

Semiotic transformations in psychoanalysis with infants and adults

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The author addresses issues that emerge when we compare psychoanalytic experiences with adults and with infants. Two analyses—one with a 35 year-old woman and one with a 2 week-old boy and his mother—illustrate that infant psychoanalytic experiences help us understand and handle adult transference. However, we cannot extrapolate infant experiences to adult work. Truly, witnessing the baby's communication widens our sensitivity to non-verbal layers of the adult's communication. Infant work also offers a direct encounter with the container and the contained personified by a mother with her baby. But we need to conceptualize carefully the links between clinical experiences with babies and adults. When we call an adult transference pattern 'infantile', we imply that primeval experience has been transformed into present behaviour. However, if we view the analytical situation as one in which infantile invariants have transformed into adult symptoms, we face the impossible task of indicating the roots of the present symptoms. The author rather suggests that what is transformed is not an invariant infantile essence but signs denoting the patient's inner reality. He proposes we define transformation as a semiotic process instead of building it on an essentialist grounding. If we view the analytic situation as a map of signs that we translate during our psychoanalytic work, we can proceed into defining containment as a semiotic process. This idea will be linked with a conceptualization of the mother–infant relation in semiotic terms.

Keywords: semiotic transformation, adult/infant psychoanalysis comparison, psychoanalysis of mother and infant, Bion, Kant, infant research

The reason why our cognitive theories frequently run into trouble could be due to the fact that we are inexorably embedded in a primal cognitive basis in which experiences escape from the limits imposed by words.

(Corradi Fiumara, 1995, p. 65)

Introduction

Monica, an analysand of 35, bursts out on the couch, 'I can't bear it! Now I'm here again, it's terrible. Oh, God! I would do anything to come to my session, but when I'm here I can't stand it. Ahhh ... we really have a problem'. Her legs sway from side to side as she brushes her forehead and moans. There is panic and total frustration. It is hard for me, her analyst, to watch her suffering. I interpret her resentment for my having abandoned her since our last session, and her bewildered and bitter feelings when we meet again. She reacts with indifference. I convey the image of a baby who has been longing for her mother and now is screaming and moving in panic. She

replies, 'That baby thing doesn't tell me anything!' I feel helpless and annoyed, as if I am to witness her shakes and sighs and yet be declared unable to help.

A year and a half into Monica's treatment, I start psychoanalysis with 2 week-old Nicholas and his mother Theresa. She had visited a baby clinic because of a wound on the nipple. It soon healed but the nurse, seeing her crying, recommended that she contact me. Theresa tells me she does not know if she wants to be a mother. She is constantly worried that Nicholas might get injured. She seems trapped, angry and desperate. Evidently, she also has warm and loving feelings for her son. While sucking the breast, Nicholas jerks and tosses his head as if shunning the nipple. He sucks it in entirely, rather than rhythmically working it. To see Theresa's anguished face while Nicholas fusses is poignant and alarming. Something must be done quickly or else their relation may get stuck in mutual resentment.

The line of argument in my paper is this: first I will show how infant work can inspire us to focus on primitive aspects of the personality of the analysand, regardless of age. It also helps us become aware of how we interact with the adult patient. Thus, Nicholas and his mother inspired my change of technique with Monica. Then my trajectory will change direction. I will argue against the idea that infant analysis inspires us in adult work because 'infantile parts' would be present in the grown-up. It is not meaningful to say, for example, that an infantile 'invariant' (Bion, 1965), transformed into jerks and plaintive comments, remains in Monica. Neither developmental theories nor infant observations can validate my clinical impression that she seems like a distressed baby, and that an unhappy mother relation clouded her infancy.

If we cannot establish a developmental line infantile symptoms → adult jerks, we might conclude that my clinical impressions of Monica's childishness exist just in my head; they might inspire empathy and interpretations but have no explanatory value. I will, however, claim that, although developmental psychology and infant psychoanalysis cannot inform us of what it was to be *Monica* as a baby, these disciplines help us intuit how it feels to be *a* baby. They open up our senses and thinking to infantile transformations in the adult. However, this we can only claim if we redefine transformation from an essentialist into a semiotic concept. What is transformed in the clinical situation is not an invariant infantile essence, but signs denoting the patient's inner reality. If we look at transformation as a perpetual semiotic conversion process, it will furnish us with a toolbox of nomenclature, with which we can name our clinical observations; not just what the patient said, but how she did it, how she sounded, looked, smelled and impressed on us.

The next step in my line of argument is to equip this conceptual toolbox. I will claim that Freud's bipartite division, in which the 'word' sorts our presentations into either thing or word presentations (1915, p. 202), is insufficient (Salomonsson, 2006). In order to cover the multitude of clinical presentations and signs, we need a tripartite classification. We also need signs for clinical phenomena in a patient of any age. Having done this, my last object will be to unite the developmental and the semiotic perspectives, and describe infant development and containment as processes of semiotic refinement and interchange.

Why is Nicholas jerking?

‘The central problem of these early depressions [in babies] cannot be one of an object loss in the total and classical sense’ (Golse, 2006, p. 191). Rather, ‘the post-natal maternal depressions and the baby’s depressions can and should be considered as maladies of interaction’ (p. 187). Nicholas and his mother are on the brink of establishing a depressive ‘malady of interaction’, though they have only known each other for 2 weeks. She attributes her feelings to him and he cannot handle her projections other than by shunning her. An example of her projections is that she already worries that his adolescence will become as troublesome as hers was. Nicholas seems confined by his mother’s worries. I also sense a discontented and suspicious attitude in him. During the 4 month analysis of four-times-weekly sessions, according to the method devised by Norman (2001, 2004), we will learn more of how their emotional and representational traffic relates to the nursing problem.

Theresa cannot manage her sore self-esteem and rage of being confined: ‘When he doesn’t clutch the nipple or he bites it without sucking, I panic. Where’s the design for all this? I tell him to stop crying and start sucking!’

I say to Nicholas, ‘I wonder why you are so troubled at the breast. Maybe you remember that it hurt Mom when you sucked her. You didn’t understand why she pulled her breast back. Perhaps it filled you with something bad. You didn’t like Mom’s breast then. Is this why you don’t dare to suck it?’

Theresa speaks desperately of motherhood. One part of her, ‘Adult Theresa’, is welcoming and responsible with her son. Another part, ‘Baby Theresa’, wants all the attention just for herself. When the baby ‘turns to the mother with all emotions and demands’ (Norman, 2001, p. 97), it becomes easier also for the mother to address her difficult issues. Thus, I tell Theresa in the third session, ‘When you feared Nicholas would be injured on the roads, I guess you also feared the thought that you wanted to get rid of him. “Adult Theresa” and “Baby Theresa” wanted different things’. Her tearful and courageous confirmation of her rage with Nicholas evokes respect.

