

RESPONSE TO ALONIM AND SCHORE:
CONTAINMENT, ORIGINS OF THE SELF, AND PATHWAYS TO
AUTISM

Miriam Voran

Miriam Voran has a psychoanalytic practice in West Lebanon, New Hampshire and Montpelier, Vermont, and is an Adjunct Assistant Professor at the Geisel School of Medicine, Hanover, NH.

ABSTRACT:

Hannah Alonim and Allan Schore generously commented on my paper "The Protest of a Six Month Old Girl: Is This a Prodrome of Autism?," an account of the infant-parent psychotherapy of a baby with attachment problems and possibly autistic defenses. Here I address the points of convergence and divergence between and among the commentators and myself: the degree to which attachment disorders and autism are distinct, the contribution of the concept of "containment," and the timeline for the differentiation of self from other. I also reflect upon the cultural discomfort with psychogenic factors in autism.

I appreciate the thoughtful commentaries by Hannah Alonim (2013) and Allan Schore (2013) to my paper, "The Protest of a Six Month Old Girl: Is This a Prodrome of Autism?" (Vorán, 2013). They bring authority and experience to the sensitive question of how early relationships are connected to autism—a question that had gradually, over the last half-century, become a taboo.

Alonim, an expert in the treatment of autistic infants and their families, writes:

“. . . there is a reason to assume that some flaw in regulation of the fundamental factors for engagement with the world is related to the lack of self-regulation and perception of the self, which is rooted in the characteristics of the autism disorder (Trevvarthen, 2000). *However the appearance and development of the self will depend on how the human environment responds.*” (Italics added; p. 160).

Recognizing the powerful influence of the mother-infant relationship for these sensitive, regulation-challenged infants, Alonim concludes:

“Indeed, not every attachment disorder will necessarily develop into a disorder on the autism spectrum, but *most autistic disorders involve an attachment disorder* and infants that later develop autistic disorders show lack of attachment at the very early stages of their lives.” (Italics added; p. 160)

This is a bold assertion, at least on this side of the Atlantic; she encourages us to explore the relational pathways that contribute to autism, as I defined it in my paper.

Schore joins the call for inclusion of relationship factors in our understanding of autism:

“Over the last two decades both autism research and treatment have been dominated by cognitive science,

cognitive neuroscience, and cognitive developmental psychology. There has been little interest in incorporating recent advances in the interpersonal neurobiology of attachment, . . . or in the current relational, intersubjective trend in psychoanalysis. But with a renewed interdisciplinary focus on the very early development of not left brain cognitive but right brain social-emotional survival functions and the emergence of the self there is now a possibility of re-forging a bridge between autism and psychodynamic attachment-informed treatment models, including models of early assessment and intervention." (p. 178)

My paper had asked its readers to consider whether the little girl, Jane, whose family I was treating, was a case of autism in its very state of formation. The question itself assumed the possibility of psychogenic autism. By psychogenic autism, I mean a pathway to autism by which infant sensitivities, and perhaps also regulatory challenges, interact with the parents' psychology, leading to difficulties in the infant-parent relationship, the infant's recruitment of autistic defenses, and then autism. So I read Schore's and Alonim's views on the links between early relationships and autism with great interest, and, I admit, some unscientific relief.

There were three points, however, on which our views diverged, and these I will try to address in my response. I present them here first as a list: 1) Schore separates attachment disorders from autism. 2) Schore thinks that the psychoanalytic concept of containment, an idea heavily used in my paper, is disappearing from general use and being replaced, rightly, with the concept of interactive affect regulation. 3) Alonim suggests I have placed the birth of the self too early in development. Finally, I will relate these three issues to a psychosocial problem I raised in my paper, the connection between our culture's headlong rush to technological convenience, and its growing discomfort with a depth psychology of autism, and perhaps depth psychology in general.

The separation of attachment disorders from autism

Although Schore links the neurological deficits of autism with the neurological sequelae of early relational trauma, he nonetheless maintains a clear boundary between the conditions. Although the right amygdala is structurally and metabolically altered in both, he says, autism shows more widespread alterations. These, he believes, "occur prenatally due to untoward interuterine influence," but the same, more limited changes in disorganized attachment "may result

from epigenetic mechanisms associated with the stressful perinatal and postnatal social environments.” (p. 178) “Attachment disorders,” he concludes, “reflect delayed connectivity or ‘immaturity’ of the limbic-autonomic circuits of the right brain, whereas autistic disorders reflect altered connectivity and ‘developmental derangement’ of the right brain.” (p. 178–9) Although I agree with Schore’s description of the different degrees of neurological disruption in the two conditions, I wonder if the causal pathways are as distinct as he maintains. Might it be possible for psychological adaptations—adaptations like withdrawal, pseudo-independence, or the self-generated sensations of a second skin—to cause the profound neurological alterations of autism? What might we make of the recent finding that mothers with an abuse history (relational trauma) are more likely to have children with autism (Roberts et al, 2013)? And what of the recent finding that infants who become autistic had normal eye gaze at 2 months, with a subsequent decline, contradicting the researchers hypothesis of an innate disability in processing social information (Jones & Klin, 2013)?

