

Interrupting Trauma and Advancing Development: Considering Parent Education in Contemporary Psychoanalytic Treatment

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Abstract This paper centers on the exploration and utilization of a contemporary, psychoanalytically-based parent education perspective aimed at interrupting intergenerational trauma. It highlights *The Parenting Process*, an integrative model of parent education that is at once educational and therapeutic. This model is explored in light of a third listening stance based on James Fosshage's listening perspectives concept. This paper underscores and illustrates through clinical material the benefits of playing with implicit and explicit communication across various sensory modalities.

Keywords Parenting · Parent/child relationship · Contemporary theory · Therapeutic practice with parents · Parent work

Introduction

The potential space between baby and mother, between child and family, between individual and society or the world, depends on experience which leads to trust. It can be looked upon as sacred to the individual in that it is here that the individual experiences creative living.

—D. W. Winnicott

Transforming childrearing practices with a contemporary psychoanalytic sensibility has the potential to interrupt the intergenerational and cultural transmission of trauma. My

conceptualization of trauma reflects an integration of the work of many theorists and clinicians, including but not limited to Bowlby (1969), Van der Kolk (1996), Schore (1994), and Stolorow (2007). Trauma occurs when we have an experience—single, repetitive, or enduring—that completely overwhelms our taken-for-granted sensibilities and our capacity for integrating affective and emotional meaning. It is when a child's affects and developmental needs for affect regulation revive a parent's own trauma and trauma-based organizing principles (Stolorow and Atwood 1996) that the intergenerational transmission of trauma occurs. Trauma constricts developmental possibilities in numerous realms—personal, familial, cultural, and ecological.

Traditional and in many instances contemporary psychoanalytic technique does not necessarily, on its own, preclude parents' propensity to enact painful and repetitive organizing principles with their children. In addition to providing a psychoanalytic treatment, offering a psychoanalytically informed parent education to parents increases the likelihood that new, healthier patterns of relating will emerge particularly between parents and children, thereby enriching their capacities for connection and relatedness. It is vital to the survival of our human family that we encourage the development of relational homes (Stolorow 2008) for their feelings and experiences. By providing such an emotional home for our patients, we may also teach them how to create a similar home for their children.

In this article, I propose a clinical sensibility based on the psychoanalytically informed model of parent education that I previously developed (Paris and Paris 1994; Paris 2008), referred to as *The Parenting Process*, in concert with a specific type of listening perspective. In particular, I argue for the articulation and inclusion of (1) a model of parent education that emphasizes the processes of bonding,

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mirroring, and differentiation and (2) a child-centered listening perspective. Extending the work of Fosshage (1997, 2003), in particular his explication of three listening perspectives, the addition of the child-centered listening perspective expands our clinical repertoire and adds another vital dimension to listening and responding to our patients empathically.

In analytic circles it is often stated that “there are many people in the room” in an individual adult treatment. Frequently clinicians remark that analysts should not focus on *treating* the “other people in the room.” To think otherwise admittedly reflects a substantial paradigm shift—and one, I argue, that is vital to make in specific clinical instances. These instances, some of which I share below, reflect the interplay of a child-centered listening stance and *The Parenting Process* in an adult treatment which serve to create an intervention aimed to disrupt the transmission of intergenerational trauma. This furthers the emotional development of *both* the parent and the child.

Origins of *The Parenting Process* Model

Reading A.S. Neill’s *Summerhill: A Radical Guide to Childhood* (1960) in 1964 ignited my interest in child rearing practices. Decades later, during my analytic training, I learned that Neill was influenced by Homer Lane, the 1917 founder of “Little Commonwealth,” a self-governing community for delinquent adolescents. Lane, a firm believer in the goodness of children, introduced Neill to Freud’s work and later became Neill’s psychoanalyst. Both Lane and Neill privileged a child’s emotional well being over his or her academic achievement. After reading *Summerhill*, I decided to enter an internship in a school with a similar philosophy and to incorporate my ongoing experiences into a way to work with parents as well as children. The school’s focus was the emotional and social development of the children. This was partly accomplished by training teachers to listen and verbally validate the emotions of the children as well as respecting their subjectivity.

