

Emotions as Ecosystemic Adaptations

David Pocock

International Conference on Emotions and Systems: Episteme – Centro di Psicoterapia Sistemica, Turin. 10-11th October 08

~~~~~

Abstract:

*Despite Gregory Bateson's considerable interest in emotion and culture, the potential for understanding emotion systemically and culturally was lost very early in the mainstream development of family therapy, partly as a reaction to the dominant psychiatric-psychoanalytic paradigm of North America at the time. In those pioneering years, to take emotion seriously was to risk appearing stuck in a one-person psychology. In a nice paradox, it is relational psychoanalysts and parent-infant researchers such as Beatrice Beebe and Frank Lachmann who have recently turned to systems theory to give a fuller account of emotions and emotional regulation in self and relationships. David Pocock draws on their ideas together with the work of Peter Fonagy, Patricia Crittenden, Jessica Benjamin, Britt Krause and others to briefly sketch an ecosystemic theory of emotional expression. The main part of the presentation will be an illustration of how this sketch can help to give contextual meaning to two contrasting clinical topics: self-harm and conduct 'disorder'.*

A few years ago, when I read Dan Siegel's excellent book "The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are", I was struck by a very interesting phrase. He described emotion as *the energy that connects* – that is connecting us with ourselves and with others at the level of body and mind. When I read this, I thought how crazy it is that family therapists have not recognised emotion as a **central** concept in systemic thinking. How **have** we managed without it?

As Britt Krause – who we will hear from later - points out, the early politics of family therapy meant that Bateson's ideas on emotion and culture were neglected and this absence became part of the mainstream culture of family therapy. For years any attention on feelings by family therapists tended to be seen as some sad regressive step into psychoanalytic thinking. Lynn Hoffman writes well about this need to keep her emotional connections to families well hidden during this long technocratic period of family therapy and coined a private - rather self-mocking - term for what she did when no-one was looking - "corny therapy".

Although mechanistic cybernetics gave way to systems of meaning in the 1980s, the culture of family therapy was unable to resist the wider conceptual split between emotion and cognition and the half that family therapy got was cognition. Meaning and emotion are, I believe, divided only in our western cultural use of separate terms. Evidence available from neuroscience, for example, suggests that emotion and cognition are always interlinked aspects of thought and communication.

My first motive to develop an understanding of emotion was however a very personal one and came initially from a childhood and young adulthood in which I experienced an above average amount of anxiety and depression. This eventually led to me beginning a personal once-weekly psychoanalytic psychotherapy in 1986 - the same year that I began my family therapy training. A few years after completing that training at the Institute of Family Therapy in London, I trained as a psychoanalytic psychotherapist at the Severnside Institute in Bristol. This was an eclectic traditional training, relatively untouched, at that time, by ideas from attachment, intersubjectivity and relational psychoanalysis: ideas which have become much more interesting to me in recent years. Those family therapy and psychoanalytic trainings largely occupied parallel universes and my main interest since, has been to try to develop links between them.

In my first therapy I had new experiences of complex emotional issues being deeply understood and came to appreciate the remarkable power of emotional understanding as a means of healing – as corny as that may sound. Emotional understanding has remained a foundational idea for me as both a psychoanalytic and systemic therapist.

My psychoanalytic training gave me the opportunity for a more intensive therapeutic experience as a patient. I grew up with an anxious, rather fragile mother and a somewhat tyrannical, dogmatic father. In neither relationship was it safe for me to feel and express anger. In the case of my mother, I was anxious that she would be too wounded and in the case of my father, I was fearful that he would retaliate. Day to day challenges that today simply irritate would weaken me and leave me full of self-doubt. A crucial point came in my training therapy when a small provocation by my analyst left me seething with an extraordinary fury – out of all proportion to what she had said. For about six weeks, four times per week, I refused to speak and beamed cold intense hatred at her. I realised from the few things she said during this period that she was perfectly aware of my feelings, not indifferent but not apparently anxious or retaliatory. She simply accepted them. By the end of this period I felt safe for the first time in my life. That safety and the resilience has, I'm glad to say, never completely left me. This was not Freud's classic 'talking cure' – during this period, words had very little part to play other than allowing me to check that my cold rage was not destroying her. This was a 'cure' – as much as that word means anything - through new relational experience to create a new internal emotional adaptation.