Should the concept of containment die?

Schore thinks “the primary mechanism of therapeutic action [is] the therapist’s facilitating the co-

construction of a more efficient attachment bond of emotional communication and interactive affect regulation within the dyad." (p. 165). The psychoanalytic concept of containment, he says, is being replaced by the more complex construct of regulation.

It's typical of science to revise its concepts, incorporate developments from other disciplines, and, at the same time, harmonize its ideas with the perspective of the broader culture. Schore is doing this for psychoanalysis, and his work has earned him high regard. However, the introduction of new terms obligates the introducers to define these terms and carefully describe their conceptual relationships to each other and to the old terms they are modifying or replacing. We should do that here. What does the construct of regulation add to "containment"? Is containment only one component of the more complex construct of regulation, a first step in the process of regulation, or a precondition of regulation? Or maybe it's the other way around. Maybe regulation is only one component of "containment." Maybe containment conveys meanings or resonances that are lost when we replace it with the construct of regulation.

To show what is at stake, I will consider containment in the infant-mother relationship, an analogue for certain growth-producing transactions between therapist and patient. Containment is the mother's absorption of the infant's primitive experience without becoming disorganized or overwhelmed. During containment, the mother is creating an inner awareness of some disturbing emotion, complex experience, or even ego function that the baby cannot mentalize.

Containment is maternal reverie, a dreamlike meditation on her infant's experience. Reverie preserves, digests and metabolizes the disturbing experience. As we know, Bion (1962) named the unmentalized evacuated experience beta and the digested version alpha. Beta is not available for thought or the building up of psychic structure; but when the mother returns it in the revised form of emotional understanding, to her infant, the infant can digest and metabolize the previously intolerable experience, and use it to build up its own thinking apparatus, itself a kind of containment function. Through repeated cycles of this process, the baby learns to better tolerate frustrations and emotions. Maternal containment, therefore, facilitates and stimulates the infant's mental growth.

Schore's concept of regulation encompasses all the ways that mother and infant shape each other's emotions, from calming ministrations to joyful face-to-face play that expands the baby's capacity to tolerate excitement. Containment, and its associated empathy, may be the pre-requisite that enables the mother to sensitively help regulate her infant's affect. Certainly, the mechanisms of change in infant-parent psychotherapy include the therapist engaging with the parents, and with the infant, helping them to manage "affective crises" during the session, and to prepare for the emotional storms they anticipated at home, as, for example, when I helped Jane and her parents anticipate nighttime separations.

Regulation also recognizes the importance of communication between the deep unconscious minds of mother and infant. In infant-parent psychotherapy, Schore writes, a primary mechanism of therapeutic action is "the co-construction of a nonverbal, empathic, intersubjective connection with the mother" (p. 183). He illustrates a rupture in this unconscious communication with an example from Beebe's research on the dyadic origins of disorganized attachment—" ... as one future disorganized infant sharply vocalized distress and turned his head abruptly away with a pre-cry face, the mother's head jerked back, as if 'hit' by

the infant's distress; she then looked down with a 'closed-up' face." This, Schore writes, shows that the mother's hyperarousal and dissociative withdrawal interfere with "receiving and resonating" to the nonverbal right brain communications from her infant. We might have said, using the older idiom, that the mother's containment function has failed. Through the lens of regulation theory, we see a more detailed picture of the hyperarousal and dissociation that can disrupt containment. Then Schore describes psychotherapeutic growth: the "co-created therapeutic alliance allows the clinician to not only 'take the transference' of relational trauma [absorb beta] but to also act as a psychobiological regulator of the mother's dysregulated arousal states" (p. 183). This helps the mother resonate with dysregulations of her deep unconscious.

Something is lost, however, in adopting the concept of regulation. The vivid phenomenology of the infant's experience of being held, physically and psychologically, seems to evaporate when we use the modern language. The palpability of the mother's containing and the infant's being contained both vanish. We no longer hear or feel the resonances of the "timelessness" of maternal reverie, patience, and "being."

