

Section 4 - The Clinical Relevance of the Organ of Attention

General Introduction:

- This course is about things that we observe everyday, both at home and in our consulting rooms. We take most of the phenomena for granted and do not give them any more thought than a barely conscious acknowledgement unless we are pained by something specific at that moment.
- Some aspects of seminar may be upsetting as you apply the models to your own life, professional or private.
- I'll offer models for thinking about these issues in early development, daily life, and the clinical setting.
- Psychoanalysis is very much a combination of content (e.g. UCS phantasy, dreams, etc.) and process (e.g. how one manages the content in the context of human relationships). This course is mostly about the "process" side of things.

Why Does How One Focuses Attention Matter?

1 - Little has been written about the Organ of Attention. This seems to be a function of it being in everything mental and developmental, like H₂O is a part of almost everything that is alive, and thus we take it for granted while failing to notice its relationship to mental and development issues. Furthermore, while some disorders have it in their name, they are not really caused by it so much as they are mediated by and expressed symptomatically via the use of attention behaviors.

2 - Psychoanalysts study how and why people think, feel, and behave. This takes Kleinian analysts back to infancy to study the origin in the baby's relationship to its mother. In turn this leads to a detailed study of the baby's methods of coping with the inevitable mental and physical pains of infancy, especially since in the beginning of life after birth, the methods for coping with mental pains are essentially the same as the methods for coping with physical pains. It even appears that the mental pains are for the most part experienced as bound up with and thus indistinguishable from physical pain.

3 - In recent decades, mental health professionals and educators have found a huge overlap in their interests as studies of childhood development, both ordinary and problematic, have led to an awareness that emotional development and cognitive functioning are very intertwined. This can be seen in the increasing focus on issues like dyslexia, attention deficit, Asperger's syndrome, every other expression of a "learning disability", and most extremely infantile autism.

4 - All of the above examples have in common how an individual "focuses" their mental apparatus in life situations. Some of these situations would appear to the casual observer to be predominantly "just a cognitive" situation, like learning math or a language, while other contexts make it easier to see that emotions are recognizably a part of the mix.

5 - I would like to suggest that it is worth playing the 'devil's advocate' with oneself and assume that all primary coping methods originate in infancy, even if they are modified stylistically over the years. At rock bottom, these methods of directing one's focus are all about coping with mental pain, even if there is no obvious direct link to mental pain any longer. In other words, every learning disability, every consistent failure to understand what should be understandable, every style of attending to or avoiding focusing on anything in life, has some link to an early mode of regulating and coping with emotions and mental pain.

6 - The most graphic example of this link between the focus of attention, mental pain, infancy, and the difficulty of seeing how they are linked, is the tragic situation of infantile autism, which now shockingly affects in varying degrees an estimated one percent of our young children in the U.S. It may also be the most useful example, in its severity, for how the organ of attention, at the extremes of the bell shaped curve of development, is crucial to think about if one is to create models that may help us understand this illness in particular and mental functioning in general.

Observing Some Sample Human Situations, Both Ordinary and Extreme:

1 – In the course of a day, when is your focus on the important point and when is it distracted away from the point?

2 – What is commonly observed when someone is first madly in love?

3 – What commonly happens when a person getting a divorce looks at themselves in the mirror?

4 – What is happening when a four week old infant consistently looks past its mother's face rather than "into it"?

5 – What has happened to a woman's capacity for self awareness when she gives birth unexpectedly in a toilet?

The Phylogenetic History of Attention:

1 – The brain was used historically primarily as the body's alarm system. It needed a method to go on alert when a stimulus suggested that danger was afoot. It developed the 'reticular activating system' [RAS] that releases a rush of adrenaline that closes down all unnecessary activity, e.g. the heart rate slows, breathing becomes shallow, and the brain becomes quiet. Meanwhile, activity goes on in the superior colliculus, the lateral pulvinar (a part of the thalamus), and the parietal cortex, all of which are concerned with orienting and focusing. When the organism recognizes the cue, the appropriate area of the brain springs into activity and shows a greater level of activity than would have occurred in a brain that had not been put on alert.

