Fitzgerald, Anna (2009) A psychoanalytic concept illustrated: Will, must, may, can — revisiting the survival function of primitive omnipotence. Infant Observation: The International Journal of Infant Observation and it's Applications, 12 (1). pp. 43-61. ISSN 1369-8036

Infant Observation
Vol. 12, No. 1, April 2009, 43–61

Routledge
Taylor & Francis Group

A psychoanalytic concept illustrated: will, must, may, can—revisiting the survival function of primitive omnipotence

Anna Fitzgerald*

The author explores the linear thread connecting the theory of Freud and Klein, in terms of the central significance of the duality of the life and death instinct and the capacity of the ego to tolerate contact with internal and external reality. Theoretical questions raised by later authors, informed by clinical work with children who have suffered deprivation and trauma in infancy, are then considered. Theoretical ideas are illustrated with reference to observational material of a little boy who suffered deprivation and trauma in infancy. He was first observed in the middle of his first year of life while he was living in foster care, and then later at the age of two years and three months, when he had been living with his adoptive parents for more than a year.

Keywords: Infant Observation; splitting; good object; bad object; idealization; primitive omnipotence; manic defence; deprivation; neglect

Introduction

This paper is the second in the psycho-analytic concepts series, which aims to explore the interplay between psychoanalytic theory and Infant Observation. Klein's seminal theory of the paranoid-schizoid position and the early defence mechanisms of splitting and projective identification have been discussed in the first paper in the series (Edwards, 2008). Klein's theory of early defence mechanisms is further considered, focussing on debates about idealization and primitive omnipotence. Theoretical ideas are then illustrated by drawing on observational material of a little boy whom I have called John, who was first observed in the middle of his first year of life and again later, at the age of two years and three months.

Context

Psycho-analytic theory is rooted in the tradition of formulating and testing theory by direct clinical experience. The model of clinical practice which informs

*E-mail: anna.fitzgerald1@ntlworld.com

ISSN 1369-8036 print/ISSN 1745-8943

DOI: 10.1080/13698030902731709
http://www.informaworld.com

this paper is based on the theory and method of clinical work with individual children developed by Melanie Klein. My interest in theory has been kept alive by the experience of teaching on the Tavistock Psychoanalytic Observational Studies course, where the fresh eye of students and the exploratory method of teaching mean that theory is constantly under review. Theory is also kept alive by my work as a member of a multi-disciplinary team undertaking diagnostic assessments of infants, children and parents, to inform Family Law proceedings, where there has been actual or suspected serious neglect or abuse. The task of the child psychotherapist is to contribute an understanding of the internal world and emotional experience of infants and young children, as one element in a wider assessment of the relationships between family members. A report to the court makes recommendations about the rehabilitation of families, or the permanent placement of children in alternative care, and provides guidance about the kind of care and any specialist treatment a child and family is likely to need.

This work draws on applied methods related to psychoanalytic theory and clinical practice: on participant-observation of infants and young children with their mother, other carers and family members, and on therapeutic assessments of sibling groups. Older children are also assessed by being seen individually. Instances when the services that exist to protect children fail highlight how difficult it is to really see and understand the meaning of what is observed in families where children are at risk of significant harm. Psychoanalytic Infant Observation is of vital importance in understanding non-verbal behaviour and primitive states of mind in infants, and in young children whose capacity to play and to communicate has been severely impaired. The difficulties inherent in this work have previously been well described by others (Trowell, 1999; Youell, 2002).

The assessment and observational process can be very disturbing. Bringing observational material and its emotional impact into contact with psychoanalytic theory facilitates the transformation of primitive emotional experience into something meaningful (Bion, 1965). Psychoanalytic theory enables a regenerative process, helping to sustain the capacity to go on being alive and receptive to painful emotional experiences, if it really speaks to what has been observed and emotionally felt. Inevitably, theory not only supports clinical experience, but is also tested by it. Under the strain of this testing, I have found that the different aspects of observation, emotional experience and theory from time to time change their relationship to one another, like the pieces in a kaleidoscope coming apart and joining together again, so that attention shifts to bring a less prominent aspect of theory more sharply into focus.

The interplay between internal and external experience

A linear thread can be traced connecting the theories of Freud and Klein, in terms of the central significance of the duality of the life and death instincts, and the capacity of the ego to tolerate contact with internal and external reality. Klein's

first young child patients communicated a vivid picture of an internal world permeated by persecutory anxiety. Klein took this as a confirmation of Freud's theory of the operation of the death instinct (Freud, 1920; Klein, 1946). She thought that the infant's fear of death was first experienced as primitive terror; a fear of annihilation (Klein, 1946). The onslaught of extreme persecutory anxiety following on from birth implied the existence of a rudimentary ego, active from the beginning and functioning as the agent of early defence mechanisms: splitting of good and bad aspects of the self and of the object, projection and introjection of strong feelings of love and aggression, denial, idealization, and omnipotence. Gross distortions brought about by the operation of early defence mechanisms means that the infant's experience is far removed from reality, shaped instead by phantasies that arise from the need to deflect the sadism and aggression of the death instinct outwards.

