

“Who ate my Porridge?”

- A Glimpse to the Mother – Infant Bond through the Feeding Scene

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Psychoanalytical consciousness has assimilated feeding as a paradigm for metaphor, in that it serves both as a developmental model and as a metaphoric idea in relationships (Piontelli, 1992).

Winnicott (1960) believes that babies are born with a potential for true self, the emerging of a unique personality which develops in a holding environment provided by a good-enough mother. Winnicott maintains that there is no baby without a mother. The unit for understanding psychological development is the mother-infant dyad, which is a psychological construct that is simultaneously primitive and mature, representing different levels of psychological development. Growth is a function of the development of the mother-infant dyad into a mother and an infant.

According to the Theory of Attachment, emotions act as behavioral signs for the caregiver, indicating physical or psychological stress in a child (Bowlby, 1969). If the caregiver assumes a defensive mode, misinterprets the child's affect or ignores it, the child remains in a state of distress and disequilibrium. The caregiver must be able to contain the infant's overwhelming emotions, know the infant's physical and psychological needs, become accustomed to the infant's perspective, and arrange the outside world so that it accommodates the infant. Attunement to the infant must take into account

that the infant is a psychological entity with mental experiences. Thus, the caregiver reflects on the infant's mental experiences and re-presents them to him or her, translated into actions that are comprehensible to the infant (Fonagy, 1991).

Daniel Stern (1985) further expands the issue of attunement, using musical terms (tone, rhythm, and melody) to emphasize the inter-subjective relationship between infant and parent. Benjamin's (1991) description of the initial relationship between mother and infant contains both recognition and foreignness. It is clear to the mother that the infant recognizes her, discerns her as "my mother," and prefers her look, sound, smell, and flavor. This is not merely a projection of mother on the child, as this process relates the infant to its past within her body and to its future outside of her, as a separate person. At the same time, the mother is somewhat unsure of the nature of this new being. The paradox is greatest in the first days postpartum – the infant is part of her, totally familiar, and also completely new and foreign. The mother's feeling is "You, who are mine, are also someone new outside of me." The mother feels loss because the baby is no longer inside her and she cannot care for it as she cares for herself. Sometimes the mother represses this reality, and feels that her baby is the most wonderful baby ever, and it is as easy to care for Baby as it is to care for herself. This process of acquaintance contains both togetherness and otherness.

According to Winnicott (1957), feeding an infant is a practical fulfillment of mother-infant relations. It is not merely a physical and physiological matter, but includes the emotional bond between mother and baby. Mutual understanding can be immediate or might happen after a struggle between the two. The feeding process develops simply when the emotional bond develops naturally.

For the good-enough mother and her healthy, full-term baby, feeding is an important component of the bond between two human beings; it is a process in which mothers learn about their babies and babies learn about their mothers. In its natural state, the baby "knows" the desirable amounts of food, and the desirable time to eat it. The mother can let the baby make decisions according to his or her capability as she can easily supply whatever she is supposed to supply and provide with milk and care.

Furthermore, says Winnicott (1957), the good-enough mother provides a setting for feeding, within which the baby forms quiet experiences, being held lovingly by a person who is not over-worried, anxious, and stressed. Regardless of outside events, she is there within the setting and as part of it, and derives joy from the intimacy forming between herself and her baby. The touch of the mother's nipple and the baby's mouth creates an idea in the baby's brain, forming the imaginary image of what is to come. The mother's ability to put herself in her baby's place and feel the baby's needs is what ultimately leads the baby to discover the person within the mother, and then the person within itself. For a baby to adapt to the mother the mother must adapt to the baby.

This paper will describe several styles in which the mother-baby bond develops during the first year of life, using feeding time as an illustration.

The paper is based on infant observations carried out over one year. The hour-long observations began at birth and took place once a week (as per Williams, 1997).

