Fred Pine and Developmental Psychoanalysis: Keeping the Child in Mind
by Arietta Slade, PhD, Yale Child Study Center

[Editor's Note: This paper, abridged here with the author's permission, was delivered on November 16, 2014, as part of a daylong conference honoring the work and career of Fred Pine, sponsored by the Contemporary Freudian Orientation of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. After an account of her own work with Fred Pine as graduate student, intern, young professional, and colleague, the author turns to Pine's 1985 work, *Developmental Theory and Clinical Process,* as the focus of her reflections, first as an important contribution to the field laying out the importance of developmental knowledge for clinical listening and speaking, then as a keystone in the author's teaching and clinical work, and finally as a set of ideas that is slowly being forgotten today. We join her paper where she summarizes the book's message.]

[…]

Fred Pine published *Developmental Theory and Clinical Process* in 1985. This volume is based on 15 essential papers he wrote between 1970 and 1983, and outlines the fundamental principles of a developmental psychoanalysis. Here he describes the analyst or analytic clinician as deeply immersed in and familiar with the *phenomena of infancy and early childhood* as well as the developmental theories to which they give rise. From his perspective, the appreciation of development is essential to—if you will—a "complete" psychoanalysis, for it provides the analyst with a rich and experience-near vocabulary for making sense of the child *or adult* patient's experience, as well as a powerful anchor for technique, and a broad, diverse, and complex view of human nature. The book's message, at its core, was simple: Keep the child in mind.

Fred sees it as profoundly important that the analyst be as familiar as possible with what it means and feels like to be an infant and young child; developmental theory, psychoanalytic theory, grows *from* these observations, rather than the other way round. Freud and Klein both reasoned *backwards* from adult experience in their conceptualizations of infancy and early childhood; in Fred's work, theory evolves *forward* from an appreciation of development and its complexity. That is what keeps it real, or—as he so often puts it—"experience near." That is, the more you appreciate development in all its nuance, in its *multiple functions* (Waelder, 1936), the less likely you are to get too attached to one theory, one perspective on infancy or the other, and the more likely you are to more fully hear and see what is before you.

In one of my favorite passages in *Developmental Theory and Clinical Process*, Fred argues that an appreciation of development is crucial not only to meaning making but also to our ability to speak to the patient's experience. "Early developmental research affects the practice of psychoanalysis in the language that the analyst (*at times)* uses in speaking to the patient, or, more precisely, in the phenomena to which that language refers. Knowing the significance of early gaze and vocal/nonverbal interaction between mother and infant, aware of phenomena like the 'practicing' of motor-independence activities, of shadowing, low-eyedness, and coercion—all drawn from Mahler's work (Mahler et al., 1975)—and feeling convinced of the power of early infant-mother bonding and of the gap left when early attachment has been interrupted or underdeveloped, the analyst can at times speak to the patient in a language *closer to his or her early*

experience, hence more evocatively in terms of the recovering of memories and more empathically in terms of understanding inner experience. The other side of this coin is that the analyst can at times be attuned to current behaviors of the patient that hark back to these early phenomena and thus can get cues to where the patient is at . . . a language close to the patient's concrete experience is evocative in the way that visual images of a dream are suggestive for associative content, in the way that return to the site of an old experience leads to a rich recall of the past, in the way that the taste of a Madeleine released a flood of childhood memories in Marcel Proust (Proust, 1918)" (p. 23). I consider this passage, which I have quoted many times over, to capture so beautifully the benefits of a truly developmental psychoanalysis.

[Editor: In order to illuminate some of the essentials of working within the framework of developmental psychoanalysis, the author then summarizes two of Pine's case examples, one of which is the well-known case of Carrie, for whom Pine reserved time that was hers whether she used it or not.]

[…]

Fred's "live" supervision of an advanced doctoral student in the doctoral program in clinical psychology at City College offered me a recent opportunity to observe these developmental principles in action. The student presented her work with a very fragile, withdrawn, and deeply schizoid young man. What she described, again and again, were her efforts to draw him out, to find ways to help him express what was going on inside. But her questions, so gently and thoughtfully put, *as to what he was feeling*, went nowhere. He could not respond, and his withdrawal deepened.