My reading of Klein brings to the foreground the significance of her hypothesis that the infant's first experience is one of terror and of being overwhelmed by persecutory anxiety. This brings into sharp relief the need for the external world to provide an experience that will mitigate, rather than confirm, the infant's phantasies of cruelty and persecution:

> Unpleasant experiences and the lack of enjoyable ones in the young child, especially a lack of happy and close contact with loved people, increase ambivalence, diminish trust and hope and confirm anxieties about inner annihilation and external persecution; moreover they slow down and perhaps permanently check the beneficial processes through which in the long run inner security is achieved. (Klein, 1940, p. 346–347)

Around the middle of the first year of life, if all goes well, the strength of early splitting diminishes, giving way to a greater capacity for integration. This in turn ushers in awareness that the 'bad object' of early experience is not separate from the 'good object', but that both are aspects of the whole object of the mother. Paranoid-schizoid anxieties about the survival of the self are then able to give way to depressive concerns related to the survival of the object. Awareness of the mother as whole and separate brings about a dawning realization of her connection with others, particularly the father, in the oedipal constellation (Klein, 1946). Fresh anxieties follow on from this better contact with reality: concern about the damage wrought upon the internal and external objects, mother, father and the parental couple, when splitting and aggression had been at its height. Grief about earlier attacks on the 'bad object', now recognized as an aspect of the whole 'good' mother, inhibits aggression and gives rise to the wish to make reparation. The capacity to be in contact with depressive concern for the object and the urge to make reparation are classically understood to be necessary pre-requisites for the development of a capacity for symbolization, play, language, learning, and all creative work (Klein, 1937; Segal, 1957).

There are at least two pathways that clearly diverge from the trajectory of Klein's theory of ordinary development. One comes about when innate,

constitutional problems in the infant interfere with development. This is the pathway that Klein chose to explore in her later clinical and theoretical work. She investigated the constitutional factors of innate, excessive envy and greed, derivatives of the death instinct, and the ways in which these can interfere with ordinary maturational processes in infancy, in spite of favourable external circumstances (Klein, 1957). The second pathway comes about as a consequence of adverse environmental experience. This was something that Klein did not underestimate, but also did not fully explore. There are only two clinical examples in which Klein described the way in which adverse external experience can shape the development of a child. Of the 'little criminal', referred to her for analysis due to his stealing and sexual attacks on little girls, she says that his environment had been one of 'the most desolate circumstances'. Klein concluded about his difficulties:

> Compared with the neurotic child, he had actually had experience of an overwhelming super-ego, which the other child had only evolved from inner causes. Thus it was also with his hatred, which, in consequence of his *real* experience, (Klein's italics) found expression in his destructive acts. (Klein, 1927, p. 183)

Klein's analysis of another child, Dick, also took account of difficulties arising from his external relationship with his mother, which Klein acknowledged as having contributed to the genesis of his internal difficulties. Klein argued that Dick's inhibited capacity for symbol formation was the result of 'premature ego development' arising from a too-early onset of feelings of guilt and concern, brought about by a lack of loving warmth in his actual relationship with his mother, as well as internal factors in the child (Klein, 1930, p. 223).

Melanie Klein and Infant Observation

Following the publication of Klein's work (Klein, 1935, 1940, 1946), interest in developmental processes in infancy began to grow. Dr Margaret Ribble undertook the observation of 500 infants to learn about early psycho-biological development, particularly the interplay between the development of sensory and perceptual capacities and mental processes. Klein did not publicly acknowledge her interest in this work, or the support that she felt it lent to her theories, until many years later:

> Outbursts of emotional reaction, not always well differentiated but obviously expressing positive or negative direction are seen to involve the entire motor system. . . . the eyes focus well and can follow the mother about, the ears function well and can differentiate the sound she makes. Sound or sight of her produces the positive emotional responses formerly obtained only from contact, and consist of appropriate smiling and even genuine outbursts of joy. (Ribble, 1944, quoted in Klein, 1952a, p. 90)

Esther Bick's clinical work with children was supervised by Klein and in 1948 she introduced psychoanalytic Infant Observation as part of the training of child

psychotherapists at the Tavistock Clinic. In 1950, Bick went into analysis with Melanie Klein. It seems likely that Bick's venture was undertaken with support from Klein:

> Many details of infants' behaviour which formerly escaped attention or remained enigmatic, have become more understandable and significant through our increased knowledge of early unconscious processes; in other words our faculty for observation in this particular field has been sharpened. . . . If we are to understand the young infant, though, we need not only greater knowledge, but also a full sympathy with him, based on our unconscious being in close sympathy with his unconscious. (Klein 1952b, p. 94)

The significance of the mother-infant relationship, and in particular the mother's capacity for *receptivity* to the unconscious communications of the infant, has been further explored in the work of Winnicott (1960) and Bion (1962). Infant Observation brings together questions about the interplay between internal and external experience previously polarized in the conflict between Anna Freud and Klein (Grosskurth, 1986, pp. 310–362). The containment of this conflict may have been significant in enabling Klein to explore the importance of the lived relationship between mother and infant later in her career (Klein, 1952b). Following Bick's seminal contribution to psychoanalytic theory, derived from Infant Observation and clinical work with deprived children (Bick, 1968, 1986), the potential for Infant Observation to contribute not only to training, but also to theory, has gained greater recognition. The recent interest in psychoanalytic research offers an opportunity for this to be developed: 'Direct Infant Observation might be considered a method of submitting theories of development in infancy, gained from clinical work with young children, to a measure of reality testing' (Rhode, 2004, p. 283).

