

Playing in the Intergenerational Space

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“The most obvious difficulty in observing maternal behavior lies in determining which of the partners in the mother-infant interaction initiates, sustains, or completes an observable act...as far as direct observation could show, and never considered in isolation, who did what to whom was in many cases very difficult to discern” (Brody & Axelrad, 1978, 20).

THE SUBJECT OF INFLUENCE

The bold scientific move to expose messy intersubjectivity (‘who did what to whom’) of real parents and children advanced our theoretical understanding beyond earlier psychoanalytic considerations of child development, derived primarily from the reconstructed analysis of adults (Warshaw, 1992). Infancy research findings contributed to the paradigm shifting from a one-person to a two- person relational psychoanalytic model. Sylvia Brody boldly proclaimed, essentially, the ‘Emperor has no clothes,’ as she examined the subject of parental influence on the developing child. Or was it rather, to play with the metaphor a bit, she took the clothes off the emperor? In either case, as her work illustrates, it sometimes becomes critical to ‘go outside,’ or to zoom in from a different angle, to illuminate a subject and see what is right in front of us.

“Our work is outside the usual tradition of psychoanalytic studies...” Brody and Axelrad (1978, p.4) continue, “specifically, we have tried to determine the parents’ psychological influence on the development of the young child, in the way acceptable to the general scientific community, and with reliance on as few metaphorical concepts as our present

psychoanalytic knowledge allows.” To be clear, the objective was to replace reliance on the Oedipal Complex as a conceptual basis of child development with scientific data. The one-person notion of the analyst as neutral or free of influence was further deconstructed in the act of fixing the lens on ‘what is really happening’ in development between a parent and a child. This kind of empirical research became important to shifting technique in the relational turn within psychoanalysis. As a result of our enhanced understanding of developmental phenomena, the change process itself became better understood.

The boundaries between mother and infant (and by extrapolation, self and other), as Brody and Axelrad observed, were difficult to discern. Further articulation of this interaction from infancy research has given us rich concepts such as dyadic systems view (Beebe & Lachmann, 2003), implicit relational knowing (Lyons-Ruth, 1998), reflective functioning and mentalization (Fonagy, 2002, Slade, 2008), negative maternal attributions (Lieberman, 1997), and dyadic expansion of consciousness model (Tronick, 2007), for highlighting co-created procedural level processes that are highly influential to the change process. This confluence of findings was further augmented by attachment research (Main & Hesse, 1999) with special emphasis on the findings from the Adult Attachment Interview (George, Kaplan, & Main, 1984, Steele & Steele, 2008). The Boston Change Process Study Group (2010) collaborated across this prodigious area of child developmental research for its new implications for psychoanalytic technique. Infancy research essentially created a foundation for a bottom up model of child development. The import of the findings for the change process was a technical shift away from the emphasis on verbal interpretation of repressed unconscious material to co-creating or tri-creating (therapist, parent and child) emergent experience in the intersubjective space of the treatment relationship. Unformulated experience becomes known and ‘thought about’ through play and enactment. Dissociated experience becomes, through shared knowing, less a haunting influence disorganizing the quality of attachment to earning greater security within and between self and others. Moreover, by opening up parental subjectivity in the two- person model, the child’s subjectivity becomes better understood as well as legitimizing the use of the therapists’

subjectivity, as a vector of influence in the bi or multi-directional treatment process.

Consider the following comments regarding opening up the domain of parental subjectivity in the introductory remarks of Brody and Axelrad's study, *Mothers, Fathers, and Children*: "A parent may be gladdened by the child's progress or fearful or guilt-ridden because of the child's troubles; a parent's defensiveness may be more or less reinforced; he or she may acquire insight, gain or lose control of ego functions temporarily, or identify the child with his or her own parents or siblings; superego pressures in the parent may be, and usually are intensified. New tasks, new sensations come into play, suggesting that inner changes which may have profound emotional impact, especially on the body ego, are taking place in the parent" (Brody & Axelrad, 1978, p.10). Development is contextualized as a relational event and parents change along with their children. The transformations that happen are different, however, each acts as an influence to the change in the other.

The 'parental mistake' (Jacobs and Wachs, 2002) becomes an opportunity for relational reworking. When and how does a 'parental mistake' become the subject of the child's treatment? How to repair ruptures in the parent-child relationship? There is no one portal of entry into the tangled knots of troubled parent-child relationships. Shame can be a formidable force potentially foreclosing an expansive process. In the two cases to be discussed, a port of entry was through the child's play communication. How the child played in therapy was a special communication about the nature of the implicit relational knowing between themselves and their parents. Children express through their symptoms and spontaneous gestures of play where they are stuck and unable to make sense of their interpersonal world. Opening up the clinical domain of playing in the intergenerational spaces is an outgrowth of pioneering infancy research such as the work of Sylvia Brody. Parental influence grew into a more nuanced study of parental subjectivity, part of a mutual, albeit asymmetrical process, and an implicit part of the child's play communication. How the child experiences the subjectivity of the parent and how the parent mentalizes the child's subjectivity becomes part of the tri-constructed work for the relational child therapist. The

child therapist's use of self and play in the paradigm shift to relational child therapy has technically expanded and become more complex. The child is developing in a non-linear dynamic system and the meaning of the play is seen in this context.