Although I am interested in understanding a wide range of feelings systemically I am going to concentrate today on the spectrum of anger – from irritation to rage - and how that is organised within an emotional ecosystem.

I'm going to start with two recent contrasting clinical presentations. The first is Paul aged 9. He is the youngest by several years in a white British catholic family of six children. When I met him in the waiting room, as soon as he set eyes on me, he said at the top of his voice "I really like you!" Within ten minutes this love at first sight came to a rapid end when I wouldn't let him bang my plastic dinosaurs very loudly on a metal filing cabinet when I was talking to his parents. "I hate you .. you f\*\*\*ing c\*\*\* (two **very bad** swear words) and proceeded to try to fight his way out of my room.

The second case, which I saw in the same week, involved Jody, a 14 year old girl also from a white British family. I was asked to see her by a family therapist colleague because Jody didn't want to talk about her difficulties with her parents present. My colleague was planning to continue working with the parents. Jody had been self harming since the age of 9 mainly by cutting herself with a razor on her stomach. In the last two years she had, at times of stress, also skipped meals and made herself sick. Her self-harming seemed to begin when she was bullied at school and this included taunting about being fat. (She was possibly a little overweight, but certainly not fat.) Her parents were devastated when they found out by chance about the self-harm and the bullying just a couple weeks before the referral. Why, they asked, had she never confided in them during the last five years? Jody and I got on quite well in our first meeting and, having felt very angry with the bullies myself when she told me her experiences, I asked her where **her** anger towards them was. "I don't really do anger" was her reply.

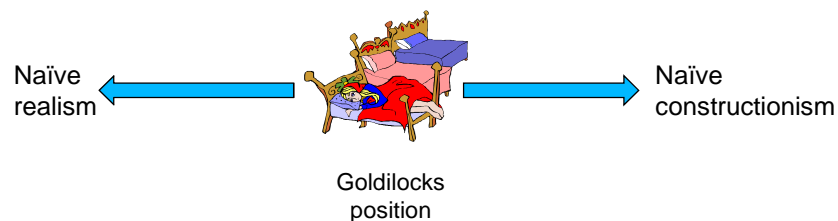
What words do we have for these sorts of clinical presentations? 'Conduct disorder', 'Oppositional defiant disorder', and possibly 'Attention Deficit Hyperactivity Disorder' for Paul, and deliberate self-harm, and potential early stages of an eating disorder and depression for Jody. Of course, to a systemic thinker the very term 'disorder' signals the need for a wider contextual vision and, on the whole, we try to stay clear of that sort of language. Like my seventeen year old son says when I tell him his room is a terrible mess. "Dad – you just don't understand the method. I know where everything is." What is disordered to me has, according to him anyway, an order that only he can see. I want to develop this point through the paper – that *both* case presentations have a hidden emotional contextual order.

The other language available to us is that of externalising and internalising anger. This is quite a good start in the two cases above but these are concepts that pivot entirely around the individual. They don't begin to answer the question why anger goes one way or the other. So I'm going to use these two cases to illustrate some ideas from a range

of perspectives. These include the field of contemporary psychoanalysis - especially the rapidly emerging tradition that is becoming known as relational psychoanalysis – and from parent-infant research, and recent developments in attachment theory. Time allows me to only give you the smallest introduction to these perspectives and, because of this, there is the inevitable danger of oversimplifying.

But before this, I need to give one or two clarifications of my position on knowledge and reality, and on the role of culture.

## Critical realism



I've put naïve realism at one extreme end of a continuum (the idea that we can experience the world directly as it is without interpretation) and naïve constructionism (the idea that reality is only that which we construct together) at the other extreme end. It is said that no sane person would be found at either of the extremes so these are theoretical positions only to make the point.

The Goldilock's position rejects these extremes. She is the girl in the fairy tale who chose integration over radicalism in the story of the three bears – porridge that was not too hot and not too cold, and a bed that was not too hard and not too soft – just right. The epistemology and ontology that most suits me and occupies this central position is commonly called critical realism – not too constructionist and not too realist – just right!

