A R T I C L E

THE MUSIC OF CONTAINMENT: ADDRESSING THE PARTICIPANTS IN MOTHER–INFANT PSYCHOANALYTIC TREATMENT

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ABSTRACT: The author discusses the psychoanalyst's approach in mother–infant treatments. Emphasis is given to the infant as an important, though often neglected, addressee. A clinical example is used in which a telephone call during a prior session triggered fretting in a 3-month-old girl and distress in her mother. It is suggested that in the session, nonverbal levels of the interventions reached the girl and contained her, and that this containment worked along similar lines as the communicative musicality between mother and baby. In the discussion, the psychoanalytic concept of containment (Bion, 1962) is linked with the concept of communicative musicality (Trevarthen & Aitken, 2001). The mother's need for containment also is emphasized, and the therapist must be on alert when it is essential to focus on either participant in the therapy room. This choice is guided both by explicit deliberations and by the unconscious countertransference. However, the therapist's wish to grasp the countertransference is countered by his or her unwillingness of being reminded of feelings of infantile helplessness. Similarly, when the mother's conscious and unconscious messages diverge, the baby's ability to receive her caretaking is compromised. In the article's clinical case, this happened when the mother tried to soothe her daughter while being preoccupied with anger at the therapist to an extent to which she was not fully aware.

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In this article, I will investigate the analyst's address in parent–infant treatments, focusing on a participant who often causes us great concern, but whom we address with little consistency and certainty: the baby. Choosing when to contain the infant or the mother is both urgent and difficult, and I will investigate when to contain either one. I present video-recorded material from a therapy session with 23-year-old Tina and her 3-month-old daughter Frida.

VIGNETTE 1

A little way into the session, Tina tells me Frida has been fussing all morning. Tina is sitting, as usual, with Frida in her lap, though holding her at some distance. Frida cries incessantly. I move my chair closer to Tina's and look at little Frida.

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Analyst (A): Oh my, something terrible is running around inside you!

Frida goes on crying against the breast of her mother, who is rocking her briskly with visible anxiety. Mom tries to look into Frida's eyes, but she just goes on crying. I try to get eye contact with the girl, saying:

A: This is really hard on you.

Frida looks up the ceiling, then outside the window. She makes some quick blinking movements, as if closing her eyes.

A: Hello little friend, you're looking out at those trees outside.

I look outside, too, while Mom throws a quick and helpless glance at me. I look at Frida, continuing talking to her. She goes on crying while Mom tries in vain to comfort her.

A: Everything went wrong this morning! Mom got angry with me yesterday, and then you got angry with her because she wasn't with you. . . . How could you forgive her? This is really troublesome. Sheer hell!

Mom gets a bit more pensive and calm while Frida is still crying. I ask her:

A: How does all this feel inside you, Mom?

Mother (M): Terrible!

A: You feel powerless.

M: Yes!

PSYCHOANALYSIS WITH MOTHER AND INFANT

At first, the clinical background will be sketched. Then, some questions will be presented on how we address parents and infants to relieve their psychic suffering. Evidently, the answers depend on our therapeutic method, and I therefore will delineate the one I used. Some methods focus on the mother–infant interaction to help the mother understand her baby's behavior and find ways of being with her. Interaction guidance (McDonough, 1995) exemplifies such a "port of entry" (Stern, 1995). Other methods help the mother understand, with her baby present, how her own past influences their relationship. Fraiberg, Adelson, and Shapiro's (1975) approach is classical, with its later developments (Lieberman, Silverman, & Pawl, 2000; Lieberman & Van Horn, 2008) as well as the Geneva approach (Cramer & Palacio Espasa, 1993). Finally, some therapists directly address the baby and assume that she grasps some of the verbal content (e.g., Dolto, 1982, 1985).

Working with Tina and Frida, I used a variation of a method devised by Norman (2001, 2004). Like all infant therapists, Norman believed that the baby is an intersubjective being who actively relates to his or her primary objects from life's first moments. In addition, clinical experience had convinced him that the baby was prone to look for containment from the analyst, provided he or she was exposed to the analyst's intensive attention. Consequently, he sought to establish a relationship with the baby with the aim of becoming that container. His interventions utilized the baby's ability to process certain aspects of language while he was adamant that the baby could not understand their lexical aspects.

