

# Baby Core Emotions in Relation to Mom: Separation

## An Infant's Earliest Knowledge of Mom:

If we start with the fact that an infant spends his first nine months of life inside mom, it seems reasonable that in the final months an infant actually records memories of the experience of being inside her. He must get to know her heart rate, gait and style of physical movement, pitch and cadence of speech, style of emotional reactions and endocrine responses to those emotions, and many other variables beyond my imagination.

There are many infant research studies that have demonstrated that an infant recognizes people, once outside the womb, that he had encountered via speech or song while inside the womb. A number of these studies have been done in relationship to the recognition of fathers after birth, in addition to several done with mothers. So the take-home lesson – and it is unmistakable – is that the infant knows who he was inside, immediately after he is outside in the cold, cruel world.

This fact, i.e. the newborn infant's familiarity with and emotional connection to his mother (and others who were around a lot during the pregnancy), has to have its basis in the phylogenetically inherited evolutionary history we have as our foundation on earth. It has survival value! But it also is the reason why separation, and the emotional reaction to it, is perhaps the most elemental emotional issue for the infant.

## The Centrality of the Issue of "Separateness":

Infants devote much of their waking emotional energy to this issue of separation. From birth onward, all infants are profoundly impacted by separation from mother. The problem is that when it is the most potentially harmful in its impact on the infant, i.e. in the first days, weeks and months of the first year of life, it is not directly observable to the untrained eye, except as a derivative manifestation (such as a change in sleeping or eating habits).

As the level of cerebral cortical "cognition" advances in infancy, the awareness of "separateness" as a concept available to consciousness becomes of fundamental importance. Instead of "splitting off" the issue, the infant is more likely to directly convey his reaction to separations. One major goal during infancy is to begin to develop the capacity to acknowledge and learn to tolerate separations and separateness without overshooting the mark and becoming problematically "self-sufficient" (i.e. denying you care about needing mother or father). The capacity to remain "separate" while allowing yourself to care about the relationship with another is a huge developmental achievement in itself. It is probably less common in adults than we would want to believe.

In fact, 'separateness' is an issue that will be central during all of life, and perhaps represent one of the most evolved states of mind to achieve as one matures. A premature and excessive awareness of separateness, on the other hand, may be at the root of some of the most extreme developmental disturbances, severe infantile autism perhaps representing the most extreme example.

My own mother used to say that as a toddler I insisted that she stay exactly where I knew I could see her or find her, but I would then go about my business of playing, completely ignoring her, and I would be fine just as long as I knew I could safely access her as needed. In fact, if my experience as a marital therapist is any indication, I rather doubt that there is ever a time in life where "separation" and "separateness" are not issues of central emotional significance to everyone.

## Childhood Realities and Separateness:

The intensity of this emotional significance in a given individual seems likely to correlate with several issues. The most obvious would be early separations from mom that were traumatic. I mean to imply separations on top of the first giant, abrupt shift that takes place in the act of being born.

A second issue is the impact of the realization, I suppose after birth (but maybe even in utero), that one has to share this precious important mommy with other interlopers, most notably dad and siblings. The realization of having to share her leads to, among other things, the emotion we call jealousy, which I will describe in detail in the following section.

The third issue I wish to detail was eloquently described by a six year old who asked a question for the ages: "Mom, am I yours, or am I mine?" In other words, as a child realizes she does not possess her mother and begins to acknowledge her separateness, she must face a painful loss. If the mother is, in fact, devoted to being the infant's mother, then this realization and attendant sense of loss will occur in a gradual, non-traumatic manner as the child continues developing to an age when she can face and accept this fact of life.

But what happens when a mother is not adequately committed to being a "good enough mother," as the English pediatrician and psychoanalyst Donald Winnicott would say? In essence, what happens if the fact of "separateness" is forced on an infant before it is emotionally equipped to deal with that reality? The answer is inevitably that the infant will be driven to some maneuver to cope with the distress, whether it is denial of the issue, an excessive development of "self-sufficiency," or the ultimate trump card maneuver – going back inside mom, in unconscious phantasy, to become an "unborn, inside baby."

#### Summary:

Separation is always the most dominant, universally important emotion at the level of the baby core of the personality. When the infant's experience of the pain of separation is too great, he or she will resort to maneuvers to cope with that pain.

If the infant "turns toward" his mom, he will endeavor to preserve contact with her. That reassuring feeling of contact may be achieved, as is commonly the case, by the infant only being content when carried around the house in a "snuggly" on mom or dad's chest.