Perspectives on what is real are always, of course, partly social perspectives embedded in language and culture but there is only one external world which exists entirely independently of our ideas about it. All of you here in this room will have a different

perspective depending on your position. But there are not 120 different rooms. A very good description of this room would be best derived from you sharing perspectives – the same is true of any clinical situation.

It is possible to triangulate between theoretical perspectives to develop a more adequate map of the territory. Triangulation was the way that maps were made before satellite positioning and aerial photographs. This is what I am going to do in this paper – link the case material of the angry boy and the self-harming girl to a few key perspectives.

## Goldilocks position on culture



I take the Goldilocks' position also on the question of how much of being human is determined by universality – that we are all the same - and how much by cultural relativism – that we are as different as the cultures we come from.

Culture, like jazz, improvises on universal scales. Both the genetic inheritance of the human condition **and** the range of cultural variations on those universal themes influence what we feel and what feelings we express to others. This far I agree with Britt Krause who to my mind is one of the most significant writers on cross-cultural work. However, where I may disagree is in the definition of culture. I think there is no difference between the idea of culture and that of relationship although these words are generally used to apply to different category *sizes*. Both culture and relationship are about managing otherness. We are always in danger of not belonging. Both culture – in the usual sense of the term - and attachment are ways of constructing the sense of belonging that has been essential to survival in our evolutionary history.

From my point of view, every encounter with another is to some degree cross-cultural, this is very evidently the case with someone born into a vastly different social world growing up speaking a different language but it is also more subtly true with someone growing up next door or even in ones own family. In large social groups **and** the most intimate of one to one relationships otherness is bridged by coordinating arrangements about how each should be with the other and this includes the range of emotion that can be felt and expressed.

Let's return to my cases. I chose them because of the striking presence of anger in the first case and the striking absence of anger in the second case. Before addressing the question "How has this come about?" we may ask a more basic question. "What is anger for?"

The influential feminist and relational psychoanalyst, Jessica Benjamin, develops Donald Winnicott's idea that to achieve recognition of the caregiver (usually, but not necessarily, the mother) as a separate person in her own right the child needs to attack and destroy her as *an object*; that is to destroy the internal representation the infant has of her which he strives to force her to comply with. It is through destruction of the mother as an internal object that the infant can discover something of what the mother is really like as an external *subject* – as a real person. What is crucial here from Winnicott and Benjamin's perspective is *survival as a parent* in the face of these attacks of rage.

Traditionally, psychoanalysis has seen the development of maturity as occurring through integrating good and bad object representations of the mother and, later—in the case of a boy—for the father claiming the mother and the child identifying with him. For Benjamin, this oedipal story sets the developmental bar too low leaving out the infant's discovery of the mother as a real person with a separate centre of self: a mind of her own. Maternal survival in the face of destructive aggression is, for Benjamin, the main pathway to mutual recognition and subject-to-*subject* relating.

Survival in the face of destruction sounds dramatic and some presentations of out of control aggressive teenagers, for example, are very intimidating indeed. But the process of destruction and recognition that Benjamin has in mind more usually proceeds in small frequent doses such as the toddler who is absolutely enraged that his mother will not let him eat chocolate for breakfast, or run in the road, or hold the cat up by its back legs and so on for a couple of hundred thousand times. What is needed from the caregiver is not to collapse and give in and become just what the child wants, or to retaliate destructively, or to confuse the child's destructive aggression with an internal object of her own—such as an abusive or rejecting parent or partner—but *simply to hold onto the idea of him or herself as a parent and the child as a child*. Each time the destructiveness

is survived, the parent emerges a little further as a real separate **subject** in whom, eventually, there can be genuine delight in mutual recognition.

Consider all those cases you know in which the mother is controlled and tyrannised by a child: where there is no empathic knowledge of the mother as a real separate person. Such children grow up, so consider also those cases in which a controlling male partner does not see the woman as a subject in her own right but an object purely of his wishes.

In the case of Paul – the angry boy – the predominant response by his mother to his anger switched between retaliation – getting angry back - and a retaliatory form of giving in, in an attempt, I think, to shame him into compliance. “Oh .. just do what you like!” Mother was partially disabled, very heavily overweight, and seemingly worn out with caring for the children. Father was clearly retaliatory – he said, disturbingly, “I’ve found with Paul that the only way to get through to him is to threaten violence”. Father could get very angry indeed and I believe there were probably occasions when he had physically hurt Paul.