In the shift to discuss two clinical cases some of these theoretical aspects will hopefully be clarified in the discussion. In the first case, the play constructions are transparent as to better illustrate the link between a child's play communications to the implicit affective intersubjective space of the child-in-relation-to-their-caretakers. In the second case, a parental mistake, transgenerationally transmitted trauma, emerged into more explicit focus in the clinical example. In the latter example, relational work between the parent and child transformed the quality of the attachment.

**FIRST CLINICAL EXAMPLE:
PLAY AS A PORTAL INTO THE
PARENT-CHILD INTERSUBJECTIVE SPACE**

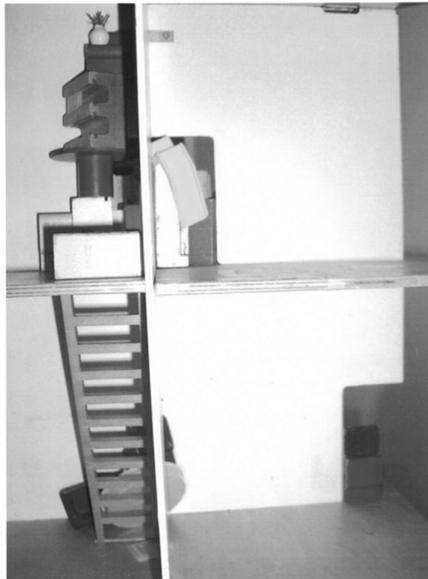


Figure A: Mary's construction of the dollhouse

The picture of a dollhouse shared above is the construction of a five-year old, whom I will call Mary, in her early play sessions. Ms. D brought Mary for a consultation due to a continuous troubling symptom of constipation, which stimulated a great deal of secondary shame and pain. Ms. D had taken Mary to her pediatrician who found no physical cause for her constipation and impacted colon and a psychotherapeutic consultation was recommended. Subsequent to her parents' messy and bitter divorce when Mary was two, she and her newly single mother and sister moved to a different city leaving their father behind. Mary couldn't tell me about her troubles, she was 5 years old, however she showed me.

I took pictures of the dollhouse Mary constructed after she left the session. If you will notice every entryway in the house is clogged. The doll furniture was used to stuff up the spaces between the rooms. The dollhouse is essentially constipated; every portal is blocked, nothing can get in or out; the house is in lock-down. The house was a representation of her embodied troubles. Mary giggled as my character attempted to move around the house and complained that she can't seem to get anywhere she needed to go. My character expressed fear as she tried to move unsuccessfully through blocked passageways: "Jeez, these chairs could fall down on me!" My character expressed feeling terribly alone: "is anyone there?" And, "Heh, I can't get out!" "Is no one going to come find me?" As a result of playing with a representation of her affective reality, and reflecting on the impact to her body's dysregulation, the following treatment strategy developed. With her in mind, we made a pivot to the intersubjective space of her family. Mary needed help to acknowledge and grieve her losses. In subsequent sessions her mother and sister joined us to talk together, sharing the process of the many transitions and losses the girls had sustained in their young lives. The girls moved around my consulting/playroom, playing, talking, drawing, sitting on their mother's lap (who was sitting on the floor, to be near them) and crying. They described a contemporary fear, how afraid they were when their mother and her new boyfriend went away on a vacation. The mother newly registered, with my help, how that must have been scary to them. The girls had never been to the vacation spot the

mother was going to and they had trouble imagining it. They wondered what was the fate of the new boyfriend? Would he become a stepfather, they wondered? The question, what about their father they didn't dare ask. The girls further elaborated what had been troubling and confusing to them by drawing pictures of a dog they had when they lived in their old house with their father. They explained to me how sad they felt when they dropped off the dog at a farm, as they prepared to move. As the mother was making her transition, packing up her girls to start their new life, there was an implicit relational request to dissociate the affect associated with these changes and Mary was having trouble conforming to the request. She was making a mess of it.

This illustration was a beginning to a therapeutic process that had a number of starts and stops. When Mary's father moved to the area while she was participating in therapy he joined her in sessions as well. We discussed her witnessing her parents in lock-down. When it was time to go to her father's (in the divorced landscape of alternating living locations) she was 'put outside' so the parents could remain in 'separate rooms' and not have to speak to each other, for example. The interpersonal field was formative for Mary: one she mapped out in her mind and body, disorganizing her regulatory mechanisms. What's outside is inside, what's inside influences what happens outside. This was 'the material' she drew from for her play, she was trying to make sense of the split off worlds of her parents, and she created a house with blocked access. It was the implicit field of her family and her self-development was vulnerable to the chaos.

