
MOMENTS OF CHANGE IN PSYCHOANALYTIC THEORY: DISCUSSION OF A NEW THEORY OF PSYCHIC CHANGE

PETER FONAGY

University College London, United Kingdom

ABSTRACT: This commentary briefly summarizes the model proposed by the Boston Group and attempts to place it in the context of attachment theory and other integrational attempts between cognitive science and psychoanalysis. The clinical implications of these ideas are considered, with particular reference to therapeutic technique and the role of the therapist, as a “new object.” Some suggestions for the further development of the model are considered, in particular the observational study of the therapeutic process, the use of some classical psychoanalytic ideas such as transference, and the need for using the model to encourage technical innovation in psychoanalysis.

RESUMEN: Este comentario resume brevemente el modelo propuesto por el Grupo de Boston, e intenta colocarlo en el contexto de la teoría de la unión afectiva y otros intentos de integración entre la ciencia cognitiva y el psicoanálisis. Se consideran las implicaciones clínicas de estas ideas, con referencia particular a la técnica terapéutica y al papel del terapeuta como un “nuevo objeto.” Se consideran también algunas sugerencias para desarrollar más el modelo, en particular el estudio de observación del proceso terapéutico, el uso de algunas ideas psicoanalíticas clásicas tales como la transferencia, y la necesidad de usar el modelo para motivar la innovación técnica en el psicoanálisis.

RÉSUMÉ: Ce commentaire résume brièvement le modèle proposé par le Groupe de Boston et essaie de le placer dans le contexte de la théorie de l’attachement et d’autres tentatives d’intégration entre les sciences cognitives et la psychanalyse. Les implications cliniques de ces idées sont considérées, plus particulièrement en ce qui concerne la technique thérapeutique et le rôle du thérapeute en tant qu’un “nouvel objet.” Quelques suggestions pour le développement à venir du modèle sont considérées, plus particulièrement l’étude d’observation du processus thérapeutique, l’utilisation d’idées psychanalytiques classiques comme le transfert, et la nécessité d’utiliser le modèle pour encourager des innovations techniques en psychanalyse.

ZUSAMMENFASSUNG: Dieser Kommentar faßt das Modell, das von der bostoner Gruppe vorgeschlagen wird kurz zusammen und versucht es in den Kontext der Beziehungstheorie und anderer Versuche kognitive Wissenschaft und Psychoanalyse zu verbinden, zu stellen. Die praktischen Schlüsse dieser Idee werden wahrgenommen, insbesondere im Bezug auf die therapeutischen Techniken und die Rolle des Therapeuten als das “neue Objekt”. Einige Anregungen für die weiter Entwicklung des Modells werden gemacht, insbesondere zu der Beobachtungsstudie des therapeutischen Prozeß, zur Verwendung einiger

Direct correspondence to: Peter Fonagy, Sub-Department of Clinical Health Psychology, University College London, Gower Street, London WC1E 6BT, E-mail: P.FONAGY@UCL.AC.UK

klassischer psychoanalytischer Ideen, wie etwa der Übertragung. Zuletzt wird auf die Notwendigkeit hingewiesen das Modell dazu zu verwenden, um technische Neuerungen innerhalb der Psychoanalyse zu fördern.

抄録：この短いコメントは、ポストグループが提唱したモデルを要約し、ついでそれを愛着理論のコンテキスト、そして、認知科学と精神分析との間の統合の試みのコンテキストにおいて捉えようと試みる。そうした考え方の臨床的な意味合いを、特に治療技法そして“新しい対象”としての治療者の役割という点から検討した。このモデルをさらに発展させるためにいくつかの助言をあげたが、その具体例としては、治療プロセスの観察研究、転移などの古典的精神分析的概念の使用、精神分析における技法の刷新を促進するモデルの使用の必要性、などがある。

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It is undoubtedly an honor as well as a great pleasure to be able to discuss the product of the unique combined work of the greatest infant researchers working alongside experienced psychoanalytic adult clinicians in a joint initiative to expand on our understanding of the nature of the change process in psychoanalytic psychotherapy. Each of these papers is a pearl, yet together they make a brilliant string, which will come to adorn the body of psychoanalytic thought. The papers are remarkable for their coherence, making the task of discussion deceptively easy.

