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## WHAT IS THE CONTAINER/CONTAINED WHEN THERE ARE GHOSTS IN THE NURSERY?: JOINING BION AND FRAIBERG IN DYADIC INTERVENTIONS WITH MOTHER AND INFANT

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**ABSTRACT:** “Ghosts in the nursery.” “Visitors from the unremembered past.” Fraiberg, Adelson, and Shapiro’s (1975) words convey the relational “intruders” that they perceived while working with mothers and infants. A mother’s unresolved past is a driving force within the treatment of mother–infant dyads. Working with these families, the therapist strives to process and metabolize the distress of the dyad while enabling the mother to contain the infant more fully. This article proposes that Fraiberg et al.’s metaphor may be newly elaborated utilizing Bion’s (1962) original theoretical conceptualization of the “container and contained.” He posited that an infant projects distressing affective states upon the mother, who contains the experience, transforms the feelings, and then enables the infant to reintroyect a more tolerable experience. This lays the foundation for the relational experience of being known by another and facilitates the infant’s development of self-knowledge and emotional regulation. We utilize Fraiberg et al.’s original case material to identify ways in which ghosts in the nursery disrupt the processes of the container and contained. Bion’s ideas may help enrich our understanding of how the therapeutic relationship enables cycles of containment, transitioning the material “ghosts” from being contained by the infant to being contained by the therapist, and to ultimately being transformed so that the mother can reattribute them to the past.

**RESUMEN:** “Fantasmas en la Guardería.” “Visitantes de un pasado no recordado.” Las palabras de Fraiberg (1975) evocan los “intrusos” en la relación, aquellos que ella percibía mientras trabajaba con madres e infantes. El pasado no resuelto de una madre es una fuerza impulsora dentro del tratamiento de las díadas madre-niño. Trabajando con estas familias, el terapeuta se esfuerza para procesar and metabolizar la angustia de la díada mientras que le permite a la madre contener al niño más plenamente.

Este ensayo propone que la metáfora de Fraiberg pudiera ser elaborada nuevamente utilizando la conceptualización teórica de Bion (1962) del “continente y contenido.” Bion postulaba que un infante proyecta estados afectivos angustiosos sobre la madre que contiene la experiencia, transforma los sentimientos, y entonces le permite al infante volver a intro-proyectar una experiencia más tolerable. Esto echa las bases para la experiencia de relación de ser conocido por otro y facilita el desarrollo del auto-conocimiento y la regulación emocional del niño.

Utilizamos el material de caso original de Fraiberg para identificar las maneras como los fantasmas en la guardería alteran los procesos del continente y contenido. Las ideas de Bion pudieran ayudar a enriquecer nuestro entendimiento de cómo la relación terapéutica permite ciclos de supresión, haciendo de transición para que el material ‘fantasmas’ pase de estar contenido por el niño a estar contenido por el terapeuta, y en última instancia ser transformado de manera que la madre pueda volver a atribuirlos al pasado.

**RÉSUMÉ:** ‘Fantômes dans la chambre de bébé.’ ‘Visiteurs d’un passé dont on ne se souvient pas.’ Ces expressions de Fraiberg (1975) font référence aux “intrus” relationnels qu’elle percevait en travaillant avec les mères et leurs bébés. Le passé non résolu d’une mère est une force motrice dans le traitement de dyades mère-bébé. En travaillant avec ces familles le thérapeute s’efforce de traiter et de métaboliser la détresse de la dyade tout en permettant au parent de contenir l’enfant plus pleinement. Cet article propose que la métaphore de Fraiberg soit ré-élaborée en utilisant la conceptualisation théorique de Bion (1962) du “contenant et contenu”. Bion avait posé en principe qu’un bébé projette des états effectifs de détresse sur la mère qui

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contient l'expérience, transforme les sentiments et ensuite permet au bébé de ré-introjecter une expérience plus tolérable, ce qui forme la base pour que l'expérience relationnelle d'être connu d'un autre soit possible, et facilite le développement de la connaissance de soi de l'enfant et sa régulation émotionnelle. Nous utilisons le matériel original de Fraiberg pour identifier les manières dont les fantômes dans la chambre de bébé perturbent les processus du contenant et du contenu. Les idées de Bion peuvent aider à enrichir notre compréhension de la manière dont la relation thérapeutique offre des cycles de contenance, transitionnant le matériel 'fantôme' d'un statut contenu par l'enfant, à un statut de contenu par le thérapeute, jusqu'à finalement à être transformé de façon à ce que la mère puisse réattribuer les fantômes au passé.

ZUSAMMENFASSUNG: "Gespenster im Kinderzimmer". "Besucher aus der vergessenen Vergangenheit." Fraibergs (1975) Worte erwecken eine Vorstellung von den verwandschaftlichen 'Eindringlingen', die sie bei der Arbeit mit Müttern und Säuglingen wahrgenommen hat. Die ungelöste Vergangenheit einer Mutter ist eine treibende Kraft in der Behandlung von Mutter-Kind-Dyaden. Bei der Zusammenarbeit mit diesen Familien bemüht sich der Therapeut, den Kummer der Dyade zu verarbeiten und zu metabolisieren, um dem Elternteil zu ermöglichen, das Kind vollständig zu erfassen.

Dieser Artikel schlägt vor, dass Fraibergs Metapher unter der Verwendung von Bions (1962) theoretischer Konzeptualisierung des "Container/Contained-Modells" neu durchdacht werden könnte. Bion postuliert, dass ein Säugling belastende affektive Zustände auf die Mutter projiziert, die die Erfahrung in sich aufnimmt, die Gefühle umwandelt und dann dem Säugling eine erneute Introjektion einer erträglicheren Erfahrung ermöglicht. Dies bildet die Grundlage für die relationale Erfahrung, von einem anderen wahrgenommen zu werden und begünstigt auf Seiten des Kindes die Entwicklung von Selbsterkenntnis und emotionaler Regulation.

Wir nutzen Fraibergs ursprüngliches Fallmaterial, um zu identifizieren auf welche Art und Weise "Gespenster im Kinderzimmer" die "Container/Contained"-Prozesse stören. Bions Ideen können dabei helfen, unser Verständnis zu bereichern, inwiefern die therapeutische Beziehung Abläufe des Containments ermöglicht, in dem grundlegende "Geister" die das Kind in sich enthält auf den Therapeuten übertragen werden, um letztendlich transformiert zu werden, so dass die Mutter sie der Vergangenheit zuschreiben kann.