Shining a light on the outside, the interaction, in a frame by millisecond frame of infancy research, has enhanced our ability to privilege the interaction and its effect on Mary's symptomatology. The psychic equivalence of her symptoms necessitated the scaffolding "a third" space, a therapeutic play space, not inside and not outside, but in the overlap of both, a pretend space to make explicit her feelings, and to move them out of her body. The mourning process was facilitated with support, and validating her experience within her family context, began the project of building an intermediate zone for representing her experience, and therefore her self-agency.

TRANSMITTED INTERGENERATIONAL TRAUMA IN THE IMPLICIT SPACE

“If you cannot get rid of the family skeleton, you may as well make it dance.” George Bernard Shaw, Preface, Immaturity.

The mechanism of transmitted trauma to the next generation, or secondary generational effects (Main, 1999) is primarily in the procedural (Seligman, 1999), and implicit realm of experience. The play space is highly sensitive to registering the effects of intergenerational trauma. The parent's dissociative defenses, developed in relation to their primary trauma of the past, are co-creating an incoherent experience and fear in the child, which is a secondary trauma. The child in this intersubjective circumstance is frustrated in his/her attempts to understand the intentionality of their attachment figures, which serves as a developmental interference to mapping a theory of mind. The child wonders what is going on here and why the sense of danger? Mary embodied her fear; it was non-mentalizable. Added to the confusion, is the affective counterpart of parental dissociative defenses, for example, ‘when I (the child) become helpless or scared and cry out it creates, ‘crazy, mad dad’ or ‘withdrawn, gone mom.’ This is the legacy to the next generation of the dissociated trauma on the part of the parent, it is felt and experienced, but the reasons for it are unknown and therefore incoherent to the child. Their compass to the social world is in need of repair. In the circumstance of transgenerationally transmitted trauma, the child's symptoms are incoherent to the parents, as well. The dilemma in the parent-child relationship describes what is inherent to disorganized attachment: “fright without solution” (Hesse & Main, 2000).

Locating the intergenerational vulnerability is an **opportunity** for the child in the present moment of his/her development and for the parent to re-represent the past experience. The child serves unwittingly as an evocative trigger to this aspect of the unresolved past in their parents (Coates, 2012). The adversity was defended against in the first generation (a parent's childhood trauma) and now in the next generation comes an opportunity for the parent to find meaning for the experience.

In addition to the trauma affecting their child, it is also happening at a distance from the parent; it is one step removed. These two factors (that are both different and the same) set up the conditions to potentially resolve the trauma within the parent- child relationship. The parent has new circumstances influencing the motivation and ability to grapple with the trauma. Dissociation was 'called in' to defend against the primary trauma, (an attempt to get rid of the skeleton, in line with the Shaw quote) however, in the secondary context of the next generation, new possibilities for therapeutic action emerge. Is there adequate distance, in adulthood, and concern/responsibility/love as a parent, to expand consciousness and see what had heretofore been felt as too scary? In the opportunity to recontextualize the trauma, the parents become instrumental in their own healing through recognizing their child. What had been a psychic equivalent mode of relating matures to a more differentiated mentalized ability within the parent to their child. Opening up dissociated trauma is experienced as dangerous and destabilizing, a vulnerability likely contributing to partial success or failed treatments. It is not always so easy to get the skeleton to dance.

SECOND CLINICAL EXAMPLE

THE NEXT GENERATION:

A FUTURE'S DANCE WITH THE PAST

In this next clinical piece, I will share a repetitive game Margaret invented during her play therapy when she was eight. I will then leap ahead and focus on family work when she was thirteen to illustrate the child's development of self agency in her relational context through the impasse of transmitted intergenerational trauma. I had seen the child when she was eight years of age because she was unhappy, and socially anxious. She had temper tantrums the night before a test at school, for example, fearing she would not be ready.

In her play therapy, when she was eight she made up a game. She instructed that I was to close my eyes, stand in the middle of the playroom and try and guess if, when and where light touches of a tissue were felt (it could have been my left arm, right shoulder, my head, and it may not

have happened). This game was a unique variation on the popular game of hide and seek. I wondered what she was trying to tell me about her implicit affective experience? Could she be trying to tell me how confused she felt? She laughed as I shared my confusion and inability to be sure of what in fact happened with my eyes closed. The “other” in the game, is holding onto a secret that is having an influence on ‘me’. I think I felt the tissue, but I am not sure I am right about that, did it really happen? I don’t know if I can have confidence in my knowledge because while I felt it I don’t know for sure. The experience of getting it wrong, repeatedly, without a way to “see” what is going on, was frustrating. This kind of affective experience brought forward in the play, is the kind of implicit field that is disorganizing to the developmental need for a social compass. Can I know what I know? It was interesting to me that Margaret would return to a next session and say, “let’s play that game again!” The meaning of this sequence didn’t fully make sense to me until she arrived back for some work when she was thirteen.