2 – Attention is a largely automatic mechanism performed in the brainstem that constantly scans the environment for stimuli. It is necessary for thinking and possibly for consciousness. It involves these three components:

– Arousal: Stems from a group of nuclei in the midbrain (at the top on the brainstem) which make up the RAS, some of which are responsible for the overall level of activity of the brain as a result of releasing a flood of neurotransmitters when stimulated. Dopamine and noradrenaline (norepinephrine) particularly activate the prefrontal lobe. Alpha brainwaves, which are particularly associated with alertness, are also created by this group of RAS neurons.

– Orientation: This is primarily a result of activity of neurons in the superior colliculus, which turns the eyes toward the stimulus, and parietal cortex which disengages from the previous stimulus.

– Focus: This is brought on by the lateral pulvinar, a part of the thalamus, and operates like a spotlight, turning to shine on a stimulus, and shunting information to the frontal lobes which can lock on and maintain attention.

Coping Methods Used by Infants to Deal with Emotions:

1 – Brazelton's depiction of an infant's coping repertoire:

– cry, poop, pee, spit up, sneeze, stare fixedly, go to sleep

2 – Klein's depiction of an infant's primary psychological coping maneuvers/defenses:

– denial (i.e. of an aspect of external reality)

– splitting-and-idealization

– splitting- and-projective identification

– manic defenses (i.e. denial of an aspect of psychic reality)

Early Patterns for an Infant Relating to Mom:

1 – It is useful to start with an assumption that an infant is preoccupied with its mother and that the geography of phantasy for the infant is mother's body, both inside and outside.

2 – The infant’s early patterns of relating to mother often form the underpinning for lifelong ways of relating to all human beings, both in love and hate, as well as lifelong patterns for dealing with various mental pains.

– e.g. turn toward an object to make contact; or go inside the object in phantasy to obliterate separateness

– e.g. turn away from an object; focus elsewhere; go to sleep

– e.g. turn to its own body and bodily products to generate sensations and substances to feed on; remain in motion to hold itself together and bind anxiety with kinesthetic/proprioceptive experience

– e.g. turn to inanimate things as a substitute for and in preference to human contact

The Overarching Models and Concepts for This Course:

1 – I wish to arbitrarily divide a human brain/mind into several component entities:

– a neuroanatomical/neurologic substrate composed of a brain, a peripheral nervous system, chemical neurotransmitters, etc.)

– a “sensory-perceptual apparatus” that is composed primarily the five senses (i.e. sight, hearing, smell, taste, and touch) used to apprehend external reality. I will refer to these collectively as the “organs of perception”.

[Note: It is not uncommon to hear people refer to having a “sixth sense” about something. This does not seem to be a sense in the proper use of the word but instead usually refers to knowledge acquired, stored and applied unconsciously, what we ordinarily think of as “intuition”. A more proper sixth sense would be the “kinesthetic-proprioceptive” sense of our limbs and body in space and their movement and mediated to a considerable extent by the cerebellum and the vestibular apparatus of the middle ear. There is arguably a seventh sense that is also worth noting, the sense of what is happening inside our body to our organs which might be descriptively referred to as an “enteric sense”.]

– a mind/mental apparatus that can be consciously and unconsciously self aware, perform mental functions, and direct the “mind’s focus” either: (1) internally to any aspect of psychic reality; or (2) externally to any aspect of external reality (using the sensory-perceptual apparatus). It would seem probable that a part of self is directing this capacity when the focus of the mental apparatus is to internal states of mind or mental functions. The direction of focus to external reality would seem to be divided between an internally derived choice, combined at times with a reflexive demand made of the perceptual apparatus by external reality.

[Note: This mind/mental apparatus area of description may in fact be an attempt to differentiate frontal lobe cortical functioning from other cortical areas. For example, it may be that primitive emotions coming from midbrain structures (e.g. the limbic system including the amygdala, hippocampus, caudate nucleus, etc.) have different responses when they reach different areas of the cerebral cortex. Perhaps when they reach the frontal lobes they can be “focused upon” in a fashion that allows for more “thinking” about them than if they were primarily channeled to the motor cortex for expulsion via action.]

– a personality which originates in infancy and therefore has a “baby core” made up from early experiences. It can be modeled as having rather permanently fixed relationships between “parts of self” and various “versions of mom and dad”. These internal relationships can be grown with experience and thus develop to more advanced, mature qualities of interaction (both thinking and relating). However, they often retain many of their primitive components.

