

# Holding: A Psychoanalytic Commentary on Smith et al., “A Decade of Parent and Infant Relationship Support Group Therapy Programs”

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*holding . . . often takes the form of conveying in words at the appropriate moment something that shows that the analyst knows and understands the deepest anxiety that is being experienced, or that is waiting to be experienced.*

(D. W. Winnicott, 1963, p. 240)

**I**n psychoanalytic theory, holding refers to the earliest maternal function of infant provision. D. W. Winnicott, who developed this term, is referring not only to the actual physical holding of the infant, but to a total environmental provision determined by the awareness and the empathy of the (m)other. The mother’s live, responsive, and empathic presence serves as the groundwork for the baby, who then gradually is able to tolerate the anxiety associated with disintegrative experiences. The build-up of memories of such provisional care leads to a sense of personal vitality, a beginning of the mind as something personal and valuable, and a beginning of symbolic functioning that forms the basis for creative living and for vital object relationships. The holding envi-

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ronment manages and reduces impingements of the persecutory sort, providing space for the “going-on-being” (Winnicott, 1960) that is necessary for psychic integration.

Holding is also a psychoanalytic function, wherein the analyst holds the annihilatory feelings and disintegrative thoughts of the patient, offering a tolerance for affect and a capacity for understanding that mitigates the fearsomeness of deep anxieties. It is akin to Bion’s (1967) notion of the alpha function, which transforms raw and unmediated sense-impressions (which he calls beta elements, or things-in-themselves) into connected, integrated sense impressions that are available for thought. The alpha function is not necessarily verbal, with end-products including integrated gestures and affects as well as words.

Similar to Winnicott, Bion’s developmental model for the analytic function of holding is a receptive and metabolizing mother who contains, or holds, the beta elements projected by the baby, transforming them, through reverie, into positive, integrated realizations. Holding communicates loving care and a sense of safety, transforming potentially negative or persecutory sense experiences into a conception of positive expectation. In this way, holding facilitates the capacity of the baby for going-on-being, where a sense of integrated personal existence trumps persecutory anxieties.

### THE STRUCTURE OF PAIRS

It was a privilege to read the impressive work of Parent and Infant Relationships Support (PAIRS), where the elements of Winnicott’s holding function and the related notion of Bion’s metabolizing function are very much in place. Working with high-risk mothers and toddlers whose risk factors include premature birth, difficult birth, teenage pregnancy, substance abuse, domestic violence, and parental emotional difficulties, this relatively short but very intensive 10-week program shows great therapeutic promise. The aims of the program are laudable: to increase mother-child interaction in the direction of secure attachment, to decrease maternal depression, and to positively affect infant development. The results of their programmatic interventions are impressive.

Reciprocal, attuned mother-child interaction, as measured by the Dyadic Mutuality Code, showed robust and significant improvement. Maternal depression, as measured by the Edinburgh Postnatal Depression Scale, significantly decreased. The Bayley Scales of Infant Development showed trends in the direction of improvement in cognitive and motor development, and significant improvement on the behavioral scales. This result is as I would have expected, with the more biologically based functions showing a trend toward improvement and the more emotionally based functions showing significant improvement.

It was no small task to achieve these results. This appears to be a program with highly trained and sensitive staff, conversant with group theory and attuned to the cultural and social support needs of the mothers, facilitating their productive use of each other and providing them with the infrastructure that would allow them, once they left the program, to go forward in extended community support networks. More importantly, the staff were highly skilled at making sensitive interventions, with both mothers and children, which touched deeper psychic issues.

Theoretically, the work of the staff is informed by the attachment theorists, notably Bowlby, Ainsworth, Fonagy, and Beebe, and by the psychoanalytic group theorists Bion and Yalom. The staff's clinical work, as revealed in their descriptions of group and individual interventions, with their highly attuned sensitivity to issues of depression and loss, relates not only the work of the attachment theorists, but also the work of the psychoanalytic object relations school. This discussion will refer to the object relations theories of the British middle school, especially, in an attempt to expand the clinical perspective offered here.

The group structure of the program is a tripartite structure that allows for therapeutic interventions with the maternal dyad, with the mothers in the group, and with the babies individually. Following Bowlby's work on attachment, separation, and loss, and Ainsworth's derived experimental model of separation and reunion (referred to as the Strange Situation), the mothers and infants first gather together in a group where physical holding and mindful attunement are encouraged. The instruction to "wait,