ABSTRACT: 抄録:「赤ちゃん部屋のおばけ」「覚えていない過去からの訪問者」 Fraiberg(1975)の言葉は、彼女が母親と乳児の仕事をしている間に気づいた関係性の「侵入者」を伝える。母親の未解決な過去は、母子のペアの治療の中で、駆動力である。これらの家族と仕事するとき、治療者は母子の苦痛を処理して代謝しつつ、親がより完全に子どもをコンテインできるように努力する。この論文では、Fraibergの比喩が、Bion(1962)の理論的概念化である「容器と内容(コンテナとコンテナド) container and contained」を利用して新しく説明されるだろうと提案する。Bionは、乳児が不快な情緒状態を母親に投影し、母親はその体験をコンテインし、気持ちを変形し、そして乳児がより耐えやすい体験を再び取り込むことができるようにすると、仮定した。これは、他者から知られているという関係性の体験の基礎を作り、子どもの自己認識と情緒調節の発達を促進する。私たちはFraibergのオリジナルな症例の素材を、赤ちゃん部屋のお化けがコンテナとコンテナドのプロセスを妨害するやり方を発見するために、利用する。Bionの考えは、どのように治療関係がコンテインメントのサイクルを可能にするかについての私たちの理解を豊かにするのを助けるだろう。そのサイクルとは、「お化け」の素材を、子どもにコンテインされることから、治療者にコンテインされ、最終的に母親がそれらをもう一度過去に帰属させることができるように変形されることまで、推移することである。

摘要: "育兒室的幽靈"。"從記不起的過去來的訪客"。Fraiberg(1975)用這些字句去描述她在治療母嬰時所識別的關係入侵者。母親未解決的過去在母子二人組合的療程中是個驅動力。在治療家庭時,治療師努力處理及代謝二人組合中的困擾,同時讓家長能更充分地涵容孩子。本文用比昂Bion(1962)的"涵容者及被涵容者"的理論概念對Fraiberg的比喩提出新的闡述。比昂認為嬰兒會將困擾情感狀態投射於母親,然後母親涵容這經歷,將這經歷的感受轉型,令嬰兒可再內化成較可容忍的經歷。在這基礎上孩子可建立被他人了解的關係經歷,並促進孩子的自我認識和情緒調節的發展。

我們用Fraiberg的原本個案資料去識別育兒室的幽靈如何干預涵容者及被涵容者的過程。比昂的概念可增進我們了解治療關係如何能推動涵容的循環,將幽靈轉化成從被孩子涵容到被治療師涵容,到最終轉化成讓母親可將過去重新歸因

ملخص: "أشباح في الحضانة". "زائرون من ماض منسي". كلمات (Fraiberg) فرايبيرغ (1975) تعلق على ظاهرة الأقرباء "الدخلاء" التي لاحظتها بينما كانت تعمل مع الأمهات والأطفال الرضع. مشاكل الماضي غير المحلولة عند الأم هي القوة الدافعة في علاج علاقة الأم والطفل. من خلال العمل مع هذه الأسر، يسعى المعالج إلى عملية تسيير واستيعاب الضيق عند الأم وطفلها مع تمكين الوالدين لاحتواء الطفل بشكل كامل.

تقترح هذه الدراسة أن تشبيه فرايبيرغ قد فصل حديثاً باستخدام نظرية بيون (1962) النظرية من "الحاوي والمحتوى". افترض بيون أن مشروعات الرضيع العاطفية المؤلمة على الأم التي تحتوي الخبرة، وتحويل المشاعر، ومن ثم تمكين الرضيع من تجربة أكثر قبولاً. هذا يضع الأساس لتجربة العلائقية من أن يعرف من جانب آخر، ويسهل من نمو الطفل في معرفة الذات والتنظيم العاطفي.

نحن نستخدم مواد القضية الأصلية لفرايبيرغ لتحديد الطرق التي تعطل بها الأشباح في الحضانة عمليات الحاوي والمحتوى. أفكار بيون قد تساعد على إثراء فهمنا لكيفية تمكن العلاقة العلاجية من دورات الاحتواء والانتقال مواد "أشباح" من أن تجري من قبل الطفل، لتجرب من قبل الطبيب المعالج، ليتم تحويلها في نهاية المطاف حتى أن الأم يمكنها أن تتذكر علاقتهم مع الماضي.

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The shared experience of mother and baby is now fundamental to understanding the human mind in the field of psychoanalysis (Ainsworth, 1969; Beebe & Lachman, 2002; Klein, 1940; Lyons-Ruth, 1999; Slade, 2008; Stern, 1985; Winnicott, 1971). The early stages of knowing, being, feeling, and needing the (m)other in infancy lay the primary foundation for later child and adult functioning. Psychoanalytic conceptualizations of the mother–infant relationship inform formulations of personality development and intersubjective interactions within adult psychotherapies. Certain psychoanalytic theories may likewise be uniquely positioned to offer new ways of conceptualizing dyadic treatments of mother and baby in the field of infant mental health (IMH). In this article, we highlight how Bion’s (1962) theory of infant and maternal relatedness as expressed in his outlining of “container” and “contained,” may expand our understanding of Fraiberg, Adelson, and Shapiro’s (1975) seminal work treating disruptions in the mother–infant relationship.<sup>1</sup> Through utilizing the work of these creative theorist-practitioners, we identify an expanded conceptualization of the mechanisms involved in the formation of intergenerational patterns of trauma and interventions that may disrupt this pattern, including the facilitation of dynamic and adaptive processes occurring within the mother–infant relationship.

In their now-classic 1975 article “Ghosts in the Nursery,” Fraiberg et al. (1975) poetically brought to life their observations and interventions with mothers and babies using an innovative, and culturally sensitive, home-visit model of intervention dubbed *kitchen table therapy*. Giving voice to the influence of intergenerational patterns of trauma on the earliest interactions within the mother–infant relationship, these authors demonstrated the emergence and consolidation of relational patterns that recapitulate the mother’s own relationship history. Drawing on their knowledge of psychoanalytic theory, Fraiberg et al. recognized the presence of the mother’s working unconscious, or the “visitor from the unremembered past.” They provided detailed clinical examples to illustrate the mechanisms by which the ghosts of the mother’s past work their way into her new relationship with her infant.

The current article aims to elaborate Fraiberg et al.’s (1975) original ideas by utilizing Bion’s (1962) theoretical concept of the container/contained process as it applies to the treatment of the mother–infant dyad. Bion (1962) posited that the infant projects distressing affective states upon the mother, who contains the emotional experience and transforms the feelings, thus enabling the infant to reintroject a more tolerable state and thereby laying the

foundation for the relational experience of being known by another and, ultimately, facilitating the infant’s development of a fundamental sense of a separate and integrated self. We believe that Bion’s (1962) detailed description of how experience is transformed within dyads has the potential to deepen our understanding of what occurs within mother–infant interventions.

As a way of joining the work of Bion (1962) with that of Fraiberg et al. (1975), we first introduce the “ghosts” from their original IMH conceptualization and clinical examples (Fraiberg et al., 1975) and highlight the ways in which they remain a contemporary focus of IMH intervention and research. We next discuss Bion’s (1962) original concepts of container and contained with a concerted effort to present his ideas in a descriptive more experience-near language rather than emphasizing his terminology. In presenting these two frameworks, we highlight the ways in which Bion’s (1962) theory of transformative capacities that occur in the waking and dream states of the dyad and his conceptualizations of what happens when things go awry parallel Fraiberg et al.’s own observations in their work in the IMH field. We conclude by presenting Fraiberg et al.’s original case material with an eye toward highlighting the processes of container and contained when ghosts are present in the nursery.