– an aspect of self, at any given moment, that is in control of the focus of the mind’s attention, both the capacity to feel internal states (emotional or physical) and the capacity to use the perceptual apparatus to experience the outside world.

[Definition: The organ of attention is that part of the mind/mental apparatus that can be “focused” in order to attend to something that is sensory, cognitive, or emotional. When it attends to the outside world, it does so via the sensory/perceptual apparatus. I propose that it is usually under the control of a part of self.]

2 – Human beings seem to have a very wide range of ways in which they use their “sensory-perceptual apparatus”. They may be very observant, or alternately, rather unobservant of the world around them. They may choose to focus their attention on important, or alternately, seemingly trivial elements of their surround. They may be able to shift their focus as seems sensible, or unable to change their focus even when they consciously wish to. And perhaps most surprising of all, humans seem readily to distort their perceptions or even hallucinate the perception out of existence.

3 – When we add the internally directed focus of the mind (i.e. “mind’s eye” via the organ of attention) to the variations in human use of the sensory perceptual apparatus as outlined above in #2, it seems very likely that emotions are central to the choices made regarding on what to focus. In particular, the regulation of mental pain may be at the root of much of the variation, from individual to individual, in use of the organ of attention and the sensory-perceptual apparatus. At the most general level, as Bion put it, this amounts to a decision to face mental pain in order to modify it, versus a decision to try to evade contact with it.

4 – The next question is who or what is making the decisions that direct the “focus” of the organ of attention? Is it merely a mechanical product of the central nervous system doing its job of orienting to stimuli? Is it a conscious choice made by the “self”, or can it have unconscious components controlling it without conscious awareness? We commonly do not know what topics will be central to our dreams on a given night so that is an example of unconscious choice of focus. If the choice of focus involves “self” at a conscious or unconscious level, are there different parts of self involved that might be described or modeled. [Note that the answers to these questions, some of which may well be unanswerable, are likely to be started with the two words – “it depends”.

5 – I would like to propose that this focus of attention of the mind toward or away from something is a function of both learned tendencies and inherited predispositions. I suspect that the learned ones have a very large, although probably not exclusive, derivation from coping mechanisms designed to regulate mental pain, with a very large weighting toward maneuvers and attitudes developed in early infancy. The nature of the choices for direction of attention and the types of maneuvers involved often gives clues as to the underlying motivation for these choices as well as hinting at which parts of self may be involved.

6 – It is important at this point to observe that the part of the personality focusing attention can choose to direct the attention toward psychic/emotional areas, external reality areas, or both simultaneously. This expansion of flexibility and range is precisely that psychoanalysis (and most psychotherapy) is designed to accomplish. Put in other words, a primary task with which all individuals struggle from birth onward is to grow the capacity to have the adult part of self in control of their organ of attention in a mature, constructive, mindful manner that attends to everything that matters. In contrast, immature parts of self (and especially the destructive part of self) expend great gobs of mental energy avoiding mental pain and thus failing to deal with what matters at the moment. Unfortunately, in most individuals of any age, baby parts of self, both good and bad, rather than the adult part of self, tend to dominate control of the organ of attention whenever that individual has to cope with “baby level emotions”.

Language, Pursuit of the Truth, and Some Early Uses of the Organ of Attention in Infancy:

1 – It seems likely that curiosity and coping with mental pain are two key states of mind that compete in the infant. Curiosity has the potential to look for the truth. Coping with mental pain, when the infant has so little capacity to understand and think through an issue or conflict, must by necessity force an infant to

evasion of the pain, usually by evacuation. Hopefully this leads to quick relief from a noxious state by the ministrations of a receptive figure in the surrounding environment.

2 – Infant's who learn to cope with mental pain, without the aid of someone else to help modify the pain, will often hypertrophy their organ of attention into its reverse, an organ for evacuation. As that infant grows up, pursuit of the truth, in the form of understanding what was painful, will be replaced with a hypertrophied sense of already knowing that what is needed is a quick way to evade the potentially distressing experience. In the long run, this is likely to lead to an omnipotent brand of omniscience in which "what I know is all I need to know". It is worth noting that, as Bion observed, that the organ of speech was better suited to telling lies than pursuing the truth.