Schore himself seems to be of two minds about this change. Although he describes the therapeutic goal as helping the mother become an *efficient* regulator of the infant's affect, a goal implying the most work with the least time and effort, he argues for the importance of "right-brain focused" treatments, that is, an attunement of the unconscious minds of patients and therapists. He decries the cultural rush towards left-brain focused manualized, "evidenced-based," *efficient* treatments (Schore, 2012). A mother, or a therapist, focused on "efficiency" will rarely achieve the free-floating attention, the timeless reverie, required for containment.

The concept of containment has a long intellectual history, with roots in biology, where we can find useful analogies for the description of psychological life. Cells are the units of all life. They consist of self-perpetuating, highly organized, specialized, complex, genetically-directed systems—like us. They sustain their delicate near-equilibrium condition only by wrapping themselves in a semi-permeable barrier, a communicating membrane. On this membrane, and within the cell, there exist certain crude sensory mechanisms, many of them dedicated, like our own immune systems, to the distinction between self and non-self in the

interest of self-preservation and eventual reproduction.

This cellular function, this working distinction between self and other, is replicated in progressively complex forms, all the way up through the great chain of life. It appears too in the self-protective mechanisms found in human sperm and egg, zygote and embryo. We have every reason, then, to expect to find a rudimentary sense of self in the fetal brain and the infant mind.

Just as its life processes must be contained by the cell's membrane, the infant's delicate mental organization must find containment in the mother's mind in order to develop. Without containment, emotional and mental products and experience cannot organize; the infantile mind expels its contents indiscriminately. They are no longer available for building up psychic structure. Even when containment is inconsistent (e.g. the mother accepts some affects, and refuses others), complexification and integration fail or at least whither.

Maternal containment, no less than the cellular membrane, also fortifies distinctions between self and other. If the mother's own "stuff" overwhelms her

containing function, the infant gets mirrored back more of the mother than of himself, confounding the two minds, and disorganizing the infant's inchoate self. Like the cell membrane, accepting materials essential for self-perpetuation, and excluding materials toxic and disorganizing to its inner processes, the fortified infant self, here seen as a kind of circumvallation, opens for alpha and closes against beta. The psychotherapeutic situation constitutes another psychosocial membrane, preserving a retirement in which the psyche can safely reorganize, heal and grow. The maternal and psychotherapeutic sifting function solidifies the bodily and mental definition of the self.

This distinction between self and other is probably compromised in the infant who becomes autistic. Muratori's research, described by Schore, suggests a vicious spiral of self-dissolution: Infants who became autistic had early difficulties initiating social interaction, and anticipating another's aims, characteristics that would compromise a sense of agency. In turn, by the second half of the first year, parents of these socially under-active infants used a hyper-stimulating style--gesticulating, tickling, making faces, or presenting objects to the infant--inadvertently violating the infant's sense of agency

and blurring distinctions between self and other (Saint Georges et al, 2011). The parents' overstimulating play likely flows from their desperate longing to make contact with their withdrawn infant. Therapeutic support might have helped the parents contain their own panic; the parents, in turn, might have better contained the baby's experience, and helped the baby develop a more solid sense of self.

In these and other ways, containment seems to say more than regulation: it sounds more tones and overtones of the quiet, dreamlike, timeless maternal processing that builds the infant's mind and sense of self. It captures, in a word, the modeling of the contemplative ego structures required for thought and psychological-mindedness, all of which have failed to thrive in autism. I think our science will abandon the term containment at the risk of its own impoverishment.

Reflections on infant capacities and additional comments on the sense of self

Alonim thoughtfully challenged my attribution, to Jane, of certain complex psychological functions. She asks when the infant begins to distinguish between self and other, suggesting I might be attributing an improbable precocity to Jane. The self, I suggest, begins as a faint sensation, and then evolves (Stern, 1985).

Gradually, the infant learns to identify experiences of agency that fortify that sensation. Even in utero, the fetus may sense the difference between amniotic fluid in his mouth and sucking his thumb, the latter a sensation he feels in two places, and learns that he has caused. By 3 months, the infant can reliably distinguish random from predictable re-inforcement schedules, and, in many spheres, its own actions consistently give results—e.g. the sound of a rattle, the flow of milk, or reappearance of mother's face.

