

# THE MATURATIONAL PROCESSES AND THE FACILITATING ENVIRONMENT

*Studies in the Theory of Emotional Development*

By

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## THE DEVELOPMENT OF THE CAPACITY FOR CONCERN<sup>1</sup>

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The origin of the capacity to be concerned presents a complex problem. Concern is an important feature in social life. Psychoanalysts usually seek origins in the emotional development of the individual. We want to know the aetiology of concern, and the place where concern appears in the child's development. We also are interested in the failure of the establishment of an individual's capacity for concern, and in the loss of concern that has to some extent been established.

The word 'concern' is used to cover in a positive way a phenomenon that is covered in a negative way by the word 'guilt'. A sense of guilt is anxiety linked with the concept of ambivalence, and implies a degree of integration in the individual ego that allows for the retention of good object-imagos along with the idea of a destruction of it. Concern implies further integration, and further growth, and relates in a positive way to the individual's sense of responsibility, especially in respect of relationships into which the instinctual drives have entered.

Concern refers to the fact that the individual *cares*, or *minds*, and both feels and accepts responsibility. At the genital level in the statement of the theory of development, concern could be said to be the basis of the family, where both partners in intercourse—beyond their pleasure—take responsibility for the result. But in the total imaginative life of the individual, the subject of concern raises even wider issues, and a capacity for concern is at the back of all constructive play and work. It belongs to normal, healthy living, and deserves the attention of the psycho-analyst.

There is much reason to believe that concern—with its positive sense—emerges in the earlier emotional development of the child at a period before the period of the classical Oedipus complex, which involves a relationship between three persons, each felt to be a whole person by the child. But there is no need to be precise about timing, and indeed most of the processes that start

<sup>1</sup> Presented to The Topeka Psychoanalytic Society, 12 October 1962, and first published in the *Bulletin of the Menninger Clinic*, 27, pp. 167-76.

up in early infancy are never fully established, and continue to be strengthened by the growth that continues in later childhood, and indeed in adult life, even in old age.

It is usual to describe the origin of the capacity for concern in terms of the infant-mother relationship, when already the infant is an established unit, and when the infant feels the mother, or mother-figure, to be a whole person. It is a development belonging essentially to the period of a two-body relationship.

In any statement of child-development, certain principles are taken for granted. Here I wish to say that the maturation processes form the basis of infant- and child-development, in psychology as in anatomy and physiology. Nevertheless, in emotional development it is clear that certain external conditions are necessary if maturation potentials are to become actual. That is, development depends on a good-enough environment, and the earlier we go back in our study of the baby, the more true it is that without good-enough mothering the early stages of development cannot take place.

A great deal has happened in the development of the baby before we begin to be able to refer to concern. The capacity to be concerned is a matter of health, a capacity which, once established, presupposes a complex ego-organization which cannot be thought of in any way but as an achievement, both an achievement of infant- and child-care and an achievement in terms of the internal growth-processes in the baby and child. I shall take for granted a good-enough environment in the early stages, in order to simplify the matter that I wish to examine. What I have to say, then, follows on complex maturational processes dependent for their becoming realized on good-enough infant- and child-care.

Of the many stages that have been described by Freud and the psycho-analysts who have followed him, I must single out one stage which has to involve the use of the word 'fusion'. This is the achievement of emotional development in which the baby experiences erotic and aggressive drives toward the same object at the same time. On the erotic side there is both satisfaction-seeking and object-seeking, and on the aggressive side, there is a complex of anger employing muscle eroticism, and of hate, which involves the retention of a good object-*imago* for comparison. Also in the whole aggressive-destructive impulse is contained a primitive type of object relationship in which love involves destruction. Some of this is necessarily obscure, and I do not need to know all about the origin of aggression in order to follow my argument, because I am taking it for granted that the baby

has become able to combine erotic and aggressive experience, and in relation to one object. Ambivalence has been reached.

By the time that this becomes a fact in the development of a child, the infant has become able to experience ambivalence in fantasy, as well as in body-function of which the fantasy is originally an elaboration. Also, the infant is beginning to relate himself to objects that are less and less subjective phenomena, and more and more objectively perceived 'not-me' elements. He has begun to establish a self, a unit that is both physically contained in the body's skin and that is psychologically integrated. The mother has now become—in the child's mind—a coherent image, and the term 'whole object' now becomes applicable. This state of affairs, precarious at first, could be nicknamed the 'humpty-dumpty stage', the wall on which Humpty Dumpty is precariously perched being the mother who has ceased to offer her lap.