I have suggested a Billie Holliday blues song, "Talk to me baby, tell me what's the matter now" (Salomonsson, 2007b) as a metaphor for this method. The title describes the analyst's urge to reach the baby in the conviction that he or she is able, and often wishes, to communicate his or her suffering to the analyst. I have suggested (Salomonsson, 2007a) that the baby reacts to those interactive signs or meaning-units that emanate from the analyst, and which we may describe as icons and indices as opposed to word-symbols.

Norman (2004) talked of the analyst–baby "transference" (p. 1115) because he felt that the baby experiences "infantile prototypes" (Laplanche & Pontalis, 1973, p. 455) in his or her relation with the analyst. The idea is that the baby suffers from uncontained and unmetabolized affects which remain out of contact with the more mature parts of his or her budding personality. Therefore, the baby's anger, panic, despair, and helplessness cannot be integrated. Instead, visual and audible aspects, such as crying fits and whining, are directed toward the parents. In treatment, when the analyst describes the affects behind these stormy symptoms, in an effort to clarify them to the baby, he or she simultaneously draws them toward him- or herself. Thus, infantile transferences, sometimes transitory and sometimes slightly more permanent, are born.

I use the term *infant transference* only when the baby has developed a more specific relation with the analyst. I have witnessed this after a few weeks work, for example, with a whining 8-month-old baby girl whom I encouraged to stand by her strenuous emotions in order to resolve them and start communicating more comprehensibly. I conceived of her shift, from a diffuse whining state to clearly expressed angry roars toward me, as heralding a change in her negative transference (Salomonsson, 2007b). In contrast, Frida's whining was not a transference manifestation since she cried for reasons that seemed linked to the recent shift in her relationship with her mother.

Norman (2004) developed his method from classical and Bionian psychoanalytic theory. While he claimed that he worked with mother–infant attachment, he questioned the value of attachment *theory* for explaining the object of study in psychoanalytic treatments, which is the unconscious world (cf. discussions by Fonagy, 2001; Zepf, 2006). For him, the essential working mechanism was the same with a patient of any age: containment of his or her anxieties. He brought the baby's disturbance into the session by receiving her communications and let his reverie (Bion, 1962) work upon them. Due to such baby containment, "reparation of the mother–infant dyad could take place" (Norman, 2001, p. 94). Norman also cooperated with the mother "to prepare for taking care of whatever might come from the child. The mother's combined position of working with the analyst and simultaneously being the primary object for all the child's demands promoted her positive sense of motherhood" (Norman, 2001, p. 94). Thus, a positive mother–infant attachment came about indirectly.

In my experience, the mother's wish for being contained herself often competes with the baby's wish for containment. Therefore, we first must be aware when to contain infant or when to contain mother. Second, if containment of the baby's anxieties is the essential working mechanism in repairing the dyad, it is essential to find out how reverie and α-function (Bion, 1962) take place with such young patients. To this end, the concept of "communicative musicality" (Trevarthen & Aitken, 2001, p. 12) will be invoked to describe what goes on between baby and analyst.

BACKGROUND

My contact with Tina had begun 8 months earlier, when she asked me to help her with the aftermath of a rough and protracted adolescence. She was 5 months pregnant with the baby of a young man with whom she did not get along. We immediately started a twice-a-week psychotherapy to deal with problems with affect regulation; she could suddenly feel ashamed and gawky, unable to verbalize her internal situation or to influence the external one. These difficulties applied to feelings of anger and sadness as well as feelings of happiness and pride.

Four months into therapy, Frida was born. Delivery went well, and although there was discord with Frida's father, Tina's own family firmly supported her. Nursing started smoothly, and we soon resumed therapy.