The first meeting with the parents was a prenatal one, and was aimed at setting up the observations as a noninvasive system for the purpose of learning about infant development. As work progressed, the role of

the observer became clearer to the parents, and their expectations of having an in-house expert and advisor, or conversely, their anxiety of being judged, both dissipated when they saw the observer's behavior and stance. Often, the observer's attentive presence intensified the parents' interest in the details of their child's development.

We had gathered a great deal of material, and decided to examine the various issues exposed and explore one in depth. Our chosen focus is feeding- at birth and towards the end of the first year of life, as a measure of the development of mother-infant bond. The question was raised as to the facilitating and obstructing factors that could describe the events in the bond during these first months.

We expected to find change and development taking place in that special dance between mother and baby over the year, even in those dyads where the first observations revealed initial difficulties in mutual adaptation. Obviously, mothering during the first year of the baby's life exposes any mother to complex emotional challenges. Taking this into account, we observed the four dyads.

SHIRLEY: FIRST CHILD, BORN TO PARENTS IN THEIR THIRTIES

Shirley, age 3 weeks

Shirley started crying. Her father turns her so that she is stretched out on her stomach along his arm, looking about through his bent elbow. He explains to the observer that this is the latest position he found to relieve her stomach aches. "She really loves it." Father asks Mother "When was Shirley last attached?" Mother is calculating. Father suggests that Mother nurse Shirley as he passes the baby to her. Mother is not yet ready for nursing and Shirley already seems to be suckling though her shirt. Mother offers her breast and Shirley begins nursing. Suddenly, it is quiet.

A few minutes later Shirley begins to cry. Mother moves her to the second breast and explains to the observer that Shirley knows what she wants perfectly well... Mother adds that during pregnancy they already knew,

by her movements, that she had a strong character. Shirley nurses rhythmically. Mother talks, but looks at Shirley. Shirley loses the nipple. She begins rooting on the breast with her whole face. Mother leans over and now Shirley manages to grasp the entire nipple and resumes her rhythmic nursing. She looks very calm now, nursing slowly, her body relaxed. Mother removes the breast from Shirley's mouth and puts the baby on her chest. Shirley is asleep, her mouth wide open. Occasionally she opens her eyes and immediately closes them. Mother strokes Shirley's face very gently, and, while stroking says how amazing it is that Shirley already has character and that there is a difference in her relation to her father and to her mother: Father is the one she plays with, all she wants from Mother is "my tit." She asks out loud, "So what should I be doing with all my creativity?"

Shirley, 1 year old. At the time of the observation Mother is back at work and Ruthie, the nanny, cares for Shirley.

... Ruthie, the nanny, goes to the kitchen and calls out loudly to Shirley that she's taking the food off the flame so it will cool. Shirley begins to whine a bit, saying, "Ot, ot."

Ruthie tells her it is still hot and they'll have to wait. Shirley turns to the observer and blows "ffff... fff..." Shirley tries to walk but falls on her behind, and sticks her finger into a loop at the back of her shoe. Ruthie says, "Shirley is pret..." and Shirley answers "ty." Ruthie says to her, "Shirley is cle..." and Shirley answers "ver." Ruthie invites her to come to the living room until the food cools, gives her shape-sorting toy, and takes the objects out of the box. She places them far from Shirley. Shirley takes one of the objects and she and Ruthie start a game - Shirley puts the shaped objects in the box [through the correct, matching opening]. Ruthie applauds, Shirley looks at the observer who smiles at her.

At some point, Ruthie goes to the kitchen and prepares a plate for Shirley and another, empty plate. She seats Shirley in the highchair and ties a bib around her neck. Ruthie uses a tablespoon to feed Shirley. She first puts a few carrots on her plate and

warns her that they are hot. Shirley takes the carrots with her own fingers and eats them voraciously. Ruthie gives her soup with noodles. One noodle falls on to Shirley's hand and she plays with it while she opens her mouth wide. Initially it seems clear that she's enjoying the food. A few minutes later it seems Shirley is full. Now, every time Ruthie tries to feed her she opens her mouth, closes it on the spoon, and shakes her head sideways. Ruthie gives Shirley a carrot to give to the dog. Shirley throws it to the dog. Ruthie now gives her pieces of chicken and tells her to give them to the dog. Shirley looks at the chicken, brings the pieces close to the dog, just about giving it to him, and then puts it in her mouth. She repeats this several times. Although she seems full, Ruthie keeps on giving her food. Shirley says an emphatic "No!" to each spoon, until she ends up turning her head every time Ruthie tries to give her soup. Footsteps are heard outside the house; Shirley blows a kiss, sits up straight, looks at the front door and starts calling, "Dada, Dada."

