boy, with occasional participation by the father. Theresa consented and treatment began, during which she spoke a lot about conflicts around motherhood. She detested her affect outbursts and was ambivalent about the daily life of caring for a baby. At the maternity ward she felt like a queen, but returning home was awful. She was already worrying that Nicholas's adolescence would become as troublesome as hers. It seemed quite probable that in Theresa's mind, giving birth to a child had awakened her "figures within the parental past"… [or] "ghosts in the nursery" (Fraiberg, 1989, p. 60).

One approach would be to talk with Theresa about what Nic represented to her and about her own parental relations. Another would be to address Nic, simply because he was in acute distress and needed containment. Furthermore, speaking directly to the baby may sometimes allow painful things to be said, things that, if addressed to the mother, might offend her and awaken resistance. In the clinical situation I did both, that is, I sometimes addressed the mother and sometimes the baby. In addition, if I intended one of them to be the explicit receiver of an intervention, in reality it was perceived by the two of them. Here is a vignette.

In the 4th session, Theresa enters with her son, who is fretting and jerking. Theresa is tense and agitated.

Analyst: Now you are annoyed, Nic.
Theresa: Mmm.
Analyst: (to Nic) You slept calmly earlier, and now you got angry … You grab the breast and put your finger in between.
Theresa: He doesn't grab it. (To Nic:) The finger between your mouth and the nipple. Nothing will come to you if you put it there! There's no grub in the finger!

There is an ironic twist to something that in fact is sad: the boy does not get food.

Theresa: Sometimes he even screams with the breast in his mouth!
Nic groans and sucks intermittently. I ask Theresa how she feels.

Theresa: Now it's OK, because he's not hysterical. But it's hard, mostly in the evenings … (to Nic) Come on, you were doing it right!
Analyst: (to Nic) Is something disturbing you, Nic? I think something disturbs Mom, too. She breathes heavily.
Theresa: Yeah, this is stressful.
Analyst: So you're stressed … (To Nic:) Maybe something crashes inside you. Bad feelings of being hungry and irritated, and good feelings of the wonderful milk. Then, when you're lying at the breast and the milk is coming to you, and Mom says "Come now my dear", your feelings crash and you throw back your head. Then you lose the milk and you feel even worse.

As he sucks more calmly, I say:

Analyst: It seems you have made peace with yourself, Nic.
Theresa: He sounds silly, like someone you tickle until he chokes!

Once again, a mixture of irony and warmth. This time, I bring it up, but via Nic.

Analyst: Mom thinks you sound silly … We talked about your anger with Nic, Theresa. When you say Nic sounds silly …
Theresa: No, he's just cute … Now it's OK. But with the right-hand breast, it can be really painful. Even if he is lying correctly and the nipple is fine, he fusses!
Analyst: I remember your first visit. Nic took your right breast but it didn't work. Then he took your left breast and – perfect! You smiled and said it was his first breast.
Theresa: Yeah, they say it's closest to the mother's heart and the baby's favourite breast.
Analyst: (to Nic) So this was your first breast, Nic …
Theresa You must open your mouth, otherwise it'll hurt you…No! Ouch, ouch!
Analyst: (to Nic) Now it hurt Mom. You bit her nipple … So, one breast has become the good one, the other has become the problem breast.
Theresa: There I get much more tense before I nurse him! I'm so scared of getting another wound!
Analyst: On the left, you two are well together but on the right, things are bad. Does this division also exist within you, Theresa? On one side, you think Nic is wonderful and everything works well between you two. But on the right-hand side of you, you think, "Why did I ever become a mother? It hurts and nothing works!"
Theresa: It's kind of double.
Analyst: Can you get the two sides together into something you can accept?
Theresa: It seems so difficult!
Analyst: Maybe you'd rather have the right-hand part taken away.
Theresa: (smiling) Yes, into the garbage bin!
Analyst: That would imply major surgery…
Theresa: That's for sure!
Analyst: Could you make peace between the two sides? Just like you, Nic, made peace with the breast now (he's sucking calmly). Could you connect these two railroad tracks?

