



Infant  
Research  
and  
Adult  
Treatment

co-constructing  
interactions

**Beatrice Beebe**  
**Frank M. Lachmann**

INFANT RESEARCH AND ADULT TREATMENT



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*Dedication*

To Ruth and Gilbert Beebe  
and  
Edward McCrorie

To Annette, Suzanne, and Peter Lachmann



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## PREFACE

For the past 30 years we have been engaged with one another, and with our colleagues, seeking to integrate infant research and adult treatment. In the course of this dialogue we have taken ideas from each realm and examined their relevance for the other. Although empirical evidence from infant research and the adult psychoanalytic process are different realms of discourse, nevertheless, each is germane to the other. Psychoanalysis has influenced our approach to infant research, and infant research has influenced our understanding of psychoanalysis.

Although there are many domains within infant research, in this book we address only one, the second-by-second analysis of face-to-face interactions. This focus omits consideration of such related issues as the regulation of sleep-, wake-, feeding-, and alone-states. However, face-to-face interaction research is specifically relevant to psychoanalysis because it describes the origin of relatedness and patterns of nonverbal communication that continue to operate in similar forms across the lifespan. Although most research in this domain examines mother and infant, the work we present is generally applicable to fathers and infants as well.

Face-to-face research has provided a view of early interactions as subtle, complex, and fascinating—a far cry from the psychoanalytic view of the “global undifferentiated” infant that prevailed when

we started our collaboration. This research shows that interactions of face, voice, and orientation between mother and infant are “co-constructed.” Although both partners contribute to the organization of the ongoing exchange, their contributions are not necessarily similar or equal. This research reveals how the mind is organized in interaction.

Infant research can be used to imagine the patient’s early history and provides many more metaphors and scenarios than previously available. However, that has not been our main purpose in this book. Instead, we have used infant research to conceptualize the nonverbal and implicit interactive process itself within psychoanalysis. The usual level of psychoanalytic discourse entails an explicit, verbal, and symbolic narrative; but an interactive process that is implicit and nonverbal proceeds in parallel.

A shift toward interactive models and systems thinking can be found in the thinking of various psychoanalytic theorists throughout the 20th century. What is new in contemporary psychoanalytic views is the increasing centrality of the interactive process itself. This recent shift has been limited primarily to the verbal domain and associated feeling, reveries, and subjective states. In infant research, however, interactive models and systems thinking have long been used to describe the nonverbal domain of implicit communication through face, voice, and orientation.

In the course of this book we follow the story of how infant research has changed the way we think about psychoanalysis. In the first chapter we review the changes in our thinking across the three decades of our relationship by examining the case of Burton. This treatment forged the foundation of our collaboration during our first 10 years together. The contrast between our understanding of the case then and now illustrates the ways in which concepts from infant research can expand clinical understanding.

Our view shares much with current relational psychoanalysis, particularly the work of Stephen Mitchell and Lewis Aron. Like Mitchell, we are interested in studying the array of patient–analyst interactions. Our view is also consistent with Aron’s (1996) definition of relational psychoanalysis as based on the “notion that mind

is inherently dyadic, social, interactional, and interpersonal" (p. x). At the center of the relational view, Aron showcases the inevitability of a reciprocal, two-way influence process and the co-construction of meaning between patient and analyst. This position is at the center of our thinking as well. We are naturally pleased that Aron cites infant research and our papers (Beebe and Lachmann, 1988a, b; Beebe, Jaffe, and Lachmann, 1992) as having contributed to his conceptualizations. Our work can be differentiated from current relational psychoanalysis by our emphasis on systems approaches, our explication of the nonverbal dimensions of co-construction, and our use of the array of interaction patterns demonstrated by infant research to illuminate organizing principles of interaction in psychoanalysis.