SHIRLEY: DISCUSSION

In early life the atmosphere during feeding time was full of Mother's necessary and healthy amazement with Shirley - maternal preoccupation (Winnicott, 1956). The feeling is that Shirley must have been familiar for a while (denial of foreignness), special, with a will of her own - a product to be proud of. Mother appears in this aspect as a mother who already feels the need to know her daughter, a deep, mystical knowledge. This knowledge would give Mother a feeling of confidence in her inner resources and confirm her inner voice - this alongside the feeling that Shirley must fit into the patterns of expectations that Mother had constructed for herself. Nursing is relaxed and in tune with Shirley's signals and rhythm.

Superficially, Father seems attentive, involved, and supportive. However, he is not sufficiently attentive to Mother's personal rhythm and to the pace of the attachment between herself and Shirley.

Shirley reacts serenely to her mother's adaptation to her. The feeling of reciprocity in the process is tangible.

At the end of the first year, despite the

fact that it was technically impossible to observe a feeding scene with Mother, we found important elements in the interaction between Shirley and the nanny, and these could be indicative of Shirley's development within the significant relationships.

The atmosphere is pleasant and playful. There is amazement, availability and mediation on the adult's part for Shirley's difficulty to wait, in a way that helps her use symbolizing and play to do so. Feeding is orderly, and has a defined space and time. At the same time, there are both feeding and the space for self-feeding, which contribute to Shirley's joy of the process.

Clearly, Shirley knows how to define what she wants and signals in ways that allow her to activate the human environment for her own needs. She enjoys overall happiness, her eyes sparkle, and she is playful. Both her motor and her verbal skills are well developed for her age.

SAM: FIRSTBORN SON TO PARENTS IN THEIR LATE TWENTIES. BORN BY CESAREAN SECTION

Sam, 2 weeks old

Mother sits cross legged on the bed in the bedroom, nursing Sam. He nurses vigorously, his eyes open, looking at Mother and holding the fabric of her shirt. Nursing is through a silicon nipple atop Mother's nipple. The phone rings. Mother answers. She talks loudly. Sam keeps on nursing. More phone calls, all of which Mother answers, while holding Sam to burp him and then moves him to the second breast for the rest of the feed. She says to Sam, "What's the matter? You've gotta know that you have a hyperactive mother. Get used to it." Sam does not seem to mind the surrounding commotion. He nurses vigorously. Sam watches Mother with interest. There is eye contact between them. He responds to the telephone ringing by turning his head to the sound. His gaze is also turned to other items on the bed. Within the busy atmosphere Sam's small voice indicates his wishes to his mother.
Sam, 8 months old

Mother decides to give Sam a quick

"fruit meal" before she leaves in the morning and before she wakes her husband who is supposed to stay with him. She has no time to mash fresh fruit, and says she'll "take a shortcut." She brings a jar of reddish baby food. Mother begins to feed Sam while he sits and plays inside his playpen. Sam is happy with the food although he has not yet asked for it. Even before she started feeding him, he opens his mouth and makes chewing motions when he sees Mother with the jar. Very soon, Sam and the playpen get dirty, and a large quantity of the pureed food spills onto Sam and all around him. Mother tries to gather the spillage into a cloth diaper in her hand, but the diaper, too, becomes red very rapidly. Mother relates to the fact that Sam is getting dirty, says something about it, but does nothing to change the conditions. Sam begins to put toys in his mouth with the food. They too get dirty. Mother says that Sam is no longer hungry. When she stops feeding him he gripes a little. Mother puts him in his walker and Sam goes merrily on his way.