In the discussion of this clinical material, I will focus on three domains: (I) The analyst's semiotic sensitivity to the patients' communications. This implies regarding all that transpires in a session are signs of potentially equal analytic weight. Not only does the analyst attend to the verbal or "digital" (Rosolato, 1985) communicative mode, with its exact and circumscribed definitions. He also attends to the "analogical" mode of emotional expressions: the mother's ironic tones of voice and pain-stricken face, as well as Nic's biting the nipple and his grunting sounds. (II) The links between the mother-infant interaction and the analyst-patient interactions. Mother and child are trapped in a jumbled, helpless interaction of contradictory intentions and complicated misunderstandings. The analyst is directly or subtly (through his countertransference) drawn into the interplay of container and contained. (III) The external object's influence on the patient. The child is born into a world of external objects who repudiate or negate some of their feelings towards him. Consequently, the analyst is witness to how these

objects, inevitably and despite their best intentions, negatively influences the baby.

However, before addressing these three domains, I will comment on a recurring, legitimate, and frequently raised question:

WHAT ENTITLES THE ANALYST TO TALK TO THE BABY

The infant's verbal comprehension

Nic does not understand words, but I believe he is beginning to react to emotional communication. Thus, I do not speak to him only as a way of communicating with his mother, I also address him directly. If my "tone of voice and … gestures and the lexical meaning of the words express the same meaning" (Norman, 2001, p. 96), or if digital and analogical modes of expression coincide, I believe Nic will react to some emotional import in what I convey to him. Actually, when I say "you are annoyed, Nic", I act like any parent speaking to his child in what I call "sincere pretence".

In everyday mother-infant interaction, the mother's marked display of affects (Fonagy et al., 2002) teaches the child their meanings. She often links it with her talking "motherese" (Fernald, 2004), that is, with marked linguistic stress patterns and intonation contours (Karmiloff & Karmiloff-Smith, 2001). In contrast, I strive to use plain and simple language, which I nonetheless wish to be grounded in my countertransference feelings. I believe Nic notices this and compares it to his mother's way of communicating. This belief is supported by my observation that he attended closely when I spoke to him, at least after 3-4 weeks of age. In contrast to Theresa, I am relatively free of simultaneous unconscious projections into Nic. My interpretation implies just what I am saying, and it is not interspersed with unconscious messages such as "how could you do this to me?" or "I wish life had turned out differently!"

Memory function

Some implicit memory function (Cortina & Liotti, 2007; Solms & Turnbull, 2001; Talvitie & Ihanus, 2002) must be involved in Nic's jerks. To call them merely reflexive does not explain their accompanying strong and juxtaposed emotions. Since his right-hand jerks continued after his mother's nipple had healed, while left-hand nursing had been running smoothly all the time, different memory traces of left and right or, to be more accurate, implicit memories of pleasure and unpleasure must have been laid down. The emotions and memories around his jerks during nursing entitled me to regard them as intentional acts expressing emotional conflicts. A primitive phobic mechanism had been set up, by which his negative feelings towards Mom were displaced to the right-hand breast. Therefore, he must avoid it.

Interventions

I base my interventions on the inference that Nic's nursing behaviour represented vague and polarized representations of a rejecting and a welcoming breast or nursing situation. My interventions have two goals. The short-term goal is to alleviate the present suffering of baby and mother. The long-term goal is to prevent his representations from petrifying into primal repressions, which might appear in adult life as rigid character traits and disabling affect patterns.

Projective identification

This mechanism, first described by Klein (1946) as a defence mechanism and then applied to normal development by Bion (1962), covers not only how the mother influences her baby but also how the baby influences her. Nic sucks calmly at her left-hand side, and she places her self-affirming images there. On the right-hand side, she projects self-derogatory representations of her self, her "negative maternal attributions" (Silverman & Lieberman, 1999) mixed with her angry fantasies about Nic. Correspondingly, I regard Nic's right-hand shunning movements as representing a mental activity for which the concept of projective identification is useful. I say this while paying full heed to the enormous developmental differences between mother and son. Once the right-hand breast became non-functional (neither containing nor comfortably nourishing) and frightening, because the mother was in such pain due to the bruised nipple, it also provided a foundation for Nic's discontent. But, when the breast was healed, I would regard his continued fear and avoidance of it as an effect of his primitive projective identification.