In recent years, IMH investigators such as Fivaz-Depeursinge and Corboz-Warnery (1999) have moved beyond the mother–infant dyad to examine the complex interplay that unfolds over the first year of life in the mother–father–infant triad. A firm understanding of the mother–infant dyad informs our understanding of infant socioemotional development, and as we move to greater levels of complexity (e.g., triadic interactions that involve the father), a rich and elaborated process of interactions between the infant and the parents—each with their own ghosts and representations—emerges. The current article focuses on the mother–infant dyad, with the hope that in addition to elucidating this relationship, it also will inform future work within the father–infant dyad (Dayton, Walsh, Oh, & Volling, 2015) as well as the parental and infant triad.

## GHOSTS

“In every nursery there are ghosts. They are visitors from the unremembered pasts of the parents; the uninvited guest at the christening.” (Fraiberg et al., 1975, p. 387)

Fraiberg et al. (1975) provided perhaps the most compelling metaphor in the field of IMH when they described the unconscious repetition of the conflicted past in the new generation as the troublesome intrusion of “ghosts in the nursery.” All families have “ghosts,” they asserted—some play benignly in the corner of the nursery, easily swept aside by a parent who has long since stripped them of their power to frighten; others make pesky mischief that can be overcome with time, development, or a little bit of help. Fraiberg was known to say that development is a bit “like having God on your side,” when speaking about the power of the baby to make full use of the evolving changes in the mother–infant

<sup>1</sup>Note that Bion’s concept of container/contained evolved within his writing over his lifetime. This article focuses on Bion’s definitions and conceptualizations from his books *Learning from Experience* (1962) and *Elements of Psychoanalysis* (1963). Although beyond the scope of this article, readers may refer to his 1970 book *Attention and Interpretation* to see the further evolution of his thinking about the container/contained. In addition, while not a focus of this article, readers should be aware that contemporary psychoanalysts have continued to develop Bion’s work primarily, but not limited to, working with adult patients (e.g., see Brown, 2011; Cartwright, 2014; Charles, 2011; Ferro, 2005; LaFarge, 2000; Mitrani, 2001; Ogden, 2003, 2004).

relationship (Emde, 1987). A small, positive shift in the mother–infant relationship can profoundly change the developmental trajectory of the baby’s socioemotional future. Other ghosts, however, tear into the fabric of the mother–infant relationship in ways that pass on a toxic family legacy of intrapsychic and interpersonal suffering.

In the ideal circumstance, the experience of actively co-created love between the mother and infant becomes a force that can shield the dyad from less toxic, but nuisance-ghosts that are present within the developmental history of all parents. “The baby makes his own imperative claim upon parental love, and in strict analogy with the fairy tales, the bonds of love protect the child and parents against the intruders, the malevolent ghosts” (Fraiberg et al., 1975, p. 387). However, social support, healthy intimate partner relationships, and positive childhood experiences also provide extra reinforcement when the mother’s ability to shield the relationship from the ghosts wavers (Belsky & Jaffee, 2006; Crnic, Greenberg, & Slough, 1986; Lieberman, Padrón, Van Horn, & Harris, 2005).

Often, the mischievous ghosts are transient—tied to a particular vulnerability in the mother’s past and triggered by a specific developmental task faced by the infant. Termed *perturbations* by Sameroff and Emde (1989), these relational struggles tend to resolve with relative ease in the context of family, social, or professional guidance and support. Other ghosts, however, and those most relevant to this article, have been wreaking havoc within the family system for generations and therefore require intensive interventions informed by a fundamental understanding of early infant intrapsychic and interpersonal development.

The ghost metaphor that Fraiberg et al. (1975) have provided for us informs our understanding of the influence that unprocessed trauma has on the development of the new mother–infant relationship. Indeed, these malevolent ghosts function to create relationship *disturbances* (Sameroff & Emde, 1989) that transmit the painful family legacy to the next generation and require intensive interventions to overcome. In these cases:

The intruders from the past have taken up residence in the nursery, claiming tradition and rights of ownership. They have been present at the christening for two or more generations. While no one has issued an invitation, the ghosts have taken up residence and conduct the rehearsal of a family tragedy from a tattered script. (Fraiberg et al., 1975, p. 388)

### BANISHING THE GHOSTS

Helping mothers to recognize the ghosts in their nurseries, and shield their infants from them, is a primary focus of IMH interventions. Informing this work is a large body of empirical research demonstrating that maternal histories of trauma exposure and maternal *attachment states of mind*, which are based on the mother’s own history of being cared for, influence how mothers think about, relate to, and hold their own children in mind (Fonagy, Steele, & Steele, 1991; Fonagy, Steele, Moran, Steele, & Higgitt, 1993). The influence of the mother’s trauma exposure on the mother–infant

relationship is reflected in the mother’s prenatal internal representations of her unborn baby and the way she understands her relationship with her infant after birth (Huth-Bocks, Levendosky, Theran, & Bogat, 2004; Malone, Levendosky, Dayton, & Bogat, 2010). These representations, in turn, affect maternal parenting behaviors over time (Dayton, Levendosky, Davidson, & Bogat, 2010; Lyons-Ruth & Block, 1996). Similarly, mothers demonstrating attachment states of mind that are unresolved relative to trauma or loss experiences are more likely to have infants with disorganized attachment strategies and to engage in frightening/frightened responses when interacting with their infants (Lyons-Ruth, Bronfman, & Parsons, 1999; Lyons-Ruth & Spielman, 2004; Main & Hesse, 1990). The mother’s representation of her relationship with her own parent—not only affects how she internally represents her baby but also affects the intersubjective process through which infant and mother make sense of mutually shared experiences (Lyons-Ruth, 1999; Stern, 1985, 1995).

There is now a growing movement in the field of IMH to help mothers understand how the past affects their present representations of their infants (Dozier & Sepulveda, 2004; Slade, 2007; Zanetti, Powell, Cooper, & Hoffman, 2011). For example, the *Circle of Security* intervention helps mothers identify the ways in which they are recapitulating relational patterns from their own childhoods (Zanetti et al., 2011). By learning to identify their “shark music” (e.g., relational events that trigger maladaptive parenting behaviors), mothers are taught to recognize the event as related to *past* relationships, allowing space to react differently in the *present* relationship with their young child. Similarly, Dozier and colleagues used an Attachment and Biobehavioral Catch-up Intervention that helps mothers become aware of the *voices from the past* that inevitably interfere with the current mother–infant relationship (Cooper, Hoffman, & Powell, 2005; Dozier & Bick, 2007; Dozier, Lindhiem, & Ackerman, 2005; Marvin, Cooper, Hoffman, & Powell, 2002).

Due, in part, to his use of terminology (e.g., alpha function, beta element, –K) that can be difficult to access, less attention has been given to Bion’s contributions to understanding the mother–infant relationship within the IMH literature. Bion (1962) indicated that using such symbolic language prevented meanings from “prematurely” being applied so that a true investigation of the unique clinical material of each individual can occur. He described these terms as “working tools for the practicing psycho-analyst to ease problems of thinking about something that is unknown” (p. 89). Yet, Bion’s theoretical work and, in particular, his original concepts of *container* and *contained* shed considerable light on the earliest stage of human development, enriching our understanding of Fraiberg et al.’s (1975) theoretical conceptualizations and enhancing the ways in which we understand and practice mother–infant relationship work.

