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Responding to infant sleep-related crying : a theoretical exploration of caregiver response from attachment and object relations perspectives

Casey L. Zandoná
Smith College

Casey Loughran Zandona
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ABSTRACT

How to respond to infant sleep-related crying is a ripe debate in much of the current

parenting literature. This theoretical thesis explores how certain caregiver responses affect

infants' psychological development. Particular attention is paid to the popular sleep-training

technique—letting a baby "Cry It Out"—as there is an alarming lack of consideration within

empirical and theoretical literature of the psychological impact of this parenting strategy on an

infant. This thesis begins with an overview of current empirical research on infant sleep and

crying behavior, and proceeds to include an in-depth look at attachment and object relations

(mostly Winnicottian) theories, specifically in respect to how caregiver and infant negotiate

sleep, infant crying, the process of separation, and the intrapsychic development of self and

other. Intersubjective theory is integrated into much of the discussion, as it brings the

subjectivity of the caregiver into view, which is really at the core of parenting decisions. At the

end of the thesis, there is a broader consideration of the complex impact of the sociocultural

surround on parenting decisions, as well as how the perspectives proposed within the thesis

apply to clinical practice. This thesis does not ultimately provide an answer to the question of

whether it is advisable to let an infant cry it out. Instead, it highlights the importance of an

attuned, enduring, and appropriately responsive caregiver in the facilitation of an infant's

psychological development, and how that is "good enough."

RESPONDING TO INFANT SLEEP-RELATED CRYING:

A THEORETICAL EXPLORATION OF CAREGIVER RESPONSE FROM

ATTACHMENT AND OBJECT RELATIONS PERSPECTIVES

A project based upon independent investigation,
submitted in partial fulfillment of the requirements
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Casey Loughran Zandona

Smith College School for Social Work
Northampton, Massachusetts 01063

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CHAPTER I

Introduction

This thesis will explore how caregiver response to infant sleep-related crying potentially

impacts an infant's psychological development. This phenomenon will be considered from the

perspectives of attachment and object relations theories. These theories were chosen because

they both hold the early infant/caregiver relationship as central to one's psychological

development. The application of these theories to the phenomenon will hopefully lend valuable

insights into sleep training techniques and clinical approaches to psychodynamic psychotherapy.

The sleep training technique of focus will be letting a baby "cry it out" (CIO), which is

defined in current literature as "extinction of sleep-related crying through systematic parental

nonresponsiveness in order to teach the children how to sleep independently" (Ramos et al., 2006).

This technique was chosen because the CIO strategy is most commonly recommended by family

and friends (Sears & Sears, 2003), parenting literature (Ramos & Youngclarke, 2006), and

pediatricians (American Academy of Pediatrics, 2012) in the United States.

The theoretical exploration of this phenomenon is warranted because there is a startling

lack of empirical research on or psychoanalytic thinking about how sleep-training techniques

impact an infant's psychological development. A review of the authorship of parenting literature

reflects this substantial omission. Ramos & Youngeclark (2006) found that 43% of parenting

book authors lacked professional credentials, 40% were from medical backgrounds, and only

15% were trained in clinical psychology or counseling. This is especially concerning since 96%

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a sample of 700 pediatricians nationwide "believed it was their job to counsel patients/guardians regarding sleep hygiene, yet few pediatricians (18%) had ever received formal training on sleep disorders" (Faruqui, Khubchandani, Price, Bolyard, & Reddy, 2011, p. 539). In fact, "residents [only] received 4.8 hours of instruction on sleep and sleep disorders" while in medical school (Faruqui et al., 2011, p. 540). Also, less than 5% of pediatric residency programs dedicated more than 4 hours of instruction to sleep medicine (p. 540). This suggests a dangerous lack of clinically informed and evidence-based information behind sleep training advice parents receive.

It is also surprising that the impact of sleep-training techniques on infant development has not been explored within psychoanalytic literature. Much of psychoanalytic thinking explores the physical and intrapsychic separation from the other, and sleep is a prime location of separation between infant and caregiver. Psychoanalytic theorists have proposed conceptualizations about how certain caregiver responses impact an infant's development, but further exploration into the specific effect of caregiver non-response, or caregiver absence, is warranted.

Application to Social Work

Having a greater understanding of how a caregiver response to infant sleep-related crying impacts the development of attachment and object relations can lend valuable insights into the field of social work. It can lead to a more intricate understanding of the clinician's provision of maternal functions (attunement, holding, containment, object relations) within the therapeutic encounter. It can also inform clinician's biopsychosocial assessments, formulations, treatment planning, and clinical interventions. Ultimately, the discussion within this thesis will hopefully assist caregivers with their parenting decisions, and clinicians in how to support their clients who are caregivers to facilitate of their infants' development.

Methodology

This thesis will first provide an overview of the phenomenon—the scope of sleep-training recommendations, the nature of infant sleep patterns and crying behavior, a detailed description of the CIO method, and a broader consideration of the sociocultural impact on the phenomenon. The following two chapters will discuss attachment and object relations theories. The thesis will conclude with a discussion chapter that synthesizes all of the material presented and provide implications for clinical interventions. The concepts discussed within the theoretical chapters are as follows.

Attachment Theory

The attachment theory chapter will begin with the theories put forth by John Bowlby and Mary Ainsworth. These theorists lay the foundation of attachment theory by illuminating the importance of the attachment bond in the infant's behavioral functioning and psychological development, as well as by developing the timeless categories of attachment patterns. The exploration into the intrapsychic process of separation/individuation will then be discussed within the theories proposed by Margaret Mahler, as well as from the intersubjective perspective as introduced by contemporary attachment theorists such as Daniel Stern and Beatrice Beebe. Specific topics of interest will include the intrapsychic development of self and other, the attainment of self-regulatory capacities, and the process of internal and external separation from the other.

Object Relations Theory

The object relations theory chapter will mainly focus on the work of Donald Winnicott because his work focuses on the nature of the mother/infant relationship. Winnicott outlines specific ways in which the mother facilitates the infant's intrapsychic development by

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introducing seminal concepts such as the "good-enough mother," the holding environment, and transitional phenomenon (Winnicott, 1951). The negotiation of hate within mother/infant relationship and the use of the object will also be explored, as that is central to how a caregiver responds to an infant's sleep-related cries. A discussion of contemporary Winnicottian theories, as proposed by Jessica Benjamin, will draw light upon the mother's subjectivity and how the mother negotiates the intersubjective process of separating from her infant.

Conclusion

The application of attachment and object relations theories to the phenomenon will hopefully lend insights into how a caregiver's response (or lack thereof) to an infant's sleep-related cries impacts the infant's psychological development. The intent of this thesis is to spark interest and hopefully inspire a greater discussion into this topic.

It is of note that the language used within this thesis varies. Psychoanalytic literature traditionally talks about the infant/caregiver dyad in terms of infants and mothers. In recent years, there has been contemporary focus on primary caregivers of all gender identities. Since this thesis is relevant to all types of dyadic caregiver/infant relationships, this writer will utilize the term "caregiver" and a more fluid use of pronouns in general discussion, but will utilize the term "mother" to remain consistent with the language used in earlier literature.

And without further ado, onto the phenomenon chapter.

CHAPTER II

Phenomenon

Caregivers throughout time have tried to figure out the best way to soothe babies in distress. Of particular interest has been how to respond to a baby's sleep-related crying. This chapter will explore the phenomenon of caregiver response to infant sleep-related crying. The popular parenting literature related to this topic will be explored in order to identify the current cultural norms and expectations related to how parents respond to infant's cries. Particular attention will be given to the sleep training technique of letting a baby "cry it out" (Ferber, 2006) because this method is most commonly recommended within Western cultures by family and friends (Sears & Sears, 2003), in parenting literature (Ramos & Youngclarke, 2006), and is pediatricians' standard recommendation for improving infant sleep problems (American Academy of Pediatrics [AAP], 2012). Attention will be given to the startling lack of consideration within research for the potential impact of the CIO technique on the infant's psychological development and attachment relationships.

In order to gain a comprehensive understanding of the phenomenon, this chapter will begin by presenting the scope of parenting recommendations within literature and popular opinion. Next, infant sleep patterns and crying behavior will be explored from biological, evolutionary, and psychological perspectives, followed by a detailed description of the "cry it out" method. And finally, these techniques will be considered within a broader cultural context in which drastic differences in parenting strategies between cultures are illuminated.

Description of the Phenomenon

Overview of Sleep Training Advice

Letting a baby "cry it out" is the predominant recommendation caregivers receive about how to respond to their baby's sleep-related crying. Ramos et al. (2006) conducted a meta-analysis exploring the advice parenting books give about sleep training techniques. They sampled from all of the books on Amazon that matched the search "parenting, sleep," emulating a common way in which caregivers obtain parenting advice. The analysis concluded that 61% of the books endorsed the CIO technique. This is somewhat concerning because upon review of the authorship of these books, Ramos et al. found that only 15% of the authors had a background in clinical psychology or counseling. In fact, 40% of the authors were from a medical background and 43% had no professional credentials (the majority were journalists and some from companies that produce baby products). In addition, 73% of these authors had never published in academic literature. Ramos et al.'s study suggests that the majority of sleep training advice is not informed by how the recommended techniques could potentially impact a child's psychological development. Understanding what informs the recommendations caregivers receive warrants further exploration, as early infant/caregiver interactions have been shown to be associated with the child's later development and well-being (Blatt & Levy, 2003; Bowlby, 1969; Bowlby, 1977; Sroufe, 2005; Sroufe, Egeland, Carlson, & Collins, 2005; Weinfield, Whaley, & Egeland, 2004).

Medical professionals are also a common resource for parenting advice, and they too endorse the CIO technique. The American Academy of Pediatrics (2012) recommends "controlled comforting" and "camping out," which are sleep training techniques that involve systematic non-responsiveness to infant's nighttime crying. These techniques are in line with the

definition of CIO; parents wait to respond to their baby's nighttime wakening "at increasing intervals to allow the child to self-settle" or to "independently fall asleep" (AAP, 2012). The American Academy of Pediatrics asserts that this approach improves the caregiver's sleep and the mother's mental health. Again, the child's mental health is not considered.

A study conducted by Faruqui, Khubchandani, Price, Bolyard, & Reddy (2011) draws into question the validity of pediatricians' recommendations about sleep training. They surveyed a random sample of 700 pediatricians nationwide and found that 96% of the sample "indicated that they believed it was their job to counsel patients/guardians regarding sleep hygiene, yet few pediatricians (18%) had ever received formal training on sleep disorders" (p. 539). In fact, "residents [only] received 4.8 hours of instruction on sleep and sleep disorders" while in medical school (p. 540). The study also found that less than 5% of pediatric residency programs dedicated more than 4 hours of instruction to sleep medicine (p. 540). This suggests a dangerous lack of clinically informed and evidence-based information behind sleep training advice parents receive.

Interestingly, the CIO technique has been recommended in literature since the early 1900s. Dr. Emmet Holt, (1907) who was a professor at Columbia University, published a book in 1907 on how to care for young children. He recommended that mothers eliminate crying behaviors at nighttime by letting their babies "cry it out," stating that this could result in up to three hours of unattended crying at first. He reasons that such crying is a product indulgence, or excessive attention from the caregiver, from which a baby becomes habituated. This rationale can be likened to the contemporary notion that attending to crying behavior "spoils" the baby or creates inappropriate sleep associations (Ferber, 2006). The fact that Dr. Holt recommended the CIO technique over 100 years ago evidences the prevalence and consistency in sleep training

advice, and speaks to the timeless demand for recommendations on how to respond to a baby's sleep-related crying.

Infant Sleep

Sleep is essential for an infant's development. It functions to restore brain metabolism and promote "memory consolidation and learning" (Jenni & O'Connor, 2005, p. 205), and impacts an infant's "higher-level cognitive functions regulated by the prefrontal cortex, such as cognitive flexibility and the ability to reason and think abstractly" (Mindell, Kuhn, Lewin, Meltzer, & Sadeh, 2006, p. 1265). When sleep is interrupted, an infant experiences "significant performance impairments and mood dysfunction" (Mindell et al., 2006, p. 1265).

Since it is imperative that children obtain a sufficient amount of sleep, it is helpful to understand what influences infants' sleep patterns in order to promote this developmental process. In part, an infant's ability to "sleep through the night" relies on the "maturation of neural and circadian mechanisms" (Mindell et al., 2006, p. 1265). This process develops at different paces for each infant and results in what is known as a "circadian clock" (Jenni et al., 2005, p. 205). Since caregivers' and infants' sleep cycles are different (infants' circadian rhythms have not matured into the typical adult 24-hour cycle) until at least the first year of life (Mindell et al., 2006), it is inherently difficult for a caregiver to negotiate how to meet both her needs (for adequate sleep) and those of her infant.

Other biological and environmental influences on infant's sleep-related behaviors include practicing novel behaviors associated with major developmental milestones (Davies, 2011), changing sleeping rooms (Nagera, 1966), sleeping arrangements (Mindell et al., 2006), separation anxiety (Davies, 2011), parenting styles (Mindell et al., 2006), a baby's temperament (Burnham, Goodlin-Jones, Gaylor, & Anders, 2002), and biological abnormalities such as

asphyxiation (Ucko, 1965). These factors impact the quality of a baby's sleep and his or her ability to self-soothe.

One example of how biological factors impact an infant's sleep patterns is seen in research conducted by Ucko (1965). This was a five-year longitudinal study with a sample of 58 boys (29 asphyxiated at birth with no other abnormalities and 29 non-asphyxiated controls). Ucko found that children with asphyxiation were more sensitive, over-reactive, had more sleep disturbance, and exhibited higher levels of distress upon separation with the caregiver when compared to controls. This study highlights how biological factors influence a child's ability to sleep and capacity for self-regulation. If a child has a lower tolerance for distress and is less capable of soothing herself, a caregiver's response to that child's sleep-related crying should be different than to a child without such condition.

Another influence on an infant's sleep is the amount of physical contact with his or her caregiver. Research by Moore and Ucko (1957) found that contact with mother, outside of breastfeeding, is necessary for the establishment of an infant's appropriate sleep rhythms. In this study, infants who received the least amount of contact from their mother were more likely to wake during the night. Those that received ten to twenty minutes of additional contact displayed the lowest amount of problematic sleeping behavior. This shows how a caregiver plays an essential role in the development of infant sleep patterns.

The way one defines "problematic" or "abnormal" sleep patterns influences the way one responds to an infant's sleep-related behaviors (i.e., crying). There are many ways in which "sleep problems" are defined. From a clinical perspective, sleep problems are defined as an infant waking at night and relying on parental presence to fall asleep and/or an infant exhibiting "bedtime refusal behaviors," such as "stalling, verbal protests, crying, clinging, refusing to go to

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bed, getting out of bed, attention-seeking behaviors, and multiple requests for food, drinks, and stories" (Mindell et al., 2006, p. 1264). From a research perspective, sleep is normally operationalized by frequency and duration of behaviors. For instance, in a study by Reid, Walter, and O'Leary (1999), sleep problems are operationalized as an infant taking longer than 30 minutes to fall asleep and not waking throughout the night. Also, each culture defines sleep problems differently. Mindell et al. (2006) captures this point eloquently:

> Culturally-based values and beliefs regarding the meaning, importance, and role of sleep in daily life, as well as culturally-based differences in sleep practices (e.g., sleeping space and environment, solitary sleep vs. co-sleeping, use of transitional objects) have a profound effect not only on how a parent defines a sleep "problem" but on the relative acceptability of various treatment strategies. (p. 1264)

Ultimately, one's sociocultural surround predicts the way one defines normal or deviant sleep behaviors, and thus the way one responds to an infant's sleep-related crying.

Infant Crying

Infant crying can take on many shapes and forms and can have many meanings. There is the basic, rhythmical cry (often related to hunger), the mad cry, the pain cry, and the protest cry (Wolff, 1969). An infant may cry out of hunger, sudden excessive excitation, unpleasant stimulation, physical pain, nakedness/cold, or sleep disruption (Wolff, 1969). Understanding the nature of infant crying from physiological, psychological, and evolutionary perspectives may provide useful information about how a caregiver should respond to an infant's cries.

Psychologists have described crying as a "proximity-maintaining behaviour" (Bowlby, 1969, p. 199) and an "attachment behaviour" (Bowlby, 1969, p. 224). In essence, these terms indicate that crying is an instinctual behavior that functions to increase the proximity of the

caregiver and enhance the attachment relationship. Bowlby (1969) explains, "the function of attachment behaviour is protection from predators… it affords the opportunity for the infant to learn from mother various activities necessary for survival" (p. 224), making it evolutionarily advantageous for a mother to remain in close proximity to her infant. Crying is thus an evolutionarily adaptive way by which an infant elicits a maternal response to be close and meet the infant's needs.

