

# Trailing clouds of glory....

Some thoughts on the developmental implications of Matte Blanco's theories

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In this paper I hope to shed some light on the very earliest stages in human experience, with special regard to the thinking of Matte Blanco on the nature of the unconscious. The aspects I want to focus on are the timelessness and spacelessness features, which imply indivisibility or symmetry, together with the nature of emotion to tend towards the infinite. I will include some thoughts on the importance of neuroscience, the oedipal dilemma and on Melanie Klein's view of our psychic development. I shall illustrate various points with clinical material. My thesis here is that ante-natal experiences can have a huge impact on our life after birth, and therefore I will spend some time to begin with, looking at aspects of inter-uterine existence.

Over time, many people have wondered what it might be like to be a baby in the womb. But hardly anyone has ever professed to remember what it is like, and because new babies cannot talk, we cannot ask them what they made of this experience inside. Much of the following is therefore an enquiry on my part and is absolutely up for discussion, suggestion and alteration. Some of the imagined scenarios seem unnecessarily bleak to us now, from the Christian idea of original sin, through to Bion's statement in the São Paulo lectures (Bion 1980 p100), that 'I can imagine that even the embryo could much dislike the feeling of blood pulsating through its system.' Laurence Sterne in 'Tristram Shandy' (Sterne 1967 Penguin edition pp37-38) famously said, 'my little gentleman had got to his journey's end miserably spent;- his muscular strength and virility worn down to a thread;- his own animal spirits ruffled beyond description,- and that in this sad disordered state of nerves he had laid down a prey to sudden starts, or a series of melancholy dreams and fancies for nine long, long months together.' Roger Money-Kyrle (Money-Kyrle 1978 p437) said, 'Whether the infant mind is wholly unintegrated at birth, or disintegrates at the shock of birth, no one can doubt that the new born infant is in a state of chaos.' Ferenczi may, I think, be nearer the mark, (Ferenczi 1913 p68) postulating that the foetus is in a state of omnipotence, as s/he lives with every want supplied in the womb.

Wordsworth, giving me my title, espouses in 'Ode on Intimations of Immortality from Recollections of Early Childhood' (lines 62 and 34-35) a schema of divine, lost innocence, 'Whither is fled the visionary gleam? Where is it now, the glory and the dream?' And the Balinese, for example, say that new babies are divine, and as such, their feet may not touch the ground for 6 months. They are carried everywhere, honoured and petted. If one sadly dies before the grounding ceremony at 6 months, the baby is treated as a god, and not buried alongside ordinary people but in the temple (O'Mara 2003 p196) Matte Blanco's own view is more moderate, and to the point: 'Clinical observation reveals that the early periods may be conflictual only at the superficial levels; deep down they are peaceful. This is, I believe, a

more accurate view of the beginning of life' (Matte Blanco 1988 p195). His further statement, that symmetrical being is the normal state of man (Matte Blanco 1975 p101) will underpin much that follows.

While it is true that we can only speculate about what it feels like to be a baby inside the womb, with scans and ultrasound we now have much more idea of the physical state than at any time previously. We can observe how the baby begins to touch, see, hear and taste, and these things all gradually develop during gestation, till we have an almost perfectly sensually competent baby at birth. It is easy to assess hearing, for example, because some foetal movements or body patterns may change in response to sounds. Many pregnant women report a foetal jerk or sudden kick just after a door slams or a car backfires. A baby's heart rate often slows down when its mother is speaking, suggesting that s/he not only hears and recognises the sound, but is calmed by it. All the senses can be detected first at about 18 weeks' gestation and become more or less fully developed at birth. Touch is obvious much earlier, at about 8 weeks' gestation (Klaus, Fennell, and Klaus 1996).

What does it feel like? Cortisol, the stress hormone, can be detected at higher levels in babies' saliva, so we know when a mother's agitation communicates itself to her baby (Gerhardt 2004 p67). This seems to me to be a more likely source of distress to the foetus than the dislike of the sound of blood pumping round the mother's system. We know from Alessandro Piontelli's important and extraordinary work that babies show identifiable characteristics in utero, again from about 18 weeks' gestation. Before that we can see the foetus moving from 7 weeks, alternating rapidly and continuously between rest and activity cycles, short spells of inactivity followed by brief intervals of intense and turbulent motion. We can only speculate what these movements mean; at the very least, Piontelli suggests that the constant sensory-motor feedback provided by early foetal motions may be of importance for neural development (Piontelli 2002 p40) and also noted that twins react to each other's blows almost from the beginning (Piontelli 2002 p39), perhaps implying that primitive fight or flight mechanisms seem to be delineated at these very early stages by the reactive way the foetii behave to each other. Certainly it seems that foetii at this stage have a clear sense of body, of being, there is a kind of awareness and this is echoed in the observations of foetii attacking the amniocentesis needle. (Ianniruberto 1981 pp175-181) Is there an idea that this is an intrusion, something unwanted, even damaging?

Fight or flight mechanisms are the traits that lead us to be predominantly bullies or victims, dominant or submissive, autocratic or people pleasers. Piontelli shows that these powerful emotional states continue, and form the basic slant of the personality because they can be recognised again, when the child is much older. More than that, while she cautions against projecting too much of our own stuff into the observations, she nevertheless detects emotional states of some subtlety, using words like pest, jittery, hooligan, lovely, calm, tardy, dull, sexy, stud, crafty and many more to describe the babies before they are born (Piontelli 2002 p192). Piontelli follows through these growing babies and children up to nine years old to see whether these labels still fit and, in the majority of cases, they do. Her work includes ultrasound observations of twin babies as well as singletons. The twin studies are particularly useful in determining personality characteristics because she is tracking the

interpersonal reactions of the foetii, their emotional stances towards each other and the world which they inhabit. Singleton babies will however play with their umbilical cord, snuggle into the placenta, stroke themselves sensuously, suck their thumbs, and do these things with differing levels of enthusiasm.

