

The second need is for those who have care of children of all ages to be ready to put each child into touch with appropriate elements of the cultural heritage, according to the individual child's capacity and emotional age and developmental phase.

It is useful, then, to think of a third area of human living, one neither inside the individual nor outside in the world of shared reality. This intermediate living can be thought of as occupying a potential space, negating the idea of space and separation between the baby and the mother, and all developments derived from this phenomenon. This potential space varies greatly from individual to individual, and its foundation is the baby's trust in the mother *experienced* over a long-enough period at the critical stage of the separation of the not-me from the me, when the establishment of an autonomous self is at the initial stage.

D. W. Winnicott, Playing & Reality

9 Mirror-role of Mother and Family in Child Development¹

In individual emotional development *the precursor of the mirror is the mother's face*. I wish to refer to the normal aspect of this and also to its psychopathology.

Jacques Lacan's paper 'Le Stade du Miroir' (1949) has certainly influenced me. He refers to the use of the mirror in each individual's ego development. However, Lacan does not think of the mirror in terms of the mother's face in the way that I wish to do here.

I refer only to infants who have sight. The wider application of the idea to cover infants with poor sight or no sight must be left over till the main theme is stated. The bare statement is this: in the early stages of the emotional development of the human infant a vital part is played by the environment which is in fact not yet separated off from the infant by the infant. Gradually the separating-off of the not-me from the me takes place, and the pace varies according to the infant and according to the environment. The major changes take place in the separating-out of the mother as an objectively perceived environmental feature. If no one person is there to be mother the infant's developmental task is infinitely complicated.

Let me simplify the environmental function and briefly state that it involves:

1. Holding
2. Handling
3. Object-presenting.

The infant may respond to these environmental provisions, but the result in the baby is maximal personal maturation. By the word maturation at this stage I intend to include the various meanings of

¹ Published in P. Lomas (ed), *The Predicament of the Family: A Psycho-analytical Symposium* (1967). London: Hogarth Press and the Institute of Psycho-Analysis.

the word integration, as well as psychosomatic interrelating and object-relating.

A baby is held, and handled satisfactorily, and with this taken for granted is presented with an object in such a way that the baby's legitimate experience of omnipotence is not violated. The result can be that the baby is able to use the object, and to feel as if this object is a subjective object, and created by the baby.

All this belongs to the beginning, and out of all this come the immense complexities that comprise the emotional and mental development of the infant and child.¹

Now, at some point the baby takes a look round. Perhaps a baby at the breast does not look at the breast. Looking at the face is more likely to be a feature (Gough, 1962). What does the baby see there? To get to the answer we must draw on our experience with psychoanalytic patients who reach back to very early phenomena and yet who can verbalize (when they feel they can do so) without insulting the delicacy of what is preverbal, unverballed, and unverbalizable except perhaps in poetry.

What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words the mother is looking at the baby and *what she looks like is related to what she sees there*. All this is too easily taken for granted. I am asking that this which is naturally done well by mothers who are caring for their babies shall not be taken for granted. I can make my point by going straight over to the case of the baby whose mother reflects her own mood or, worse still, the rigidity of her own defences. In such a case what does the baby see?

Of course nothing can be said about the single occasions on which a mother could not respond. Many babies, however, do have to have a long experience of not getting back what they are giving. They look and they do not see themselves. There are consequences. First, their own creative capacity begins to atrophy, and in some way or other they look around for other ways of getting something of themselves back from the environment. They may succeed by some other method, and blind infants need to get themselves reflected through other senses than that of sight. Indeed, a mother whose face is fixed may be able to respond in some other way. Most mothers can respond when the baby is in trouble or is aggressive, and especially when the baby is ill. Second, the baby gets settled in to the idea that when he or she looks, what is

¹ For further and detailed discussion of these ideas the reader can consult my paper 'The Theory of the Parent-Infant Relationship' (1960b).

seen is the mother's face. The mother's face is not then a mirror. So perception takes the place of apperception, perception takes the place of that which might have been the beginning of a significant exchange with the world, a two-way process in which self-enrichment alternates with the discovery of meaning in the world of seen things.

Naturally, there are half-way stages in this scheme of things. Some babies do not quite give up hope and they study the object and do all that is possible to see in the object some meaning that ought to be there if only it could be felt. Some babies, tantalized by this type of relative maternal failure, study the variable maternal visage in an attempt to predict the mother's mood, just exactly as we all study the weather. The baby quickly learns to make a forecast: 'Just now it is safe to forget the mother's mood and to be spontaneous, but any minute the mother's face will become fixed or her mood will dominate, and my own personal needs must then be withdrawn otherwise my central self may suffer insult.'

Immediately beyond this in the direction of pathology is predictability, which is precarious, and which strains the baby to the limits of his or her capacity to allow for events. This brings a threat of chaos, and the baby will organize withdrawal, or will not look except to perceive, as a defence. A baby so treated will grow up puzzled about mirrors and what the mirror has to offer. If the mother's face is unresponsive, then a mirror is a thing to be looked at but not to be looked into.

