Refinding the Object and Reclaiming the Self

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Like children, adults also need the family as an institution, even though many adults survive without literally living in a family household. I do not consider here the situation of the adult who is single by choice or default. I focus in this chapter on the majority who choose to live in family situations and then find that they are in as much need of that family as the children they are raising.

The family is a crucial setting for both the child and the adult. Both of them build their internal organization from a combination of experiences drawn from the family they live in and from their internal family. Adults and children are alike in needing relationships and family, but their functions within the family and the manifestations of their needs are fundamentally different. This is so obvious it hardly needs stating. Yet it has not been focused upon sufficiently. An exploration of the differences between the child and the adult in relation to the family highlights features of the reciprocal relationship between children and adults and enhances our understanding of the formation of psychic structure throughout the life cycle.

In this exploration, my first principle is the paradox of unequal influence in a relationship of reciprocity.

First, the mother-infant relationship: The mother and baby are in an equal relationship—centered on each other, speaking to each other, looking at and into each other, and holding each other. If the relationship is not mutual in these regards, it misfires. When either partner has vulnerabilities and areas of deficient functioning, as seen, for instance, if the baby or mother is blind, they can both work to use and build compensatory pathways to get over this handicap. They work to achieve a broadly based fit between themselves. Over the period of early interaction, they find areas of mutual interest, learn how best to cue and respond, to enjoy, and to find each other's limits.

But in another way, they are not equals. It is the mother or other primary caretaker's responsibility to lead in many ways. The baby is formed or "pre-wired" to be able to interact in these ways. Constitutional givens of temperament, rhythm, receptiveness, and responsiveness notwithstanding, there is still a quality of being an open vessel waiting to be filled and characterized by the interaction with the mother. The specific content of the baby is taken in from the mother and father, from the interactions with them and with the two of them together.

The mother (or father), in contrast, is already a psychologically structured person, waiting for experience with the baby to fill in a relatively small potential character space and to redefine her inner world. The baby does that, and the

process modifies the mother's identity and her self. But it is a new version of her old self that is created, not the stuff of her whole self being built from scratch.

In the beginning, the baby is much more developed than has been thought until recently. Yet he or she is also an empty vessel that will amount to nothing without the mother or parents. The findings of the last twenty years of infant research have shown us that the baby reacts to his or her environment from the beginning in ways that fundamentally alter that environment, and yet that the baby is a vast receptacle for what is put inside it (Brazelton 1982, Brazelton et al. 1974, 1979, Lichtenberg 1983, Sameroff and Emde 1989, Stern 1985).

On the other side, parents are crucially influenced by having the child. With the first child, a woman becomes a mother and a man a father, and with subsequent children important and everlasting aspects of their identity are altered. The specifics of each child build something different into a mother. A kind of rhythm and responsiveness sets the pace for each relationship. She will be more jangled when a baby has a faster or more irritable temperament, and more lulled by a slower or more laconic baby. At one end of the spectrum, the mother will feel that a slow baby is unresponsive and rejecting, and at the other, she will feel the irritable or jerky baby to be demanding and unappreciative. The mother may feel despairing in the face of persistent crying by the baby, or

overwhelmed with love and satisfaction as the baby feeds contentedly at the breast.

Responses by the baby lead to important new responses in the parents. Adults as parents accommodate to these influences in terms of their own well-established internal structure and the fantasies generated from it about their fetus. The baby may or may not be gratifying, but the *context* in which the parents experience their child is primarily that of their own preexisting *fantasy hopes and fears*. A mother, for instance, who wanted a girl and has a boy may find that her strongly alert, temperamentally active boy frightens her. She wonders if she can satisfy his imagined voraciousness. Or a father wants an exuberant boy to feed the embryonic fantasy that this boy will become the athlete the father fancied himself to have been. Another father

may feel insanely jealous or put out by the baby's nighttime demands on his wife and preference for her and her breast. Biological and typological shifts in the adult are brought on by the infant's arrival and presentation of needs: hormonal shifts in the mother with accompanying emotionality, the breast as a source of food as well as pleasure sometimes accompanied by discomfort, the galvanizing effect of the infant's cry on the parent, and the accommodations required to preserve the sexual relationship during conception, birth, and the exhaustion of caring for a young child.

The parent interprets even the infant's basic, nonspecific responses in terms of the parent's own relatively elaborated specific fantasies. The baby's originally nonspecific response is shaped by the parents' interpretations of it, founded in

their conscious and unconscious fantasies. The baby does or does not satisfy these and becomes thus the projection screen for hopes and dissatisfactions carried forward from previous generations. The baby is a new object of love that is accepted or rejected, a test of the mother's or father's capacities to be a parent, and at the same time in a resonating way, feels internally loved or not loved as a child by his or her own parents and by the developing internal objects. The parents' experience of the baby is, then, complex and multidimensional.

In the early phase of interaction between parent and infant, the infant's general responses can modify these relatively specific fantasies in the adult. As the baby is alert and responsive, or sleepy and dull, or irritable and demanding, smiling and satisfied, the first fantasies are

modulated, replaced by an internalization of the child's actual beginning personality. Increasing communication between child and parents modifies the parents' first unopposed fantasies.

The earliest phases of finding a self in the presence of the mother have been described by Stern (1985) as the slow, steady emergence of a self, and by Ogden (1989) as the use of the mother's presence and accompanying shapes in the inanimate world as a form against which the infant molds its self. Klein (1975a,b) and Fairbairn (1952) noted how the anxiety the infant faces spurs the development of techniques for handling it. These techniques (described in Chapter 3) can be summarized as mental mechanisms that consist of introjecting the experience with mother and splitting off satisfying relationships from frustrating ones.

