



Affect regulation: Holding, containing and mirroring

Signe Holm Pedersen, Stig Poulsen and Susanne Lunn

Department of Psychology, University of Copenhagen, 2A Oester
Farimagsgade, DK – 1353 Copenhagen K, Denmark – signe.holm@psy.ku.dk; stig.poulsen@psy.ku.dk; Susanne.lunn@psy.ku.dk

(Accepted for publication 22 November 2013)

Gergely and colleagues' state that their "Social Biofeedback Theory of Parental Affect Mirroring" can be seen as a kind of operationalization of the classical psychoanalytic concepts of holding, containing and mirroring. This article examines to what extent the social biofeedback theory of parental affect mirroring may be understood as a specification of these concepts. It is argued that despite similarities at a descriptive level the concepts are embedded in theories with different ideas of subjectivity. Hence an understanding of the concept of affect regulation as a concretization and specification of the classical concepts dilutes the complexity of both the concept of affect regulation and of the classical concepts.

Keywords: affect regulation, bulimia nervosa, containing, holding, mirroring

Within the last 20 years, theories on affect and emotion regulation have achieved a central position in clinical psychology (Gross, 2007). Within psychoanalytic or psychodynamic theories, one of the most elaborated and applied theories on affect regulation is Gergely and Watson's (1996) theory, *The Social Biofeedback Theory of Parental Affect-Mirroring*, concerning how the small child, by means of parental affect mirroring interaction, learns to categorize, represent and control his or her own internal states such as affects and cognitions. The emphasis on the importance of this early affect mirroring interaction with the primary caregiver is in line with older psychoanalytic theories. Hence, both Winnicott (1971) and Kohut (1971) describe how infants develop a sense of having or being a self from the primary caregiver's empathic mirroring responses and how finding him- or herself in parental reflections contributes to the integration and modulation of the child's affects and the sense of the self. Gergely and his colleagues explicitly state that the social biofeedback theory of parental affect mirroring:

can be interpreted as specifying an underlying psychological mechanism that mediates (at least some of) the developmental effects of the affect-reflective maternal environment, as discussed, for example, in Winnicott's model of the mother's holding function (1965), Kohut's model of the maternal mirroring function (1971, 1977) or in Bion's model of maternal containment (1962, 1967).

(Gergely and Watson, 1996, p. 1201)

The classical concepts of holding, containing and mirroring are relatively broad concepts, open to interpretation, and they tend to be used

unspecifically in the clinic to designate an attitude characterized by an acceptance and openness towards the client, which is why a specification of the concepts might be needed. In today's clinical practice and discussion, the concept of affect regulation has come into fashion, indicating that it might be on the way towards replacing the concepts of holding, containing and mirroring as designation for the structure building and regulating maternal function and the work done in psychodynamic therapy (Bovensiepen, 2008).

In this article, we will examine and discuss differences and similarities between Gergely and colleagues' understanding of affect regulation and the concepts of holding, containing and mirroring in order to examine the extent to which social biofeedback theory on parental affect mirroring can be said to *specify* how parental affect mirroring interaction can have a structure building and regulating function. As the theory of Gergely and his colleagues forms an integrated part of the theory on mentalization presented by Fonagy, Gergely, Jurist and Target (2002), the article does, when necessary, refer to Fonagy's theory. However, the main focus of this article is the concept of affect regulation.

The article is based on the assumption that the concepts of affect regulation, holding, containing and mirroring each describe important phenomena and processes. The question is, however, whether a gradual replacement of the classical concepts with the concept of affect regulation will imply that substantial nuances in these earlier theoretical descriptions of early affect mirroring are lost.

Affect regulation according to Gergely and Watson

Based on empirical infant research and inspired by biofeedback experiments, Gergely and Watson have put forward a complex theory on how the infant develops an understanding of – and an ability to regulate – his or her own internal processes. According to Gergely and Watson, infants are *not* able to distinguish between and categorize their own feelings. On the contrary, infants are described as only capable of *being* in the feelings or, at most, being able to distinguish between a feeling of well-being and discomfort but not between, for instance, hunger and anger. In contrast to Freud's image of infants shut up within themselves and their own drive-based imagination, Gergely and Watson assume that infants are more oriented towards the external than the internal world right from the beginning, and they describe how the ability to relate to and control their own feelings gradually develops by means of an affect regulating interaction with the primary caregiver (Gergely and Watson, 1996).

More specifically, based on empirical infant research, Gergely and Watson (1996) assume that the infant has an innate eye for connections, a so-called *contingency*-detection mechanism, which urges the infant to scan the environment for connections between events in the external world and internal states. This mechanism makes the child realize that there is a connection between his or her own feelings and the parents' reactions or mirroring responses. Furthermore, the parents are described as having an (inborn) tendency to mirror the infant's emotions in a *marked* way, that is,

exaggerated and mixed with other emotions. The markedness of the mirroring causes the child to understand that the parent is displaying an ‘as if’ emotion – in other words, a feeling that the parent ‘pretends’ to have and not a feeling originating from the parent. Thus, the marked character of the parental mirroring leads the child to make a *referential decoupling* of the displayed emotion from the parent and instead, based on the so-called contingency-detection mechanism, referentially anchor the emotions to the self.

Gergely and Watsons assume that the child’s ‘getting to know himself or herself’ functions in accordance with the same principles as biofeedback training. This means that exposure to an external expression of an internal state – for instance, monitoring of a subject’s pulse – leads to the subject being sensitized to his or her own internal states and to being able to (partially) control these states. In other words, through their capacity to detect contingencies by natural social biofeedback and by the parental marked affect mirroring, children become attuned to and capable of identifying their own internal processes such as the basic emotions (Gergely and Watson, 1996).

Furthermore, Gergely and Watson propose that the child has an inborn tendency to *maximize contingency*, and they assume this tendency to be the reason why parental affect mirroring has an affect-regulating effect. Hence, they describe how the child finds the sense of contingency between the internal and the external world arousing, because it provides a feeling of control, which is why the child adapts his or her reaction in accordance with the reactions from the environment. For instance, Gergely and Watson describe how an infant that, on average, is only picked up every second time it cries, gradually reduces the frequency of crying to fit the response of the primary caregiver and, thereby, provides the infant a sense of being able to ‘control’ the behaviour of the primary caregiver. Correspondingly, the marked affect mirroring, in combination with the contingency-maximizing tendency, supposedly explains why parental mirroring of negative emotions can have a calming effect on the infant: When the primary caregiver’s mirroring of the negative emotion is mixed with other more positive emotional expressions, children wanting to maximize the contingency between their own emotional expression and parental response gradually reduce the negative expression (Gergely and Watson, 1996). Thus, when the parent mirrors the child’s negative emotional outburst in a marked way the child’s contingency maximization mechanism will lead to a decrease of the child’s emotional behaviour. Conversely, when the mirroring of the emotion is unmarked it will entail an increase of the emotional behaviour.