It is advantageous for a caregiver to reduce the amount of her infant's crying because excessive crying can be harmful to the infant's development. When crying, the infant enters a state of distress and his energy is diverted away from essential growth-promoting activities. When an infant is quiet and alert, he is "more receptive to interaction with and learning from his environment," which "promotes an inner organization that allows the physiological systems of the body to work better" (Sears et al., 2003, p. 14). As Nagera (1966) states, "the mother acts as an organizer and stimulator of maturational processes (of a physiological and psychological nature) which steer development into appropriate channels." Thus, an essential role of the caregiver is to decrease the infant's level of distress in order to support the infant's natural development. This includes the caregiver intervening to reduce distress around sleep time, because sleep is an essential process for the infant's neurological development (discussed above).

A study by Ainsworth and Bell (1977) outlines what types of caregiver responses are most effective in reducing the infant's level of distress and simultaneously infant crying. They found that close contact, feeding, and promptness of the caregiver's response to her baby's cries were most effective in decreasing infant crying. They also observed that a mother talking without touching her infant was the least effective way to decrease infant crying. Thus, in

combination with the information discussed above, these findings indicate that it is essential to an infant's development and survival for a caregiver to promptly respond to an infant's crying by feeding or touching the infant. This conclusion directly conflicts with the CIO strategy in which a caregiver is instructed to systematically ignore infant crying. This conflict will be explored in greater detail below.

Infant Sleep-Related Crying

The interaction between infant sleep and infant crying is an incredibly unique and complex phenomenon. There are a multitude of physiological and psychological factors that influence infant sleep-related crying, and those inform decisions about how one would respond.

An example of the interaction between infant sleep and infant crying is seen when an infant experiences separation anxiety. During this phase of development, an infant reacts to separation from her caregiver with "frightened expressions, withdrawal, or distress" (Davies, 2011, p. 152). Since sleep is a primary location of separation, an infant experiences greater distress around sleep times, increased sleep disruptions (Davies, 2011), and increased sleep-related crying (Sears et al., 2003). Understanding the psychology behind the increased incidence of sleep-related crying equips caregivers to optimally respond to her infant's needs.

Some hypothesize that infant sleep-related crying is a result of an infant's inability to self-soothe or self-regulate. If an infant's emotions are deregulated (as is the case when experiencing separation anxiety), crying will prevent her from falling asleep. At this point, the infant is dependent on the caregiver for soothing because the capacity to self-soothe is not inherent (Burnham et al., 2002). If a caregiver provides "an external structure of regulation by responding appropriately to the infant," the infant's "stress response system (HPA axis)… gradually becomes less active and more organized" (Davies, 2011, p. 137). It is only through

this mutual regulation that self-regulation is possible. "The parent's response to the baby's distress provides the scaffolding that enables the baby to work on calming herself" (Davies, 2011, p. 137). Without appropriate caregiver response to an infant's distress signals (crying), an infant's HPA axis remains active and disorganized and she is unable to soothe herself to sleep.

The knowledge of infant sleep and crying discussed thus far shows that sleep-related crying is an instinctual mechanism by which an infant communicates her needs. Because an infant's capacity to understand and navigate both her internal and external world is underdeveloped, she is dependent on her caregiver to satisfy her basic needs. Sleep is a primary location where crying occurs because there are many psychological and biological reasons for sleep pattern disturbance and thus increased emotional deregulation. Since sleep is required for optimal development and infants do not have the capacity to self-regulate, the caregiver is enlisted by the infant to support the infant's sleep by serving as a regulatory other. The optimal way in which a caregiver can provide this regulatory function is to promptly increase proximity to and touch the infant (Ainsworth et al., 1977).

"Cry it Out" Technique

Dr. Richard Ferber is commonly regarded as the pioneer of the CIO technique. In addition to being a pediatrician, he is an associate professor at the Harvard Medical School and directs the Center for Pediatric Sleep Disorders at Children's Hospital Boston. He is famous for his book Solve your Child's Sleep Problems (2006) that outlines his recommendations about how parents should respond to their infant's sleep-related crying. It is of note that in the second edition of his book, he aims to disassociate himself with the term "cry it out… simply leaving a child in a crib to cry for long periods alone until he falls asleep, no matter how long it takes, is not an approach I approve of" (p. xviii). He defines CIO as "abruptly… staying out of [the

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baby's] room all night" (p. 83). This disclaimer is a response to the criticism the CIO technique

has received (Sears et al., 2003). Instead, Ferber offers the Progressive-Waiting Approach

(PWA) that involves progressively waiting to respond to the baby's crying in order to "rapidly"

reduce and ultimately eliminate "unnecessary crying" (p. xviii).

This thesis defines the CIO approach as the "extinction of sleep-related crying through

systematic parental nonresponsiveness in order to teach the children how to sleep independently"

(Ramos et al., 2006). Ferber's PWA falls under this definition. Progressively waiting to respond

to a baby's cry is "systemic parental nonresponsiveness," and the goal of both the CIO and PWA

techniques is the "extinction of sleep-related crying" in order to "teach the children how to sleep

independently." Thus, this thesis will continue to regard Ferber as endorsing the CIO approach.

Ferber (2006) recommends that parents should begin to "institute major changes" in their

infant's sleep habits when the infant is around 3 to 4 months of age (p. 97). He reasons that an

infant's sleep cycle has matured at that point, and he should be capable of independently falling

asleep and sleeping through the night. This contradicts with research findings on infant

biological development; an infant's circadian rhythm has not matured by 4 months of age,

making it impossible for the infant to sleep through the night (Nagera, 1966). The "major

changes" Ferber's recommendations include the mother not responding to her baby's nighttime

crying with physical touch, or sustained physical presence. He outlines how to do this in the

Progressive-Waiting Approach (PWA).

Progressive-Waiting Approach

Ferber's PWA entails a mother waiting to respond to her baby's nighttime wakings at

progressive intervals. On the first night, the mother waits 3 minutes to respond to the first cry, 5

minutes for the second cry, and 10 minutes for each subsequent cry (or intervals that mirror this

temporal increment). Time is added to these wait times every night until the baby stops

crying. By the seventh night, the mother could be waiting 30 minutes to respond to her baby's

cries. This approach promises that the baby will most likely be sleeping independently through

the night within three to four nights (Ferber, 2006).

The caregiver using the PWA is not to respond to her baby's cries with touch or sustained

physical presence. Ferber (2006) would label such responses as inappropriate "sleep

associations" whereby the baby learns that he or she can only fall asleep with the mother's

assistance (p. 62). This conflicts with the PWA's ultimate goal of the baby sleeping

independently. Ferber states that the "task is to teach your child new sleep associations so that

she can fall asleep without being held, without eating, and without sucking on the breast, bottle,

or pacifier" (p. 140). The mother should "let [her baby] fall asleep under the same circumstances

that will be present when [she] wakes normally during the night (in his crib or bed, not being

held or rocked)," and should respond this way "after nighttime wakings" as well (p. 74).

Many caregivers find not responding to his or her baby's cries intolerable and worry that

the CIO approach has significantly negative repercussions. In a survey of 300 mothers, 95

percent said that this approach "doesn't feel right" (Sears et al., 2003, p. 343). Ferber assures his

audience that the PWA does not have a negative psychological impact on the baby:

> When [parents] realize they will have to let a child do some crying, they often fear that
>
> the experience will be traumatic, causing permanent psychological harm. While this
>
> concern is understandable, long experience has shown that there is nothing to worry
>
> about. Allowing some crying while you help your child learn to improve his sleep will
>
> never cause psychological damage (p. 99).

Ferber's claim that the PWA "will never cause psychological damage" is based in experience reality ("long experience has shown") and is not grounded in empirical evidence. While Ferber does have a lot of experience in the field of infant sleep, he cites no objective evidence to substantiate his claim; thus it remains a hypothesis. In fact, there are no studies that consider the psychological impact of the PWA or the CIO technique infants.

The outcome variables in research studies that support the PWA evidence this lack of consideration for the mental health of the baby. A study by Reid et al. (1999) measured how the PWA affects maternal stress and the baby's sleep pattern (not the baby's psychology). The study included two experimental conditions in which parents ignored their child's sleep-related crying by not responding to them (either absolutely no response or a systematic decrease in response). The findings indicated that a decrease in the child's sleep problems correlated with a decrease in maternal stress, and that both experimental conditions led to improvement in the child's sleeping problems within 28 days. The proven benefits of this study are undeniable and have far-reaching implications that benefit the infant. But it is concerning that the psychological impact on the infant was not measured, especially since early infant/caregiver interactions have a lasting impacts on the infant's development and personal characteristics (Blatt et al., 2003; Bowlby, 1969; Bowlby, 1977; Sroufe, 2005; Sroufe, Egeland, Carlson, & Collins, 2005; Weinfield, N. S., Whaley, G. J. L., & Egeland, B., 2004).

Arguments Behind the CIO Technique

Proponents of the CIO approach argue that responding to an infant's cries "spoils" the infant. Ferber (2006) defines spoiling as "giving in to [the infant's] demands regardless of what is best for him." (p. 99). In applying this concept to the CIO technique, infant crying is considered a "demand" for attention, and the parent should not give in to this demand because

that is not what is "best" for the infant. What is best is for the infant to sleep independently.

Ferber states that, when a baby cries at night, "repeatedly going in to comfort him… is often not

the best thing to do" (p. 99) because it creates a "poor sleep pattern" of relying on the mother to

sleep which is "harmful for your child" (p. 100).

Other potential advantages of the CIO approach are directly related to the caregiver's

wellbeing. As shown in the study conducted by Reid et al. (1999), an infant sleeping through the

night correlates with decreased maternal stress. In fact, many studies have documented the

negative repercussions of infant sleep problems on the caregiver's mental status (Adams &

Rickert, 1989; Hiscock & Wake, 2002; Leeson, Barbour, Romaniuk, & Warr, 1994). Caregiver

ratings after recorded improvement in infant sleep indicate "rapid and dramatic improvements in

[the caregivers'] overall mental health status… increased sense of parental efficacy, enhanced

marital satisfaction… reduced parental stress… and [reduced] fatigue" (Mindell et al., 2006, p.

1270).

These positive outcomes have value to both caregiver and child. It is reasonable to

assume that a rested, less-stressed caregiver might be more available, more responsive, and better

equipped to parent than a stressed, exhausted, and resentful caregiver. This begs the question: is

it more advantageous for an infant to have a caregiver that responds to nighttime crying, or is it

more advantageous for a caregiver to ignore nighttime crying in favor of a full night of sleep so

he or she can be fully functional and responsive to the infant during the day? This question will

be explored further from a theoretical standpoint in later chapters.

Opposition to the CIO Technique

Dr. William Sears is another commonly cited and resourced pediatrician in the field of

parenting. Like Dr. Ferber, Dr. Sears' advice has reached much of the sleep training literature;

yet Dr. Sears is a fervent opponent of the CIO technique. Dr. Sears refers to CIO as "a method that trains babies with less sensitivity than we train pets" and as an "insensitive dogma" (Sears et al., 2003, p. 312). He reasons that not responding to an infant's cries "keeps parents from searching for the real causes of night waking and seeking out more sensitive and long-term solutions" to better meet the infant's needs (Sears et al., 2003, p. 345).

Dr. Sears supports his criticism of the CIO technique by claiming that letting a baby CIO could potentially damage the trust between infant and mother. Sears et al. (2003) state, "by persisting with the cry-it-out approach, the mother breaks her trust in herself and her trust in her baby's signals;" the "baby loses trust in his mother's availability and ability to comfort him;" and the baby "loses trust in his own ability to influence her comforting behavior to meet his needs" (p. 345). This break in trust then threatens the essential attachment between infant and caregiver that the infant depends on to sleep. Instead of the CIO technique, Dr. Sears recommends a number of different options, including co-sleeping arrangements. Dr. Sears states that co-sleeping provides an environment in which feeding is naturally available, caregivers typically report better sleep, and the caregiver and infant spend more time together, which contributes to the infant/caregiver attachment (Sears et al., 2003).

Recent research findings suggest that the CIO technique could lead to an increased risk for sudden infant death syndrome (SIDS). Multiple studies have concluded that an infant sleeping alone puts him or her at an increased risk for SIDS (Blair, Flemming, Bensley, Smith, Bacon, Taylor, Berry, & Golding, 1999; Carpenter, Irgens, Blair, England, Flemming, Huber, & Schreuder, 2004; Mitchell & Thompson, 1995). This suggests that co-sleeping arrangements are preferable to solitary sleeping arrangements.

"Co-sleeping is defined as any situation in which" a caregiver "sleeps within sensory range of an infant (on the same or different surface) permitting mutual monitoring, sensory access, and physiological regulation, including (but not limited to) the delivery and ingestion of breast milk" (Gettler & McKenna, 2011, p. 454). The increased potential for breastfeeding provides a resilience factor since not breastfeeding has been found to be an independent risk factor for SIDS (Vennemann, Bajanowski, Jorch, & Mitchell, 2009). The CIO strategy prevents a mother from breastfeeding during the night.

Another indication that the CIO strategy might not be optimal is the dearth of empirical evidence in support of this strategy. Even in the most popular book that outlines CIO (Ferber, 2006), there are no citations of studies that prove the efficacy of this technique. Most recommendations in support of CIO are based on experience reality—the use of one's experience as evidence (Ramos et al., 2006; Faruqui et al., 2011). And again, it is concerning that no research studies have measured the impact of CIO on the infant's mental health. Studies have measured how the CIO technique impacts maternal stress (Reid et al., 1999), which inadvertently impacts the infant's mental health; but research on how CIO affects the mental health of the infant is warranted.

Sociocultural Considerations

A caregiver's sociocultural surround has a profound impact on how she responds to her infant's cries. For instance, a caregiver is more likely to withdraw from her infant if she is experiencing marital or financial difficulties, living in a high-risk environment (Chrisholm & Coall, 2008), abusing substances, or has a mental illness (Soltis, 2004). A caregiver's investment in her infant is impacted by whether support is available from parents (Quinlan, Quinlan, & Flinn, 2003), alloparents (Borgerhoff Mulder, 1992), and non-biologically related

males (Daly & Wilson, 1997; Lancaster & Kaplan, 2000).   Also, caregivers are less likely to respond to infants who have a low birth weight (Bereczkei, 2001) or are severely ill (Soltis, 2004). These findings show that a caregiver's environment necessarily impacts his or her parenting strategies.

The research behind parenting recommendations does not demonstrate awareness of the differential impact of culture on caregivers. The majority of samples in research studies on infant crying and attachment consist of people who identify as Caucasian or Euro-American (Ainsworth et al., 1977; Sroufe et al., 2005; Weinfield, et al., 2004). For example, 71 percent of the sample in a study by Leerkes, Parade, & Gudmundson (2011) was "Euro-American;" and 40 of the 43 participants in a study by Reid et al. (1999) were "Caucasian."   This lack of cultural representation within research indicates significant bias and limited generalizability of research findings. Recommendations on parenting strategies based on this literature should not be regarded as optimally applicable to all cultures, as every culture embraces their respective norms that could conflict with those of westerners.

In fact, many non-western caregivers agree "that separate sleeping arrangements are unthinkable," and instead engage in the practice of co-sleeping (Rothbaum & Rusk, 2011, p. 107). Co-sleeping offers many benefits (i.e., greater ease of breastfeeding and closer contact) that do not necessarily correlate with the infant achieving independence. Ferber, whose philosophy preaches autonomy, states that co-sleeping "persists in those cultures that remain socially and economically most 'primitive'" (Ferber, 2006, p. 42). This implies that all cultures should uphold independence as the ultimate goal for their children, yet some are unable to achieve this goal because they are too "primitive." This statement lacks cultural awareness that some cultures (typically non-western) value co-dependence, which is more in-line with co-

sleeping than the CIO technique. It is true that the CIO technique is not optimal for caregivers whose socioeconomic situation prevents them from providing a separate sleeping arrangement for their infant. But to claim that co-sleeping persists in cultures that are socially most "primitive" not only reflects a culture of oppression, it is simply invalid. Co-sleeping is seen in almost all human cultures and is predominately deemed to be normal and safe (Barry & Paxson, 1971; McKenna, Ball, & Gettler, 2007). In order to understand caregiving strategies, one needs to understand the cultural context in which a caregiver exists.

A caregiver's sociocultural context impacts how she responds to infant crying and how she chooses sleep-training techniques. One cannot isolate a person from his or her environment when understanding that person's behaviors; and this necessarily applies to a caregiver's response to infant sleep-related crying.