The mother gets it right or she does not, and the baby to some extent can make it right or fail to do so. The baby gives the mother many chances, molds to what she can manage, uses her most effective channels of communication to compensate for her weak suits, and transforms what she offers. The baby, given a mother who is "good enough" at her job, will transform a good enough job into one that is wonderful enough of the time to feel satisfied and loved, and to develop the crucial capacity to tolerate frustration because of the knowledge that satisfaction will return (Winnicott 1960b).

There is, then, similarity and difference between the adult and the baby. For the adult, the baby offers the material for a new and importantly *modifying* internal experience. But for the baby, although it brings its own

preformed ego to the situation ready for intricate interaction, it requires experience with adults to provide the stuff of *whole new* psychological internal structures.

To be more specific about the nature of some of the interactions between children and parents, let us look at what is going on between child and adult in three infant-mother experiments.

PARTNERS-OF-THE-MOMENT

In the first of the three interactions between child and adult, the split-screen conversation (Tronick et al. 1978), the mother and infant engage in a "conversation." Normally cameras show us how the baby initiates conversation and the mother reciprocates. When this goes well, we note an exquisitely attuned interaction. It

uses many channels of signaling: eyes, voice, muscular posturing, and position sense. Skin touch and perhaps temperature also play a role in conveying care and comfort to the baby. Some babies begin with a narrow array of cueing mechanisms that subsequently broaden to include a larger array later on. In these interactions, the baby sets the pace. The average interval of signal and response lasts about seven seconds, after which the baby averts its gaze while the attuned mother lets this happen without anxiety and then responds when the baby is ready for the interaction to begin again.

When the researcher asks the mother to hold still for three minutes, maintaining an impassive facial expression, the baby responds in a way that reminds us of adult clinical depression. Watching such interactions in the lab or on

videotape makes most observers feel violated and depressed. A well-put- together baby will keep trying to induce a response in the mother, but will eventually look away dejectedly. In the home situation, a well-put-together mother cannot resist her baby's efforts so long as she is not preoccupied or otherwise upset. The dramatic effect on the baby of a three-minute episode of maternal impassivity in the laboratory illustrates the devastating effect of the prolonged nonresponsiveness of a depressed mother at home. The researcher also filmed a mother who was unresponsive to her baby because of her pervasive depression. The baby subsequently developed poorly despite attempts at intervention. When it is the baby who fails to respond in an appropriately lively manner in interactions at home or in the laboratory,

mothers will typically report feeling devastated by the baby's lack of responsiveness.

The influence is mutual. The major differentiating feature is the mother's expectation and capacity for verbal characterization of the meaning of the infant's communication. She can also anticipate and carry over the memory of a satisfying infant when she is feeling oppressed or rejected. If she has a willing partner in the business of child rearing, she can turn to the partner for reinforcement, for emotional and physical relief.

The adult has already formed an internal world full of internal objects, fantasies of relationships, hopes, and fears, and the capacity to delay, to remember, and to share through other relationships, especially with a husband, a

mother of her own, or another child. The mature adult in this respect is quite different from her child.

So the experiment of recording the interchange between mother and baby reveals the relative equality between the two, but it also shows the fundamental difference between them. Both adult and child contribute a response that comes from everything they have inside. They are equal in what we could call being "emotional partners-of-the-moment." But for the infant the contribution is largely biological and stereotypic — preformed physiologically and even temperamentally, but unformed in terms of content. The content —including the meaning that will accrue over time for the parent-infant pair — is largely formed by the internal history of the adult. In sum, whereas the infant

influences the adult strongly, the adult internalizes the experience in terms of the adult's pre-existing internal world. The adult then relates to the child from this expanding but stable base and provides the stuff of the infant's evolving internal world, which the infant sorts into primitive categories of experience that form the object upon which the psychic structure of the self is built.

THE CHILD AS AN INCOMPLETE ENTITY

In the experimental "Strange Situation" designed by Mary Ainsworth and her colleagues (Ainsworth and Wittig 1969, Ainsworth et al. 1978) to test the security of attachment, the child relates to a strange environment and to a strange person in the presence and absence of the

mother. The securely attached 12-month-old will be more likely to approach the stranger if the mother is there. This capacity may transfer to a comfort with the stranger even in the mother's absence. When the infant has an insecure or anxious attachment, the child will be too anxious to leave the mother to approach the stranger. But at the poorest level of attachment, which Bowlby (1969) calls *detachment*, the child pays little attention to its own mother and heads for the stranger, somewhat promiscuously looking for something better and perhaps more secure. Then, in the most crucial phase, the child shows in the reunion with the mother whether the brief separation has been a strain, either by clinging to the mother or, if the pair is less securely attached, by turning away from her.

This experimental situation demonstrates how the well-put-together child is still an incomplete entity. The child who ventures out on his or her own prematurely has solidified an incompleteness, whereas the appropriately developing child carries a capacity to be more complete when with its parent. Capabilities will be augmented through an open template with the parent, and the parent, in this unequal partnership, donates capacities of judgment, of binding anxiety, and of attachment.