The marked affect mirroring of the primary caregiver is used by the child to build representations of its basic emotions. The child internalizes the marked ‘as if’ expressions from the parent and uses them as representations of his or her own basic emotions. These representations function as building blocks in what Gergely and colleagues call the *secondary representational system* (Gergely and Unoka, 2007). With the development of a secondary representational system, representing the basic emotions, the child has achieved the capacity of not only *being* in the feelings but also to *relate* to the feelings and thereby being able to regulate the basic emotions (Fonagy

et al., 2002). Hence, the theory of Gergely and colleagues describes how affect regulation evolves from taking place exclusively by means of co-regulation to gradually taking place by means of self-regulation.

Pathological affect mirroring

Gergely and Watson point to two different forms of pathological parental affect mirroring. One is described as *congruent but unmarked* mirroring, which implies that the emotion is mirrored too realistically – for instance, when a child’s anxiety arouses unmetabolized anxiety in the parent. According to Gergely and Watson, this kind of mirroring is typical of mothers suffering from a borderline personality disorder (Gergely and Watson, 1996). The unmarked mirroring disturbs the co-regulation of affects via the primary caregiver in the here and now, as well as the child’s ability to build representations of his or her own basic emotions and, hence, to develop the ability to regulate his or her own affects. Thus, an exact mirroring of the child’s internal states does not have a calming effect; on the contrary, this kind of mirroring may lead to a frightening experience in the child of unpleasant internal states floating out into or being confirmed by the external world resulting in an escalation of the negative affect. Furthermore, as the emotion is mirrored in an unmarked manner by the parent, the child experiences the emotion as belonging to the parent rather than to the child, which implies that the parental reflection cannot and is not used as a building block in the secondary representational system. With an insufficient secondary representational system for the basic emotions, the child remains a prisoner of the original condition in which he or she is only capable of *being* in the emotion. Accordingly, the child does not attain a stable ability to relate to and modulate his or her own emotions but, instead, is forced in emotionally difficult situations to regulate emotions by different forms of externalization, such as projective identification, acting out and self-mutilation (Fonagy *et al.*, 2002).

The other form of pathological mirroring described by Gergely and Watson is a *marked but categorically incongruent mirroring* type. To illustrate this kind of mirroring, Gergely and Watson point to the case in which a child’s sexual conduct towards the parent is mirrored markedly but as an expression of aggression because of the parent’s unsettled relation to his or her own sexuality. In this case, as the emotion is mirrored markedly, the child will correctly perceive the marked emotion as belonging to the self; but, as the emotion is mirrored categorically wrong, the child, using the parental mirroring as a representation of his or her own basic emotion, will end up with a distorted relationship between the basic emotions and their symbols or representations. According to Gergely *et al.*, this implies that the child loses his or her sense of or connection with the basic emotions. Instead, the child functions in an ‘*as if*’ way in which he or she apparently does think and reflect on emotions but is, in reality, cut off from the original basic emotions (Gergely and Watson, 1996). Gergely and Watson assume that a child primarily subjected to this marked but incongruent type of mirroring will often as an adult be incapable of sensing what he or she

really feels and, hence, will have problems in identifying, expressing and regulating emotions.

To sum up, Gergely and his colleagues contribute an elaborate theory of *how* children become familiar with their own internal states through interaction with the primary caregiver. Furthermore, with the mechanism of contingency detection, a possible explanation of why affect mirroring has an affect-regulating effect is presented. Likewise, the theory provides a coherent account of how the child learns to categorize and build representations of the basic emotions through the contingency detection mechanism and the marked mirroring of the parent. Finally, it appears plausible that parental affect mirroring may serve an affect regulating function based on the contingency maximization tendency. What remains unclear, however, is why the establishment of representations of the basic emotion would in itself entail the regulation of affect. Thus, in our opinion, the theory has no comprehensive explanation of how the child's ability to regulate affects is transformed from co-regulation to self-regulation. We shall return to this discussion later in the article.

Based on an account of the psychoanalytic concepts of holding, containing and mirroring, we shall in the following examine similarities and differences between these concepts and the understanding of affect regulation presented by Gergely and colleagues – including a discussion of whether their theory can be said to constitute an operationalization of the classical concepts.

Holding

The concept of holding is used by Winnicott both as a designation for the physical holding of the child and for the primary caregiver's ability to hold/bear the situation and thereby ensure a secure frame around the child (Winnicott, 1960a, 1971). Winnicott describes how the child develops from a state of absolute dependence over a state of relative dependence towards independence. Winnicott terms the state of absolute dependence the *holding phase*, thereby emphasizing that the child's psychic existence in this phase is dependent on the mother's holding ability (Winnicott, 1960a). Winnicott is famous for his statement: "There is no such thing as an infant" (Winnicott, 1960a, p. 39), which signifies that, initially, the infant exists in an undifferentiated and unintegrated mode of being (Winnicott, 1945), incapable of differentiating between the self and the mother and having no coherent or continuous sense of self. Hence, while Gergely and colleagues describe an infant who is directed towards the external world from the very start, Winnicott asserts that, from the child's perspective, in the earliest relationship the mother exists only in the invisible holding environment. Here, ideally, the child's needs are met in such a way that the child does not experience needs as needs and, in that way, is able to remain in a mode of being in which there is no separation. The 'good enough' mother's holding provides the otherwise unintegrated and undifferentiated infant a sense of being 'kept together' and, hence, a feeling of continuity of being. The mother's holding becomes a frame or a screen, which is a precondition for the coming into

being of the child's psyche (Gammelgaard, 2010). Thus, within or protected by the parent's holding, the child creates a psychic space in which fantasy and the pleasure principle can unfold (Pontalis, 1981).

Another motherly core function embedded in the concept of holding is what Winnicott labels *handling*. Winnicott intends to emphasize that the physical handling of the child is significant for the child's psychic sense of being a body. The mother's physical handling of the child supports the psyche-soma relation or the settling of the psyche in the body, which Winnicott (1970) calls *personalization*.

Finally, the concept of holding includes the good-enough mother's capacity for object presentation, to provide objects so that the creative impulse of the child can be brought into being. Winnicott, for instance, describes how the mother presents the child with the breast *just* as the child becomes hungry. According to Winnicott, this confirms the child's illusion of omnipotence, of actually *creating* the breast. In Winnicott's terms, the breast is a 'subjective object', that is the object as experienced by the baby as opposed to the objectively perceived object (Winnicott, 1962). Winnicott regards the illusion of omnipotence as being essential as it supports the creative impulse of the child and protects the child from the realization of his or her fundamentally terrifying and helpless state of being (Winnicott, 1971). Furthermore, to Winnicott (1968), this process where the child wordlessly expresses a need and the mother, through her sensitivity to the child's needs, is able to provide exactly that which the baby needs constitutes a *silent communication*, through which the mother communicates her reliability to the child.