It is true that the young infant, still learning to regulate states of arousal, spends much of its early days and weeks in dreamy states, easily drifting in and out of sleep. In these reveries, the infant must experience that oceanic expansiveness, in which the pleasurable feelings enjoyed with its mother become all-consuming, perhaps an experience of merger. Likewise, in moments of terror the infant may lose the distinction between internal pain and the bad and absent mother. But the young baby is also often relatively alert and calm; in those lucid moments, or episodes, the infant is building up its core sense of self.

Alonim wonders if Jane, at 6 months, could have sufficiently distinguished herself from her mother to

warrant my interpretation of her hair-pulling as "removing troubling thoughts or turning sadistic thoughts round on herself." It seemed to me that for Jane, to pull her own hair would give a reliable tugging sensation at her scalp, reinforcing a sense of her skin, her body, "a self-cinch," a predictable and controllable sensation. In contrast, to rage at her mother would lead to unpredictable sensations—harsh sounds if her mother screamed, perhaps jarring proprioceptive sensations if her mother moved her roughly, the terror of her withdrawal—which would further overwhelm Jane. Thus, Jane could have learned that hair-pulling felt better than screaming, and started to turn her aggression on herself. Similarly, Jane could have experienced her distress as emanating from her head; if so, hair-pulling could have been an attempt to remove the distress from its source. We do not have to understand the distress, of course, at this age, as actual ideas, or "thoughts", but as disturbing sensations in her head that she was trying to modify or evacuate.

Alonim also wonders if the infant mind is capable of teasing. Jane was 9 months when she initiated what I interpreted as a teasing game with her mother to handle the frustrations around weaning. By this age, she had achieved intersubjectivity—the understanding that her

mother had a separate mind that she could influence. In fact, infants are considered to develop the ability to tease during the second half of their first year, first through accidental or incidental acts that provoke exaggerated responses in others, in which the infant takes pleasure, and then through the intentional violation of expectations, as Jane did, interrupting a familiar gesture, such as offering a toy, with playful withdrawal (Reddy, et al, 1997). By 9 months, having more solidly established an attachment to her parents, Jane enjoyed a robust sense of self and could exercise her ability to influence her mother's emotions, to help manage feelings of disappointment and helplessness.

Alonim also raises an important question about Jane's initial protest, asking whether it might have been an instinctual reaction aroused by anxiety. Her question first made me reflect on the issue of the previous paragraph: anxiety itself, I thought, is a proof of self, since it implies the "knowledge" of a self that is vulnerable. But Alonim's point here is well-taken. Jane, I thought was coping with unbearable anxiety from premature disruptions of parental containment. Instinctively, we do respond to threat (anxiety; terror) with either fight or flight (including dissociative withdrawal). Evolutionarily, the rage associated with "fight" confers an adaptive advantage,

as it can startle a predator into abandoning its prey. Jane's "fight" scared her parents into letting go of their preoccupation with maintaining their equilibrium, the psychological jaws in which the whole family had become ensnared, and drove them to psychotherapy. Her "fight," which recruited a kind of pseudo-independence, was also an effort to create a sense of self, a "second skin;" it generated alternative sensations that made her feel "held together." But pseudo-independence leads to a premature separation between self and other, to an overly-rigid and concrete sense of self. This pseudo-self lacks the depth and psychological complexity that a child builds up through the process of maternal containment. Jane, turning to self-generated sensations in the absence of an organizing maternal mind, seemed headed down that path.

To me, it seemed that Jane would have steered away from other minds, just as she felt others had avoided hers. Deprived of sufficient maternal containment, trying to evade desperation and annihilating anxiety, Jane was creating a self that would not have readily engaged in relationships. A failure of containment, in this way, might have led to a constricted life.

A change in course?

Both Schore and Alonim, by focusing on the developing sense of self in the mother-infant relationship, are returning psychology, emotions, and relationships to the study of autism. With this, they are trying to turn the great ship of public and scientific opinion that for the last 40 years has been steaming in the opposite direction. Each study cited by Schore, each idea he puts forward, exerts a corrective force on this wayward cultural vessel—the cultural enterprise of autism research and treatment—and turns the ship back towards depth psychology, a psychology that respects the unconscious, emotion, and the importance of relationships. He calls on autism researchers to wake up to the child's emotional life, to the chronic states of fear inferred from the consistent findings of enlarged amygdalas, and dissociative states. His citations and inferences must persuade a rational scientific community to restore unconscious motivation and personal relationships to the discussion about autism. Likewise, Alonim recognizes attachment failures as factors in autism, calls for early psycho-dynamically-informed treatment, and has demonstrated the effectiveness of intensive infant-family treatment (Alonim, 2004). Schore's and Alonim's course-correcting views deserve to be more widely known in the US.