SAM: DISCUSSION

During Sam's early life, the atmosphere in the bedroom where he was fed was busy and crowded, managerial in character. Mother gets herself organized quickly. There is no time or place for anything. With Mother, everything happens simultaneously. There is also no space for the post-cesarean pain. She is Doing and Acting all at the same time. There is also no time for a learning process of nursing, and the quick answer, therefore, is the silicon nipple. This nipple may serve as a means to distance Sam from her and to push away the feelings that skin-to-skin contact could evoke. Mother's message to Sam is that she will not change. He has to adapt to her, which, indeed, he does. Sam is very alert. He's already "on his mark," surrounded with stimuli, and continues nursing.

At eight months, Sam's feeding is still influenced by Mother's needs and schedule. The dominant feeling is that of lack of holding, of something not gathered. There are no comfortable physical conditions, and now, too, there is no physical contact between Sam and Mother. The uncomfortable feeling is also a result of confusion

between different areas – Sam gets his food in a playpen full of toys. There is no separation between play areas and eating areas. Mother tries to do everything quickly, but her speed indicates lack of adjustment, sloppiness, and inaccuracy. Now, too, Sam adapts himself and even eats happily, even if he has shown no signs of hunger. Sam also confuses things – he puts a hard toy in his mouth while his mouth is full of food.

DAN: FIRSTBORN, BORN AFTER TREATMENTS FOR INFERTILITY TO PARENTS IN THEIR FORTIES

Dan, 2 ½ weeks old

Dan is on his side, his eyes open, his legs tucked up to his abdomen, shakes his hands and spreads out his finger, tilts his head sideways, opens his mouth and moves his tongue about. Dan begins to cry and mother takes him in her hands and asks him, "Are you hungry?" She kisses his face and hands and sits on the bed to nurse him. She rocks herself and him, talks softly to him, and when she does not succeed she says, "I guess he is not hungry" and puts him back in the crib. Dan is restless, contracts his legs toward his abdomen. Mother takes him out of the crib again and he makes a snorting sound. She says she's afraid he has asthma, but the doctor said he did not. She massages his abdomen lightly and puts him back in his crib. Dan contracts his legs again, cries, and she goes out to the kitchen to prepare a bottle for him. She comes back, takes him out of the crib brings him close to her body, kisses him and places him in a feeding position. Mother puts the bottle's nipple into his mouth, but Dan refuses to suck. She explains that Dan does not eat more than necessary, or he spits up. She lifts him to face her, strokes his head, while telling about the pregnancy and birth.

Meanwhile she puts Dan back in the crib and says with a smile, "Now you'll listen to the news." She turns a knob on a toy radio that plays music. Dan falls asleep.

Dan, 1 year old

Dan is in Mother's arms. A dish with banana and cheese is on the table. Mother's face is cross and she says

Dan is vomiting. "Maybe the cheese is too cold." Mother sits down, Dan on her lap, close to her at a 130° angle. She brings the teaspoon to his mouth, he tries to move it with his hand, and she puts his hand behind her back. "Come on, Dan, eat, be a good boy." When he moves his head she said, "Come on, Dan, don't make trouble. If you don't eat I'll give you a bottle. Do you want a bottle?" Mother looks helpless. She puts him in his crib. Dan cries and she takes him out again. Dan is on her lap, in a near-supine position, one of his hands incapacitated behind her back, his other hand holding hers. Mother brings a spoon to his mouth; Dan swallows and licks his lips. Mother is very tense, accompanies his mouth movements with her mouth. She continues to feed him but is tense and angry when he does not respond immediately. "Come on, eat, be a good boy." After a few teaspoonfuls Dan tries to sit up, makes a sound, and swallowing motions. Mother gets scared, "Enough, enough, eat nicely." Despite this she keeps on feeding him and again Dan tries to sit up and cough. Mother tenses up and says he makes coughing sounds to get attention, she says to Dan, "Stop, if you don't stop I'll smack you." As feeding lingers, Dan is less compliant. Mother says, "Fine, enough," but goes back to feeding until she gives up and puts him in his crib.