[As an aside, we might also note at this point that we are unable at this time to explain where and how the "self" resides, neuro-anatomically speaking. Furthermore, we do not really understand how we "feel" our emotions nor how we perceive the various more subtle psychic qualities of experience. We can say that the organ of attention looking internally or externally has the potential, if allowed by honest parts of the self, to make observations that are meant to accurately represent both psychic and external reality in an honest, truthful, accurate fashion.]

3 – Later in life, even in healthy circumstances, language will have developed, as Bion said, "...as much for the achievement of deception and evasion as for the truth." Thus any perception, expressed as an observation, must be evaluated both in terms of what is being communicated, and to what use it is being put (illumination or deception). Furthermore, where on the developmental spectrum does it belong, i.e. is it primitive or sophisticated.

Meltzer's Dismantling of the Organ of Attention and Infantile Autism:

1 – It is useful to start by picturing a mother with an infant. From the infant's point of view, mother is a composite of a number of "unisensual" experiences: her odor, the sound of her voice, the sight of all the parts of her body, the feel of her skin and hair, the senses stimulated by her touch of the infant, etc. Combined and integrated, they make up a total or complete experience of mom, in all her qualities and aspects, i.e. a whole mom to have emotions about.

2 – Now imagine the infant choosing to only use one sense at a time, with a purposeful denial of the existence at that moment, of any of the infant's other senses and their potential perceptions. The infant would be having a "unisensual" experience of mother that lacked, maybe even precluded, any awareness of the whole. It would be like the fable of the blind men holding on to various parts of an elephant. But unlike the fable, the infant would not be trying to piece together and imagine what the whole object might be. In fact, the primary purpose of this dismantling of the sensory apparatus would be to avoid any awareness of the whole object so as to avoid any feelings about the whole object.

3 – This is Meltzer's model of an infant, particularly of a very sensitive, sensuous nature, who feels its mother is very easily damaged by its needs (e.g. because she is depressed), and by whom it perhaps feels painfully dropped. Such an infant may adopt an approach to the mother that is meant to spare them both mental pain and physical harm. The infant simply "dismantles" its sensory apparatus into the component parts, and only uses one at a given moment, to relate only to a part of mother. Functionally, this disassembles mother into component parts. It then allows for a denial of such emotional pains as separation, envy, jealousy, depressive concern that one has damaged mom, etc.

[Note: These highly intelligent, sensitive infants/toddlers, do this in such a gently manner seemingly precisely to spare a mom (who already is felt to be distressed, depressed, and/or damaged) from any further harm. When this dismantling is done to an extreme extent, the evasion of a whole relationship to mom precludes any feelings in the relationship, i.e. love, hate, etc.]

4 – When an infant/toddler has adopted this approach to a very extensive degree, all development of a mental apparatus that can grow "mindfully" is prevented. The developmental consequences are catastrophic

because brain development is literally physiologically arrested, personality growth stops, and relational skills are nonexistent. In highly intelligent infants who preserve a “focus” in one area and proceed with cognitive development in that one area, one has the potential for a “savant” capacity in that area, but fails to get past the “idiot” level in most other areas.

5 – In less severe autistic development, one can follow the logical consequences of the infant having disassembled its mental apparatus into component parts, and mother into component parts as well. Let us focus first on the infant’s sensory experience where it might equate one sensory experience with another, while ignoring the actual origin of the experience. Here are a couple of examples:

-The sensation of one’s buttocks against mother legs when sitting on her lap, can be equated with the pressure and sensation of sitting on anything, especially where the emphasis of mental focus is on the sensation of one’s own butt cheeks and not on the object creating the sensation. This denies mom’s existence yet keeps one fused with her.

– The sensation of one’s cheek against her breast can be equated with the sensations of one’s cheek against one’s favorite stuffed animal can create the same fusion without awareness of mother or any need of her.

– The familiar smell of mothers body equated with the familiar and consistent smell of one’s own blanket, toes, or butt crack generates a sense of not needing anyone else while being joined up via the odor.