This development implies an ego that begins to be independent of the mother's auxiliary ego, and there can now be said to be an inside to the baby, and therefore an outside. The body-scheme has come into being and quickly develops complexity. From now on, the infant lives a psychosomatic life. The inner psychic reality which Freud taught us to respect now becomes a real thing to the infant, who now feels that personal richness resides within the self. This personal richness develops out of the simultaneous love-hate experience which implies the achievement of ambivalence, the enrichment and refinement of which leads to the emergence of concern.

It is helpful to postulate the existence for the immature child of two mothers—shall I call them the object-mother and the environment-mother? I have no wish to invent names that become stuck and eventually develop a rigidity and an obstructive quality, but it seems possible to use these words 'object-mother' and 'environment-mother' in this context to describe the vast difference that there is for the infant between two aspects of infant-care, the mother as object, or owner of the part-object that may satisfy the infant's urgent needs, and the mother as the person who wards off the unpredictable and who actively provides care in handling and in general management. What the infant does at the height of id-tension and the use thus made of the object seems to me very different from the use the infant makes of the mother as part of the total environment.<sup>1</sup>

In this language it is the environment-mother who receives all

<sup>1</sup> This is a theme that has recently been developed in a book by Harold Searles (1960).

that can be called affection and sensuous co-existence; it is the object-mother who becomes the target for excited experience backed by crude instinct-tension. It is my thesis that concern turns up in the baby's life as a highly sophisticated experience in the coming-together in the infant's mind of the object-mother and the environment-mother. The environmental provision continues to be vitally important here, though the infant is beginning to be able to have that inner stability that belongs to the development of independence.

In favourable circumstances, when the baby has reached the necessary stage in personal development, there comes about a new fusion. For one thing, there is the full experience of, and fantasy of, object-relating based on instinct, the object being used without regard for consequences, used ruthlessly (if we use the term as a description of our view of what is going on). And alongside this is the more quiet relationship of the baby to the environment-mother. These two things come together. The result is complex, and it is this that I especially wish to describe.

The favourable circumstances necessary at this stage are these: that the mother should continue to be alive and available, available physically and available in the sense of not being pre-occupied with something else. The object-mother has to be found to survive the instinct-driven episodes, which have now acquired the full force of fantasies of oral sadism and other results of fusion. Also, the environment-mother has a special function, which is to continue to be herself, to be empathic towards her infant, to be there to receive the spontaneous gesture, and to be pleased.

The fantasy that goes with full-blooded id-drives contains attack and destruction. It is not only that the baby imagines that he eats the object, but also that the baby wants to take possession of the contents of the object. If the object is not destroyed, it is because of its own survival capacity, not because of the baby's protection of the object. This is one side of the picture.

The other side of the picture has to do with the baby's relation to the environment-mother, and from this angle there may come so great a protection of the mother that the child becomes inhibited or turns away. Here is a positive element in the infant's experience of weaning and one reason why some infants wean themselves.

In favourable circumstances there builds up a technique for the solution of this complex form of ambivalence. The infant experiences anxiety, because if he consumes the mother he will lose her, but this anxiety becomes modified by the fact that the baby

has a contribution to make to the environment-mother. There is a growing confidence that there will be opportunity for contributing-in, for giving to the environment-mother, a confidence which makes the infant able to hold the anxiety. The anxiety held in this way becomes altered in quality and becomes a sense of guilt.

Instinct-drives lead to ruthless usage of objects, and then to a guilt-sense which is held, and is allayed by the contribution to the environment-mother that the infant can make in the course of a few hours. Also, the opportunity for giving and for making reparation that the environment-mother offers by her reliable presence, enables the baby to become more and more bold in the experiencing of id-drives; in other words, frees the baby's instinctual life. In this way, the guilt is not felt, but it lies dormant, or potential, and appears (as sadness or a depressed mood) only if opportunity for reparation fails to turn up.

When confidence in this benign cycle and in the expectation of opportunity is established, the sense of guilt in relation to the id-drives becomes further modified, and we then need a more positive term, such as 'concern'. The infant is now becoming able to be concerned, to take responsibility for his own instinctual impulses and the functions that belong to them. This provides one of the fundamental constructive elements of play and work. But in the developmental process, it was the opportunity to contribute that enabled concern to be within the child's capacity.

A feature that may be noted, especially in respect of the concept of anxiety that is 'held', is that integration *in time* has become added to the more static integration of the earlier stages. Time is kept going by the mother, and this is one aspect of her auxiliary ego-functioning; but the infant comes to have a personal time-sense, one that lasts at first only over a short span. This is the same as the infant's capacity to keep alive the imago of the mother in the inner world which also contains the fragmentary benign and persecutory elements that arise out of the instinctual experiences. The length of the time-span over which a child can keep the imago alive in inner psychic reality depends partly on maturational processes and partly on the state of the inner defence organization.