THE PARENT AS THE LEADER

The visual cliff experiment was developed by Emde and his colleagues to demonstrate the phenomenon of social referencing (Campos and Stenberg 1980, Emde and Sorce 1983, Emde et

al. 1978, Klinnert et al. 1983). The situation is one of visual ambiguity during which the infant references or checks with the mother to decide what action and emotion are appropriate to the situation. The experimenter places the junior toddler at one end of a glass platform facing mother who is at the opposite end. Underneath the glass, the ground appears to drop sharply away, although the path to the mother actually lies safely across the solid plate glass platform. In this experimental situation, children can be seen looking at their mothers, signaling intense anxiety about the path. If the mother encourages a child to come to her across the platform, smiling and confident, the baby proceeds slowly and cautiously. The baby traverses the glass toward the mother, perhaps going feet first and scooting, feeling its way. But if the mother looks

horrified when the child checks with her, if she signals concern and danger, the baby bursts into tears and retreats, not daring to cross the threatening visual cliff.

This experimental situation adds to our view of the baby as incomplete without the parent. But note that the baby lets the parent know what it needs! The baby signals not only the need for a specific cue, but the need for leadership. This experimental situation underscores the effect that the mother has on the direction the child will take. The child and mother are seen to negotiate, however, on what the child can manage.

These exchanges between toddlers and mothers underscore the more mature reading of the surrounding world that mother and child

both assign to the adult role. Onto the substrate of essentially equal person-to-person initial interactions is grafted the notion of leadership in encounters with the surrounding world. Both the child and the ordinary parent take these for granted.

CHILDREN AND ADULTS: SIMILARITIES AND DIFFERENCES

Following is a summary of some of the principal similarities and differences of children and adults in the context of the family and in the treatment setting when families are seen together.

The Main Similarities

1. Both adults and children need others to form mutually centered and holding

relationships. Both need affective partnerships-of-the-moment —when they are together and share the experience of being seen *into* and being seen *by* the other. These are the times when they are each other's objects, and in being so, help each other to define their selves.

2. Both children and adults need two aspects of primary relationships: the context within which to find themselves and the centered relationship with the object.

3. Adults and children need families for attachment. They need support from others, and they need a family to give them internal working models or images of the relationships and roles in the family (Bowlby 1969).

4. Children and adults both have the capacity to donate their own understanding to the family experience, both in everyday life and in a therapeutic setting. The perspective of each family member,

young and old, is needed in a daily way to inform the rest of the family. Even infants have full responsibility to let others know about their situation.

5. Children and adults both have continuous needs to move toward growth in their capacity for sublimating and transforming internal needs.

This foundation of the broadly human similarities frames our examination of the differences that are based on developmental needs and roles determined by different maturational levels.

The Main Differences

1. There are obvious differences between adult and child in maturity and ability to understand cognitively. With these discrepancies come differing levels of responsibility for the relationship.

2. Ordinarily, in a given family, children remain more dependent than their parents well into the adulthood of the children. Through life this early direction tends to become a permanent, expected psychological feature that exercises continuing influence, often until the aging of the parents finally reverses the trend late in the life of the family.

3. Adults should have a secure reliance on their internal objects, instead of the reliance on external objects that is characteristic of children (Bowlby 1988). Children remain more dependent on their actual objects than adults well into adolescence. Even then, children are dependent on peers as a bridge toward later, more active dependence on inner objects. Unlike children, adults can live alone without a daily need for a family of external objects. Parents who have previously lived alone are likely to

have confidence in relying on their internal objects.

4. The predominance of responsibility rests with the parent. The adult shoulders responsibility *for* others, whereas the growing child is held to have responsibility *to* others.

5. The adult is concerned with the complexity of relationships in the family, whereas the normally self-centered child responds to the urgency of simple internal needs and external stimuli.

The complexity of the family is more comprehensible for the adult than for the child. From the child's perspective, as from the adult's, there are several important relationships, admittedly, but for the child under age 3, each aspect is thought of as though it does not have any particular implication for the others. The child's capacity to think is less developed

because the cognitive apparatus is immature and because many developmental events have not yet occurred.

The child and the adult differ in their experience of triangular relationships. As we noted in Chapter 11, before the age of 7-8 months, triangular relationships are probably not understood by the child. Children from the age of 7 or 8 months exhibit interest in the parents' relationship and in other sets of relationships, like those between siblings and its parents (Abelin 1971). But it is not until shortly before age 3 that these take center stage. When this happens, the triangle is newly understood in sexual terms, an imposed core of oedipal rivalry, and the source of conflict over love and hate, sexuality and dependency.

In contrast, the adult in the family is constantly concerned with the effect one relationship has on others. The father who is jealous of the child's ownership of his wife nevertheless wants the child to have her full devotion. The mother who is absorbed with her infant keeps her husband's needs in mind nevertheless. The adult in the triangle considers the implications of each relationship for the family as a whole group, not in terms of their sexual implications alone, but in more comprehensive, varied, and flexible ways.

THE CHILD AS CONTAINER INSTEAD OF CONTAINED

This background of shared human similarities and of developmental differences

normally found between children and adults in families prepares us for an examination of the way the resulting role relationships function in treatment settings.

1. In treatment, children and adults show differences in developmental levels in all the areas discussed above and in the use of objects. In terms of psychosexual development, they are also different in the relative channeling of expressions of sex and aggression.

2. Therapists expect different language and conceptual levels as well as different modes of communication. For example, adults ordinarily communicate best verbally, whereas children communicate better through play.

