

***Early infant experience: Undifferentiated, merged, and autistic-contiguous or differentiated, dyadic, and dialogic***

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In this short article, I hope to challenge readers to think about the evidence for the enthusiastic acceptance, if not passionate embrace in psychoanalytic circles, of the notion that early infant experience is undifferentiated, merged, and autistic-contiguous.

A number of psychoanalytic theories have suggested that babies pass through auto-erotic (Nagera, 1964), autistic, symbiotic (Mahler, 1967; 1972; Mahler, Pine, & Bergmann, 1975), autistic-contiguous (Ogden, 1989a,b), or fused or merged (Ogden, 2004) states, before emerging with a differentiated sense of self and other. This view has been constantly invoked over the past 100 years in both infant research and psychoanalysis and has never been put to rest (Alperin, 2001). Note the typical quote below that asserts that this position is taken-for-granted.

It is by now a commonplace of child psychology that in the earliest stage of life an infant and his mother cannot be seen as two separate individuals, but rather as a single unit, or dual unity, as Mahler (1963) calls it (Mohacsy, 1976, p. 501).

The psychoanalytic view that the infant is merged or undifferentiated requires clarification. Two concepts have potentially been conflated in this perception of the infant – those of “absolute dependence” or helplessness at birth, and the state of symbiosis, undifferentiation or merger with mother. It is possible for the infant to be in a state of absolute dependence with respect to physical and emotional survival at birth, while also possessing, as Klein has argued, and as subsequent infant research has demonstrated, rudimentary object relations and skills and capacities that render the infant, from birth, a co-constructing partner in the mother/baby dyad.

Recent scholarship has concluded that *newborns are interpersonally competent* (Morgan, 1997), and that nonverbal modes of communicating and experiencing form the basis for intersubjectivity in infancy (Beebe et al., 2003). Although sociality per se does not emerge until the second or third months of life, and is not directed specifically at primary caregivers until about five to six months of age, infants actively interact with their caregivers from birth in a process of reciprocal mutual influence. Infants are responsive to social referencing cues and adjust their behaviour accordingly (Carver & Vaccaro, 2007; Repacholi, Meltzoff, & Olsen, 2008).

Neonates also engage in active intermodal mapping (AIM), a process that unites perception with execution of a motor plan, which permits imitation from birth (Meltzoff & Moore, 1994) and beginning of “like me” perceptions, which form the basis for social cognition (Meltzoff, 2007a, b; Meltzoff & Brooks, 2008). By six weeks of age, infants show deferred imitation. When confronted with a non-responsive face, they will reproduce a tongue protrusion they had imitated 24 hours earlier, purportedly in an attempt to ascertain whether the passive face before them is the same as the face of the person whom they had imitated the previous

day. Imitation rapidly becomes more complex, with cooing games indicating the presence of social expectations by two to three months of age (Caron, 2009).

Research also shows that infants in the first two months of life actively engage and negotiate with their mothers around their sleep-wake and feeding/eliminating cycles. Infants whose caregiver/infant relationship was disrupted after the first ten days of life showed dysregulation in the organisation of basic biological functions, leading to the conclusion that early regulation of biological functions is the outcome of mutual negotiation between the infant and his caregiver (Sander, 1988).

Thus, far from being fused, merged, undifferentiated or “radically egocentric” (Piaget & Cook, 1954), the infant enters the world with self-other equivalences that are innately specified and experientially elaborated (Meltzoff, 2007a, b). Intersubjectivity is primordial, not developmental. Varga (2011) concluded that “...neonatal imitation reveals the equi-primordially of our own sense of an embodied self and a sense of others ...” (p. 631).

Neonatal imitation, as embodied perception, is intersubjective (Gallagher, 2001). These abilities would not be present in either of the two conceptions of the psychoanalytic infant - one proposing a “selfless” state, and the other, Winnicottian, position proposing infant omnipotence.

Infants are interdependent and interactive with their caregivers from birth and are always already engaged with the intersubjective world. Systems of interaction build psychic structure, that is, internalized objects and representations of interpersonal interactions (see, for example, the work of Beebe and colleagues e.g., Beebe, Knoblauch, Rustin, Sorter, 2003). Bowlby’s (1973) “working model of attachment” and Stern’s (1985) RIGs (representations of interactions that have generalized) are two examples of psychic structure as it is currently conceptualized.

Further, the infant is born with the capacity to experience positive (rewarding) and negative (punishing) affects, which he encodes both neurologically and in memory. The infant is motivated to increase positive affects, decrease or manage negative affects, and minimize affect inhibition. These motivations enhance learning of environmental contingencies that lead to positive and negative affects and to organize behaviour to influence outcomes (Tronick, 2002; Tronick & Beeghly, 2011). Infants appear to be just as attracted to the expectation of a pleasurable outcome that accompanies success as they are motivated to avoid the negative affect experienced with too much incongruence, dissonance, or the inability to discover the contingencies related to outcomes, and adjust their own behaviour accordingly (Papousek, Papousek, & Koester, 1986).

Infants develop knowledge about themselves, their world, and their relationships non-verbally, non-symbolically and implicitly and use this knowledge in communicating with primary caregivers. Communicative competence precedes language. Indeed, “...prior to language...the origin of mind is dyadic and dialogic; ...adult intersubjectivity is built on infant intersubjectivity” (Beebe et al., 2003, p. 746). Many scholars, beginning with Freud (1900a) understood the profound impact of the child’s first emotional ties on subsequent

development. Freud argued that “[t]he deepest and eternal nature of man . . . lies in those impulses of the mind that have their roots in . . . childhood . . .” (p. 247).

This implicit, embodied knowledge forms the basis of infant object relationships, which later become accessible in the transference of patients undergoing psychoanalysis (Lecours, 2007; Talvitie & Ihanus, 2002). Transference is understood to be the “process of actualisation of unconscious wishes . . . infantile prototypes re-emerge and are experienced with a strong sensation of immediacy...” (Laplanche & Pontalis, 1973, p. 455). While transference phenomena are important sources of evidence about infant states, this source must now be balanced against and combined with current empirical literature on infant development in a wide diversity of areas, including infant observation, ethology, behavioural genetics, attachment theory, cognitive development, and developmental neuroscience to formulate an empirically supported and nuanced view of newborn and infant capacities.

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