Our view also holds much in common with that of Robert Stolorow, Bernard Brandchaft, and George Atwood (1987; Stolorow and Atwood, 1992) and Donna Orange (in press) in their description of the intersubjective field as a continuous, reciprocal mutual influence system in which each partner is contextualized by the other. Our views have cross-fertilized each other. In fact, we spent the year of 1995 in many transcontinental telephone calls with Stolorow discussing Thelen and Smith's (1994) approach to systems theory. These conversations resulted in further articulations of systems views (Stolorow, 1997; Lachmann, 1998; Beebe et al., 2000). With respect to both the relational theories of Aron, Mitchell, and others, and the intersubjective perspective of Stolorow and colleagues, our work further articulates the complexity and range of the organization of the reciprocal, mutual influence process.

In chapter 1 we discuss the treatment of Burton where our paths originally crossed. We use his case to illustrate how our thinking has changed across the last three decades. In chapter 2 we lay out the dyadic systems approach to interaction that underlies our work. In chapter 3 we plunge the reader into the case of Karen. Here we illustrate how we use a dyadic systems theory and introduce our fundamental organizing principles of interaction, self- and interactive regulation.

In chapter 4, tackling more technical aspects of infant research, we present an overview of the perceptual and cognitive capacities

that the infant employs in organizing his experience. The infant uses these capacities to organize presymbolic representations, based on expectations of how action sequences of self- and interactive regulation unfold. Once we grasp these extraordinary early infant capacities, we see that the first year, even the first half-year, is a period with its own organization and importance, rather than a "preamble" to later symbolic development.

In chapter 5 we illustrate various patterns of interactive regulation during face-to-face play in the early months of life. These patterns yield further organizing principles of interaction, such as vocal rhythm coordination, facial mirroring, chase and dodge, and disruption and repair. These interaction patterns provide key parallels to nonverbal patterns in adult treatment. Using the experimental research reviewed in chapter 4, we argue that the infant represents these various patterns in a presymbolic format. This integration of perceptual and cognitive research, with the description of various early interaction patterns, forms the basis for our view of the origins of self- and object representations. We use a dynamic, transformational process view of representation, based on the expected moment-to-moment interplay of the two partners, which explicitly avoids a discrete, static individualistic view of representation (see *Orange*, in press).

In chapter 6 we return to adult treatment and the co-construction of inner and relational processes. We argue that the dyadic process reorganizes both inner and relational processes in analyst–patient, as well as adult–infant, interactions. Reciprocally, changes in self-regulation in either partner can alter the interactive process.

In chapter 7 we revisit one of the basic themes of the book—how the mind is organized in interaction. We turn once again to the subject of presymbolic representation and suggest three general organizing principles: ongoing regulation, disruption and repair, and heightened affective moments. These "three principles of salience" simultaneously illuminate the origins of representation and internalization in the first year. Chapter 8 illustrates the three principles of salience with a psychoanalytic case.

Chapter 9 proposes an interactive model of the mind for adult treatment. Our purpose is to reframe psychoanalysis within a systems view of interaction consistent with infant and adult research. This view changes our ideas about such fundamental concepts as the nature of interaction itself; how patterns of interactive expectations are formed and transformed; how verbal and nonverbal communication is integrated; and how the nature of self and other, internalization, and mutuality versus autonomy must be redefined. Although it is beyond the scope of this book, we want to note that there are multiple ways in which our view of an interactive model of mind intersects with relational, intersubjective, and self-psychological theorists in psychoanalysis (see for example Basch, 1988; Benjamin, 1988; Bromberg, 1998; Ehrenberg, 1992; Fosshage, 2000; Hoffman, 1998; Lichtenberg, 1989; Slavin and Kriegman, 1998; Stern et al., 1998).

The payoff of the infant research that we present, however, goes beyond its application to adult treatment and an interactive model of mind. It provides a systematic view of the origins of the processes of relatedness itself.



## CHAPTER

# 1

## BURTON, THEN AND NOW

This book is a joint effort, literally co-constructed. It is a dialogue between us and a dialogue between psychoanalysis and infant research. We begin with the treatment of Burton which became the foundation of our collaboration as it got underway in 1972. We present Burton in the way we understood him at the time (Lachmann and Beebe, 1983) and then we revisit the case in the light of our study of infant research.