We also discover oxytocin in foetal urine and blood plasma. Oxytocin is the bonding hormone and is produced in the hypothalamus, deep in our brains, and stored in the posterior pituitary gland, which matures at 13 weeks gestation. Oxytocin is active in sexual activity, male and female orgasm, birth and breast feeding. It fosters trust, reduces fear, and is at the centre of loving relationships. Autistic and depressed people apparently have low levels of it (Modahl 1998). Oxytocin is secreted in large amounts in pregnancy, when it acts to enhance nutrient absorption, reduce stress, and conserve energy by making the foetus more sleepy (Chapman 1998). It also causes the rhythmic uterine contractions of labour, and levels peak at birth through stimulation of stretch receptors in a woman's lower vagina as the baby descends (Dawood 1984 pp9486-7). The high levels continue after birth, culminating with the birth of the placenta, and then rapidly decrease.

So although the foetus may be disturbed by maternal stress, there is a considerable compensation in the presence of oxytocin, and most of the time we can imagine, like Matte Blanco and Ferenczi, with some confidence, that the average foetus is in a place where sustenance is always available and excretion unproblematic, where s/he is softly cushioned, where sound is muffled, and mainly rhythmic with the mother's heart and movements, where light and dark are not much differentiated, where probably the passing of time is not much in evidence. Most pregnancies are not multiple and so, in the womb, most babies are not object related (as it seems are Piontelli's twins) but it cannot be like solitude, for the mother's heart beat, smell, body rhythms and voice are all around. They are perhaps subject related, being inside the mother, though definitely differentiated from her, but owing everything to her, while oxytocin swirls around, bindingly, lovingly. Matte Blanco, talking about the state of being in love for adults, says, '...love, so far as it is love, finds foreign to its nature the physical division into two' (Matte Blanco 1975 p246). Does it feel foreign because of these early experiences, when we are so much at one with the mother?

This experience then, is perhaps as fairly near to a state of symmetry, of indivisibility, as described by Matte Blanco (Matte Blanco 1988 p140) as many of us will ever experience: at one (sort of) with the mother, safe, warm, mostly untroubled, timeless and spaceless. Timeless, because newborn babies clearly find it extremely difficult to realise that day and night are different, much to their parents' cost when they are born, and the processes within the womb happen seamlessly, without pause or break. Spaceless - because how can the foetus imagine the external, spatial world or even that any other kind of world exists? These are the qualities of the unrepressed deep unconscious in Matte Blanco's schema and the nearest most of us will ever come to 'being symmetrical, the normal state of man' mentioned earlier.

However there are changes within this state, the body is developing at a speedy rate, the amniotic fluid is flavoured by whatever the mother consumes, and there are sounds of many different sorts. Very bright light can apparently be sensed through the walls of the womb.

And of course, the baby is bounded, unable to move freely and this constraint continues and increases throughout the pregnancy as the baby grows larger. S/he is bounded, bonded, and the physical restrictions of late pregnancy are perhaps why we so often want to be cuddled, why the oxytocin flows for us after we are born, because at some deep unconscious level we want to replicate this feeling of being enfolded, held, surrounded by a loving and beloved other.

Piontelli confirms that we have emotional temperaments for well over half of our life in utero, which can be detected by the more or less reactive responses of the foetii. If everything is all right there, and our mother is not too stressed and no avid researchers are introducing lemon juice into the amniotic fluid, if we have no congenital disease, then, perhaps, it is indeed a fairly calm state. It is now known that foetii sleep much of the time, as much as 90% of the time, and they have been detected in REM sleep, clearly dreaming (Schwab 2009).

Of what do foetii dream? Freud, Matte Blanco and many others have observed the strange interrelation of reality and dream, but a foetus has no access to external, asymmetric reality. There must be blurred impressions from sounds, light, movement, taste, but nothing distinct. Given the flood of hormones, oxytocin, serotonin, cortisol, and others, emotions must be running high, with nothing to separate them, no way of considering or thinking about what happens. Perhaps emotional matters inform the foetus's dreams, as they do ours, but foetal emotions are without bounds or limits. Because Matte Blanco observed that dreams are multi-dimensional with regard to their complexity (Matte Blanco 1975 p416), one might suggest that this complexity is beyond our understanding, and certainly our ability to research. Stories about reincarnation and past lives are well outside the scope of this paper.

Matte Blanco also noted accurately that emotions tend towards the infinite, (Matte Blanco 1988 p140) and so the ease, safety, togetherness for our little baby in utero, dozing on and off, rocked and cushioned, might indeed feel rather pleasant, especially as oxytocin both reflects and produces feelings ranging from orgasm to peaceful relaxation. Could this be the deepest level of the unconscious? If pure symmetry is a place beyond emotion, it seems that if we are lucky, our base level emotion, as Matte Blanco suggests, is love. 'The deep peace of profound symmetry seems more in conformity with the nature of love than with that of hate' (Matte Blanco 1975 p105).

Evolutionary theory requires that mother and baby bond, because the human infant is so markedly unable to fend for him/ herself for many years. The parents have to be so protectively loving towards their infant that frequently the baby's safety and wellbeing comes before their own. It would make sense for the baby to be able to bond too, so that s/he can call out for the mother, remind her of the bond. The presence of oxytocin in the foetus's urine and blood shows that this is indeed a two way process. It is now known that oxytocin floods the mother's system just after labour starts and in fact contributes to the opening of the uterus. Indeed, synthetic oxytocin is sometimes used to induce labour. Oxytocin, as the 'bonding' hormone, enables the mother and baby to fall in love with each other right from the start. Where does this deep and passionate love come from in the baby, if not from these earlier

states? All is safe, and perhaps delightful (I suggest) until this changes, and there is a different rhythm, the one which will expel the baby out into the world.