I encountered a bias against parent education in the therapeutic nursery schools with which we collaborated. The prevailing ethos was to treat the mother and trust that the benefits would impact the child. It was felt that the therapeutic relationship could not be didactic—it would contaminate the treatment. In his discussion of Lewis Brown Hill’s work, *Psychoanalysis and Parent Learning*, Sheehan-Dare (1938) references “some of the difficulties of parent education due to the parents’ own conflicts and attitudes towards the teacher. ‘...[I]nsight into the learning process has been developed by psychoanalysis and warns teachers against the indiscriminate use of psychological knowledge in dealing with parents lest their sense of guilt

should be over-stimulated’” (p. 234). This was an influential attitude that prevailed for many succeeding years.

Whereas this rationale makes sense to a point, the distinction between a therapeutic process and an educational one should be more fluid. There is much to teach parents about how to be in a relationship with a child. Beginning in approximately the same decade as the work of Lewis Brown Hill, Winnicott (1938, 1942a, b) began his odyssey of exploring the emotional worlds of children and their relationship to that of the primary caregiver. As he stated, “There is no such thing as an infant, meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant” (1960, p. 587). In many ways, they are inextricable. He perhaps more than anyone during that time period appreciated the active role of the parent in determining the ultimate fate of the child’s “true self.” And whereas Winnicott’s focus ultimately was the practice of psychoanalysis with adult patients, his theory and sensibility were very much oriented around the health of children and the importance of informing parents of the nature of an optimal emotional environment. In fact, he hosted a series of popular radio talks on child psychology for the British Broadcasting Corporation¹ during the forties and fifties in which he underscored the importance of the facilitating developmental environment provided by the mother. Clearly Winnicott valued parent education.

Benedek (1938), another theorist valuing and emphasizing parent/child dynamics and parent education, began to influence the psychoanalytic landscape as well: “With conceptual eloquence, she captured the mutuality of developmental experiences, particularly with parents and children, explaining how parents promote the growth of the child and, in a radical revision of classical theory and upending of the developmental timetable, how the child stimulates further development in the parent” (Schmidt 2004, p. 218). Benedek is remembered for the idea that the child restimulates the parents’ developmental conflicts and creates an opportunity for further psychological integration for the parent. Interrupting intergenerational trauma becomes a possibility.

In my experience with innumerable children and families, I witnessed first-hand the struggles of well meaning but inexperienced and psychologically uneducated parents. As I observed parents with their preschool children, I learned that *how* they were in relationship with their children was essential in creating a positive outcome, not only in how the children felt about themselves, but in their ability to navigate in their own social environment. I recognized that the relational dynamics and connections between parents and children could make the difference

¹ See Winnicott (1964).

between a child who felt good and confident, struggles and all, and a traumatized child with constricted social skills. *Understanding and valuing the relational contexts that necessarily nourish the emotional and social development of children became my primary organizing lens.* I envisioned creating a system to educate parents in which trauma could be prevented or its transmission interrupted. These ideas became the underpinnings of *The Parenting Process*. Years later, as my analytic training progressed, my conviction about the necessity for the further development of *The Parenting Process*, as a psychoanalytically informed model of parent education, strengthened. In addition to teaching this model in seminar or workshop environments, I began to imagine its invaluable potential contribution to the treatment setting, whether the child was present or not.