A few sessions later, I notice from Nicholas’s gaze that he is cautiously paying some attention to me. Turning to him, I tell him when he frets again ‘Nicholas, I wonder what disturbs you. You have many feelings. Hunger hurts. You sense the wonderful milk. Then you recall when you didn’t like Mom’s breast and her “Ouch” when it hurt her. Your feelings clash. You don’t want the breast and throw your head back. Then you get hungry and want it anyway. And Mom gets stressed’.

A comment: as little as I believe that Nicholas explicitly remembers the taste of his mother’s milk or her reactions, as little do I believe that he understands the literal meaning of my words. Rather, I believe his ‘representations are constructed from interactive experience with someone’ (Stern, 1995, p. 81), and that this someone is his mother. Together, his representations form an implicit knowledge that is ‘nonsymbolic, nonverbal, procedural and unconscious in the sense of not being reflectively conscious’ (Stern, 2004, p. 113). I even claim that an unconscious system in the topographical sense is developing in Nicholas. Frustrated in his interaction with his mother’s unconscious system, his impulses are delegated a place in his budding *Ucs*.

What then does Nicholas understand of what I tell him, given the facts that he does not understand words literally and that the impulses that I address are unconscious? Langer emphasizes that the notion that we can understand only discursive expressions is based on two misunderstandings: '1/ that language is the only means of articulating thought, and 2/ that everything which is not speakable thought is feeling' (1942, p. 87). She wants to bring attention to other ways of expressing thoughts than the verbal ones, and to the fact that our unspeakable thoughts can contain meanings and not just emotions. Indeed, she says, there are certain expressions that 'require to be conceived through some symbolistic schema other than discursive language' (p. 88), for example, images, ritual, magic, dance and music. To this list I would add a baby's expressions. I suggest that Nicholas understands what I convey as a 'presentational symbolism'. He understands my sincere intonation, and the rhythm and tempo following my understanding of what goes on within him when he is at his mother's breast. In this way he is sensitive to the 'temporal feeling shape' (Stern, 1995, p. 84) accompanying my words.

Whatever Nicholas has understood of my intervention about the milk, Mom's 'Ouch' and his clashing feelings, he now calms down. Theresa sighs and says, 'This time things went well but, by the right-hand breast, things can get really troublesome'. Here, he often throws his head and rejects her breast. I now realize that our two-sided images, such as 'Adult Theresa' vs. 'Baby Theresa' and 'Darling Nicholas' vs. 'Fretful Nicholas', have an anatomically concrete counterpart of nursing at the left and right breasts. I connect the two-sided nursing pattern with her two-sided self-image: 'In your "left-hand" part, you think Nicholas is a wonderful baby, just as you've noticed he prefers your left breast. But, in your "right-hand" part, he has caused you so much trouble and you feel so bad about it'.

Overwhelmed by 'right-hand' hatred and resentment, Theresa felt unworthy as a mother. Her feelings contributed to what Golse names their 'malady of interaction'. During the joint analysis with her and Nicholas, we traced it back to a lifelong uncertainty if she is worthy of love. We also saw it in her transference; she easily felt that I criticized her. Nicholas's contribution to the malady was this: when the sore nipple made right-hand nursing painful, Theresa withdrew in pain. He got afraid and perturbed, withdrew his head and shook his limbs. His reflex withdrawal combined with budding resentment against her. This was enough for Theresa to fuse self-derogatory images with her negative feelings; her fear/wish that he should be injured. This tipped the balance in Nicholas's breast behaviour, from a reflex withdrawal to a rejection of Mom. Only 2 weeks old, his behaviour was no longer guided only by reflex motility but also by intentions. I am not referring to an older infant's 'shared' or 'we intentionality', which refers to 'collaborative interactions in which participants have a shared goal ... and coordinated action roles for pursuing that goal' (Tomasello et al., 2005, p. 680). Instead, I am speaking of Nicholas's intentionality in dealing with his emotions and the ones he perceives in his mother. It is an intentionality that arises when satisfaction through hallucination (Freud, 1900, p. 566) fails, and the baby tries to draw the 'attention of an experienced person' for getting help (Freud, 1895, p. 318). However, in this task Nicholas runs up against a problem; with his contradictory intentions he is seeking a mother

who is assailed by her own contradictions. This is the intersubjective problem that weighs on the two of them.

Why is Monica jerking?

My adult analysand, Monica, made a strong impact on me of an inconsolable baby, jerking and moaning on the couch. When I described my impressions, she would sometimes speak of an emotionally unavailable mother and a father whom she hates incomprehensibly. But, mostly, she declared her childhood was wonderful until her father one day told her to help at home. Then, her world collapsed. ‘At that time I was 10 years of age!’ she said, triumphant in proving that my infant focus was rubbish.

Monica jerks and moans mainly in the beginning of sessions, especially after weekend breaks. This opens up for interpretations of her returning to me, longing for closeness and consolation but unable to calm down with me. Such comments are meaningless to her at best, insulting at worst. She is not a baby, and she needs weekend breaks—from me!

Early on, Monica brought three dream fragments. In the first, *her friend Maria stands with her baby at a railway station*. In the second, *a man hugs her from behind, saying, ‘I know what she wants. She wants the breast’*. In the last dream, *a man seduces her. She resists but he puts his penis into her mouth and urinates*. Monica is upset. The revelation that she wants the breast is humiliating. The thought of urine in her mouth is just frightening. She brings no associations to Maria. I wonder if the name could be associated to Virgin Mary and the Jesus child. Monica, however, finds my suggestion far-fetched.

In the countertransference, tension mounts. I can stand her derision and intellectualization when I describe her baby helplessness. What is harder to bear is my own helplessness. I get uneasy, forced to sit still despite my own jerking feelings. She senses my irritation, which frightens her that I am fed up with her. Indeed, sometimes I feel that way. She experiences me as a man who caresses and seduces her, while he mocks her for wanting the breast. However, I do not realize that she views my interpretations as if I force mocking jets of urine into her. In brief, I do not grasp our interaction in the psychoanalytic field (Baranger and Baranger, 1985; Ferro, 1999).

A change in technique

During the fifth semester, some events clarify how she experiences me when I interpret our drama of a helpless mother and an inconsolable baby. She relates having had, during summer, an ice cream with her elderly parents. She panicked, rushed to the toilet and took a tranquilizer. She could not tell them. Some time later, she had an anxiety attack with her boyfriend. She told him; he embraced her and things felt better.

I comment on the different feelings and outcome when she kept silent, and when she talked about her panic. Monica reflects,

Patient: The relations I have with my parents and with my boyfriend, they’re so different. What kind of relation should you and I have? One in which I ... we ... I ... pester and nag? Or something new?