What has made the psychology and emotional experience of autism so repugnant to the culture, especially in the US? We think of Bruno Bettelheim, a straw man for a social dilemma, condemned as a brute without ever being understood. We forget that he was indeed gifted in containing the autistic child's experience and remember that he was blind to the parents' suffering. The culture has used his missteps in this regard as one more reason to reject psychoanalysis, the science it fears as the distributor of blame and shame.

But the reasons for our flight *from* a psychological understanding of autism likely run deeper. When we perceive ideas as true, but threatening, we will invest tremendous resources and energy—in the form of social organizations, research enterprises, and even scientific theories—to repel or disarm this threat. We sense that the truth will bring inward storms and boiling seas and we feel unseaworthy. And perhaps we are, or have become so. The culture's frustration tolerance (including tolerance of stigma and imagined stigma) seems to have grown weaker (Twenge, 2006). At the same time, we are increasingly interconnected and intermingled in the widening stream of information technology. The pressure for conformity and unanimity in comforting group beliefs has grown more oppressive and irresistible. These twin forces—weak frustration

tolerance and conformity pressure—seem to have distorted both science and culture.

Ironically, psychoanalysis has played an unavoidable role in its own rejection. It taught society to value feelings, self-expression and self-fulfillment. But society's thirst for these has subsequently become insatiable. Unmoored from personal discipline, consideration of group welfare, and the need for limits, the appetite for psychological safety and satisfaction becomes destructive and weakens the group mind. Our culture has taken from psychology what is easy, attractive and pleasurable, and discarded what requires work and effort. We have tasted knowledge too powerful and too painful to embrace in whole, and, having taken just a part, have created a perversion. As a result, we feel burdened by pressures to be fulfilled individuals, satisfying partners, and good parents—but less by the pressure to find realistic pathways to fulfillment. The psychology of autism, and the knowledge that parents profoundly influence their children, become, to a weakened and already-burdened culture, a crushing load.

The self-membrane of the modern mind has weakened, or macerated, and the protective function has become oversensitive and too thoughtless in its reactions. Thus,

weak and overburdened, exquisitely sensitive to personal insult or social exclusion, our culture is obligated to reject the deeper experience and psychological significance of the autistic child; that is, we refuse its containment. Might we even consider the Newtown school shooting a tragic reminder of our cultural refusal to contain the autistic child's experience (as a child, the gunman was considered by some to be on the autism spectrum) and our timidity in enlisting parents in the necessity of limits and the opportunities for understanding?

Fortunately, there are outposts amidst this sea of hostility towards the psychology of autism—one is Alonim's Mifne Center for Infants and Families in Israel. They offer intensive residential treatment for families who recognize the crisis of an infant headed towards autism. Dr. Acquarone, who helped contain my work with Jane, runs the Parent-Infant Clinic of the School of Infant Mental Health in London.

Bion reminds us that we also have an instinct for truth; for contact with reality. I think we see this in the autism researchers who inch closer and closer to the relational factors in autism, a truth from which the culture once had entirely fled. Maybe this trend will regain cultural acceptance. Parents might then

experience the culture as “holding” them in their quest to understand their autistic child, instead of aiding and abetting their flight. Then we might find meaning in the signs and symptoms in the infantssunken in passive withdrawal and unable to make social contact, or inthe infants who, like Jane, violently protested, or in those who make all the other heartbreaking gestures of babies in serious trouble. Then, by our reflecting on the unbearable,they would be heard.

We can be glad, and maybe joyful, that Schore and Alonimare calling for a new mentality and the restoration of depth-oriented, dynamically-informed early intervention for infants and their parents. Neuroscience increasingly recognizes that the right-brain regions implicated in autism are influenced by relationships, and strongly suggests that the abatement of fear, and the provision of emotional safety and security are central to reaching autistic infants. This still clashes with the current popular discourse in the United States, where behavioral treatment dominates the landscape. It’s true that newer developmental/educational treatments are cultivating the autistic child’s initiative, internal motivation, and sense of self. But these do not go to the heart of the autistic child’s struggle.

Fortunately, in the last decade our culture has embraced the necessity of early detection and early treatment of autism. Now, in this important project we need the psychoanalytic mind as a constant guide and companion. Only psychoanalytic containment, when respectful, contemplative, resilient and wise--of the emotional lives of the infant and parents--can open and reopen channels for deep contact with the families of autistic children.

I am grateful to JICAP for reopening this conversation, and containing this sensitive and challenging issue.

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