3. In family treatment or when a family brings a child for individual therapy, we expect a family's adults to take the lead in arranging the therapy, formulating the reasons for therapy, and setting the

goals. But we do not expect them to take the lead in expression of individual points of view. That is to say, the child and each member of a family must still speak for himself or herself. In disturbed families, maturational differences are not sufficiently pronounced and require correcting. One goal of treatment, whether in the family or individual setting, is the restoration of an appropriate difference in levels of maturation and responsibility.

In the family, child and adult are alike in being able to share observations both from inside the self and from their roles in the family interaction. They have similar needs for intimate contact and contained support from each other.

The discrepancy in maturational level and corresponding responsibility diminishes over time as the child grows. Nevertheless, the adult

is the senior partner so long as the child is still a child, and usually well into the period in which both are fully functioning adults. In troubled families, we often see a breakdown in this arrangement. In the family literature, this is referred to as the family with a *parentified child* (Whitaker and Keith 1981). This reversal of roles in violation of the natural differences in maturation has not been extensively discussed in the psychodynamic or child therapy fields, although it is frequently mentioned clinically. Bion's (1967) discussion of the container and the contained gives us a language that allows us to think about the internal ramifications of this kind of reversal for the developing self. It is the parents' role to be the container of anxieties in the family. Family and individual pathology occurs when children are called on to be

containers instead of being allowed to be contained (Muir 1989). Ordinarily, the growth of the capacity to provide holding to oneself is fostered by the parental model. The reversal of this pattern in children who understand that they must take over this area for the psychological survival of their parents, and therefore of the family, leaves a residue of premature development, resentment, and anxiety.

Summary

Adults come to family interaction with well-formed identities, even though their identity as parent is modified dramatically in interaction with their children and spouses. But children take on their identities almost wholly in the interaction with their mothers and fathers. It is not merely an image of the object —of mother, father, sibling, and so on—that is introjected, but

of the interaction itself-of the relationship-that is internalized. Children's subjective experiences of themselves in relationships become the building blocks for psychological structure and identity.

Even when the child develops an identity that is a bulwark against parental influence, the building blocks of psychic structure are provided by experience with the parents. The struggle against the parent or parents gives an aggressive tone to internal objects derived from it. In every case, there is an element of struggle to identify with and against the parent. The resolution determines the nature of the internal object and self. It follows from our earlier discussion of the inextricable relationship between self and object that the choice of a new external object is an aspect of identification. The significant other person is a good or poor recipient of the

projections and trial projective identifications that are the stuff of every intimate relationship.

When the child first moves out of the family to relate to peers and teachers, these identifications have a broad, sweeping quality. In adolescence, they become more closely refined and specific. When we see children in analysis, we have an opportunity to trace the way in which growing children's search for and choice of partners expresses their internal object sets. In male homosexual object choice, for instance, the child rejects some aspects of his mother as a partner but incorporates others that are often organized as a strong unconscious identification, usually with a bias against heterosexual relating. He turns against a critical or overwhelming maternal internal object by which he feels constantly overwhelmed, but he is nevertheless

strongly identified with it at the same time. Further development in adolescence may modify or cement this dynamic, leading to confirmation of a heterosexual or homosexual object choice and identity.

Although the parents identify with their children at the same time that the children identify with those parents, the parents' already existing identifications have more staying power, and the child grows in the context of these, modifying them less thoroughly than being modified by them.

THE SIMPSON FAMILY

Aspects of the Simpson family's therapy were reported in a previous volume (Scharff and Scharff 1991). The parents sought help initially because of sexual difficulty: Mrs. Simpson because

she "hated sex" and Mr. Simpson for premature ejaculation. As part of their consultation they readily agreed to a family evaluation that I suggested to explore their difficulty with their middle child, a 5-year-old boy, Alex, who soiled, wet, and was broadly immature. In that evaluation, I noticed that the 3½-year-old girl, Jeanette, was also immature and overexcited, perhaps oversexualized or seductive. The older boy, Eric, seemed to be fine, solidly into latency development.

However, in reevaluation a year later, I noted in Eric internalization of aggressive objects with which he had identified. He used a Superman action figure to attack Jeanette's helpless baby dolls and proclaimed that Superman had become an evil force. I had not seen this in Eric earlier. I could not understand this on the basis of one interview, and I became concerned for the children, who I had hoped would benefit from their parents' improved relationship. The parents were in better shape since the previous year. A

year's intensive psychotherapy with a colleague had allowed Mrs. Simpson to flourish; she was less frequently depressed, although she still had severe regressions, two of which were to bring brief hospitalizations in the next few months. But Mrs. Simpson had taken and maintained a part-time job. The most dramatic change was that she was now interested in sex, and the couple was no longer fighting over that aspect of their relationship. Because of Mr. Simpson's premature ejaculation and Mrs. Simpson's inability to even approach orgasm, they still required specific sex therapy, but for now we agreed that the first priority was family work.

The session I report here came after approximately eight months of weekly family work. We had not been able to meet the previous week, but in the session two weeks earlier, I had investigated the central role of the mother's depression in the family and had been able to understand with them the

role of each of the other family members in relation to it.

Today, two weeks after that session, they came in, the children leading eagerly as usual. Eric began by showing me pictures of transformer robots he had drawn. These were called Demolishicons, the most powerful of which was Demolishicor. He then began to build with the collection of colored blocks that all three children liked to use and for which they often vied. Alex began to draw. Father suggested he draw Donald Duck. When Alex said he could not, Father said, "He can *be* Donald Duck, but he can't draw it."