The Parenting Process Today

In many respects, *The Parenting Process* model and its current application to psychotherapy and psychoanalysis is unique but not unheard of in our contemporary landscape. One example, from a 1995 report (Campbell, Silver, Novick, Novick, Mittlestaedt, and Walton) on a residential program for teen mothers, applied Lichtenberg et al.'s (1992) self and motivational systems to the analysis of mother-infant interaction. Campbell et al. (1995) state, “[t]he intent of the program was to alter the cycle of intergenerational devastation experienced by this group of teens who were from economically and emotionally impoverished backgrounds. These teens experienced multiple losses, abuse, neglect, and violence within their families of origin. Some were the children of mentally ill parents from whom they were separated on more than one occasion during their childhood. They entered the parenting role only with the knowledge to parent as they had been parented. Although they often expressed the wish to do things differently than their parents had, too frequently they demonstrated a curious inability to do anything but repeat what had been done to them” (p. 485). Unfortunately this is a ubiquitous human problem and not only reserved for parents who have experienced extreme abuse or deprivation as children.

Slade et al. (2005) at the Yale Child Study Center, and Grienberger (2006) at the Wright Institute in Los Angeles, developed *Reflective Parenting Programs* and interventions based on Fonagy et al.'s (2002) work on “reflective functioning.” Fonagy et al. defines this concept as the ability to imagine mental states in oneself and in others. Slade and also Grienberger focus on enhancing a parent's reflective capacity and on children's motivations rather than their behavior. However, the attention given to help develop the parents' reflective capacity does not

emphasize the organization of the parents' regulatory and sensory systems.

Alternatively, in their groundbreaking work, Lillas and Turnbull (2009) describe *bottom up* processing: “The regulation system can trump other systems easily at any time (e.g., headache, food poisoning) and most regulatory functions are not capable of being controlled or modified by sheer will” (p. 43). When it comes to affect regulation, modulating the regulatory and sensory system becomes more possible when the top down executive system (judgment) and the relevance system (meaning) are used *in concert with* attention to bottom up processing. Awareness of somatic sensations allows for the active use of breathing (and additional somatic) techniques in re-regulating the nervous system. When a parent's nervous system is dis-regulated and the parent is experiencing a stress response, her reflective capacity—the ability to be curious about the meaning of a child's behavior—is greatly restricted. Conscious awareness and reflection are essential in subverting the human propensity to organize stimuli in older, more familiar ways.

Greenspan's (2007) *DIR (Developmental, Individualized, Relationship-based)* model, which utilizes floor-time—a child-focused intervention that helps parents attend to their children's developmental difficulties by teaching them to enter a child's world—while particularly valuable, does not focus on the parents' psychological issues that can interfere with their ability to utilize his approach. Parents who are aware of the pain they suffered in their relationships with their own parents are more able to consider the autonomous thoughts and feelings of their children.

In contrast, *The Parenting Process* is an integrative model that is at once therapeutic and educational because the focus is not solely on imparting information, but also on developing a context for parents to gain awareness of self and self in connection with one's child. Whereas this therapeutic process oriented model is more structured than the open ended listening stance traditionally associated with analysis, it does converge with contemporary psychoanalytic theory's de-emphasis on interpretation as the sine qua non of analytic technique. “Stolorow and Atwood described psychoanalytic treatment as a method by which a patient acquires reflective knowledge of unconscious organizing and structuring activity. The use of active techniques may in fact facilitate this process by assisting patients to focus on their internal states and interpersonal interactions” (Connors 2010). Thus, the action of psychoanalytic therapy can take many forms (Bacal 2010).

The Parenting Process reflects an amalgam and an integration of numerous theorists and clinicians' work regarding repetitive patterns (Benedek 1938; Bradfield 2011; Stolorow 2007), regulation (Beebe and Lachmann

1988; Lillas and Turnbull 2009; Schore 1994; Winnicott 1965), mindfulness (Siegel 2011; Falkenström 2003), attachment (Bowlby 1969, 1988; Schore 1994), the mirroring of affects (Kohut 1984; Socarides and Stolorow 1984; Bacal 1985) and the differentiation of individuals in a system (Thelen and Smith 1994; Frie and Coburn 2011). It is a novel, systematized but non-reductionistic approach to organizing psychological and developmental understanding while teaching parents practical skills to facilitate healthy self and relational development.