My discussion will focus principally on the theoretical innovations because this is the burden of the present communications. As the new theory is simply crammed full of clinical implications, I shall also consider some of the implications of these new ideas for technique. Finally, I will attempt to identify some areas where, in my view, the theory requires further elaboration. New psychoanalytic ideas are often met with the less than encouraging attitude that there is not much in these ideas that is new but whatever there is, is unlikely to be true. I have no doubt that the authors of these papers have already, and will in the future, encounter this kind of reception from some psychoanalytic audiences.

Recently, Wolff (1996) contributed a target article to the *Journal of the American Psychoanalytic Association* arguing that behavioral observations of infants had little to offer to psychoanalytic theory or practice. His views were keenly challenged by a number of us. Yet the mere fact that more than half a century after the publication of the articles of Spitz (1945) and a quarter of a century after the introduction of the results of rigorous experimental studies of infant behavior into the psychoanalytic literature (Tronick, Als, Adamson, Wise, & Brazelton, 1978), a paper with such a simple-minded thesis is accepted for publication by a major organ of progressive psychoanalytic thinking, in my view, underscores the epistemological difficulties of our discipline. Going beyond the task of discussion of the present papers, it seems to me, that the false certainty of many psychoanalytic writings has undoubtedly retarded the development of the discipline. More specifically, the reluctance to link empirical data with clinical observation has undoubtedly undermined progress. In marked contrast, the project reported on in these papers was conceived of, executed and is reported on at the interface of psychoanalysis and empirical developmental science. The authors deserve our heartfelt thanks for this initiative.

KEY ELEMENTS OF THE MODEL

At the heart of this new theory is the notion of implicit or procedural memory borrowed from cognitive science (Schacter, 1992). Bob Clyman (1991) should be credited with bringing this idea to the attention of psychoanalysts, and Crittenden (1990) with integrating the idea with attachment theory. The fundamental idea is that a component of personality is rooted in non-conscious schemata, which define the “how” rather than the “what” of interpersonal behavior.

Over the past two decades, cognitive scientists have elaborated the notion of procedural memories based on the nonconscious implicit use of past experience (Johnson & Multhaup, 1992; Kihlstrom & Hoyt, 1990; Pillemer & White, 1989; Schacter, 1992; Squire, 1987; Tobias, Kihlstrom, & Schacter, 1992). There is general agreement that the memory system is at least of a dual nature with two relatively independent, neurologically and psychologically homogeneous, systems underpinning it. In addition to the autobiographical memory, which is at least in part accessible to awareness, an important additional component to memory is a nonvoluntary system that is implicit, principally perceptual, nondeclarative, and nonreflective (Schacter, 1992; Squire, 1987). It is possible that it is, at least in certain respects, more dominated by emotional and impressionistic information than its autobiographical counterpart (Pillemer & White, 1989; Tobias et al., 1992; van der Kolk, 1994). It stores the “how” of executing sequences of actions, motor skills being prototypical instances. The procedural knowledge that it contains is accessible only through performance. It manifests itself only when the individual engages in the skills and operations into which knowledge is embedded. Given these features, it seems likely that the schematic representations postulated by attachment and object relations theorists are most usefully construed as procedural memories, the function of which is to adapt social behavior to specific interpersonal contexts.

The classification of patterns of attachment in infancy (Ainsworth, Blehar, Waters, & Wall, 1978) taps into procedural memory (Crittenden, 1990; Fonagy, 1995). The strength of the Strange Situation (SSn) as a method of psychological assessment, stressed by Karlen Lyons-Ruth, is to provide a powerful analogue of past situational contexts within which knowledge concerning the “how” of behavior with a specific caregiver is accrued. In this sense attachment is a skill, one that is acquired in relation to a specific caregiver encoded into a teleological model of behavior.