Because the parenting had not survived – using Benjamin’s definition - in the face of his anger, Paul had little care or understanding of how other’s felt. He seemed entirely narcissistic in how he related. Others seemed to be objects to get something from rather than persons to relate to. This was also his style at school, he fought frequently, claimed to love anyone who he could organise to indulge him and hated anyone who stood firm to him and this was my early experience of him also.

But what of Jody’s anger? Where had that gone? She had no idea why she didn’t do anger. She felt, though, that it made her anxious. If things were wrong in her relationships she tried to work on herself to make them right. She tried to like the people who bullied her and assumed that they must be right. She thought that if she lost weight then the bullies would like her or at least find her acceptable. When this plan didn’t work she lapsed into a kind of hopeless dead place in her mind and seemed to lose contact with who she was. Only cutting provided some release from this and restored a sense of autonomy.

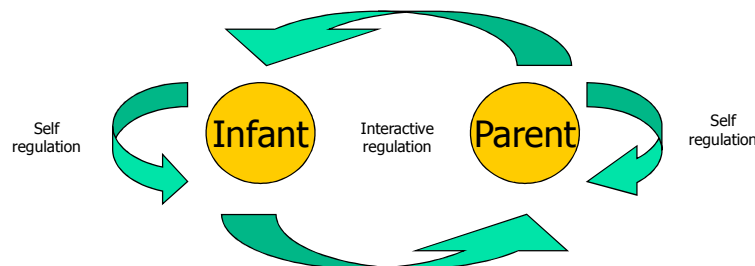
I checked with my colleague who had referred Jody and found that Jody’s mother had two serious mental health breakdowns in the first six years of Jody’s life, both requiring hospitalisation. There had also been a good deal of marital conflict. Not upsetting mother seemed to be Jody’s role, alone. (Her mother, father and older sister seemed to be regularly angry with each other.) Both parents but especially mother were devastated to discover the cutting – it made mother feel a terrible failure. What I think Jody couldn’t stand was feeling responsible for her mother’s upset and for causing her mother to feel like a useless parent.

From Benjamin's perspective, the parenting had, in contrastingly different ways, not survived the developmentally important destructive anger of Paul and Jody – resulting instead in parental collapse, withdrawal, or retaliation – but with different consequences for each child.

I'm now going to switch to another theoretical perspective to try to account for the difference between Paul's seemingly excessive anger and Jody's difficulty in feeling or expressing anger.

Beatrice Beebe and Frank Lachmann use general systems theory to draw together their thirty years experience of parent-infant research and adult psychotherapy to propose a system of self and interactive regulation of emotion. Through painstaking examination of videotaped face-to-face interaction between mothers and infants, they show that interactions—of face, voice, and bodily orientation—are co-constructed – infant and caregiver each being a context to the other.

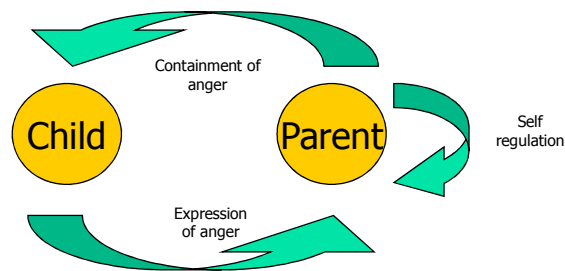
## System of self and interactive regulation of emotion



Beebe and Lachmann show not only, how caregiver and infant regulate emotion through engagement (which they call interactive regulation) but also, how each separately regulates his or her own state of attention or arousal (which they call self-regulation). For our purposes I take three main issues from their work: first, that interactive and self-regulation are each themselves part of a system; second, that optimal systems have a *balance* of self and interactive regulation, and third, that sub-optimal systems where there is a chronic mismatch between child and caregiver, rely on

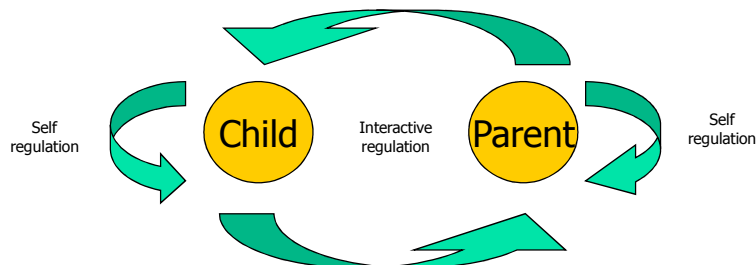
an excessive and premature use of destructive forms of self-regulation to manage emotional arousal

## Interactive regulation of anger



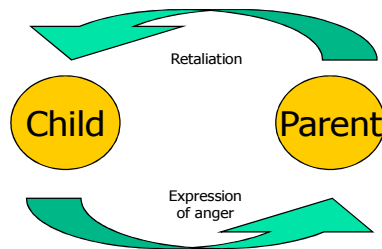
In this slide an infant - not yet able to regulate emotion - is angry with the parent. Through self regulation the parent is able to offer interactive regulation to the infant. Over time this leads to a healthy balance of self and interactive regulation.