Our point of departure was not a mother seeking help with her baby but a pregnant woman with personal problems she feared transmitting to her future child. Until the presently described session, I had rarely addressed Frida. Most often, she rested peacefully on her mother's lap. But when Frida was 2 months old, Tina started complaining about her fussiness, which I assumed was linked to Tina's difficulties with affect regulation. Tina often gushed with unmodulated emotions, for example, when she expressed an opinion about her future or her family. She would suddenly blush while her voice was faltering and tears were streaming down her cheeks. Then, she could not look Frida in her eyes and explain what was going on inside her—and it seemed that Frida was beginning to react negatively to this. I had begun pointing it out to Tina, but until now, I had not observed any instant connections between her affective blushes and Frida's fussiness. Therefore, there had been little occasion for addressing the little one about how she reacted to her mother.

Beginning the session just presented, Tina had taken up courage and said that I should have prepared her for the possibility of a telephone call during yesterday's session. The background was that I had been expecting an important call, and for the first time in my professional life, I had left my cell phone switched on. After 20 min, the phone rang. I apologized and left Tina and Frida for 5 min. Upon my return, Tina tried to convey that she had felt abandoned. It was easier for her to speak of her sadness than of the outright anger, which I confirmed that she had good reason to harbor against me due to my breaking the therapeutic frame.

When Tina addressed yesterday's cell phone incident, she was anxious and embarrassed, saying she almost wanted to run away. Then, she reported that Frida had fussed all morning. While I received her critique respectfully and told her I understood that she was angry with me, I also reflected on Frida's morning trouble. I wondered to myself if it resulted from her sense of abandonment by a mother preoccupied with anger at me since yesterday's session.

As Frida started crying, I decided to address her directly to "retrieve those parts of the infant's inner world that have been excluded from containment" (Norman, 2001, p. 83) by sharing with Frida her intense affective experiences this morning. I told her that "Your Mom got angry with me yesterday, and now you got angry with Mom because she couldn't be with you in the right way." I was addressing the unreliable containment to which both of them had been exposed. I also formulated this as a problem with Frida's unmetabolized affects: "There is something running around inside you." Finally, I invoked her agency (Stern, 1985) in how she dealt with resentment and despair. I linked this with my empathy with her suffering: "How are you gonna forgive your Mom? Oh my, this was really troublesome."

What would Frida understand of these interventions? Did I not actually speak to her mother although I did so via Frida? Or, if it really was Frida that I urged to "talk to me, baby," was she not affected by something else other than my verbal statements? If so, how could we conceptualize this "something else" and how had it affected her?

Whom and What and How Does the Psychoanalyst Address in Parent–Infant Treatment?

To approach these questions, I will use music as an adjunct discipline. I am sometimes struck by the parallel between the musicians in a chamber trio and the three participants in a mother–infant

therapy. What would happen if two musicians were not listening to their partner but remained preoccupied with each other's phrases? Of course, the forsaken musician might react with anger and despair. I suggest this situation might illustrate a constant risk in mother–infant treatments: that of forsaking the infant. When we ask a mother to describe her worries about her baby, this might be felt in the little one's mind as: "Now, what about ME? I am also a member of this trio!"

In my experience, abandoning the baby occurs frequently. Case presentations and video demonstrations have shown that despite the therapist's purporting to attend equally to mother and baby, in reality something else often happens: Mother and therapist talk *about* the baby, whose activities go relatively unnoticed until he or she starts crying or grimacing. Then, the adults "wake up" and attend to the baby and even talk *to* him or her for a while.

The therapist has many reasons to pass over the baby. The two adults in the room speaking the same language find it easier to understand each other. Second, a troubled-baby's communications are anguishing to anyone in charge of helping him or her. Finally, the baby's despair also triggers the analyst's personal infantile helplessness. Taken together, these factors account for the impact of countertransference. The analyst reacts to being with somebody so incomprehensible and remote in development, yet so close to his own infantile self. Thus, our increasing knowledge of infant communicative capacities does not preclude that in the clinical situation we may forget to invite the little one: "Talk to me baby. . . ."

Returning to the musical metaphor, a counterargument might be raised: "This metaphor may well illustrate the clinical interactions. Certainly, one should not neglect Frida, and one should talk to her, too! But this does not entitle you to assume that she understands you." In response, let me utilize the music metaphor one step further. Who plays with whom in a trio? One musician's phrase may echo the preceding one of his or her fellow's and yet foreshadow a phrase of the second partner. So, whom does our musician actually address? Obviously both of the fellows, but the musician's messages or phrases have different functions to each of them.