watch, and wonder” at their infants’ experience suggests to the mothers that their babies have their own subjectivities, thus humanizing the babies and creating empathic space for the healthy development of separate minds (see Stern, 1985). The infants are then separated off into their own group, with the mothers’ group remaining to work on its own. The goals of these separate groups are similar: to develop an understanding of the internal worlds of the participants. Mothers are encouraged to talk about their experiences of pregnancy, birth, and parenting, and connections between past and present experiences of ambivalence and loss are explored. The infant therapists observe the babies in order to discern their patterns of relatedness in separation and reunion with the mother, and in direct experience with the therapist. Therapeutic interventions with the babies focus on visual gaze, physical holding, and soothing talk that centers on how the infant is inferred to feel in the mother’s absence. Group techniques are also employed to assist with the regulation of affect, such as singing “quack, quack, mummies come back” when the mothers are due to return. Lastly is the period of reunion, which suggests the type of attachment the baby has developed with the mother. According to Bowlby’s (1980) model, the baby who greets the mother in a welcoming mode, with arms outstretched, with cooing, with smiles, is said to be securely attached. The baby who greets the mother in distress, with crying, clinging, hitting, and other reprimand, is said to be insecurely attached. The baby who turns away from greeting, who acts as if the mother is not there or is not recognized or needed, is said to be avoidantly attached. The baby who combines distress and avoidance is said to evidence disorganized attachment. Reunion patterns allow a window into the structure of internalized object relations in babies. Research suggests that these categories of attachment are seen to be relatively stable throughout life if there are no significant changes in life circumstances or therapeutic intervention. This information is extremely useful in guiding the direction of dyadic therapy between mother and child.

**SALLY AND PIP: GAZING OUTWARD**

*When I look I am seen, so I exist.*

(Winnicott, 1967, p. 134)

Pip, the 10-month-old daughter of depressed mother Sally, could neither be close to her mother nor away from her, collapsing into despair in either position. In Bowlby's terms, Pip suffered from disorganized attachment. The therapists report that this pair demonstrated extreme difficulty in relating face-to-face, with both mother and daughter avoiding each other's gaze. Sally, irritated by Pip's whines of despair, had come to the group to try not to feel so distant from her daughter. Her telling remark about Pip's birth was, "She wasn't my baby. I didn't recognize her."

Lacan's (1949) mirror stage places the capacity to recognize oneself in a mirror as the achievement of a specular "I," a primordial sense of self that develops "prior to being objectified in the dialectic of identification with the other" (p. 4). Winnicott (1967), correcting Lacan, reminds us that the precursor of the mirror stage is the reflection in the mother's face. The mother's face is the first mirror in the creation of personal subjectivity. What the baby sees when gazing into the mother's eyes is a version of 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" (p. 131). When the mother is reflecting her own mood, without reference to the baby, or when she is reflecting the rigidity of her defenses, the baby looks and does not see himself. This lack of recognition leads to an atrophy of creativity, that is, difficulties in symbolization, play, and the vitality of meaning. Some babies do not give up hope and study the object in attempts to discern some meaning that ought to be there if only it could be felt. Other babies, like Pip, turn away in despair, having failed at awakening the lively and loving interest of the mother. And yet, we see that Pip has not entirely given up hope. In her collapse, she tenderly placed her face on her mother's shoe, and although Sally was unable to reach down and comfort her, she did not move her foot away. This gesture, from the baby to the mother, shows Pip's still hopeful capacity to make contact and soothe her-

self, in however small a way. We can foresee, however, that the mother's continued unresponsiveness would eventually leave Pip in a space where only fetish, and not live contact, would serve as a connection to the object.

We would imagine, from a psychoanalytic perspective, that it was not that Sally did not recognize herself in Pip. On the contrary, the fearsome unconscious recognition of Pip as her abandoned self (Sally was actually left by her mother at age 13, and her behavior with her infant suggests that on an emotional level she was abandoned long before that) forced Sally not to look, so as not to see that remnant of her own distress and despair. What she created in her relationship to Pip was her own negative image, an image that she could not bear to confront but was doomed to repeat.

Significant therapeutic interventions were made with the mother alone, the infant alone, and the mother-infant pair. I see the work with Sally in the parent group on developing a stronger sense of separateness from her husband and locating the difficulties in the marital relationship rather than blaming herself as central to the improvement of her relationship with Pip. When hatred can be objectively located, and not contained entirely within the self, paranoid guilt lessens significantly. Sally, no longer the entirely guilty party for her failure in her relationship with her husband (and, transferentially, in her relationship with her mother), was a bit freer to embrace Pip and to see her simultaneously as separate from her and more positively related to her. Holding an overflow of negative projective identifications (you hate me because I am hateful, only worthy of hate) could then give way to the reparative value of love.

With Pip, the infant therapists worked to improve eye contact. It should be understood that this is not simply a behavioral intervention. The therapist's gaze was an empathic, loving gaze, accompanied by soothing noises and talk about Pip's distress. These gestures are what constitute Winnicott's holding function, or Bion's alpha function, transforming distress into integrated affect and symbolization. What is put into words, whether or not those words are cognitively processed by the infant, allows for the possibility that raw disintegrative emotion can be transformed into meaning. What is understood or registered beyond cogni-

tion is the *recognition* conveyed by the tone, the affect, the care surrounding the words. These experiences of containment gave the therapists hope that Pip would be able to transfer her capacity to be soothed to her relationship with her mother. On reunion, although her gaze remained outward, she was able to settle into her mother's lap without distress.