The notion that the mother, from the newborn's perspective, only exists in the invisible holding environment, as well as the concept of *silent communication* through which the mother communicates her reliability to the child, could give rise to an impression that the mother takes a passive position towards the baby. This is, however, definitely not the case. The mother has the task of adapting in an active way to the infant's needs and of adapting in different ways as the needs change. Winnicott describes the motherly holding function towards the infant in this way:

Holding: Protects from physical insult. Takes account of the infant's skin sensitivity – touch, temperature, auditory sensitivity, visual sensitivity, sensitivity to falling [...] and of the infant's lack of knowledge of the existence of anything other than the self. It includes the whole routine of care throughout the day and night, and it is not the same with any two infants because it is part of the infant, and no two infants are alike. Also it follows the minute day-to-day changes belonging to the infant's growth and development, both physical and psychological.

(Winnicott, 1960a, p. 49)

To accomplish this task of active adaptation to the child's needs as they develop, the mother relies on her devotion to the child, as well as her imagination and her memories enabling her, through identification, to know what the child needs (Winnicott, 1949a, p. 245).

The *mirror-role* of the mother is another vital aspect of the mother's early communication with her baby. Winnicott describes how the infant when looking at the mother's face sees himself or herself and states that: "The mother is looking at the baby and *what she looks like is related to what she sees there*" (Winnicott, 1971, p. 131). Thus, inherent in the term, the *good-enough mother*, lies the fact that the mother can be attuned to her infant's needs and is able to mirror him or her rather than reflect her own mood. However, the term does not imply that the mother is physically and psychologically available at any time. A mother will inevitably and repeatedly be the source of both frustration and of instinctual stimulation to the child. Accordingly, Winnicott (1955, 1963) introduced a distinction between the 'environment-mother' and the 'object-mother', two separate aspects of the infant's subjective experience of the mother. While the term 'environment-mother' designates the aspect of the mother providing adequate holding and thus maintaining the infant's continuity of being, the object-mother is the mother as object for the child's id-drives, an object that is viciously attacked in the child's fantasy. Winnicott emphasizes that, while the good-enough mother will initially adapt almost completely to the infant's ego-needs, it is equally important that she is able to gradually *fail* in her adaptation (Winnicott, 1953). The experience of frustration due to the lack of adaptation entails aggressive impulses that are experienced in the child's fantasy as destructive attacks directed towards the object-mother. However, if the child is only gradually exposed to these experiences of frustration and if the mother is able to survive these attacks (i.e. remains available to the baby), two closely related mental developments take place. Firstly, the infant realizes that the object has a permanent existence of her own, external to the child's fantasy-life, a development that is central to the constitution of the reality principle. Secondly, the infant realizes that the object of love (the environment-mother) and the object of aggression (the object-mother) are one and the same. Thus, in Winnicott's terminology, the child can now *use* the object that has survived (Winnicott, 1965, 1969). In this way, the repeated experiences of relative failures that are mended add up to a communication of love and of being cared for by another human being (Winnicott, 1968).

All in all, during the holding phase, the child develops from an unintegrated state of being, in which he or she has no sense of being a separate subject and, hence, has no object relation, into an increasingly integrated and differentiated state of being. Simultaneously, the child gradually develops a sense of a demarcating membrane between what the child experiences as 'me' and what he or she experiences as 'not me'. Winnicott describes this membrane as being the same as the skin to a certain degree. Hence, the motherly holding or handling function is gradually taken over by the skin, which becomes a container for the psyche (Winnicott, 1954).

Insufficient holding

As mentioned above, the good-enough mother is not an ever-present perfect mother who never fails. However, a good-enough mother is a mother who

fails in the right way. Too much absence, physically as well as psychologically, too much or not enough stimulation, or a mirroring style that leaves the child unrecognized may initiate an interchange between mother or child or rather a lack of interchange that can lay the ground for the development of psychopathology. According to Winnicott, given an infant with a 'brain intact' (1962) psychic diseases are essentially 'environmental deficiency diseases' (1949a). One such result of a deficient environment is the development of a *false self*.

Winnicott (1960b) distinguishes between a true and a false self. The true self is based on a sense of undisturbed being, originally emerging against a background of the mother's holding. If the mother is not good enough at 'holding' the child, satisfying the child's needs and securing the situation, the child begins to discover his or her needs and the mother-child unit is at risk of being disconnected too early. Hence, according to Winnicott, the most important function of holding is to protect the child against impingements from unfulfilled needs or external influences that threaten the child's original state of being. A child who experiences too intense impingements is forced to *react*, rather than to *be*, and is in danger of building a personality based on a false self, which is founded on reactions rather than on a continuity of being (Winnicott, 1960a, b). An excess of such reacting on behalf of the infant produces a primitive anxiety, a *threat of annihilation* (Winnicott, 1956), a concept similar to Bion's concept *nameless dread*, to be discussed later.

According to Winnicott, handling (i.e. the mother's physical handling of the child) helps anchor the psyche in the body with the skin as a demarcating membrane. Conversely, insufficient handling can lead to disintegration and depersonalization. With the term *depersonalization*, Winnicott (1970) points to a loss of contact with the body or the functions of the body and the lack of a sense of being a body.

Gergely and Winnicott – regulation versus being

The above review elucidates why the social biofeedback theory can hardly be considered an operationalization of Winnicott's concept of holding. Since the two theories differ in their conceptions of subjectivity, that is, how the subject comes into being and what drives development, it is hard to see similarities except on a purely descriptive level. Winnicott describes an infant who, in the beginning, exists in an undifferentiated state of being in which there is no difference between me and not me, internal and external. By contrast, the theory of Gergely and colleagues rests on the fundamental assumption that the infant is capable of differentiating between internal and external – for instance, when the primary caregiver's marked mirroring of the child's emotional expressions is experienced as related to the self, while unmarked mirroring is related to the parent. In fact, biofeedback theory rests on the fundamental assumption that exposure to external expressions for internal states leads to a sensitization of internal states. Hence, in Gergely *et al.*'s theory, the subject and the object are separated from the beginning, which is why the theory is able to focus on the real external relationship between them. On the other hand, according to Winnicott, in the earliest phase of development, the mother does not exist as an object in her

own right. There is no difference between ‘me’ and ‘not-me’ and no object external to the self (Winnicott, 1960a).