Fred's response to the student therapist was deceptively simple. He suggested that by asking the patient what he might be feeling she was assuming that he had words for his experiences, that he could label and describe his inchoate internal world. She was assuming he was more organized, on a number of levels, than he was. The patient's responses to her, his withdrawal, and his utter inability to find words for his inner experience, as well as his family circumstances and history told another story, a story of failed development. And so, in order to help him find even the most basic language for his internal experience, the therapist had to start to provide it for him. In other words, Fred suggested, this young man has not developed the capacity to describe what is going on inside of him. His message to the trainee was this: When you ask him what he feels, you are implicitly emphasizing his deficits. What you need to do is—based on your clinical understanding of his developmental and emotional capacities, and how they emerged with what you know about his relationships—gently attach labels that might begin to organize his experience for him. Put another way, in light of this young man's inability to mentalize, you must mentalize for him. And your mentalizing efforts must be strongly rooted in your understanding of his developmental capacities and lacunae.

Listening to this live supervision had a profound impact on me, for it—in a sense—demonstrated some of the limitations of a "mentalization-based" approach. When we are curious about a patient's experience and when we invite him to describe his thoughts and feelings, our work is incomplete without developmental theory. That is, this patient needed someone to imagine what was going on inside of him and present it to him in a way that he could make meaning of. To do this, the therapist had to work within the framework of his profound developmental deficits and use language in the most

simple way to organize what were primitive, chaotic states. She had to imagine that era in development when the infant relies on the containing, organizing, and mirroring other to help him make sense of diffuse and incoherent affective states. She had to imagine how utterly lacking these experiences must have been for him. And she had to imagine herself as a "good enough" parent, offering him experience-near metaphors to take one step at a time out of the chaos.

Where's the baby?

In recent years, I've had a number of "moments" (Pine, 1985) that led me to wonder whether psychoanalysis is slowly shifting away from this kind of nuanced, developmental approach. For example, I was supervising a gifted third-year doctoral student on her second doctoral exam. Like many of the students I worked with, she had been very taken by the material we studied in the infancy seminar during her first year; now, however, two years later, she found it difficult to link her stalemate with her patient (who was also devastatingly stalemated in her life) and her patient's experience growing up in her family, particularly her earliest experiences with both parents. As Fred puts it in *Developmental Theory and Clinical Process*, the clinical situation provides so many opportunities to ask how clinical phenomena have "come about. . . . *What kind of developmental path would account for them?*" (p. 55). To me, that is the crucial question. It would have led, in this case, to a shift in technique (coming from what Fred call a parent-child model) and would have in some fundamental sense demystified the patient's behavior and apparent self-destructiveness for the therapist. As much as she understood a number of things about her patient, something important was missing.

I began to realize that this was a common experience I had while supervising second doctoral exams, which are based on extended clinical case summaries of patients seen in long-term psychoanalytically oriented psychotherapy. Often the cases presented are adults, usually with histories of trauma, family disruption, and forced migration; most had fairly significant and severe psychopathology and were struggling in many areas of their lives. And yet, to my surprise, the kinds of *developmental formulations* and *developmental inferences* that Fred describes as key to making sense, in an experience near way, of patient experiences, were often missing. This despite the fact that many of these very talented students had been fascinated by infant study when they took my first-year course on development. For me, the baby, the toddler, the young child *in relation* is always in my mind when I work with an adult patient. Of course I realized that the third year of doctoral training is still the very beginning, and that working with patients is so difficult and complex that understanding them through multiple lenses comes only with time. But students' early clinical work tells us a lot about the paradigms they are internalizing. And I found myself asking again and again: "*Where's the baby?*"

These nagging concerns coalesced much more clearly when I was sitting in on a case discussion with a very senior psychoanalytic clinician who was describing her intensive 11-year-long in- and outpatient treatment with a severely borderline, sometimes psychotic, patient. After she had presented her (in many respects successful) work with the patient in a thoughtful, sophisticated, and nuanced way, the assembled group began asking questions. Mine was, predictably: "What do you think this patient's early relationship with her mother was like?" (I didn't just ask this to be provocative, I asked it because it was very relevant to the clinical material I had heard, the nature of treatment

interruptions and deteriorations in the patient's functioning, as well as the setting in which we were discussing the case.) There was a pause. "Oh . . . I think it was *good*." In fact, there was ample clinical and historical evidence that this could not have been the case, and yet how to think about the past and the present together eluded this very experienced and thoughtful clinician. Or at least it did in that moment. And I cannot help but think that it mattered.