A second reason for the lack of synthesis of Bion’s theoretical ideas into Fraiberg’s work with infants may be the inherently different methodologies of the two theorist-clinicians. Bion developed his theories in the context of working with adults in psychoanalytic treatments. He drew upon his experience of the therapeutic

relationship and the ways that individuals think, dream, and experience life to intuitively make connections. He then retrospectively applied these constructs toward what he believed typically occurred within the mother–infant dyad during infancy. In contrast, Fraiberg et al. worked with mothers and infants in their homes and communities and could directly observe, interact, and reflect with the dyad before them. The difference in these approaches are vast in terms of participants, settings, general style of engagement, developmental stages of the clients, and modes of communication (e.g., verbal, nonverbal). A primary contention of the current article is that Bion’s ways of making sense of his adult patients’ experiences, particularly their experiences that are represented at a nonverbal level, are especially relevant to those working with mothers and infants because he was able to identify the ways in which the nuances within the early mother–baby relationship became manifest, and therefore identifiable, within the later adult psychoanalytic relationship. Together, the theories of Bion and Fraiberg et al., each generated from a particular vantage point, have a great deal to offer our understanding of the early development of the mother–infant relationship. The primary goal of this article is to expand our creative efforts to provide intervention services to mothers and infants struggling with malevolent ghosts.

### THE CONTAINER AND CONTAINED IN EARLY DEVELOPMENT

Bion’s (1962, 1963) concepts of *container* and *contained* were originally drawn from Melanie Klein’s (1946) idea of projective identification. Bion posited that the infant projects distressing affective states (or parts of the self) upon the mother, who, using her own *container/contained* mechanism, perceives the infant’s state, metabolizes the emotional experience, and transforms the feelings, thereby enabling the infant to reintroject a more tolerable state. The mother’s conscious and unconscious ability to help process heightened emotional states may be seen as a continuation of the prenatal relationship in which the mother’s physical body is utilized, disrupted, and ultimately changed to facilitate the needs and presence of her developing baby. Contemporary consumers of Bion’s work may understand this process as the mother’s ability to perceive, interpret, and metabolize the infant’s experience in a manner that allows her to respond with empathy and sensitivity.

For the infant, the container/contained process lays the foundation for the relational experience of being known by another. As this process is repeated, the infant begins to develop a sense of an integrated self. Over time, the contained (the experiences that have been processed) embodies a wider richness and complexity while the container (the unconscious processing mechanism) has a more multifaceted capacity for dreaming<sup>2</sup> and reflecting across levels of consciousness. Within contemporary IMH theory, we might understand this process as a movement from an emotion-regulation

process within the infant that is fully mediated by the mother to an infant-centered process of regulatory control that becomes possible with repeated ministrations from the mother and as the infant matures.

The container and contained reflect the ubiquitous and basic human drive to make sense of our intersubjective worlds. Relevant to IMH, in their original form the container and contained are dyadic in nature. Bion (1962) stated that “an emotional experience cannot be conceived of in isolation of a relationship” (p. 42). He emphasized that the development of symbolic capacity could not occur without the mother–infant relationship, thus highlighting one of the primary functions of this bond. In Bion’s (1962) usage, container/contained are reflective of processes rather than objects (Ogden, 2004). However, what starts as a two-person experience ultimately becomes the capacity of the individual to embody for his or her self the entire experience of container/contained.

The container represents the internal dynamic system that we use to process and transform our lived experiences. Correspondingly, the contained are the bits and pieces of lived experience (both asleep and awake) that when things are working well, become integrated into a transformed understanding (Bion, 1962, 1963). Bion labeled this constant stream of primarily unconscious unprocessed “sense impressions” *beta elements*. He stated that beta elements require transformation (through the *alpha function*) to be useful for “dream thoughts” or a broadening of experience. For example, the baby may undergo pain, distress, and discomfort in the form of raw impressions (i.e., inchoate affect-laden physical and intrapsychic experiences) that cannot be processed and then utilized later without the experience of the mother’s transformative emotional relatedness and engagement.

Consistent with the communicative and reciprocally connected intrapsychic worlds of the mother and infant, the container and contained process functions as an integrated system whereby each influences the other in a dynamic manner over time. Depending on the state of the container, new information may be integrated or excluded. Similarly, as new information is accumulated, the container may change as a result. This is consistent with the mother’s world being changed and shaped by the experience of her baby’s mind and, as we contend here, by the therapist’s mind. The container and contained interact with one another and are constantly changing and growing as a function of being infused with aspects of emotion derived from lived experience. While this process in its entirety may occur within an adult individual as they metabolize their own experience, in early life, the infant has not yet fully developed the capacity to act as container; thus, the infant’s experience must be processed for him or her via the relationship with the mother (or other primary caretaker).

Notably, because the infant is in a preverbal stage of development, the earliest processing of shared lived experience occurs primarily via nonverbal, intersubjective exchanges. When things are going well, the mother quickly discerns the affective experiences and needs of the infant, transforms them into tolerable states, and reflects them back to the infant. Drawing from Bion’s (1962) model, more recent researchers have described this process of

<sup>2</sup>“Dreaming” for Bion (1962) refers to the process of making conscious experiences available in an unconscious form in which they may be psychologically processed and transformed (e.g., see Ogden, 2004).

identifying the infant's cues, transforming them, and reflecting them back to the infant as *marked affective mirroring* (Fonagy, Gergely, Jurist, & Target, 2002; Gergely & Watson, 1996). The inclusion of the term *marked* here is critical and represents the idea that the mother transforms the affect from its original state before presenting it for reintroduction by the infant. For example, the mother, upon seeing her infant cry, does not break into uncontrollable sobbing. Instead, her facial reaction will signal that she understands that the infant is in pain and an empathic shift in her way of responding and providing. Subsequently, as she determines what to do to soothe her infant, she will reflect a confidence in helping the infant return to a regulated state drawing upon her own intrapsychic capacities. The mother's ability to engage in this kind of *implicit relational knowing*, as Lyons-Ruth et al. (1998) and Stern (2008) described it, allows the nonverbal infant to feel understood by the (m)other.

Bion (1962) described the mechanism by which the mother is able to be open to the infant's nonverbal cues as *reverie*. Within her reverie, the mother enters a state of having an open mind and the ability to engage in dreamlike thinking that enables her to take in the full range of the baby's experience, whether she perceives that experience to be positive or negative. For Bion, conscious lived experience needed to become unconscious within dream thoughts, which is where he perceived the working through of lived experience to actually occur (Bion, 1963; Ogden, 2004). The container process occurs through conscious thinking, preconscious dreamlike thinking, and unconscious processing. The mother having unconsciously "dreamed" the experience of the infant ideally returns the elements that the infant may then use for dreaming his or her own experience.