Gergely and colleagues point to the contingency–detection mechanism as a possible explanation of *how* the child more precisely attains the feeling of omnipotence, which Winnicott describes as central (Gergely and Watson, 1996, p. 1201). Furthermore, Gergely *et al.* propose that the theory of marked (affect) mirroring provides us with an explanation of how the mirroring of a negative emotion can actually have a calming effect. Thus the focus of social biofeedback theory is the cognitive ability to register and understand affects. Winnicott’s theory of holding, on the other hand, strives to explain the child’s development as a bodily-anchored subjective being, i.e. the ability to be or have a self. Thus Winnicott describes how sufficient holding secures the infant’s sense of (undifferentiated and undisturbed) continuity of being, while insufficient holding and too early differentiation may cause the child to build his or her existence on *reactions*.

These differences between Gergely *et al.*’s and Winnicott’s theories have fundamental implications. Gergely and his co-workers have as their main focus the development of what could be called the ego’s executive functions or, in more psychoanalytic terms, the development of the reality principle and secondary process thinking. While Winnicott is definitely concerned about the development of the child’s relationship to the external reality, he simultaneously pictures how the child, protected by the parent’s holding, creates a (psychic) place where it can play with fantasies and let the pleasure principle and hence primary processes prevail. Furthermore, he underlines how this place continues to be a prerequisite for creativity and the sense of being throughout life (Winnicott, 1971). In Gergely *et al.*’s theory it is as though the primary processes, once the child has developed a secondary representational system, are overlaid by secondary processes and lose their importance. Thus, with the achievement of a secondary representational system, the healthy subject is described as being able to differentiate, relate to and regulate mental states. Unrepresented basic emotions – primary process thinking – seem, roughly speaking, primarily to be relevant when it comes to psychopathology.

A final fundamental difference between the two approaches is that, while Gergely and colleagues’ theory is based on empirical infant observation (what Green [2000] in his discussion with Stern called ‘the observed child’), Winnicott’s theoretical work is based on a combination of infant observation, analysis of older children and analysis of adults. Thus, when Gergely *et al.* state that their own theory can be regarded as an operationalization of holding, they overlook the difference between their theory, which is a specific, empirically-based theory on the cognition of emotions derived from observation of infant (re)action, and Winnicott’s far more fundamental theory on how the child comes into being *vis-à-vis* the mother.

Containing

Through the concept of containing, which is a development of the Kleinian theory of projective identification, Bion (1957) describes the

psychic function of receiving, carrying, and transforming psychic material received in an interpersonal relationship. According to Bion, infants are unable to understand the raw sense impressions and raw emotional data to which they are exposed and, thus, depend on the mother's ability to transform them and render them intelligible. This is achieved by the child projecting undigested emotions and sensations, experienced as unnamed or non-represented bodily discomfort – what Bion called *beta-elements* – onto the mother. The mother, for her part, identifies with the projected material, whereby the child's basic feelings of discomfort, i.e. beta-elements, are detoxified, digested, transformed and, finally, returned to the infant as thinkable *alpha-elements* (Bion, 1962a). Accordingly, the child cannot learn to think under his or her own steam but is dependent on the mother to process the projected material into an intelligible and thinkable form.

However, it is not only the alpha-elements that are internalized from the mother; it is the function of the mother as the prototype of the alpha-function and thinking (Bion, 1962a). Bion describes how, in order to be a receptacle for the child's projections, the mother has to be in a state of *reverie*, a dreamlike state in which she has turned her attention away from external reality and focuses exclusively on the child's internal mental world (Bion, 1962a, c). Since the mother identifies with the projected material, she is, like the child, also changed by the process. Thus, simultaneously with the transformation and detoxification of the contained, there is a change in the mother or the container. Accordingly, the conceptual pair 'container/contained' describes an intersubjective meeting that changes both parts of the dyad (Bovensiepen, 2008).

Bion (1962a) differentiates between thinking and thoughts and believes that thinking emerges in order to cope with thoughts. Thus thinking is a development forced on the psyche by the pressure of thoughts, not the other way around (Bion, 1962a, p. 306). From a developmental viewpoint, Bion differentiates between preconceptions, conceptions, thoughts and concepts. The *preconception* is an analogue of Kant's concept of 'empty thoughts', waiting to be filled by a conception. As an example, Bion describes how the infant has an inborn disposition or preconception similar to the expectation of a breast. *Conceptions* develop when a preconception is coupled with a *realization*, i.e. a meeting or junction with the object of which it is a preconception. Therefore, conceptions are almost always conjoined with a feeling of satisfaction. When, on the other hand, the child's need or preconception – for instance, the breast – is not met, the child experiences an absent desired object – i.e. a no-breast or absent breast. Provided that the frustration does not exceed the child's (or – in the projective process – the mother's) capacity for frustration, the experience of an absent internal object will lead to the development of a *thought*. Thoughts with a named or fixed meaning are termed *concepts*. The development of thoughts necessitates an apparatus for thinking with the function of processing or coping with thoughts, which enables the child to gradually take over the container or alpha-function from the mother (Bion, 1962a.). Thus, according to Bion and in keeping with Freud (1900), thoughts and thinking emerge as answers to an internal experience of the absence of instant gratifi-

cation. With the ability to think thoughts, the child has also achieved the ability to defer gratification, to endure a gap in time between the rise of a need and its gratification. Thus, Bion (1962a) states that, in congruence with Freud, his theory deals with the rise and development of the reality principle.

In practice, the concept of containing is often used synonymously with Winnicott's concept of holding (Ogden, 2004). There are indeed clear similarities between the concepts. Both Bion and Winnicott describe a communicative process whereby the mother through her empathic understanding of the child is able to relieve the child's frustration. Likewise, according to both theories the well-adapted mother is able to provide the child with exactly the object that the child has been looking for, thereby establishing a realization of the child's need. However, in our view, the concept of holding has wider implications than Bion's concept of containing since it includes the whole range of phenomena in the relationship between mother and infant which are *not* driven by frustration or instinctual needs. On the other hand, the concept of containing is a more elaborate operationalization of the *cognitive* implications of the maternal attitude towards the child's affective experience that, in some respects, is more similar to Gergely *et al.*'s theory of affect regulation than Winnicott's theory of holding. Thus, containing pertains both to the maternal ability to detoxify or regulate unbearable internal states in the child and to the process in which the child gradually develops the ability to think or conceptualize his or her own internal states (Bion, 1962a).