Analyst: You waver between ‘I ... we ... I nag’. Maybe you are not sure if our relation is *your* responsibility or *ours*. It makes a difference if you feel I want to assist you and try to understand your panic—or if you feel you must deal with it on your own.

P: ‘Understand?’ What mockery! If you understood me, you wouldn’t have taken this long summer break.

I realize that we speak from different vantage points. I empathize with the baby and her mother but Monica thinks I am criticizing her. She views me as a mother who, while pretending to care for her baby, calls the paediatrician: ‘Take care of this baby! I’m finished. I need a vacation!’ Now, she wonders why she denies me a summer vacation: ‘Can people care for each other and yet part now and then?’

Certainly, there are alternative interpretations of her anguished jerks. One could question my focus on an infantile, oral and ambivalent transference relation, since Monica had revealed erotic fantasies about me. Excited, she tempted me to focus on her desire for me. However, it was a bit too plain to see and contested by my lack of genital feelings in the countertransference. She fantasized that I, when seeing her swaying legs, masturbated behind the couch. This added a new dimension to the helpless mother and her jerking baby. A masturbating analyst keeps his sweets for himself instead of quenching her desire. Similarly, the mother who complains she cannot help her baby actually wants the soothing milk for herself. Thus, Monica’s erotic desire had important oral roots. Her excitement concealed a sadomasochistic relation with a tantalizing nipple or penis that intends never to reach and calm her.

Analysis of the patient—Analysis of the interaction

How can we describe my change in technique, and what brought it about? When I brought our interaction into the interpretive field, we could say I focused on the intersubjective aspect of the analytic situation. In fact, some proponents of this psychoanalytic school are distinguished infant researchers and analysts (for example, Beebe and Lachmann, 2002; Lichtenberg, 1983; Stern, 2004) who claim that mother–infant interaction studies enhance our sensitivity of the mutuality in the therapeutic process. This is my position too, in that they help us intuit what it means to be an infant. The intersubjectivists describe the therapeutic process as a ‘moment of meeting’ (Stern, 2004), rather than as the therapist’s curing the patient. However, when they put their theories against current psychoanalytic practice, I object for two reasons. All analysts constantly shift between focusing on the patient and on the interaction. We oscillate between making the patient the ‘object’ of our thinking, and making her a ‘subject’ with which we ‘co-construct’ (Beebe and Lachmann, 2002) meaning. This has nothing to do with which school we adhere to, but with how our ‘negative capability’ (Bion, 1970, p. 125) handles the uncertainties inherent in analytic work. The more uncertain we are about the process, the greater the risk of objectifying the patient.

My second objection is that the debate on focusing on the patient vs. the interaction is nothing new. I need but recall some earlier contributors such as Ferenczi

who emphasized the resistances in the psychoanalyst (1933, p. 158), and Balint who brought out the analyst's contribution to the psychoanalytic situation (1949, p. 121). A later contributor, Betty Joseph, describes the patient's attempts 'to get the analyst to act in a manner appropriate to his unconscious projection' (Bott Spillius and Feldman, 1989, p. 48). Her insight accounts for our difficulties when we try to analyse how we ourselves contribute to the patient–analyst relation.

All psychoanalytic schools describe, in different terms, the dialectics between analysing the patient and the interaction. Our task is to understand how we get emotionally involved with the patient, think things about her, and reflect on how we interact and who she experiences us to be. To understand how we analysts contribute to the 'confusion of tongues' (Ferenczi, 1933) we need inspiration. Apart from self-analysis, supervision and studies, infant work adds observable examples of a derailed interaction. Witnessing Nicholas's and Theresa's interaction heightened my attention to the 'twosome-ness' of Monica's and my relation. Nicholas struggled with his mother, who was the external representative of his internal containing object. The dyad of Nic and Theresa functioned to me as a pre-conscious internal model of Monica's and my interaction: she as a jerking baby struggling with unconscious ambivalence towards me; me as a mother struggling with unconscious ambivalence towards her. When she felt I was a fed-up mother who could not 'find the design', our relation resembled that of Theresa and Nicholas. When I asked if she felt I was trying to understand her panic, she thought I was actually projecting my distress into her. We were stuck in a 'right-hand' situation; she panicked and I was fed up. Indeed, Monica's statement, 'we really have a problem', described our problematic relation.

Transformations

Monica, a woman of 35, greeting me with timid affection, before after some minutes starting to sigh, groan and jerk agitatedly on the couch, impressed me as a suffering baby. Nicholas, a baby of two weeks, helped me to reflect on how Monica and I interacted. This initiated my efforts to conceptualize the links between clinical experiences with babies and with adults. How are we to explain Monica's jerks? I see three possibilities:

- 1) Monica's jerks directly continue symptoms from infancy;
- 2) her jerks are plain to see but my connotations of a baby are subjective constructions—they inspire my empathy and interpretations but have no explanatory value; or
- 3) her jerks represent a transformation.

Monica brought no history of jerks and moans, so the first possibility is not substantiated. The second one would clash with my countertransference impressions. Her interrupted sentences, anxious jerking and distressed complaints, the pain she reportedly suffered when seeing crying infants, the fantasies she had of blissfully merging with me, all made it impossible to reject my impressions of a baby. If I still maintain that these impressions say something important of her state,

how do they say it? What is left to us is the third alternative above; her present state is a transformation. If so, what is transformed and how does it come about?

I will issue from Bion's transformation concept. He explains it via an artist's portrait of a poppy field. We understand it, he says, to portray a field because, during the transformation from landscape to painting, '*something* has remained unaltered and on this *something* recognition depends' (1965, p. 1). This unaltered aspect of the transformation is its 'invariant'. Similarly, the analyst interprets symptoms, dreams, etc. as transformations of invariants in the patient. Sandler emphasizes that transformations 'are not a matter of the analyst's mere individual opinion' (2005, p. 765). They conserve 'seminal features of the material or immaterial fact, object or person observed' (p. 767). If we cannot accept this 'paradoxical relationship between transformations and invariances' (p. 773), we will fabricate our patients' psychic reality.

Thus, a transformation, according to Bion, contains an invariant essence. However, I had nothing from Monica that indicated an invariant. If we stick to naming her jerks an infantile transformation, we must, as I see it, liberate the transformation concept from its dependence on the invariant.

The invariant

To Bion, a transformation arises out of an invariant of *O*. I will argue that, when he grounds *O* in Kant's 'thing-in-itself', it becomes impossible to settle what symptoms or paintings are transformations *of*. Kant maintained that our thoughts do not reflect what objects are 'in themselves'. Instead, objects are accessible to us only through their appearances. 'In the world of sense, however deeply we explore its objects, we deal with nothing whatever but appearances...' (Kant, 1996, pp. A 45, B 63). As for the 'things-in-themselves', on the other hand, we have 'no a priori concepts of them at all' (1996, p. A 129) and 'it would be easier to run away from one's shadow than to reach the thing-in-itself, and every effort to reconstruct it has already gone astray' (Ahlberg, 1967, p. 475).