Mothers who have the capacity for reverie reflect the infant's experiences back to him or her in ways that do not transmit defenses and distortions, which Fraiberg et al. (1975) would have identified as the presence of ghosts. Within this process, the infant becomes increasingly able to transform his or her own affective experiences into more tolerable states. Importantly, Elmhirst (1980) spoke to how the word *reverie* may not connote the arduousness of this process, which requires the mother to be attuned to infant's sleep and wake states and physical and emotional needs over and above her own.

But what happens when the mother is not consistently capable of reverie? Parenting, after all, is no mean feat under the best of circumstances; ghosts abound, and even the less destructive sort can temporarily derail a well-functioning dyad. Furthermore, in the presence of past or ongoing trauma exposure, the mother's capacity for reverie may be severely compromised. In these cases, intensive treatment of the mother-infant dyad becomes necessary. Like Fraiberg et al. (1975), Bion (1962) also considered when the processes of container and contained go awry, when there are moments that the mother cannot effectively transform the material and instead the baby reintroduces what he referred to as a sense of "nameless dread" (p. 309). The mother, for instance, who upon looking at her crying infant's face is reminded of her abusive parent, may convey a sense of unregulated terror to the infant.

Infants of mothers who are struggling with the psychosocial effects of traumatic experience thus may be exposed repeatedly to their mothers' negative facial and affective responses and, even worse, to the nameless dread guiding these responses that represent the maternal ghosts.<sup>3</sup>

### MOVING FROM DYAD TO TRIAD: PSYCHOTHERAPY IN THE KITCHEN

While Bion's reflections have extended the understanding of the developing mind in a relational context and also have shown clinical utility in analytic work with adult psychotherapy patients, they have not yet been applied to our interventions with mother-infant dyads. In this section, we describe the framework and technique of Fraiberg et al.'s (1975) intervention model and then consider how Bion's theoretical stance may inform this treatment approach. Specifically, through utilizing the container/contained, a clinician may draw upon his or her own reverie to facilitate the mother's relatedness to the infant by facilitating the metabolization of previously unprocessed maternal experiences that disrupt her connection to the infant.

The term *psychotherapy in the kitchen*, as Fraiberg et al. (1975) described their intervention, reflects a certain warmth and humble familiarity and seems to almost playfully conceal the extreme complexity and skill required for such work. Unlike traditional psychotherapy, this work takes place in the family's home with the mother, the baby, and at times even other family members present. Using a three-pronged model of intervention, the therapist (a) helps the family secure basic resources for living (e.g., heat, water, food) without which the family will not be able to focus on higher level psychological processes; (b) provides developmental guidance in a nondidactic manner that helps the mother to better recognize the signals, cues, and needs expressed by the baby; and (c) engages the family in mother-infant psychotherapy that makes use of transference and interpretation, with a focus on making explicit connections between the mother's past experiences and her present relationship with the baby.

In describing the use of analytic work as applied to IMH interventions, Fraiberg et al. (1975) stated that "this patient who cannot talk has awaited an articulate spokesman" (p. 389). While Fraiberg et al. seemed to refer to the baby as the patient here, there is an ambiguity in this statement because so many characters in the cases that they present cannot speak. The nonverbal baby needs an attuned adult to interpret his or her cues, the mother struggles to convey her unmetabolized painful experiences, and as if the therapist's job was not hard enough, she is confronted with a cacophony of shouting and moaning ghosts, desperate to establish their own agendas. Therefore, the clinician must indeed become the spokesperson for multiple participants by attending to the diverse modes of communication of each of the characters. In her attempts

<sup>3</sup>The work of Beatrice Beebe and Karlen Lyons-Ruth analyzing videotaped dyadic interactions of mother and infants visually exemplifies this idea (e.g., see Beebe et al., 2010.; Beebe & Lachman, 2002; Lyons-Ruth et al., 1999).

to facilitate the mother's capacity for the container/contained process, she must serve as a translator of the baby's communications while also identifying the ghosts that foreclose the mother's capacity to take in, transform, and give back experience with the baby. Ultimately, the treatment goal and the means by which the infant will have the opportunity for his or her own development are found in having the mother gain freedom from aspects of her past that will enable a state of fluid, playful attunement to the baby. The clinician who gently and confidently joins the family drama can create a triadic play space where there is less rigidity and more room for shifting of ghosts and patterns of container and contained. By adding a character to what Fraiberg et al. called the "tattered script," there is new creative potential and ultimately room for new spirits and new voices to emerge.

As will be illustrated in the case examples, mother–infant psychotherapy brings the container/contained processes to life at multiple levels. There are many elements of not only the infant's experience but also the mother's experiences that at the onset of treatment need transformation for optimal health and functioning. The therapist, in fact, must utilize his or her own container/contained capacities to help the mother metabolize elements from her own past that she cannot process on her own. It is here that intergenerational trauma has blocked the formation of meaning making and capacity for maternal reverie. This requires the clinician to spontaneously move within the home environment as real-time, day-to-day experiences unfold while the members of the story are present. The therapist's capacity to embody the container/contained process can only occur if a bond is formed between her and the mother since the container (e.g., the therapist's ability to metabolize the clinical material) cannot exist without the contained (e.g., the experiences of the mother and baby). Similarly, the mother's own creative potential to both utilize and join with the therapist enables her to engage the therapist's container/contained capacity to better process her own lived experience and also develop the capacity for maternal reverie.

In a parallel process, therapist and mother both undergo affective growth, in which potential for experience enlivens and expands, creating within the mother the internal space that allows her to be in synchrony with her own baby. In this dyadic work, the container/contained process becomes multileveled and mutually fulfilling for the three individuals who engage and are permeated by each other's feeling states. As the mother enters a state of reverie, she experiences new freedom to respond to the needs and love offered by the infant.

### HOW THE GHOSTS INFUSE THE CONTAINER/CONTAINED

As Fraiberg et al. (1975) indicated, all nurseries have ghosts, so the normative process of container/contained must be flexible enough to work in synchrony despite interference from the past. In typical development, the mother, despite momentary intrusions, is able to metabolize the infant's affect or raw experience (including joy and distress) in ways that the infant can optimally reinternalize and later expand upon. Similarly, the resilient infant is able to tolerate

moments of disruption in the mother's container/contained process without derailing from a healthy developmental trajectory. In both Fraiberg et al.'s and Bion's writing, the infant is considered a very active and engaged participant who both presents and receives affective experience in reciprocity. The infant makes what Fraiberg et al. called an "imperative claim upon parental love" (p. 387). The power of this is reflected in her observation that "once the bond has been formed, nearly everything else could find solutions" (p. 398).

Bion (1962) symbolized the activity and transactional nature of the container/contained process by introducing the term "*K activity*" or "*K link*." The *K link* stands for the emotional act of knowing another and, by its very nature, represents a "psychoanalytic relationship." Specifically, Bion (1962) indicated that it is the activity in which one member of the relationship is engaged in getting to know the other, and the other also is engaged in the process of getting to be known. This process also is central to Fraiberg et al.'s (1975) conceptualization of both the mother–infant and the IMH therapist–client relationship. However, from Bion's (1962) perspective, when things go awry, the two become engaged in a destructive process of "not understanding" and "unlearning" which Bion called "*minus K*" ("*–K*"). In such cases, the mother takes in the infant's fears, but is unable to metabolize the experience and thus forces "the worthless residue back to the infant" (Bion, 1962, p. 96). As such, the infant contains the "nameless dread" described by Bion (1962). Therefore, the transformative process (alpha function), which would allow the infant to experience fear in a tolerable form, cannot occur. In this example in the process of *–K*, Bion (1962) asserted that what has been stripped away from the infant's experience is "the will to live" (p. 96). The possibilities for being alive in experience, or enlivened, are destroyed without the unfolding and cyclical capacity for the dreaming of dream thoughts by mother and infant.