Insufficient containing

When the frustration, due to inadequate maternal containing or an innate low capacity for frustration, becomes unbearable, the experience of an absent (good) object (for instance, the no-breast) is transformed into a phantasy of a bad internal object. The infant will try to evacuate this bad object through projective identification, implying that the child does not develop an apparatus for thinking and the concomitant ability to defer gratification but is, instead, compelled to continue projecting unbearable internal preconceptions (Bion, 1962a). For instance, Bion describes how the mother may become "too influenced" by the projected beta-elements with the result that, rather than transforming and detoxifying them, the mother takes over the beta-elements, and the child ends up internalizing an apparatus that amplifies the beta-elements rather than detoxifying them. In other words, the infant develops a flawed alpha-function with the result that the child lacks the ability to soothe himself or herself, endure frustrations and control impulses. Another motherly reaction that may contribute to psychopathology in the child is when the mother too often rejects the infant's feelings, that is, when for some reason or another she refuses to contain the child's projection of beta-elements. Bion describes that the infant has a fear of dying, which must be understood as an annihilation anxiety, and points out that the infant depends on the mother's ability to transform this feeling into something endurable and thinkable. If the

mother rejects this feeling, the child is left with what Bion (1962a) terms a *nameless dread*.

When talking about nameless dread, Bion points to something other and more than simply non-represented material. Bion uses the concept $-K$ as the antithesis to knowledge and writes that this nothing (Bion, 1962c) leaves a void in the mind, a sort of black hole that attracts and destroys thoughts (Bion, 1962b).

Gergely and Bion – mirror versus transformer

While it is difficult to see Gergely *et al.*'s theory as a specification of Winnicott's concept of holding, the parallels to Bion's theory of containing are more obvious. At the centre of both Bion's and Gergely's theories is an effort to explain not only the rise and development of the reality principle, but the development of thinking as well. Furthermore, it is striking how both theories concentrate on the level of *function* rather than the level of *content* in their focus on how the ability to transform fundamental emotions and bodily discomfort into something thinkable is developed. More specifically, both theories describe a child starting out with no direct access to his or her own internal processes, dependent on the caregiver to regulate and obtain an understanding of his or her own internal states. Moreover, this parental function, according to Gergely *et al.* as well as Bion, is gradually internalized from the parents during early childhood. Thus, with their description of marked affect mirroring and the child's contingency-detection mechanism, Gergely *et al.* provide a concrete model of the specific mechanisms behind the process whereby, according to Bion, the mother gives a name to and shapes the beta-elements of the child.

Still, notwithstanding the similarities, the two theories describe qualitatively different infants. True to his Kleinian heritage, Bion retains the theory of the death drive, and the beta-elements that the mother has to contain are, accordingly, of a considerably more dramatic character than the emotions that have to be named and regulated by the mother described by Gergely. According to Bion, the beta-elements hold a vital significance in the development of the child. The beta-elements are raw sense impressions and emotional data that need to be digested and, because of the intensity of the beta-elements, the child is driven to develop 'an apparatus for thinking', i.e. internalize the mother's ability to transform beta-elements into alpha-elements. Gergely *et al.*, conversely, describe how the child develops an ability to differentiate, relate to and regulate basic emotions because of a combination of a perceptual system that is set with a bias to attend to and explore the external world, an inborn contingency-detection mechanism, and the experience of marked parental affect mirroring. By maintaining Freud's concept of a death drive, Bion considers the fierceness of the beta-elements and the dynamic between beta- and alpha-elements as the motor of development. From Bion's and a drive theoretical point of view one could wonder what actually drives the Gergelian child to develop and what makes development a necessity and not just an option.

Whereas the mother's primary task, according to Gergely *et al.*, is to be a modifying mirror that reflects the child's emotions in a categorized and marked shape, the emphasis in the container concept is rather on transformation and detoxification, i.e. on what the mother *does* to the basic emotions. Thus, the main function of the mother in Gergely *et al.*'s social biofeedback theory of parental affect mirroring is to be the mirror through which the child discovers himself or herself. On the other hand, the main task of the mother from the perspective of Bion's theory of the container function is to be a transformer, which converts and detoxifies the basic emotions and unpleasant bodily sensations of the child. This, most importantly, involves the actual care (e.g. feeding and comforting) of the child.

In his theory of thinking, Bion describes thoughts as something that arise as an answer to frustration. According to this theory, the infant's conceptualizations of the surrounding world are built around a core of absence that may turn into nothingness or black holes if the child's capacity for frustration is insufficient. On the other hand, Bion describes the necessity of the mother's presence in detoxifying undigested emotions and sensations and thus transforming *beta-elements* into thinkable *alpha-elements*. Accordingly, presence as well as absence plays pivotal roles in the development. In Gergely *et al.*'s theory, however, the ability to represent internal mental states is not as intrinsically associated with frustration but arises through the mother's mirroring responses regardless of the quality of affect in the infant. Thus, in the theory of Gergely *et al.*, the emphasis is on the presence of the object.

Both Gergely and Bion describe the consequences of an insufficiently developed capacity to represent internal states. Gergely *et al.* describe how maladaptive parental affect mirroring may lead to either a condition in which internal mental states cannot be represented and, accordingly, must be regulated through externalization or a condition in which the child establishes a secondary representational system with poor connections to the basic emotions. Bion's theory is considerably more radical: his concept of $-K$ does not designate the mere absence of knowledge but a situation in which the relationship between container and contained is actively deprived of meaning (Grinberg *et al.*, 1985). Hence, with the concept $-K$ and the state of *nameless dread*, Bion describes how the non-represented remains in the mind as a sort of void or nothingness that destroys connections and the ability to think. Thus, as we understand Bion, the absent is present in a much more active way than is the case with non-represented thoughts and emotions in Gergely *et al.*'s theory and functions as a cavity or an imprint around which the psychic revolves.

Mirroring

Several psychoanalysts have been preoccupied with the importance of the primary caregivers' mirroring responses (Kohut, 1971, 1977; Lacan, 1973; Winnicott, 1971). Gergely and Watson refer to Winnicott and describe their own theory as a specification and further development of Winnicott's theory on mirroring and his famous formulation that, the child, when looking

at the mother, sees himself because the way the mother looks is related to what she sees (Winnicott, 1971). According to Gergely and his co-workers, their theory may explain *how* the child described by Winnicott understands that what he or she sees in the mother's face is related to the child rather than an expression of the mother's own internal processes.

Gergely and Watson also point out that their theory can be seen as an extension of Kohut's concept of mirroring. However, Kohut does not define the concept of mirroring in a precise way. In order to understand his approach better, we have found it necessary to consider the theory of development and of psychoanalytic treatment in which his concept of mirroring is embedded.

In Kohut's theory, development is conceptualized as a process running from immature to mature narcissism, from a fragmented body self with an innate narcissistic libido to a coherent, complete and self-regulating self. According to Kohut, the self progresses or develops separately from the development of the object love. From the beginning, the two lines of development have two different kinds of libido, object libido and narcissistic libido. In the course of development, the narcissistic libido is transformed through a process that Kohut (1971, 1977) labels *transmuting internalization*. During this process, the self is matured and consolidated. This development is promoted by the primary caregiver's mirroring and optimal frustration of the child. The development proceeds through various phases in which different parts or poles of the self are developed and are in the foreground. One pole of the self consists of the so-called grandiose-exhibitionistic self, the other of the idealized parent imago (Kohut, 1977, 1984).