The birth itself may be variously traumatic or comparatively straight forward. Certainly, many babies are born calm and aware – they rarely cry in their first few minutes, and they do not seem to be either exhausted or upset. They can seem quite magical. This is not only anecdotal, from my own experience and dozens of other mothers and midwives to whom I have spoken, but investigated and detailed by Emde and Robinson (1979 p72-105). The newborn's eyes seek other eyes, the mother's first of all, and lock on. Until recently, it was thought that a baby could not focus until many weeks later, but as any mother could have said, we now know that the focus operates at about 25 cms, (Meltzoff and Moore 1977 p75-78) the distance from the crook of a mother's arms to her eyes. This is a crucial moment of bonding, which for most of us goes well, and feels like a miracle, leaving behind all that pain and sweat and screaming effort as forgotten or irrelevant. The change is immense, world shattering, as mother and baby find each other as separate, instead of as one. Indivisibility is no more. There are further, complicated physiological discourses around this, which hormones flood when and where, to account for this astounding change, but what it is most like, from the mother's point of view is falling in love, more profoundly and enduringly than at any other time in one's life. And, given the massive implications of attachment theory, one has to assume that it is much the same for the baby, although of course, the baby may have been existing in that state already. This gazing, from baby to mother - and from baby to father as well - at the moment of bonding, if all goes well, is one of irrevocable attachment.

In my work, the patients come largely from two backgrounds: either those who have suffered neglect and/or abuse, or those who have suffered some trauma in pregnancy or birth. A traumatic birth may be enough to destabilise the psychic equilibrium of an infant, as does being born so early that a stay in the neonatal Intensive Care Unit is necessary. I have had patients born with the cord round their necks or too early for a number of different reasons; after foetal distress; born 'blue' with oxygen privation; and although every other aspect of their upbringing seems to be at least 'good enough' (Winnicott 1953 pp89-97) they live on an emotional precipice. The least thing can plunge them into abject terror, which can express itself as ungovernable rage or complete despair. Our most distressing dreams are often of suffocation, or falling, or sheer terror of death, and I suggest that these may often refer to the experience of a less than perfect birth. Of course, it is a complicated affair, this calculation about what it is that is so distressing; for instance, what is traumatic for one baby, may be trivial for another. The genetic weighting, the degree of resilience, the uterine experience of the relative levels of cortisol and oxytocin, makes all the difference as to what is damaging on one hand, and merely disagreeable on another.

My instinct - and I think that of many other mothers after a normal, at term, untraumatic birth - was to try to keep my babies in a quiet, darkened, place, cuddled much of the time, in a vague and ultimately futile effort to make the contrast between inside/outside not so shocking. It is doomed, this trying to keep things symmetrical, the conjunction of mother/baby inseparable because, of course, asymmetry is implicated right from the start, from the cutting of the umbilical cord, the drawing of breath and then its unceasing rhythm,

to the taking in of food and the excretion of waste. Time begins to be marked out in patterns of light and dark, of ingestion and excretion. There is loss, when the mother goes away, however briefly, and inevitably the baby begins to get used to a more powerful degree of asymmetry, and all the ills that flesh is heir to, and, too, its delights.

Matte Blanco suggests that 'asymmetrical activity itself may be viewed as a form of aggression...the child said to its mother: I don't want to be you any more. I want to be myself... the birth of the individual would mark the birth of space-time; individuality, space and time would be expressions of aggression' (Matte Blanco 1975 p105). Certainly the experience of birth must begin the pattern of thinking, the triad of 'something, something else and relation' which is the foundation of our cognition and conventional Aristotlean logic (Matte Blanco 1975 p330).

So here is a new baby, gradually getting used to the rhythms of everyday life, and a crucial part of this developmental task is how to manage the difficult concept of Mother coming and going and emotion rules nearly everything about this. The baby is also beginning that crucial life long project of starting to think, to order the world. If both mother and the baby are in a good enough state, the baby can feel confident that a) she will come back, and b) she will be glad to see him/her. One could tentatively think about this state as possibly the 4th level of consciousness, with the big truth, that love is all, the Breast is all. Mother may well feel great, notwithstanding the lack of sleep, the sore nipples - after all, she is in the unusual position of being able to provide everything for another human being, one she loves with all her heart. All goes well, emotions are ok, it is all still fairly blissful, until the pattern gets a glitch, as it assuredly will, for no mother is perfect and there is always the heel prick test. There will be pain, for the baby; there may well be hunger and loneliness. All these things destroy the feeling of blissful ease and at-oneness. There may be nightmares. Mother can soothe all of these, but she may be away too long, or perhaps she is distracted, she may have a moment's blank, and not realise that this cry means hunger, this one means lonely and another means cold/hot. She may have mental health issues herself, and the baby may be neglected or in receipt of too many forceful projections. Mother may be under stress, about money, or house moves, or bereavement. She may simply be too tired. And, depending on the baby's genetic inheritance, the baby's resilience, these caesuras are more or less painful.

Neurobiologically speaking, the frontal lobes of the brain do much of their developing after birth. A newborn baby's brain is 25% the size of an adult's brain yet by 3 years old, the brain is 90% the size of the adult's (Shonkoff and Phillips 2000). This happens even though vast numbers of neurones and axons are 'pruned' soon after birth, leaving the relevant pathways more efficient. This astonishing rate of development happens through the action of hormones, such as serotonin and cortisol. Serotonin, which floods the brain when the baby is happy and content, in tune with mother and adequately cared for, promotes the growth of myelin sheaths which protect and facilitate the neural synapses (junctions); the more we have of those, the more flexible we can be, the more options are open. But cortisol, for example, primes the organism for fight or flight and floods the brain when the baby is under stress - cold, lonely, hungry, frightened, whatever. Cortisol levels increase when the mother is not there or not in tune (Stern 1985), or too involved in her own difficulties to look after her baby

adequately. 'In tuneness' shows that the mother is relating to her baby in a subtle, empathetic way which recalls but does not replicate, the absolute interrelatedness when the baby was inside. Bion's helpful container/contained (Bion 1963) concept is another way of describing the complexity of the interplay of projections between mother and baby. Container could also, more concretely, describe the womb, of course, where emotions were a central part of the growing baby's experience and we hope softened by the mother's voice, the feel of her flesh surrounding the upset baby, the safety of it. It can so easily go wrong and, in the words of Robin Balbernie (personal communication 2009) an expert on mother/baby interactions, the stress hormone cortisol feeds off neurones 'destroying bucket loads of them.' This is the briefest of explanations of a delicate, complex and, crucially, individually unique process.