Conclusion

In conclusion, a caregiver's response to his or her infant's sleep-related crying is a complex phenomenon, impacted by a multitude of physiological, psychological, evolutionary and sociocultural factors. The most commonly recommended response to nighttime crying is to let a baby cry it out; yet, surprisingly, there has been no consideration within research of how this technique impacts the infant's psychological development. This will be explored in the next chapter from the perspective of attachment theory.

CHAPTER III

Attachment Theory

Origins of Attachment Theory: Bowlby and Ainsworth

Attachment theory recognizes the primacy of the attachment bond between infant and caregiver for the child's survival, development, and relational patterns. It has historically incorporated empirical psychological research by establishing categories of attachment through infant observation. The primary figures in the origin of attachment theory were John Bowlby and Mary Ainsworth.

Contributions from John Bowlby

John Bowlby initially recognized the impact of a child's relationship with his or her caregiver in the early 1940s while working with children separated from their parents during World War II. He observed unexplainable behavioral differences between separated children and those in contact with their parents.

The psychoanalytic theories of that time did not thoroughly explain this phenomenon. Sigmund Freud (1957) theorized that the sole purpose of the mother in the child's life was need gratification; the mother emerges in the infant's world to satisfy his or her basic needs (i.e., food). Bowlby moved away from Freud's classic drive theory by asserting that relationships, not drives, were central to development and how the self gets organized. Melanie Klein (1952) described the infant/mother relationship in terms of the infant's internal phantasies, outlined in the paranoid schizoid and depressive positions. Bowlby felt that the actual attunement of the

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attachment figure was critical, as opposed to Klein's model that attachment insecurity resulted from the nature of the child's aggressive phantasies. Ultimately, traditional psychoanalytic thinking of the time focused on the nature of phantasy in the internal world of the infant; whereas Bowlby's focus was the external world, on how the child's manifest behavior reflected the mother/infant attachment (Bowlby, 1944).

Animal research during that era provided a different perspective of the infant/mother attachment bond. Research by Konrad Lorenz (1935) and Harry Harlow (1958) evidenced that the connection between an infant and mother went beyond oral need gratification and internal phantasies. By observing infant geese and rhesus monkeys, Lorenz and Harlow separately concluded that infants preferred comfort from their attachment figures to feeding. These findings indicated greater complexity in the attachment bond than simple gratification of the infant's need for food, highlighting the additional need for comfort and warmth. This supported Bowlby's continued exploration into the importance of the infant/mother relationship as it manifests in the external world.

The Tavistock Child Development Research Group formally investigated Bowlby's interests—the child's behavior upon separation from his or her attachment figure. Around 1950, the Tavistock Group observed children's reactions to separation from their caregivers during situations of family crises (i.e., the mother was hospitalized). They found that all children cried and sought out comfort from nurses upon separation; the type of relationship prior to the separation did not differentially influence the children's behaviors; and, importantly, all children exhibited the same sequence of behaviors—protest, despair, and then detachment (Heinicke, 1956; Heinicke & Westheimer, 1966).

Bowlby (1969) showed particular interest in these observations, reasoning that the child's response to separation provides "an understanding of the bond that ties him to [his] attachment figure" (p. 177). Bowlby (1973) explained that the child's protest demonstrated his hope that his mother would respond to his cries, despair represented his loss of hope, and detachment was a defense against his need for the mother. He states, "the phase of protest is found to raise the problem of separation anxiety; despair that of grief and mourning; detachment that of defence" (Bowlby, 1973, p. 27). The findings by the Tavistock Group allowed Bowlby to develop his formulation of the external manifestation of the attachment bond.

Attachment as an evolutionary advantage. Bowlby (1969) hypothesized that the attachment relationship plays an essential role in the survival of an infant. Bowlby posited that a strong attachment relationship allows an infant to retain proximity to the mother, thereby ensuring greater protection from predators, increased the likelihood of feeding, and an opportunity to learn essential survival techniques (i.e., how to socialize and interact with one's environment). Bowlby hypothesized that the infant engages the attachment relationship through "attachment behaviors" and "proximity maintaining behaviors," such as "sucking, clinging, following, crying, and smiling" (p. 180) (described in greater detail in chapter two of this thesis). These behaviors allow the infant to achieve his or her set goal of being close to the mother and developing a strong attachment. Ultimately, Bowlby's theory holds that a strong attachment relationship provides the infant with a greater chance for survival.

Contributions from Mary Ainsworth

Mary Slater Ainsworth represents the second wave of contribution to attachment theory. Around the time when Bowlby was formulating the significance of the attachment bond to a child's survival, Ainsworth was conducting international studies (in Uganda and Baltimore, MD)

by observing infants' reactions to routine separations from their attachment figures. Bowlby and Ainsworth both recognized how an infant's behavioral response to separation lends unique insight into the attachment bond.

Ainsworth's hallmark contribution to this field was the "Strange-Situation Procedure" (outlined in Ainsworth, Blehar, Waters, & Wall, 1978). This procedure became the bedrock for measuring attachment patterns, and is still used today. The Strange-Situation Procedure entails a series of systematic separations between infant and mother that sometimes involve the presence of a "stranger." Of particular interest in this procedure is the way in which an infant responds to reunion with the mother because it predicts the infant's category of attachment. "The design of the strange situation activates attachment behavior" (Ainsworth et al., 1978, p. 310). The Strange Situation more closely represents naturally occurring separations, as opposed to the traumatic separations observed by Bowlby and the Tavistock Group. Although Ainsworth's initial study findings are limited in their generalizability because they do not take place in a natural setting and the sample consists of only upper-middle-class Caucasian families, they do provide unprecedented insights into the attachment relationship. Today, the Strange Situation is used internationally, across cultures, and with similarly stunning results.

Categories of attachment. Using these naturalistic observations, Ainsworth developed three categories of attachment patterns: secure, insecure resistant/ambivalent, and insecure avoidant (Ainsworth et al., 1978). Later on, Mary Main developed a fourth category termed insecure disorganized (Main & Solomon, 1987; Main & Hesse, 1991).

Secure attachment. In the Strange Situation, the securely attached infant seeks close bodily contact with and comfort from his mother upon reunion, is quickly soothed, and is able to return to exploring his environment. This behavior upon reunion is the hallmark of a secure

attachment; the infant is able to use "his mother as a secure base from which to explore an unfamiliar environment" (Ainsworth et al., 1978, p. 311). The infant has come to learn, through repeated experiences of the mother's sensitivity to his signals and her close bodily contact, that the mother is a regulatory other that is reliably accessible and responsive. The infant securely approaches his mother without conflict or ambivalence, and is easily soothed and comforted by her. The expectation of this secure base enables the infant to confidently explore an unfamiliar environment without the physical presence of the mother.

A securely attached infant's behavior at home was typically characterized as "more cooperative and more willing to comply with his mother's requests," and more "harmonious in his interactions with his mother" (Ainsworth et al., 1978, p. 311). They were observed to be less anxious, "more readily 'socialized…' more positively outgoing… cooperative with relatively unfamiliar adult figures… more competent… [and explored] more effectively and more positively" when compared to insecurely attached infants (Ainsworth et al., 1978, p. 311). Ainsworth et al. (1978) hypothesized that these characteristics (often considered to be indicative of independent functioning) are only achieved after repeated experiences of the mother being available and responsive to the infant as a secure base.

It is pertinent to this thesis to highlight the infant's crying behavior upon separation and the type of maternal response that decreases this behavior. Ainsworth and colleagues (1978) observed that secure infants sometimes cried and protested upon the first separation from the mother, yet typically cried more upon the second separation from the mother. Ainsworth et al. (1978) hypothesized that the secure infant initially retained expectation that the mother would return; but, with repeated separations, the infant began to believe that the mother was not as

accessible and increased his display of attachment behaviors (crying). It was only when the

mother returned to the room and provided close bodily contact was the infant able to stop crying.

Insecure, ambivalent/resistant attachment. In the Strange Situation, the

insecure/ambivalent infant responds to reunion with a simultaneous mingling of angry resistance

to the mother and clinging or "contact-maintaining behaviors" (Ainsworth et al., 1978, p. 315).

Ainsworth et al. (1978) hypothesized that mothers of insecure/ambivalent infants "tend to lack

the fine sense of timing that is characteristic of" securely attached infants, and that the

insecure/ambivalent infant's experience of "close bodily contact [with the mother] has not been

consistently positive" (p. 315). This typically results in the infant's ambivalency about seeking

contact with the mother when in distress; the baby wants to be soothed, but he is not sure

whether the mother will be able to soothe him. The infant "does not seem to have confident

expectations of the mother's accessibility and responsiveness," and is consequently "unable to

use the mother as a secure base from which to explore an unfamiliar situation—at least not as

well as infants in" the secure attachment group (Ainsworth et al., 1978, p. 315).

Insecure/ambivalent infants tended to cry more intensely and for longer durations than

secure infants when separated from their mothers. In their natural setting, these infants were

more "easily frustrated, overreliant on their mothers, and generally incompetent in problem-

solving situations (Ainsworth et al., 1978, p. 315). Ainsworth et al. (1978) stipulated that these

infants experience "anxiety about the mother's accessibility and responsiveness" and "tend to

respond to the mother's departures in the separation with immediate intense distress; their

attachment behavior has a low threshold for high-intensity activation" (p. 314-315). In turn,

mothers of insecure/ambivalent infants did not consistently respond to the infant with close

bodily contact, and were typically unable to quickly soothe and reduce crying behavior.

Insecure, avoidant attachment. In the Strange Situation, the insecure/avoidant infant responded to reunion with the mother with "striking avoidance… steadfast ignoring of the mother, despite her efforts to coax the baby to come to her" (Ainsworth et al., 1978, p. 317). These infants would approach the mother and then suddenly turn away and avoid her, often times averting his gaze from her. Mothers of insecure/avoidant infants were observed to be rejecting, especially when the infant sought close bodily contact. These mothers displayed irritation, or even anger, when the infant displayed attachment behaviors (i.e., crying). Some were more "rigid and compulsive" which gave the infant "unpleasant experiences in the context of physical contact" (Ainsworth et al., 1978, p. 317).

Ainsworth and colleagues (1978) maintained that the observed avoidant behaviors served a "defensive function" whereby the infant protected himself from the mother's continued rejection and inability to meet his needs (p. 316). This is similar to Bowlby's (1973) theory that children respond to separation with protest, despair, and then detachment. Bowlby hypothesized that continued inaccessibility and unresponsiveness from the mother results in the infant's detachment; he relinquishes his need to have a regulatory other. This is protective in that it allows him to develop compensatory defensive strategies through which he is able to continue functioning. As a result, the infant ceases to display attachment behaviors, ceases to cry, because he no longer seeks his mother's support.

This decrease in attachment behaviors can be interpreted as independent functioning—the infant is no longer dependent on the primary attachment figure for comfort. But understanding this behavior from Bowlby and Ainsworth's theoretical positions, the decrease in attachment behaviors is a product of a defensive structure. If that structure pervasive and inflexible, it can result in maladaptive patterns of relating and subsequent psychopathology. Ainsworth and

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colleagues (1978) point out that insecure/avoidant infants observed outside of the Strange Situation demonstrate "deficiencies in exploratory behavior and cooperativeness and difficulties with inappropriate aggression in establishing harmonious interaction with adult figures" (p. 320). These observations suggest that even though an insecure/avoidant infant's attachment behaviors decrease, there is still evidence of insecure and maladaptive relational patterns.

   Insecure, disorganized/disoriented attachment. Attachment theorists found that particular infant behaviors did not fit Ainsworth's three categories of attachment. Mary Main (1973/1977) developed an additional category called "disorganized/disoriented attachment." In the heart of insecure, disorganized children, no behavioral/attachment strategy can be found because the attachment figure is the source of fear. "Distress without resolution" is the primary observation.

   Main and Solomon (1990) reviewed videotapes of Ainsworth's Strange Situation and concluded that some infants did not have an organized strategy to deal with stressful separations and displayed unique, previously unclassified, behaviors. Main et al. (1990) observed disorganized/disoriented infants exhibiting the following behaviors in the Strange Situation: sequential and/or simultaneous contradictory behaviors, undirected or interrupted expressions and movements, stereotyped or mistimed movements, freezing, slowed or "underwater" expressions, displays of apprehension towards the mother, and general disoriented or disorganized behaviors. For example, these infants would move away from the mother, randomly fall over, rapidly change their affect, or express confusion, fear, or avoidance.

   International research shows that disorganized infants are at risk for impairments in cognitive functioning (Jacobsen, Edelstein, & Hofmann, 1994) and academic underachievement (Moss, Rousseau, Parent, St.-Laurent, & Saintonge, 1998; Moss & St.-Laurent, 2001; Moss, St.-

Laurent, & Parent, 1999). Lyons-Ruth and Jacobvitz (2008) discuss typical behaviors of

disorganized infants in a naturalistic setting. These include internalizing and/or externalizing

behaviors, dissociation, fearful and/and disorganized behaviors, greater avoidance of and less

confidence in mother, controlling patterns, negative emotionality, and psychopathology. Parents

of infants classified as disorganized/disoriented typically demonstrated behaviors that were

threatening, dissociative, timid, overtly sexual towards the infant, disorganized, and/or indicated

inexplicable fright. Lyons-Ruth et al. reason "that maternal unavailability to comfort the infant

should lead to unmodulated infant fear and contradictory approach-avoidant behavior" (p. 677),

which is typical of disorganized/disoriented attachment behavior.

Continuity of Attachment Styles

Empirical research has demonstrated the consistency of attachment styles throughout

time, and has linked infant attachment insecurity to later psychopathology (Carlson, 1998; Dutra

& Lyons-Ruth, 2005; Erickson, Sroufe, & Egeland, 1985; Grossmann, Grossmann, & Walters,

2005; Sroufe, Egeland, Carlson, & Collins, 2005; Weinfeld, Whaley, & Egeland, 2004).

The Minnesota Longitudinal Study (Sroufe et al., 2005) found babies' attachment

patterns as measured at twelve and eighteen months were the same throughout development

(measured in toddlerhood, preschool, elementary school, adolescence, and adulthood—age

thirty). The validity and generalizability of these findings are unmatched due to the large sample

size (200 mother/infant dyads) and the controlling of potential confounds (i.e., maternal

personality, IQ measurement, level of education, and infant temperament). Weinfeld and

colleagues (2004) similarly found that a baby's attachment pattern at twelve and eighteen months

were consistent with their attachment pattern at age nineteen.

Researchers have also found that insecure attachment predicts psychopathology as early as preschool age. Erickson, Sroufe, and Egeland (1985) established that preschool-age children with insecure attachments (anxious/avoidant and anxious/resistant) exhibited maladaptive behaviors—hostile, socially isolative, defensive, aggressive, tense, helpless, fearful, and angry. Carlson's (1998) longitudinal study expanded Erickson and colleagues' findings and observed that children with disorganized/disoriented attachment patterns exhibited pathological behaviors from two to nineteen years of age.

Dozier, Stovall-McClough, and Albus (2008) produced a comprehensive article in which they outlined the associations between patterns of attachment and later psychopathology. Dozier and colleagues progress through Axis I and Axis II disorders and discuss how attachment theory contributes to understanding each disorder. For example, they ground the empirical evidence that insecure attachments (both resistant and avoidant) predict depression in adolescence in attachment theory. When a child experiences repeated losses or noxious events early in his or her life, the child develops a model of himself as fundamentally unlovable or incompetent, resulting in pervasive hopelessness as characteristic of depression. Similarly, persons with borderline personality disorder are often found to have disorganized attachments as a result of early sexual abuse, emotional neglect, prolonged separations from primary caregivers, and/or other types of early maltreatment.

The enduring nature of attachment security and the correlation between insecure attachments and psychopathology highlight the importance and the early infant/caregiver relationship as fundamental to one's psychological development.

Foundational Understanding of Attachment

Bowlby and Ainsworth laid the foundation of attachment theory, drawing light on the prime importance of the bond between mother and infant. Their observations led to unprecedented insights about the development of attachment relationships and how they manifest behaviorally. One main finding was that the establishment of a secure attachment relied on the primary attachment figure remaining available and responsive to the infant, and sensitively responding to the infant's attachment behaviors with close bodily contact (Ainsworth et al., 1978; Bowlby, 1969). Bowlby (1969) proposed that the following conditions have great significance in a child's attachment and development:

> Conditions especially referred to are… a mother's sensitivity to signals, and her timing of interventions, and, on the other, whether a child experiences that his social initiatives lead to predictable results, and the degree to which his initiatives are in fact successful in establishing a reciprocal interchange with his mother. When all these conditions are met, it seems likely, active and happy interchange between the couple ensues and a secure attachment develops. When the conditions are met only in part, there is some measure of friction and discontent in the exchanges, and the attachment that develops is less secure. Finally, when the conditions are met hardly at all, grave deficiencies of interchange and attachment may result. (p. 343-346)

Here, Bowlby highlights the mother's role in the formation of attachment. A timely, sensitive response from the mother leads to an infant feeling secure in a predictable world.