The concept of mirroring is most important in the developmental phase in which the child develops a grandiose self (2–4 years of age) (Kohut, 1977). Kohut emphasizes that, in this phase, the fundamental interaction between mother and child takes place in the visual field and that the gleam in the mother's eye mirrors the child's narcissistic exhibitionistic unfolding and, in this way, supplies the child with a feeling of omnipotence and affirms its self-esteem. Kohut's concept of mirroring is further elucidated when we turn to his use of the concept in relation to psychoanalytic treatment. In this context, he underlines the patient's need for affirmation but also for acknowledgement and for an analyst acting as an echo (Kohut, 1971). Thus, it is implicit in his use of the concept that the child/patient should not be disturbed by 'upbringing'/interpretations. Instead, the therapist should be available for the patient and support and satisfy the development of the child's/patient's innate narcissism.

Kohut's (1984) concept of mirroring is closely connected to the concept of *self-object*, which describes the function of the early caregiver and the analyst in relation to the child and the patient respectively. A self-object acts and exists in the real world, but it does not have an independent objective existence. In contrast to an object that is assessed for its qualities, a self-object is evaluated for its internal psychic function in relation to the child/patient and the emotional equilibrium it is able to establish (Baker and Baker, 1987). Thus, a self-object is not experienced as separate

and independent of the self. Kohut (1977, p. 85) compares the importance of the empathic response from the self-object for psychological survival with the importance of an optimal amount of oxygen for physical survival. Like the air we inhale, the self-object is taken for granted; it is indispensable and a precondition for growth and maturation. In a more general sense, a self-object can be a human being, an animal, art, an idea or something else that has decisive importance for maintaining a sense of cohesion.

The development of the self evolves as a gradual internalization and assumption of the functions of the self-object. Thus, the need for self-objects decreases during the development of the child's internal psychic competencies. However, one does not grow out of the need for self-objects; it continues throughout life. But the repertoire (in the sense of what and from whom the need can be satisfied) is expanded and becomes both more mature and flexible.

Self-object failure

A development such as the one described above presupposes not only the self-object's mirroring of the self but also an optimal (age-appropriate) frustration of the child. This implies a gradual selection of those aspects of the child's development that are mirrored and confirmed and those that are not. In other words, the child is guided in a more realistic direction, implying that unrealistic parts of the self are sorted out and more realistic ones are strengthened and integrated. According to Kohut (1971), optimal failures lead to *transmuting internalization* and, in this process, the child gradually takes over the function of the self-object. However, the development can take a less benign course. Traumatic experiences, for example, early death of a parent or sudden and overwhelming frustrations, can have the result that the child does not develop the necessary internal structure but remains fixated on the archaic self-object or aspects of it. This can, according to Kohut (1971), result in a lifelong dependency and search for specific objects, an object hunger as a compensation for the lack of an internal psychic structure.

Gergely and Kohut – from the outside versus from the inside

Gergely *et al.* state that the contingency-detection mechanism describes how maternal mirroring provides the child with a feeling of omnipotence that, according to Kohut, is of vital importance for the child's self-esteem. However, the contingency-detection mechanism and the mirroring function of the mother facilitate different capacities in the child. The contingency-detection mechanism helps the child differentiate between you and me and clarify the degree of control over the surroundings. By contrast, the mirroring described by Kohut helps solidify the child's self-confidence and sense of being a separate subject. Thus, the object of Kohut's concept of mirroring is the *whole* subject, while Gergely *et al.*'s theory can be said to focus on a limited function of the psyche.

The two concepts not only differ from each other by their degree of specificity but also by looking at their object from different angles. Whereas Kohut, whose theory is based on 'the reconstructed child', describes the psyche

of the child from within, Gergely and colleagues – with their more technical description based on ‘the observed child’ – clearly views the subject from without. The different perspective of the two theories is also evident in their different descriptions of what the mother provides. Hence, according to Kohut, it is critical for the development of the grandiose self (and, thus, for self-esteem) that the mother looks at her child with ‘pride and joy’. In Gergely *et al.*’s theory and in accordance with his external view of the mother, it seems as though affect mirroring can be done by anyone, roughly speaking, and is not necessarily accompanied by feelings for the child in the subject performing the mirroring function.

Finally, in contrast to Gergely *et al.*, it is implicit in Kohut’s theory and the emphasis he attributes to the self-object that he presupposes an early relationship in which mother and child are not completely separated. Thus, as is the case for the concepts of holding and containing, the phenomenon of mirroring unfolds, at least partly, in what could be called the child’s subjective experience of unity with the surroundings.

Discussion

With their theory on affect regulation, Gergely and Watson have created a substantial theory on how children learn to understand themselves and their own internal states. Additionally, the theory forms an inspiring contribution to the understanding of the development of psychopathology, and it may contribute to a specification of the forms of maladaptive mirroring processes behind different forms of later pathology.

Gergely *et al.* wish to inscribe their social biofeedback theory in a psychoanalytic framework and suggest that it may be seen as an operationalization of the almost iconic concepts of holding, containing and mirroring. Our analysis has revealed that, on the surface, it seems plausible to view Gergely *et al.*’s theory as a specification of the process whereby the mother in Bion’s theory shapes and designates the child’s undigested sense impressions and bodily discomfort. However, when it comes to Winnicott’s concept of holding and Kohut’s employment of the concept of mirroring, similarities to Gergely *et al.*’s theory can only be found on a descriptive level. Thus, the contingency-detection mechanism and marked affect mirroring may specify *how* the Winnicotian child understands that what he or she sees in the mother’s face is related to himself or herself rather than an expression of the mother’s own internal states. Likewise, the contingency-detection and maximization tendency may explain how mirroring a negative emotion can have a calming effect.

However, our analysis has also revealed that Gergely and colleagues’ theory is based on a fundamentally different understanding of subjectivity, development and the early caregiver–child relationship compared to the psychoanalytic concepts of subjectivity embedded in the concepts of holding, containing and mirroring. Thus, the similarities between Gergely *et al.*’s theory and the classical concepts are restricted to a descriptive level. The following is a more thorough discussion of the differences between Gergely *et al.* and the classical concepts in relation to four topics – *coming into being*

versus regulation of the self, the concepts of subjectivity and development, the motherly function and the mother's feelings and the significance of the body.