## System balanced



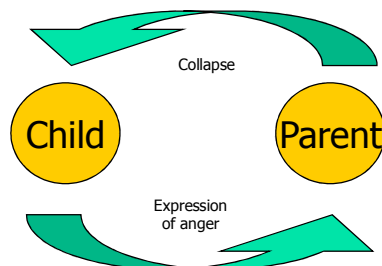
In the case of Paul ..

## Anger met with retaliation



...a symmetrical relationship is set up in which the caregiver's inability to self-regulate leads to a runaway escalation that could easily build to violence. The relationship does not provide an interactive regulation of anger and the child does not learn to self-regulate. In the case of Jody ..

## Anger met with parental fragility and/or collapse ....



.. I would hypothesise that she has, through early experience, linked her anger – probably outside of consciousness - to the collapse of her caregiver. Feeling consciously in contact with this anger generates anxiety – leading instead to an adaptive non-conscious preference for destructive forms of self-regulation such as cutting, self-hating and self starving.

## .. leading to parentification and destructive self-regulation



I hope I've sufficiently made the point about the importance of the ability of the caregiver to emotionally self-regulate in the face of anger from the child and the role of survival of the parent in the development of a capacity for the child not just to individuate but to recognise the other as a separate person with a mind of her own.

Parental survival and self-regulation are useful but somewhat crude terms and this begs a question: what mental processes underpin parental survival and contribute to constructive forms of parental self regulation?

I want to try to answer this by linking to the perspective of the post-Kleinian analyst Wilfred Bion on the importance of containment – the capacity of the caregiver to take in powerful feelings such as hatred and to give back to the infant a less toxic version modified through what he calls reverie. Recently this process has been further and helpfully elaborated by the child psychotherapist and researcher, Peter Fonagy and his colleagues including Elliot Jurist whom we heard from earlier. They see the capacity to mentalize – that is the capacity to reflect upon emotional states of mind both in oneself and in others - as a crucial achievement in mental health. As we have heard, from this perspective, the infant does not simply ingest raw experience of the relationship.

Instead the infant takes in how he or she is experienced by the other. How a child comes to feel about her anger, for example, depends on how she experiences her angry self being represented in the mind of the caregivers. All of this is mostly communicated non-verbally. How the caregiver receives the feelings from the child **and** how the caregiver responds *depends* on an evaluation of appropriateness of such feelings which depends in turn on both upbringing and culture. As Britt Krause points out, the idea of mentalizing is, therefore, a crucial link in coming to understand how cultural variation in emotional acceptability is passed from one generation to the next.

I would say that neither Paul nor Jody had a capacity to reflect on their emotional states of mind. In their different ways both sets of parents had, at crucial points in the development of each child, been too unavailable or too overwhelmed emotionally to offer interactive regulation through containment and mentalizing. As I got to know Paul and his family what became clear is that the caregiving had been shared increasingly with his older siblings as the mother had become more disabled and worn out. The father, although not working, had over the last five years become more withdrawn, spending hours alone working on his collection of model planes. Paul's twenty year old brother had not left home and had become Paul's main caregiver. Six months prior to the referral he had got a girlfriend. She had been made homeless and moved in with Paul's family. Paul instantly hated her in the way a child might hate a younger sibling (because she had taken his caregiver) and this further alienated the brother. In the absence of understanding, Paul's anger was mostly met with anger. With this information, the functional and adaptive nature of Paul's behaviour began to make more sense. Paul was in danger of feeling lost and cut off from any caregiver. Since no-one seemed able to find Paul's feelings understandable or containable, then being loud, in everyone's face – the special bad child - seemed much more like a meaningful, systemically organised strategy. It allowed an intensity of connection not otherwise available. I'm not suggesting that Paul was choosing this strategy in any conscious way – strategies co-evolve in a *non-conscious way* within the emotional system.