My patient Tom, who is now eight years old, was referred to me two years ago because of his bizarre eating patterns. He only eats soft white things: porridge, yoghurt, custard - and fabric conditioner, talcum powder, Sudocrem. One can see in this the desire to return to baby hood and a failure of asymmetrical distinctions. Tom was making category mistakes, qualifying fabric conditioner as good to eat because it looked and felt the same as milk. Taste has never been a deciding factor for Tom.

He was born five weeks early, induced because his mother had liver cholestasis. Was there something about the taste, the overwhelming flavour of his mother's physiology that surrounded him that blocked his discriminatory taste faculties? He was born jaundiced too and, although early, was of an adequate weight and did not need to go to the ICU. His mother says that he was always difficult to feed, picky, sickly, in need of coaxing. He was weaned onto baby foods a little later than usual (she was recommended by the health visitor to keep breast feeding him beyond a year because he had been born so early and seemed a little delayed).

His mother separated from Tom's father during the pregnancy before gradually going back to him during Tom's infancy. When he was two, their house flooded and they moved between their in-laws for nine months. One may wonder about the stress levels she and her unborn/newly-born baby endured during these separations, moves, and reunions. She went to work when he was six months old, and she told me that he never complained, even though he went to three different nurseries during the next two years, and had two difficult experiences with feeding. He was apparently told to clear his plate rather too firmly at one of the nurseries, which upset him and once he badly choked on a piece of carrot and that seemed to be the defining event, when he was about a year old. From that time, he has refused to eat anything that is not white/yellow in colour and soft in texture.

Mary Sue Moore's (Moore 2001 Bristol lecture) analysis of children's drawings usefully shows that often a traumatic event can keep a child drawing figures at the age at which the event happened. Thus a seven year old may still draw a disk for a person, with spindly arms and legs, (which is a four year old's usual conception) because something traumatic had happened when he was four. When I first met Tom, aged five and a half, his drawings of people were like those of a typical three year old: a disk with dots for eyes, a slash for a smile, and arms and legs sticking out of the disk. Now aged eight, his drawings are like those

of a four year old - his people now have a body as well as head, and legs with three toes, like a bird's, though no arms. He has been having weekly therapy during this period.

The process of maturation, I suggest, is a process of learning to discriminate, to appreciate the distinctness of objects, of moving number from one to two, to three and more, to become at home with the logic of asymmetry. It is necessary for us to begin to be curious about the difference between things, and this a foundation patterning, a template which will dominate our lives, because it is how we think. And it depends on emotion; as Matte Blanco says, emotion is 'the mother of thinking' (Matte Blanco 1975 p303). Separations occur because we are no longer at one with our mother, they emphasise that the inter-uterine quasi-symmetry no longer obtains, that a more powerful asymmetry is beginning to operate and that therefore there is loss. The differences between day and night, between hungry and full are as nothing to the presence or loss of the mother. Bowlby was so right in characterising loss as our central trauma (Bowlby 1969). It is not just loss of The Other, the breast, in technical terms. I suggest that it is loss of the feeling of at-oneness, of timeless bliss and physical ease. She is not there, and we are alone. How the baby handles this, tolerates this inevitable frustration, is the essence of our character. One of the options may be to denigrate the breast, hate and fear it because it is no longer reliable. We may want to merge with it, adhere to its beauty and safety, or want to keep it imprisoned. We may envy its beauty and freedom to move away. Our take on our largely asymmetrical world is dominated by these patterns, these emotional solutions to loss.

My tentative theory about Tom is that these frequent changes, combined with his mother's absence at work after 6 months, her liver disease during pregnancy and the break up with his father then, and mother's own unhappy relationship to food (which emerged later) more than account for his failure to develop much beyond the baby stage. Over the time I have been working with Tom, I have wondered if 1-1 working with him has helped give me an idea of what it might be like to be a baby. I sometimes feel in the sessions almost an urge to nurse him, as if he were indeed an infant in need of nourishment.

While we hope that the baby's brain is getting an adequate amount of positive hormones and only a small dose of the stress ones, there is another challenge on the horizon. The baby may have noticed right from the start that Father is there, but the complicated and ambivalent relation to the breast may already be established and now s/he begins to wonder if this Other is the reason why SHE is not there. Thinking takes a big leap forward here, with the question why, the start of wondering. There are profound sexual implications within the Oedipal dilemma, but here I am going to focus mainly on an attachment perspective. With a first baby, it is generally Father who draws Mother away, with a second or subsequent child it is often a sibling. Oedipus has to be negotiated somehow or other if we are going to function healthily in our asymmetric world, if we are going to be able to think creatively. Sibling rivalry, with its Cain and Abel savagery at heart, is Oedipus in another guise.