Jeanette was eating candy from a packet, and Alex drew a Mickey Mouse face. They were all whispering. I asked about the candy and the whispering. Was there a secret? They said there was no secret. They had arrived a half hour early and Mother bought candy because her mouth was dry from the antidepressant

medication. The discussion of her medication brought into the room memories of her hospitalization and the panic that led to it. As she talked, Alex handed her the picture he had been drawing of Monstro the whale, which Alex said had swallowed Geppetto, Pinocchio's puppet-maker father. Jeanette handed her mother a picture, which she said were the primary colors. She named them for me.

So far I felt that the activity in the room was avoidant, although not unusually so for the opening part of a session after a previous emotional one and a missed session.

Eric was now constructing a small building, which he said was a museum. It was the same sort of structure he had built the last time, and he told me the same sort of thing was going on there: "Nothing!" Eric wanted more cars and blocks to complete his design. Father and Alex tried to help him think how he might

do so with what was available and without taking something from Alex.

Mother said, "Eric, if you can't have it the way you want, it would be nice to try to have it another way." Eric rejected her advice and began to pout noticeably.

The museum was loaded with toy soldiers with rifles, and all the guns were pointed straight at me. Laughingly I said, "You say there's nothing going on there, but I see all those guns and I see where they are aimed!" The family laughed, too. "Why am I the enemy? What awful thing am I about to do?" I asked.

Eric now took an action figure of the Incredible Hulk, a great, green, unfriendly figure, and waved it menacingly at me. It was coming to fight. I thought silently about the way the Hulk figure had previously provided an analogy for anger in the family. In a recent session we had talked about the way Mother felt that she was an uncontrollable Hulk who wreaked

damage on the family when she meant to work for the good.

As I was searching among the toys for a figure with which to engage the Hulk in dialogue, Mrs. Simpson handed me a baby doll, saying, "Babies have been known to be vicious."

I felt Mrs. Simpson's offer indicated her identification with the way Eric was treating me and projective identification with Eric's angry transference to me. So I handed the doll back to her so that the origins of this transference could be examined in the family and said, "Maybe the baby can find out what I've done wrong."

She obligingly took the baby and through it said to the Hulk, "Okay, Hulk, what have I done?"

Eric said for the Hulk, "I'm mad because you won't let me rule."

Mother said, "You can't always have your way, and pinching won't help." The

doll and the Hulk wrestled.

Alex, who was watching this interaction, came over to the play struggle to interject, "The baby lost her diaper and she's going to poop all over the floor." He stepped in to fight playfully with the Hulk himself.

Thinking of Alex's lifelong struggle with soiling, I said, "Alex said that when the Hulk attacked the baby, she would lose control of her poops. Is it hard for people to control their poops when they're fighting?"

Alex did not answer me. A minute later he stopped the fight, picked up a car, and knocked over the museum Eric had built.

Eric was furious and hurt. "Alex! Why did you have to do that?" he said. He dropped the Hulk and began to rebuild the museum.

I said, "When Alex got between the Hulk and the baby, he talked about people losing control of their poops. But

instead of losing control of his own poops like a baby this time, he destroyed the museum. Then Eric got mad. How does this relate to what usually happens in the family?"

Mother said, "Eric acts aggressive, but if you return it in kind, he doesn't like it. He thinks what he does is fine, but if someone else does it to him, it's wrong."

Lightly touching Eric's shoulder for support because I felt this discussion would be hard for him, I said, "So you're saying, Mom, that Eric expects that he can play like the Hulk without objection. And he's surprised if someone else gets mad."

I felt rebuffed when Eric said, "Please don't touch me, Dr. Scharff. I have a sunburn." I realized that he was not experiencing what I said as sympathetic. He wanted me to lay off.

Eric continued rebuilding the museum. Alex now put a family of small dolls in a

car and drove over to visit the museum. Eric made Demolishicor attack the family.

Father said, "Jeanette and Alex can't stop Eric. He ignores it when they try to defend themselves, and he overwhelms them."

Mother had now turned red, and she spat out, "I'm livid. When he does this, I get so mad. Right now, I just want to leave the room!"

I said, "Tell me about it instead."

She said, "I can't discuss my anger yet. I feel he's so stubborn, even after you point it out to him. It causes everyone else to be unhappy. He monopolizes things like the blocks. I just want to knock over that museum." And she leaned over and scattered the blocks of the museum with the back of her hand. I felt stunned.

I turned to Eric, with whom I was feeling identified. "Eric, how do you feel right now? Does this happen at home?"

Eric nodded slowly, painfully close to tears.

Father said, "Usually things break down when my wife is feeling like this. Eric, now come on! Give some of the blocks to Alex and Jeanette."

Mother said, "Eventually we intervene. Then he's upset we've forced his hand."

Father said, "Then Eric feels we favor Alex and Jeanette."

"Is that true?" I asked Eric.

He nodded sorrowfully, putting his head down on a table, becoming inert.

Looking for the object relations history of this moment, I asked, "Is there something in your own growing up that echoes with this situation, Mrs. Simpson?"

"It's like my father," she said. "We would dread the time he came home when he would line us up and yell at us, looking for someone who did something

wrong. Then if one of us admitted something, he would yell at that child. It was awful. He had to be in charge. He made the rules, and no one else mattered. And my mother didn't protect us from him. Just like I can't protect Jeanette and Alex."

"So you feel that Eric is like your father, who you felt was so destructive?" I asked.