DAN: DISCUSSION

During Dan's first weeks Mother is restless. She listens neither to her intuition nor to Dan's signals. She expects Dan to help her, clearly indicate if he is hungry, and when the answer is not sufficient for her, or does not calm her, she immediately moves into action, alternating between breast and bottle, between taking him out of his crib and putting his back in it. Dan, who has been through two rounds of feeding without actually eating, is put back down and falls asleep. Mother has doubts about herself and her ability to function as a mother, and expects Dan to provide her with assurances of her good mothering.

There is a gap between Dan's behavior and Mother's level of stress. Dan seems calm and does not cry much. At the same time, he does not cooperate with Mother's feeding initiatives and deals with her intensity and

restlessness by falling asleep.

At the end of the first year, the feeding scene also lacks enjoyment and dialogue, and instead is accompanied by stress and struggle. Mother is tense, helpless, and uses various ways to urge Dan to eat. He has to be "a good boy," to eat, so that Mother will feel like a good mother. That Dan would reject the food is intolerable to her, to the point of threatening to smack him. Dan responds with discomfort, with an attempt to change positions, and by coughing. Mother is alert to Dan's signals, to his diminished compliance to eating, but continues to feed him, despite saying out loud "Fine, enough." She also listens to the cough but interprets it in her own way.

HANNA: YOUNGER SISTER OF A SEVERELY DISABLED 6-YEAR-OLD BOY

Hanna, 1 week old

Hanna is sitting in an infant seat on the floor and crying. Mother imitates the sound of crying. Hanna stops crying for a moment, and resume it. Mother brings a bottle of formula mixed with cornstarch. She takes Hanna out of the infant seat, sits down and lays Hanna on her lap, so that they have eye contact. Mother strokes her hair and comments that her brother's hair is lighter. She puts the bottle in Hanna's mouth. Hanna sucks heavily, with effort. The thick liquid drips slowly. Mother checks the nipple and comments gruffly, "You're playing with this like a pacifier. It's not a pacifier, it's food." She brings the bottle back to Hanna who sucks forcefully. A few minutes later Mother lifts Hanna to a sitting position and asks for a smile. Hanna's head nods unstably, her eyes close and she smiles a bit. Mother puts Hanna on her shoulder and pats her gently. Two or three minutes later she lays her across her knees. Hanna's movements are sharp as she searches for the bottle, she finds it and sucks noisily. Mother mentions that at the Well-Baby Clinic they told her that Hanna is gaining weight too rapidly, and had recommended a smaller portion. She treats this with disdain, and says she adds cornstarch to the milk. "If she wants to diet, she can do it when she's older." She remembers how small her brother was at birth, and

that he reached Hanna's weight only around age 10 months. Mother lifts Hanna to a standing position. Hanna is very unstable, her legs buckle and her face is gloomy. Mother turns to her, "How about saying something to Mommy? Do you know that Hanna talks a bit?" Hanna hiccups and burps, milk oozes out of her mouth. Mother puts her into the infant seat. Hanna cries loudly. Mother says that the burping is unpleasant for her, and turns on the mobile in front of Hanna's face. Hanna moves her hands uncomfortably and one hand hits the mobile. Her gaze is at the ceiling. She tries to change position. Mother rocks the infant seat with her leg, and slowly, Hanna falls asleep.

Hanna, age 1 year and 3 weeks

Mother serves a glass of tea. Hanna sits on the rug, looks at the observer and says, "mmm." She crawls over to the observer and reaches out for the glass. The observer moves the glass and warns Hanna that it is hot. Hanna turns to a small plate and puts it into her mouth, finds a small crumb on the rug and puts it in too. Mother goes out to the kitchen to prepare a bottle for Hanna. She returns and imitates Hanna, "mmm." Hanna crawls toward her and sits at her feet, but Mother is talking to the observer and paying no attention to her. Hanna bursts out crying. Mother bends over to her and apologizes to her that she did not notice that she had reached her. She gives Hanna the bottle and a cookie. Hanna sits on the floor, alternating between drinking from the bottle and biting off of the cookie. She changes position, sits on her knees, straightens her back and continues drinking. Mother reaches to her and tells her to show the observer how her walking is improving. She lifts Hanna, stands her up, and supports her from behind.