When Bion speaks of a clinical event 'as a thing-in-itself and unknowable (in Kant's sense)' (1965, p. 12), he sticks to Kant's definition: we cannot know the thing-in-itself. Then, however, he dissolves the border between the subjective experience and the thing-in-itself: 'The experience (thing-in-itself) I denote by sign *O*' (p. 13). I object that an experience and a thing-in-itself cannot share the same sign. At another instance, he hopes 'to discover from the invariants in this material what *O* is' (p. 15). However, *O* is unknowable. Finally, when he says of an analytic session 'that a week-end break, *O*, exists' (p. 17), the term 'week-end' already reveals that the analyst thinks his schedule affects the patient. A 'week-end break' is not *O*, since *O* stands for 'the absolute truth in and of any object; it is assumed that this cannot be known by any human being; it can be known about, its presence can be recognized and felt, but it cannot be known' (Bion, 1970, p. 30).

Had Bion consistently allotted a transcendental grounding to *O*, it would be synonymous with the thing-in-itself. Then we could *believe* in it or not, though *knowing* nothing of it. However, his alternate ascribing transcendental and experiential qualities to *O* creates problems of how to name Monica's jerks. If we subscribe

to the transcendental view, the invariant ‘Baby-*O*’ becomes a thing-in-itself. If so, infantile invariants, of which we could never gain knowledge, would seemingly hide within her jerks. If, on the other hand, the invariant were an infantile experience, we would have to wait, most probably in vain, for Monica to confirm the infantile roots of her symptoms.

Thus, Bion’s transformation concept gives problems when describing Monica’s jerks. She ‘appears’ like a jerking baby, and I interpret her jerks to ‘signify’ some infant psychic reality; maybe because I once jerked myself and certainly because I have seen other babies jerking. This I experience as if—but I have no rational grounds for believing that—her invariant baby experiences have been transformed. I may feel that her infant self is preserved in her, like ‘the pearl in an oyster’ (Mark, 2001, p. 351). However, as Mark argues, this is an impossibility: ‘You cannot subtract certain aspects from the adult’s way of acting or looking at the world and ascribe them to the infant, the reason being that different aspects and perspectives are intertwined and change one another’ (p. 351).

I suggest we regard Monica’s jerks and moans as transformations—however, not of invariants from infancy but of her present emotional state. They are ‘emotional signs’ that we perceive and interpret. After we have reformulated transformation in such semiotic terms and anchored it to existing concepts of primitive signification, we will be equipped to describe Monica’s present behaviour. I will begin my argument by questioning Bion’s account of the poppy painting. What is a poppy? Or, speaking more generally, what is nature? ‘The order and regularity in the appearances that we call “nature” are brought into them by ourselves ... without understanding there would not be any nature at all’ (Kant, 1996, pp. A 125–6).

Out of its perceptions of the world, our mind ‘constructs’ nature, paintings and psychoanalytic manifestations. Kant contradicts Bion’s idea of an invariant in the transformation from poppy field to painting. Rather, we look at the painting, then we subsume our perceptions under a concept ‘poppy’ and finally we exclaim, ‘This is a painting of poppies!’ This is the way we combine our perceptions via concepts into thoughts. The thoughts we invent ourselves. The signs are provided within object relations that submerge us from birth onwards. Other people taught us, ‘this is a poppy’.

Signifiers of infantile experience

We must connect a perception with a sign to be able to experience it and think about it (Eco, 1999). The sign stands in an arbitrary relation with the corresponding content (de Saussure, 1974, p. 144) and forms, according to Peirce, one corner in a triangular relation with the object and the ‘interpretant’. ‘The idea in the mind that the sign excites, which is a mental sign of the same object, is called an *interpretant* of the sign’ (Peirce, cited in Houser and Kloesel, 1998, p. 13). The object refers to what the mind is signifying, and is not necessarily an object in the psychoanalytic sense. The latter, however, plays an important role in signification, which I will soon return to.

Peirce emphasizes that a sign does not have to be a word. It could be a smile, an admonition, a frown, a squeak—anything that incites thinking. His tripartite semiotic apparatus (three signs, three interpretants, three experiential categories—for summaries,

see Muller and Brent, 2000; Olds, 2000; Salomonsson, 2006; Sheriff, 1994) is suitable for covering both conscious and unconscious representations (Winberg Salomonsson, personal communication, 2006). Symbol, index and icon are Peirce's major sign types. For example, as I say to Monica, 'As I see you jerking, I am reminded of an unhappy baby', the verbal symbols signify her misery. However, her interpretant issues from her taking my comment as an 'index'. She feels that I mean, 'Lie still, for Heaven's sake. You're not a baby!' Or the tone of my voice becomes an 'icon' of 'Annoyed Man'. For a patient like Monica, prone to 'acting-in-the-transference ... the analyst's behaviour, verbal and otherwise, has the impact of actions rather than communications' (Meltzer, 1992, p. 42). Within a semiotic framework, the division between action and communication dissolves once we realize they both have semiotic properties—both are signs. As Olds puts it, 'everything a therapist does has semiotic implications at one level or another' (2000, p. 524).

Throughout its history, psychoanalysis has invented concepts for how a baby signifies his perceptions. Early on, Freud spoke of '*Wz*' or '*Wahrnehmungszeichen*' (1950, p. 234)—literally, 'signs of perception'. He had in mind primal, unconscious and loosely arranged registrations. Balestriere sums up, 'This primary material is conceived as non-repressable, foreclosed, non-fantasizable. Nevertheless, it acts upon everyone's psychic and/or somatic life' (2003, p. 63). Compared with Peirce's terminology, *Wz* corresponds with icon and index. Freud later dropped this concept, which was a pity since it points in the direction of what modern infant research has discovered of the baby's capacities to discern objects and emotional states.

The Lacanian tradition has most unequivocally described the analytic situation in semiotic terms. Following Freud's emphasis on the word as a watershed in a bipartite division of representations, Lacan (2005) brought out language and letters as basic building blocks in human experience. Late in life, he briefly described an expressive form that precedes parole: '*lalangue*' (1975, p. 175), which is structured by the mother's language (Porge, 2000, p. 108). Some of his followers took a more decisive interest in preverbal signification. Dolto claimed the baby understands a language, which 'pre-exists parole ... in its facial expressions, gestures, corporal and sensuous activities' (1994, p. 162) or, in another formulation, that the baby grasps 'unconscious communication' (p. 177). In her clinical practice, she sometimes went one step further and intervened as if the infant understood her literally, for example, she once spoke with a 2 week-old baby girl who refused to suckle. Dolto addressed the girl's internal situation, influenced as she thought it was by the mother's worries about her older children and the recent death of the girl's maternal grandmother. Then Dolto said to the girl, 'If you hear what we told you, turn your head towards me, so that Mom understands you are intelligent and you love her' (1985, p. 211). I object that this intervention neither differentiates sign levels of communication, nor the infant's capacities in understanding them. Working with Nic, I also interpreted the conflicting emotions I presumed he suffered from, but I did not think he understood me literally. Nor would I ask him to turn his head to me in confirmation. I have described babies who give signs confirming they have understood part of the *emotional* content of an interpretation (Salomonsson, 2007). This is *not* to say that a baby would literally understand an interpretation.