The Parenting Process model consists of two parts, the first referred to as “The Legacy.” The content of this section addresses how the emergence of repetitive relationship patterns interferes with parents’ reflective capacities. When parents interpret experiences with their children in the present through the emotional lens of their own early painful emotional themes, they can miss understanding and attending to their children’s meanings and needs for affect regulation. These repetitive themes and meanings—what I refer to as “tender spots”—are identifiable through personal narrative, a formal questionnaire, a parenting journal, and experiential exercises in the context of seminars and workshops. In treatment, they emerge through the patient’s narrative and the evolving relational patterns between the patient and the therapist.

The second part of *The Parenting Process* addresses understanding children’s emotional development. Psychoanalytically informed clinicians know that psychologically sound relationship patterns support a child’s ability to have relationships in which both self and other matter. Specifically, this second part articulates with three developmental themes that are involved in the emergence of healthy relationship patterns between parents and children and proposes guidelines that support these themes.

Bonding comprises the first developmental theme and refers to the lifelong process of attachment and connection, which infuses the organization of safety and trust (Bowlby 1988; Ainsworth et al. 1978; Main and Solomon 1990; Wallin 2007). When children can rely on contact and connection to their caregivers for attuned nurturing, they feel safe. And this sense of connection occurs across a variety of modalities such as facial expression, touch, scent, voice tone, and so forth. In turn, emotional safety nurtures the physical and cognitive development so essential to human life.

Mirroring—an admittedly multi-defined term in psychoanalysis (Kohut 1984)—encompasses the second developmental theme and here refers to the process of providing a child with the experience of feeling seen, heard, understood, and taken seriously (Miller 1997). Children need to feel they have been successful at communicating their emotions and that their emotions can be held, tolerated, contained, and regulated by their parents

(Winnicott 1965; Schore 1994). Mirroring is a process that both strengthens relational connections and supports the unfolding of individual differences in relationships between parents and children.

The third developmental theme—*differentiating*—refers to the process of delineating self and other in a relationship (Socarides and Stolorow 1984). When parents can recognize and support the right of their children to have distinct feelings of their own, children learn to differentiate themselves in a relationship safely. Self-delineation is welcomed. This enables children to experience an expanding sense of authorship of their own lives as they grow and come to have their own individual minds. Deep, authentic, emotional closeness takes place in a dialogue between two connected, yet delineated people.

Importantly, the two parts of *The Parenting Process* model, including their various facets and subparts, do not reflect a linear, lock-step methodology or developmental schema (in contrast, for instance, to the developmental paradigms of Piaget 1930, Kohlberg 1981, or Mahler et al. 1975).² Instead, this model acknowledges that any of these facets or themes may and do come into play at any moment in a highly dynamic and fluid manner.

A Fourth Listening Perspective

In our contemporary psychoanalytic climate, it is now generally accepted that each clinician thinks and speaks from a unique, subjective perspective, a context-embeddedness from which she can never extricate herself. And whereas personal subjectivity or *prejudice* (Gadamer 1989) can never be eliminated from our listening perspectives, it *can* shift, transform, and be reflected upon. Furthermore, the clinician’s subjectivity has a profound impact on the emotional world of the patient (Greenberg and Mitchell 1983; Stolorow and Atwood 1996; Davies 2004). Thus, attending to and understanding the nature of our personal subjective stances—as much as that is possible—has become an essential ingredient in a truly therapeutic system (Mitchell 2000; Stolorow and Atwood 1996; Bacal 2010).