Theresa partly manages her sore self-esteem and helplessness by feeling resentful of Nic's lack of trust and gratitude. In her mind, there is a similarity between Nic's jerking at the right-hand breast and sides of herself, including her body, of which she is ashamed. Thus, projections occur "as readily from the parent to the child as from the child to the parent" (Seligman, quoted by Silverman & Lieberman, 1999, p. 181). This is why both Nic and his mother must be present and spoken

to in treatment. Nic should be addressed not only as a "catalyst" (Fraiberg, 1989, p. 53) raising the mother's emotional awareness, but also for him to experience containment of his projective identifications. The mother, in such situations, is shown a way out from the impasse in which she is stuck.

SEMIOTIC SENSITIVITY

Nic sticks his finger into his mouth while grabbing the breast. Using C.S. Peirce's semiotic terms (Kloesel & Houser, 1992, 1998; Salomonsson, 2007), this event can be viewed as an *icon* of Nic's despair and deadlock, as well as an *index* of his internal state: "help me, I'm stuck!" The word "stuck" acquires double meanings of a finger stuck in the mouth and a boy stuck with his mother. Such simultaneous registrations on different semiotic levels occur frequently in infant work, due to the intense and varied modalities of mother-baby interaction. This promotes a structural regression in the analyst, which facilitates mastery and creativity (Blum, 1994). My attention moves between registering iconic, indexical and verbal-symbolic levels. This semiotic mobility also applies to my own expressions: when working with babies, my facial expressions and gestures tend to become more vivid, and my regression is demonstrated by the fact that I sometimes temporarily falter in finding my words.

I often find myself using metaphorising interventions (Lebovici, 2000) to indicate what goes on in mother and infant. They often arise from my bodily experiences in the session, perhaps reflecting what Lebovici & Stoléru (1983) called the analyst's "hysteric identification" (p. 361) with the baby. Nic's finger stuck in the mouth is one example, which made me transfer the meaning of "stuck" into the mental realm. According to Lebovici, such interventions are important because "the capacity to metaphorise plays an essential rôle in the birth of signs [in the infant]" (Lebovici, 2000, p. 238). This capacity was paralyzed in Theresa when she and Nic entered treatment. The vignette demonstrates it budding in her when she smilingly speaks of throwing her right-hand internal part into the garbage bin.

THE ADULT CASE

The semiotic sensitivity acquired in infant work can be transferred to adult work and encourage the analyst to attend to different levels of expression and also to speak with the patient about them. I will give an example: Monica, age 35, sought analysis to get help with her social anxieties and her need for tranquilizers to quench them, as well as with her lack of rewarding intimate relations. Shortly after analysis started, a pattern was established, which was to recur over the years: she would greet me in a friendly way, lie down on the couch and burst out, "I can't bear it! I'm here again, it's terrible. I do anything to come to you, but when I'm here I can't stand it." Her legs swayed as she brushed her forehead and moaned in panic and frustration. This made me feel helpless, sympathetic and annoyed. However, I tended to lay these feelings aside and interpret how she resented me for having abandoned her since our last session, and how confused and panic-stricken she felt when we met again. She reacted with indifference. I then conveyed my image of a baby longing for mother and now is screaming and kicking about in her presence. She replied, "That doesn't tell me anything!"

I was keenly aware that Monica's symptoms had transference meanings and realized that the victory must be won on the field of transference (Freud, 1912, p. 108). At first, I thought the problem was just one of finding the correct level for my transference interpretations. She insisted that I should take her erotic desires at face value: "I want you, don't you understand?" However, I was not convinced that this was where the shoe was pinching. The swaying of her legs did not resonate with any erotic countertransference feelings in me. Rather, her disordered movements seemed to reflect a state of panic and I felt more like a parent helplessly watching his baby in distress. Inspired by the lessons Nic had provided on a suffering baby's body language, I interpreted that her movements looked like the struggle of a baby who has unbearable feelings of panic but finds no way to have them comforted by her mother, and therefore must kick them away. But, when I spoke to her about a terrible infantile situation, it brought her no relief.