The Burton case illuminates the theme of the book, the ways that new knowledge about human development can expand clinical understanding and therapeutic intervention. The contrast between our understanding of the case then and now illustrates the revolution that our field has been living through since the publication of Daniel Stern's (1985) *The Interpersonal World of the Infant*.

This book is written in the "we" voice. Allow us to introduce ourselves, however, by describing our separate backgrounds and how we came to collaborate. I (Frank Lachmann) was a supervisor of psychology graduate students at a university mental health clinic for just one year, 1972 to 1973. For an hour and a half each week, three graduate students and I discussed one case treated by each of the students. One of the students was Beatrice Beebe.

In 1972 I had been in practice for a number of years and taught ego psychology at the Postgraduate Center for Mental Health in New York City. I had been particularly influenced by the work of

Edith Jacobson. I was also participating in a study group led by Martin Bergmann, where I had become acquainted with the work of Heinz Kohut, especially as it contrasted with the work of Otto Kernberg. Looking back, I can see that my ego-psychoanalytic theoretical bent was slowly bending. I was becoming interested in diverse ideas that ultimately would turn out to be difficult to reconcile with my classical psychoanalytic background. But in 1972 the schisms had not yet appeared, and I was as convinced as anyone of the soundness of the basic Freudian paradigm as articulated by Arlow and Brenner, and Jacobson.

What I liked about Edith Jacobson's (1964) *Self and the Object World* was the thrust of her developmental perspective—ever-upward, striving toward greater autonomy and independence. Looking back, I can see that all my psychoanalytic influences were one-person psychologies—psychopathology resided in the patient. As an analyst I was the kind of onlooker who would be able to free the patient's encumbered developmental strivings by addressing unconscious conflicts. Given new opportunities for growth, belated developmental steps could then take place.

My formal psychoanalytic training at the Postgraduate Center spanned the years from 1960 to 1964. For my first analytic case, I treated a very difficult patient, a suicidal, depressed, bisexual man with an intense, conflicted erotic transference. The analysis lasted 10 years and was extraordinarily challenging, personally and theoretically. The classical analytic technique that I had been taught was of little help when this man spent a weekend leaning out of his window wondering whether or not to jump. During my training, the input of supervisors exacerbated my problems with the patient and his problems with himself. Finally, I found a supervisor, Asya Kadis, who was able to understand the patient. She saw this man's desperate efforts to connect with me, rather than his more superficial attempts to ward me off and resist or "destroy" me. This way of looking at the transference made an enormous difference to my way of being with the patient and to the patient's ability to be with himself. This experience also veered me toward a model of treatment that focused on the patient's self-protective strivings.

With all this in mind, I listened to the cases brought to me by the student therapists at Teachers College. Beatrice Beebe had been assigned a patient who was even more “outrageous” and difficult than the one I had treated in my training. In retrospect, I think I was intrigued by the opportunity to provide for this patient and this therapist what had taken me several years to find. I felt that I had learned how to work with one very difficult patient, and learned, too, what not to do. Here was an opportunity to test out what I had learned.

I (Beatrice Beebe) began graduate school in 1968 at Teacher’s College, Columbia University in a joint program of developmental and clinical psychology. Heinz Werner, Jean Piaget, and constructivist views of development were my earliest influences. In 1969 I met Daniel Stern in my search for someone doing research on early emotional development. I wanted to study mother–infant “reciprocity.” Looking back, I do not think I knew what that concept meant to me, but I know I had these words in mind when I began graduate school. Stern was filming mothers and infant twins in their homes, and he took several graduate students with him. I remember one particular day when I played with a baby whose face was full of joy. As I watched her face responding to mine, going up and up and up, tears came to my eyes. I was so moved by how closely she tracked my face and by her bursting into a sunbeam. It was that day that I decided to do my dissertation with Stern, examining that very process of positive facial affect, how it builds to a crescendo, ebbs, and resurges.

Herbert Birch was at Teachers College at that time. My idea for a dissertation—an in-depth case study of one mother–infant pair, a frame-by-frame analysis of positive affect—was very different from the *Zeitgeist* of that era. Nevertheless, Birch championed it, making it possible for me to work with Dan Stern. Birch patiently taught me how to think about data and how to evaluate what infants might actually perceive. While I was still in the early stages of analyzing the data for my dissertation, Birch died, a great blow to me.