Fosshage (1997, 2003) articulates three different listening perspectives, each one informed overall by an empathic stance (Kohut 1984). In particular, they include the subject (the patient)-centered, the other (the analyst)-centered, and the analyst’s (general attitude) self perspectives. These stances reflect different information-gathering modalities from which one might think and speak: “All psychoanalysts aim to understand the patient’s subjective experience. The use of the empathic mode of perception is

² See Thelen and Smith (1994) for a thorough explication of the nonlinearity, dynamism, and relative unpredictability of early life development.

primary in that pursuit, yet questions emerge. How do analysts experientially listen? Are there other viable ways of gathering data in the psychoanalytic enterprise? And on the basis of what listening stance or stances do we inquire and explore?" (1997, p. 38). Informed by his clinical listening perspectives, I wish to extend this clinical sensibility into the realm of children and, specifically, of children of psychoanalytic psychotherapy adult patients. Through the lens of the child-centered listening perspective, I imagine I can hear my patient's child in the room. I can envision her experiencing being in relationship with her parent, which expands my understanding of their relational system—how they are together. I recognize that I shape what I hear and imagine partially through the viewpoint of *The Parenting Process*, and of course other facets of my own subjectivity. In that light, I turn now to a clinical example in which The Parenting Process model and the child-centered listening perspective come to life.

William

William, a fifty-year-old African-American man, was referred to me for adult treatment. He was in crisis. Although many of my patients come to me seeking help for parenting issues, William's troubled twelve-year-old daughter could not have been further from his mind. I knew there was much to explore about William's own history before he would be able to empathize with his daughter. Although it was not entirely clear at the time, William desperately needed help not only to ameliorate the effects of his traumatic childhood; he also needed to learn how to parent in a new way. Without this component of the therapy, he and his daughter would continue to retraumatize each other.

William initially sought therapy to emancipate himself—to feel entitled to a life of his own. He was heartbroken and scared. His once passionate love for his wife had grown cold, and in the place of love and desire, his heart was filled with contempt. Even so, he couldn't leave his marriage. The guilt and shame were simply too overwhelming. How could he leave his daughter alone with his crazy wife in that dark, dead house? How could he bear the responsibility for breaking up his family? William was caught in an impossible dilemma—he felt torn between his needs and desires and those of the people he loved the most. He could be free, or he could be responsible to them. William began treatment in the heat of this dilemma. Clearly there was an underlying organizing principle that was waiting to be confirmed or disconfirmed—would he own his own life, or hand it over to the whims of others?

As our work evolved, William began to realize that his imprisonment was infinitely more complicated than the

conflicting emotions of his present circumstances. We came to understand that, as a child, he believed his father's mistreatment and contempt were confirmations of a defect—some undefined yet obvious deficiency or badness that made him unlovable. We also came to understand that he experienced his mother's love and care as palpable and nourishing. In spite of their closeness, however, his mother's parenting style included setting limits by communicating disappointment in him. At these times, she withdrew her warmth and presence in an effort to make him "behave." His mother unknowingly confirmed his belief that his lovability was always questionable. He knew he had value, but not quite enough to sustain the flow of his mother's warmth.

William was not aware that his mother's attempt to shape his behavior "from the outside in" had a dark side, requiring him to disavow his feelings. When William's emotions created anxiety in his mother, she had great difficulty helping William regulate his anxiety. This interfered with his ability to understand and integrate the emotional information his mother was attempting to convey. Thus, William was required to defend himself by regulating his mother's anxiety or arming himself against it. Instead of getting the message from her that he was good, he experienced her idealizing him, while he was actually feeling that he could never be "good enough."

William and I each had experiences, beginning at an early age, that led to having similar unconscious requirements—to keep our mothers emotionally alive, to organize ourselves in relationship to our mothers' emotional needs, and to feel responsible for the survival of our respective families. Going against these requirements exacted the price of intense guilt and anxiety. William and I knew this price intimately, as each of us had chosen in many instances to struggle against abandoning ourselves for the other. I knew it would be crucial to attend to this inter-subjective conjunction (Stolorow and Atwood 1996) coming to life between us.

About 6 months after we began our work together, William finally left his wife, and a crisis ensued. His daughter *refused* to stay with her mother. She ran away. William was torn and angry. He did not want to be shackled by having to be a single father to a "manipulative" girl—a girl he described as being selfish and just like her mother. He angrily told his daughter to respect her mother and obey her. He could not tolerate his own feelings of vulnerability. He could not afford to attune empathically to the danger his daughter experienced when left alone with her mother. He hardened his resolve. He wasn't going to let another woman imprison him, especially not his twelve-year-old daughter. "She is just going to have to work it out with her mother. That is all there is to it!" Despite this proclamation, his daughter moved in with him.