6 – Now let’s focus on the object half of the experience. The dismantled component of the original object can be equated readily with an inanimate object, often one that is a part of the original object or bears some sensory relationship to it. For example, a brassiere could be equated with the breasts, a shoe or sock with a foot, underwear with a genital or anus, etc. The subject can then focus in an obsessional manner to this part of the original object, and it has the potential to become what Meltzer describes as a “fetishistic plaything” as seen in perversions.

7 – We then need to make a distinction between the following:

– A dismantled object can in theory be reassembled, without harm, if the perceptual apparatus is once again used in a more integrated manner

– A part object as an experience of early development before the whole mother, etc., was integrated into experience.

– A part object created by splitting processes that inherently includes some violence and damage in proportion to the degree of sadistic impulse contained in the original motives at the time that the splitting occurs (envy as part of the motivation greatly increasing the likelihood of damage in the splitting process).

Misuses and Miscarriages of the Organ of Attention:

1 – In emotional disturbance, where coping with mental pain by evasion or omnipotent maneuver is the overriding motive, then the activities of the organs of perception and the organ of attention are at high risk to be misused in a manner that leads to:

– misperception,

– a refusal to take in a perception or phobic avoidance

– evacuation of the perception (i.e. projection)

– evacuation of a component perceptual apparatus (i.e. leading to a paranoid hallucination)

– a delusional reversal of the use of the perceptual component (i.e. so that it becomes an organ of projection)

– denial of the perceptual reality of being separate from the object (e.g. as Rosenfeld said, when an infant approaches an object, in love or hate, the urge is to get inside the object)

2 – Erik Erickson had in his stages of development the idea that an infant must decide in the beginning of life if things are predominantly good or predominantly painful (i.e. basic trust or mistrust). The former leads to a fundamentally optimistic outlook on life and the latter leads to a pessimistic one. I can readily imagine that this can be conceptualized, neuro-anatomically, as beginning with powerfully distressing early experiences being stored at an unthinkable midbrain level of the limbic system, especially perhaps the hippocampus and amygdala. As these primordial, primitive memories in feeling are sent to the cortex throughout the first year of life, they must generate a very hopeless feeling that pain cannot be escaped and dominates the emotional landscape of infancy.

An interesting question is whether these primitive pains cause the organ of attention to develop an excessive expectation of pain and lead to excessive attention to the painful or potentially painful side of life, while simultaneously failing to look for what is good in life. Is this an organ of attention gone bad? In contrast, some people always see things through rose colored glasses and idealistically fail to observe negative possibilities so we call them idealists. The middle ground might be represented by someone with a confidence that life will be both good and bad but the negative events are tempered by a realistic awareness of the full range of possibilities and their relative likelihood.

In all of these examples emotional choices related to coping with mental pain are made early in life and impact how the parts of the personality will direct the five senses for the rest of the life

3 – Misuse of the organ of attention can be seen in simple acts of procrastination where something that should be attended to is avoided. An opposite type of misuse occurs when there is an obsessional focus on one element of a situation or issue at the neglect of another of equal or greater importance. These activities should always be considered circumstantial evidence that a baby part of the personality is having its way at that moment, not an adult part of self.

This is not to say that there aren't genetic predispositions involved when someone is "big picture" oriented versus "detail oriented" or "concrete" versus "abstract" in their thinking preferences. Such contrasts can be seen in comparing an accountant to a philosopher.

4 – Attention Deficit Hyperactivity Disorder:

– Neuro-anatomically speaking, the lack of concentration, short attention span, and physical restlessness can be correlated with a limbic system that is working at full steam in these children while the cortical areas that would focus attention, control impulses, and integrate stimuli have yet to become fully active. This lack of activity in the right hemisphere regions of the anterior cingulate (an area that fixes attention on a giving stimulus), the prefrontal cortex (an area concerned with controlling impulses and planning actions), and the upper auditory cortex (an area concerned with integrating stimuli from several different sources, probably contributes to the reacting in a fragmentary fashion to stimuli rather than integrating them into a 'big picture'. It may be that stimulant drugs activate these areas with the resultant cortical activity inhibiting limbic system inputs and the anxiety driven activity.

[Note: There is a close relationship between moral attitudes and action, as contrasted with thought and meditation.