Gradually it dawned on me that my work with Nic and Theresa had provided yet another lesson that was to become useful in understanding Monica's and my interaction. One day, Monica revealed a fantasy that I was masturbating behind the couch and was getting excited by her moans and movements. Her point was that we did not have sexual intercourse and that I did not give her what she wanted. Her adult and infantile sexual lives now revealed their common link: the nipple tantalizes the twitching baby girl just as the analyst's penis frustrates the woman, leaving her shaking with dissatisfaction. These insights, however, did not by themselves permit us to move on with the analysis. This was because I did not yet understand that she experienced my interpretations as tantalizing acts

rather than helpful comments. It was time to look at our interaction in a more unbiased way.

THE ANALYST-ANALYSAND INTERACTION

As I see it, there is a dormant conflict in every analyst whether to focus on the interaction or on the patient's internal world. When the climate between myself and a patient heats up by affects and actions that nobody wants to acknowledge, I might slip into focusing on the patient's inner life; I move from speaking about us to her. On the other hand, when I understand little of her, I move into asking myself how we interact; I move my attention from her to us.

Freud illustrates this conflict in two of his metaphors of the transference. The analyst must be "prepared for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere" (Freud, 1914, p. 153). The patient's illness is an "enemy" (p.152), and the transference "becomes the *battlefield* on which all the mutually struggling forces should meet one another" (Freud, 1916-1917, p. 454, italics added). On the other hand, Freud admits and even invites the patient's repetition compulsion into the transference, "as a *playground* in which it is allowed to expand in almost complete freedom" (Freud, 1914, p. 154, italics added).

As the saying goes, it takes two to tango, be it in a battlefield, a playground, or an analytic session. I read Freud's metaphors as referring to the *intersubjective positions* of analyst and analysand. In the battlefield, they cannot discern how their interactions and intrapsychic experiences affect each other. In the playground, they can observe their own interaction and reflect on it. Spillius puts this as the analyst's oscillation between "being 'in' and being somewhat 'outside' the interaction" (Renik & Spillius, 2004, p. 1060). When we are stuck in the battlefield, it does not always occur to us that we are actually engaged in battle; the combatants are too busy making war to attain a perspective on their interplay. Something needs to be introduced to enable a shift to the playground, where we can investigate what is going on. We need "a *third position* [that] … comes into existence from which object relationships can be observed" (Britton, 1998, p. 42, italics in the original). But, as Renik and Spillius note, "the analyst cannot know to what degree and what ways he or she is being influenced by unconscious, idiosyncratic elements of personality" (Renik & Spillius, 2004, p. 1054 f.). This problem became apparent in my work with Monica.

In the counter-transference, I got more and more uneasy. I felt "there's a battle going on, but I don't know the enemy and I'm not supposed to fight". She sensed my irritation, which frightened her that I was fed up with her and that I did not dare acknowledge my thoughts of being irritated, wanting to stay with her and help her – and to run away from my intense discomfort. This prevented me from realizing that she experienced my interpretations as something I forced into her and which aroused a jumble of feelings. Furthermore, it was crucial to examine my state of mind while interpreting, not only because it contributed to creating the interpretation, but because it was part and parcel of the interpretation itself (c.f. Baranger & Baranger, 1985; Ferro, 1999).

Since I was annoyed with Monica's refusal to respond to my baby focus, I sometimes became "a tired, defended, unavailable or suffering analyst [who merely] … evacuates his anxiety into the patient's mind" (Ferro, 2006, p. 990). Unaware of my own evacuative efforts, I tended to interpret what prevented her from showing affection and distress openly, and what made her squirm away from the insight and development which she clearly showed she achieved during sessions.