Bowlby and Ainsworth also hypothesized that the attachment relationship leads to the infant's internal organization. Bowlby posited that "the way in which the attachment-behavioral system became internally organized in relationship to a specific figure itself constituted the bond

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or attachment to that figure" (Ainsworth et al., 1978, p. 17). This internal organization of relating becomes a template for a person's relational pattern throughout his or her life.

Intrapsychic Representation of Attachment: Margaret Mahler

Margaret Mahler was a central figure in the field of psychoanalysis in the mid-1900s. Her seminal contribution was her theory of separation-individuation, a new theory of child development. This theory builds upon the foundation laid by Bowlby and Ainsworth, particularly their emphasis on separation as an indication of the attachment relationship. But, instead of looking at the child's behavioral response to separation, Mahler focused on how the process of separation is represented intrapsychically.

Theory of Separation-Individuation

The theory of separation-individuation includes series of "successive reorganizations of the mother-infant relationship over the first three years of life" (Lyons-Ruth, 1991, p. 1). Mahler proposed that the infant first experiences herself as intrapsychically joined with the other, and only gradually proceeds through a series of phases—autistic (later renamed "awakening"), symbiotic, and separation-individuation (Mahler, 1971; Mahler & La Perriere, 1965; Mahler, Pine, & Bergman, 1975). The end goal of this process is to achieve intrapsychic individuation from the other (the infant perceives self and other as separate, stable entities) and to achieve a certain degree of object constancy (the infant internalizes a positively cathected image of the mother and is able to unify the good and bad part objects into an enduring whole object).

Mahler and colleagues (1965/1971/1975) describe the autistic phase (first few weeks of life) as a vegetative, regressive state during which the infant lacks awareness of internal versus external, and remains "objectless" (there is no object cathexis). The symbiotic phase (from approximately 3 weeks to 5 months of age) involves a "dual unity" between infant and mother,

whereby the infant perceives an omnipotent fusion between the intrapsychic self and other with only a dim awareness of the mother as external. The separation-individuation phase (from approximately 5 months to 3 years of age) consists of four sub phases (differentiation, practicing, rapprochement, and consolidation of individuality) and resolves when the infant achieves intrapsychic autonomy from the mother.

Mahler and colleagues (1965/1971/1975) hypothesized that the rapprochement crisis is a normal developmental process wherein the infant experiences a new sense of ambivalence about seeking comfort from the mother. The infant desires "to be separate, grand, and omnipotent, on the one hand, and to have mother magically fulfill [his] wishes without having to recognize that help was actually coming from the outside, on the other" (Lyons-Ruth, 1991, p. 95). One would observe a child in the rapprochement sub phase recoiling from his mother's attempt to play and engage in physical touch (this behavior is described as "ambitendency"). Mahler would describe this behavior as "a fear of re-engulfment by the narcissistically invested," where the child envisions the mother as a dangerous other that will deflate his omnipotence (Lyons-Ruth, 1991, p. 118).

Successful weathering of the rapprochement crisis marks the completion of the separation-individuation phase. The infant achieves self and object constancy, relinquishes the need for primitive, defensive splitting, and realistically perceives self and other as separate, stable, and whole.

Comparison between Mahler, Bowlby, and Ainsworth

Bowlby, Ainsworth, and Mahler all emphasize the need for an attuned, supportive mother to sponsor an infant's successful independence. Mahler describes how an infant is reliant upon a stable internalized good object to achieve separation-individuation, and that this is facilitated by

the mother's careful attunement to the child's progressive steps away (Mahler, 1971; Mahler et al., 1965; Mahler et al., 1975). As described above, Bowlby and Ainsworth maintain that an infant needs to experience a mother who is reliably and appropriately responsive to his needs in order to securely explore. Both stances highlight the need for an enduring image of an attuned mother, whether it is the anticipation of a secure base or a good internal object.

One fundamental difference between Mahler's theories and those developed by Bowlby and Ainsworth is the interpretation of ambivalent behavior towards the mother. Mahler describes ambivalent pushing away and pulling towards the mother as typical of the rapprochement crisis. The child's ambivalent feelings towards the mother are part of normal development, according to Mahler, and can occur in the context of a secure attachment. Bowlby and Ainsworth conceptualize this ambivalence as evidence of insecure attachment; the infant does not feel secure in his attachment and will pull away from his mother because he is unsure she will meet his needs.

Bowlby, Ainsworth, and Mahler would all perceive a child continuing to display ambitendency as pathological. Mahler views rapprochement as a temporary crisis that, if not resolved, can result in developmental arrest. Ambivalent relating maintained beyond the rapprochement sub phase would be indicative of a borderline dynamic where separation becomes associated with being emotionally abandoned by the object (Mahler, 1971). Bowlby and Ainsworth interpret ambivalent responses towards the mother as a reflection of an insecure attachment at any point of development. All theorists agree that persistent and pervasive ambivalent behaviors indicate an abnormal defensive structure and potential psychopathology.

Bowlby, Ainsworth, and Mahler all perceive a child's ability separate from his or her mother, to explore the world without the physical presence of the mother, as part of normal

development. Their theories diverge in the interpretation of ambivalent behaviors, but all maintain that the infant's achievement of separation requires an attuned, responsive other. Mahler's contribution remains pivotal in the development of attachment theory. She initiated a deeper discussion about the intrapsychic representation of self and other.

Origins of Subjectivity: Contributions from Daniel Stern

Daniel Stern provided significant contributions to attachment theory. He introduced the notion that the intersubjectivity between mother and infant allows the infant to recognize the subjective states of self and other as separate but joined. This intersubjective experience in turn organizes the infant's internal experience and creates generalizable mental representations to guide his independent functioning. In many ways, Stern's theories fundamentally conflict with those proposed by Mahler. Instead of a distinct intrapsychic separation between self and other, Stern maintains that healthy separation ideally includes an intrapsychic connecting of a core self with an other; it is increasing relatedness, in new forms.

Intersubjectivity

Stern proposes that intersubjectivity, or "sharing of subjective experience," is possible when the infant gradually comes to "sense that others distinct from themselves can hold or entertain a mental state that is similar to one they sense themselves to be holding" (Stern, 1985, p. 124). An infant recognizes that his internal experience can be shared with someone else when his mother matches his subjective experience through the process of attunement.

Attunement. Stern posits that an attuned mother *joins with* the infant by matching her subjective experience with that of her infant. She is not imitating the infant's behavior; she is recasting and restating the infant's subjective experience in a form of "interpersonal communion" (Stern, 1985, p. 148). This process allows the infant to recognize his own

subjectivity as that reflected by the mother, as well as the subjectivity of the mother as separate from his own. Evidence of this is when the infant references the mother's subjectivity as an indication of his own feeling state.

Visual cliff experiment. The visual cliff experiment (Klinnert, Sorce, Emde, & Svejda, 1983) exemplifies a toddler's ability to recognize the subjectivity of his mother as separate from his own. In this experiment, a toddler approaches a potentially dangerous situation and looks back at the mother to see what her facial reaction is. If the mother smiles, the infant proceeds. If the mother's affect indicates fear or wariness, the infant does not proceed over the "cliff." Stern (1985) highlights that "infants would not check with the mother in this fashion unless they attributed her the capacity to have and to signal an affect that has relevance to their own actual or potential feeling states" (p. 132). The act of using the mother's referent appraisal of danger indicates the infant's acknowledgement that the mother has a subjective experience separate from his own.

RIGs and evoked companions. Stern (1985) expands upon his theory of intersubjectivity by introducing the concepts of generalized representations of interaction (RIGs) and evoked companions. An infant is able to create a mental representation of his intersubjective experience with the mother in a specific situation, and is then able to generalize these "representations of interaction" into what Stern (1985) has termed RIGs—generalized representations of interaction. So if an infant has multiple experiences with a self-regulating other, she develops a generalized memory schema (RIG) through which she understands herself as capable of regulating her emotions in the same way her caregiver helped her to do so.

When a RIG is activated, "the infant encounters an evoked companion" (Stern, 1985, p. 111). Stern (1985) describes evoked companions as "an experience of being with, or in the

presence of, a self regulating other, which may occur in or out of awareness" (p. 112). An infant

calls an evoked companion into active memory when he or she is in a situation that is historically

similar as those in which the self-regulating other was present. Stern (1985) specifies, "the

integrity of core sense of self and other is never breached in the presence of an evoked

companion" (p. 115); the infant evokes the symbolic cue of being *with* the other and uses this cue

as a signal for change in his own self-experience. The infant's experience of self as separate

from other is not distorted.

Comparison between Stern and Mahler

Both Stern and Mahler posit that there is an initial stage of "dual-unity" (Stern, 1985) or

"symbiosis" (Mahler & McDevitt, 1980) between mother and infant during which there are no

boundaries between self and other. Mahler proposes that an infant matures beyond this

symbiosis into a phase of differentiation where the infant intrapsychically separates self from

other. Stern also theorizes that the infant comes to recognize one's core self as separate from the

other, but describes this process as an intrapsychic joining of two distinct entities. Stern (1985)

captures this difference:

> The notion of self-with-other as a subjective reality is thus almost pervasive. This
>
> subjective sense of being-with (intrapsychically and extrapsychically) is always an active
>
> mental act of construction, however, not a passive failure of differentiation. It is not an
>
> error of maturation, nor a regression to earlier periods of undifferentiation. Seen in this
>
> way, the experiences of being-with are not something like the 'delusion of dual-unity' or
>
> mergers that one needs to grow out of, dissolve, and leave behind. They are permanent,
>
> healthy parts of the mental landscape that undergo continual growth and elaboration.

They are the active constitutions of a memory that encodes, integrates, and recalls

experience, and thereby guides behavior. (p. 119)

Stern's theory of intersubjectivity sets the stage for much of the current attachment

research and literature. He continues to integrate Bowlby and Ainsworth's emphasis of the

mother/infant attachment bond in infant development and of separation as a location for

observing the nature of the attachment. He aligns with Bowlby and Ainsworth's understanding

that healthy infant development involves a reliably secure attachment between infant and

caregiver that enables the infant to separate while retaining emotional proximity to the caregiver.

And he proceeds to expand attachment theory by introducing how the intersubjectivity between

infant and mother organizes the infant's internal world and provides a basis for patterns of

relating.

Contemporary Attachment Theory: Beatrice Beebe

Beatrice Beebe's work represents the most contemporary, leading-edge research in

attachment theory. Like Daniel Stern, Beebe brings the mother's subjectivity into view. Beebe

and her collaborator Frank Lachmann (2014) focus on how intimate relating between mother and

infant affects the establishment of the self and one's own subjectivity. Beebe and Lachmann

propose that forming and understanding one's core self, intimate relating, and self-regulation are

co-creations, not the responsibility of one partner alone. Many of these theories are formulated

from research using face-to-face microanalysis of infant/mother dyads. Fundamental to Beebe

and Lachmann's work are the concepts of "dialogic origin of the mind," "knowing and being

known," and "self- and interactive contingencies." All of these concepts highlight the relational

sensibility between infant and mother, and provide insights into the development of the infant's

sense of self and attachment security.

Dialogic Origin of the Mind

Beebe and Lachmann (2014) theorize that beings have a dialogic origin of their mind, in that one comes to know him or herself, to organize his or her mind, through a presymbolic, representational communication between self and other. They posit that this dyadic, communicative brain is inherent to human nature. Beebe and colleagues investigate this through face-to-face microanalysis of mother/infant dyads when the infant is 4 months old. They look at the communicative patterns between infant and mother, paying particular attention to how the infant and mother's actions are coordinated and how one partner's behavior affects and is affected by the other's.

These microanalyses have led to Beebe et al. (2014) to hypothesize that one's mind "begins as a shared mind" (p. 27). An infant is able to organize her own subjective state and develop an internal, presymbolic representation of her own mind through sensing and creating shared subjective states. Interactions such as a mother matching the baby's facial affect are hypothesized to represent a shared affective state (similar to Daniel Stern's description of attunement), which allows the infant to feel known by the mother and the mother known by the infant. When the dyad's internal states are matched, or there is a "moment of meeting," the infant gains coherence in her experience of her internal and external world, and develops a sense of agency and identity (Beebe et al., 2014, p. 28). This observed affective dialogue is hypothesized to be the basis of one's intimate relating.

Still face experiment. Beebe's concept of the dialogic origin of the mind is reflected in Edward Tronick's still face experiment (Tronick, 1989). This experiment observed 3-month-old infants' responses to their mothers' lack of engagement in affective dialogue. While playing with their infants, mothers were instructed to keep their faces still regardless of the infants'

attempts to engage her. (This emotional detachment/withdrawal is typical of depressed

caregivers). Tronick (1989) observed that infants increased their "other-directed regulatory

behaviors" (reaching, smiling, crying, etc.) to illicit engagement and facial dialogue when the

mother's face was stilled. This evidences the importance the infant places on affective

connection such that he or she will make tremendous efforts to have a moment of meeting.

Tronick's conclusions were similar to Beebe's in how he emphasized the importance of facial

affective communication between mother and infant in order for the infant to appreciate his

internal state and organize his own experience.

Knowing and Being Known

Beebe et al. (2014) theorize that an infant's capacity to relate to other people and to

develop a coherent sense of self and other is dependent on "knowing and being known" (p. 35).

This involves the infant feeling known by the mother, knowing the mother's mind, and knowing

one's self. Feeling known by the mother occurs when the mother joins the infant, matches his

affective displays, and coordinates her behavior to his signals, making the infant feel as though

she is changing *with* him. Knowing the mother's mind involves the infant integrating a coherent

precept of the mother's facial expression (smiling) with his affective expression (happiness),

predicting the mother's behaviors, understanding her facial expressions, and influencing her

behavior. The infant comes to know himself when he displays consistency in his affect

(continuously smiling as opposed to smiling and then whimpering), is able to reliably sense his

affective displays, and regulates himself through touch (i.e., sucking thumb) (Beebe et al., 2014).

In achieving these three levels of knowing, the infant develops "a coherent sense of self and

other" and establishes a pattern of intimate relating (Beebe et al., 2014, p. 35).

Internal Working Models

Repeated interactional experiences result in the development of internal working models (IWMs). Beebe et al. (2014) describe IWMs as procedural representations of patterns of relating that enable the infant to develop generalized expectancies of himself, his environment, and interactional patterns (Beebe et al., 2014, p. 31). The infant generates procedural models or schemas "of stimuli, events, and action sequences, allowing the infant to recognize what is new, and to compare it with the familiar" (Beebe et al., 2014, p. 31). IWMs are similar to Stern's concept of RIGs and evoked companions in that an infant uses repeated experiences of interaction to guide their behavior.

Repeated experiences of dyadic interaction enable the infant to create internal representations of how to express and respond to specific emotions, as well as how to regulate one's affect. This also applies to the concept of "knowing and being known." Collaborative dialogue (during which the infant/mother dyad engage in attuned affective communication) generates "internal models in which both partners are represented as open to the experience of the other; each can know and be known by the partner's mind" (Beebe et al., 2014, p. 35).

These IWMs guide the infant's "emotional experiences and expectations throughout development" (Beebe et al., 2014, p. 35). It is important to note that failure in collaborative dialogue results in contradictory IWMs, such that the infant develops an incoherent sense of self, other, and intimate relating, and can result in later psychopathology (Beebe et al., 2014). Also, although IWMs are initially set in early infancy, they can be reordered and restructured to integrate new information and experiences. This implies that even if an infant experiences an attuned, responsive caregiver early on, the internal representation of this intimate relating can be altered by later contradictory experiences with her.

Mutual regulation. An infant develops the ability to regulate her own affect by developing an IWM of regulatory interactions with her mother. Beebe (2005) describes this as "mutual regulation" to capture the bi-directional nature of regulation in that "each partner affects the other" (p. 43). This implies that the infant's IWM of regulation is a creation of both infant and mother, such that the infant experiences interactive and self-regulation simultaneously. (This integration of the mother's subjectivity into understanding infant development is key in much of Beebe's work). It is only through repeated interactions of successful affect regulation with one's mother is an infant able to generalize this co-created procedural representation (IWM) to other experiences.