Loss of the 'good' object in mourning and manic depressive states

Freud identified the important function of introjection and the distinction between normal mourning and melancholia, depending on whether love or hatred predominate (Freud, 1917). Abraham argued that introjection with love is a normal process in mourning, while introjection with hatred gave rise to the pathological state of melancholia (Abraham, 1924, p. 442). Klein extended this theory, in light of her work with child patients. Klein proposed that the experience of loss in early infancy precipitates depressive anxieties and promotes internalization of the whole 'good' object of the mother, to form the core of the self. Klein presented different ideas about the nature of the loss that triggers the onset of depressive anxieties in infancy; referring at different times to the loss of the breast brought on by the onset of weaning (Klein, 1936, 1940) and at other times to the loss of the 'ideal' object, brought on by the dawning awareness that the 'good' and 'bad' object are one and the same:

> The shaken belief in the good object disturbs most painfully the process of idealization, which is an essential intermediate step in mental development. With the young child, the idealized mother is the safe guard against a retaliating or a dead mother and therefore represents security and life itself. As we know the mourner obtains great relief from recalling the lost person's kindness and good qualities, and this is partly due to the reassurance he experiences from keeping the loved object for the time being an idealized one. (Klein, 1940, p. 354)

Central to Klein's theory is the idea that an external loss triggers a crisis related to anxiety about the loss of the internal 'good' object as well, and that this experience in infancy creates a template for anxieties and intra-psychic processes that are reactivated by subsequent experiences of actual loss, throughout life. Anxiety about the loss of good external and internal objects in infancy, and later in mourning, intensifies the early defence mechanisms, which in this context, Klein terms 'manic defences':

> Without partial and temporary denial of psychic reality, the ego cannot bear the disaster by which it feels itself threatened when the depressive position is at its height. Omnipotence, denial and idealization . . . enable the early ego to assert itself against its internal persecutors . . . the desire to control the object . . . to triumph over it may enter so strongly into the act of reparation . . . that the benign circle started by this act becomes broken. (Klein, 1940, p. 347)

Likierman has carefully traced the ambiguities, contradictions, and paradoxes in Klein's conceptualization of the 'good' object and the 'idealized' object (Likierman, 2001, p. 96). She notes the important distinction between idealization of the 'good' object and idealization of the 'bad' object. A clear differentiation between good and bad and a full appreciation of the qualities of the 'good' object form the foundation for an outcome of healthy integration, rather than confusional states. Likierman suggests using the concept of an early 'ideal' object to maintain a distinction between the 'good' object and a highly idealized object, arising from more extreme, pathological splitting. These questions are of crucial significance in work with children who have suffered deprivation, abuse and the trauma arising from 'bad' experiences and actual losses in infancy. In my view, these ideas are linked to questions pertaining to the innate strength of the life instinct, which may imbue the 'good' object with ideal qualities, as a consequence of projection of strong loving currents, arising in the self, contributing to a capacity for resilience.

Revisiting the survival function of primitive omnipotence

The concept of omnipotence was first considered by Freud in relation to the capacity of the infant to achieve temporary satisfaction by means of wish-fulfilling hallucination, in the absence of the breast: 'The infant—provided one includes with it the care it receives from its mother . . . betrays its unpleasure,

and it then experiences the satisfaction it has hallucinated' (Freud, 1911, p. 220). The phantasy of the concrete presence of the feeding breast is thought to be a defence against privation, effected by turning away from a painful experience of frustration in external reality, but it is also open to a different interpretation. Freud initially described the pleasure principle as primary, giving way only secondarily and reluctantly to the reality principle (Freud, 1911). Later, Freud conceptualized the theory of the pleasure principle and the reality principle differently:

> Thus the original ''reality ego'', which distinguished internal and external by means of a sound objective criterion, changes into a purified ''pleasure-ego'', which places the characteristic of pleasure above all others. (Freud, 1915, p. 136, in Cohen, 2007, p. 187)

Freud's theory of 'auto-erotic' satisfaction can therefore be conceptualized as being derived from the earliest experience of gratification at the mother's breast. Ferenczi (1913) suggested that the infant's first reality is the experience of the intra-uterine state, providing the foundation in an earlier reality, for the later mental state of omnipotence in infancy:

> If therefore the human being possesses a mental life when in the womb, although only an unconscious one—and it would be foolish to believe that the mind begins to function only at the moment of birth—he must get from his existence the impression that he is in fact omnipotent. . . . The curious thing is that—pre-supposing normal care—this hallucination is in fact realized. (p. 219; p. 222)

Primitive omnipotence can therefore be understood not solely as a defence against reality, but as something closer to a precursor of a memory, or a thought, about an earlier good experience, based on hope and an emergent capacity to know about the *availability* of the mother. Considered in this way, the infant may be turning towards a benign experience of a remembered reality, and away from the impingement of a persecutory phantasy.

Although Klein initially described omnipotence operating in two distinct ways, destructive and reparative, she seemed to come down in favour of the view that omnipotence was closely bound up with the destructive tendencies. The debate about the positive and negative aspects and interpretations of the defence of primitive omnipotence has continued to be stimulated by clinical work with deprived children. Symington has drawn attention to omnipotence functioning as a defence against experiences of significant failure in the external environment, linked to Bick's concept of 'second skin' defences (Bick, 1968; Symington, 1985). Symington emphasised important distinctions in the states of mind that underlie omnipotence:

> James Bond is invincible. He is assailed by so many and such terrible things and he must deal with it all by himself, and see that he is cleverer than the enemy. This boy has to be James Bond. He can't rely on anybody; nobody is there to help him, so he

> must do it himself. It's not the aspect of James Bond that says "I am the greatest, I am the best". That is not the issue, the issue here is: I must be so clever, I must think and think in order to protect myself. (Bick quoted in Symington, 1985, p. 484)