One way of classifying human expressive forms is to distinguish between digital and analogical forms (Corradi Fiumara, 1995; Eco, 1968). Lacan focused on the digital dimension; how speech units assemble along linguistic laws. Rosolato (1978, 1985) focused on analogical aspects; the non-verbal aspects of tone, intensity and nuances that parallel the word stream. If, as Lacan says, the unconscious is structured like a language, Rosolato notes that this comes about via the signifier, of which he distinguishes two kinds. One is the linguistic and the other is ‘the demarcating signifier’, which

...structures the non-verbal information and assures such communication. It permits not only to identify and to fixate the corporal expressions, the affect and the drives, but also the perceptions and sensations which make up the peculiar quality of a lived experience. It also permits us to orient ourselves continuously in the nuances of the information that accompany verbal communication. These are the gestures, the mimic and the prosody, which complete the functions of the word. (Rosolato, 1985, p. 14)

Demarcating signifiers appear before the child acquires language, as ‘a coherent flux of images, like a film’ (1985, p. 30). Their ‘fleeting, ineffable, potentially evocative’ (p. 31) meaning derives from pairs of opposite emotions—good/bad, pleasure/unpleasure. This gives them a digital (0 or 1) basis. If ‘jerk’ at bottom signifies unpleasure (1), then ‘non-jerk’ is pleasure (0). Out of such dual experiences a never-ending network of signs and meanings branches out, which it is the analytic task to investigate.

From an aesthetic philosophic perspective, as I mentioned earlier, Langer differs between discursive and presentational symbolism. The former corresponds to Rosolato’s linguistic signifier, the latter to the demarcating signifier. Discursive language ‘has permanent units of meaning which are combinable into larger units; it has fixed equivalences that make definition and translation possible’ (Langer, 1942, p. 96). Presentational symbolism is

...a wordless symbolism, which is nondiscursive and untranslatable, does not allow of definitions within its own system, and cannot directly convey generalities. The meanings ... are understood only through the meaning of the whole, through their relations within the total structure. (p. 97)

The formal similarity between the jerks of a baby and of Monica puts them in a metonymic relation. However, Monica cannot change perspective and treat my interpretation of her jerking like a baby as a metaphor. She cannot read it ‘backwards’ as a metaphor of her suffering and yearning (Enckell, 2001, p. 12). When I included Monica’s view that she felt I was attacking her because of her jerks, I moved from using a demarcating signifier to a ‘formal signifier’ (Anzieu, 1990). With his concept, Anzieu emphasizes that the baby’s signification embraces his unspeakable psychic pain *and* his notion of an incapable container/form. Therefore, an interpretation should, as I also learned with Nicholas, focus on his troubled feelings at the breast *and* his notion of the incomprehensible containing object—a sad mom who pulled her breast back.

Rosolato’s concept focuses on the nature of signification while Anzieu’s adds an object-relational perspective. Stern’s concepts, RIGs (representations of interactions

that have been generalized; 1985, p. 97) and schemas-of-being-with (1995), cover the same process; the baby forms representations of what he encounters, and does so in interaction, imagined and real, with whom he encounters. Stern's concepts, as well as Tronick's (2005) 'Dyadic state of meaning' (DSC), emphasize the involvement of the other in the baby's significations. Whichever concepts we use, they should cover those aspects of the baby-mother interaction that are clinically important; the incoherent messages that are so complicated to signify.

Many authors emphasize that primitive signification is closely linked to the infant's experience of his body. If, as Freud puts it, the ego is a 'bodily ego ... the projection of a surface' (1923, p. 26), this projection must reach the ego in the form of bodily signs. 'The body is the main source of semantic content' (Gallese, 2006, p. 54). Székely suggests that 'the child apprehends the visual world by incorporating his visual impressions into his body schema' (1962, p. 303). These processes follow 'archaic meaning schemata' (p. 303). Nicholas seemed on his way to developing a meaning schema of a world suddenly turning into a bad place from which he must throw his head away.

β -Elements and primitive signification

Simultaneously with Székely, Bion presented 'A theory of thinking' (1962a). When he claimed our thinking deals with thoughts, he primarily referred to thoughts arising when a pre-conception mates with a frustration (p. 307). These thoughts he later called β -elements. I suggest β - and α -elements express differences in the individual's emotional state *and* in his level of signification. The β -element is a sign too, though the patient *feels* it to be a thing-in-itself (Bion, 1963, p. 39). It is a primitive mental sign waiting to become signified at a higher level so that the individual can reflect on it. If 'the many output phenomena of the brain: thoughts, feelings, symbols, language, art, buildings, techniques, crafts, etc. [each represents] a sign system in which signs stand for the person in a way to be communicated to the world' (Olds, 2000, p. 509), I would place the β -element in the lowest sign systems of icons and indices.

Bion says β -elements 'cover phenomena that may not reasonably be regarded as thoughts at all' (1997, p. 11), and that they are used for thinking 'that depends on manipulation' (1962b, p. 6) and evacuation. As I see it, β -elements are primitive mental signs and, thus, they are thoughts, however catastrophic and fragmented. Since 'we think only in signs' (Peirce, in Houser and Kloesel, 1998, vol. 2, p. 10), however primitive those signs may be, and however much the individual feels them to be menacing things, he processes them mentally. Why not call these primitive mental signs thoughts? If the notion of β -elements as 'sense impressions of which the patient is aware' and emotions he experiences as unchanged (Bion, 1962b, p. 6) leads us into assuming that the mind has not signified them, we can say nothing about them. As psychoanalysts, we investigate mental phenomena that are unknown, not that are unknowable or unsignified. As soon as we concretize a mental event into absolute truth or sense impression, we place it outside psychoanalytic investigation. I regarded Nicholas's jerks by the nipple as β -elements or signs behind which I

discerned primitive interpretants. That is why I interpreted to him the emotions I thought lay behind.