Oedipus implies asymmetry, but an asymmetry which is riddled with emotion. First of all, Mother is not there, the breast is compromised. Place is no longer symmetrical, that blessed union is broken up, and no wonder babies cry, no wonder it is sometimes difficult for the

mother of a toddler even to go to the loo without the child becoming desperate. It may be because of this Other. As this becomes clear for the baby, we may hope that empathy for Mother is in place, also that the Other is skilled enough to make a relationship on his own account with the baby, that the baby is generous enough to allow this to happen. If the baby can tolerate twos – Mother and s/he, usually together, sometimes separate, how much more difficult is it for the older baby or toddler to tolerate threes! Numbers are asymmetric. The realisation that the other exists is of profound significance, and inestimable importance lies in the unpalatable fact that the Other and the Mother have a separate, loving and creative relationship. The triangle formed by the parental couple and baby is not a two dimensional place, it is three dimensional, a place where thinking can happen because the question Why? is implicit in disentangling the emotional triangle/tangle. This is where play and creativity may one day flourish. Tolerating the parental relationship without savagery, envy, perversion, hatred, psychosis, and avoidance can allow us to access the depressive position. Freud's Mourning and Melancholia paper (Freud Penguin Edition Vol11 1917) and Melanie Klein's Mourning paper (Klein 1940) are instructive. Managing to mourn loss, without envy or perversion or any of the other pathologies, is a real achievement in maturity. It is the basis for compassion, empathy, sadness at the human condition because we live in an asymmetric, time based world which with every succeeding second implies change and, often, loss.

Melanie Klein's view that envy is there from the earliest stages (Klein 1957) has often caused disagreement between people. Winnicott, for example, hated her ideas on envy (mentioned in Appiganesi 2006 pp157-158). Certainly envy as an innate characteristic does not quite match my own experience of being a mother: the brand new baby (like both of mine, after blessedly easy and untroubled births) can be quiet, calm, serene, aware and totally magical. Other babies encountered during the Infant Observation seminars can show the same attributes, if not all the time, at least occasionally. I would suggest that the bleak characteristic of envy is indeed there from very early stages, distorting the relationship with the breast, but that it is as a result of the trauma of separation; the 'breast' used to be there, in utero, and now it is lost. If we take on board the powerfully emotional state of babies, then the absence of mother, those first awful inklings of asymmetry, can produce in the baby any number of differing emotions. Is the baby just plain sorry she is not there? Terrified that she's not there? Can s/he mourn her absence and not get bitter? Is s/he furious she's not there? Does s/he feel no good, inadequate, because s/he can't keep her there? Is s/he deeply suspicious that she's off with someone else, enjoying the high life, chocolate and champagne all the way (as it were)? This deep curiosity is our essential prompting for thinking, our guide through the increasing complications of asymmetry. Thinking, and the knowledge it leads to, gives us a sense of power, the feeling that we might be able to find out what happens, which is better than the vulnerability of not knowing.

When I first met Tom he took everywhere with him a small blue floppy teddy (called 'Bluey') who had rags for arms and ears. His mother told me, in Tom's presence, that he had teethed on Bluey and that was why the toy had no arms and ears. I began to wonder if he had been frightened of using his teeth by the damage done to Bluey and perhaps to his mother when he was still breast feeding past the usual age, when he certainly had teeth. She says she cannot

remember being bitten by him. She speaks very fondly of him always - she has a much older son, who also spent much of his childhood refusing to eat different foods, for example, wanting chicken nuggets only for weeks on end. Now adult, he eats normally. She herself used to refuse to eat many things as a child - fish, meat, greens etc. Clearly there may have been degrees of projection from her to her two sons, that food was problematical. Another complication is that Tom is the baby of the family - both his mother and father have much older children from other relationships. His mother has admitted that she loves his innocence, the way he gets on with everyone, always looking for the good. He plays with children of all ages at his junior school. Everyone likes him; he is her lovely, precious baby.

Indeed, Tom presents as a very good little boy, friendly, confident, warm and sweet natured. But very occasionally in our work together I get signs of aggression - the doors to the dolls house are brought open and shut again trapping Bluey and other characters inside, or not letting them in, sometimes slicing into them. Issues of inside/outside are still potent to him and sometimes he makes farty noises, laughing manically as he becomes more sadistic, and I wonder if Meltzer's claustrum (Meltzer 1999) is calling to him. These violent impulses are rare however and cannot be related to breaks or other events that I can track.

Tom is nowhere near Oedipus. He told me in one session that he was going to visit his grandmother after our session. I asked if this was his mummy's mummy, or daddy's mummy? He said she was mummy to both of them. We discussed this for a while, and I drew on the white board a rough family tree showing Mum and Dad, each with their own Mum and Dad, with Tom bridging the gap. He rubbed it out, not angrily, but quite sure I was being inaccurate, and drew a line down the centre. He said all the girls or women, all the mummies are on one side and all the daddies and men are on the other. There is no conception of a relationship between them, a line divides them. We have some very rudimentary splitting here, men and women being different, which is useful, but limited. Classes, or sets, for Tom are vast. He can manage twos, but not threes. His favourite and most used tactic in our sessions was to use the signs we had made for 'Open' and 'Closed'. This was applied to the shopping game and, of course, also related to coming to see me in the clinic which is open at some times and closed at others, although Tom did not seem to be disturbed by the end of our sessions or by holiday breaks.

So it is resilience again, an easy pregnancy, an untroubled birth, and an innate generosity perhaps left over from our peaceful beginnings; these things together can help defend us from the evils of envy. The voyage to maturity is never so crucially important as in these early stages, when our brains are still forming, where our minds are becoming peopled by internalised parents, inner working models, dispositional representations, or more briefly, templates, taken from our feelings about those around us. Our emotions rule all these processes, and this is another effort at symmetry. We make our version of these people part of our emotional landscape, we internalise characteristics and then measure everyone else we meet up against them. We symmetrically see the characteristics of our internalised figures in anyone who reminds us of them. How we take on those around us is a fundamental question, it is central to how we exist in our asymmetric world. Robin Karr-Morse and Meredith Willey (Karr-Morse and Willey 1997 p182) have a useful metaphor; we can view the human

consciousness as if it were a pool of water. We inherit genetically the shape and depth of this pool; some people are blessed with deep wide lakes, others have tiny little puddles. Life, experience, from birth onwards is like the sun drying up the water, or rocks and stones falling into a pond. If it is deep enough, it can withstand the fiercest of droughts, the largest of rocks. A small puddle can be dried up in an instant, dispersed in a second. This is why the transgenerational decisions we make as infants are so variable and so crucial. If we have managed to internalise reasonably beneficial figures it will be because cortisol has not cut down our options, leaving us able to think freely and imagine, to empathise that something else may be going on to explain why we feel so strongly about people we barely know. This is also part of the continuing process of epigenetics, the way genes are expressed or not, according to our experience.