The published literature of work with children who have suffered deprivation and trauma in infancy, by child psychotherapists, draws mainly on work with the clinical population in treatment. It is therefore not surprising that what is described is often concerned with the failure of early splitting, confusional states, idealization of and identification with the 'bad' object and perverse pleasure in the excitement of violence, hatred and aggression (Boston & Szur, 1983; Emanuel, 1984, 1996). The 'double deprivation' of the 'brick wall quality' of one child's defences is revelatory in conveying why it is that such children are so hard to reach, when appropriate care is made available (Boston & Szur, 1983, p. 3). Another boy, Gary, presents very differently, telling the therapist 'I should like to build you a fort', while advising him that it was 'not a safe fort'. The soldiers in the fort were broken, but fortunately Gary has a knight that was magically able to bring the soldiers back to life. Now Gary thought that 'the dangers came from outside, the fort is safe' (idem, pp. 121–122). Describing Gary, the therapist shows that he was a boy who understood 'what is precious and has to be protected', and that while his inner world was one 'peopled by dead and injured objects', he showed hope that there could be an 'idealized social worker/knight' who would strengthen and keep safe his shaky foster-care placement (idem, pp. 121–123).

Gary had been placed in care at birth, returned to his mother at eight months, and then returned to care eight months later. He had three further changes of carer by the time he was three and a half years old. Placement breakdown was caused by Gary's negativistic, sulky response towards his subsequent carers (Boston & Szur, 1983, p. 119). This seems to link with the concept of 'primary disappointment', (Emanuel, 1984, p. 71) in which there is a failure in the parental object and the environment to meet the innate expectations of the infant. One outcome in these circumstances is that omnipotence is resorted to as a massive defence against dependency and contact with any feelings of vulnerability. This had not been the outcome in Gary's case, which raises questions about the nature of the resilience seen in children like Gary, and the need for the therapist to be well attuned to different kinds of omnipotence.

Alvarez (1992) has stressed the 'Kleinian distinction between processes which are defensive against pain and depression and those which are designed to overcome it and foster growth' (p.166). She brings to the foreground the need for the deprived child first to have an experience of secure possession of an object, before managing experiences of loss. Alvarez draws attention to positive aspects of omnipotence: power and potency and the infant's sense of agency. Like Alvarez, Edwards (2005) considers the significance not only of absence and loss but also of presence and gain in work with very deprived children. She adds: 'This involves

acknowledging deficits not only, and often not principally, in the subject, but in the environment and the external objects' (p. 324).

These considerations seem closer to Klein's thinking at the start of her career when, under the influence of Ferenczi, she wrote:

> ... the way in which the omnipotence feeling is strengthened or destroyed by the child's first serious affection determines his development as an optimist or pessimist, and also the alertness and enterprise, or the unduly hampering scepticism of his mentality. For the result of development to be not boundless utopianism and phantasy, but optimism, a timely correction must be administered by thought. (Klein, 1921, p. 24)

John

John had been born a healthy baby at full term. He first came to the attention of the authorities when he was three weeks old and the health visitor reported concerns that he was 'failing to thrive'. Two weeks later the police were called to the house by a neighbour. John was found naked in his father's arms and covered in blood. The couple had been fighting and John's mother had bitten his father. John was placed on an emergency protection order with a short-term carer, and he was then moved to a longer term placement with a foster care couple. John was five months old when we were asked to undertake an assessment to advise the court on the question of whether John could be safely returned to live with his mother, or whether he needed to be freed for adoption.

John's mother, Ms. Robinson, was brought up in circumstances of inter-generational neglect and separated from John's father who was not included in the assessment. John was Ms. Robinson's second child. Her first child had been removed from her care at the age of three months following a life threatening non-accidental injury. It was not clear whether it had been Ms. Robinson or her partner at the time that had harmed the baby. Ms. Robinson had been assessed as having learning difficulties and poor impulse control. John had not been placed on the child protection register pre-birth, as assessments during the pregnancy had concluded that Ms. Robinson appeared to be more mature and stable than at the time of the birth of her first child.

Home visit to the foster carers

A visit to observe the infant in the company of the primary carer at home is usually undertaken before meeting the child and family in the assessment centre setting.

> John was asleep in his cot upstairs when I arrived. The foster carer spoke vividly about her memories of John's first days in the placement. She described how disturbed she had felt when John had made loud persistent screeching noises for the most part of two whole days and nights. She recalled longing for him to be able to cry. He was not

> comforted by being held by her, yet he became more distressed if she tried to put him down. He tensed his body, holding himself rigidly, while clinging to her 'like a monkey'. She had wondered what kind of experiences could have so profoundly affected him, and had the sad thought that John would never be like an ordinary baby.

She went on to speak about her surprise when, after two days, John appeared to make an astonishing recovery. He stopped screeching quite suddenly and soon had been able to settle to feed from a bottle. He had continued to feed well and at the time of the assessment, he had taken to the introduction of some solid food with gusto. He had thrived and had made a good recovery from the fragile physical state that had first alarmed the health visitor. John was now able to sit with some support on a rug and amuse himself with toys for short periods of time. The foster carer said that John liked to play with her husband, but would not accept a feed from anyone but her. He had begun to cry in an ordinary way.