I have understood James Grotstein, a renowned Bion scholar, to sometimes use *O* as an experiential term, e.g. when he says, ‘the infantile portion of the personality experiences *O*, Absolute Truth, as beta-elements’ (Grotstein, 2004, p. 1087). However, an interesting correspondence with him after the preparation of my paper indicates that our views on *O* and β -elements may be closer than I thought. Unfortunately, I cannot integrate our discussion in this paper. What I want to emphasize is that the patient does not evacuate her β -elements, whether they express absolute truth or not, or lack signification or not. Rather, the patient *thinks* she evacuates them, since she has signified them as something which she can and must evacuate. This is in line with Freud’s remarks on ‘how much more concretely children treat words than grown-up people do’ (1909, p. 59). Monica treats my interpretations like a child, as concrete matter clogging her only trusted safety valve; the jerks through which she evacuates what she experiences as unwanted ‘things’ inside her, but which are primitively signified ideas and emotions.

To sum up, we might name Monica’s and Nicholas’s smiles, frowns, coos, sighs, cries, jerks, and babbles *Wahrnehmungszeichen*, β -elements, demarcating signifiers, formal signifiers, RIGs, and presentational symbols. They form part of a primal semiotics connected with a ‘rudimentary representational capacity’ (Beebe and Lachmann, 2002, p. 67). I think two week-old Nicholas’s diverse behaviour at the two breasts indicates that it appears even earlier than during the second month suggested by the authors.

In a semiotic of primeval experience, the word is but one of the watersheds between different sign types. When the word finally becomes comprehensible to the child, it conveys both digital and analogous meanings. We grasp these parallel imports as we enter a ‘fruitful circle’ (Apel, 1995, p. 36) of sign proposals and confirmation. Monica and I choose on what level of signification to interpret each other—symbol, index or icon. The same challenge applies to Nicholas—how shall he signify his perceptions of mother’s ‘Ouch’ while she pulls her breast back? Eco says, ‘empirical objects become signs (or they are looked at as signs) only from the point of view of a philosophical decision’ (1984, p. 10). It might seem strange to apply this statement to a little infant. As I have tried to demonstrate, this is nevertheless exactly what Nicholas, with all his limitations and assets, is doing.

Transformation as a semiotic concept

After having assembled a semiotic apparatus that covers infant and infant-like expressions, we are now ready to reapproach the transformation concept. Our problems arise because we easily involve an essentialist notion when we try to understand it. This confuses our notion of what is transforming and how it comes about. We think like children; truth is an essence hiding inside something. In the fairytale, the frog is transformed into a prince when kissed by the princess. It is as if, all the time, there was actually a prince-*essence* within the frog! Our language is full of primary metaphors of a truth-essence hiding within disguising coatings, for example, that

psychoanalysis ‘reveals’, or lifts the veil from, Monica’s jerks provides ‘insight’ into ‘the heart of the matter’, that is, the suffering infant *within* her.

Our tendency to think along essentialist tracks also risks making us view psychoanalytic findings as transformations of a neurobiological essence. We might claim that Monica’s jerks represent “‘bodily memory” and implicit knowledge about how the world works’ (Solms and Turnbull, 2001, p. 169), since these mechanisms store infantile experiences. If we read these authors carefully, however, we realize that the jerks might *represent* such memories, but they *are not* memories. ‘Our earliest experiences can only be *reconstructed*, through inferences derived from implicit (unconscious) semantic and procedural evidence’ (p. 169, original italics).

Now to an example that challenges an essentialist notion of transformation; a linear transformation, as in the function $y = ax + b$. Indeed, Bion used mathematical analogies, for example, when he described transformation as an ‘equation’ (1965, p. 14). However, when such analogies meet with the idea of an invariant we run into problems. A linear transformation has no essence, no invariant hides in the formula. We only see permutations; different values to ‘a’, ‘x’ and ‘b’ give different values to ‘y’. Here, the transformation consists only in sign relations. We can call it a sign transformation or a semiotic transformation. I suggest we use this definition not only in mathematics but also in psychoanalysis. Psychoanalytic transformations cannot be of the essentialist kind; we cannot establish any infant essence in Monica’s jerks. Nor do the transformations follow a mathematical function. However, a function might ‘metaphorically’ represent the relationship between her jerks and my impression of the suffering baby. Her emotions stand in a dynamic relation with her symptoms. Metaphorically speaking, the more (x) of anxiety (a), the more Monica jerks (y). Then ‘b’ would represent a constant; this relationship between emotions and jerks pertains only to Monica.

When we define transformation as a semiotic concept without transcendental roots in an unknowable essence, we emphasize it as a continuous process. It has no starting point in an invariant *O* but is an endless chain of sign permutations. Monica feels something when arriving at my office. She transforms her feelings into new signs as she jerks out of anguish and desire. I describe her behaviour: ‘I am reminded of an unhappy baby’. She jerks again, but now I name the transformation: ‘You jerk like a woman longing for love’. Nowhere in this continuous transformation process do we observe a thing-in-itself or an unknowable *O* of ultimate truth. Rather, we base our experiences on our perceptions of the world. Thus, we anchor all transformations, from the primitive infantile to the elaborate adult, in the world we perceive.

Containment as a semiotic process

After we have reformulated transformation as a semiotic concept, the next logical step is to describe ‘containment’ as a semiotic interaction. As Stern has remarked, there can be no ‘other medium through which the fantasies of mother and infant could communicate and affect one another’ (1995, p. 42). My account of containment as a semiotic interchange seeks to chart how ‘maternal fantasies, via projective identification, are the basic building blocks of the infant’s psychic development’ (p. 42).

My view of containment issues from Bion's formulation that the baby's nameless dread appears when the baby projects terrible feelings but his mother rejects them. The baby's feeling of dying is 'stripped of meaning' and he 'reintrojects, not a fear of dying made tolerable, but a nameless dread' (1962a, p. 309). What is intolerable about this dread is not only its affective strength—it is also that the baby has no signs to think about it.

The container suggests signs to the baby or analysand, hoping to ameliorate the panic and make dread thinkable. The container does not only make the unconscious conscious, it also addresses 'the form and organization of thought' (Bucci, 2001, p. 46)—and, I add, of feelings. Both by my words and intonation, looks and silences, I suggest new signs of Monica's anguish. In Nicholas's case, his mother cannot name his anguish other than by speaking of her despair. I try out an alternative description of the nursing problem. Certainly, Theresa hears my words but they are not enough to bring about therapeutic change. More important, especially to Nicholas but also to her, are the iconic and indexical aspects of my psychoanalytic interpretative words. How do I look and sound, and what do I say? The total sum of these expressive forms constitutes my containment.

Signification—Interactive and emotional

If we define transformation as a semiotic concept and if we view the analytic situation as a map of signs that we translate in containment, we no longer need prove infantile invariants in the symptom. We can focus on what is the main task of a psychoanalytical semiotic; how we signify not only concrete objects and abstract reasoning but, above all, emotions and how they interact in object relations. Psychoanalysis has gathered important intuitions of their interaction. Experimental studies demonstrate the communicative skills and sensitivities of mothers and babies (Beebe and Lachmann, 2002; Bremner and Fogel, 2004; Nadel and Muir, 2005). Muller (1995) suggests we view such mother–baby interaction as a mutual exchange of increasingly refined signs. As I see it, containment indicates the part of the process in which the mother receives her baby's signs of troublesome emotions and signifies them back to him. She uses a form in which word-symbolic, iconic and indexical signs coalesce.