What seemed missing in these case presentations was a willingness to make what Fred refers to as *"inferences*,*"* or what I think of as a willingness to "imagine" the patient's early life (Slade, 2014). Fred asks the question: "How can we proceed in drawing inferences regarding the period of infancy in particular? Do we have to abandon the whole project [given that we lack access to subjective experience]? Clearly the project has not been abandoned, and for good reason. Working clinicians . . . are again and again drawn to formulate developmental hypotheses in order to make sense of content, process, and organization issues in their patients. So how should we proceed with inferences? The following holds for most hypothesis formulation in psychoanalytic developmental theory: we learn what we can of inner life by self-observation and by verbal reports from others (usually patients); we trace these data back in individual history as far as memory allows; and then, beyond that point, we make *inferences*. The inferences should have a certain "psycho-logic", that is, they should fit with and not violate what we believe we know of human functioning; and second, they should be based on observations which, from the outside, appear to bear on the phenomena that we later know from the inside (through self- observation and patient report)" (p. 33).

Psychoanalysis was always a developmental theory. What changed between the publication of Freud's classic *Three Essays on the Theory of Sexuality* in 1905 and contemporary Freudian theory late in the last century was primarily that we deepened and broadened our understanding of development, largely as a consequence of child observation. Thus, whereas Freud had what we now realize was a very limited view of childhood experience, the same simply cannot be said today. In addition to the psychologies of drive, ego, object, and self, and separation- individuation theory, we have attachment, trauma, and neuropsychoanalysis, to name but a few. And judging by my experience, analytic audiences are quite fascinated by this work. As an example, there continues to be great interest in early mother-infant intervention, with videotapes of mothers and infants often de rigueur at analytic conferences. And "attachment," a term virtually absent from psychoanalytic dialogue even 20 years ago, might today well be added as a fifth to Fred's four psychologies: drive, ego, objects, and self.

But contemporary constructs such as mutual regulation, insecure attachment, or relational trauma are not developmental formulations, any more than oral fixation is. These are descriptors that omit attention to developmental dynamics, structure, and function. For example, adult patients are routinely described as being insecurely attached. Aside from the fact that so many adult patients have insecure attachment organizations, these labels are starkly adevelopmental, and far from some of Bowlby's early developmental thinking. They also beg an essential question: If we observe manifestations of insecure attachment in an adult, what do these tell us about his early experiences of seeking care and safety? What can we imagine these moments were like given what we know of his mother, his father, and of the arc of his development? Attachment organizations reflect ways of coping with affectively supercharged

experiences of seeking care and safety, of seeking the most basic connection to others, and reflect dynamic efforts to regulate fear and anxiety within the frameworks of these early relationships. "*It is these dynamics rather than the categories themselves that deserve our clinical attention*" (Slade, 2014, p. 259). For example, an insecurely attached adult patient in his sixties described a recollection offered by his then quite elderly mother: "I remember when you'd be waking up. . . . I'd have left some pieces of apple in the crib with you, and I'd lie on the couch in your room under my mink coat while you chewed on your apple and woke up." In the moment of waking from his nap, when he might well have wanted a hug, a snuggle, or some help out of the fog of sleep, there was an apple. Mother was across the room, in her own reverie, out of reach. The fact that this man would be classified as insecure is both unsurprising and—in and of itself—irrelevant. What is relevant is that his mother's recollection told us both so much about his experience of attachment, about his deep sense of loneliness, his tendency to hide his deepest feelings, his complex relationship to food, and her inability to ever really provide comfort and safety, clinging instead to concrete manifestations of her fundamental worth and existence. *This* was his (and her) experience of the act of seeking and receiving care as a young toddler, no doubt an affectively supercharged moment for them both.