Similarly, when I addressed Frida, "Your Mom got angry with me, and now you got angry with Mom," this message had two recipients and several layers of meaning. Its verbal level suggested to Tina that her daughter had reacted to changes within herself due to her anger with me. On this level, Frida understood as little as a musically illiterate person in front of a musical score. This person, however, might "understand" music in the sense of enjoying, performing, and being emotionally moved by it. Similarly, I believe Frida understood other levels of the intervention and that I would have curtailed my therapeutic arsenal if I refrained from this address. I will now investigate my baby address and the nature of Frida's understanding.

Infant Musicality

I used the second person in "You got angry with Mom. . . " because I wanted to personally reach Frida. However, calling the passage "words" would obfuscate its complexity. It consisted of vocalizations in a speech rhythm, inflections with rises and falls, and the sound quality; warm, harsh, hoarse, or friendly. Further, there was the piano and the forte, the crescendo and the diminuendo, the accelerando and the ritardando. In addition, it consisted of facial expressions, hand gestures, and body movements. Trevarthen and Aitken (2001) described the baby's interaction with mother as driven by a "communicative musicality." The baby is

"attracted to the emotional narratives carried in the human voice" and also is excited "to participate in a shared performance that respects a common pulse, phrasing, and expressive development" (p. 12). This concept mates well with recent psychoanalytic formulations of an infant "with a rudimentary (inherited) α-function with which it is prepared to generate prelexical communications and to receive prosodic lexical communications from mother" (Grotstein, 2008, p. 45). This interchange of messages is made possible through the communicative musicality bridging mother and baby.

The musicality between infant and analyst should not deaden our awareness that the mother, too, needs space and attention to expound on her discontent or worries. Still, when she and her child cannot "sympathize closely and apparently equally with one another's motive states" (Trevarthen & Aitken, 2001, p. 6), as was the case with Frida and Tina, approaching an infant in a cataclysmic state can have a dramatic effect. The analyst can directly contain the baby's panic and, thereby the mother's despair indirectly. This gives the mother a break from the turmoil while the analyst receives and explicates the infant's panic.

Musical metaphors have been amply used to describe mother–infant interactions. Stern (1985) suggested that the newborn's emergent self is represented as "shapes, intensities and temporal patterns" (p. 51). This self emerges as the driftwood of the tidal rhythmic currents of the neonate's affective life. Similarly, Stern described vitality affects in musical terms and gave research evidence that infants discern temporal interactive patterns. Correspondingly, mothers intuitively make the "temporal structure of their behavior" (p. 84) obvious to the baby. By singing to her child, cooing him or her, or handling him or her by a stream of words, she makes her temporal structure clear and inviting to the baby. I argue that I acted similarly when talking to Frida, and will soon return to this idea.

Feldman (2007) also considered time a central aspect of emotions and brings out the *synchrony* of mother–infant interplay. In essence, the "clear temporal structure" (p. 333) of this chamber duo constitutes our first object relations or bonding (Fleming, O'Day, & Kraemer, 1999). Similarly, Beebe et al. (2000) believed that timing and rhythm organize not only speech but all communication and behavior. All interactive modalities are rhythmically synchronized via their kinesthetic features. There is the rhythm of the look, of the touch, of the breath, and of the words.

We know that interactive synchrony "may be compromised by risk conditions originating in both mother and child" (Feldman, 2007, p. 340), such as postnatal depression (Field, 2002; Field et al., 1988; Murray & Cooper, 1997; Reck et al., 2004; Weinberg & Tronick, 1998). Tina is not depressed, however, although an acute depressive state befell her after the cell phone incident; she experienced a drop in self-esteem, as she could not express her anger with me. This led to her and Frida engaging in a sequence of events described with depressed mothers and their babies; gaze brake from the mother, gaze aversion from the infant, drop of affects, irritability, "creating a cycle of disengagement, flat affect, and no affect sharing" (Feldman, 2007, p. 345).

Let us follow how the session developed.

VIGNETTE 2

After Tina has expressed her feeling powerless about Frida's crying, we speak about her sense of impotence with me (the cell phone) and with men generally. Little Frida suddenly roars. This alerts me that I have left her out of focus. She is still sitting on her mother's lap with the possibility of facing me and Mom.