To return to the normal progress of events, when the average girl studies her face in the mirror she is reassuring herself that the mother-image is there and that the mother can see her and that the mother is *en rapport* with her. When girls and boys in their secondary narcissism look in order to see beauty and to fall in love, there is already evidence that doubt has crept in about their mother's continued love and care. So the man who falls in love with beauty is quite different from the man who loves a girl and feels she is beautiful and can see what is beautiful about her.

I will not try to press home my idea, but instead I will give some examples so that the idea I am presenting can be worked over by the reader.

Illustration I

I refer first to a woman of my acquaintance who married and brought up three fine male children. She was also a good support to her husband who had a creative and important job. Behind the scenes this woman was always near to depression. She seriously disturbed her marital life by waking every morning in a state of despair. She

could do nothing about it. The resolution of the paralysing depression came each day when at last it was time to get up and, at the end of her ablutions and dressing, she could 'put on her face'. Now she felt rehabilitated and could meet the world and take up her family responsibilities. This exceptionally intelligent and responsible person did eventually react to a misfortune by developing a chronic depressive state which in the end became transformed into a chronic and crippling physical disorder.

Here is a recurring pattern, easily matched in the social or clinical experience of everyone. What is illustrated by this case only exaggerates that which is normal. The exaggeration is of the task of getting the mirror to notice and approve. The woman had to be her own mother. If she had had a daughter she would surely have found great relief, but perhaps a daughter would have suffered because of having too much importance in correcting her mother's uncertainty about her own mother's sight of her.

The reader will already be thinking of Francis Bacon. I refer here not to the Bacon who said: 'A beautiful face is a silent commendation' and 'That is the best part of beauty, which a picture cannot express', but to the exasperating and skilful and challenging artist of our time who goes on and on painting the human face distorted significantly. From the standpoint of this chapter this Francis Bacon of today's date is seeing himself in his mother's face, but with some twist in him or her that maddens both him and us. I know nothing of this artist's private life, and I bring him in only because he forces his way into any present-day discussion of the face and the self. Bacon's faces seem to me to be far removed from perception of the actual; in looking at faces he seems to me to be painfully striving towards being seen, which is at the basis of creative looking.

I see that I am linking apperception with perception by postulating a historical process (in the individual) which depends on being seen:

When I look I am seen, so I exist.

I can now afford to look and see.

I now look creatively and what I apperceive I also perceive.

In fact I take care not to see what is not there to be seen (unless I am tired).

Illustration II

A patient reports: 'I went to a coffee bar last night and I was fascinated to see the various characters there', and she describes some of these

characters. Now this patient has a striking appearance, and if she were able to use herself she could be the central figure in any group. I asked: 'Did anyone look at you?' She was able to go over to the idea that she did in fact draw some of the fire, but she had taken along with her a man friend, and she could feel that it was at him that people were looking.

From here the patient and I were together able to make a preliminary survey of the patient's early history and childhood in terms of being seen in a way that would make her feel she existed. Actually the patient had had a deplorable experience in this respect.

This subject then got lost for the time being in other types of material, but in a way this patient's whole analysis revolves round this 'being seen' for what she in fact is, at any one moment; and at times the being actually seen in a subtle way is for her the main thing in her treatment. This patient is particularly sensitive as a judge of painting and indeed of the visual arts, and lack of beauty disintegrates her personality so that she recognizes lack of beauty by herself feeling awful (disintegrated or depersonalized).

Illustration III

I have a research case, a woman who has had a very long analysis. This patient has come through, late in life, to feeling real, and a cynic might say: to what end? But she feels it has been worth while, and I myself have learned a great deal of what I know of early phenomena through her.

This analysis involved a serious and deep regression to infantile dependence. The environmental history was severely disturbing in many respects, but here I am dealing with the effect on her of her mother's depression. This has been worked over repeatedly and as analyst I have had to displace this mother in a big way in order to enable the patient to get started as a person.¹

Just now, near the end of my work with her, the patient has sent me a portrait of her nurse. I had already had her mother's portrait and I have got to know the rigidity of the mother's defences very intimately. It became obvious that the mother (as the patient said) had chosen a depressed nurse to act for her so that she might avoid losing touch with the children altogether. A lively nurse would automatically have 'stolen' the children from the depressed mother.

This patient has a marked absence of just that which characterizes

¹ An aspect of this case was reported by me in my paper 'Metapsychological and Clinical Aspects of Regression within the Psycho-Analytical Set-Up' (1954).

so many women, an interest in the face. She certainly had no adolescent phase of self-examination in the mirror, and now she looks in the mirror only to remind herself that she 'looks like an old hag' (patient's own words).

This same week this patient found a picture of my face on a book-cover. She wrote to say she needed a bigger version so that she could see the lines and all the features of this 'ancient landscape'. I sent the picture (she lives away and I see her only occasionally now) and at the same time I gave her an interpretation based on what I am trying to say in this chapter.

This patient thought that she was quite simply acquiring the portrait of this man who had done so much for her (and I have). But what she needed to be told was that my lined face had some features that link for her with the rigidity of the faces of her mother and her nurse.

I feel sure that it was important that I knew this about the face, and that I could interpret the patient's search for a face that could reflect herself, and at the same time see that, because of the lines, my face in the picture reproduced some of her mother's rigidity.