5 – Tics can be thought of as projections into the body of a state of mind or a part of self that demands that the organ of attention be directed toward it even when other parts of self are trying to resist that focus. The underlying phantasies are typically felt to be unacceptable to self or object because they contain an element that is imagined to be destructive in some way.

6 – Grudges and grievances, which amount to holding onto negative states of mind, represent a particular part of self holding onto a particular negative focus toward a specific object. Where the state of mind is found later in life, there is invariably an underlying prototypic situation that needs to be uncovered if the current external focus is to be diminished.

7 – It is useful to recognize the origin of “pop-up” ads from various parts of self, especially destructive parts of self, that distract the good parts of self with propaganda. This is commonly a product of conflict between an urge to generate a narcissistic personality organization where good baby parts of self enslaved to the bad self (i.e the envious, omnipotent, know-it-all, destructive self sufficient part of self) versus an urge to enter into a loving, good relationship to a good object.

Migraine Headaches as a Model of Mental Evasion:

1 – A useful model to have when dealing with a migraine headache sufferer is to think of the headache as a failure to convert a distressing emotional state into a thinkable, mentalized state of mind. Instead, the distressing emotional state is converted into an unthinkable pain in the head, quite literally at a neuro-vascular level. The development of a capacity to think consciously about these previously unconscious states of emotional distress can lessen or even eradicate the migraine headaches.

2 – I suspect that the original failure to be able to mentalize these emotional situations was a composite result of parenting that did not offer the requisite psychological mindedness to think about them, and an organ of attention preference for not trying to focus on the emotionally distressing situation. I derive the latter assumption from many years of analyzing patients who had severe migraines where I was particularly impressed at how insensitive the patient seemed to be about recognizing obvious (at least to me) triggering emotional situations.

Counter-transference and The Organ of Attention:

1 – Does the analyst’s emotional state (consciously/unconsciously) take him/her toward perception of emotions and mental pain or toward reason, understanding, and flight from confusion, not knowing or understanding, etc.

– This difficulty is likely to have its greatest impact where the patient’s predisposition to lie to self about certain issues or emotions joins to a similar predisposition in the therapist. This is often concealed in a capacity to reason which may be simply a rationalization that takes the organ of perception away from pursuit of the truth.

Brain Structure, Attention, and Constructive Implications:

1 – Working hard on ‘non-emotional’ mental tasks inhibits the amygdala which is why keeping busy is often said to be the source of happiness.

2 – To create a pervasive sense of well being, the ventromedial area of the prefrontal cortex needs to be involved by creating a feeling of cohesiveness. When this area is inactive, as seen in depressed patients, the world seems pointless and fragmentary. Interestingly, over activity in this area is associated with mania.

Also, the right hemisphere seems to be more sensitive to negative emotion, while high activity in the left is associated with happiness. All of these findings seem to correlate well with the observable fact that people that are busy with purposeful work on which to direct their organ of attention usually have greater internal harmony and a sense of well being.

3 – The anterior cingulate gyrus helps focus attention and ‘tune in’ to our own thoughts.

4 – Awareness, perception, self-awareness, attention, reflection are all separate components of consciousness and can be integrated or disintegrated. Physical activities and mental activities that bring these together are commonly helpful and can range from talking in an emotionally meaningful manner to

someone, to going for a walk or run, to doing yoga and other forms of exercise, to meditation. All have potential to bring mind and body into greater harmony.

Clinical Implications Derived from the Concept of the Organ of Attention:

1 – Healthy use of the organ of attention in problem solving or dealing with a conflict.

– Focus attention on the area of distress as fully and for as long as is needed to find an understanding of the issue and create a game plan for dealing with it. Then force the focus of attention away from the issue, keep it simmering on very low heat of a very back burner with a calendar awareness for when it will be brought back to a front burner.

2 – Helping a patient to differentiate midbrain experience of emotions (? unthinkable) from cortical experience of emotions (with goal of thinking about them) and then move the focus constructively toward or away from the feelings as is appropriate in a given context. Unreasonable baby phantasies around the primitive emotion almost always need to be recognized and brought out into the light of day as part of the process of learning to consciously choose to orient away from the primitive emotional association or eruption.