I have sketched some aspects of the origins of concern in the early stages in which the mother's continued presence has a specific value for the infant, that is, if the instinctual life is to have freedom of expression. But this balance has to be achieved over and over again. Take the obvious case of the management of adolescence, or the equally obvious case of the psychiatric

patient, for whom occupational therapy is often a start on the road towards a constructive relation to society. Or consider a doctor, and his needs. Deprive him of his work, and where is he? He needs his patients, and the opportunity to use his skills, as others do.

I shall not develop at length the theme of lack of development of concern, or of loss of this capacity for concern that has been almost, but not quite, established. Briefly, failure of the object-mother to survive or of the environment-mother to provide reliable opportunity for reparation leads to a loss of the capacity for concern, and to its replacement by crude anxieties and by crude defences, such as splitting, or disintegration. We often discuss separation-anxiety, but here I am trying to describe what happens between mothers and their babies and between parents and their children when there is *no* separation, and when external continuity of child-care is *not* broken. I am trying to account for things that happen when separation is avoided.

To illustrate my communication I shall give a few examples from clinical work. I do not want, however, to suggest that I am referring to anything rare. Almost any psycho-analysis would provide an example in the course of a week. And it must be remembered that in any clinical example taken from an analysis there is a host of mental mechanisms that the analyst needs to be able to understand which belong to later stages of the individual's development, and to the defences that are called psycho-neurotic. These can be ignored only when the patient is in a state of severe regression to dependence in the transference, and is, in effect, a baby in the care of a mother-figure.

*Example I:* First I cite the case of the boy of twelve whom I was asked to interview. He was a boy whose *forward* development led him to depression, which included a vast quantity of unconscious hate and aggression, and whose *backward* development, if I may use the phrase, led him to seeing faces, to experiences that were horrible because they represented dreams dreamed in the waking state, hallucinosis. There was good evidence of ego-strength in this boy, as witness his depressive moods. One way that this ego-strength showed in the interview was as follows:

He drew a nightmare, with a huge horned male-creature threatening a tiny self, an 'ant'-self. I asked if he had ever dreamed of himself as the huge horned male, with the ant as someone else, his brother, for instance, at the time of the brother's infancy. He allowed this. When he did not reject my interpretation of his hatred of his brother, I gave him an opportunity to tell me of his reparative potential. This came quite naturally through his description of his father's job as a

refrigeration mechanic. I asked him what he himself might want one day to be. He 'had no idea', and he was distressed. He then reported 'not a sad dream, but what a sad dream would be: his father dead'. He was near tears. In this phase of the interview there was a long period of nothing much happening. At length the boy said, very shyly, that he would like to be a scientist.

Here, then, he had shown that he could think of himself as contributing. Though he may not have had the requisite ability, he had the idea. Incidentally, this pursuit would bring him right ahead of his father because, as he said, his father's job was not at all that of a scientist, it was 'just being a mechanic'.

I then felt the interview could end in its own time; I felt the boy could go away without being disturbed by what I had done. I had interpreted his potential destructiveness, but it was true that he had it in him to be constructive. His letting me know he had an aim in life enabled him to go, without feeling he had made me think he was only a hater and a destroyer. And yet, I had not reassured him.

*Example II:* A patient of mine doing psychotherapy started off a session by telling me that he had been to see one of his patients performing; that is to say, he had gone outside the role of a therapist dealing with the patient in the consulting room, and had seen this patient at work. The work of my patient's patient was highly skilled, and he was very successful in a particular job in which he used quick movements which in the therapeutic hour made no sense, but moved him around on the couch as if he were possessed. Although doubtful about having seen this man at work, my patient felt that probably it was a good thing. He then referred to his own activities in the holidays. He had a garden, and he very much enjoyed physical labour and all kinds of constructive activity, and he liked gadgets, which he really used.

I had been alerted to the importance of his constructive activities by his report of his having gone to see his patient at work. My patient returned to a theme which had been important in the recent analysis in which various kinds of engineering tools were important. On his way to the analytic session he often stopped and gazed at a machine tool in a shop window near my house. The tool had the most splendid teeth. This was my patient's way of getting at his oral aggression, the primitive love-impulse with all its ruthlessness and destructiveness. We could call it 'eating in the transference relationship'. The trend in his treatment was towards this ruthlessness and primitive loving, and the resistance against getting to the deep layers of it was

tremendous. Here was a new integration and a concern about the survival of the analyst.