Pausing to reflect on the connections between infant and adult work, we may ask in what ways working with Nic and his mother contributed to changing my technique with Monica. I had before me Theresa, a kind and caring mother whose baby was unhappy. It would have been pointless to address her nursing technique only or, conversely, to regard him as the wrong-doing party. We needed to focus on their interaction and their mutual projective identifications. To Theresa, the situation was terrible. To Nic, who like all infants spend their time "noticing the intentions, unseen behind the acts, and not the seen actions themselves" (Stern, 2008, p. 182), it must have been a very hard time. Obviously, neither of them could turn to the other without feeling mistreated. This atmosphere of mutual reproach and discontent was the point in common between their relationship and Monica's and mine. Monica helped me make this clear when, one day, she was feeling more at ease and mused: "My relations with my parents and with my boyfriend, they're so different …. I'm thinking about what relation you and I should have. One in which I … we … I … pester and nag? Or, something new?"

I noticed that she wavered between "I … we … I" and told her that perhaps she did not know if our relationship was one where I or she or both of us hate, and nag at each other, or if the responsibility to find this out was hers or mine or ours. I also told her it made a difference if she felt that I, too, was trying to

understand her panic or if she had to deal with this task on her own.

She thought this interpretation was mocking and critical, as if coming from a fed-up mother who pretends to be understanding while secretly wanting to abandon her baby. As long as my "unconscious, idiosyncratic elements" (Renik & Spillius, 2004, p. 1055) contributed to my analytic interventions, I subjected Monica to "interpretative enactments" (Steiner & Levenson, 2006), which occur especially "when the analyst also finds it difficult to tolerate the constraints of the analytic setting [and] pressure from the patient coincides with an area of his own frustration" (p. 318). Though my interpretation expressed an understanding of Monica's baby predicament, it also, however unconsciously to me, functioned as a safety valve for my vexation. I probably communicated it through my body language and tone of voice, both of which constituted "a continuous background of moment-by-moment influence" (Beebe & Lachmann, 2002). This was registered by Monica's semiotic sensitivity.

I began to use more of "analyst-centred" (Steiner, 1993) interpretations demonstrating how we "co-constructed" (Beebe & Lachmann, 2002) our interaction. I thus interpreted not only what she wished from me, but also how she experienced me as I was interpreting her wish. I said: "Perhaps when I speak about how you're feeling, you think of me as a mother calling the paediatrician: 'Take care of this hopeless baby; I'm at the end of my tether!'"

ENACTMENTS IN THE BATTLEFIELD

In recent years, there has been a debate on intersubjective versus post-Kleinian notions of the analyst-analysand interaction (Renik & Spillius, 2004; Seligman, 1999; Silverman & Lieberman, 1999; Steiner & Levenson, 2006). The dividing line between the two traditions is not always easy to discern. Many post-Kleinian authors also highlight the therapeutic environment that the analyst unconsciously provides (Ferro, 1999, 2006; Joseph, 1985; Steiner, 1993) and indeed even maintain that "the contemporary Kleinian model contains an implicit idea of the intersubjective and would not make sense without it" (Likierman, 2006, p. 368). Similarly, the inter-subjectivist perspective pays heed to the patient's internal world, that is, to his subjectivity. However, there is one point that is relevant to my work with Monica at which these writers' views seem to differ: the significance of the analyst's enactments. Levenson (an inter-subjectivist) claims that they are continuous and ubiquitous (Steiner & Levenson, 2006, p. 322). In the same paper, which is a discussion between him and Steiner, the latter on the other hand writes that "the most worrying enactments take place when the analyst sanctions and even idealizes enactments without becoming nervous" (p. 327). Different from inter-subjectivists, who generally seem to emphasize that enactments are inevitable, Kleinians like Steiner tend to regard them as "always harmful, nevertheless the dangers have to be accepted" (p. 326).

As I see it, to the extent that my interpretations to Monica were an unconscious safety-valve for my vexation and helplessness, they were also an enactment. I was not open-minded and agile enough to register and address what went on in her, in myself, and between the two of us. This was where the "I … we … I …, pester-and-nag" episode helped me discover and handle the enactment.