John attended supervised contact with his mother in a family centre three days a week, for three hours a day. At first he had returned from these visits in a very distressed state, screeching once more and needing to be held for a couple of hours before he could settle. He had gradually become less distressed and easier to settle following contact. Bottles of milk and nappies provided by the carer for use during contact regularly came back unused, so that John returned from contact 'desperate' for a feed. The carer noticed that it was time for John to wake up from his nap and explained that he was predictable in his routine. I accompanied her to John's room when she went to pick him up:

> John was crouching on all fours in his cot when we entered the room. He arched his head and turned towards the sound of his carer's voice as she murmured a gentle greeting to him. He smiled and rocked his body back and forth excitedly, as if about to launch himself into her arms. His eyes widened as she lifted him and held him briefly suspended face to face in front of her. He looked deep into her eyes and beamed at her, kicking his feet in gentle rotation against her belly, while patting her shoulders and upper chest with the flat of his palms. When the carer held him close to her, he placed his arm firmly around her neck, with his right hand anchored on her shoulder, continuing to pat her upper body with the flat of the palm of his left hand. He did not appear to register my presence, although the foster carer spoke to me and I stood close by, within his line of vision. She explained that he insisted on being held after a nap and that he would complain loudly if she tried to put him down too soon, and she laughed. Physically he was a very appealing blond-haired blue-eyed baby, with soft cherubic cheeks flushed pink by warmth while he slept. John continued to gaze wide-eyed into her face as she spoke to me, smiling more broadly in response to her chiding laughter. His glance then turned to me and he became suddenly subdued, a frown clouding his face. I felt like an unwelcome intruder in an exclusive loving relationship.

Comment

John's first response to being with the foster carer was extreme. He was in the grip of a terrifying experience and unable to gain relief by crying. The description of John screeching and his way of clinging and holding himself rigidly suggested that John had been able to marshal the extreme defences needed to protect the immature ego from disintegration in the face of catastrophic anxiety. Screeching had enabled John to project his experience of terror powerfully into his carer. The carer had the capacity not only to hold John physically, but also to receive and contain powerful primitive projections (Bion, 1962). The foster-carer's concern about the damage John had suffered suggested that she felt the kind of anxieties that beset the mother of a newborn who has special care needs. John seemed to have a strong capacity to benefit from the experience of being held and of being contained. His capacity to defend himself against disintegration and to make use of mechanisms of projection suggested that John was a baby with innate strengths, providing him with the foundation for healthy resilience.

My initial impression was a sense of a warm relationship between John and his carer. Their delight was palpable. This together with my feelings of exclusion strongly suggested the dyadic closeness and mutual idealisation often observed in the early bonding between mother and infant. John seemed confident that he had the power to summon his carer to him at the moment of waking and wanting her, but without needing to cry out. He also appeared to delight in the sense that he had the power to make his carer hold him, and in the experience of being held by her. The foster carer's anticipation of the moment when John would wake up meant that John's sense of early omnipotence was confirmed by his carer's responsiveness in external reality. Omnipotence and the apparent confirmation of this by external reality provided John with a kind of protective shield against the pain of privation and helplessness.

Observations at the assessment centre

Children and families are typically seen at the assessment centre for one short day each week, for three to five weeks. Sessions take place in the clinical setting of a consulting room, the structured setting of a playroom, and in an informal family room, during the mid-morning and lunch breaks. The family is seen in a variety of different family groupings. The assessment usually includes observation of the infant's response to separation from the foster carer and from the mother, and the infant's response to being left for a short while with an attentive, friendly stranger.

Observation of John with his mother

For much of the time during the assessment Ms. Robinson fluctuated between dissociated states of mind and explosive angry complaints. She had difficulty in

handling John and was not able to hold him securely, to feed him, or to change him. She explained this problem in terms of her difficulties with manual dexterity, linked to her learning difficulties. We observed that Ms. Robinson had some problems with fine motor skills, but this difficulty was noticeably more pronounced when she was handling John. Invited to bring John into the consulting room, she awkwardly tried to lift him out of the car seat, asking for assistance with the clips on the straps which she could not open. She held John with two hands around his waist about a foot away from her body as we walked to the room. John appeared floppy and disorientated; his gaze averted from his mother as he turned his head from side to side, his eyes quickly scanning around the corridor as if searching for something:

> Once in the consulting room, mother continued to hold John awkwardly, her two hands clasped around his waist, holding him away from her body as if unexpectedly suspended in the act of putting him down, and unsure about how to do this. As he dangled in mid-air, John agitatedly started to kick and to wriggle against his mother's hands, moving his head from side to side. I felt acutely anxious throughout that John was about to be dropped. In response to my suggestion that Ms. Robinson put him down on a rug, mother anxiously lowered him and then at the last moment dropped him rather abruptly, face down. John pressed the full length of his body against the rug, as if seeking a sensation of firmness. He burrowed his face into the folds of the blanket, mouthing at the fabric and then frantically started to grasp the rug between his fingers, pushing the fabric against his eyes and into his mouth, as if trying to block his every orifice.
>
> Mother left the room and I sat John on the rug with some support and passed him a soft toy puppy. John accepted this with a firm grip and took it to his mouth. He opened his hand and dropped the toy. I returned the toy to him and he dropped it again, seeming animated. He looked directly into my face with a mischievous, expectant look, as if giving me the signal to retrieve the toy. He put it in his mouth and then rubbed the soft fabric dreamily against his face and the side and top of his head, with a far away expression on his face. After a few moments, he began to whimper and looked crossly at the toy. He dropped it with a forceful gesture, as if throwing it away. When I offered it back to him, he accepted the toy and smiled with delight, while intently holding my gaze. He put the toy in his mouth and sucked his fingers . . . His eyes closed and he fell asleep, rather suddenly.