In his theoretical breakdown of the container/contained process, Bion (1962), like Fraiberg et al. (1975), discovered the "ghost in the nursery." The malevolent ghost that leaves the mother–infant dyad in a state of psychological dissociative terror is an embodiment of the "nameless dread" that precludes vital regulatory processes and dreamlike transformations. In this sense and central to this article, it is within the destructive process of not-understanding, unlearning, and becoming embroiled in dyssynchronous interactions that the multigenerational traumatic past takes hold of, and interferes with, the development of each individual through rigidity and distortion.

### FRAIBERG ET AL.'S (1975) CASE MATERIAL

With this background in mind, we move to Fraiberg et al.'s (1975) case material with an eye specifically turned toward recognizing the distinct disruptions to the container/contained processes that are present in each case. In each mother–infant dyad, the malevolent ghosts operate to disrupt the capacities of the mother and the infant to experience transformation of lived experience, leaving the clinician to bravely seek out this ghost and facilitate its release.

### Case 1: “Why Doesn’t This Mother Hear Her Baby’s Cries?”

At times, the embodied intergenerational trauma (i.e., ghosts) may constrict the “space” of the container so that it cannot openly take in the experiential process of the infant in the contained. This is seen in Fraiberg et al.’s (1975) first case study of Mrs. March and her daughter Mary. We are told that the referral to work with the family came about after Mrs. March, a woman severely depressed, attempts to give her five-month-old daughter over to an adoption agency, but cannot complete the task because of her husband’s unwillingness to agree to the process. In observing the mother–infant interaction through home visits, it is noted that Mary receives “little more than obligatory care” and that Mrs. March seems “locked in some private terror.” In reviewing a videotaped interaction, they describe Mary in the midst of an eerie hoarse cry and observe that she does not even turn to her mother for care. Mrs. March, in turn after an unsuccessful “absent gesture,” turns away from her baby, looking “distant” with a “self absorbed” appearance (p. 391). Here, through a series of nonverbal and affective cues, one witnesses the constriction of the mother’s capacity to take in her infant’s experience.

Drawing upon Bion’s (1962) conceptualization, we see that infant Mary no longer actively seeks out her mother to contain her experience, as it likely fills her with dread. Through a process of not understanding ( $-K$ ), the mother implicitly conveys that she cannot find a way to take into her own mind the world of her baby. The mother’s relative capacity and experience for reverie in turn affects the developing internal complexity of the baby, whose experience (beta elements) is left untransformed in ways that are likely painful at emotional, cognitive, and physical levels. The baby in a sense becomes possessed by what may be the voice of the “ghost,” which in this case is eerie, hoarse, and inconsolable. Despite this bleak picture, there were glimmers of hope; the clinical team took note of times in which the mother and infant reached for each other and, while not fully connecting, seemed to be seeking to engage with each other in “conjunction.” The clinical picture was one of two hollow souls, seeking to be held by another, but simultaneously unable to find solace in connectedness.

In this first case study, Fraiberg et al. (1975) asked: “Why doesn’t this mother hear her baby’s cries?” (p. 392). In observing the mother recount her own developmental history of chronic trauma and abandonment, they note that while full of details, there is no affective resonance that conveyed the experience of her suffering. Instead, she appears emotionally flattened with a hollow sadness. This experience of linking the observed mother–infant interactions with the mother’s recount of her own history leads to the guiding question of the intervention: If this mother’s own cries are heard, will she be able to hear those of her baby? The mechanism by which their intervention worked can be elaborated by drawing upon Bion’s ideas.

The clinician engages in the treatment with the purpose of being the container for the maternal experience. By taking in the mother’s experiences, she can transform them and give them back to the mother in a way that expands the mother’s own emotional

complexity. She says, “You must have needed to cry . . . There was no one there to hear you.” Fraiberg et al. (1975) considered this intervention as the therapist “giving permission” for the mother to have her feelings (p. 396). Thus, as the container/contained process unfolds, they witness an outpouring of “grief, tears, and unspeakable anguish” that emerge from the mother, are then given to the therapist, reflected back within reverie, and received again by the mother in a way that is ever expanding and finally connects her experience to her affect. Fraiberg et al.’s model thus can be understood and deepened by considering the essential nature of the clinician’s own intrapsychic capacity to bear experience and dream new possibility. This moves beyond the notion of the clinician “giving permission” and casts the clinician in a role where she is willing to receive painful experiences that she can metabolize and then give back in a form that can be received and integrated by the mother.

As this process unfolds, the mother’s own transformed affective experiences move her to be more present and capable of reverie. She is observed reaching out for her baby in a new way in which she can now hold the baby close and “croon to her in a heartbroken voice.” The process of understanding, knowing, and connecting (the *K link*) between mother and therapist fills the mother with the affect and vitality to finally contain her own infant. The outpouring of grief and access to emotion can be viewed as the past releasing its grip on the mother’s internal world. As the therapist contains the mother’s affect and the mother begins to affectively connect with her baby, she begins to now consciously hear the ghosts and see them as “belonging to the past” as opposed to attributing them to her baby. Unconsciously, in the context of her intrapsychic world, she had gained the capacity to act as container for her child, as she has felt this process unfold between herself and the therapist.

Within this intervention, we witness a process of emotional suppression (unknowing) transformed to a process of emotional knowing (e.g.,  $-K$  becomes transformed to  $K$ ) through the therapist first using her own intrapsychic capacities to metabolize and help the mother reorganize her own history of trauma and then helping the mother make use of her own expanded capacities to more fully engage in transformative synchrony with her baby’s experience. During periods of prolonged and profound dyssynchrony ( $-K$ ), the absence of the transformative alpha function leads the mother to repeatedly take in baby’s communicated experience and give it back in a way that is stripped of meaning or infused with her own terrifying feelings. The mother experiences the infant’s communications as a retraumatizing aspect of her own past and can reciprocate only with a misattuned, brittle shell. In these cases, the ghosts constrict and remove life and complexity (as indicated by the absence of reverie) rather than provide tolerable and rich meaning for the infant to take back in and utilize.

A variation of this process proposed by Bion (1962) occurs when the mother takes in the experience, but rather than giving back a stripped shell or “nameless dread,” nothing is given back. The mother makes no attempt to return or reflect experience, and the infant feels completely absorbed and obliterated as if the self has been destroyed. In these cases, it is as if either the mother does

not recognize that the baby is present or is in fact overly merged with the baby so that she cannot see that the baby is separate from herself.