Hanna, eating, does not want to budge. She is not comfortable but she stands and smiles. Mother urges her along, demonstrating the way to take a step. She is disappointed and scolds Hanna, seats her on the rug and sits herself on the couch. Hanna crawls toward the couch, pulls her bunny – which has a pacifier tied to its tail. She puts the pacifier in her mouth, mumbles, bringing her face close to it. Mother calls her but Hanna stands leaning on the couch, her head on the bunny and her eyes closed. Mother says that sometimes Hanna just falls onto the floor like that and falls asleep. She

calls Hanna again. Hanna half wakes and dozes off standing, leaning against the couch. Mother remembers that the nurses at the Well-Baby Clinic told her to dilute the orange juice with water. She mentions with disdain that they don't know Hanna who likes it thick and sour and she has no intention of changing that.

HANNA: DISCUSSION

When Hanna was first born the atmosphere seems pleasant and smiley; there is much talk, although the talk is aggressive and carries multiple meanings. The scene opens with Hanna's signaling that she is hungry. Mother responds by imitating the crying. The imitation is cute, but is also a tease. It contains recognition of the crying but also denial of its essence. There is softness and warmth in Mother's contact with the baby, but she does not allow herself to give herself to Hanna. The feeding scene is often interrupted by Mother's actions. To a great extent, Mother does not behave like a recent parturient who is trying to understand her daughter and respond to her. She feels she knows the girl. It seems that this "knowledge" is premature, and less suited for Hanna's developmental phase. The healthy baby brings up harsh memories of the brother's difficult development. Possibly, Hanna is supposed to alleviate Mother's anxiety, grow up quickly, and be strong.

Mother declares that she knows what Hanna feels and needs. Nevertheless, the milk is thick and suits neither Hanna's age nor weight. The fact that sucking the thick milk is difficult for Hanna is not a signal for Mother to adjust the type of food for her. While ignoring Hanna's signs, she stands her upright, wants her to talk and smile, and thus disrupts her eating.

A year later the pattern is repeated. There is no relating to Hanna's neediness and smallness, but rather an expectation that she will participate in the adults' activity. Mother alternates between ignoring Hanna on the one hand, and using her to relieve her own anxiety about Hanna's normal development on the other hand. When Hanna does not respond to her she scolds and moves her away. Hanna finds her own independent ways to cope and be comforted.

GENERAL DISCUSSION

Feeding can conceptualize processes that enhance or obstruct the development of the maternal-infant bond during the first year of life. Feeding is a reality and a metaphor of the intimate connection between the two partners – a mother and her baby. We will address three axes:

1. Foreign – familiar
2. Transformation of anxiety
3. Creating an intermediate space as a measure of normal development

Axis 1. Foreign – familiar

During the first year the mother must simultaneously contain the fact that the baby is familiar to her ("her flesh and blood," a family member) and foreign to her (with his or her own character, tastes, and space) (Benjamin, 1991).

The feeling of foreignness and familiarity is first experienced on the physiological level. In the beginning of pregnancy the baby is a "foreign object." The mother's body works to assimilate the baby into it, recognize the baby as part of her body, or her body will attack it as it does any other foreign object. The baby ripens using maternal resources for nourishment. The birth process is a cooperative one. When the baby is born it is "a stranger to the world." The process of acquaintance begins with the question: Who does the baby look like? Who does the baby resemble in character? This takes place simultaneously with inner negotiations within the mother between the fantasy baby and the real one – the "familiar" baby that the mother had formed in her mind during pregnancy and the real one. The mother must relinquish the familiar, fantasy baby to meet the real, foreign one, a baby who elicits anxiety in her, among other feelings. This is the starting point from which she once again must turn the baby into someone familiar, "one of the family." This is a complex dialectic process.