She nodded, beginning to sob. "And when I feel that and I get so mad at him, then I feel that I'm like my father, too, like when I knock over his building. I hate that worse than anything in the world. I hated that man, and now I'm just like him. And then I hate Eric worse for making me feel that way."

I felt a great sadness as I watched and waited with the family. Seeing Eric now slumping over the table, Father said to him, "Come here, son." Eric got up slowly and accepted a loving hug from his father. He lay draped across his father's chest while his father stroked his arm and back.

It looked comforting, and at the same time it did not get in the way of the work.

I felt grateful to Father for comforting Eric in a way that let Mother keep speaking. He was managing to hold the family in holding Eric. It let me keep my attention on Mother. In this way, Father was providing holding not only to a single family member in distress, but through his intervention with Eric, was holding all of them and was augmenting my own capacity for therapeutic holding, contributing as surely to the therapy as if he had been speaking. His action led to a chain of repair. Jeanette now went to her mother. Climbing onto Mother's lap, Jeanette comforted her. While she did so, Alex played among the remains of the museum, making a simpler building to house the family car he had been using.

While seeing this train of events out of the corner of my eye, I said to Mother, "When you feel you're bad like your own

father, you hate Eric, but you also hate yourself."

"Yes," she sobbed. "And I feel I've damaged him just the way I felt my father hurt me. And I can't undo it. There isn't any way out."

It was painful in the room. I wondered what despair I had wrought. And at the same time, I felt almost exhilarated that the family was managing to hold a steady course through the straits of this despair.

Thinking of Father's intervention a moment earlier, I wanted to try to enlarge the object relations field of this moment to include him. Mr. Simpson could hardly ever remember anything about his childhood, but it seemed clear to me that he was fully emotionally involved at this moment. So I turned to him and asked, "Does this have any echoes for you?"

He said, "My childhood wasn't so dramatic. At least I don't remember any events like that. Sometimes we'd be

spanked with a belt for doing something wrong. I can't remember anything more."

I realized that even as he said he could remember so little, he was actually giving just a bit more than he ever had before: he remembered spankings. I said, "Not being able to remember is one of the things you struggle with. What would you be spanked for?"

"I only remember one time," he said. "I was spanked for going over to a little girlfriend's house when I was about Eric's age. My father womped me with his belt. It hurt! I can relate to Eric's sulking now when I think about it."

"Did you know about your dad's being spanked with a belt?" I asked Eric. He shook his head.

Over the next couple of minutes, we established that in Father's recollection, what he had been punished for was a sexual event. He had been strapped at least partly because it was a girl he

disappeared with. Given the sexual symptomatology of the family's original request for help a year and a half earlier, the continuing sexual dysfunction of the parents, and the sexualization of Jeanette's development, I thought this was an important contribution. I did not know yet what more to make of it. Putting it in place as a small piece of the family's inhibition of Father's adolescent sexual identity formation would have to wait until several months after this session.

I now said to them, "Mrs. Simpson, you get so mad at Eric because he makes you feel this way. He reminds you of your father, then you feel you're like your angry father yourself when you get so mad. And Eric feels destructive and is hopeless about how to get your love. Through all of this, Mr. Simpson lives through you, also hating the angry father like the one who strapped him for an innocent visit to a girl, and hating you as an angry father in whom sexual interest will invoke rage. That's the time the two of you have a

similar struggle, when sexual matters are at issue.

"But in the setting with the children, it is often Eric who brings in the bad father when he wants something for himself. He feels bad about it and he becomes Demolishicor—the destructive robot controlled by someone else. But he also does it in a paradoxical way to keep you, Mrs. Simpson, from feeling that you are the Hulk or the Demolishicor yourself."

Mother said, "Yes, you're right. And I want to bust up his museum because I don't want him to be so high and mighty. Then I feel awful."

At this moment, Alex took the car and broke down the last remains of the museum. I noted to myself his enactment of the destructive forces we were discussing.

I said, "And it is at those times—just like now-that Alex takes on Eric for you, Mrs. Simpson. It is part of the reason that

Alex's impulsive destructiveness is so hard to stop."

Jeanette climbed down from her mother's lap and began to play sweetly among the ruins.

Father was rubbing Eric's head. I asked Mr. Simpson, "Can you add anything?"

Father said, "Eric's hurt. He has a hard time when his mother's so unhappy with him. He wants to do better, but he doesn't know how to change."

I asked Eric, "Is that right?"

He nodded.

Mother said, "He probably hates me back."

I said, "So you're afraid he'll hate you like you've hated your father?" I felt I was taking a chance when I added, "But is there anything else you feel for Eric?"

She answered, "I love him! Really I do! He's a wonderful kid. I feel hopeless, like all the damage is done. He's already been hurt. I've done it! I hate myself!" And she began to sob again.

Alex began again to build a simpler block house for the family car.

I said to Eric, "Do you feel like crying?"

"Yes," he said. "I feel sad."

"I know you do," I said. "This has been painful for everyone, your mom included. This is what's behind so much of what goes wrong at home. It gets in the way of the loving. In your family, Mrs. Simpson, you felt your dad hated you and you hated him, but you wanted his love. It's painful being so mad at Eric and caring about him, too. He's in a situation like yours. And you envy him being so competent, getting so much-even from you- and then wanting more. It makes you remember how you felt you had so little. The image of a bad father comes out at

these moments of breakdown, and it often keeps you, Mr. and Mrs. Simpson, from feeling you can be good parents. Each of you has felt that you couldn't get enough love, that there isn't enough to go around. It gets played out here. If someone wants too much, it's as though he is taking it from the rest of the family. I think this may also be operating in the sexual relationship between the two of you. But that we'll have to explore with the two of you alone. What's important for now is the way the family plays out the anger each of you has over what's missing."