Stern led a group of infant researchers that included Joe Jaffe and Steve Bennett. We met weekly, with Stern giving exciting accounts of conferences he had attended, as the study of mother–infant

face-to-face interaction was just beginning. Stern's first paper, "A Microanalysis of Mother–Infant Interaction," came out in 1971. The data for the analyses lined his office wall. We were thrilled to see the intricate ways in which mothers and infants interacted, especially since psychoanalysis in that era saw infants as much less complex, active, and social than we do now. Dan Stern's way of thinking about mother–infant interaction shaped my research career. Steve Bennett later sat with me as I analyzed the "chase and dodge" film during my postdoctoral fellowship with Dan Stern. Joe Jaffe became a lifetime collaborator.

Meanwhile, I had to figure out the clinical side of my training. From 1971 to 1972 I went to Yale for my clinical internship. There I met Sid Blatt. He was extremely receptive to my background in the ideas of Werner and Piaget and to my interest in self- and object representations. With him I pursued the question of the origins of self- and object representations, which has remained one of my central interests. I saw a range of rather disturbed adult outpatients at Yale, and I treated one psychotic depressed inpatient under Blatt's supervision.

My supervision with Blatt prepared me to meet Burton, the patient assigned to me at the Teachers College Clinic. Without the work I had done with Blatt I would not have had the common language that Frank and I recognized in each other at the beginning of the group supervision. To the dismay of the other two students, Frank and I actually believed that this extremely disturbed Columbia sophomore could be treated psychoanalytically.

Over the following eight years, my treatment of Burton continued in private supervision with Frank. Sometimes I was frightened by this patient's suicidal struggle, but I was always sure of Frank's deep involvement and confidence in me. Out of this supervisory relationship was forged a bond between Frank and me that was to outlast the supervision and provide the foundation for the years of collaboration that continue.

Burton became the subject of our first joint publication (Lachmann and Beebe, 1983). As we now review our report of his treatment, we see that our language and concepts would be radi-

cally different today. Our description of the treatment was limited to the patient's experience and to the therapist's verbal interpretations. We left out of our original account the intensity of the therapist's involvement with Burton, especially the agonized moments when Burton was suicidal or out of reach.

The theory we followed in the treatment of Burton focused on the consolidation of the self. We believed that separation issues occupied a central position in Burton's difficulties in the structuralization of the self. His pathology was seen as a result of merger wishes with consequent difficulties with separation. We assumed that the sense of self consolidates along three dimensions: (1) self-object differentiation, (2) the capacity to tolerate positive and negative affects, and (3) the experience of continuity over time, an essential ingredient of self- and object constancy. Whereas the term differentiation was used to refer to the process through which self and object were distinguished, separation was used to refer to the ability to maintain this distinction. Separation resulted in a diminution of an imperative need for the object's actual presence.

We also held that a consolidated sense of self was a prerequisite for the emergence of psychological conflict. Psychopathology that reflected difficulties in the structuralization of self-experience was distinguished from psychopathology that reflected a self in conflict (Stolorow and Lachmann, 1980). In Burton's treatment, especially in the later stages, we tracked the oscillations of pathology as one kind was, at times, more salient than the other. Early in the treatment, we viewed the pathology as based on deficits in structuralizations.

We used these theoretical constructs as our response to an ever-present danger of "fragmentation" in Burton's sense of self. We believed that, through an emphasis on these dimensions of experience, Burton would gradually be able to address his conflicts and defenses. And to some extent our expectations were borne out, although it took many years. During the treatment, we used the notion of "increments of separation" (Lachmann, Beebe, and Stolorow, 1987) as a theoretical touchstone to afford Burton a safety zone in which to organize his continual back-and-forth fluctuations

into manageable proportions. Reciprocally, we viewed any retreat from a particular step of separation not as necessarily equivalent to a remerger with the feared and enticing mother, but rather as part of an oscillation. We believed that this line of interpretation would gradually enable him to modify his all-or-none fantasy that to separate meant isolation or death. This slow process was assumed to establish psychic structure by minute transformations.