In mother-infant work, the tri-partite setting diminishes the risk for the analyst to become enmeshed in a "mini-group of two; the analyst and the analysand" (Norman & Salomonsson, 2005, p. 1296). Somewhat from the outside, I was able to contemplate Theresa's and Nic's interaction. As I became more accustomed to this position, I could oscillate more freely between their battlefield and their playground. I could then transfer this experience to the work with Monica and reflect on our interaction, rather than enacting in our battlefield. In parallel, Monica began reflecting on her bodily movements as a symptom with an inner meaning (the panicky and inconsolable baby) as well as a communication to me; she wished to run towards me, an idealised and gratifying analyst, but immediately fled to perceiving me as a dissatisfied and ridiculing one: "It feels like I am running to you and away from you at the same time. I guess that's why I am lying here kicking about … I want to hug you and kick you".

THE EXTERNAL OBJECT'S INFLUENCE ON THE PATIENT

Monica and I continued mapping out our interactive territory. However, she continued to arrive, greet me in a friendly manner, lie down, and then start to anxiously twitch and sigh. What preserved this pattern and what prevented her from coming to analysis for help and reflection? I suggest it persisted because I had still not found a way of formulating my impression that she had a lifelong history of sensing, without daring to realize it, how the external object's unconscious hostile affects contributed to her misery. She was thus repetitiously and unsuccessfully trying to adapt to a malignant, "partially self-aware [but] inherently

self-deceptive, [human] environment" (Slavin, 2006, p. 302). This point leads to theoretically, technically and ethically delicate questions: how could I speak of the unconscious affects of parents (her original objects) I had never met? How could I address my own contributions to our relation, without immodestly and intrusively divulging private self-revelations?

Beginning a Monday session at the end of the 7th semester, Monica squirms and panics on the couch. Here is our dialogue:

Monica: It's impossible to be at ease with you! We could just be here together, but it doesn't work! It feels like you're putting demands on me, already after one minute here! It reminds me of a party the other night. We were playing charades. That also felt like a demand. I couldn't think of anyone to impersonate!

We talk about this experience for a while. Then Monica thinks of a lecture she attended. She was responsible for the microphone, but something went wrong and there was a noise from the loudspeaker. A lady rebuked her.

Monica: I did my job, but something was wrong with the set-up! I thought, "What am I doing here? I don't feel welcome anywhere. I long for my home …". But these feelings are illusions. When I was young, somebody asked me where I came from. I replied, "I come from the World!" I was only a teenager then, but it was important for me to answer that way!
Analyst: You wanted to tell that person you don't feel welcome anywhere: not at the party, not at work, not at my office, not at any place. This feeling is constantly running around inside you.
Monica: And then everything gets complicated, since I behave in a way that makes people annoyed with me. I don't know which comes first, the chicken or the hen.
Analyst: The chicken or the hen?
Monica: Well, the chicken or the egg!

After reflecting on her slip of the tongue, I say:
Analyst: Am I the hen who doesn't want you and can't stand you, chicken? Is that how you feel when you arrive here but cannot stay with me? … I wonder if you had a feeling of being the unwelcome chicken of your hen-mother, and that something was wrong with your set-up.
Monica: (suddenly becoming serious) Sometimes, I think about death. I don't mean suicide, but dying to be free. Maybe to be reborn, leave the bad things behind me, start anew …. But I can't start my life again!
Analyst: So, what shall you do with your bad feelings? At home, perhaps the feeling was "Now Monica's fussing again! Why did we conceive her?" Here, you might fear that I think, "Why did I ever take her into analysis?" Can you express such fears openly instead of letting them run around in your body and creating so much distress?
Monica: (more pensively) Once, Mom bought us chickens. The wings were made of figs and the beak was an almond. Oh, how I wanted to keep those chickens instead of eating them …. It feels as if I've been in a prison for a long time. The prisoners were me, my family, you, and people I know, all grey and gloomy. No one was allowed to play with their thoughts. Now, some light is seeping in and I can share something with you. This homeless feeling, I have no words for it. I'd like to be silent ….

She turns silent for 5 minutes. This has never happened before and the atmosphere is quite peaceful.