An important aspect of technique demonstrated by the clinician in this case was the restraint used in the initial interactions with the baby. As the baby cries and the mother is unavailable to contain and, as a result, transform and soothe the baby, clinicians often feel the natural urge to intervene, overstepping the mother, and engage the baby in the mother's place. By taking the place of the mother in the process of container and contained, the clinician knows that the immediate gratification that she and the baby would experience would likely disrupt the process of allowing the mother to fill her own role. The ghosts would become more rigidly settled in this process as the mother perceives that she is insufficient to care for and join with her baby. By instead engaging in reverie and wondering aloud with the mother how she can be effective, the clinician shows restraint and finds her role in becoming a container for the mother while overseeing that the infant is met by the true source of his or her maternal love. This is similar to Lyons-Ruth's (2003) suggestion that the therapist encourage the mother to "imagine" ways of engaging with her infant that could take in the infant's conveyed states of pain and distress.

Fraiberg et al.'s (1975) case presentation of Mary and Mrs. March concludes with an observation of Mary, now 2 years old, in doll play. The doll becomes accidentally trapped, and Mary calls out "I want my baby. I want my baby!" (p. 402). Mary now has internalized and can mirror back the container capacities that she has started to experience within her own mother's love. Brought about through the course of treatment, Mary now knows what it is to be wanted and can actualize that experience in her own dream thoughts expressed in her play of wanting to contain another.

### **Case 2: Moving Back and Forth Between Past And Present**

In the first case example, Fraiberg et al. (1975) presented a mother who is distant and constricted within her relationship with her baby, such that the ghosts from her past leave her no space to experience her own affect and hear (at many levels) the cries of her baby. Mrs. March's maternal representations may have been described as *disengaged* by Zeanah and colleagues (Zeanah & Benoit, 1995; Zeanah, Benoit, Barton, & Hirshberg, 1996), who described such mothers as emotionally disconnected and indifferent within the mother–infant relationship and with respect to their emotional ties to the infant. At other times, however, there are different ghosts that may be at work in ways similar to mothers who Zeanah and his colleagues described as having *distorted* maternal representations. These mothers are characterized by their inconsistency and unrealistic expectations of the infant (e.g., role reversal). The ghosts in these cases are actively present within the container/contained and rather than restricting engagement (as with mothers who are *disengaged*) instead lead the mother and baby to act out distress sometimes like marionettes, with the ghosts as puppeteers. As Fraiberg et al. noted, the ghosts "invade the nursery with insistency and ownership", such that the mother's preoccupations and

defensive maneuvers become central to her processing of the infant's experience. The baby becomes a lightning rod, attracting the mother's dysregulated anger and grief (Dayton et al., 2010).

In these cases, it is possible that the baby in a role-reversed relationship acts as a container taking in the maternal ghosts. For example, if the mother is unable to process the infant's raw emotional experience, the infant may experience reintrojected affective states that are even more terrifying than his or her initial experience as a function of dyssynchrony within the relationship ( $-K$ ). As a result, the affect is unlabeled, distorted, confusing, and distressing. Based on the residue received from the mother, the infant may develop a self-understanding that reflects the intergenerational trauma and ghosts. In considering this process in mentalization therapies, Fonagy and Target (2000) suggested that the infant begins to have an "alien" experience of self. In addition, when thinking of the infant as a container for the mother, it is possible to consider moments of role reversal in which the mother routinely projects distress onto the baby. At times, the mother seems to be seeking for the baby to make her own states feel more tolerable, leaving both members of the dyad experiencing unspoken terror.

The second case in Fraiberg et al.'s (1975) article describes an intervention with a 16-year-old mother Annie and her son Greg, who were referred for treatment due to Annie's lack of engagement with her baby. However, in entering the family home, this engagement appeared different to the clinical team than that observed with Mrs. March and Mary in the first case study. Annie is described as a hostile and angry adolescent who does not feel that she needs help and sees the ghost intruder in the face of the clinical team rather than in her own history, which includes multiple generations of child abandonment, the death of her father in early childhood, and severe physical abuse. She had been forced to take on the responsibility of caring for many children in a household at an early age and resented the idea of having to spontaneously engage with her baby in ways other than to meet his most basic needs.

In this treatment, the first major task, which involves the container/contained, was the challenge of establishing a treatment alliance with the uninterested and angry adolescent mother. As Bion (1962) noted, the contained also is a process; therefore, if Annie did not engage in the process of being known ( $K$ ), the work could not move forward. However, after six sessions, Annie began to speak of herself and her history. Using a dull, flat voice, she described being violently abused. Any empathy from her therapist was met with dismissive laughter and cynicism. She was unable to engage in a dyadic process that would transform her lifeless impressions into thoughts and feelings that she could use for growth (i.e., alpha elements transformed through the alpha function). When she was moved to acknowledge some of her childhood pain, she would draw the baby closer to her, but then would squeeze him too tightly while she engaged him in a playful voice, saying things such as "I'm gonna beat you, I'm gonna beat you" or "When you grow up, I might kill you" (p. 405). Here, we see the aggressive impulses of the ghost of her past consuming her. In short, Annie's exposure to the content of childhood traumatic memories led her to identify with the aggressor in the face of her infant's affective needs rather

than connecting with the painful emotional experience she had felt as a child. What the infant, Greg, was given back through reintroduction was an internal, nonverbal fear of his own destruction.

In observing Annie's interactions with Greg, the therapist was pleased that Annie was now reaching to connect with her baby, but also was aware that Annie was experiencing sadistic impulses toward the baby that she was not readily aware of and which would not usefully be brought to her attention through a didactic or psychoeducational intervention. The therapist understood that Annie's new ability to recall her trauma had not yet been infused by conscious memories of her affective experience. Therefore, her past was being acted out with her baby, as though a phantom member in the family was serving as choreographer.

The absence of the container/contained processes in Annie's own childhood never allowed her the opportunity to dyadically understand the suffering she was undergoing in the context of her most important childhood relationships. Her own experience was never transformed but instead became an aggressive ghost (modeled on her abuser) that protected her from the experience of terror.

The treatment team believed that if Annie were able to access and transform these unprocessed feelings (beta elements) through being known (*K*), the risk toward the baby would be decreased; however, they also were aware of the intensity of these feelings and uncertain whether anyone would be harmed if these ghosts from the past were made more accessible. Fraiberg et al. (1975) wrote,

Speaking for myself, I clung to the belief that it is the parent who cannot remember his childhood feelings of pain and anxiety who will inflict his pain upon his child. And then I thought—but what if I am wrong? (p. 406)

As the therapist worked cautiously to expand Annie's experience and memory of the buried affective states, Annie began to experience transformed knowledge of herself. However, a ghost from the past intervened as this process began, and Annie fled from the treatment and refused to answer calls or even open the door as the therapist stood outside. The team became aware that "the therapist who conjures up the ghosts will be endowed in the transference with the fearsome attributes of the ghost" (Fraiberg et al., 1975, p. 406). While the goal of the treatment is to have processes of container and contained unfolding between therapist and mother in parallel to mother and baby, what may first occur is for the ghosts from the past to loosen their grip on the mother-infant relationship, but then quickly relatch onto the bond between therapist and mother. In other words, when the therapist enters the play space, the ghosts that are at work between mother and infant shift. While they may free up some of the projections that the mother is placing on the baby, they also may turn with great intensity in a negative transference to the therapist and through the mother's anger and fear as the therapist becomes the lightning rod, attracting the mother's wrath. The result is a perpetuated state of the mother feeling unknown and even violated while the therapist is cast in the role of the perpetrator.