Jody's older sister had been very challenging throughout her childhood and adolescence and her parents were grateful that Jody was a good compliant daughter. Jody fitted well into this ecosystemic niche of acceptability. There were long standing issues for both parents from their own childhoods which erupted in fierce arguments between them interspersed by tense periods of not speaking. There seemed to be no culture of emotional issues being resolved through taking and little opportunity to develop a capacity to reflect emotionally. In enquiring about Jody's feelings on anything other than trivial matters her sincere answer was – "I don't know" as if that kind of enquiry was entirely new to her.

~~~~~

I'm mindful that we need to talk about systemic practice and not just about theory. Of course what we do is highly influenced by what we see which, in turn, is highly influenced by our theoretical lenses - so practice flows from understanding. I hope one implication for practice is already becoming clear - that a good enough therapist needs, just like a good enough caregiver, to embody a capacity for survival, healthy self regulation, and the capacity to mentalize.

I'll now turn to my final perspective that has considerable potential, in my view, to help shape the therapeutic approach. Of all the perspectives, it mostly fully underlines my main point: that emotional expression in one person is an ecosystemic adaptation. This is the Dynamic Maturational Model of attachment of Patricia Crittenden. Crittenden builds on the A, B, C model of attachment of Mary Ainsworth (A being the avoidant pattern, B secure and C ambivalent.) There has been a tendency to assume that these early categories may be valid through the life-span but, as Crittenden points out, when children mature they are capable of a much more elaborate range of emotional expression and operate within a wider relational field of siblings and peers. Also, with older children, affect can be consciously or unconsciously denied, exaggerated or falsified in order to elicit certain responses from caregivers. Both maturity and these wider relational contexts make attachment strategies more diverse and more changeable with age. Crittenden elaborates the basic Ainsworth, A, B, C model, incorporating new adaptive strategies within these three broad categories, identifying nine sub-categories at pre-school age and thirteen by adulthood. This is a diagram showing the range of adult categories just to give you a flavour.

A Dynamic-Maturational Model of Patterns of Attachment in Adulthood



One potentially very interesting feature of her work for family therapists is her description of the way in which the attachment strategy of a child may become opposite, but complementary, to the strategy of the parent. For example, a feigned helpless pattern in a parent creates a context in which one or more children within a family may develop a compulsive-caregiving strategy. Or a compulsive compliant parent may become complementary to an aggressive child. This is a sophisticated model - sensitive to cross cultural issues – and will probably set the attachment research agenda for the next twenty years. I think it has great potential for family systems therapists since it locates a whole range of behaviours – that may otherwise be seen as ‘disorders’ within relational contexts.

Using the Dynamic Maturational Model, Paul’s attachment strategy fits best in the C category – probably C3 – an aggressive coercive strategy. Both he and his caregivers (that is both parents, and all parental children in the family) became involved in symmetrical escalating displays of unregulated anger. Words were used, not to sooth, to provide understanding or to establish clear contingencies, but as vehicles for this anger. To recap, for Paul, such emotional escalations may have recreated an intensity of connection that was, I think, always inconsistent but was dramatically lost once the girlfriend of his parental brother joined the family.

According to Crittenden, C category children have not been able to establish a sense of the contingency between their attachment behaviour and the response of their parents. In this difficult first meeting, I asked them if they would allow me to experiment with something different. I asked them not to respond to Paul’s outrageous behaviour (the older children in particular had found him swearing very amusing) but to respond immediately, warmly and consistently to any appropriate behaviour. I also modelled this and within fifteen minutes Paul became completely calm and co-cooperative and, indeed anxious to continue to receive warm praise. At the end of the session he scrupulously tidied everything away. I knew this would probably fall apart ten minutes after they left but it helped the parents to understand that establishing clear contingencies and changing the emotional environment around Paul could be a great influence. (Up to this point they had been pressing for an ADHD diagnosis to be made.)