Burton began his treatment as a patient at the university clinic and followed me (Beatrice) wherever I worked for the next 10 years. In the ninth year, a major consolidation of his personality took place. The severe pathology that had characterized him since early childhood diminished markedly. When we wrote up the ninth year of his three-session-per-week treatment, we named him Burton. Only an actor such as Richard Burton could play the role of such a volatile, tempestuous man. In a similar spirit, we named his first wife Liz and his second wife Sybille.

Burton began treatment, his fifth attempt at therapy, at the age of 20, as a college sophomore. He felt that life was not worth living; he complained of his self-destructiveness; and he catalogued an extensive involvement with drugs (LSD, ritalin), periodic alcoholism, stealing (for which he had already spent a month in jail), and persistent suicidal ideation. He heard a persecutory voice located "in the back of my mind" criticizing him, mocking him, and telling him to kill himself. He described difficulties in concentration, racing thoughts, lapses of memory, and out-of-body experiences. He felt that he was losing his sense of being alive, and he believed that he had a terminal disease. His sense of time was severely distorted—time was either speeding up or in danger of stopping. He made daredevil forays into dangerous neighborhoods, carrying a gun, planning to fight the drug dealers who supplied heroin to Liz, his girlfriend, whom he married in the third year of his treatment.

Whenever Liz rejected him, took drugs, or disappeared all night, Burton would simultaneously want to murder her and kill himself. He would then become dangerously suicidal. When Liz left him, in the seventh year of his treatment, Burton was hospitalized (his third hospitalization in the course of the treatment) for a severe depres-

sion that continued for a full year after the hospitalization. Burton, however, was able to use his ideal as a scholar to force himself to ignore urgent impulses to reconnect with Liz. They were divorced the following year.

Burton's strengths were also extremely impressive. He had a rich imagination, outstanding intellectual ability, a sensitive capacity for self-reflection, and intense concern for his friends. He consistently maintained a high academic standing and was able to pursue graduate work throughout the treatment. The vitality of his struggle suggested a passionate commitment to life.

At the start of the ninth year of the therapy, Burton was consciously attempting to become less preoccupied with Liz. By this time he was already living with Sybille, whom he later married. As we enter the clinical material at this time in the ninth year, Burton had begun to miss sessions for four weeks in a row. Burton thought that, by rejecting the therapist's help and missing sessions, he was stopping the process of tearing himself away from Liz. He began to panic, to feel that he had lost himself, that he had lost Liz, and that both he and Liz were evil. He made elaborate plans to shoot himself. His pull to reconnect with Liz was interpreted as a remnant of his early merger with his sadistic, abusive mother. The interpretations at that time addressed the many meanings of separation.

Much work had already been done on his relationship with his mother. Early in the treatment he had described, "We are like Siamese twins; both of us would die if we were separated." He had recalled a repetitive early nightmare of being locked in a coffin, with his mother outside—or vice versa. Separation meant being killed and killing. Burton recounted, "My mother would freak out for days, going crazy, nothing could stop her. I know what it's like to love someone who is determined to annihilate herself. When Liz would get self-destructive, I'd feel I'm getting shut out, killed. She's killing me, I'll kill her." Burton's fundamental metaphor was that separation meant death.

Lengthy reconstruction of his early relationship with his mother revealed memories of her as grossly inconsistent, alternately all-good or murderous, sexually seductive and then abruptly abusive.

The repetitive nightmare in which either Burton or his mother was locked in a coffin at night with the other outside captured his simultaneous suicidal and homicidal preoccupations and the fluid interchangeability between images of himself and his mother as killer and victim. Such memories as these were used in the crucial ninth year to remind Burton how much of his relationship to Liz reevoked his early relationship with his mother, so that at times he found it nearly impossible to distinguish the two sets of experiences.