Self- and Interactive Contingencies

Another way an infant develops a coherent understanding of self and other is by developing self- and interactive contingencies—forming expectancies of the world. Contingencies involve an infant anticipating the consequences of his behaviors, particularly the caregiver's response, which "organizes the infant's expectation the he can affect and be affected by the partner" (Beebe et al., 2014, p. 30). It has been found that the development of expectancy is a "powerful organizing principle of neural functioning" (Beebe et al., 2014, p. 31). These contingencies align with Bowlby and Ainsworth's initial postulations about how attachment security is dependent on the infant's ability to predict his caregiver's responses to his attachment behaviors (Bowlby, 1969).

Beebe et al. (2014) define self-contingency "as adjustments of an individual's behavior that are correlated with her own prior behavior" (p. 47). The infant maintains a level of predictability in her own rhythms and interactions. Self-contingency generates an infant's ability to expect and anticipate her next move. Interactive contingency "picks up consistently occurring

moment-to-moment adjustments that each individual makes to changes in the partner's behavior. This process is usually out of awareness" and is "bi-directional" (Beebe et al., 2014, p. 46). Both self- and interactive contingencies ultimately allow an infant experience herself and world as stable and consistent. This consistency coincides with the organizing functions provided by affective dialogues and knowing and being known (as discussed above).

Attachment Security

All of Beebe's major concepts discussed thus far influence an infant's attachment security. Attachment security is rooted in one's pattern of intimate relating. The secure infant experiences her caregiver as available and appropriately responsive to her cues (i.e., crying); she can predict both her caregiver's and her own affective and behavioral responses (self- and interactive contingencies). This pattern of intimate relating establishes coherent and adaptive IWMs that can be generalized to all relational interactions. When the infant perceives discrepant information (i.e., the mother is sometimes responsive, and sometimes not), the infant forms a discrepant/disorganized IWM that could potentially result in the infant ambivalently relating to or detaching from herself and others.

Disorganized attachment. Much of Beebe's work focuses on the disorganized category of attachment. When observing mother/infant dyads, Beebe and colleagues found that mothers of infants with disorganized attachments "lowered their contingent touch coordination with infant touch, a form of maternal withdrawal" (Beebe et al., 2014, p. 56). This is somewhat similar to Tonick's (1980) still face experiment where the infant experienced the mother's still face as a form of withdrawal. Mothers of securely attached infants "were more likely to touch more affectionately and tenderly" when the infant initiated touch efforts (Beebe et al., 2014, p. 56). Beebe et al. (2014) hypothesize that "*future disorganized infants come to expect that their*

mothers will be unavailable to help modulate states of affective distress through maternal touch coordination with their own touch efforts. Infants are left too alone, too separate, in the realm of touch" (italics original, p. 57). Again, infants need to be able to predict that their mothers will empathically acknowledge and respond to their internal states.

Beebe et al. (2014) confer that disorganized infants lack the experience of knowing and being known because they are not affectively joined with their mothers and are not consistently responded to. This results in the construction of "contradictory models of self-in-relation-to-other," and "these contradictions constitute a lack of integration in strategies for seeking comfort when distressed" and may result in dissociative processes (p. 56). This is consistent with observations made in Ainsworth et al.'s (1978) Strange Situation Procedure; infants with disorganized attachments respond to reunions with their mothers with unpredictable, incoherent behaviors.

Beebe et al. (2014) invite the mother's subjectivity into their discussion of the origins of attachment security by exploring why mothers experience difficulty joining with the infant. They suggest a mother's own distress overwhelms her ability to evoke the infant's painful affect into her own body. The mother's "own visceral response of distress disturbs her ability to enter into, and to empathize with, the infant's distress" (p. 152). This prevents the mother from responding to and matching the infant's affect and prevents the infant from forming a coherent precept of herself and her mother. In turn, the infant does not experience "procedurally organized action sequences" of positive maternal responses and is unable to form an organized IWM of intimate relating (p. 24).

Tronick (1989) eloquently describes how attachment security and psychopathology interact in infant development:

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From the perspective of mutual regulation, psychopathology is likely to arise in situations

where there is persistent and chronic interactive failure. In these situations the infant is

forced to disengage from people and things because the infant has to devote too much

regulatory capacity to controlling the negative affect he or she is experiencing (Main,

1981). Eventually and paradoxically, to the extent that these self-directed regulatory

behaviors are successful in controlling the negative affect and containing its disruptive

effects, the infant begins to deploy them automatically, inflexibly, and indiscriminately.

Thus, what were normal self-regulatory behaviors become pathological or 'defensive'

because they are used to preclude the anticipated experience of negative affect, even in

situations where negative affect might not occur. The infant gives up attempting to

appreciate the nature of the immediate situation and instead approaches new situations

already withdrawn and biased to act inappropriately. This severely constricts the infant's

engagement with the world, future options, and even autonomy and may lead to failure-

to-thrive, depression, and other forms of infant psychopathology. (p. 117)

This quotation complements Beebe's formulation of attachment security by describing how

intimate patterns of relating can become defensive due to persistent interactive failures, or a lack

of joining between infant and caregiver. When these defenses are rigidly and pervasively

employed, the infant is no longer responsive to his or her environment. Rather, the infant

withdraws and chronically engages with the world defensively, which is the basis of

psychopathology. This theory is supports Bowlby and Ainsworth's notion of how infants

develop defensive structures as a compensatory strategy and survival technique when their

mothers are unresponsive and inconsistent.

Tronick (1989) observed this in his Still Face Experiment. When infants failed to elicit their mother's regulatory behavior through "other-directed behaviors" (i.e., crying), the infant began to self-comfort using "self-directed regulatory behaviors" (i.e., thumb sucking) (p. 114). Interestingly, "the infants' negative affect and utilization of self-directed regulatory behaviors do not end simply upon the resumption of normal behavior by their mothers;" instead, the infants continue in their negative mood and reduce "visual regard of their mothers for the next few minutes" (p. 114). This suggests that, even at three months of age, affective interactions have lasting effects, are internally represented, and "will be related to defensive behavior and psychopathology" (p. 114).

Initial Application of Attachment Theory to the Phenomenon

The theoretical perspectives above present different frameworks from which to look at caregiver response to infant sleep-related crying. Attachment theory provides a different orientation to this phenomenon than that of behavioral modification programs, such as the CIO technique. Behaviorists (i.e., Ferber) focus on changing crying behavior; whereas attachment theorists focus on how crying is a representation of the attachment relationship and how sleep is a separation that requires regulatory capacities and the negotiation of self and other subjectivities. This attachment theory chapter shifts the paradigm from which to think about crying, sleep, and caregiver response. Drawing behavioral and attachment theories together generates a number of questions about this thesis' phenomenon—caregiver response to infant sleep-related crying.

One major question is—how does an infant develop the capacity to sleep without the physical presence of his or her caregiver (the set goal of the CIO technique)? Ferber (2006) argues that systematic nonresponsiveness to infant crying achieves this goal. Many attachment

theorists (Ainsworth et al., 1978; Beebe & Lachmann, 2014; Bowlby, 1969; Stern, 1985; Tronick, 1980) present contrasting arguments. Cumulatively, they assert that an infant needs to experience repeated affectual exchanges with a regulatory other such that he or she understands the caregiver as predictably responsive and appropriately sensitive to his or her cues. This implies that, in order for an infant to sleep independently and stop crying, there needs to be a sufficient number of experiences in which a caregiver responds to the infant's crying with physical proximity and touch. The conflict between these two perspectives exemplifies the fundamental disparity between behavioral and attachment theorists, which this thesis aims to explore.

Other questions surfaced by applying attachment theories to the phenomenon include the following: what is the impact of the CIO technique on the infant's intimate relating and attachment pattern; when (whether it be age or developmental stage) can a caregiver expect their infant to be able to fall asleep alone; what do sleep-related cries communicate; how does a caregiver negotiate his or her own subjectivity (need to sleep) with that of the infant (need for comfort/regulation). All of these questions will be explored in the Discussion Chapter of this thesis.

CHAPTER IV

Object Relations Theory

Donald W. Winnicott

Donald W. Winnicott provided fundamental contributions to object relations theory with his emphasis on the role of mother/infant relationship in the emergence of the self. His work as a psychoanalyst was deeply informed by his initial career as a pediatrician. Winnicott joined the psychoanalytic community in the early stages of the development of object relations theory. He declared allegiance to Freudian and Kleinian theory, was supervised by Klein, and analyzed by Kleinian analysts; but he continuously revised the essence of their theories.

One fundamental difference between Winnicott and Klein rests in the nature of aggression. Klein posited that aggression manifests as a reaction to reality—a world that does not coincide with one's own subjective needs. Winnicott, on the other hand, maintained that aggression actually creates reality and allows for both the infant and mother to recognize and assert their own subjectivities (discussed below). Ultimately, Winnicott focused on the external world of the infant, whereas Freud and Klein focused on the internal. The tension between Klein and Winnicott resulted in the formation of a separate psychoanalytic school within object relations theory—the British Independent/Middle School.

This chapter will outline Winnicott's foundational concepts, explore them within the contemporary intersubjective paradigm, and will begin to apply this understanding to this thesis' phenomenon—caregiver response to infant sleep-related crying.

Nature of the Mother/Infant Relationship

Winnicott emphasized that the formation and emergence of the self is based on the nature of the mother/infant relationship. He coined the terms "primary maternal preoccupation" and "good-enough mother" to describe the ideal way in which to mother an infant. Winnicott held that the mother/infant relationship ultimately facilitates the infant's development and separation from the mother.

Primary Maternal Preoccupation

Winnicott (1960) describes how, in health, the mother/infant relationship begins with the mother in a state of "primary maternal preoccupation." During this period, the mother is engaged in somewhat of a temporary psychosis in which she completely devotes herself to the infant and suspends her own needs in favor of the infant's. The mother is, in essence, creating an "island" that allows for the infant to be absorbed in his or her own experience. The infant is in a state of quiescence; her experience is simply held, observed, and responded to by the mother. This allows the infant to develop a sense of omnipotence whereby the world completely adapts to what he or she needs. When a need state emerges (e.g., hunger, discomfort), the infant expresses the need in spontaneous gestures and the mother quickly responds to those cues. This allows for the infant to develop his or her True Self (discussed below). Winnicott explains that this instinctual phenomenon begins in utero and continues into the first months of life.

Good-Enough Mother

Winnicott (1960) presented the term "good-enough mother," a concept that dispelled the idea that a mother had to be perfect (much to mothers' relief). Instead, he offered the idea that a good-enough mother will eventually gradually fail to respond to her infant's needs. At first, the mother completely adapts to the infant's every need (primary maternal preoccupation). Then,

under "good-enough" circumstances, the mother naturally and gradually decreases her maternal preoccupation, which exposes the infant to "external reality" and ultimately facilitates the infant's separation from the mother.

Winnicott (1960) maintained that the good-enough mother begins in a state of primary maternal preoccupation (discussed above). She creates a "holding environment" for the infant by containing the infant's emotional experience, an experience the infant does not yet have the capacity to tolerate or integrate. With the provision of a holding environment, the infant is only concerned with his or her own experience and is not impinged upon by external reality. The infant is able to simply live in a state of "going on being." Greenberg and Mitchell (1983) eloquently describe good-enough mothering as "an initial perfectly responsive facilitation of [the infant's] needs and gestures; a nonintrusive 'holding' and mirroring environment throughout quiescent states (p. 198)."

After some time, the good-enough mother slowly recovers from a state of primary maternal preoccupation and becomes more aware of her own subjectivity. She begins to lessen her adaptation to the infant's needs in a process Winnicott (1949) described as a "graduated failure of adaptation" (p. 246). The mother does not promptly or consistently respond to the infant's every gesture. This results in the infant becoming aware of a reality that is outside of his omnipotent control—the mother. This is the beginning of the infant's separation from the mother.

Not Good-Enough Mother

Winnicott asserts that a mother is not good enough when she insufficiently adapts to the infant's needs. The not good-enough mother could prematurely impose her subjectivity onto the infant, or not initially be preoccupied with and responsive to the infant's basic needs. These

scenarios of not good-enough mothering essentially impinge upon the infant's ability to experience quiescence and omnipotence. As a result, the infant forfeits her own needs and wishes in order to mold to the needs and demands of the mother.

Winnicott posits that the "not-good-enough mother presents the child with a world he has to immediately come to terms with, to adapt to, and the premature concern with the external world cramps and impedes the development and consolidation of the child's own subjectivity" (Mitchell & Black, 1995, p. 129). The infant of the not good-enough mother does not make sense of or consolidate his own subjectivity because the mother is not there to hold his experience and support his development. Instead, the infant becomes distracted by and invested in the mother's subjectivity, and disengages from his own needs.

Transitional Phenomenon

Good-enough mothering facilitates the transitional phenomenon—a state of being between subjective omnipotence and external reality. In health, there is a continuous vacillation between these two states throughout one's life.

Subjective Omnipotence

Winnicott (1951) proposed that the infant begins life in a state of subjective omnipotence. He describes this as an illusory experience in which the infant perceives external reality as under his or her omnipotent control. The good-enough mother facilitates this experience by remaining preoccupied with the infant and not challenging the infant's illusion of omnipotence. The good-enough mother's complete "adaptation to the infant's needs… gives the infant the *illusion* that there is an external reality that corresponds to the infant's own capacity to create" (Winnicott, 1951, p. 239).

Being in a state of subjective omnipotence allows the infant to feel safe and as though external reality does not threaten his existence. The infant internalizes objects and thereby experiences external reality as projections of those cathected objects. This enables the infant to begin relating to the objects in such a way that he retains complete control over them. For example, the infant experiences the breast as his own creation that is part of himself. Gradually, the infant begins to develop awareness of reality and transition out of subjective omnipotence into what Winnicott (1951) describes as a "transitional phenomenon."

Transitional Phenomenon

Winnicott (1951) characterizes the transitional phenomenon as "an intermediate area between the subjective and that which is objectively perceived" (p. 231). As the mother recovers from primary maternal preoccupation and gradually fails to adapt to the infant's needs, the infant becomes aware of external reality. Objects become real (as opposed to projections of cathected objects), and the infant naturally progresses towards the creative process of finding transitional objects to assist in his movement towards objective reality. Winnicott posits that the transitional experience can occur anywhere between four and twelve months of age.

During this stage, the infant develops the capacity to tolerate the mother's failures and begins to soothe himself ("auto-erotic satisfactions"). He is able to remember and relive past experiences by integrating his past, present, and future experiences. Internal and external realities both contribute to this experience; both realities are separate yet interrelated. The infant exists is a transitional space in which he has access to himself and the external world.

Transitional Objects

A transitional object aids the infant in the shift from subjective omnipotence to objective reality. The infant finds and creates this object because she is unable to fully realize reality—the

subjectivity of the mother. Winnicott (1951) describes the object as a "not-me possession" to capture the paradoxical nature of the infant's perception that the object is neither within herself nor as only part of external reality (p. 232). The infant both finds and creates it, providing her with a bridge to external reality. She feels as though she has omnipotent control over it, both loves and hates it, and experiences it as having it's own vitality.

The use of a transitional object is required for the infant to move into a transitional experience. Greenberg and Mitchell (1983) describe this phenomenon and the role of the parents as such:

> What is necessary for the establishment of a transitional object (such as a blanket or a teddy bear) is a tacit agreement between the adults and the baby not to question the origin and nature of that object. The parent proceeds as if the baby had created the object and maintains control over it, yet also acknowledges its objective existence in the world of other people. Thus, the parent who understands this paradox allocates the object to neither of the two realms, and the agreement not to challenge the baby's special rights and privileges over his object creates the transitional realm. The transitional object is neither under magical control (like hallucinations and fantasies) nor outside control (like the real mother). Transitional experience lies somewhere between 'primary creativity and objective perception based on reality-testing.' (p. 195)

Transitional objects are symbolic of part-objects. A soft ball of cotton sticking out of a blanket could be symbolic of the mother's breast—a part-object. Eventually, the transitional object is decathected from the self and is diffused into "the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons' in common"

(Winnicott, 1951, p. 233). This symbolizes the infant's transition from living in a state of subjective omnipotence to acknowledging external reality.

Continuity of Transitional Experience

The movement between subjective omnipotence, transitional experience, and objective reality continues throughout one's lifetime. Each stage is a way of organizing one's experience. The transitional experience is seen in the infant's capacity to play, and in the adult's ability to fantasize and engage with the world in such a way that allows for new, original, and surprising experiences. When someone exists solely in the realm of subjective omnipotence, their world consists of fragmented objects, and the person tends to be self-absorbed or schizoid. When only in touch with external reality, the person molds him or herself to that reality and presents with a False Self. The transitional phenomenon is soothing and returned to throughout life.