There is another symmetrisation going on, which on the whole, only analysts pay attention to. Because we were feeling strong emotions inside the womb, we then transfer that womb into our asymmetric world, in an effort to keep it going. Cars, houses, rooms, churches.... Klein's ideas of attacks on the womb, envy for it, like the attacks on the breast, envy and desire for, make absolute sense if we take on board the emotionality of the baby in and ex utero. These things form templates in our minds too, situations we replicate unconsciously, at work, at home, at play, and on the analyst's couch.

What does seem clear is that there is very little in the way of cognitive functioning, of thinking, certainly before birth and only gradually throughout the first few months after birth. But certainly there is emotional functioning, mainly focused in the right hemisphere of the brain (Schore 2003) as there has been for so long, and Oedipal dilemmas may continue to bedevil us for much of our lives, given that our world, in the transference, is the womb that used to provide us with a kind of bliss. Meltzer's Clastrum (Meltzer 1999) is another, deeply malign solution to the loss of the womb, a fantasised home in the rectum, characterised by savagery and hatred.

To return to the neuroscience of these states, it is true that although the brain is renowned for its plasticity, one can speak in general terms about what certain areas do. The frontal lobes are largely concerned with cause and effect thinking, short term memory (very connected to cause and effect), impulse control (also connected) and the odd one out, empathy. These are the characteristics which enable us to live together in groups; they function to make us the social animals we are. The right brain, governing as it does emotional thinking, is more active in the first three years of life than the rational left brain (Schore 1994 p31). Many of the children I see professionally, the ones who are either in care and/or with early traumas, are sent for help often because they are the ones who have little self control, little empathy, little understanding of how their own actions bring unpleasant consequences. They do not fully understand the workings of our asymmetric world, which is time based, they do not have enough flexibility in their brains to appreciate how time works. They live in the moment, when angry, they just are angry, and it is overwhelming, neither mitigated by experience nor softened by empathy. Emotion tends towards the infinite, as Matte Blanco says (Matte Blanco 1988 p140), and these children's emotions, like the anger in Buddhist stories, could burn through the world like fire through a corn field. All of us have moments

like this, but many of the children I see have fewer behavioural brakes, and one of the aims of psychotherapy with these very damaged children is to help them gain a thinking space between the emotion and the action. We work with cause and effect, with impulse control, with memory (asymmetrical aspects) but most of all with empathy; we do our best to understand the child (a symmetrical act if ever there was one, trying to imagine oneself into the child's shoes, trying to feel the same). We also observe the workings of projection, when the child sees us as an internalised figure from his/her past, another symmetrical process. We do this so that we can show the child that s/he is not alone, that trust is possible, that the whole difficult process of loss and separation can be managed. We deal with time continually, in the clichéd and often ridiculed focus on the breaks between sessions, the exact timing of the start and finish. We are dealing in asymmetry here, because asymmetry at bottom is all about time, but symmetry is implied constantly because of the emotion which rises from loss, the most painful emotion of all. You can only experience loss when one moment changes to another.

Tom has no idea of time. In one of our games, using telephones, he invited me to come to tea. I asked when, and he replied, yesterday. I asked him later when we would be meeting again. Tomorrow, he said, although we had been meeting weekly for over a year and use a calendar at the start of every session. He knew he was six, but could not tell me when his birthday was: next week or yesterday or tomorrow were all interchangeable words without meaning. He only remembered it was the day of his birthday when his mother pointed out the badge on his lapel 'Super 7' it said. Neither could he tell me what presents he had, or whether there was going to be a party. Tom lives in the moment, in the place where he is; he cannot imagine or remember anywhere else. He is quite 'without memory or desire' (Bion 1967 pp279-281) He went through a period of getting into trouble at school (he can read and write and is in an ordinary school) because he could not write a diary of what had happened the day before. He felt aggrieved: he had put in the date, he had put something down. I asked him what he did yesterday. He said he came to see me; and the day before? He'd come to see me.

If time is indistinguishable for him, so is place. We often play shopping - clearly something he enjoys doing with his mother. Again the white board it divided into two, so that we can each write our own shopping list. Tom can only think of the objects in the room with us at the time - door, window, carpet, teddy. Outside space, different space, does not exist for a year him. And if I write anything else, bananas, flowers, squash, he immediately copies my items onto his own list. We have to want to buy the same items, we have to be the same. He was worried by the flowers I had written, saying that he did not like flowers, and then thought for a moment and realised that he could buy them for his mother, who does, which seemed a small step forward.

If we return to our developmental scenario, we are still in dangerously deep waters. Oedipal issues may continue, indeed are lifetime issues for many of us, but have we sorted out walking yet? The toddler tantrums of the terrible twos are of course, all about separation from mother and how we conceptualise our role in life without her. If she is not there, providing everything we could possibly want even before we think of it, like we used to have

inside, perhaps we should do it for ourselves? Choose our own clothes, the sweets we want in the shops, the toys we want (that our evil rival sibling has) and so on? If we are not in charge of it, and she is not paying proper attention to our dilemmas, off with the Other(s) perhaps, will death, disaster and dissolution be our lot? If we have had a troubled birth, or periods of abandonment, then we know all about disaster and dissolution. These experiences have by now formed another template in our minds, and we slot back into the terror of those states under the slightest pressure. There is so much at stake! Emotion tends towards the infinite.... How do we negotiate life on our own? What strategies do we adopt? Mary Ainsworth's Strange Situation experiment (Ainsworth and Bell 1970 pp49-67) gives us a method for assessing the kinds of strategies we use, ranging from secure (thankfully, something like 60% of us, who were fortunate enough to have a 'good enough' mother) to avoidant and anxious attachments, and the most painful of them all, disorganised. All these categories are about attachment to the mother. It is the same issue, how do we part from emotional symmetry, how can we bear to live in this asymmetric world full of the difficult demands of Aristotelian logic? Do we have to make our own symmetry?