When this new material came up relating to primitive love and to the destruction of the analyst, *there had already been* some reference to constructive work. When I made the interpretation that the patient needed from me, about his destruction of me (eating), I could have reminded him of what he had said about construction. I could have said that just as he saw his patient performing, and the performance made sense of the jerky movements, so I might have seen him working in his garden, using gadgets in order to improve the property. He could cut through walls and trees, and it was all enjoyed tremendously. If such activity had come apart from a report of the constructive aim it would have been a senseless maniacal episode, a transference madness.

I would say that human beings cannot accept the destructive aim in their very early loving attempts. The idea of destruction of the object-mother in loving can be tolerated, however, if the individual who is getting towards it has evidence of a constructive aim already at hand, and of an environment-mother ready to accept.

*Example III:* A man patient came into my room and saw a tape-recorder. This gave him ideas, and he said as he lay down and as he gathered himself together for the work of the analytic hour, 'I would like to think that when I have finished treatment, what has happened here with me will be of value to the world in some way or other.' I said nothing, but I made a mental note that this remark *might* indicate that the patient was near to one of those bouts of destructiveness with which I had had to deal repeatedly in two years of his treatment. Before the end of the hour, the patient had truly reached a new awareness of his envy of me, an envy which was the outcome of his thinking I was a good analyst. He had the impulse to thank me for being good, and for being able to do what he needed me to do. We had had all this before, but he was now more than on previous occasions in touch with his destructive feelings towards what might be called a good object, his analyst.

When I linked these two things, he said that this felt right, but he added how awful it would have been if I had interpreted on the basis of his first remark. He meant, if I had taken up his wish to be of use and had told him that this indicated an unconscious wish to destroy. He had to reach to the destructive urge before I acknowledged the reparation, and he had to reach it in his own time and in his own way. No doubt it was his capacity to

have an idea of ultimately contributing that was making it possible for him to get into more intimate contact with his destructiveness. But constructive effort is false and meaningless unless, as he said, one has first reached to the destruction.

*Example IV:* An adolescent girl was having treatment from a therapist who was also taking care of the girl at the same time in the therapist's home, along with her own children. This arrangement had advantages and disadvantages.

The girl had been severely ill, and at the time of the incident I shall recount she was emerging from a long period of regression to dependence and to an infantile state. She is no longer regressed in her relation to the home and the family, but is still in a very special state in the limited area of the treatment sessions which occur at a set time each day.

A time came when the girl expressed the deepest hate of the therapist (who is both caring for her and doing her treatment). All was well in the rest of the twenty-four hours, but in the treatment area the therapist was destroyed utterly, and repeated. It is difficult to convey the degree of the girl's hate of the therapist and, in fact, the annihilation of her. Here it was not a case of the therapist going out to see the patient at work, for the therapist had charge of the girl all the time, and there were two separate relationships going on between them simultaneously. In the day, all sorts of new things began to happen: the girl began to want to help clean the house, to polish the furniture, to be of use. This helping was absolutely new, and had never been a feature in this girl's personal pattern in her own home, even before she became acutely ill. And it happened silently (so to speak) alongside the utter destructiveness that the girl began to find in the primitive aspects of her loving, which she reached in her relation to the therapist in the therapy sessions.

You see the same idea repeating itself here. Naturally, the fact that the patient was becoming conscious of the destructiveness, made possible the constructive activity which appeared in the day. *But it is the other way round that I want to make plain here and now.* The constructive and creative experiences were making it possible for the child to get to the experience of her destructiveness. And thus, in the treatment, conditions were present that I have tried to describe. The capacity for concern is not only a maturational node, but it also depends for its existence on an emotional environment that has been good enough over a period of time.

*Summary*

Concern, as the term has been used here, describes the link between the destructive elements in drive-relationships to object, and the other positive aspects of relating. Concern is presumed to belong to a period prior to the classical Oedipus complex, which is a relationship between three whole persons. The capacity for concern belongs to the two-body relationship between the infant and the mother or mother-substitute.

In favourable circumstances, the mother by continuing to be alive and available is both the mother who receives all the fullness of the baby's id-drives, and also the mother who can be loved as a person and to whom reparation can be made. In this way, the anxiety about the id-drives and the fantasy of these drives becomes tolerable to the baby, who can then experience guilt, or can hold it in full expectation of an opportunity to make reparation for it. To this guilt that is held but not felt as such, we give the name 'concern'. In the initial stages of development, if there is no reliable mother-figure to receive the reparation-gesture, the guilt becomes intolerable, and concern cannot be felt. Failure of reparation leads to a losing of the capacity for concern, and to its replacement by primitive forms of guilt and anxiety.