Why has development become less dominant as a "narrative" for psychoanalysis? It seems, for example, to be slowly disappearing from graduate and postgraduate training. Clinical training in development at the doctoral level has been gutted by the homogenization that is the direct result of APA guidelines for "broad and general" graduate training in psychology, and most doctoral students take only one or perhaps two courses in development over the course of their training. And, in some circles at least, development is disappearing from the core curriculum in analytic training institutes.

Are these changes in training a *cause* or *effect* of the shift away from developmental psychoanalysis? Whatever the answer (and I suspect it goes both ways), are we teaching our trainees about *development, and are we teaching them to make developmental inferences and formulations*? I believe we should be exposing our students, at all levels of training, to mothers, fathers, infants, toddlers, and young children in a range of naturalistic settings, and to a wide range of psychoanalytic and other dynamic theories of development. I also think that immersion in various dynamically oriented research paradigms—like Ainsworth's Strange Situation procedure (Ainsworth, Blehar, Waters, & Wall, 1978), Lyons-Ruth's AMBIANCE coding system for atypical mother-infant affective communication (Lyons-Ruth, Bronfman, & Parsons, 1999), Beebe's mutual regulation model (Beebe & Lachmann, 2002), Main's Adult Attachment Interview (George, Kaplan, & Main, 1984), and our Parent Development Interview (Slade, Aber, Berger, Bresgi, & Kaplan, 2003)—provide students with other compelling lenses from which to imagine early childhood and parental experience. There is no escaping the fact that learning about development, in all its nuance, takes a long, long time and in fact never ends. Nevertheless, it seems such an important endeavor.

Today so much of psychoanalysis seems to be focused on the here and now. This despite the fact that the relational movement grew directly from advances in our understanding of infancy and early childhood. But today, I see the focus on the "here

and now," intersubjective experience, and on the relationship as largely decoupled from developmental principles. This despite the fact that a relationship evolves over time and across developmental epochs. Focusing on the here and now need not, of course, obviate attention to development; indeed, an appreciation of development only serves to enrich our ability to make meaning of *what* is happening in the here and now, and *why* it is happening. For Stern (2004), for example, the experience of the "present moment" in psychotherapy is directly linked to "implicit relational knowing," which of course begins in the first days of life. And yet many analysts pay less (if any) attention to the developmental context or developmental inference when they focus on the here and now. It is not a developmental inference to note the impact of early relationships on the present; it is a developmental inference to wonder *how* and in *what way*.

Another example of the contemporary psychoanalysis's diminished attention to development is provided by Bateman and Fonagy's (2004) work on mentalization-based therapies. They argue— not incorrectly, I believe—that it is often best with severely disturbed patients to approach discussing the past and past relationships very cautiously because memories of early experience can be so activating, largely because they trigger the patient's attachment system, and—in my way of thinking—fear system. They are also quite right in noting the shifts between the psychic equivalence and pretend modes in many of these patients, manifestations of well-worn defenses against attachment disruptions and trauma. But what I miss in this work is the realization that, although we may choose not to *speak* to early childhood experiences until the patient can tolerate it, it is nonetheless crucial to hold them in our minds and be guided by them in our clinical work.

I also see the current love affair within some psychoanalytic circles with Klein and Lacan—which I must confess seems to me quite retrograde—as signaling an increasing tolerance for our—*once again*—basing theory on *fantasies about the child's mind* rather than what we, as psychoanalytic clinicians, actually know and can observe about development, in all its complexity.

I am sure there are some who would argue that "Where's the baby?" is not a particularly relevant question for contemporary analysts, that there are many meaningful frames for understanding patient experience. There are those, for example, who have for decades been pointing out that we can never know what *really* went on in a person's development and that we can only know what is happening in the present. In some sense, that is true. But is that the point? Are we trying to reconstruct the *actual* story? I don't think so. What we want to do, to the degree that we can, is imagine what it might have felt like to our patient, being one, being two, in a relationship with her mother, her father, her siblings, seeking care, seeking safety, trying to come to terms with her body, her desires, and her needs. Whether we do it consciously or not, we then use these frameworks, these metaphors, and the language of early experience to help make meaning and sense of what has remained unknown and unknowable.

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