More extreme but less apparent externally, the infant may go back inside mom via a phantasy of being an "unborn, inside baby." This phantasy is probably universally active at times in all infants and children, especially when in distress. This maneuver has the potential to be problematic when used as a more continuous mode of coping with life after infancy where it is still needed and necessary to cope with life outside the womb. It becomes progressively more problematic as one gets older because it means the person is not developing the skill sets to be a "separate, independent adult."

By contrast, if an infant copes with the pains of separation by "turning away" from mom, then he or she may suck its thumb, act like he doesn't need her at all, and maybe even "become her" in unconscious phantasy, often by reversing roles. Perhaps the most extreme versions of these maneuvers are seen in the toddlers either (1) completely encapsulated by infantile autism, or (2) the "perfect baby" with no needs or complaints who is destined to be a childhood schizophrenic. Midway between these extremes is excessive self-sufficiency as seen in "anal omnipotence," narcissistic personalities, etc.

#### Implications for the Therapist:

Because separation dominates so much of emotional life at the level of the baby core, every therapist needs to look at every real separation in external reality in order to monitor the patient's emotional reaction to it and mode of coping with it. This means that every beginning and end of a session, every weekend, every vacation, every unexpected interruption of the work, etc. will evoke a baby level reaction. The therapist who fails to attend to this will leave one of the key emotional issues in life unanalyzed. Furthermore,

apropos of a therapist's retention of patients, when not addressed, separation is probably the issue around which most therapies come to an unfortunate and premature end.

It is important to keep in mind that separation will invariably be a central issue for all infants where something more extreme than the usual term delivery takes place. Thus, for example, separation will be a dominant issue in all infants born "prematurely" or given up for "adoption." It need not be a harmful issue, but it will always be an issue requiring attention and understanding. Parents and therapists aware of these possibilities are more likely to recognize and respond constructively when there is evidence of separation becoming a problem for an infant or child. Understanding always adds to one's ability to cope at any age.

#### Note on the New Buzz Word "Containment":

It is becoming increasingly more common in some analytic circles to think of "containing" the states of mind of the patient as being a central therapeutic goal. It is correct to say that all patients need to feel that their therapist can "bear" the patient's painful states of mind and has a genuine interest in remaining in contact with them while trying to understand these painful states of mind.

It is also true that there is a positive therapeutic value to this experience. The patient may never have had anyone who had the capacity or interest to have such depth of contact with the patient when he or she was an infant or child. So when a therapist performs such functions in the treatment setting, it is definitely a "corrective emotional experience" as the American psychoanalyst Franz Alexander used to say, which has important therapeutic value.

The problem with the idea of containment is that it can be "idealized" to the point that its shortcomings are missed. The key difficulty is that it is at risk to be a "cure that only lasts as long as the treatment is ongoing." In other words, when the patient is having this experience of being "contained" by the therapist, that patient is not necessarily developing a capacity to perform those functions for himself, independent of the therapist. This is where the issue of "separateness" comes back to the forefront.

In proper growing into adulthood, the "adult part of self" develops the capacity to "tolerate" the baby states of mind that are stirred up and active in the baby parts of the personality. In other words, the "adult self" looks after the "baby parts of self" when the individual is in pain and performs the functions that the parents hopefully executed when one was growing up.

When the parents were unavailable or inadequate to the task of modulating the baby's pain, the "adult part of self" does not develop adequately. A therapist (or important adult figure) must then perform this function to allow the concept of "proper adult functioning" to be witnessed and differentiated from its "pseudo-adult" imitation in the various forms of "infantile omnipotence" confused with being a "grown-up."

So the difficulty with "containment" as a concept is that while it is of necessary value, it is not sufficient in itself. It is at risk of having the patient feel "fused," at an unconscious level, with the therapist. The "appearance" of better functioning will not be a viable long-term improvement because the "adult part of self" is not learning to understand the baby states of mind that can overwhelm the "baby parts of self." That "adult function" is being performed by the therapist, and if the therapist is no longer around, the "adult part of self" will not have developed the understanding to modulate the baby pain in the personality when it arises.

The take-home lesson is that "insight" into baby level phantasies, anxieties, defensive maneuvers, and their origins is essential to grow the "adult capacities" to recognize them and have the knowledge to deal with them constructively. "Containment" is a part of this process, but it should not be thought of as the main element of the process.