A (to Frida): Yes, we should be talking about you too, shouldn't we?

M: Mmm. . .

A: Things get screwed up for you both, well, if we are right about all this. Something else might explain what happened, maybe a fart or poo-poo will come out of it this afternoon! (While saying this, I scratch my head somewhat nervously. The girl looks past me to her right-hand side, then again at my chest. I sense her vague efforts at contacting me.)

A: Hello there, this was very troublesome to you! (The girl looks between her mother and me.)

A: And all these things just running around inside you!

M (looking at me confidently): Do you mean these things are linked: the physical and the psychic. . . ?

A: How does that idea sound to you?

M: I definitely think it is true.

A: Mmm. . . . Yesterday, you were angry with me. Perhaps you were also afraid of being angry (The mother nods while rocking the girl, who is somewhat more at ease.)

A: You were thinking "How could I speak with him about it, and demand that he had handled the cell phone in a better way?"

M: Yes! (The girl is more calm still.)

A: So you were gone from Frida (I point with my right hand between the two.)

M: Yesterday, yes.

A (to the girl): Mom was gone from you yesterday, Frida (The girl closes her eyes a little, now more peaceful.)

A: Oh my, you are tired. But you know something, little one: You are gone from Mom, too, because a while ago you didn't look into her eyes. It looked as if you took revenge on Mom. One could understand that. It's like when Mom didn't look into my eyes yesterday. I had to ask her, "Hello Tina, why don't you say anything, could we get into contact?" (The girl is calm; her gaze is clearer as she silently looks out the window.)

A: Mom just lifted you up, but I saw you looked away. And yesterday you, Mom, were sitting at home, looking away from Frida and thinking about you and me. It seems that meanwhile you, Frida, kept looking away from Mom. Then you started crying and now you are so tired (I nod my head slowly, spontaneously copying her fatigue. This captures the girl's attention. Mom smiles at her. The girl looks slightly away from me again.)

A: Perhaps tomorrow morning you will have forgiven Mom. In a dream, maybe. After all, Mom is the best! (Mom looks lovingly at Frida, who smiles faintly at her.)

A: It seems you already started forgiving Mom (Now, the girl gives me her first smile while looking into my eyes.)

A: Oh, what a smile, Frida. One is totally charmed! (The girl goes on smiling for a little while, then resumes crying.)

A: Aha, the bad thing comes back: "Silly, silly, silly Mom! Next time, you gotta tell me when you are in a bad mood, so I will be prepared for it." But you see, Mom can't tell you in advance, because she's only human.

Emotions and Motions in the Analytic Discourse

Why did Frida calm down? It could hardly be due to fatigue since she remained alert the whole session. I claim it occurred because I did something to her which, together with her mother's

presence, helped her calm down. To comprehend that "something," I will extend my musical metaphor. I will argue that the languages of music and of affects are related and that this kinship is essential and instrumental in parent–infant work.

The link between these two communicative forms is the *human body*, which unites the worlds of affects and music; the body as we sense it and move it, especially in highly affective states. In such instances, we perceive our bodily movements *and* their attached emotions. Among our bodily perceptions, the coenesthetic (Spitz, 1965) and the auditory both rely on vibratory phenomena and therefore blend unnoticeably. When listening to music, we simultaneously experience it as vibrations and gestural affective motions. Music thus portrays affects by imitating their bodily expressions (Salomonsson, 1989). In brief, we experience music as if it *sounds* similarly to how emotions *feel* inside our bodies. The tonal waves of rise and fall, piano and forte, sharpness and mellowness, and legato and staccato correspond to similar affect waves in our psychosomatic beings. Music would thus illustrate one of Freud's (1916–1917) two constituents of an affect: its motor discharge.

As Stern (1985) remarked, dance and music exemplify the "expressiveness of vitality affects" (p. 56) whose qualities are captured by "dynamic, kinetic terms, such as 'surging', 'fading away', 'fleeting', 'explosive', 'crescendo'. . . and so on" (p. 54). This echoes Susanne Langer's (1942) ideas about the formal properties of our inner life, "similar to those of music—patterns of motion and rest, of tension and release, of agreement and disagreement, preparation, fulfillment, excitation, sudden change, etc." (p. 228).