Comment

Although John appeared physically and emotionally robust in the presence of his foster-carer, our observations quickly showed that he had few internal resources to sustain him during her absence. The absence of the 'good' object in external reality was met with the absence of a 'good' object in his internal world, at a time when developmentally this would not yet have been securely established, even in ordinary circumstances. The interactions between John and his mother were painful to observe as he fluctuated between gaze avoidance, actively turning away

from her, and more extreme attempts to deny her existence; shutting down his eyes and ears, as if seeking to obliterate all awareness of her presence. The absence of the foster carer seemed to leave John in the grip of a phantasy of having been abandoned in the care of a 'bad' object.

We were concerned to observe a tendency in John to withdraw from external reality, as a result of acute anxiety arising from the twin effects of the absence of his carer and the presence of his mother. We wondered whether John's development had been further adversely affected by internal splitting processes being concretely replicated in his external world. It seemed that time spent with his well-attuned and responsive carer, alternating with time spent with a mother who was unable to hold him, or respond to his basic needs such as hunger, meant that his mother came to be experienced by him as a terrifying persecutor. She was not able to help John to move out of a persecuted state by drawing him into an experience of more responsive contact with her, and a more benign external reality.

The lively, alert state in which John was able to explore the experience of loss and recovery through symbolic play in his time with me conveyed something more hopeful. I wondered if my spontaneous gesture of an invitation to play had called forth in John a different kind of internal object, as I recalled the carer's description of John playing with the male foster carer. There were rapid oscillations in John's states of mind. His stroking gesture with the soft toy against his face, when he had managed to make some recovery from a very persecuted state, suggested awareness of the absence of his carer, which then seemed to propel John to turn to an omnipotent phantasy of the presence of the gratifying breast. This did not sustain him for long in a real situation where he had to manage the absence of his carer for some hours. The sudden way in which John fell asleep suggested the collapse of his fragile defences, akin to a dissociated state.

John with his adoptive parents

When John was two years and three months old, we were asked to provide a further assessment, to comment on the concerns raised in our earlier report about the fragility of John's emotional states and the areas of concern that we had raised about John's long-term development. We were asked to give an opinion about whether we thought that John and his adoptive parents would need a treatment intervention, post adoption. The assessment of John to inform the adoption planning process involved an initial meeting with the adoptive parents and two observations of John with them at home.

Consultation with the adoptive parents

John had been able to remain with the same foster carer until he moved to live with his adoptive parents, shortly following his first birthday. At the point of

transition from his foster carer, John was described as seeming contented. He had not shown any overt signs of distress on separation from his foster carer and for the first few weeks he did not cry. His adoptive mother recalled that in the early stages John sometimes arched his body and pushed his head back, away from physical contact with her. John also preferred to hold his bottle himself while feeding, turning away from eye contact, sitting forward on her knee, as if to avoid physical proximity and the experience of being held by her. In contrast to his coolness towards his adoptive mother, he was said to have immediately struck up a warm and playful relationship with his adoptive father.

His adoptive mother recalled having felt 'utterly controlled' by John at first. She explained that John had managed to make her stick rigidly to the routine that he had been accustomed to with his foster carer, powerfully resisting any changes that she wanted to introduce. After a couple of months, as he became able to give up his rigid control and began to accept some changes, John started to make painful screeching noises, which the adoptive mother described as seeming to come from somewhere 'very primitive, deep inside him'. At about fifteen months, John responded to his adoptive mother leaving the room, even briefly, by crying in a profound and inconsolable way. John had been able to speak some words at the time of his first birthday, but following the transition from the foster carer, he had stopped speaking for some weeks. When he started to speak again he did not form his words clearly. John was now described as being a chatty little boy, but his pronunciation was not clear and he could be hard to understand.

Second home visit

John's adoptive mother sat on a bean bag on the floor and John climbed onto her lap, enthusiastically reaching out his hand to stroke her face firmly and lovingly. He then played a game of putting his finger inside his own mouth and then inside the mouth of each of the adults. I was told that this was to do with his present curiosity about teeth.

He played with a small car and a larger rescue truck. He ran the two side by side, as if along a road, sometimes tentatively bringing them together and then moving them apart. He narrated a story to his adoptive parents all the while, which I could not understand, but they were able to. He continued to drive the two along, sometimes bringing them together in tandem, sometimes driving them apart. The little car suffered an accident and he hooked it onto the rescue truck and drove the two into a Lego building that seemed to be a creatively constructed garage. He fussed about the repair of the little car, as if in the shoes of a daddy. Once repair had been satisfactorily executed he was torn about taking the little car outside again and decided that the little car should stay for now inside the garage, in order to stay safe.

Comment

John conveyed delight in the experience of closeness and in being able to explore the body of his adoptive mother, bringing to mind the experience of an infant at

the breast. The description of his early months with his adoptive parents suggested that for a time, John's response had been one of denial of the loss of his foster carer. The control that John exerted over his adoptive mother seemed to annihilate the experience of loss, so that the unique qualities of the external good object of his adoptive mother were for a time obliterated, as he made her into a replica of his foster carer. Repeated good experiences provided by his adoptive parents seemed to enable John to turn slowly towards dependency on his new carers.

As the strength of John's omnipotence declined and dependency came to the fore, crying in response to his adoptive mother's brief absences seemed to suggest the onset of painful mourning. Earlier un-mourned significant losses, both internal and external, seemed to be re-activated by the ordinary comings and goings of his adoptive mother. John's relationship to his adoptive carers conveyed an impression of being imbued with idealization, like his previous way of relating to his foster-carer. I also wondered if John's keen curiosity and enthusiastic exploration of the insides of mouths and his particular interest in teeth signified some tentative interest in knowing more about the reality of the 'bad', aggressive, aspects of himself and his objects.