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True Self and False Self

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Winnicott (1960) proposed that there are two aspects of the self, the True Self and the False Self, that have varying degrees of expression throughout one's life. The True Self represents one's aliveness and is the essence of the psychic core. The False Self protects the True Self from annihilation by conforming to external reality. The expression of the True or the False Self is dependent on whether a person is in a state of subjective omnipotence, transitional experience, or objective reality.

True Self

The True Self is formed while in a state of subjective omnipotence. Its formation is dependent on the figurative and physical holding of the mother, as she repeatedly meets and makes sense of the infant's omnipotence. "A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent

expression" (Winnicott, 1960, p. 145). This gives the infant the experience of being alive and real. When the infant gives gesture to spontaneous impulse, he is expressing his True Self. As the good-enough mother adapts to the infant's True Self expression, the infant starts believing in a non-threatening external reality that is under his omnipotent control.

Greenberg and Mitchell (1983) describe how the True Self is "the source of spontaneous needs, images, and gestures" and that it "goes into hiding, avoiding at all costs the possibility of expression without being seen or responded to," which would be the equivalent of "complete psychic annihilation" (p. 194). It is the role of the False Self to protect the True Self from annihilation.

False Self

The False Self is formed as the infant moves out of a state of subjective omnipotence as an adaptation to the demands of objective reality. Winnicott (1960) emphasizes that the "False Self has one positive and very important function: to hide the True Self, which it does by compliance with environmental demands" (p. 146-147). If the False Self does not successfully defend the True Self from exploitation, the infant experiences annihilation of her core, True Self.

It is normal and necessary to develop a False Self. Without False Self expression, people would not learn how to compromise in the face of another's subjectivity or function within communities. This is the part of the self that relates to the world; it is perceived as compliant, able to compromise, sociable and adaptable. The development of one's False Self can be premature and maladaptive if the infant experiences a not good-enough mother. In this situation, the mother does not "implement the infant's omnipotence, and… fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant" (Winnicott, 1960, p. 145). Winnicott (1060) asserts, "this compliance on the part of the

infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs" (p. 145).

True and False Self organizations occur on a spectrum. At one extreme, the True Self is completely hidden; and at the other, the True Self does emerge in safe conditions (as determined by the False Self). A False Self organization is unhealthy when the False Self continues to defend the True Self in otherwise normal environmental conditions. Winnicott (1960) refers to people with such organizations as having "False Personalities" (p. 143). In health, a person's False Self presents as cordial and polite and provides opportunities for True Self expression.

The Subjective Reality of Hate

Winnicott (1949) claims that all humans have an innate tendency to protect their own self-interests in order to preserve their core personality. Naturally, self-interests can coincide or conflict with the interests of others. When intersubjective tension occurs, a person experiences hate within the relational exchange.

Winnicott (1949) explores the concept of hate within the mother/infant relationship. He asserts, "The mother… hates the infant from the word go," and provides a list of eighteen reasons "why a mother hates her baby." These reasons capture the essence of Winnicott's assertion that hate results from the clashing of subjectivities: "He excites her but frustrates—she mustn't eat him or trade in sex with him." The mother's subjective needs for food and sex are cast aside in favor of the infant's needs (i.e., food, comfort).

The mother is at first not consciously aware of her hateful feelings towards the infant. Initially, she suppresses her hate in order to completely adapt to the infant's needs. Little by little, as the mother emerges into awareness of her own subjectivity and recovers from primary maternal preoccupation, the baby begins to experience failures and disruptions—his every need

is not completely met. This is the beginning of the baby's recognition of the mother's separateness.

Winnicott (1949) suggests "that the mother hates the baby before the baby hates the mother, and before the baby can know his mother hates him." This captures the nature of hate in the mother/infant relationship. Winnicott maintains that the mother cannot give life to her hate during the first months of the infant's life. The mother is to be primarily preoccupied with the infant. She can then slowly become aware of and develop tolerance for her own hate towards the baby; and this needs to happen before she expresses it. If she enacts her hate prematurely, as is the case with the not good-enough mother, the baby will feel as though the mother is not sturdy enough to endure her own hate and will thus not be able to survive his hate. The baby then learns that he is not entitled to his own feelings of hate and conforms to the subjectivity of the mother by developing a False Self personality. The baby begins to act in ways that avoid the mother's expression of hate, even if that those actions negate the infant's needs. In order for the infant to express his or her own hate, he needs to experience the hate of the mother.

The dynamics of hate within the mother/infant relationship, the relation between one's self-interests and that of the other, define the construction of one's subjectivity. When the mother holds the infant's experience of quiescence in the first months of life, the infant comes to know his own subjectivity, his own True Self. As the mother's subjectivity comes into view and she begins to express her hate, the infant becomes aware of the conflict between his and his mother's self-interests. The infant then recognizes his subjectivity as distinct from his mother's, and is subsequently able to express his own hate towards the mother. If this is acknowledged and tolerated by the mother, the infant proceeds to embrace the intersubjective nature of the relationship and to acknowledge the self and other as whole, separate entities.

Object Relating and Object Usage

The infant begins by relating to the object. Initially, he internalizes part of the object, integrating it into his internal structure that is under his control. Throughout this time, the infant is relating to the object. Then, the infant destroys the part object intrapsychically, thereby placing the cathected object into external reality. After repeated destruction of the part object, the infant perceives the object as enduring and whole, and is subsequently able to use the object. This process will now be elaborated upon. For purposes of clarity, this thesis will proceed to utilize the traditional Winnicottian terms of subject and object as referring to infant and mother, respectively.

Object Relating

The subject's world, at first, remains unintegrated and populated by part objects. The subject internalizes those part objects and experiences them as part of oneself, without a separate subjectivity. This creates the subject's intrapsychic structure. In order to begin relating to the object, the subject projects the cathected part objects onto the object. The subject essentially empties the self into the mind of the object, depleting the subject's internal structures. The object then becomes the meaningful host of the subject's projected parts, allowing the subject to find herself in and begin relating to the object. Winnicott (1969) describes the role of projection in object relating as follows:

> In object-relating the subject allows certain alterations in the self to take place, of a kind that has caused us to invent the term cathexis. The object has become meaningful. Projection mechanisms and identifications have been operating, and the subject is depleted to the extent that something of the subject is found in the object, though enriched by feeling. (p. 88)

By internalizing and then projecting part objects into the world, the subject encounters stimuli as parts of the self, not as separate. The object is related to as a "bundle of projections" (Winnicott, 1969, p. 88). Benjamin (1995) describes how, during this stage in development, "External reality is simply that which is internalized as fantasy." The subject is able to engage with the world in a way that is not traumatic because external stimuli have "a counterpart in the individual's inner, psychic reality" (Greenberg et al., 1983, p. 194). This provides the subject with space and a sense of safety to relate to the object and to develop the omnipotence necessary for optimal develop.

Object Usage

The subject proceeds from object relating to use by placing the object outside of one's omnipotent control and into external reality. This happens after the intrapsychic destruction of the object. By destroying the cathected object, the subject proceeds from a state of denial of the reality of the object to an affirmation of an external other. With the recognition of the object as separate, the subject is then able to use it. Here, Winnicott (1969) highlights the difference between object relating and object use:

> This thing that there is in between relating and use is the subject's placing of the object outside the area of the subject's omnipotent control; that is, the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. (p. 89)

An essential component of this process is the object's survival. If the object retaliates against the subject's aggressive acts of destruction, the subject will be unable to destroy it, and will continue to deny the reality of the object as real and separate. This is consistent with Winnicott's description of the good-enough mother: she does not retaliate against the infant's

spontaneous gestures (aggression), and she sets aside her own subjectivity (need to not have her

nipple bit) in favor of the infant's (need to destroy her). Greenberg and Mitchell (1983) describe

how the "mother's nonretaliatory durability allows the infant the experience of unconcerned

'usage,' which in turn aids him in establishing a belief in resilient others outside his omnipotent

control" (p. 196).

When the infant is unable to destroy the object, the infant defensively internalizes the

object. The infant's emotions are only experienced intrapsychically. Thus, when the infant

experiences aggression, he does not express it externally, which would allow for it to dissipate.

As Winnicott states, there is no "waste-disposal" in this situation. The infant looses a balance

between the intrapsychic and intersubjective worlds, and instead lives in a world of fantasy.

If the object repeatedly survives the destruction, it subsumes the quality of a "surviving

object" (Winnicott, 1969, p. 93). This "contributes to the object-constancy" and signals to the

subject that the object can be used (Winnicott, 1969, p. 93). The surviving object becomes a

whole, enduring, and separate other, and no longer remains in parts within the subject's psyche.

This usable other is communicated to and loved.

Intersubjective Understanding of Object Relations

Intersubjective theory, especially the work of Jessica Benjamin, extends Winnicottian

concepts by focusing on the subjective experience of the caregiver, and how the intersubjective

exchange between infant and caregiver is the basis of the infant's development. The child's

separation from the caregiver is grounded in the child's recognition that the mother feels

differently. How the caregiver feels is key to understanding how the infant will negotiate this

stage.

As the infant enters into this new awareness and begins to enact aggression towards the caregiver, the caregiver experiences the child as changed—the infant is actively expressing his independent will, not simply his needs. The caregiver initiates her own process of intrapsychically destroying the cathected object of the infant, which allows her to acknowledge her own hate towards the infant and to recover from her primary maternal preoccupation. The caregiver mitigates her own fantasy that the infant is her object, and that she is all good and ever providing.

The caregiver is then faced with the challenge of balancing her need to assert her separate agency and selfhood while simultaneously recognizing and respecting the child's will. This is the delicate dance of the good-enough mother—the graduation failure of adaptation, acknowledgement of one's hate, and the provision of the holding environment. Both caregiver and infant must recognize and assert their separate subjectivities (Benjamin, 1995).

The achievement of mutual recognition allows for the power within the caregiver/infant dyad to be dismantled. Neither partner retains omnipotent control over the other. Rather, this intersubjective understanding allows the caregiver and infant to use and love the other, and separation is achieved. This mutuality prevails with the object's continued survival of intrapsychic destruction. The dialectic need to both assert oneself and recognize the other is inherent in all relationships.

Initial Application of Object Relations Theory to the Phenomenon

The application of object relations theory to the phenomenon could lend significant insights into how sleep is negotiated between infant and caregiver, and perhaps the psychological effects of certain caregiver reactions to infant's sleep-related crying.

Crying is an expression of a need state (as discussed in the Phenomenon Chapter). Winnicott outlines how best to respond to an infant's needs—the mother is at first primarily preoccupied with the infant and completely adapts to the infant's needs. The good-enough mother then gradually fails to respond the infant's needs (graduated failure of adaptation). How does one interpret a mother's non-responsiveness (inherent in the CIO technique) from this perspective? Is Ferber's (2006) Progressive Waiting Approach compatible with Winnicott's graduated failure of adaptation? Is the infant's development of omnipotence and ability to remain in a state of quiescence hindered by the mother's failure to meet the infant's needs?

Sleep training literature that endorses the CIO technique suggests that the infant achieves the ability to sleep independently when the caregiver stops responding to the infant's cries (Ferber, 2006). Winnicott maintains that the infant is able to separate from the mother after destroying the intrapsychic symbol of her—the cathected part object—and placing the object into external reality. These are two fundamentally different ways to conceptualize independent functioning. The former implies that the infant's achievement independence from the caregiver is dictated by the mother's behavior, whereas the later asserts that separation is predicated on the infant's natural developmental process. Winnicott views the mother's role as facilitating this independence, not controlling it. How does one reconcile this conflict?

Winnicott theorizes that the mother prematurely imposing her own needs on the infant (which could be the situation if the caregiver stops responding to the infant's cries in order to sleep through the night) results in the untimely development of the False Self and the hindrance of the infant's ability to develop his True Self. This could indicate that the desired result of the CIO technique—the infant stops crying—is the infant conforming to the mother's needs and expressing her False Self. But Ferber (2006) asserts that the CIO technique does not have any

negative psychological repercussions. In fact, research studies illustrate that an infant's

maladaptive behaviors (e.g., tantrums and difficult eating behaviors) improve after the

implementation of the CIO technique (Adams & Rickert, 1989; Reid, Walter, & O'Leary, 1999).

Again, there are differences in how one interprets the psychological impact of a caregiver's

respond to an infant's sleep-related crying. These tensions will be explored in more depth in the

following chapter.

CHAPTER V

Discussion

The theoretical lenses presented in this thesis help to illuminate how the nature of the early relationship between the caregiver and infant impacts the infant's psychological development and lifelong pattern of relating. Attachment theory highlights the importance of a prompt, predictable, and appropriately responsive caregiver in the formation of a secure attachment. Theorists such as Beatrice Beebe and Daniel Stern integrate an intersubjective perspective into attachment literature, inspiring a greater appreciation for the complex negotiation between the mother's subjectivity and that of the infant. They emphasize how this interaction serves as the impetus for a mutually constructed sense of self and other. From the object relations tradition, Winnicott's work focuses on the intrapsychic impact of the mother/infant relationship. He details how the attuned, good-enough mother facilitates the infant's conceptual development of self and other, how mother/infant differentiation naturally manifests with the inevitable clashing of subjectivities, and how an infant transitions from internal to external reality.

This chapter will first synthesize the theoretical perspectives discussed thus far through a case analysis. The focus will then shift to the application of attachment and object relations theories to the phenomenon—caregiver response to infant sleep-related crying—with a specific concentration on the sleep training technique of letting a baby "cry it out" (CIO) (Ferber, 2006). The discussion will then progress towards a broader consideration of the caregiver/infant

relationship as a whole, acknowledging the range of self-other tensions and the multi-faceted

impact of the environment. Finally, considerations about parenting strategies and clinical

approaches will be addressed in response to this analysis.

The Case of Noah and Sarah

Consider the following case example presented by Slavin and Klein (2014):

> Noah, the 6-year-old son of a patient named Sarah, had become terrified to go to sleep.
> During the day he seemed obsessed with all the dangerous and violent things he would
> see in the news. At night, Noah worried that people, creatures, might come into his
> room, maybe steal him away. Maybe he will die. We knew of no particular identifiable,
> significant trauma in his history.
>
> Sarah listens as Noah expresses his mortal fears. She tries to show him she
> understands his fear of somehow losing his connection with her and his dad. She tries to
> reassure him that his world is *not* such a dangerous place. He listens to her, and his fears
> continue.
>
> In analysis, we start to realize that maybe, in part, Noah is seeing an aspect of our
> world and its dangers that is barely tolerable to us all: to Sarah, to her husband, to her
> analyst. Yes, of course he wants and needs some reassurance about his relative safety.
> But also, perhaps, more acknowledgment of what he too clearly sees.
>
> Sarah goes back and shares with him her sense that maybe he wants her and his
> dad to admit just how much scariness there is in the stuff he sees and hears on TV,
> Internet, and newspapers. That maybe he is aware of this scary stuff in ways that she and
> his dad have gotten so used to they don't have to feel it, or see it any more. Yet he does.

Noah then seems a little bit calmer. Still scared, but much more interested in talking to her and in what she has to say.

Soon, in fact, the following conversation emerges at another bedtime:

Mom: I know it can be scary going to sleep. But you can count on us being here and we'll protect you.

Noah: But, mom, I think… maybe you're not strong enough to protect me.

Mom: We're, ah, pretty strong grown-ups. You're safe in here with us and we love you very much.

Noah: But, mom, you love *yourself* more than me.

Mom: Well, ah, not really… I, ah, parents… love their children just as much as themselves.

Noah: But, mom, I think I love *myself* more than you.

Mom: Well, that's probably how it should be for kids. You need to love yourself a whole lot, probably *should* love yourself *best*.

Noah continues to be very frightened of going to sleep.

During our next several analytic hours, Sarah continues to talk about how she handled Noah's fears—feeling pushed beyond the limits of her understanding by his assertiveness, unable to think, overwhelmingly emotionally challenged. The analyst felt some of this too—though greatly appreciating Noah's verbally disarming candor.

Sarah and his dad's more open recognition that there was some very real basis to Noah's perception of the scariness in the world seemed to begin to open up his ability to bear what we'll call his basic *existential anxiety.* Now he was broaching highly related, even thornier, *relational-existential-moral questions*: How we navigate the tensions

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between our love for ourselves and our connections with loved others; the self-other tensions that intertwine with our whole sense of meaning, faith, and love, in the face of *everyone's multiple agendas*, as well as shared, background existential terror. He candidly confronts the everyday, taken for granted, *deceptions and self-deceptions* that inevitably intertwine with these realms of experience.