These links between music and affects may help us understand the working mechanisms in infant work. The analyst is "musical" when discerning a happy from a distressed cry or the joie de vivre from the panic in a sudden jerk. Similarly, the analyst differentiates a mother's panic, shame, hostility, love, and guilt through her words, sighs, frowns, and motions. The "musical" analyst understands *e-motions*, how affects move in the visual, auditory, and proprioceptive modalities, including his or her personal emotional repertoire.

This argument could be exemplified with the intervention ("You took revenge on Mom") that aimed at explaining Frida's feelings of vengeance. That which affected her could not be the discursive (Langer, 1942) content of the intervention. Such an understanding was way beyond her capacities. I rather suggest that the intervention worked via a nondiscursive language of feelings parallel to my words. This came about through the "coordination of timing . . . the scaffolding, the melody, on which verbal content is . . . superimposed" (Beebe et al., 2000, p. 101).

The music of containment in my intervention held Frida together in a "sound bed." The intervention soothed her, not because its words were to the point but because its expressive forms became increasingly coordinated as I worked through my countertransference. The more I understood of Frida's predicament, the closer my speech and behavior went together. I suggest Frida monitored this process in me, which gradually enabled her to create primitive internal meaning-patterns. Compare when I got scared of overlooking some gastrointestinal trouble and scratched my head. My uncertainty and worry probably seeped into my intervention, which therefore was of little help to her. But as I conceived more confidently what had been going on in her mind, then verbal, indexical, and iconical levels of my communication formed a united-containing Gestalt. She began to grasp something about her "nameless dread" (Bion, 1965, p. 79) by acquiring internal signs useful to her thinking. To tentatively clothe them in words: "This man interesting. Situation less scary. Bewilderment decreased. He convinced one can comprehend incomprehensible things. Me relieved."

What might hinder Frida from making meaning out of my interventions? We know that many babies react adversely to an adult message which has suddenly been made inaccessible for semiotic interchange. One example is the infant exposed to a television-transmitted interchange with a mother, whose visual expressions have been artificially desynchronized with her words. Such experiments show that "2-month-olds are highly sensitive to the timing and emotion of a mother's expression in communication" (Trevarthen & Aitken, 2001, p. 9).

Similarly, when the analyst's words do not fit with his or her nonverbal expressions, this may confuse and worry the baby. Such moments occur when our conscious decision to be unequivocal clash with unconscious factors working in the opposite direction; our words say one thing, but our body expresses something else. A poignant example is when I talked about constipation while scratching my head. My words meant "This is not dangerous" while my gestures indicated "Oh dear, what if I am missing a medical calamity!" Such unresolved countertransference issues may muddle our baby address with anxiety, affectation, and overtenderness. Our meek hope is to say "something that, at least for the moment, seems to be true, and this may sometimes be painful for the analyst to formulate" (Norman, 2001, p. 96).

Stern (2008) emphasized that "infants spend their lives noticing the intentions, unseen behind the acts, and not the seen actions themselves" (p. 182). Rochat (2007) stated that "intentional actions begin by two months after birth . . . [and] the mechanism responsible for such development is the unique reciprocal and intentional ways humans communicate with each other" (p. 9). However, it is hard for the infant to discern when the other's unconscious and conscious intentions diverge. That morning, Frida could not differentiate her mother's conscious intentions (to soothe her) from the unconscious ones (to quarrel with me). This made mother's message "messy" (Tronick, 2005), which provoked anxiety and despair in Frida.

Another threat exists to the child's ability of making meaning out of the analyst's interventions. This situation, too, arises due to divergent conscious and unconscious trends. However, this time the trends reside both in the adult and in the child, and the dynamic situation is different from the one just described. Our messages to the child are sometimes "enigmatic and sexual" (Laplanche, 1997, p. 661). They are imbued with connotations beyond their ordinary linguistic usage and beyond our awareness. This makes our communication with the child "opaque to its recipient and its transmitter alike" (Laplanche, 1995, p. 665). This "fundamental anthropological situation" is caused by the asymmetry between adult and child sexuality (Laplanche, 2007, p. 99). For example, when I told the smiling Frida "One is totally charmed," I spontaneously expressed my joy in our sudden warm contact. However, the word "charmed" also addressed, although unconscious to me, her budding sexuality. This undercurrent was never brought to a full awareness in Frida or in me.