Coming into being versus regulation of the self

Our review and discussion of the concepts of holding, containing and mirroring *vis-à-vis* the concept of affect regulation has shown that the most striking difference between Gergely and colleagues' understanding of affect regulation and the classical concepts is that, whereas Gergely *et al.* describe how the child develops an ability to regulate itself, Winnicott, Kohut and, to a certain extent, Bion describe how the child develops an ability to *become* or *be* itself through the affective interaction with the mother. Put in a different way, Gergely *et al.*'s theory unfolds on a *level of functioning* whereas the concepts of holding and mirroring unfold at a *level of being*. With the concept of containing, Bion places himself both within the dimension of functioning and the dimension of being. Like Gergely *et al.*, Bion is concerned with how the child achieves the ability to self-regulate; but, at the same time, his theory also includes affects as lived experience – for instance, with the concept of nameless dread.

Interestingly, Gergely *et al.* offer only a limited explanation of how the child's ability to self-regulate emerges. The theory convincingly describes how, by means of affective interaction with the primary caregiver, the child learns to identify and categorize his or her own feelings. Furthermore, the theory describes how the child has an inborn contingency-detecting and maximization mechanism, whereby it is propelled to examine causal relationships between own internal states and (re)actions in the environment. Due to the marked affect mirroring of the parent, the contingency detecting and maximization mechanisms are described as having a soothing function because the child regulates its affect expressions according to the marked (i.e. exaggerated and mixed with other and more positive emotions) mirror display of the parent. However, the contingency-maximization mechanism as described by Gergely *et al.* is not capable of explaining convincingly why an ability to represent affects should automatically lead to an ability for self-regulation. Clinical and empirical studies support that a number of clients may have a well-developed ability to sense, describe and reflect on their own and others' feelings; yet, at the same time, they have an inadequately developed ability to *regulate* their own feelings – a flaw they may often be aware of (S. H. Pedersen, S. Lunn & S. Poulsen, in preparation). Hence, the pathology of such clients indicates that the ability to self-regulate does not necessarily emerge as an automatic consequence of the ability to identify and represent affects.

The concepts of subjectivity and development

The social biofeedback theory of parental affect mirroring is based on a qualitatively different conception of subjectivity from the one represented in the classical concepts. The affect regulation model is based on a notion of a childish subject clearly separated from an object that mirrors and regulates its internal states by way of what, for lack of a better expression, may be termed

an 'external relationship'. On the other hand, Winnicott with his concept of holding, Bion with his model of projectional processes between mother and child, and Kohut with his concept of self-objects describe an early mother-child entity whose central function (especially with respect to the concept of holding) is actually to shield the child from a premature separation and, hence, secure a place for the coming-into-existence of the psyche.

The theories also diverge with respect to their ideas of the driving force behind development. Gergely *et al.* state that the perceptual system is set with a bias to attending to and exploring the external world (Gergely and Watson, 1996, p. 1186) and builds representations primarily on the basis of exteroceptive stimuli. Hence, Gergely *et al.* describe how the development of the child's ability to symbolize or represent his or her own internal states is facilitated by the child's inborn tendency to be oriented towards the external world and by the mirroring presence of the primary caregiver (Zeuthen *et al.*, 2010). Kohut also describes how the mother's mirroring of the child has a motivating effect. However, Kohut's concept of phase-appropriate optimal frustration emphasizes much more clearly than Gergely *et al.* that presence and need-fulfilment do not alone motivate development. Correspondingly, in Winnicott's concept of holding, development is also driven by the dialectic between presence, frustration and absence. Winnicott describes how the good-enough mother from a state of almost complete adaptation to the infant's needs will gradually allow herself to adapt less perfectly to the child. This allows the child to gradually discover his or her own needs and to develop the ability to imagine the absent object. In Bion's theory of containing, development is spurred by the drives and the dialectic between absence and presence. The beta-elements stem from the drives, and it is actually because of the violence of the undigested beta-elements that the child is driven to project the beta-elements onto the mother. Thus, being more radical, Bion assumes subjectivity to be decentred, i.e. dependent on something other and unfamiliar, which the subject does not understand but which, exactly therefore, motivates development. On the other hand, from a psychoanalytic point of view, with the abolition of the drives and the one-sided focus on the mother's presence, it is hard to see what actually propels the development of the child in Gergely and colleagues' theory.

The motherly function and the mother's feelings

Consistent with the fact that the theories examined have different developmental goals, i.e. the ability to *be or become oneself* versus the ability to *regulate oneself*, the motherly function facilitating these abilities in the child also differs. In Gergely and colleagues' theory, the mother functions as a kind of mirror in which the child finds a regulated picture of himself or herself (Bovensiepen, 2008). In Kohut's theory, the mother also functions as a mirror; but, while mirroring in Gergely *et al.*'s theory primarily has the function of sensitizing the child to its own *specific* internal states, mirroring in Kohut's theory has a more general function: providing the child with a sense of vitality, coherence, safety and competence. In Bion's concept of containing, the mother is described as a kind of transformer that not only

mirrors the internal states of the child but also retains them for a while and *does* something to them – including the actual provision of physical and emotional gratification. Thus, the concept of containing delineates an intersubjective encounter that changes both parties. Finally, while Winnicott acknowledges that the mother inevitably fails the baby and that the mother's ability to mend these failures is essential, he focuses to an equal extent on the silent communication of a mother who, by *not* making herself visible, secures a place for the child's self to develop. Summing up regarding the visibility and activity of the mother, Kohut's mother functions as a mirroring self-object; the social biofeedback theory portrays a mirroring and regulating mother; Bion describes an actively transforming mother, and, finally, Winnicott describes the dialectic between the holding function and the inevitable and gradually increased failures of the mother.

In addition to the differences with respect to the function of the mother, there are various conceptions of what the mother has to provide in order to facilitate the development of the child's subjectivity. Hence, it is striking that, in Gergely *et al.*'s theory, it seems to be of no importance who carries out the mirroring. As long as the mirroring is congruent and marked, it is useful for building the child's secondary representational structure. The relationship to or the feelings for the child in the person carrying out the mirroring seem to play no role. Somewhat polemically, one could say that, in Gergely *et al.*'s theory, attachment is not explicitly present. The mirroring could apparently be performed by a robot – love for the child does not need to be there. Like Gergely *et al.*'s theory, Bion's description of containing is rather technical. Yet, the relationship is of a more humanistic character. Whereas (crudely stated) Gergely *et al.*'s mother must reflect the child's internal states back to the child, the mother in Bion's theory must be turned towards the child's internal states and make herself available as a recipient of the child's projections, which is why the containing function requires the mother to have a close, emotional relationship or attachment to the child. In Winnicott's writings, the importance of the mother's love is stated quite explicitly. Thus, Winnicott makes it clear that, in dealing with the infant: "The mother's pleasure has to be there or else the whole procedure is dead, useless, and mechanical" (1949b, p. 27). Finally, in Kohut's concept of mirroring with its description of the mother's function as a self-object, there is an explication of the necessity of a close, emotional attachment between mother and child and an indication that the mother's loving gaze at the child facilitates the vital narcissism.