Psychotherapists are familiar with exploring declarative memories. They tend to derive a picture of an individual’s relationship to others from invariant themes in the patient’s narratives. Lester Luborsky’s “Core Conflictual Relationship Themes” (CCRT) technique (Luborsky & Luborsky, 1995), for example, distinguishes three repeatedly emerging components: (a) the wish, (b) the response of the object, and (c) the response of the subject. This is an operationalization of the traditional object-relations theories cited by Alexander Morgan. By contrast Mary Main found it more appropriate to evaluate attachment security in adult narratives not from the content of childhood histories of care and maltreatment, but rather from the manner in which these stories were related (coherent, reflective, balanced, and detailed) (Main & Goldwyn, in preparation). In Mary Main’s system, the quality of attachment relationships are assessed on the basis of the procedures used by an individual to create an attachment related narrative. The success of this instrument (van IJzendoorn, 1995) speaks volumes for the promise of a procedure-oriented psychodynamic approach.

Clinicians are accustomed to “working with procedural memory.” Clinical sensitivity, in itself a skill represented as a set of procedures, is mostly astuteness about the multiple meanings encoded into a single verbal message using stress, speech pauses, intonation, and other features of pragmatics, paradigmatically all expressions of procedurally stored knowledge.

The innovative feature of the “moments” model, if I may be forgiven for such crass shorthand, is the emphasis on the interpersonal factors in the generation of procedural aspects of personality functioning. Karlen Lyons-Ruth points out that the classical (although not unproblematic) notions of internalization poorly fit the acquisition of procedural knowledge. Both she and Tronick emphasise the two-person character of such information; awareness of the other is seen as a prerequisite for the articulation, differentiation, and flexible use of these structures. Stern, as well as Tronick, highlights the dialectic roots of these structures, originating as they do in the recurrent rupture and repair cycles of mother–infant dialogue. As implicit

relational knowledge structures arise out of developmental disequilibrium, it is to be expected that normally they are emotionally charged and that they retain a spontaneous quality. The concept of implicit relational known is descriptively unconscious, unthought but not unknowable.¹

In Stern's description there is a further key concept, that of "open space," which follows the developmental disequilibrium, if, in the "now moment," two consciousnesses succeeded in encountering one another. In the "open space" there is a certain disengagement born of confidence of the availability of the other, presumably affirmed by the marked presence of the other at the "moment of meeting." This idea, which I believe is related to Donald Winnicott's description of the capacity to be alone (Winnicott, 1958), is at the heart of the change process. Both participants of the exchange are able to restructure their implicit relational systems in the light of their experience of the "scaffolding" (Vygotsky, 1966) of the other's mental organization.

The key assumptions of their model lead the authors, inevitably, to an interpersonalist psychology. Tronick's dual consciousness model is probably its clearest expression. "I interact, therefore I am." As the authors are well aware, they are contributing to a rich tradition, perhaps rooted in Hegel's (1807) famous chapter on *Lordship and Bondage*, powerfully reinforced by Mead (1934), Cooley (1964), more recently by Davidson (1987), and in the psychoanalytic sphere by Cavell (1994). Yet they differ from modern-day psychoanalytic interpersonalists (see Fiscalini, Mann, & Stern, 1995) in offering a clear coherent psychological model of intersubjectivity, complete with developmental roots and technical implications.

IMPLICATIONS FOR THERAPY

There are different ways of conceptualizing the therapeutic implications of the "moments" model. The careful reader may note subtle differences between the authors in this regard. All the papers focus on microprocesses in therapy as the key to understanding psychic change but they differ somewhat in the degree to which they regard the traditional verbal articulation of the transference to be an additional potent force. The papers also express slightly different views on the importance of insight in addressing ruptures in the patient-analyst relationship.