After a process of reaching out to Annie through letters and an anticipated act to involve child protective services, Annie and her therapist ultimately re-engaged. Annie became able to access more affective experience, perhaps because her therapist had survived her attempt to "kill" the treatment and/or perhaps because Annie had begun to feel as though she could be safely known as whom she was by her therapist. In her clinical technique, the therapist received the aggressive impulses (beta elements) and gave them a new form so that Annie could be less afraid of them. The essential piece that Bion's (1962) theory adds to Fraiberg et al.'s (1975) model is the consideration of the unconscious processes at work within the therapist in these "stormy seas." Importantly, the therapist's ability to take in the mother's pain, sorrow, aggression, and hostility is not only an act of empathy but also a process of using the therapeutic unconscious as a transformational space that can rework and give back to Annie a new way of experiencing herself and being experienced by others. The therapist's ability to be involved in this process requires a private, ongoing internal reflection of his or her own history and experience. Annie's diminished fear allowed new possibility that disrupted the repeating patterns dominating her family history. Annie, who actually was afraid to express her own anger, could do so in a context where no one would be destroyed by her or abandon her (psychologically or physically). With the therapist's interventions and available intrapsychic mind, Annie also began to see when the ghosts were infused upon her relationship with her therapist. Her therapist said,

It may be that in talking about the past, you will feel angry toward me, without knowing why. Perhaps you can tell me when this happens and we can try to understand how your feelings in the present are connected to memories in the past. (p. 412)

The intervention occurred at the conscious level of labeling and connecting emotions to experience and also likely at the unconscious level of the therapist's reverie, which provided the capacity to hold and be affected by Annie's experience even at challenging moments of therapeutic impasse.

In parallel to these and other interventions, the container/contained process spontaneously became enlivened between Annie and Greg. In times when Annie was filled with tears and affect, she reached for Greg and murmured to him as she cradled him in her arms. In reaching not only to hold the baby gently in her arms but also to hold him in her mind, Annie seemed to have a developing capacity for reverie. Fraiberg et al. (1975) noted that Annie's rage at that point was no longer directed toward the baby or the therapist but rather was directed increasingly toward the past. It is as if the experienced cycles of the container and contained shifted the affective states across generational levels within consciousness and dream states, finally joining the affective experience with its actual source of trauma in the past.

In this treatment, the identification with the aggressor remained a persistent ghost that resulted in reoccurrences of not knowing or understanding ( $-K$ ) in which the mother could not understand her baby (e.g., ascribing hostility to an infant) due to

the influence of the past. However, in the presence of the therapist's reverie and provision of the container/contained function, she began to become aware in her own self when the ghosts began impinging on her own capacity for reverie. Annie learned to feel and hear the ghosts from her past when she felt drawn to utilizing harsh discipline or through shifts of cruel or angry tones in her voice, which resulted in collapsed knowing and dreaming. However, her new ability to fluidly understand and consciously identify the contributions of her experience drawn from the present and the past gave her new opportunity for knowing (*K*) herself and her baby. The presence of a therapist with an available mind led to new identifications with new models of mothering that were absorbed not through didactics but through internal shifts that connected what she had longed for and felt as a child and what she could imagine Greg was feeling and needing and her ability to dream a different kind of experience for him.

Overall, in this second case, we see the ghosts as potentially dangerous forces that destroy the container/contained processes. Rather than seeing her baby, the mother saw the ghost from the past. This repeated with the ghosts merging on to the treatment team as Annie became frightened, angry, and ready to fight for her survival. The ghost therefore existed within a rigid, not knowing, space ( $-K$ ), making it impossible for the mother to know her baby and to allow herself to be known by her therapist. Recognizing and describing her past was not enough to enliven this mother; instead, her own hostility (raw beta elements) needed to be experienced by the therapist's mind (the container) to be transformed (the contained) and given back to her as a way of gently understanding herself as newly loved and known. It was only then that she began to see her baby more truly in the present and allow him to begin to know himself through her eyes. The ghosts of the past are present in every nursery, but the mother's conscious and unconscious awareness and experience of being known allows her to join in reverie with her infant.

## CONCLUSION

When working with mothers and their infants, Fraiberg et al. (1975) became acutely aware that there were more participants in the treatments than they could see. They brought attention to the uninvited guest who lived within the family and the treatment. The interventions used in Fraiberg et al.'s model were not simply occurring at the level of psychoeducation and transference interpretation but were ultimately creating affective joined spaces where experience and affect were accessed, expressed, and transformed across participants.

We propose that Bion's (1962) theory elaborates Fraiberg et al.'s (1975) model by giving a more detailed description of the mechanisms by which unconscious processes are occurring within and between each individual (i.e., therapist, mother, and infant). Fraiberg et al.'s work brought the clinician into the home and identified the intergenerational trauma that can haunt the maternal-infant relationship. What Bion adds is a way of further understanding how to work with unmetabolized experiences, whether this refers

to past maternal traumas or new experiences of an infant making sense of his or her world and emotional states. While Bion's (1962) symbolic language is at times hard to process—his conceptualizations of how experience may be transformed and enlivened both between and within individuals offer the possibility of expanding our understanding of the mechanisms involved in successful clinical work with mother-infant dyads. While Fraiberg et al.'s cases highlight the ways in which clinicians may identify and treat intergenerational traumas that play out between mother and infant, Bion's work offers increased specificity in understanding the intrapsychic processes at play within and between the mother, infant, and clinician. Most importantly, Bion's (1962) theory may help the therapist understand the ways in which his or her own mind must be available to the mother to facilitate the capacity for reverie. This manifests in different ways depending on the nature of the historical ghosts, but ultimately, the therapist's availability to "dream" the mother transforms the mother's traumatic experience of not being known. As a result, the mother in reverie then dreams her baby with new receptivity and clarity.

Within the field of IMH, both therapist and mother undergo affective growth in which the potential for experience enlivens and expands. A deepening relationship within the mother-therapist dyad offers a container/contained function to the mother, resulting in her finally having the internal space to begin the container/contained process with her own infant. As this process unfolds, the container/contained process becomes multileveled and mutually fulfilling for the three individuals who engage and are permeated by each other's feeling states. The clinician in this case must know how to leave room for the mother to be the container of her own infant, but also must facilitate the process through her own reverie so that the mother can assume this role by responding to the needs and love of her infant.

The mother's developing capacity for reverie ultimately leads the baby and mother to join with newfound vitality as emotions are expressed, transformed, and tolerated. Just as ghosts from tragic pasts linger, the spirits of those who have brought transformation also remain. As the malevolent ghosts release their grip, the voices of past spirits are free to rise up in songs of both remembered and anticipated hope.

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