It is not self-evident how the baby learns to recognize the emotions his mother contains. Fonagy et al. propose that 'the dispositional content of emotions is learned first by observing the affect-expressive displays of others and associating them with the situations and behavioral outcomes that accompany these emotion expressions' (2002, p. 152). Thus, the baby learns his emotions by imitating his primary objects. This idea finds neurobiological support in cerebral mirror neurons (Gallese, 2006), which are involved when we learn affects by observing and imitating those of our primary objects. Mirror neurons fire when we are in the grips of emotions and when we observe others' emotional expressions. My emphasis is that these processes not only depend on a neural substrate but also on the emotional climate, that is, on containment. When the container displays her affects inconsistently and imbued with projective identifications, the baby has difficulties in learning them. Olds

remarks that mirror neurons only fire when we perceive ‘a recognized action with a beginning and end, and possibly with a purpose’ (2006, p. 33). As for emotions, ‘the other’s emotion is constituted, experienced, and therefore directly understood by means of an embodied simulation producing a shared body state’ (Gallese, 2006, p. 50). Theresa’s unconscious ambivalence prevented Nicholas from recognizing the purpose(s) of her actions and from experiencing a shared body state with her. As an analyst, I do not know how this affected his mirror neurons but I can say that, as long as this situation lasted, he did not know what emotions to learn from her.

Does this impose on the analyst an impossible task of always expressing himself with all affects fully conscious, devoid of projective identifications, and clearly expressed? No! All semiotic interchange develops by way of messiness (Tronick, 2005), imperfect contingencies (Fonagy et al., 2002) and misunderstandings. It challenges the analyst when meeting the patient—and it throws itself upon the baby when he opens his eyes to the world. He is born ignorant of what it looks like out there, and he must learn to signify impressions in all perceptual and emotional modalities. The only way he can make sense is by discerning their differences and attributing signs to their differences. In this process, his mother’s containment is essential.

Here is a figure of the transition from when we are born, ‘prepared to participate in reciprocal interaction’, to when ‘a private, exclusive form of communication is developed between mother and infant’ (Tyson and Tyson, 1990, pp. 98–9). If, as Olds puts it, ‘life begins with the semiotic principle, which requires the presence of systems in which signs function’ (2000, p. 507), I suggest that the mother–infant relation is such a system.

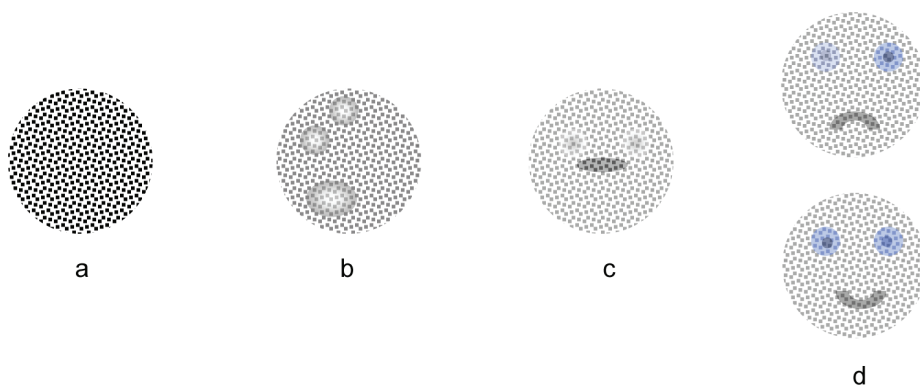


Figure 1

Semiosis issues from a) a perceptive chaotic field of pure ‘Firstness’; a) does not denote a literal moment, rather a ‘primal past that was never present’ (Merleau-Ponty, 1990, p. 279, quoted in Balestriere, 2003, p. 78). In b) the baby begins to differentiate perceptions. In c) he recognizes the dawning human face and in d) emotional perceptions are chiselled out as a sad and a content face, respectively. Already at b), and definitely at d), he makes his ‘philosophical decision’ (Eco, 1984, p. 10) on what primitive sign he shall ascribe to his perception. The figure

applies to other sensory modalities, for example, hearing the mother's voice. In this continuous sign exchange within the mother–baby intersubjectivity (Trevarthen and Aitken, 2001), the more the baby learns to deal with messy sign matches, the more he moves from 'Imitator' to 'Initiator'. There is a feedback process: 'Activities that work more often will become more and more a part of the workings of the dyadic regulatory process' (Tronick, 2005, p. 299).

Nicholas was a semiotically capable boy who recognized sensorial aspects of his mother such as her smell, face and sounds. He was already at d) in the figure, since his reactions to the right and left nipples proved he had created differentiated emotionally charged signs of them. Problems arose when the signs were too messy at the right-hand breast. If his mother's eyes were sad from dark thoughts, she was hard to understand. If he withdrew his mouth from her nipple when she withdrew in pain, his message was messy to her—did he get afraid, or didn't he love her?

I have argued that psychoanalytic experiences with babies help us understand and handle adult transference. The reason is not that the adult's behaviour, feelings and fantasies are present-day transformations of an invariant infantile essence. To say that a psychic phenomenon issues out of an unknowable invariant is a declaration of faith, impossible to substantiate or refute by arguments or empirics. When we call adult behaviour infantile, we refer to a transformation of signs and not one of invariants. This view helps us to a greater liberty when we interpret patient manifestations at different levels of signification and of psychosexual development.

Babies help us understand adults because, through their non-verbal expressive forms, they open our sensitivity to adult bodily and emotional communication. Working with a mother and her baby, the analyst encounters the container and the contained in a more direct form than with older children or adults. Our sensitivity to interactive aspects is increased. As I have demonstrated with Monica, this inspires us to address our interaction with the analysand, rather than the analysand in isolation. This can sometimes change the analysis in a positive direction.