He truly loved his daughter and knew he would not abandon her, but he was convinced that he was rescuing her at his expense. So, he struck a bargain with himself—she could stay, and he would be even tougher on her. His daughter “would learn to stand on her own two feet.” In his less agitated moments, he would disclose that his wife had tried to annihilate his subjectivity and his daughter’s, mercilessly. At these times he admitted that he couldn’t take his wife’s abuse, and, at last, he left. “How could I expect my daughter to stay with her mother without having me for protection?” he would then admit with resignation. William, while desperately trying to preserve himself, was re-enacting his emotional legacy with his daughter—he was also a father who held his child in contempt and confirmed her sense of essential badness.

I knew that if William felt my allegiance had shifted to his daughter, I would not be able to do effective work with him. Fortunately, William and I developed the ability to remain emotionally connected in the midst of intense and painful affect states that we both acknowledged and recognized, as revealed in the vignettes that follow:

“I am ashamed of my family,” William says as his head turns ever so slightly away—his typically intense, penetrating gaze noticeably absent. In its stead, his eyes softened and began to tear up. William and I had been here together before, sharing intense personal experiences. The first time was soon after we had begun working together. William told me about desperately looking for the box in which he kept his savings. In the midst of his search, his dad accused him of carelessly misplacing the money. In a tone dripping with contempt, his father humiliated him in front of his teenage friends saying, “You are just no damn good. How can you be so stupid and careless?” His father’s contempt rendered William speechless—he didn’t respond, even as it dawned on him that his dad had stolen the money and gambled with it.

As we deconstructed William’s story, I told him that my father was also a gambler. I know something about gamblers and their tricks. I felt protective of William. My disclosure helped to modulate his shame, making it easier for him to take a risk and stop sticking to the story that his dad was a stand-up guy. We began to explore the defensive reasons for his loyalty. I hoped that, with my support, he could begin to grieve the loss of his longed-for father. I imagined that our fathers were cronies, looking and sounding like Damon Runyon characters, wheeling and dealing at the racetrack, shooting dice, and rubbing elbows with serious gangsters.

William has had a roller coaster career in the international art community. Nevertheless, he has become a success in a predominantly white man’s world. In spite of the generous income he has generated for his art galleries, he continues to feel constrained by his experience of the racism in the art

world. He has strong aesthetic as well as commercial ambitions and believes that if he were white he would be given the opportunity to stretch his wings at this point in his career. It was in this context that his new exhibit opened. He proudly invited his family to the opening.

The session that follows took place the day after the opening. As William raises his eyes, I am aware of the ignition of a deeply-felt sense of connection between us. “My dad was awful. He embarrassed me. He’s an old man now, and I wanted to include him in sharing the experience of my success once, before he died. I think the ‘once’ just happened. I knew there was a reason not to have his lyin’, braggin’ ass around. He was so inappropriate with all the gallery people. I just wish he were someone I could be proud of.”

I pause and then I say, “I always wished my father was Atticus Finch.”

“Instead he was...no good,” we say in unison and start to laugh.

The laughter sounds like bubbles bursting on the surface of a turbulent river. William and I are connected through a river of tears, and we both know it. It feels bittersweet.

William continued, “My damn nephew got shit-faced—threw up in the alley. My assistant helped me get him into the town car without drawing too much attention. My nephew told my mother he was feeling shaky about coming to the opening, and she gave him a pep talk instead of telling him to keep his ass at home. William will take care of everyone. William doesn’t need to be protected. My damn family. This opening meant so friggin’ much to me.”