Another instance of unconscious sexuality that may compromise communication, this time between two adults, was Tina's anger at me. To her evident disappointment with me was added a father transference onto me. She harbored thoughts such as "This man is not as sympathetic as I thought," "One cannot trust men," "My father pretends to be nice, but actually steamrollers me." Unconsciously, she was a disappointed lover, and the feelings attached had formed part of her malfunctioning containment of Frida. To the little girl, this sexual undercurrent within her mother was as enigmatic as my telling her "One is totally charmed."

Addressing the Infant—Addressing the Mother

The problem of when and how to intervene is always tricky, even more so with two troubled persons in the consulting room. When should we turn to the baby and when to the mother? Stern

(2008) noted that as the number of participants increases, the therapy process becomes less linear and less predictable, "and what happens is more spontaneously co-created, very sloppy, full of errors and repairs, and sudden direction changes" (p. 180). I think error and sloppiness result not only from the increased number of participants but also from other factors. The more the therapist regards what happens in the session as events occurring in a field (Ferro, 1999; Meltzer, 1986), with him- or herself and the patient(s) as participants, the stronger becomes his or her personal involvement. There is probably a conflict in all therapists about whether to focus on the interaction or on the internal world of the patient(s). When the climate between therapist and patient heats up by affects and actions that nobody wants to acknowledge, the therapist might move from speaking about their interaction to speaking about the patient. On the other hand, when the therapist understands little of the patient, he or she might move his or her attention from the patient to their interchange.

Concerning when to address mother or baby, if the analyst focuses too much on the baby, he or she may lose the mother's trust and the treatment. If the analyst focuses too much on the mother, he or she may lose contact with the baby, whose anxieties will not be contained. This may also lead to an interrupted treatment. Rather than prescribing when to address whom, I will outline the consequences of each alternative. The therapist's infant address will work only once the mother has generally understood its point. If not, she may feel it is "mumbo jumbo" and get annoyed or offended. Tina and I had a lengthy therapeutic relationship, and her working alliance had stood many tests of negative transference. But in newly started treatments, I try to gauge if the mother has grasped the idea of my talking to her baby. If not, it can sometimes be approached by explaining to her my reasons for doing so, although we should not overestimate the effects of pedagogy. Alternatively, one might wait for a moment when the baby demonstrates that he or she understands the emotional communication. Such a moment might come as a revelation to the mother. One mother said, "Now I understand that Jim is a PERSON!" She added, with some embarrassment, "As a girl I loved my dog. I could understand her whims and moods. It is similar to Jim, I realize. His face and gestures tell me much more nowadays."

Conversely, there are instances when one should focus on the mother. If she is overburdened by her own problems, or if she feels left out by the therapist's infant focus, it is essential to address her. Sometimes not much oversight is needed from the analyst for a "snowball" of negative maternal transference to start rolling, and then one is heading for an interrupted treatment. The brittleness of mothers who come to us with their babies is at times striking. They often feel their love for the baby is not good enough or that it is confounded by forces beyond their grasp. Their maternal bliss is ubiquitously blended with guilt feelings, which weigh heavily on their self-esteem. Any intervention, whether directed to the baby or to mother, is read through the lens of "What does he or she mean? Is there something wrong with the way I treat my child?"

What dictates our focus on mother or baby is often "spontaneously co-created, emergent properties [that] arise in the moments of change" (Stern, 2008, p. 180). The best lens for viewing these moments is, as I see it, the countertransference. My oscillating focus on Frida and Tina was guided by spontaneous identificatory shifts. Alternately, I identified with Tina ("How does all this feel inside you, Mom?") or the girl ("Something terrible is running around inside you, Frida.") I think such shifts reflect the intense countertransference in parent–infant work (Golse, 2006), as we are thrown between primitive and more mature identifications. It is taxing—and extremely interesting.