In this session, some of the similarities and some of the differences between adults and children in family functioning are demonstrated. And some of the deficits that contribute to the developmental disturbances in this family are clear, too. In a way, it is clearer because this family, at a midpoint in their treatment, demonstrates the failures in expectable

differentiation between adult and child functioning. And through treatment, the family begins to take responsibility for them. There is both deficit and growth, a repetition of reversal in levels of responsibility and yet the growing exercise of perspective and insight. In short, they are working things through.

REPARATION LEADS TO GROWTH AND DIFFERENTIATION

For the purpose of examining shifts in maturational levels between children and adults, I focus here mainly on the pair of Eric and his mother.

First, Eric and his mother share the need to be loved and responded to. Their need for attachment to each other is clear, and it drives

everything that happens between them. They cry over their failures in achieving a loving relationship, and they share in the acknowledgment of reciprocal needs. Eric and his mother demonstrate a moment of crucial failure when Mother is overcome by Eric's self-centered behavior and knocks over his building. Such moments in family treatment offer what I have called a *core affective experience* (Scharff and Scharff 1987). When they discover the shared needs that underlie this painful breakdown, they reestablish a partnership-in-the-moment, in which each sees into and is seen by the other.

Second, they reestablish each other as intimate, loving objects, having explored some of the ways they have been each other's bad objects. Mother realizes the way Eric has

become her "bad father," and he understands why she has had so little tolerance for his neediness. In arriving at shared understanding, they become not only benign but loving. In such a moment, they support each other to repair their relationship.

Third, in doing this work, they create a reparative working model that will also apply in the future to maintain relationships that meet their needs for love and attachment, for the effective expression of aggression, for differentiation, and for support of each other's maturation and development.

Fourth, they each improve their capacity to gain perspective on what is happening in the family. They develop a shared understanding of the rents and tears both in the family's holding

fabric that is the context for their family life, and in their centered relationship, the one between object-mother and child.

All this leads to a fifth point, the reworking of identifications. A treatment moment such as this one illustrates the intricate interplay between internal object and self. The formation of the self is fashioned in the movement between a relationship with an object and an identification with it. In this session, Mother and Eric assist each other in the move toward more benign identities, less harmful to their objects. In a cycle of projective and introjective identifications, they put the aggressive bad object into each other. In their life together, they had frequently been unable to provide containment of paranoid anxieties and had resorted to splitting and repression. Now assisted

by the family's improved capacity for holding and for mourning, the cycle becomes one of tolerating the pain and of reparation. As Mrs. Simpson modifies her projective identification of Eric so that he no longer has to house the bad object of her aggressive father, his own identification as a destructive boy is tamed and he becomes more loving and available. And as Eric sees his mother as less threatening, she feels that she becomes a better mother. Her identity, too, becomes more benign.

Finally, and here I am thinking of Alex's play and Mrs. Simpson's verbalization, the family as a group demonstrates growth in its capacity for sublimation and transformation of internal needs. Alex's encopresis-an expression of chaotic anger that can only be evacuated without form or structure — resolves as he keeps

working at rebuilding the ruins of the museum. Alex has often embodied the disappointment and anger the family has been unable to master previously. In this session we see the way his inner world is slowly transformed by the family's shared therapy experience.

THE DIFFERENTIATING ELEMENTS

This family demonstrates some of the major differences between children and adults in treatment. There are the actual differences in the levels of maturity and the ability of the adults and children to understand. In their own language, often through the medium of play, the children speak for issues just as clearly as the adults. But the adults must take the lead in

providing verbal understanding, just as the children take the lead with their play in expressing both the verbally defended issues and the issues from their side of the relationships.

This family had been operating as though Eric and his mother were on roughly the same level of need and maturation, but that it was only Eric who had the potential to lead the family out of the land of hopelessness. Eric was tasked with being the container for generations of disappointment. The family grows in this moment of therapy because both Mother and Father are willing to retake the lead in maturation and the provision of containing anxiety. Mother and Father have been acting as though the two of them were helpless to contain Mother's destructive rage, as if she were driven from inside with Father helpless to control her.

In this they have also been acting as though Eric were responsible for her and for the family, instead of the parents for the family and Eric. They were operating as though he had just as great a responsibility to provide containment for his Mother as the parents, and especially his mother, must do for him. This pattern results from the assumption that Father is inadequate to his task. Then both parents look to Eric to make up for this male deficiency, leaving Eric responsible for taking care of his mother's anxiety. When Father reasserts his capacity to provide holding, and Mother acts again as the more mature partner in the relationship with Eric, all are relieved. She had been complaining that Eric was irresponsible, as though he were the destructive adult she grew up with. Then she feels periodically that she, herself, is that

destructive adult. When her perspective is enlarged, when she becomes the one with the area of responsibility *for* Eric and herself, and now expects Eric once again to be responsible *to* her rather than *for* her, she offers an object relationship in which he is eminently more comfortable, and so is she. The parallel processes seen in the family with Father in regard to Alex and Jeanette are part of the same development.