Burton now began to experience himself more directly as evil and murderous for even thinking about separating from Liz. He was convinced that his relationship with his new girl friend, Sybille, was a betrayal of Liz. It was at this point in the treatment that Burton was first able to recover memories of his father's lifelong affair and his rage at his father for betraying his mother. Much previous work had already been done on his relationship with his father, for example, working through his memories of his father's beating him in the crib, his identification with his father's depression, and oedipal themes. This new material, however, ushered in a crucial missing link in the conflictual identification with his father, namely, his father as someone who had separated from and betrayed his mother.

To the extent that the identification with his father was paramount, the material increasingly lent itself to interpretation along conflict and defense lines. Interpretations were offered to Burton that he felt that he had betrayed Liz by the new relationship with Sybille, just as he felt that his father had betrayed his mother with his relationship to his mistress. In competition with his father, he had to be both more faithful than his father and the betrayed one, the abandoned one. Thus, he placed himself in his mother's position rather than being the one who left. Burton's ability to maintain cohesion and to experience conflict was fragile, however. What had begun as a bond of fidelity to his mother quickly evolved once more into a merger in which Burton experienced himself as all too similar to his abandoned, betrayed, helpless mother. In response to interpretations concerning his conflictual identification with his father, Burton reported a dream in which he stabbed his father to death because his father had been deceitful. At this point fears that separation would mean death again emerged.

In a rising panic, Burton attempted to convince me that he would die without Liz. The swings toward and away from Liz escalated. He needed to see Liz to repair the rift and to save her. Simultaneously, he announced his decision to accept a divorce from her. He still felt enraged and wished to kill her: "I miss her, I hate her. I want to get rid of her. I want to run back to her."

His functioning became disorganized: "I can't handle business. I can't get my books to the library. My apartment is a mess. My life is falling apart. I am not living, without Liz. This is not separation; this is the end." This disorganization culminated in a suicidal state reviving a merger with his mother as dying: "This is a subjective car accident. It's like my mother dying. I want to blow my brains out. I want to lose myself now."

Frank and I understood this process as an indication of the tenuousness of Burton's self-structure. He was unable to tolerate such intense affects. The self-object distinction was lost, and he reentered a merged state with Liz essentially similar to that which he had had with his mother. Homicide and suicide were interchangeable. Both he and his mother were dying. He was both killer and victim. Yet interpretations of his inability to tolerate these intense affects and his loss of the germinal self-object distinction only resulted in his losing himself further and becoming overtly suicidal. In contrast to the back-and-forth oscillation that characterized much of this period, at this point Burton temporarily lost this flexibility. I (Beatrice) accepted this dramatic reversal of the prior fleeting increments of separation as part of the process.

The vanishing time dimension inherent in the merger state was reintroduced by my pointing out to Burton that he imagined being trapped in the feared state forever. These interpretations enabled Burton to progress from his suicidal and merged position to an acceptance of a more differentiated and dependent state. He felt unable to take care of himself and overtly acknowledged his need for me. He dreamed of a woman who let him suck her breasts, whom he identified with me. He used these images to comfort himself in the face of the dread of murderous separation. He reintegrated various qualities of himself, not only as aggressive but also as needy, able to be comforted, and having sexual feelings. Burton's move-

ment was articulated as an increment of separation toward a richer, more articulated self-experience. In this period we (Frank and Beatrice) understood the merger to be transformed into an object-related dependency with some self-object differentiation.

During much of the treatment, Burton's positive, idealized transference was in the background. Interpretations of this transference were kept to a minimum since we (Frank and Beatrice) understood it to be necessary for the process of treatment. At the start of the ninth year, when Burton began to miss sessions, the transference shifted into the foreground and began to be the subject of interpretation. At this point in the treatment, the work on the transference-dream of the woman who let him suck her breasts allowed Burton to use his overt acknowledgment of need as a way of transforming symbiotic-like longings into object-related dependency and a crucial new ability to be comforted.