Sarah slowly came to feel that, maybe, she could somehow acknowledge that while she loved Noah very much, she was also very involved in things in her own life, including her work. Yes, sometimes this might pull her thoughts away from him, pull her to things and people apart from him. She contemplated the possibility of acknowledging, in words he might grasp, that such a tension—such multiplicity, actually—existed inside her. It seemed unquestionably to be a tension that Noah intuitively sensed.

A few nights later, Sarah told Noah: "You were probably seeing something more clearly about me and you than I had realized… you saw that I love you as much as I can imagine loving anyone. And there are also other things I love, and love to do—things that sometimes take me into my own mind, sometimes away from you."

Noah looks at her for a while. He nods his head, seeming to signal that he hears her. He seems much calmer, nestles in, body relaxing, and soon falls asleep. Things settle down. (p. 164-165)

Case Analysis

This rich clinical material highlights many concepts discussed within this thesis. First, the case presents a beautiful depiction of Winnicott's (1960) "good-enough mother." Sarah remains attuned to Noah's needs and continues to hold his feeling states in mind. She even carries them into her own analysis, evidencing her preoccupation with Noah. But Noah detects

Sarah's inevitable failure of adaptation to him; he realizes that she is not impervious to external dangers, loves more than just him, and has other emotional investments that can distract her. True to the nature of good-enough mothering, Sarah explicitly acknowledges her imperfect adaptation to Noah's needs, facilitates his tolerance of her failures, and continues to contain and respond to Noah's experience. This case material is relevant this thesis because it demonstrates how a caregiver can successfully respond to a child's expressions, and specifically exemplifies the inevitable anxieties that can manifest at bedtime, at the location of separation.

Development of the Self

This case also highlights how a child's intrapsychic development of a coherent sense of self and other is impacted by the caregiver's capacity for self-awareness and ability to tolerate her own failures of adaptation. It details Sarah's process of re-questioning her own reflexive illusion of safety and re-creating a realistic understanding of her self. Slavin and Klein (2014) depict how Sarah felt overwhelmed and "pushed beyond the limits of her understanding by his assertiveness" (p. 164). She began to see Noah's separateness (his independent thought process and emotional reactions) more clearly, and was impacted by the need to be attuned to his separate experience, even when it fundamentally challenged her own orientation to the world and herself. This challenged Sarah's understanding of the world and ignited her own intrapsychic process of transitioning from subjective omnipotence to objective reality. Essentially, the process of making her own subjectivity more explicit to Noah allowed Sarah to recognize Noah as separate and be more attuned to his needs.

Recognition and Assertion

Sarah's experience is beautifully captured in Jessica Benjamin's (1995) contemporary Winnicottian description of how the intersubjective confrontation of separate aims within the

mother/infant dyad ideally results in a mutual recognition for and assertion of each partner's separate subjectivities. As the child expresses his unique perspective, the mother reaches a focal point in which she realizes that the child is no longer her fantasy, "no longer *her* object," and that the she is no longer an omnipotent, ever-giving mother. In order to navigate this stage, the mother mitigates her own omnipotence, recognizes her own selfhood as separate, and acknowledges her and her child's ability to survive her imperfection. Benjamin (1995) points out that the mother then "has to be able to both set clear boundaries for her child and to recognize the child's will, both to insist on her own independence and respect that of the child— in short, to balance assertion and recognition." This is seen in Sarah's recognition of Noah's fearful and loving emotions, and in her assertion of her simultaneous love for him and for her work. This allows both Sarah and Noah to develop a mutual recognition of each other's separate yet related subjectivities.

This process of coming to a mutual recognition of intersubjective separateness requires the paradoxical dependence on the other to recognize our independence before one realizes it on his or her own (Benjamin, 1995). In order for there to be recognition of another's subjectivity, there needs to be an empathic "joining" between self and other through the process of "attunement" (Stern, 1985). Sarah's acknowledgment of her own "existential anxieties" and "relational-existential-moral questions" allows her to cultivate empathy for and "join" Noah's affective experience. This is evident when she shares with Noah that the dangers of the world are "barely tolerable to us all" and that her involvement with things in her own life "might pull her thoughts away from him" (Slavin et al., 2014, p. 164-165). Noah is then able to recognize and organize his internal and external conception of the world, and to attain the capacity to soothe himself to sleep (a capacity that requires independent self-regulatory capacities).

Knowing and Being Known

Beebe and Lachmann (2014) maintain that the mind becomes organized through intimate relating, which involves "knowing and being known" (p. 35) and the development of "self- and interactive contingencies" (p. 52). It slowly became clear that Noah did not know or understand particular aspects of his mother's subjectivity (e.g., her emotional distance when distracted by work) and, in regard to those unknown dimensions, may have felt as though he could not predict her behavior (e.g., whether she would be available or strong enough to protect him). Without "knowing" parts of his mother, Noah struggled to "know" parts of himself.

This illuminates the inevitable dimension of "unknownness" that manifests in every caregiver/infant dyad, even the most securely attached. Despite Sarah's good-enough mothering, Noah was still overwhelmed by uncertainty about what was hidden, which left him disorganized, fragmented, and vulnerable to attack (as reflected in his annihilation anxiety of the creatures and people he saw on TV). It seems as though Sarah's ability to acknowledge Noah's experience of not "knowing," and tolerate her own process of not knowing, allowed her to ease her child's anxiety.

Noah eventually came to "know" himself through "knowing" his mother. He discovered *more* of his mother, more about parts of her that perhaps earlier were protectively hidden from him. When Sarah was able to attain a more realistic understanding of her self, recognize and match Noah's affect, and assert the nature of her subjectivity as separate and as capable of surviving failure, Noah came to "know" himself more clearly. Like his mother, he was able to recognize that his fears were real yet not life threatening, and that he loves himself more than his mother. This understanding allowed him to develop self- and interactive contingencies, enabling him to predict both his own and his mother's thoughts, feelings, and behaviors. This maturation

gave him a sense of security in the world and ultimately resulted in his ability to regulate his own emotions.

Internal Working Model of Regulation

The attainment of self- and interactive contingencies, as evident in this case, can result in the development of self-regulatory capacities. Contemporary attachment theorists, such as Daniel Stern, proclaim that repeated experiences with a regulatory other can be generalized to similar situations over time. Stern (1985) describes this process as a "RIG:" the infant develops an intrapsychic procedural representation of repeated interactions with his mother, and subsequently generalizes this representation to similar contexts in which the mother is externally absent. The infant evokes the experience of being with the mother (through the presence of an "evoked companion"), and is then able to assume the function the mother provided in those past experiences (e.g., emotional regulation). After repeated experiences with Sarah as an attuned, soothing other, Noah was able to internalize her regulatory presence and quiet himself to sleep.

Noah's anxiety (his "mortal" fear that "people, creatures, might come into his room, maybe steal him away" and thought that "maybe he will die") overwhelmed his capacity to sooth himself to sleep. This fear was too real for him, and he required his mother's external scaffolding of regulatory capacities to fall asleep. Slavin and Klein (2014) note that the "mother's responsive presence can, indeed must, serve not only as an innate interactional need, but, as such, as a vital, innate *antidote*" to the child's anxiety (italics original, p. 166). Sarah served as the "antidote;" she was present enough and allowed herself to be related to and used as a regulatory other. Without her presence, Noah was overwhelmed by the "inner/outer abyss" and was left without a sense of coherence or omnipotence (Slavin et al., 2014, p. 166). Sarah ultimately bridged Noah's isolated experience with the external world.

This case walks the reader through the process of how a child and mother negotiate their separateness. This negotiation required the mother to first engage in her own transitional experience—to recognize and assert her own subjectivity as separate. This allowed her to join with and "know" her son, enabling the son to know himself, to organize his intrapsychic representation of self and other, and to assert his own subjectivity. This intersubjective process was required for the son to comfortably separate from his mother and fall asleep.

What can this case example teach us about the process of bedtime soothing and sleep-related parenting between parents and infants? In the case of Noah and Sarah, we hear two verbally communicating individuals negotiate around their needs and separate subjective realities. Noah, at age six, is at a later stage of development than an infant. As such, his negotiation of sleep and separation is remarkably different due to the more mature nature of his anxieties and defensive structures. How might this process of bedtime soothing occur in a less verbal register between a caregiver and infant in an earlier stage of development? The following section will help to shed light on these questions by applying theory to the question of infant sleep-related crying and caregiver response.

Application of Psychoanalytic Theory to the Phenomenon

This discussion will now apply the theoretical understandings discussed thus far to the phenomenon—caregiver response to infant sleep-related crying. Specific attention will be paid to the psychological impact of a caregiver's non-response to an infant's nighttime cries, as this consideration is alarmingly omitted from current sleep-training literature and research. First, the psychological motivations behind crying behavior will be explored, followed by a detailed look at how a caregiver's non-responsiveness potentially impacts the infant's attachment and object relations.

Infant Sleep-Related Crying

      Crying as an expression of a need. Crying is one of the few ways in which the pre-symbolic, pre-verbal infant can communicate a need. Infants lack the capacity to fully understand or respond to their own needs, and can be quickly overwhelmed by sensations (e.g., hunger, cold) that disrupt their desired homeostatic existence (Davies, 2011). Crying can be used to express that experience of overwhelm and can indicate a certain need state. That said, there is great variability in how a caregiver listens to and interprets an infant's crying, and thus how the caregiver chooses to respond. It is of note that the term "sleep-related crying" captures this phenomenon from the perspective of the caregiver, not the infant, for whom the crying has other meanings and communications.

      The "Cry It Out" technique (CIO) is rooted in the understanding that infant sleep-related crying signals a maladaptive dependence on the caregiver (Ferber, 2006; Holt, 1907). The CIO literature advocates for the extinction of sleep-related crying through caregiver non-responsiveness in order to facilitate the infant's ability to sleep independently (Ferber, 2006; Ramos & Youngclarke, 2006). This perspective holds that, after repeated experiences of having a caregiver physically absent when falling asleep, the infant will unlearn inappropriate "sleep associations," teach him or herself the ability to soothe oneself to sleep, and will subsequently stop crying out at night (Feber, 2006, p. 62).

      The infant's need, from the CIO standpoint, is to function independently. Crying is therefore not necessarily listened to as a specific communication of a need state. Rather, crying is an indication that the need—the need for separateness—has not been satisfied (the child is still crying for and dependent on the caregiver's presence). Thus, the caregiver's response—letting the infant cry it out—is a facilitation of the infant's needs. This understanding is in line with

psychoanalytic thinking in that the caregiver's role is to adapt to the infant's needs (Winnicott, 1960). Where psychoanalytic theory and the CIO literature diverge is in the interpretation of the infant's needs (as symbolically expressed through crying).

Psychoanalytic theories, especially those proposed by Winnicott (1960), Benjamin (1995), Stern (1985), Beebe and Lachmann (2014), teach how the good-enough mother's attunement to the infant's need states (as communicated through crying) is imperative for the infant's psychological development (e.g., the development of the capacity to self-soothe and function without the physical presence of the caregiver). Crying is therefore listened to in implicit detail for signals of need states. This attentiveness also facilitates the process of the caregiver coming to "know" her infant (Beebe et al., 2014). The caregiver then aligns with her intuitive understanding of her baby and her own capacities as a caregiver, and responds to the cries/needs accordingly. This attuned listening is evident in the case of Noah and Sarah when Sarah carefully attended to Noah's need for a durable, whole object to use while falling asleep. Sarah's understanding of, holding, and responding to this need enabled Noah to self-soothe and fall asleep.

This perspective opens up the possibility that the CIO technique is an appropriate caregiver response to infant sleep-related crying. An attuned caregiver could sensitively read the infant's cry as the infant struggling with something it can definitively master—falling asleep without the caregiver's presence. In such a case, it could be fitting to wait before responding to the cries, giving the infant time to engage the internalized good object or IWM and to soothe him or herself to sleep (Stern, 1985). If attuned listening indicates that the infant is unable to engage the internalized soothing object, it seems as though not responding to the cries at this point would be, in essence, abandonment—the infant is left without the experience of a good object.

It is important to note that, irrespective of which theoretical lens one assumes, removing oneself from the ability to listen to an infant's sleep-related crying (as practiced in the CIO technique), forecloses the opportunity to know the infant on a more intimate level. The groundbreaking infant microanalysis conducted by current attachment theorists clearly illustrates the importance of the intricate facial dialogue between mother and infant in the infant's ability to "know and be known," and in the intrapsychic development of self and other (Beebe et al., 2014). It seems as though a caregiver's absence at bedtime—a prime location of the intrapsychic negotiation of separation—limits the caregiver's ability to really "know" her infant, and thus, the infant's ability to really "know" him or her self.

The psychological etiology of crying extinction. Attachment and CIO literature differ in how they explain the extinction of crying behaviors after repeated caregiver non-responsiveness. As discussed in Chapter III of this thesis, early attachment theorists have observed how children react to their caregiver's absence with displays of protest, despair, and ultimately detachment (Bowlby, 1973; Heinicke, 1956; Heinicke & Westheimer, 1966). On the surface, the crying behavior observed during the implementation of the CIO technique mirrors that observed by these theorists: the infant's crying increases in intensity the first time the caregiver does not respond to the cries, and proceeds to decrease after subsequent episodes of nonresponsiveness until extinction.

Early attachment theorists understand this type of crying extinction—that which occurs as a result of caregiver absence—as a defensive strategy. Bowlby's (1973) theory explains how all defenses are based on the deactivation of legitimate attachment needs. If the infant experiences the caregiver as continuously inaccessible and/or rejecting, the infant defensively relinquishes his need for a regulatory other and detaches from the caregiver (Bowlby, 1973).

Once detached, the infant's crying behavior markedly decreases. This defensive strategy is typically observed in infants with insecure attachments (Ainsworth et al., 1978). Notably, insecurely attached infants can appear to function independently (e.g., falling asleep without the caregiver's presence), but such functioning typically occurs in tandem with maladaptive relational behaviors and is associated with future psychopathology (Ainsworth et al., 1978; Carlson, 1998; Dutra & Lyons-Ruth, 2005; Erickson, Sroufe, & Egeland, 1985; Grossmann, Grossmann, & Walters, 2005; Lyons-Ruth & Jacobvitz, 2008; Sroufe, Egeland, Carlson, & Collins, 2005; Weinfeld, Whaley, & Egeland, 2004). CIO literature, on the other hand, explains crying extinction after repeated caregiver non-responsiveness as adaptive: the infant develops the capacity to self-soothe and begins to function independently.

The difference between these two perspectives is striking. One asserts that crying extinction following caregiver absence is adaptive and signals an increase in functional capacity; while the other deems it to be indicative of a defensive structure that is associated with insecure attachment and future psychopathology. If Sarah had not been appropriately responsive to Noah's expressions of anxiety and he began falling asleep without worry, would this indicate adaptive, healthy development? Or would it indicate a defensive surrendering of Noah's need for his mother's containment of his emotions due to her unreliable availability? Perhaps a closer look at psychoanalytic theory about infant development, especially the relational and intrapsychic impact of specific caregiver responses, could lend insight into these important questions.

Caregiver Response

The case of Noah and Sarah provides an example of how a caregiver's response enables the child to soothe himself to sleep. The way in which Sarah responded to Noah is different than

the response of a mother practicing the CIO technique. Sarah remained both physically and mentally present throughout Noah's sleeping difficulties. From a psychoanalytic perspective, Sarah's attunement and "good-enough" mothering facilitated Noah's development of self-regulatory capacities and intrapsychic representations of self and other, and this ultimately enabled him to calmly fall asleep. Psychoanalytic theory lends insight into this thesis' phenomenon—the impact of caregiver non-responsiveness on the infant's intrapsychic development.

Caregiver absence. Crying, as discussed above, is an emotional expression. The infant may experience emotional abandonment if the caregiver does not respond to his or her expressions. Current attachment literature explains how an infant only knows his or her own emotional experience when the caregiver joins with and matches the infant's affect (Beebe et al., 2014; Stern, 1985). If the infant has not experienced "good enough" joining, the caregiver's absence at bedtime could activate the infant's primitive anxieties because the infant is not able to understand, tolerate, or manage his or her own affective experience. These anxieties an only be remedied by the caregiver's attunement.

An infant can develop an intrapsychic representation of a regulatory other (a RIG or an IWM) to guide his or her behavior in situations where the caregiver is absent (Beebe et al., 2014; Stern, 1985). This representation is only developed after repeated experiences with an attuned, responsive, regulatory other. This means that, if the infant has not had "enough" good object regulatory experiences with the caregiver, the infant will not be able to draw upon this internalized good object experience to manage his or her disregulated affect without the caregiver's concrete, physical presence and external regulation (Winnicott, 1960). The infant needs to develop an IWM of affect regulation in order to navigate the caregiver's absence. If the

caregiver prematurely stops responding to the infant's sleep-related cries, the infant will most likely resort to defensive strategies (e.g., detachment or dissociation).