The significance of the body

One last major difference between the four concepts is the significance of the body. Gergely and colleagues have put forward a theory on the regulation of affects but the body as a home for the affects is not part of the theory, which means that the psychic becomes a kind of software separate from the bodily hardware. Whereas, to the best of our knowledge, Gergely *et al.* have not worked on integrating the body into their social biofeedback theory, Fonagy and Target have successfully included the body in their clo-

sely-related theory of mentalization. Hence, Fonagy and Target (2007) have suggested that attachment theory is based on an outdated view of cognition as being independent of the body. Instead, they advocate the assumption that representations always contain reminiscences of the original physical relationship between the infant and surroundings.

Kohut's theory contains a concept of the body as its point of departure. In addition to initially maintaining the theory of the drives, he also includes a more global body–mind–self concept (1971, p. 152). But, along with the development of his Self Psychology (Kohut, 1977, 1984), the concept of the body disappears, and the theory of the drives is transformed and attributed less importance. In the concept of mirroring itself, there is no integration between cognition, affects and the body. On the other hand, Winnicott, by pointing to the mother's physical handling of the infant, emphasizes the importance of the body being integrated into the psyche, and with the concept of depersonalization he describes what happens when this integration fails. In Bion's theory, the body is the starting point for projectional processes. The beta-elements are drive-based bodily discomfort and indigested sense impressions. Thus, in the theories of Winnicott and Bion, both based on Freud's (1923) concept of the *body-ego*, the somatic is anchored and represented in the psyche. Accordingly, these theories may also illuminate what happens when this anchoring process malfunctions – as seen in many clinical cases today, i.e. in eating and other self-mutilating disorders.

Concluding remarks

Our analysis has revealed that, since the social biofeedback theory of Gergely and his colleagues and the concepts of holding, containing and mirroring are embedded in theories with different ideas of subjectivity, the social biofeedback theory can hardly function as a specification of the classical psychoanalytic concepts. The German psychoanalyst Siegfried Zepf points out that theoretical knowledge cannot be contained in a single concept since any given concept will always be embedded with other concepts. Accordingly, the same concept used in theories with different theoretical frameworks does not necessarily have the same meaning (Zepf, 2006). Thus, when Gergely *et al.* point to the concept of affect regulation as a specification of the concepts of holding, containing and mirroring, they merge a theory of cognition of emotions with theories nested in a psychoanalytic understanding of subjectivity.

In the academic world there appears to be a trend towards integrating psychoanalytic theory with empirical and cognitive developmental theories. Correspondingly, in clinical practice there seems to be a tendency to replace the classical concepts of holding, containing and mirroring with the concept of affect regulation. However, these tendencies imply a risk of a reduction in the theoretical description of the subject's emergence and development. With his concept of *rabattement* [folding], Laplanche emphasizes that, in trying to unite two fields of knowledge, the danger is that they end up overlapping one another, thereby losing the sharpness and plasticity they

had individually (Laplanche, 1987, p. 68). Following Laplanche, therefore, this article calls for, rather than integration, articulation or clarification of where the theories can be merged and where a merger will result in a confusion of tongues.

Translations of summary

Affektregulation: halten, containen und spiegeln. Gergely und seine Mitarbeiter erklären, dass man ihre "Theorie des sozialen Biofeedbacks durch mütterliche Affektspiegelung" als eine Art von Operationalisierung der klassischen psychoanalytischen Konzepte des Haltens, Containens und Spiegels betrachten könne. Dieser Beitrag untersucht, inwieweit die Theorie des sozialen Biofeedbacks durch mütterliche Affektspiegelung als eine Spezifizierung dieser Konzepte verstanden werden kann. Die Autoren erläutern, dass die Konzepte trotz gewisser Ähnlichkeiten auf deskriptiver Ebene in je unterschiedliche Auffassungen von Subjektivität eingebettet sind. Deshalb bringt ein Verständnis des Konzepts der Affektregulation als Konkretisierung und Spezifizierung klassischer Konzepte die Gefahr mit sich, dass es die Komplexität sowohl des Konzepts der Affektregulation als auch der klassischen Konzepte verwässert.

Regulación afectiva: sostén, continencia y espejamiento. Gergely y col. Afirman que su 'teoría del biofeedback social del afecto de espejamiento parental' puede considerarse como una suerte de operacionalización de los conceptos psicoanalíticos clásicos de sostén, continencia y espejamiento. Este trabajo examina en qué medida dicha teoría puede comprenderse como una especificación de estos conceptos. Se argumenta que a pesar de sus semejanzas en un nivel descriptivo los conceptos están insertos en teorías que poseen diferentes ideas sobre la subjetividad. Por lo tanto, una comprensión del concepto de regulación afectiva como una concretización y especificación de los conceptos clásicos tiende a diluir la complejidad tanto del concepto de regulación afectiva como de los conceptos clásicos.

La régulation de l'affect: holding, contenance et dimension spéculaire. Gergely et ses collègues affirment que leur « théorie du biofeedback social de la dimension spéculaire de l'affect parental » peut être considérée comme une sorte d'exploitation des concepts psychanalytiques classiques de holding, de contenance et de dimension spéculaire. Les auteurs de cet article examinent dans quelle mesure on peut comprendre la théorie du biofeedback social de la dimension spéculaire de l'affect parental à l'aune d'une spécification de ces concepts. Ils soutiennent qu'en dépit des similitudes que l'on peut observer à un niveau purement descriptif, les concepts en question s'apparentent à des théories de la subjectivité qui sont différentes. C'est ainsi que la compréhension de la régulation de l'affect en tant que concrétisation et spécification des concepts classiques tendrait à diluer à la fois la complexité du concept de régulation de l'affect et des concepts classiques.

Regolazione affettiva: holding, contenimento e rispecchiamento. Gergely e i suoi collaboratori sostengono che la loro teoria del biofeedback sociale del rispecchiamento affettivo dei genitori può essere vista come un tipo di definizione operativa dei concetti psicoanalitici classici di holding, contenimento e rispecchiamento. Il presente articolo si propone di esaminare in quale misura tale teoria possa essere effettivamente messa in relazione con i concetti appena menzionati, giungendo alla conclusione che, nonostante si riscontrino delle somiglianze a livello descrittivo, la teoria di Gergely e collaboratori e i concetti psicoanalitici fanno in ultima analisi riferimento a idee assai diverse della soggettività. Di conseguenza, intendere il concetto di regolazione affettiva come una forma più concreta e specifica dei concetti analitici classici tende a sminuire la complessità intrinseca tanto al concetto di regolazione affettiva quanto ai concetti di origine psicoanalitica.

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