John showed a capacity for symbolic play in the observations at home. This afforded him further opportunities to explore and to work through the trauma of his early experience. The play in which the broken down little car was taken to a place of safety by the solid rescue truck was particularly poignant. In this play, the small car seemed to represent John's sense of himself as a vulnerable damaged object, rescued by a strong reliable object seeming to represent the father, and taken to a place of safety with the good qualities of the mother. This play conveyed residues of idealization, omnipotence and wish fulfilment, alongside themes of realistic dependency and the optimism of hope. John's play demonstrated a capacity to create a narrative in which three objects stood in loving relation to one another, with damage and the need for repair acknowledged.

This seemed to me to contain almost all of the aspects to be found in Klein's description of the constellation of the depressive position, with one significant difference. The picture of the internal catastrophe externalized in John's play was that of a damaged baby with whom he appeared strongly identified. Reparation seemed to be the work required by the parents, individually and together, who seemed able to carry out the necessary repairs in the play sequence in a realistic, rather than a manic way. There was sense that John had gone some way to securing in his internal world a mother, a father and a parental couple with the means to perform the task of rescue, repair, revival, and protection of the small damaged object.

Edwards's work with deprived children led her to question the classical theory that symbolisation and the capacity for creativity necessarily follow on from the full encounter with depressive anxieties. She says:

> . . . ego capacities can be developed towards the integration of a sufficiently good object to *feel for*. This might be thought of as an opportunity to be able to repair the self to some extent, though in a predominantly paranoid schizoid mode, before reparation of damaged objects can be contemplated . . . . Perhaps one might think of this as a kind of paranoid-schizoid creativity, responsible for splitting and protecting the very core of the self. (Edwards, 2005, p. 333)

This idea seems linked to a later shift in Klein's theory when she suggested that even when paranoid schizoid defences predominate, the young infant is capable of some transitory experiences of integration in relation to early part-objects (Klein, 1952a). In a situation of early trauma, where the infant has suffered significant actual losses in external reality, as in John's case, early internalization is additionally complicated by the introjection of a lost object in external reality, precipitating a process of mourning. Reparative urges may need first to be directed towards the self, in order to repair an internalized damaged, dying or dead object, experienced as part of the core of the self. This is linked to, but qualitatively different from, Freud's description of melancholia and the 'shadow of the object, falling upon the ego' (Freud, 1917, p. 249).

Discussion

In the early weeks of John's life his mother had been unable to care for him adequately and his experience seemed to have been one of extreme privation and pain. The combination of paranoid-schizoid anxieties in the internal world, with experiences of privation and pain in the external world, meant that internal anxiety states were traumatically confirmed rather than mitigated by external reality. Early trauma was subsequently compounded by multiple experiences of loss in the first weeks of life, and then again at the time of John's first birthday.

I observed John on four occasions in early infancy and then twice when he was a young child. I was given a great deal of information about him from the reports of social workers and others who had been involved during the two years when he was in care. I also had the opportunity to learn about him from discussions with his foster-carer and his adoptive parents. The papers provided to inform the assessment of Looked After Children are often extensive, yet the content and the themes described are similar and frequently slight; reporting as they do a bleak story of the fairly limited number of ways in which family life breaks down. Time and again similar tragic stories and facts underpin the reason for a referral to a specialist child protection assessment service. Although broad themes emerge, I am always struck by the uniqueness of the individual infants and young children whom I meet.

The defence mechanisms of idealization and primitive omnipotence seemed to have enabled John to keep in store some seeds of hope, until more favourable circumstances could be securely established. Optimism came to life once more, following a period that suggested a state of painful mourning, allowing John to enter into a dependent, creative relationship with the gradually discovered and

trusted new good objects in his external world. John was able to take in the love and care provided by his adoptive parents to help him to re-build his previously shattered inner world.

Trauma may give rise to severe withdrawal and dissociated states, or to the impoverishment of the personality that occurs when an infant relies too often and for too long on 'second-skin' defences. More often there is an interplay, with fluctuation to varying degrees between the different defences that the infant has at his disposal, to afford protection against adverse external experiences. Infants like John show signs of an impressive capacity to find a way through to a path of healthier development.

I have argued that constitutional strength in the infant can be understood in terms of the innate strength of the life instinct within, affording a core of resilience for some infants who experience early trauma. The strength of primitive defences may for a time provide a protective factor against the impact of adverse circumstances. Provision of timely protection and reparative experiences in the external world can then facilitate a significant recovery from early trauma. Infant Observation and Klein's rich theoretical template can combine in the work of a well supported multi-disciplinary team that provides the necessary thinking space to process primitive emotional experiences. In these circumstances, assessment of infants and young children at risk can make something of the depth, nature, and complexity of their individual stories even in a relatively brief intervention. A multi-dimensional assessment of infants and young children who have experienced abuse and trauma can inform planning processes to minimize the risk of further harm to the child, caused by over-optimistic attempts at rehabilitation of children with families who will be unable to support the additional special need of the child, arising from earlier trauma. An assessment informed by Infant Observation and psychoanalytic theory can help to realistically inform placement planning to support infants and young children in their recovery from early trauma, optimizing their life chances.

Acknowledgements

I would like to thank Lynne Amidon, Dr. Mike Shaw and the team at the Monroe Family Assessment Service; also Jenifer Wakelyn for encouragement to write this paper, and Margaret Rustin, for helpful comments on an earlier draft. I am grateful for the inspirational teaching that first captivated me, and for this I would like to thank William Halton, Judith Edwards and Maggie Cohen.

References

Abraham, K. (1924). A short study of the development of the libido viewed in the light of mental disorders. In *Selected Papers of Karl Abraham* (pp. 418–501). London: Hogarth Press (1927).