Finally, we can elaborate further on the theme of modifying identifications. Mother and Eric move to reestablish a balance in which Mother is less dominated by persecuting and rejecting internal objects and is thereby more reliant on improved internal objects. She discovers an improving image of herself, which is more effectively bolstered by her husband. As

she is less reliant on Eric to compensate for deficient internal objects, Eric can be more reliant on her to provide a better interactive life out of which he can resume building his own internal objects. In the language of Eric's play, fewer of the soldiers—his angry objects-now have to be showcased in his museum, and more good objects are given life.

In this manner, the family uses therapy to reestablish a holding environment, a context of growth not only for the children but for all five family members. The children are freed to work with modifying their own internal needs within a supportive and constructive context. Eric is freed, for instance, to acknowledge his needs instead of building a museum to preserve the remains of the old objects. Alex is freed to make contributions to the family's perspective as he

matures before our eyes. The children are freed from being containers of pathological projective identifications and anxieties and can now experience the parents as containers. The family pattern of providing holding and an appropriate context for growth is restored as both parents and children resume functions appropriate to their ages and roles.

CHILD AND ADULT DIFFERENCES IN THE INTERNAL FAMILY

Experience with the actual family is the basis for internal structure for each family member, that is, of the internal family for each of them. In health, there is a difference between the relationship of child and of adult to the family-as-a-whole and therefore in the composition of

their internal family. The child, even the older child, tends to look to the family group for support and sustenance. The child's attitude is one of taking from and deriving from. Mature adults, even though getting a great deal from their families, have an attitude of giving to, of letting the family derive from them. This difference between the child and the adult holds mostly for their attitude toward the external family group and its real-life current family members. Both child and adult need support and sustenance from the figures they carry within.

This leads us to a final, most important difference. Although the child is like the adult in having a several generation family, and his or her immediate internal family consists of parents and siblings, the child is unlike the adult in

being the new generation. The child is at the bottom of the waterfall.

The adult with children is midway, with primary external objects that are older and younger —ones who made him or her, and ones he or she made. This dual role, being child and parent, summarizes the full complexity of the contrast between child and adult—the position of being both child and adult at the same time, in the real world. In the internal world, such an adult has older and newer internal objects contributing to a more complex psychic structure than in the child.

When Mrs. Simpson sees herself as though she were an emotional child at the bottom of the generational ladder, with Eric as only her persecuting or idealized father, he cannot grow.

When she once again takes back the projective identifications she has put into Eric, she resumes her position mediating between generations, and he is freed to grow.

THE ROLE AND EMOTIONAL POSITION OF THE THERAPIST

Whether through family or individual therapy, part of a therapist's role is to repair the ability of each person to use and support other family members. This repair can come about only through a maturation in internal object relations, leading to growth of confidence that there are enough good internal objects and that one can make one's self available to be used by others without risking irreparable loss or damage. In this manner, each person becomes

not merely an object to be used or abused by others, but part of an interlocking and reciprocating system of self and object in which each is formed, informed, and modified in relation to others. The deterioration of this capacity will lead to misuse and abuse of each other in the family interactions. When each family member can only see the other family members as revolving around him- or herself, there seems to be no choice but to batter the others into the empty spaces of one's own needs.

With maturation of the capacity to use and respond to others, as led by and embodied by the family's adults until the children are developmentally complete, the family can act as a mature unit in its capacity for concern for each other, facilitation of the growth of each other, and meeting the needs of each family member

and the family as a whole to be loved and understood.

What about the personal needs of the therapist? Much of the clinical literature, especially early classical psychoanalysis, was written as though he or she were a disembodied parental figure without any need for attachment and intimate relating. Of course, the therapist fully shares the human state of having human needs. The essential difference is that —at least in the therapeutic setting —therapists can and must be far more dependent on their own internal objects than they expect their patients to be. Since the patient or family they are treating is not their family, they are freed to allow individuals or families in treatment to resonate with the therapists' own internal objects and internal families, and to make their peace at this

distance. Although this is an exaggeration of what I have described as the adult position, no one in their own family can or should have this kind of distance, even though parents should have more of it than children. Some of therapists' personal needs must, perforce, be met by satisfactory work with their patients or families in treatment. They need to find in their work a chance to repair their objects and challenge the potential of their selves. In this task they find support from their internal objects, including those derived from their past families, current families, colleagues, and membership in the therapeutic profession.

And just as the therapist is required to take a mature stance of responsibility like the parent of a family, so the patient —even the whole family —is temporarily freed to take and to regress —

that is, to take the child's position of depending on rather than being there to be depended on, until the family has reorganized itself as a well-functioning unit with clear role relationships.

Within the common human condition, children and adults show important differences in the use of internal objects and in their relationship with external objects throughout life. These differences derive from and affect their different roles in the family and the effect of the family on them. Both individual and family therapy aim to redress the imbalances in these matters, and both rely on the ability of the therapist to contain the anxieties during the exploration and realignment of the interior of the individual and the family.

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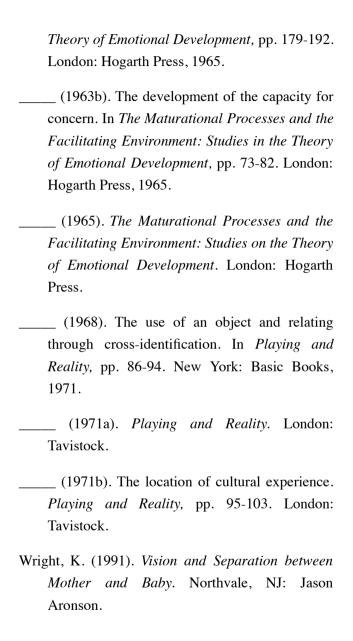
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