A thick, sticky sadness fills the room. “You know my brother is getting out of jail next month.” William says. “I remember the time I visited my brother in jail, and he told me he was better off than all his cellmates, and I just cried.” I said. “Drugs?” asks William. “Drugs!” I say. “Crack cocaine?” he asks. “Crack cocaine.” I reply. “Mine too!” he says. (A pause) “They all want me to rescue them. I’m sick of it,” he says. I say, “Even when my brother was in jail for jumping bail, he still wanted me to bail him out!” “Sometimes the survivor guilt feels like it could kill you, doesn’t it?” he cries. “Sometimes,” I say. Our eyes join in a tender softness—a deeply felt moment of recognition. We look at each other for a long time, silently making room for the array of feelings, especially the grief, moving back and forth between us.

This moment allowed us to experience the emergence of a profound recognition of our sameness in the face of and appreciation for our differences. A deep sense of trust was developing. For a patient to experience the presence of the analyst in a growth promoting way, the affective bond between them must contain the space for both their similarities and differences.

Black/White Collision

As his daughter's crisis escalated, I introduced William to my ideas about parenting. At this point, I felt I had to risk William being thrown into a disregulated state as I became more didactic, more child-centered. It was in this context, my first attempt at formally presenting him with the ideas contained in *The Parenting Process*, that my "whiteness" suddenly came to the foreground. How could my "white" self understand the dangerous and dismissive world his daughter would face? William angrily countered my suggestion that he empathize with his daughter's subjectivity. He felt that I was judging his parenting style and could only understand my efforts to help as pressure to accommodate my "white" point of view.

As the difference in our race came into the foreground, we began to explore his *distrust* of me. Wasn't I just another white liberal who believed that I "got" him, but was really "too soft"? How could I possibly know the world he and his daughter faced as African-Americans? He was convinced his daughter needed to understand that the world did not care about her emotional vulnerabilities. William believed that if she was going to make it, as he had, she needed to be grateful for what she did have, and not "narcissistically entitled." He had to be tough, and so did she. I was just as convinced that she needed a relational home for her feelings lest she would continue to re-traumatize William and herself—her emotional needs competing with his.

In this context, I needed to balance my focus and concern for my patient with my anxiety for the welfare of his daughter. I held the hope that one day William would not rigidly frame his options as choosing himself at the expense of others or vice versa, furious with himself for choosing the other, and guilty and anxious when he didn't. Although I did not dismiss his daughter and my concerns for her, at this point, I decided to refocus primarily on our relationship and continued to hope we could collaboratively expand his parenting skills. I had faith that eventually nourishing *her* would be an expansion of *his* sense of agency.

As I described in the vignettes, the emotional resonance that emerged as we shared our stories was often exchanged in a musical, rhythmic tone that moved each of us deeply. Upon reflection, these exchanges reminded me of the call-and-response pattern in music—spontaneous verbal and non-verbal phrases where the second phrase is heard as a direct commentary on, or response to the first. In African cultures, call-and-response is a pervasive pattern of democratic participation. Beebe et al. (1997) describe rhythm as being the scaffolding for affect and affect being the scaffolding for meaning. These largely implicit exchanges laid the foundation for a transformation for each of us. Our

felt connection enabled us to overcome the constraints of our racial differences and facilitated his openness to my explicit, educative direction.

Importantly, a principal outcome of our intense interactions that centered on our sameness and differences was William now wanting my direct help with addressing his young daughter. Fosshage states that "... when an analyst provides an educative response, for example, helping the patient to deal with an eating problem, a sleep irregularity, or a work situation, the analyst's response to be facilitative must be based on an accurate understanding of the patient's immediate needs, capacities, and meanings but is far more than just a communication of understanding. In these instances the communication of understanding is more a background experience; the foreground experience is the direct help and responsiveness to the management of these issues" (1997, p. 43). Now my explicitly sharing with him key elements of *The Parenting Process* model also effectively depended on our sense of connection. This in turn helped him develop the attendant regulating and listening skills he needed to connect with his daughter. This, similarly, facilitated her increased ability to communicate through conversation and connection instead of dangerous behavior.