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Translations of summary

Semiotische Transformationen in der Psychoanalyse von Säuglingen und Erwachsenen. Dieser Beitrag behandelt Fragen, die auftauchen, wenn wir psychoanalytische Erfahrungen mit Erwachsenen und Säuglingen miteinander vergleichen. Zwei Analysen, die eine mit einer 35-jährigen Patientin und die andere mit einem 2 Wochen alten Jungen und seiner Mutter, illustrieren, dass die Erfahrungen, die wir in der Säuglingsanalyse sammeln können, uns dabei helfen, die Übertragung erwachsener Patienten zu verstehen und zu handhaben. Wir können jedoch nicht die Erfahrungen, die wir in der analytischen Arbeit mit Säuglingen machen, extrapolieren und auf die Arbeit mit Erwachsenen anwenden. Die Beobachtung der Kommunikation des Babys verbessert zweifellos unsere Sensibilität für die nonverbalen Schichten der Kommunikation des Erwachsenen. Die Arbeit mit Säuglingen ermöglicht zudem eine direkte Begegnung mit dem -- durch die Mutter und ihr Baby personifizierten -- Container und dem, was in ihm contained wird. Dennoch müssen wir die Verbindungen zwischen den klinischen Erfahrungen mit Babys bzw. mit Erwachsenen sorgfältig konzeptualisieren. Wenn wir Übertragungsmuster des Erwachsenen als "infantil"

bezeichnen, implizieren wir, dass das frühe Erleben in aktuelles Verhalten transformiert wurde. Der Beitrag empfiehlt, dass wir das Transformationskonzept (Bion) nicht auf eine essentialistische Grundlage stellen, sondern es als einen semiotischen Prozess definieren. Was transformiert wird, ist nicht eine invariante infantile Wesenheit; transformiert werden Zeichen, die auf die innere Realität des Patienten verweisen. Wenn wir annehmen, dass in der analytischen Situation infantile Invarianten in Symptome des Erwachsenen transformiert werden, stehen wir der unmöglich zu lösenden Aufgabe gegenüber, die Wurzeln der vorliegenden Symptome aufzuzeigen. Wenn wir die analytische Situation aber statt dessen als eine Karte von Zeichen betrachten, die wir übersetzen, dann können wir uns daran machen, Containment als einen semiotischen Prozess zu definieren. Diese Überlegung wird mit einer semiotischen Konzeptualisierung der Mutter-Kind-Beziehung in Verbindung gebracht.

Transformaciones semióticas en el psicoanálisis con infantes y con adultos. Este trabajo aborda temas que emergen al compararse las experiencias psicoanalíticas con adultos y con infantes. Dos análisis, uno con una mujer de 35 años y otro con un niño de dos semanas y su madre, indican que las experiencias psicoanalíticas con infantes nos ayudan a comprender y manejar la transferencia adulta. Sin embargo no podemos extrapolar las experiencias infantiles al trabajo con adultos. En verdad, ser testigos de la comunicación del bebé amplía nuestra sensibilidad a capas no verbales de la comunicación del adulto. El trabajo con infantes también ofrece un encuentro directo con el continente y el contenido personificados por una madre y su bebé. Pero precisamos conceptualizar con cuidado los lazos entre experiencias clínicas con bebés y con adultos. Cuando llamamos 'infantiles' a patrones de transferencia adulta, estamos implicando que la experiencia temprana se ha transformado en comportamiento presente. El trabajo sugiere que en vez de desarrollar el concepto de transformación (Bion) sobre una base esencialista, lo definamos como un proceso semiótico. Lo que se transforma no es una esencia infantil invariante, sino signos que denotan la realidad interna del paciente. Si consideramos que en la situación analítica las invariantes infantiles se transforman en síntomas adultos, nos enfrentamos a la tarea imposible de indicar las raíces de los síntomas del presente. Si en lugar de ello consideramos la situación analítica como un mapa de signos que nosotros traducimos, podemos proceder a definir el contener como un proceso semiótico. Esta idea está relacionada con una conceptualización de la relación madre-infante en términos semióticos.

Transformations séméiotiques dans la psychanalyse des enfants et des adultes. L'auteur aborde certaines questions qui sont soulevées lorsque nous comparons les expériences psychanalytiques avec des adultes et des très jeunes enfants. Deux analyses, l'une avec une femme de 35 ans, l'autre avec un bébé, âgé de 2 semaines, et sa mère, illustrent le fait que l'expérience psychanalytique avec les enfants nous aide à comprendre et à manier le transfert de l'adulte. Toutefois, il n'est pas possible d'extrapoler l'expérience avec l'enfant au travail avec l'adulte. En fait, être témoin de la communication du nourrisson élargit notre sensibilité aux niveaux non verbaux de la communication de l'adulte. Le travail avec l'enfant offre également une rencontre directe avec le contenant et le contenu personnifiés par la mère avec son nourrisson. Toutefois, nous devons conceptualiser avec prudence les liens entre les expériences cliniques avec les enfants et avec les adultes. Lorsque nous appelons « infantiles » certains aspects du transfert adulte, nous impliquons qu'une expérience originelle a été transformée en comportement présent. Si nous envisageons la situation analytique comme une situation où des invariants infantiles se transforment en symptômes de l'adulte, la tâche devient impossible de déterminer les racines des symptômes présents. Par contre, l'auteur souligne que ce qui est transformé n'est pas une essence infantile, mais des signes qui dénotent la réalité interne du patient. L'auteur propose que la transformation soit définie comme un processus séméiotique, plutôt que construite sous un soubassement essentialiste. Si nous considérons la situation analytique comme une carte de signes que nous traduisons, nous pouvons définir l'ensemble du processus comme séméiotique. Cette idée sera mise en relation avec une conceptualisation de la relation mère-enfant en termes séméiotiques.

Trasformazioni semiotiche nella psicoanalisi dei bambini molto piccoli e degli adulti. L'Autore analizza i temi che emergono quando confrontiamo le esperienze psicoanalitiche con gli adulti e con i bambini molto piccoli. Due analisi, una su una donna di 35 anni ed una su un bambino di due settimane e su sua madre illustrano che le esperienze psicoanalitiche con questi bambini ci aiutano a capire e a gestire il transfert degli adulti. Tuttavia, non possiamo estrapolare le esperienze fatte con i bambini al lavoro fatto sugli adulti. Invero, vedere la comunicazione del bambino amplia la nostra sensibilità a dei livelli non verbali della comunicazione dell'adulto. Inoltre il lavoro sui bambini offre un incontro diretto con un contenitore e con il contenuto personificato dalla madre con il suo bambino. Ciò nondimeno abbiamo bisogno di concettualizzare in maniera molto prudente i legami che esistono tra le esperienze cliniche fatte con i

bambini e con gli adulti. Quando chiamiamo "infantili" gli schemi di transfert nell'adulto, vogliamo dire che l'esperienza primaria si è trasformata nel comportamento attuale. Se vediamo la situazione analitica come una situazione in cui le invarianti infantili si trasformano in sintomi negli adulti, ci troviamo di fronte al compito impossibile di indicare le radici dei sintomi attuali. L'Autore piuttosto suggerisce che ciò che viene trasformato non è un'immutevole essenza infantile, ma dei segni che denotano la realtà interna del paziente. Egli propone che la trasformazione andrebbe definita come un processo semiotico invece che costruirla su una base essenzialista. Se invece vediamo la situazione analitica come una mappa di segni che traduciamo, possiamo procedere a definire il contenimento come processo semiotico.

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