AUDIBLE AND VISIBLE ASPECTS OF CONTAINMENT

In this article, the musical, nonverbal levels of the analyst–baby dialogue have been emphasized. They were brought out as the main vehicles through which containment of the baby works. Factors that prevent containment also have been provided. The vignettes illustrate what the therapist does visibly and audibly when containing the baby. One could argue that I have underrated the visible, as opposed to the audible, aspects of containment. Visual elements indeed form an important part of analytic reverie and expression. When my hand pointed through the window, I linked this gesture and the word "gone" with the idea that Frida was "gone" from her mother during the morning. Frida saw my hand pointing, and I saw it myself while connecting it with the idea of being gone. This was a visual communication along what the philosopher C.S. Peirce (as cited in Kloesel & Houser, 1998, p. 5) labeled *indexical signs*.

The reason for the visual aspect of containment being downplayed in this article was a wish to bring out the music of containment, which I think has been neglected in psychoanalytic literature. Psychoanalysis began as a "talking cure" emphasizing our *verbal* interchange with the patient while the musical content of interventions was treated disadvantageously. Conversely, visual impressions during the analytic session were downplayed by using the couch with minimal eye contact between analyst and patient. What remained was too much emphasis on the word-symbolic aspects of signs transmitted during the session.

The Bionian tradition has brought out another aspect of the visual world; namely, the analyst's *internal* visual elements. Ferro (2003) noted that Bion referred to such elements in his descriptions of the α-function while he only touched upon other sensory modalities. For example, Bion (1957) supposed that "some kind of thought, related to what we should call ideographs and sight rather than to words and hearing, exists at the outset" (p. 268). Such internal images arise in the analyst's mind as a consequence of containment, exemplified with my pointing hand.

In contrast, many infant workers believe that auditory experiences form the primeval link between "the concrete state of somatic experience" and "the abstract mental activity linked to visual images" (Ciccone et al., 2007, p. 17). These primitive and corporal aspects of the sound world make the "audiogram" (Maiello, 1995) appear as the first element in the fetal psyche. Our mind is born 'rockin' in rhythm' to the mother's heart and bowels, her gait and speech, and the ever-present humming from the blood vessels. These sounds are the origin of the sound object which after birth paves the way for the baby's interaction with the mother, making rhythm his or her base of security (Ciccone et al., 2007).

Clinically, important shifts come about when analyst and baby find their communicative musicality. The analyst becomes the baby's sound object or, to put it more accurately, his or her *object of musical interplay*. This development cannot be enforced or instilled by, for example, playing with the baby. Rather, it may come about when much agony has been suffered by all participants, and a deepened understanding has become possible and transferrable to the baby. One example from later in the session will illustrate such a development.

EPILOGUE

As the session continued, Tina and I were speaking about the fact that she now felt better about the cell phone incident; however, it retained a place in her mind ready to be retrieved if she would get disappointed in me again. I now turned to Frida.

A: It's the same with you, Frida. You were quiet for a while but then something in your "soulbody" came up, running around inside you again. It all goes in loops (I make a circular

hand movement.) Mom was looking away, thinking of me, she was busy with those things, and everything got stuck in your soulbody and you cried.

Frida (looking at me): Oooh. Oooh.

A: Yes . . . yes. . . .

Frida: Oooh, oooh, oooh.

A: Yes, Frida . . . yes.

The tempo of our rhythmical interchange was peacefully sinking from andante to adagio. While Tina relaxed and drew Frida closer to her, Frida and I were slowly rockin' in rhythm by the music of containment. She and I had become objects of musical interplay to each other. At that moment, our chamber duo was doing some really interesting music. Or, to phrase it more accurately, we had the leading voices while mother's voice was pausing for a while.

Some weeks later, Frida had become a baby who was expressing all sorts of emotions in a healthy and direct way. Formulated in attachment terms, an avoidant attachment to her mother (Ainsworth, Blehar, Waters, & Wall, 1978), in statu nascendi since her second month, was no longer to be seen. Tina began attending sessions alone as we continued mapping out how her problems interrelated with Frida's fussiness. However interesting, this topic falls outside the scope of this article.

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