Alvarez, A. (1992). *Live company*. London and New York: Routledge.

Bick, E. (1968). The experience of the skin in early object relations. *International Journal of Psycho-Analysis*, *49*, 484–486.
Bick, E. (1986). Further contributions on the function of the skin in early object relations. *British Journal of Psychotherapy*, *2*(4), 292–299.
Bion, W.R. (1962). *Learning from experience*. London: Karnac.
Bion, W.R. (1965). *Transformations*. London: Heimann.
Boston, M. & Szur, R (Eds.). (1983). *Psychotherapy with severely deprived children*. London: Routledge and Keegan Paul.
Cohen, D.W. (2007). Freud's baby: Beyond autoerotism and narcissism. *International Journal of Psycho-Analysis*, *88*, 883–893.
Edwards, J. (2000). On being dropped and picked up: Adopted children and their internal objects. *Journal of Child Psychotherapy*, *26*(3), 349–367.
Edwards, J. (2005). Before the threshold: Destruction, reparation and creativity in relation to the depressive position. *Journal of Child Psychotherapy*, *31*(3), 317–334.
Edwards, J. (2008). Early splitting and projective identification. *Journal of Infant Observation*, *11*(1), 57–65.
Emanuel, R. (1984). Primary disappointment. *Journal of Child Psychotherapy*, *10*, 71–87.
Emanuel, R. (1996). Children traumatized in infancy. *Journal of Child Psychotherapy*, *22*(2), 214–239.
Ferenczi, S. (1913). Stages in the development of a sense of reality. In *First contributions to psychoanalysis*. London: Hogarth Press (1952). Reprinted London: Karnac Press (1994), pp. 213–239.
Fraiberg, S.H., Adelson, E. & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychology*, *14*, 387–422.
Freud, S. (1911). *Formulation on the two principles of mental functioning*, S.E. 12, (pp. 213–226).
Freud, S. (1915). *Instincts and their vicissitudes*. S.E. 14, (pp. 111–140).
Freud, S. (1917). *Mourning and melancholia*. S.E. 14, (pp. 243–258).
Freud, S. (1920). *Beyond the pleasure principle*. S.E. 18, (pp. 1–64).
Grosskurth, P. (1986). *Melanie Klein*. New Jersey: Jason Aronson.
Klein, M. (1921). The development of a child. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 1–53). London: Hogarth Press (1975).
Klein, M. (1927). Criminal tendencies in normal children. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 170–185). London: Hogarth Press (1975).
Klein, M. (1929). Personification in the play of children. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 199–209). London: Hogarth Press (1975).
Klein, M. (1930). The importance of symbol formation in the development of the ego. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 219–232). London: Hogarth Press (1975).
Klein, M. (1935). A contribution to the psychogenesis of manic depressive states. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 262–289). London: Hogarth Press (1975).

Klein, M. (1936). Weaning. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 290–305). London: Hogarth Press (1975).
Klein, M. (1937). Love guilt and reparation. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 306–343). London: Hogarth Press (1975).
Klein, M. (1940). Mourning and its relation to manic-depressive states. In *Love guilt and reparation and other works. The writings of Melanie Klein (Vol. 1)* (pp. 344–369). London: Hogarth Press (1975).
Klein, M. (1946). Notes on some schizoid mechanisms. In *Envy and gratitude and other works. The writings of Melanie Klein (Vol. 2)* (pp. 1–24). London: Hogarth Press (1975).
Klein, M. (1952a). Some theoretical conclusions regarding the emotional life of the infant. In *Envy and gratitude and other works. The writings of Melanie Klein (Vol. 2)* (pp. 61–93). London: Hogarth Press (1975).
Klein, M. (1952b). On observing the behaviour of young infants. In *Envy and gratitude and other works. The writings of Melanie Klein (Vol. 2)* (pp. 94–121). London: Hogarth Press (1975).
Klein, M. (1957). Envy and gratitude. In *Envy and gratitude and other works. The writings of Melanie Klein (Vol. 2)* (pp. 176–235). London: Hogarth Press (1975).
Klein, M. (1958). On the development of mental functioning. In *Envy and gratitude and other works. The writings of Melanie Klein (Vol. 2)* (pp. 236–246). London: Hogarth Press (1975).
Likierman, M. (2001). *Melanie Klein: Her work in context*. London: Continuum.
Mitrani, J.L. (2007). Some technical implications of Klein's concept of 'premature ego development'. *International Journal of Psycho-Analysis*, *88*, 825–842.
Rhode, M. (2004). Infant observation as research: Cross-disciplinary links. *Journal of Social Work Practice*, *18*(3), 283–298.
Rustin, M. (1999). Multiple families in mind. *Clinical Child Psychology and Psychiatry*, *4*, 51–62.
Segal, H. (1957). Notes on symbol formation. *International Journal of Psycho-Analysis*, *38*, 391–397.
Symington, J. (1985). The survival function of primitive omnipotence. *International Journal of Psycho-Analysis*, *66*, 481–487.
Trowell, J. (1999). Assessments and court work: The place of observation. *International Journal of Infant Observation*, *2*(2), 91–101.
Winnicott, D.W. (1960). The theory of the parent-infant relationship. In *The maturational process and the facilitating environment* (pp. 37–55). London: Hogarth Press (1965).
Youell, B. (2002). The relevance of infant and young child observation in multi-disciplinary assessments for the family courts. In A. Briggs (Ed.), *Surviving space: Papers on Infant Observation* (pp. 117–134). London: Karnac.