At the most extreme, one may take away from these papers the conclusion that the classical understanding of the therapeutic relationship serves principally as a backdrop against which change of implicit relational structures can take place. The therapeutic properties of the setting, as traditionally conceived, are relegated to the status of benign interpersonal conventions that serve to highlight deviations from the implicit rules of interaction. As Alexander Morgan puts it: "It provides space for departure from these past expectancies with other people." There is a dual message here: (1) the traditional parameters are required as an alternative to "ordinary" relationships that entangle patients in their implicit relational structures rather than allowing them to take a distance from past expectancies; and (2) the traditional parameters provide for predictability of interpersonal behavior, which is the material necessary, so to speak, for the relationship processes outlined to work on.

The relegation of the transference phenomenon and its interpretation from a "star" to a mere "supporting role" in the therapeutic play, may seem like an extravagant and even an impious claim. Yet the facts, are in line with this claim and speak for themselves. There are over 400 different schools of psychotherapy currently practiced around the world (Kazdin,

¹I thought that Dan Stern's reference to Christopher Bollas' (Bollas, 1987) concept of the "unthought known" was somewhat misleading in this context. Bollas' description is of dissociative states, split-off parts of declarative memory rather than entirely different memory systems.

Siegel, & Bass, 1990). Therapists trained in these various orientations offer understanding to their clients that differ to the point of totally precluding common ground (Wallerstein, 1992). While most of these therapies have not been evaluated, many that have been subjected to controlled study, appear not to differ dramatically in terms of effectiveness (Roth & Fonagy, 1996). It follows then that the relationship component of therapy must contain its effective ingredient because this is the only feature that the current techniques of talking cure share.

Psychotherapy research has in fact thrown up a popular model that has many features in common with “moment theory.” There is evidence to suggest that the extent to which ruptures to the therapeutic alliance are adequately addressed predicts well the outcome of therapy (Horvath & Simmonds, 1991; Safran, Crocker, McMain, & Murray, 1990).

The authors here appeal to the “real relationship.” It is important that readers do not take this phrase, as the present writer initially did, as overlapping with the identical term used, often confusingly in the psychoanalytic literature, to highlight the nontransferential aspects of the patient–therapist relationship (e.g., Sampson, 1992). In the present set of papers, real relationship refers to the nonconscious implicit relational mode or to use Stern’s fortuitous phrase, “a-way-of-being-with” or perhaps more exactly “a style of relating.” The authors are careful to separate their comments from ones that could be made on the basis of the conscious, “real” relationship. Stern is, perhaps, most specific when he points out that the aspect of relating the authors consider as part of psychic change are invariably associated with “feelings of authenticity” acting on unique experiences in the history of patient and therapist with each other, as opposed to other current or past relationships. The therapist is a new object whose involvement permits a departure from past expectancies with other people. Thus there is a dialectic with transference which Morgan elaborates on in his contribution.

All this is captured in the notion of “moments of meeting.” As described in all the papers, the trigger for these episodes are “now moments,” which contain an apparent violation of periods of shared meaning that is referred to, perhaps slightly disparagingly, as “moving along.” Paradigmatic of the “now moment” is the infant’s experience in the still face paradigm. Thus, moments of meeting involve the intersubjective recognition of a shared subjective reality. Each partner contributes something that is both unique and authentic. The spontaneity required places it by definition beyond theory and technique. Theory and technique, for the most part, are constrained to explicit rather than implicit structures.

The failure to seize the moment condemns the patient, presumably because such learning opportunities become increasingly scarce given the fixed pattern of relatedness we encounter in so many of our patients. The “moment of meeting” has the potential to alter implicit relational knowing. This does not happen suddenly, as may be the case for intellectual insight (here the moment metaphor may even be a bit misleading), but rather gradually shifting something that may be imperceptible to either patient or analyst except, perhaps, for a sense of increased well-being when in each others company. This is, of course, why it is all but impossible to bring compelling clinical examples that might illustrate the process. The difficulty with providing ready-made illustrations may of course have delayed discovery in this important area because “enumerative inductivism” (proof by example) is the order of the day in psychoanalytic epistemology.²

²It is worth noting that Peter Wolff levels this epistemological critique at those who use infant observation data in elaborating psychoanalytic ideas. In my opinion these individuals are far more aware of evidence inconsistent with their suppositions than are those who solely use psychoanalytic clinical material as a source of evidence.