3 – Patients, or for that matter therapists, need to learn to keep baby distress out of their marriage so that they don't overwhelm their partner with continual organ of attention focus on the negative, "chicken little the sky is falling" side of their thinking.

4 – In trying to go to sleep, or avoid waking up fully during the night, one must learn to use the organ of attention's focus to avoid getting or keeping the brain "in gear". This commonly means recognizing baby states of mind that have emotionally alarming potential and trying to bore oneself back to mindlessness as a prerequisite for going back to sleep.

EXAMPLES

1 – Examples from daily life:

– The mother of a 5 week old infant tried briefly to breast feed it then switched to the bottle, ostensibly because her baby had lost some weight. She was observed to feed the infant on her lap, holding its head in her right hand and the bottle in her left. She did not make much effort to talk and the baby's head was held at an angle from which it could not gaze directly into her eyes. When then held by a stranger, the baby was calm but would look over the stranger's head. Despite very enthusiastic staring into its face and holding it in a comfortable position, it took ten minutes before the baby would finally look into the eyes of the person and smile. The parents had feared that the baby was difficult, but the observer felt that it was actually a very compliant, calm baby.

– A nine month old is dropped off at the day care, cries briefly, then goes off and stops crying after the parent leaves. When the parent returns at the end of the day, the infant in the arms of the daycare person won't look at the returning parent, finally does turn to the out stretched arms of the parent, allows itself to be held closely, buries its face in the parent's neck and begins to sob.

– A 4 year old goes to nursery school but won't go in and starts crying. The principal comes up and enthusiastically asks him to help her go run a fun errand, and he takes her hand, stops crying, and goes off with her and has a nice day.

– A six year old (or a forty six year old) goes off to his room to get something, gets distracted, goes back to the kitchen where mom (or wife) says did you bring the thing, and the response is "oh I forgot".

– A preteen boy is yelled at by his dad for leaving his bike outside in the rain and is told to go to his room. He immediately turns on a video game, and an hour later comes out to have dinner and is all smiles as if nothing had happened.

- A teenage girl goes upstairs to do her homework, but looks at her Facebook page first, and two hours later still has not started her homework.
- A man gets up, eats breakfast, and goes out to his car to drive to work and notices that he has a flat tire. He says to himself “thank heavens it didn’t happen while I was driving on the freeway”.
- A woman reported that while having sexual intercourse with her father around the age of twelve, she would stare at a ceiling light fixture and make her mind go blank.
- Every day around the world, millions of people say to themselves that they are going to leave something difficult in their life” in God’s hands” and they proceed to stop giving the issue any further thought.
- Politicians in the United States make a conscious daily choice to avoid facing various issues because they know their constituents don’t want to face the issues. Historically, when a person with genuine leadership skills comes along and presents the problem with its potential consequences if ignored and offers a thoughtful, constructive, if painful, solution, the sane and realistic adult part of people will rise to the occasion and constructively address the problem.

2 – Examples from the consulting room:

- A severely autistic 4 year old boy is sitting in the middle of the therapist’s consulting room carpeted floor. As the therapist tries to engage the child by talking to him at eye level the child vaguely averts the therapist’s gaze. As the therapist begins to slightly more actively try to get the boy’s attention, the child begins to flap his hands repetitively for several minutes.
- Whenever the therapist makes an interpretation about a patient’s mother, as if he had narcolepsy, the patient becomes overwhelmed with sleepiness, cannot listen intently, and regularly falls asleep before the thirty second interpretation is completed.
- A therapist, in a Monday session, hears a rather disturbed patient make a rambling description of his weekend activities laced with several references to feeling “it isn’t worth it”, “what’s the point of life”, “if I just end it all it’s not like anyone would care”, and so forth. About 15 minutes into the patient’s meanderings, the therapist interjects with a shift of the discussion over to how the patient’s antidepressant medication is doing and adds an additional drug. The following day the patient commits suicide by hanging himself.
- A patient, who regularly brings in dreams that are rather opaque to the therapist’s understanding, announces a few minutes into the session that she had a dream. As she begins to describe it, the therapist finds himself daydreaming about lunchtime, and virtually misses hearing the entire dream. He has to ask to have it repeated, ostensibly to think about it in more detail since he now knows how it is going to end.