The infant may also respond to the caregiver's absence with annihilation anxiety. In the early stages of development, when the infant has not attained object constancy, the caregiver's absence could threaten the existence of the infant's cathected part object representation of the caregiver. During this time, the caregiver's external existence is not yet recognized. The infant remains in a state of illusory omnipotence whereby the caregiver only exists as a part of the infant (Winnicott, 1960). The caregiver's absence can therefore be experienced as an annihilation of the infant's internal object world because what was a reflection of his intrapsychic world (the external presence of the caregiver) no longer exists. As a result, the infant develops a defensive structure for protection—a False Self.

False Self. Crying is the assertion of a spontaneous need alive within the True Self. A good-enough mother facilitates the development of the True Self by repeatedly holding, making sense of, and implementing the infant's omnipotent expressions (Winnicott, 1960). When the good-enough mother presents the breast in response to the infant's hunger cry, the infant is able to remain in a state of spontaneous being and self-assertion, and to develop a healthy sense of omnipotence. When the caregiver does not provide a good-enough environment, it shocks the infant's self and threatens his continuity of being. The infant feels as though his diffuse, fragmented existence will disappear because the emotions associated with the bad object experience that cannot be contained. The infant is then overwhelmed by annihilation anxiety, as he or she is left without the caregiver's holding or ability to hold onto the good object. The infant's response, then, is to defensively dissociate from or split off the reality of the caregiver's absence through False Self compliance. Winnicott (1960) emphasizes that the "False Self has

one positive and very important function: to hide the True Self, which it does by compliance with environmental demands" (p. 146-147).

The infant of a caregiver practicing the CIO technique could experience the caregiver's non-responsiveness as the caregiver's inability to hold the infant's experience. As a result, the infant would develop a False Self to protect the True Self from annihilation or exploitation. The False Self complies with the demands imposed by the caregiver. By letting the infant cry it out, the caregiver substitutes her needs (e.g., for sleep) for those of the infant (e.g., for comfort). The infant is abruptly forced out of a state of subjective omnipotence into objective reality, which jeopardizes the infant's development of the True Self and forecloses on the opportunity for True Self expression.

Caregiver hate. Humans have an innate tendency to protect their own self-interests (Winnicott, 1949). This results in an inevitable clashing between self and other subjectivities within all relational exchanges. This self-other tension necessarily applies to the caregiver/infant dyad and manifests when the infant's need for the caregiver to respond to his or her sleep-related cries conflicts with the caregiver's need (e.g., to sleep or have intercourse). It is only natural for the caregiver to respond to this intersubjective tension—the emergence of differing subjectivities—with hate.

Winnicott (1949) evocatively writes about how the mother "hates the infant from the word go." From conception onwards, the infant's existence interferes with the mother's self-interests. It seems as though the negotiation of self-other tensions is at the heart of sleep training techniques—the caregiver desires sleep-related crying extinction out of his or her own self-interest. The caregiver's hate compels him or her to not want to respond to the infant's sleep-related cries. This universal desire could explain why the CIO technique is most commonly

advised in sleep training literature (Ramos & Youngclarke, 2006)—it promises the rapid satisfaction of the caregiver's needs.

The caregiver does not recognize his or her own hate at first. The good-enough caregiver is initially engaged in somewhat of a temporary psychosis (the fantasy of a self/other merger that contradicts reality testing) in which he or she remains completely "preoccupied" with the infant and suspends his or her own needs for those of the infant (Winnicott, 1960). This "primary maternal preoccupation" masks the caregiver's awareness of hateful feelings towards the infant that result from clashing subjective aims. During this period, the good-enough caregiver most likely responds to the infant's every sleep-related cry, completely adapting to the infant's needs.

Over time, the caregiver gradually recovers from the state of primary maternal preoccupation and his or her own subjectivity slowly comes into view (Winnicott, 1960). During this process, the caregiver starts to notice how the infant's sleep-related cries pull the caregiver away from his or her own life (e.g., the marriage or the ability to be rested enough to work). Such self-other tension results in the experience of hate; the caregiver hates the infant for crying because it interferes with the caregiver's self-interests. At this point, the caregiver might be compelled to stop responding to the infant's cries and to begin letting the baby CIO. This scenario is natural in that the caregiver senses that letting the baby CIO is developmentally appropriate.

How hate impacts the infant's transitional experience. An infant who has experienced "good enough" caregiving naturally progresses out of a state of subjective omnipotence into a transitional experience (where objective reality comes into view) (Winnicott, 1969). This occurs after the infant destroys the cathected part object representation of the caregiver and places the object into external reality, recognizing its separate existence. The infant engages in this process

by repeatedly attempting to destroy the object. If the object survives the infant's attacks and proves itself to be durable, the infant is able to integrate the good and bad part objects into a whole enduring object (thereby attaining object constancy). In this scenario, the infant never feels completely alone because he or she understands that the object is enduring even when out of sight (Winnicott, 1969). In a different scenario, if the caregiver responds to the infant's destructive acts with retaliation or crumbling, the infant will remain in a state of subjective omnipotence and will continue to deny the objective reality of the caregiver as separate.

The caregiver's own intrapsychic development within the context of the infant/caregiver dyad is essential in this process (as evident in the case analysis above). The caregiver's negotiation of his or her own transitional experience and ability to recognize and tolerate his or her intersubjective separateness directly affects the infant's development. If the caregiver does not successfully navigate the self-other tensions that inevitably occur, the caregiver might make his or her hate/separateness known to the infant prematurely. That hate could manifest as the caregiver not responding to the infant's cries; and the infant might interpret this lack of response as retaliation, thereby halting the infant's development. Retaliation would overwhelm the infant's ability to hold onto the soothing, good part object representation of the caregiver and would prevent the infant from progressing into a transitional experience.

It is also possible that a caregiver who cannot recognize or tolerate his/her separateness might be unable to value or even know his/her own needs as they deviate from those of the infant. As such, the caregiver could be more vulnerable to projecting his/her own needs onto the infant's cries and might begin to over-respond to them (the opposite of not responding). This scenario could, through a separate trajectory, interfere with the infant's process of appreciating the separateness of him/herself and the caregiver.

One might argue that an infant's sleep-related cry could sometimes be the external manifestation of the intrapsychic destruction of the object. Since sleep is a primary location of separation, the infant may attempt to destroy the object when trying to fall asleep in effort to place the object into external reality to use as a durable other. From this perspective, how would a caregiver's lack of response to his or her infant's sleep-related cries affect the infant? Since the infant has not attained object constancy at this stage of development, perhaps the infant would perceive the caregiver's absence as the literal destruction of the object, and therefore the annihilation of the self. Or, the infant could interpret the caregiver's lack of response as a retaliatory bad object act against the infant's True Self expression—crying. Either way, it seems as though letting an infant CIO before the infant has entered into a transitional experience and has obtained object constancy could hinder the infant's intrapsychic development of self and other and capacity for separation.

Graduated failure of adaptation. It has been established that the caregiver's premature imposition of her own needs or unveiling of her hate towards the infant negatively impacts the infant's psychological development (Winnicott, 1949; Winnicott, 1951). It is also true that the good-enough caregiver eventually, and only gradually, makes his or her own subjectivity known to the infant by entering the stage of "graduated failure of adaptation" (Winnicott, 1951). It could be then that letting the infant CIO is part of the caregiver's graduated failure of adaptation (the caregiver making his or her own subjectivity known), and that this is actually necessary for the infant's development.

The key word in this concept is "graduated." An abrupt encounter with the caregiver's subjectivity—objective reality—without matured internal capacities impinges on the infant's consolidation of his or her own subjectivity, and could result in the infant's development of an

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inflexible and indiscriminately expressed False Self personality, an insecure attachment, and later psychopathology (Beebe et al., 2014; Winnicott, 1960). If the caregiver does not engage in a graduated failure of adaptation in a good-enough way, the infant's development is arrested. The infant is left in an illusory state of subjective omnipotence because he or she has not developed the capacity to tolerate or negotiate objective reality. Instead of normal maturation, the infant remains fragmented and defensively projects the bad object experience (the abrupt encounter with reality), protecting the attachment with the caregiver. The infant needs to experience objective reality only in a *graduated* fashion, in such a way that the infant retains access to both himself and the external world. Without this, the infant may have a traumatic encounter with reality; instead of it being graduated, it is sudden, unexpected, shattering, and annihilating.

This understanding of graduated failure of adaptation begs the question—does the CIO technique qualify as a graduated failure of adaptation, or does the CIO technique cause the infant to prematurely and abruptly encounter objective reality? Perhaps Ferber's (2006) "Progressive Waiting Approach," where the caregiver waits to respond to the baby's nighttime wakings at progressive intervals on subsequent nights, more closely resembles Winnicott's (1969) graduated failure of adaptation. But, the way Winnicott and other psychoanalytic theorists describe good-enough caregiver responses is more based on an intuitive knowing of self and other than it is on a quantifiable, externally prescribed formula of response. Using a prescribed formula removes the experience from the unique, dyadic context of the relationship.

There could be a situation in which a caregiver intuitively senses that the infant has matured enough and that it would be best to let the infant begin falling asleep on his or her own. Would a caregiver's use of the CIO approach at that point in the infant's development be

considered "graduated failure of adaptation?" Perhaps. Ultimately, there are a myriad of lenses through which to view a caregiver's response to an infant's sleep-related cries, and many different conclusions to be drawn. Which perspective one assumes is largely based on that person's environment.

The Sociocultural Surround

One can present the argument that it is more favorable to let an infant CIO than to have a sleep-deprived, resentful caregiver who is not be able to adequately respond to the infant during the day. Or, it is more favorable to let an infant CIO so that the caregiver can perform well at work the next day and financially provide for the family. These positions are absolutely valid and highlight the necessity of considering the broader, sociocultural influences on the caregiver/infant dyad.

There is a tremendous amount of research that demonstrates the impact of different sociocultural identities on the caregiver/infant dyad. For example, a caregiver is more likely to be invested in the infant if the caregiver has support from parents (Quinlan, Quinlan, & Flinn, 2003), alloparents (Borgerhoff Mulder, 1992), and non-biologically related males (Daly & Wilson, 1997; Lancaster & Kaplan, 2000). A caregiver is also more likely to withdraw from her infant if she is experiencing marital or financial difficulties, living in a high-risk environment (Chrisholm & Coall, 2008), abusing substances, or has a mental illness (Soltis, 2004).

The way in which one responds to an infant's sleep-related crying has much to do with one's cultural beliefs. Since Western cultures tend to valorize individualism, it follows that the CIO strategy (which strives to achieve independent sleep) is most commonly recommended by family and friends (Sears & Sears, 2003), parenting literature (Ramos & Youngclarke, 2006), and pediatricians (American Academy of Pediatrics, 2012) in the United States. One study

found that many non-western caregivers engage in the practice of co-sleeping and believe "that separate sleeping arrangements are unthinkable" (Rothbaum & Rusk, 2011, p. 107).

It is also important to acknowledge how much of the research informing psychoanalytic and parenting literature does not consider the broader impact of different sociocultural identities. Most studies narrowly focus on a specific population—Caucasian, western, upper-middle class, mothers and their infants. Fathers, non-gender-conforming caregivers, grandparents, alloparents, and other self-identified primary caregivers are largely excluded.

So, one can look at the specific phenomenon (how a caregiver's response to an infant's sleep-related cries impacts the infant's attachment and object relations) and develop sound hypotheses based on the application of psychoanalytic theory. But one cannot isolate the caregiver and infant from their environment; one cannot myopically examine the impact of a certain caregiver response on the infant without a consideration of the numerous, complex interactions between the infant and caregiver and between the dyad and their environment. Doing so would be unrealistic. A consideration of the sociocultural environment that surrounds the infant/caregiver dyad is necessary to evaluate how a caregiver's response impacts the infant's psychological development.

Clinical Application

The theory synthesized thus far lends insight into clinical approaches to psychoanalytic treatment with clients who have experienced early caregiver absence. When a person's early environment did not allow for self-reflexivity or the development of the self, a goal in treatment is to re-experience previously dissociated states. Through the clinician's provision of maternal functions (holding, containing, attunement, object relations), the client can reconnect with her

True Self, integrate her fragmented being, and develop an intrapsychic understanding of self and other.

A precondition for this work is the clinician's ability to host the client's projected states. This allows the clinician to hold the client's experience of internal and external caregiver absence, and to acknowledge the impact it has had on the client. The enactment of caregiver absence within the therapeutic relationship will revive the client's dissociated emotional reactions to the early caregiver's absence, and provide an opportunity for healing. If the clinician is specifically able to stay attuned to the patient's experience of absences or misattunements, the clinician brings good object to bad object experience. The client is then able to integrate these dissociated experiences because they are being contained. This modifies the experience of oneself as fragmented or flawed because meaning can be made of the experiences and they can be reintegrated into the client's conception of self. In order for this to happen, the clinician needs to take responsibility for his or her own failures so the client can begin to understand that she is not all bad or fundamentally flawed and can begin to develop object constancy.

The enactment awakens within the clinician the experience of feeling weak, helpless, and resourceless, which ignites the clinician's own process of intrapsychic development. The clinician must re-open her own annihilation anxieties and re-create a sense of confidence in how to negotiate her own subjective vulnerabilities to external reality. The clinician must tolerate and bare these anxieties in order for the client to use the clinician as a durable, enduring object capable of surviving the client's intrapsychic destruction (as discussed in the case analysis above).

The therapeutic encounter that makes the absent present allows the client to feel her emotional reaction to the early caregiver absence, and begin to mourn it. The intersubjective experience between the clinician and client allows the client to "know and be known," to achieve intrapsychic separation, and to develop an integrated sense of self and other.

Limitations

Author Biases

This thesis is potentially biased by this writer's own sociocultural identity and life experiences, as they necessarily color one's perspective of the world. As a White, married, heterosexual female who grew up in the United States, I embody values that are consistent with the individualistic, heterosexual norms that pervade Western cultures. This is most likely reflected in the language I used throughout the thesis, and in the concepts I chose to include. I am also a female of birthing age who plans to but does not have children. This potentially biases the way in which I draw light upon certain parenting techniques. Perhaps if I had children, I would approach the material from a different perspective.

Methodological Strengths and Limitations

The theoretical design of this thesis allows for a multi-faceted exploration of the phenomenon from a perspective that is informed by multiple psychoanalytic theories as well as cutting-edge empirical research. This approach creates space for creative reflection in such a way that is not limited by the practical constraints of empirical research; and it opens possibilities for future research opportunities. While the theoretical thesis methodology embodies multiple strengths, it is constrained by what is realistic for a Master's-level thesis. A broader exploration of this topic from other perspectives, particularly trauma theory and

neuropsychological research, would allow for a deeper discussion of and further insights into the impact of caregiver response to infant sleep-related crying.

Another significant limitation of this thesis resides in the heteronormative nature of the literature presented. Both the theoretical and empirical literature to date, particularly the early psychoanalytic theories, narrowly focuses on the role of the *mother* in respect to the caregiver/infant dyad. In recent years, there has been a contemporary focus on primary caregivers of all gender identities. A greater appreciation for this shift should be integrated into future theoretical and empirical explorations.

Conclusion

Caregiver response to infant sleep-related crying is a complex and fascinating phenomenon. There is much to be considered in terms of the intersubjective development of both infant and caregiver, and the multi-faceted impact of the sociocultural surround. The synthesis of the theoretical and research literature from attachment and object relations theories underscores the importance of an attuned, predictable, available, and appropriately responsive caregiver to facilitate the infant's psychological development. It seems as though letting a baby CIO, from a psychoanalytic perspective, is contraindicated due to potential for the infant to experience emotional abandonment and stunted intrapsychic maturation. But a broader consideration of the infant/caregiver relationship as a whole and the complex impact of the environment opens a larger discussion about what is good-enough parenting.

Further insights into this phenomenon are to be gained from greater exploration into the recent groundbreaking neuropsychological research about the impact of attachment and early childhood experiences on brain development, as well as from other theoretical perspectives such as trauma theory and perhaps ego or self psychologies. It is clear that there is a striking need for

greater research into the psychological impact of certain caregiving strategies on the infant, specifically the CIO technique. That said, the research and theoretical perspectives reviewed throughout this thesis do lend important insights into this phenomenon and provide various clinical applications. Hopefully this discussion sparks exploration into this topic.

There does not appear to be a definitive answer to the question of whether a caregiver should let his or her baby CIO. But most all of the material presented in this thesis supports that, as long as the caregiver remains aware of her own internal processes, attuned to her infant, and acts accordingly, her response will most likely be "good-enough."

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