Narcissism: this is how we avoid loneliness and loss. We do not need anyone else, we are perfectly self-sufficient, the only 'good breast' is our own, and indeed there is no one else, not truly. They are all the same as we are, a generalisation, but this is not empathy. This is omnipotence masking terror, a refusal of anything new, anything different from oneself. another patient of mine, an adult, would never read anything written by anyone else, as it was just 'other people's opinions' and therefore quite without interest; he has no curiosity, has never got beyond Oedipus. There is no dependency in this state, because there is nothing else on which to depend. Symmetry is all. The psychic wound is massive. But this is an impoverished life, for the asymmetric world has benefits, charms and interest, and these depend on the idea that good breast lives elsewhere. Money-Kyrle's (Money-Kyrle 1978 p443) three definitions of sanity - that the (external) breast is the supremely good object, that our parents' intercourse is a supremely creative act and that we must die - mitigate against narcissism, deal with Oedipus and bring us up against loneliness, loss and death, the three bad fairies of the asymmetric world.

Melanie Klein's useful concepts of the paranoid schizoid (Klein 1946) and depressive positions (Klein 1940) are central to our coming to terms with loneliness, loss and death. One may hope that this is a developmental dilemma, but as Bion pointed out, we rocket between the two states all our lives, both young and old. In the kindergarten, you can identify which children are using paranoid schizoid defences most of the time – they are the ring leaders, the bullies and their vulnerable victims who project their own aggression outwards. Some little children are capable of depressive thinking, of feeling empathy, caring for each other, but the push at school is to join the crowd or be ostracised. In paranoid-schizoid states we split, turning the world into good and bad, heroes and villains, black and white. We use part object relating, seeing the breast as the only important thing about a woman, the penis about a man. My adult patient who would never read other people's words also regarded any and every woman wearing nail varnish as a prostitute. This is equivalent to Matte Blanco's third level of the unconscious, where our categories, the sets, are huge and we do not look at

the precise, discriminated differences between individuals. A label - nail varnish, hoodie, burka, football colours, table manners, Rolex - is enough. This is convenient, superficial thinking, a denial of complication. Our tabloid media plays on these states, with their attention grabbing headlines.

We find this thinking in latency where it structures our first interest in sports and teams, our obsessions with what is fair, what is right and just. Emotion is around, but diverted into these enthusiasms. Tom, who is now 8 and technically within latency limits, still functions as a much younger child. He loves football, supporting the local team, just as his father does. But he merely echoes his father's position without any real understanding. Once he tried to tell me about a player who was being transferred to another team, and became hopelessly confused, about which team was which, and why one player might be better than another, why one team is different to another. They were all the same, under the (blessed by the father) umbrella of 'football'. Tom does not like playing football, unlike most of my male latency patients, because he spends most of his time trying to evade the ball. Other people may want it more he feels, and anyway, it might hurt him, he might get pushed over. He has no concept of winning or losing and what it might take to get there, or why one should even be bothered by this. But such is his sweetness of character, no one teases or bullies him. He is in no way a victim, because he does not divide the world into bullies and victims, good and bad, strong and weak. All are one for him, and he loves them all.

Tom of course is in effect an only child, his half siblings all being in their late teens or early twenties. The impulse into latency often has its roots in the Oedipal rivalries with our younger siblings, who are now either more active and getting into our face, playing with our toys, taking our treasured comforts, or our older adolescent siblings who have privileges, freedom and pocket money to envy and resent. Tom has had none of these experiences, his older siblings all fondly spoiling and treating him.

In adolescence, gangs often begin to replace the family. One can view adolescence as a replay of toddler states, and in fact as well as the body, the brain is going through a period of massive re-organisation in our teens. The dilemmas are the same - separation from Mother (now broadened to include the family and home), control and its limits. The emotional levels are soaring again, just like the rages and despair of the toddler. In the transference, teenagers often look for another family, larger, more exciting, simpler in many ways; sporting teams can fit this; goth, emo and chav gangs depend on visual style; musical affiliation is another group yet again. Level three thinking wants supporters. But how can adolescents walk away from the family, find out who they really are, while they still need their shelter, finance (frequently) and lifts, generally at three in the morning? They are handling a far greater degree of stress than a toddler, who solves problems with cuddles, sweets and toys. Loss (of home, security, certainty) is again a motivator, and a search develops for something to blot out the pressures not only of our largely asymmetric education system but also of increasing maturity and responsibility.

At the centre, certainly for many of my teenage patients, is the reality of death. It is a fortunate teenager who has not experienced loss: a grandparent, a pet, a broken family.

School piles on the pressure just when hormones are at their most active and the anxiety around sex is at its height. Sex and death are a powerful cocktail. The support of the gang becomes ever more important and this too can be looked at as both an asymmetric and symmetric process. We are increasing our numbers here: from one to two, three/four/five, in the family; and five+ in the gang. The numbers increase, but the members of the gang all have to be the same, or share at least some unifying characteristics. The outer world, the structures of society are external to the gang, and either irrelevant or hated. And here, with this supportive peer pressure, adolescents are assailed by the temptation to become indivisible again, at one with no thinking, no cognition, no distinctions. Symmetry calls again, and there are various answers: drugs, drink, sex, fast cars, and risky acts. For the unfortunate loners who are ostracised from the gang, or even bullied, there is self-harm, more drugs and alcohol, suicide attempts. The motivation that Freud called the death instinct, as Matte Blanco suggests, is perhaps another name for a desire for symmetry (Matte Blanco 1975 p176). These activities blunt cognition, and give a taste, a memory of earlier emotional states. The young mothers, who have babies without the support of a family, are almost explicitly trying to relive the close indivisibility of mother and baby, to experience again the complete and overwhelming love, from the other side. Others may fling themselves into the academic defence, and blot out the pains of reality by studying, reading, using cognitive skills to push away the depths of emotion.