SOME OUTSTANDING ISSUES

It would be churlish to devote too much space to criticizing “work in progress.” These ideas are in the process of creation and an excessively critical stance can only serve to stifle such a critical process. I would prefer to point to some areas that I would like the authors to explore for the sake of completeness.

The first of these relates to the previous point: that of clinical illustration. While it is undoubtedly helpful to explore psychotherapeutic progress from the point of view of implicit relational knowledge, the challenge to these authors should be the formal operationalization of these ideas. Using analogies with infant observations (the still-face paradigm, the strange situation, or Nadia Bruschweller-Stern’s striking pediatric interventions) in making a case has inherent limitations. These will only be overcome if an operational framework appropriate for the adult psychotherapy context can be identified. The challenge is that one suspects that any of the phenomena referred to cannot readily be quantified without the use of taperecorded or videotaped psychotherapy sessions, transcribed and rated. Much progress has been made in this field over recent years with off-line computer analysis of psychotherapy discourse now readily available (Bucci, 1997). It is up to the authors to identify reliable markers of change in procedural knowledge and explore changes in these in relation to “moments of meeting.”

At the conceptual level, probably more is required to map fully the distinctions between classical ideas of transference and the present proposal. Morgan’s paper fully recognizes this need. It is clear that a simple dichotomy between present and past experiences cannot be sufficient. The experience of the present is always a function of the past. It is inconceivable to imagine an immaculate present untarnished by past experience. Thus, there can be no simple dichotomy between transference and implicit relational knowledge.

I suspect that the problem lies in the loose definition of the transference concept. By certain definitions of the term, all that happens between patient and analyst *is* transference. Transference, however, is probably defined in the minds of most clinicians by the prototype of re-experiencing a past relationship pattern in the context of therapy (Hamilton, 1996). In this sense, it is helpful to distinguish aspects of the therapeutic relationship motivated by old relationship schemata reactivated by the therapeutic relationship from currently active relationship structures. Both undoubtedly include declarative as well as implicit knowledge structures. In brief, I understand why the authors use prototypical understanding of the transference concept to highlight the novelty of their thinking. I think the dichotomy they propose is oversimplistic and ultimately limits the applicability of their ideas.

Finally, there is the question of implication for technique. Here I feel much more needs to be done, particularly in the current climate where the interpersonalist approach to psychotherapy has brought much by way of technical innovations. In reading the superb case reports by Nahum and Harrison, I was struck and reassured by the absence of dramatic technical innovation. Lyons-Ruth makes an explicit disclaimer against wild analysis. This is a reassuring picture, for a classical therapist, that is. It must, however, be an illusion. If the ideas proposed by the group have substance, it is inconceivable that the exact same technical priorities that were drawn up on the basis of traditional object relations theory would serve equally well this completely new set of ideas. I think we should not shy away from technical innovation.

Psychoanalysis and psychotherapy, if they are to survive in the cost-conscious, health-care environment of today, must work toward optimizing techniques and maximizing effectiveness. If the present set of ideas is intended simply to justify and further entrench current methods of practice, they are of far less import than would be the case if changes in technical priorities followed from them, at least for certain groups of patients. It is my intuition that further thinking

and a spirit of courageous exploration could lead to important recommendations of new technique, particularly for therapy with children and the other group for whom “now moments” are common: individuals with borderline personality disorder.

CONCLUSIONS

There is a great deal in these ideas that is innovative and exciting. In a highly coherent way, a new model of the psychotherapeutic change process is proposed. Many have written about the importance of relationship factors in therapy, but few have translated this assertion into a developmentally valid psychological model. The ideas are novel, challenging, and ripe for empirical as well as technical exploitation. I hope that the special issue of this journal will contribute to the initiation of this important scientific process.

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