Actually this patient has a thoroughly good face, and she is an exceptionally sympathetic person when she feels like it. She can let herself be concerned with other people's affairs and with their troubles for a limited period of time. How often this characteristic has seduced people into thinking of her as someone to be leaned on! The fact is, however, that the moment my patient feels herself being involved, especially in someone's depression, she automatically withdraws and curls up in bed with a hot water bottle, nursing her soul. Just here she is vulnerable.

Illustration IV

After all this had been written a patient brought material in an analytic hour which might have been based on this that I am writing. This woman is very much concerned with the stage of the establishment of herself as an individual. In the course of this particular hour she brought in a reference to 'Mirror mirror on the wall' etc. and then she said: 'Wouldn't it be awful if the child looked into the mirror and saw nothing!'

The rest of the material concerned the environment provided by her mother when she was a baby, the picture being of a mother talking to someone else unless actively engaged in a positive relating to the baby. The implication here was that the baby would look at

the mother and see her talking to someone else. The patient then went on to describe her great interest in the paintings of Francis Bacon and she wondered whether to lend me a book about the artist. She referred to a detail in the book. Francis Bacon 'says that he likes to have glass over his pictures because then when people look at the picture what they see is not just a picture; they might in fact see themselves.'¹

After this the patient went on to speak of 'Le Stade du Miroir' because she knows of Lacan's work, but she was not able to make the link that I feel I am able to make between the mirror and the mother's face. It was not my job to give this link to my patient in this session because the patient is essentially at a stage of discovering things for herself, and premature interpretation in such circumstances annihilates the creativity of the patient and is traumatic in the sense of being against the maturational process. This theme continues to be important in this patient's analysis, but it also appears in other guises.

This glimpse of the baby's and child's seeing the self in the mother's face, and afterwards in a mirror, gives a way of looking at analysis and at the psychotherapeutic task. Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving the patient back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. I like to think of my work this way, and to think that if I do this well enough the patient will find his or her own self, and will be able to exist and to feel real. Feeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation.

But I would not like to give the impression that I think this task of reflecting what the patient brings is easy. It is not easy, and it is emotionally exhausting. But we get our rewards. Even when our patients do

¹ See *Francis Bacon: Catalogue raisonné and documentation* (Alley, 1964). In his Introduction to this book, John Rothenstein writes:

'... to look at a painting by Bacon is to look into a mirror, and to see there our own afflictions and our fears of solitude, failure, humiliation, old age, death and of nameless threatened catastrophe.

'His avowed preference for having his paintings glazed is also related to his sense of dependence on chance. The preference is due to the fact that glass sets paintings somewhat apart from the environment (just as his daisies and railings set his subjects apart from their pictorial environment), and that glass protects, but what counts more in this case is his belief that the fortuitous play of reflections will enhance his pictures. His dark blue pictures in particular, I heard him observe, gain by enabling the spectator to see his own face in the glass.'

not get cured they are grateful to us for seeing them as they are, and this gives us a satisfaction of a deep kind.

This to which I have referred in terms of the mother's role of giving back to the baby the baby's own self continues to have importance in terms of the child and the family. Naturally, as the child develops and the maturational processes become sophisticated, and identifications multiply, the child becomes less and less dependent on getting back the self from the mother's and the father's face and from the faces of others who are in parental or sibling relationships (Winnicott, 1960a). Nevertheless, when a family is intact and is a going concern over a period of time each child derives benefit from being able to see himself or herself in the attitude of the individual members or in the attitudes of the family as a whole. We can include in all this the actual mirrors that exist in the house and the opportunities the child gets for seeing the parents and others looking at themselves. It should be understood, however, that the actual mirror has significance mainly in its figurative sense.

This could be one way of stating the contribution that a family can make to the personality growth and enrichment of each one of its individual members.

10 Interrelating apart from Instinctual Drive and in terms of Cross-identifications

In this chapter I put into juxtaposition two contrasting statements, each of which in its own way illustrates communication. There are many kinds of inter-communication and a classification of them seems hardly necessary since classification involves the making of artificial boundaries.

The first illustration I wish to give is in the form of a therapeutic consultation with a girl at an early stage of adolescence. This consultation had a result in that it paved the way for a thoroughgoing analysis which in three years could be counted a success. The point of giving the case, however, is connected not so much with the outcome as with the fact that any case description of this kind illustrates the way in which the psychotherapist acts as a mirror.

I wish to follow up this case description with a theoretical statement illustrating the importance of communication through cross-identifications.

GENERAL COMMENT ON THERAPY

Patients who have a restricted capacity for introjective or projective identifying present serious difficulties for the psychotherapist who must needs be subjected to what is called acting out and transference phenomena that have instinctual backing. In such cases the main hope of the therapist is to increase the patient's range in respect of cross-identifications, and this comes not so much through the work of interpretation as through certain specific experiences in the analytic sessions. To arrive at these experiences the therapist must reckon with a time factor, and therapeutic results of an instantaneous kind cannot be expected. Interpretations, however accurate and well-timed, cannot provide the whole answer.