These complicated strategies continue throughout our lives as we move from the gang to the college, the company, the party, and with luck we will find a partner who encapsulates distinctly admirable characteristics alongside a healthy emotional likeness or unlikeness to our early caretakers, and we can begin to make our own family. But the hunt for relief from asymmetry, from thinking for oneself may continue into adulthood with extreme religious sects, political parties - Christopher Bollas delineated the pathological aspects of these states as 'fascist states of mind' (Bollas 2011 p79).

Levels two and one are about increasing asymmetrisations, and these are not always easy to cope with. If we are lucky - if Oedipus, brain structure and pre-natal experience are all ok-ish, and we are born into the fortunate West - then we have the vast panoply of human thought and creativity at our fingertips (literally now, with the World Wide Web). All the time we are growing older up to our twenties, our cognitive faculties are developing, as are our ability to appreciate asymmetry. There are considerable consolations in increasing asymmetry: the pleasures of the arts, music, philosophy, science, travel. The arts entrance us because of their mesmerising mixture of symmetry and asymmetry, of emotion and distinction. Some may discover that meditation can provide a safe route to symmetry, and it is not coincidental that the Buddhists recommend the practice of compassion, which is an emotion, wedded to emptiness, which means indivisibility, as the most powerful technique.

While it is possible to look at the loss of the womb as a personal tragedy, if our brains are well enough furnished from our early stages, then we are open to a continuing fine balancing act between asymmetry and the profundities of emotion that endure throughout the five levels of our mind, and all of our lives.

## References

- Ainsworth, Mary and Bell, S (1970) *Attachment, exploration and Separation: Illustrated by the Behaviour of a one year old in a Strange Situation* Child Development 41
- Appiganesi, Richard (ed) (2006) *Introduction to Melanie Klein* Cambridge
- Bion, W R (1980) *Bion on New York and São Paolo* Clunie Press
- Bion, W R (1963) *Elements of Psychoanalysis* Heinemann
- Bion, W R (1967) *Notes on memory and desire* Psychoanalytic Forum 2
- Bollas, C (2011) *The Christopher Bollas Reader* Routledge
- Bowlby, J (1969) *Loss. Volume 2 of Attachment and Loss* Pimlico
- Chapman, M (1998 interview with Professor Ulvnaas Moberg) *Oxytocin: role in maternal behaviour*
- Dawood, M Y et al (1984) *Oxytocin in human pregnancy and parturition* Obstetric Gynecol 91 (10)
- Emde, R N and Robinson, J (1979) *The first two months: Recent research in developmental psychobiology and the changing view of the newborn (in Call J, Nosh Pits J, Cohen R, and Berlin I (eds.). Basic Handbook of Child Psychiatry Vol I)* New York, Basic Books
- Ferenczi, Sandor (1913) *Stages in the Development of the Sense of Reality* New York: Basic Books
- Freud, S (1917) *Mourning and Melancholia* Penguin Edition Vol11
- Gerhardt, Sue (2004) *Why Love Matters* Routledge
- Ianniruberto, A and Tajani, E (1981) *Ultrasoundographic study of fetal movements* Seminars in Perinatology 5(2)
- Karr-Morse, R and Willey, M (1997) *Ghosts in the Nursery: the roots of violence* Atlantic Monthly Press
- Klaus, M H, Kennell, J H, and Klaus, P H (1996) *Bonding: Building the Foundations of Secure Attachment and Independence* Cedar Press
- Klein, M (1940) *Mourning and its Relation to Manic-Depressive States (reprinted in Love, Guilt and Reparation 1975)* Hogarth Press
- Klein, M (1957) *Envy and Gratitude (reprinted in Envy and Gratitude 1975)* Hogarth Press
- Klein, M (1946) *Notes on Some Schizoid Mechanisms (reprinted in Envy and Gratitude 1975)* Hogarth Press

- Matte Blanco, I (1975) *The Unconscious as infinite sets* Karnac
- Matte Blanco, I (1988) *Thinking, Feeling and Being* Karnac
- Meltzer, D (1999) *The Claustrium* Clunie Press
- Meltzoff, A N, and Moore, M K (1977) *Initiation of facial and Manual gestures by human neonates* Science 198
- Money-Kyrle, Roger (1978) *Collected Papers: On the Fear of Insanity* Stylus Publishing
- Moore, Mary Sue (2001) *Lecture on children's drawings, Bristol*
- O'Mara, Peggy (2003) *Having a baby, Naturally* Atria Books, NY
- Piontelli, A (1998) *From Fetus to Child* Routledge
- Piontelli, A (2002) *Twins From Fetus to Child* Routledge
- Schore, A (1994) *Affect Regulation and the Origin of Self* Erlbaum
- Schwab, Karin et al (2009) *Nonlinear analysis and modelling of cortical activation and deactivation pattern in the immature foetal electrocorticogram* Chaos: an interdisciplinary journal of nonlinear science
- Shoukoff, J P and Phillips, D A (2000) *From neurones to neighbourhoods: the science of early child development* National Academy Press
- Stern, D N (1985) *The Interpersonal World of the Infant* Basic Books
- Sterne, Laurence (1967 edition) *Tristram Shandy* / Penguin English Library
- Winnicott, D (1953) *Transitional objects and transitional phenomena* International Journal of Psychoanalysis 34
- Wordsworth, William (1804 pub 1807) *Intimations of Immortality*

These are very much my initial thoughts and clearly there's very much more to be investigated and considered.

I've left out or mentioned only in passing Freud, sex, death, language, Jung, adoption, Piaget, autism, schizophrenia, poetry, quantum theories of consciousness, group psychology, mirror neurones, mathematics, anything much in the way of philosophy or religion, and a whole shed load of other stuff..... There may be a book in this.....

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