Monica: I almost feel guilty, lying here and enjoying myself, as if I got a piece of candy from you. Yes, it's like my chicken of figs and almonds! I like this hen and chicken image.

When I assume her hen-mother has harboured rejective feelings towards her chicken-baby, I say something about the external mother object. Truly, this idea came to me as a result of my complementary identification (Racker, 1957): I had sensed that I wanted to push Monica away. Inevitably, such identifications had resulted in my enactments in which "seduction can be done with words, cruelty inflicted with the tongue and moral condemnation with the tone of voice" (Steiner & Levenson, 2006, p. 316). However, whereas Monica's mother seems to have covered up her hostility, I struggled to discern and acknowledge mine. This effort is vital, since an analyst (or a mother) who refuses to acknowledge hostile feelings may cause harm. Monica suspected that I wanted to get rid of her because she sensed insincerity behind my empathic formulations of her distress as an infant. My unacknowledged anger thus caused harm to the extent that it coloured the verbal content of my interpretations. To get back to Rosolato's terminology, though the digital content of my interpretation addressed the dissatisfied infant part within her, its analogical content demonstrated not only compassion with her, but also my irritation.

In such situations, the analyst's self-disclosure may become essential. Certainly, "self-disclosure can be just as presumptuous and intrusive as interpretations or silence" (Maroda, 2000, p. 247). On the other hand, *affective* disclosure can be vital, because "for the analyst to attempt to stifle her naturally occurring emo-

tional responses is to deprive the patient of exactly what he is desperately seeking" (Maroda, 2002, p. 107). To illustrate, here is a passage from the end of the same week.

Monica: I always used to feel that I intruded into your office. I didn't have any place here! But things feel different now. I wonder what happened…
Analyst: You have come here, squirmed around on the couch, and feared that I am annoyed and unwelcoming. Yes, sometimes I have been annoyed with you. But is that dangerous to you? Isn't it rather that if you don't pronounce your intuition about me, or if I don't dare to realize what I feel, a terrible feeling will remain inside you?
Monica: You scare me! I'm still afraid to talk about it…. It's important to talk about it with respect, like when you speak to a baby.

She reveals a childhood memory. Monica was fussy and Mom yelled "you monster!" She has always concealed this memory from me, fearing that her mother's comment would confirm and increase my anger with her.

Analyst: It has been especially hard on you, since you felt I thought of you as a monster, too.
Monica: That monster thing is much larger than me!
Analyst: I think what makes it large is really when you don't dare spell out your suspicion, "Björn thinks I am a monster, too!"

The unconscious hostility of Monica's mother seemed obvious through several examples related over the years. In fact, the mother had revealed her depressive nature, possibly already existent since the beginning of Monica's life, during some rare, sincere dialogues between the two. However, I consider my model of Monica's interaction with her depressive and unconsciously hostile mother as a reconstruction, not as an emotionally experienced (or re-experienced) fact. In contrast, when I told Monica that I had sometimes been annoyed with her, it was an emotional truth emanating from my own self-analysis. I could keep silent about it, or I could say it openly. In choosing the latter, I was inspired by having been exposed, in mother-infant work, to the interaction between babies and their external objects. For example, in Theresa's and Nic's case, I had heard her ironic comments ("there's no grub in the finger" and "Nic sounds silly") concealing her unconscious hostility, and I had seen it become part of a vicious circle in the interaction between them. When I had experienced those unconscious rejections clashing with the mother's conscious wish to console the baby, I became more conversant in speaking about such incongruent messages. Thus I said "Your Mom says nice things to you, Nic, but I think you also hear another tone in her voice. Perhaps she is angry with you, and this scares her".

This familiarity in speaking to the infant about his mother as external object was of great help when I discovered the anger behind my well-meaning interpretations of Monica. Then I could say to her "Yes, sometimes I have been annoyed with you." Indeed, Monica was scared by my disclosure. However, her response about the importance to talk about it with respect indicated that she understood the earnest implications of what I had said and that she was not going to misuse it. In fact, throughout her analysis she never held my disclosure against me but rather indicated that it had been of great relief to her.

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