I had found my way—providing a relational home for William's feelings without losing my convictions and my sense of self, just as he needed to do with his daughter. The work was challenging, but we did not remain imprisoned in the accommodative or defensive patterns that historically and similarly organized our individual, intimate relationships. With my help, William also began to recognize his somatic sensations as they were linked to the evocation of his own archaic themes (e.g., that he just wasn't enough) that often came alive whenever he and his daughter would begin to struggle. His growing ability to track his physiological arousal led to an expansion of his reflective capacity. He was becoming more skilled at differentiating his own themes and meanings from those of his daughter.

One instance of the emergence of our new interactions occurred when William was feeling overwhelmed with looking after his daughter and trying to accomplish his work at the same time. He came into my office, fuming: "How could my daughter be so selfish as to not make more of an effort to put up with her mother, when she knows I need the help."

"Your daughter can't think of you," I could now say in response, "She is in serious trouble. You are going to have to think of her, and you and I are going to think of you. And together, we are going to explore the options of how best to take care of you and your daughter. And the hardest part is that you are faced with an assortment of extremely difficult choices."

“I want there to be a good choice!” he roared as he leaned toward me. “She is sneaking out, getting herself in trouble with boys. If I have to leave town for an installation or an opening, I can’t take her with me. *I can’t watch over a wild child and work.* She won’t go to her mother’s and I’m paying child support. Damn!”

We held each other’s eyes. After a long moment William leaned back and sighed, “I hate this.” “No wonder,” I replied. I paused, resonating with his pain. “We both know you are in over your head with your daughter and this fact repeats your original problem. You were born into a situation that put you in over your head from the get-go. And the truth is your daughter can’t make herself okay for you, no matter how mad you are.” “This is so sad!” William sighs again as his eyes begin to soften.

Our relationship could now safely support and hold our explorations of difference in a context of relatedness in which self- and other-delineation becomes an opportunity for understanding and appreciating one another. William has lost his conviction that being an invincible warrior can protect him from experiencing his vulnerability. He now knows being tough on his daughter, tough on himself, tough on me, is really no protection. It is our relationship that is protective, as together we make space for him to experience and integrate his grief and his more vulnerable feelings. And he realized this is what he is learning to do for his daughter.

Several years have passed since the last vignette. The situation has stabilized in many ways. In last week’s session, William said with pride and pleasure, “My daughter came to me with all this boy trouble. I could really listen. I took her feelings seriously while not losing my perspective. And I could contribute new information that would help her navigate. I told her she was special and valuable and she could feel I meant it. I had the patience to listen since I didn’t feel the impulse to rescue her and talk her out of her feelings as if they were going to be a headache for me. We talked about how she longs for a mother without me getting hurt. I no longer believe that she disrespects all I do for her by daring to grieve the loss of her mother. I can help her understand that when a boy devalues her and she wants to convince him to treat her right, it is like how she wants to convince her mother that she is worth loving. I remind my daughter that her mother is sick, and that her worth is not the problem. Her mother’s impoverished love can’t give her a feeling of value, and neither can the love of a troubled boy. My telling her she is worth loving is not offered as a discount of her feelings and she knows it. She says to me, ‘I want to be able to stand breaking up with my boyfriend, daddy. I love him so much, but he is mistreating me.’

‘How does it feel when he mistreats you?’

‘Awful daddy. I love you daddy!’

‘I love you babygirl.’”

Conclusion

In an analytically informed treatment with individual adult patients who have children, the articulation and implementation of (1) *The Parenting Process* model and (2) a child-centered listening perspective have enormous implications for the interruption of intergenerational trauma and generally the enhancement of familial relationships. The clinical example of William is one among many instances in which this approach has yielded positive outcomes.

It was the shared desire and hope for connectedness that enabled William and me to recognize one another while simultaneously appreciating our differences. And from this recognition emerged a joint commitment to providing a different experience for his daughter—that is, to hold her development in a climate of empathy.

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