If the baby is "too familiar," there is the danger of denial of the baby's foreignness and separateness, turning the baby into an extension of the mother. Conversely, if the baby is experienced as a foreigner and there is a denial of his or her familiarity, there is danger that processes of alienation

and closing off will occur.

Shirley's mother experiences her daughter as a familiar baby, but also as a baby with strong character. This maintains a double holding of both sides of her mutually. The result is secure holding and containment, as well as tolerance for small failures without overwhelming anxiety.

Sam's mother keeps him at a distance by using the silicon nipple, thus rendering him more foreign than familiar. She denies potential intimacy between them and it is up to him to take care of acquaintance and of adjusting to her temperament.

Dan's mother is full of such intense anxiety with his existence that she does not allow herself to hold and examine either the foreign or the familiar at a more realistic level, but rather carries on dialogues with herself. Dan remains an unfamiliar stranger, reacts with passivity and retreats into sleep.

Hanna's mother makes a division between that which is familiar and that which is foreign in her daughter. There are rapid transitions from foreignness to familiarity and vice versa, which confuses the system and paralyzes it: When the child is too familiar there is no space for her needs, they are only understood through the mother's point of view; when she is foreign, mother is alienated and distanced.

Axis 2. Transformation of anxiety

Many theoreticians address the anxieties that accompany the beginning of life – both mother's (Stern, 1985) and baby's (Klein, 1930). The main anxiety is the question of the baby's survival. Klein (1930) and Bion (1967) claim that babies project annihilation anxiety onto the mother in a process of projective identification. In a process of reverie (Bion, 1967), the mother employs detoxification to process, digests the anxieties and returns them to the baby, so that the baby, too, may digest it. The mother, too, is busy with the question of whether she will be able to keep the baby alive.

Stern (1985) lists four themes that occupy mothers in a normal process of their formation into a mother:

1. Life growth theme – Will she

manage to keep the baby alive?

2. Primary relatedness theme – Will she be able to form an authentic emotional bond with the baby and will this connection ensure the baby's emotional development in ways that are desirable to her?

3. Supportive matrix theme – Will she know how to create and facilitate the support system required to attain these functions and turn them into reality?

4. Identity reorganization theme – Will she be able to change and adapt her self-identity to her definition of a mother?

In a normal process of developing the mother-baby bond, these initial anxieties will give way to other anxieties and different issues of coping that will arise during the subsequent stages of development.

Shirley's mother is gradually learning to rely on her inner resources and develops inner serenity that reflects on her daughter. She perceives Shirley as a big alert baby, with a strong character, and in doing so has the security that Shirley will live. At the same time she develops her ability to allow the baby a life. Situations of potential anxiety are handled calmly and securely, which allows her attunement and repair when needed. Mother has the ability to create and facilitate a support system that helps her cope and contain both Shirley's anxieties and her own, enabling growth.

Sam's mother faces her baby's and her own initial existential anxieties through denial. There is no space for pain after a surgical birth. There is an immediate need to see Sam as a big, surviving boy. Feeding is done amidst much commotion, inattentive to "little Sam." His infancy turns into background noise. Mother is not busy reorganizing her identity as Sam's mother, but demands that he adjusts to her personality.

Dan's mother copes with existential anxiety – both in the beginning of life and at the end of his first year – by projecting her anxieties on him. At the same time, she does not manage to make room for reverie for his anxieties. She shoves his anxieties back into an ever-developing circle of projection, which results in the development of alienation and loneliness for both of them. Thus, even at the end of the first year, Dan

is still put back in bed without eating. Mother, in her loneliness, does not manage to develop support systems that will enable her to fulfill maternal functions in different ways.