These developments in Burton's integration of various qualities of himself enabled him to sustain feelings (rage, sexuality, dependence, fear of loss) that had previously been managed through re-merger with his mother and Liz. At this point in the treatment, Burton was enraged about his sexual dependence on Liz and felt panicked that the loss of this relationship would mean the loss of his sexuality. He said, "I'm losing a part of myself; I'm resisting it. I feel like an abandoned child. I feel wronged. I can't give her up; I feel chained to a dead person." These thoughts were connected to Burton's early dreams in which either he or his mother was locked in a coffin with the other outside and with his lifelong dread that moving away from his mother would result in both dying. Burton appreciated that he was condensing his experiences with Liz and his mother, and said, "I can't take all my experiences so seriously."

Disentangling his sexuality from Liz, resigning himself to her loss, and recognizing that the depth of his loss experience was based on his experience with his mother were all major moves in the differentiation and separation process. Yet Burton again became suicidally depressed. He felt that his "whole existence was falling apart" and that he was evil. He was, however, able to take comfort in his closeness with me (Beatrice), although he experienced this close-

ness as another step away from Liz and as a betrayal of her. The suicidal depression was interpreted as a retaliatory torture of himself for the moves away from Liz and a wish to undo the considerable progress he had made.

Burton was able to use the interpretation of his suicidal depression as retaliatory torture. In a chagrined manner he summarized, "It is my resistance to getting better." We viewed this episode within a conflict-defense model. The interpretation of undoing was successful owing to an increasing self-object differentiation, which was already manifest in his nascent ability to experience and tolerate a dependent transference. The success of this interpretive strategy was apparent in Burton's own suggestion that his reaction was "resistance," which indicated a sense of himself as an agent capable of resisting. Despite continued depression, this work enabled him to go on with his graduate work, an accomplishment of which he was quite proud.

In the session that followed this intervention, Burton spontaneously acknowledged the defensive aspect of his "going crazy" and his "responsibility in choosing not to go crazy." This recognition was seen as a striking reconsolidation on his own, between sessions, in experiencing himself as a responsible agent and by tolerating his anxiety. As Burton progressively saw himself as successful and powerful in his work, with each academic success he experienced an onslaught of urges to sabotage or undo his work.

A core consolidation of the self (defined as distinctness of his image of self from that of the other) was established following the work on his father and the work on separating from his therapist. Burton no longer felt merged with his "evil" mother. Burton said, "I do feel I can survive and survive well. I feel lucky and happy in many ways. I feel good about myself, honest. But I also know there will always be times when I want to destroy myself." His progress in the three dimensions we had defined at the outset—differentiation of self and other, the ability to tolerate intense affects, and a sense of continuity over time—were now manifest in several salient ways. He was increasingly able to imagine his relationship with his therapist between sessions. He was able to revive memories of prior times

without fear of being drawn back into experiences of himself as a killer, as identified with Jack the Ripper, as a psychotic, hospitalized adolescent, as belonging in jail, or as merged with his ex-wife or mother.

It has now been two decades since the termination of Burton's ten-year treatment. During these years Burton has retained intermittent contact with me (Beatrice) and has pursued no other therapy, with the exception of medication. In some of his telephone calls he was in crisis, and in others he was "checking in." There were long periods of no contact. In recent years, a brief telephone call has been scheduled once a week. Every few months I receive a warm card from him. Despite periods of intense depression and work inhibition, Burton is flourishing as a loving husband to Sybille, a warm and dedicated father, and an outstanding and productive member of his intellectual community.

### Burton and the Systems Model

In reconceptualizing the treatment of Burton, we now bring into the foreground dimensions of the therapeutic exchange that were previously in the background. Although these dimensions were not conceptualized at the time of our original publication (Lachmann and Beebe, 1983), we now consider them to be critical aspects of the therapeutic action.

In the discussion to follow, we focus on various interrelated critiques of our former thinking: (1) the central concern with structure formation and structural deficit reflected a one-person view of psychological organization; (2) the model of development focused on separation; (3) the emphasis on the repetition of archaic attachments neglected the transformations of these attachments; (4) the weight given the verbal narrative and interpretation neglected the therapeutic action of the ongoing nonverbal exchange; (5) the use of a unidirectional model emphasized the influence of the therapist on the patient, neglecting the influence of the patient on the therapist.

Our understanding is now based on a systems view. In the following chapters we describe a systems view that is relevant to both