During the next session I worked on clarifying who should hold a parental role, and I encouraged this parental group to use clear predictable methods of control (1,2,3 Magic), working together, keeping themselves calm, and the use of consistent rewards. Importantly the brother began to understand how his sudden unavailability had affected Paul and he began to spend more time with him. Both parents also agreed to each experiment with 30 minutes of play with Paul three times per week – allowing him to take the lead - to warm up their relationship. No case ever goes smoothly of course but within two weeks both parents and school began to report significant changes in Paul’s behaviour.

From the perspective of Crittenden's model, Jody would be seen as having made a strikingly different accommodation within the emotional system: closest would probably be an A4 – compulsive compliant strategy - or A3 compulsive caregiving strategy. With A category children, parental consistency has not been a problem. Instead attachment research suggests that A category children have come to experience a consistent rejection in respect of their attachment seeking behaviour such as crying and anger and they learn to inhibit these aspects of their emotional range in order to fit in. It is often the case that A category teenagers frequently cannot bear to work with their parents at least initially and so the work with Jody was to begin to identify - and help her feel more at ease with - her anger and to come to understand her anxieties about hurting her parents. Simultaneously my colleague's work with the parents moved into helping them to understand how Jody's emotionally restricted role as good daughter had been established and to enable them to allow an expansion in the range of feelings they would accept. Crucially, in my colleague's work, has been the recognition that if the children are angry with the mother, it reminds her of her poor relationship with her own mother, triggering feelings of hopelessness and failure.

~~~~~

I'm now drawing to a close so let me summarise my main points: using a critical realist position I have triangulated backwards and forwards, from two contrasting cases in which managing anger seems to be a major difficulty, to a number of contemporary perspectives. I have briefly covered Benjamin's description of the importance of destructive rage as a universal aspect of ordinary human development which allows the recognition of the caregiver as a separate person with her own centre of being and the crucial role that parental survival plays in this. Beebe and Lachman's work describes a dynamic systemic balance between self and interactive regulation which can tilt into drastic premature self regulation as in the case of Jody if there is a chronic mismatch between caregiver and child. Bion and the work of Fonagy and colleagues provide a more detailed account of the processes of containment and how the capacity to mentalize underpins emotional regulation and survival as a parent. I touched on Britt Krause's recognition that the interactive and evaluative processes in mentalizing link individual and family rules of acceptability of emotions to those of wider culture. Finally, I outlined how Crittenden's Dynamic Maturational Model of attachment offers a framework to locate a wide range of behaviours as adaptive within close relationships and suggests quite different therapeutic approaches may be needed for the contrasting attachment strategies adopted by Paul and Jody. My hope is that this has helped to make the central point of my paper - that emotional expression in one person is a non-consciously organised adaptation to an emotional ecosystem. I hope also to have kindled some interest for you to explore these perspectives more fully for yourselves.

Despite the richness of these new ideas which represent major developments in attachment, parent-infant research and relational psychoanalysis, all these perspectives are largely drawn from a two person psychology (infant and caregiver). I think the challenge for family systems therapists is to grapple with the emotional complexity of family and wider systems. For that we may need to return to Bateson's long neglected concept of ethos.



## Key references

---

- Beebe, B. and Lachmann, F. (2002) *Infant Research and Adult Treatment: Co-constructing Interactions*. London: The Analytic Press.
- Benjamin, J. (1999) Recognition and destruction: an outline of intersubjectivity. In S. Mitchell and L. Aron (eds) *Relational Psychoanalysis: The Emergence of a Tradition*. Hillsdale NJ: The Analytic Press
- Crittenden, P. (2000) A dynamic-maturational approach to continuity and change in pattern of attachment. In P. Crittenden and A. Claussen (eds) *The Organisation of Attachment Relationships: Maturation, Culture and Context*. Cambridge University Press.
- Fonagy, P., Gergely, G., Jurist, E. and Target, M. (2004) *Affect Regulation, Mentalization, and the Development of Self*. London: Karnac.