For Hanna's mother, existential anxieties are exacerbated by the real experience of true threat because of her disabled son, and raise a real question regarding her ability to create a healthy child. In her encounters with Hanna, Mother protects herself against these anxieties by disengaging from Hanna and her smallness, and by denying her own need for reorganizing her identity as a mother of a healthy child or for receiving help from support system at home and outside. The processes of disengagement and schism deepen over the year. The more Mother tries to push Hanna to grow, the more Hanna regresses and her development halted.

Axis 3. Creating an intermediate space as a measure of growth

So far we have discussed the axis Foreign – familiar and Transformation of anxiety. Now we would like to address the third axis. It is important to distinguish between this axis and the previous Foreign – familiar one. While the first axis relates to the inter-subjective experience between mother and baby, this third axis relates to the intra-psycho domain, and allows the baby to create, within itself, the distinction Me – Not Me. We assume that there are mutual influences between these two axes.

Winnicott (1960) related to the intermediate zone of the experience as a source of development, a place for authentic expression of self. What enables mother and baby to create such a space?

In her mind, the pregnant good-enough mother sees herself and her baby both as integrated and separated. Thus she leaves space for whatever will form, without predetermining what it is that will form, holding and carrying the anxiety of the unknown. She allows her baby to form the space Me-Not Me without vengeance or premature separation. A mother who responds with sensitivity and with correct timing to a baby's signals allows the baby to feel that he or she has the space to create themselves and can realize

this developmental direction. A baby who will not be given this space will have to compromise on a concrete, limited role, or retreat into a private world of fantasy. Lack of sufficient intermediate space will damage the development of curiosity, the desire to investigate, as well as symbolizing and play.

In the initial feeding process, Shirley's mother already relates to the intermediate space, and to play and creativity. It comes as no surprise, therefore, that at the end of the first year Shirley operates within this space. She signals her desires in a clear, age-appropriate manner.

Sam's mother message to her son is that he has to fully adjust himself to her, and therefore, no space was formed for Sam's otherness. The feeding scene at the end of the first year finds Sam sitting in the playpen – the play space – surrounded with toys, but he is expected to eat there. This does not create space for pleasure – neither of play nor of food.

Uncertainty creates overwhelming anxiety in Dan's mother, and this does not allow her to remain in an unknown space. She does not have the inner space for not knowing. In her encounters with Dan she "knows" even before she looked and checked. Mother's "knowledge" renders Dan lonely, misunderstood, and sends him to bed hungry. At the end of the first year anxiety brings out aggression in Mother, and she threatens to smack Dan. Dan is revealed to us as a passive child, he touches toys, but his lack of play is noticeable.

Hanna's mother is confused. Her words seemingly convey representations of the intermediate space (play, smile, movement, talk), but her actions eliminate the possibility that such a space will develop. There is confusion in the words themselves, as they match expectations from a bigger girl. Mother's actions relate to Hanna in ways that are inappropriate to her age and needs. Even after the first year, relations between Mother and Hanna remain as they were in the neonatal stage. It is not surprising that Hanna's motor, language, and play development are arrested.

CONCLUSION

Through descriptions of the feeding episode, this paper presented various aspects of the maternal-infant bond. We described a spectrum of maternal-infant bonds as they were expressed in feeding in the beginning of the baby's life and at the end of the first year. Feeding was chosen because it is rich in detail, and is a paradigm that represents maternal-infant bond on both the concrete and the metaphoric levels.

Our expectation was that at the end of the first year of life mutual changes and adjustments would take place between mother and baby. There are many prisms through which different multilayered emotional realms might be revealed, mutually influencing each other. We chose to relate to adjustments in the mother-infant dyad during the first year through the dialectics of foreign and familiar, transformation of anxiety, and formation of intermediate space. Clearly, there are other factors which have not been described in this article and can reveal other emotional realms.

The spectrum we showed includes a good-enough style, one which enables normal development, and various forms of relationships where obstruction and formation of development-arresting, pathogenic

factors were observed.

The article bolsters the current trend toward preventive intervention at the earliest stage possible, and emphasizes the advantages of assessment by observation and the importance of observing the mother-infant dyad.

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