In dyadic therapy, the therapists attempted to put Pip's communications into words in the hopes of attracting her mother's attention. In the initial session, when Pip struggled against her mother, the therapist put into words Pip's need for Sally and how Sally felt unable to satisfy her no matter what she did. Later in the therapy, when Pip began playing with a noisy toy and Sally paid no attention, the therapist said "Look mum . . . I made a noise." There is considerable skill involved in such interventions, as the interpretations must be experienced as belonging to the couple in the dyad, and not to the therapist. The couple is empowered through being able to hear and recognize one another, and the therapist serves as the medium for this recognition. If the therapist attempts to become the mother by intervening and soothing the child directly, or dictates a proper way of being to the mother, the dyad is disempowered and persecutory anxiety increases (see Fraiberg, Adelson, & Shapiro, 1975). The usefulness of the tripartite structure of PAIRS is that Pip could be held by the therapists in the infant group, Sally could be held by the therapists in the mothers' group, and the therapists were then in a better position to facilitate mutuality in the dyadic group. In the work with Sally and Pip, both mother and child felt increasingly recognized, both by the therapists and by each other. Mutual gaze increased, and they began to like what they saw in each other's faces.

### MARIA AND TOMA: GAZING INWARD

Maria and her son Toma, 11 months old, had both been treated for anemia. At 7 months, he had been left with a friend and reportedly turned blue. Since that time, Toma stopped developing and difficulties with separation followed for both mother and child. Unlike Sally, I had the sense that Maria never took her eyes off Toma. She interrupted any attempts he made to play or interact with the environment, keeping him close to her at all

times. She expressed fear that he would become ill and perhaps die from playing on the floor with the toys. The staff accommodated her anxieties by allowing Maria to bring her own rug from home for Toma, and assuring her that the toys were washed every day. She found separation from him unbearable, and again she was accommodated by the staff, who allowed her to linger in the infants' room or return if she heard Toma cry.

It was soon discovered that Maria had lost her own mother when she was 7 months old, and was sent to live with relatives in another part of Timor, her native land. She continued to live out the anguish of that early loss, feeling alienated from her country of birth, from her husband's Asian family, and from her current life in Australia. In her own unresolved grief, she seemed to feel abjected, with no place to call her own. Her deep anxieties about Toma's survival paralleled her own early losses, which she had not yet mourned. Her impinging style, which interfered with Toma's natural exploration of his own limits and his going-on-being, was rooted in profoundly anxious concern.

Although Toma was delayed in motor development and exploratory functions, he was highly attuned (indeed over-attuned) to his mother. When he returned to the group from the infants' room and found his mother crying from her unresolved grief, he gazed intently into her face and began to gently wipe the tears from her eyes. This gesture is evidence of Stern's (1985) intersubjectivity, an achievement involving the recognition of separate minds. The registration of separate minds paradoxically involves empathic connection, a capacity to feel what the other feels while recognizing that the feeling originates from the subjectivity of the other. To put meaning to the feeling, the therapist commented "Mummy is sad today because she lost *her* mummy."

In Toma's over-attunement to his mother, his gaze was overly interior. His therapist intuitively thought to carry him facing away from her when they went on brief outings to the park. Her understanding was that facing him out and not speaking to him minimized the registration of difference—her fair hair, her light complexion, her different language. Although these elements may be true, I think the more salient issue was in the positioning of him away from *her* gaze, so that he did not have to read her thoughts and emotions. Her willingness to face him toward his environ-



ment gave him the permission, the freedom, to be interested in what was outside the pull of the dyad. He could now look around at the world and see for himself.

### CONCLUSION

*[A] mother must need her baby as a part of loving it.*

(Likierman, 1988, p. 31)

Our relationships in general, and particularly with our babies, are based on projective identifications (see Klein, 1975). Projective identifications can range from normal to excessive, and from negative to positive. From the time a couple becomes pregnant, they fantasize about the baby-to-be-born, and have often constructed, sometimes consciously and always unconsciously, identities and personalities for the babies they are about to meet (Piontelli, 1992). Often these fantasies are of the positive sort, and flexible enough to allow plenty of space for the baby to grow into itself. Sometimes these fantasies are of the negative sort, or so rigid or excessive that there is not room for the baby to present itself.

Holding is a requirement for normal development, and a salve for psychic development gone awry. The PAIRS program holds the mother so that she can better hold the baby, holds the baby directly when needed, and holds the dyad so that they can better recognize themselves within each other.

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