Margaret had made some progress during her play therapy and her parents discontinued the work after a year and a half, when she was ten. Sporadically, over the course of two years, her parents returned for consultation around parenting issues. A year following these sporadic parental consultations, the parents arrived back in a crisis. Margaret’s distress had escalated and she was saying she wished she were dead. Margaret, who was now thirteen, was depressed, anxious, and irritable in the family. The intervention shifted to family sessions to respond to the crisis and due to the working alliance that had developed over the past few years. The session I am about to share is at the resumption of her direct participation in therapy. In the initial family session, as the parents began to talk, Margaret stormed out of the room and went to the bathroom down the hall, slamming the door. She was highly reactive to what they had to say. She returned to the session, explaining that she felt blamed for everything all the time. Her little brother was creating paper airplanes with misspelled words and from behind the couch he sent messages of doom, that we better get out of here, go home.

In a subsequent family session Margaret’s mother called attention to an upsetting afternoon. She shared that her husband, Margaret’s father

had become very upset and shouted a long list of expletives about an adult concern – the garage door broke and now there are more bills to pay! What the mother was concerned about was that she saw Margaret, who witnessed the event nearby in the driveway, run and hide, shaking as she cried. As an aside, since extended family networks are not serving as a net for parents, children often feel the isolation and presume themselves into the spot of co-regulating parental anxiety. Margaret was overwhelmed and not sure how to regulate all that anger on the part of her father. Nor should she but there she is. Until this time in the family session, there had been no reflection on the child's reaction or state of mind, which now found an opportunity, introduced by her mother. Relevant to this moment in the work, was prior work with Margaret's mother to organize her thoughts to speak her mind, regarding parental and workplace concerns. She was now responsive to her daughter's need for support to speak her mind. Margaret had been sitting with her back turned at the drawing table, however her mother's brave move to begin to mentalize Margaret's experience turned a soft touch of a tissue into a represent-able feeling. That became the subject of the family work, helping the father to think about the impact of his moods on his children. We shifted to consider his influence in the here and now in relation to Margaret. In this discussion, his daughter turned in her chair to face her father directly and said that the way he acted scared her. Here is her repair, their repair and the way she came to find her self-agency, asking for her affective world to be made coherent. He began to see the situation from her point of view and this moved the dialogue further, by that, it is meant, both within himself and between them and within her.

This important recognition led to the father's request for some individual sessions. The individual work was in connection to the family work, and allowed him to elaborate now with a kind of immediate emotional urgency, a relevant important circumstance from his childhood. Mr. M (Margaret's father, who had participated in his own therapy and couples work independent of Margaret's therapy) was twelve when he lost his father in a shameful way; his father was arrested and incarcerated for two years. This trauma was kept as a formative secret. Mr. M's father (Margaret's grandfather) had experienced war trauma and

was unable to find ways to resolve it. The secrets associated with his war trauma, we conjectured, had likely set the stage for his illegal activity, once returned to civilian life. The many challenges Mr. M faced in conjunction with this loss were discussed. The way he felt parentified to take care of his mother and younger brother, the shame he felt in the community and the doubts he carried about himself and sadness, confusion and anger toward his father. His fathering was deeply influenced by the feelings about his father from his childhood. We were able to draw connections between his experience as a child to what was happening to his daughter as she was becoming so depressed and anxious. He further began to see that he was burdening her with a sense of shame for any infraction. He would emphasize to her that as the oldest she was such an important influence to her younger siblings, saying things to her like, 'how could you do that?' 'What do you think your younger siblings will think?' 'You have to set an example.' We began to see his fear, in relation to his father, intensifying his reaction with projections to his children, most notably, Margaret. We thought about his anxieties and the burdens he carried and how his daughter unwittingly was sensitive to them. As he shifted his stance in relation to her and she became more supported to call him out on his incoherent behavior (too frightened and frightening) she was less anxious and more engaged socially. She was supported to know what she knew, which was that her father was misattributing to her aspects of his past trauma. He began to recontextualize his trauma, deescalate his fear, feel forgiving to his father, and then to himself. When the "skeleton was asked to dance," that is, reflect on what had been shrouded in pain and fear, Mr. M could see the present moment differently. He was a different father, and what happened to his father is not going to happen to him or his daughter. They will not have to experience abrupt departures. Margaret's father wrote a narrative of his childhood experience in conjunction with this work that he shared with me. In knowing what he knew, in a new way, he could trust in his own fathering at a time of heightened fears. The psychic equivalent aspects of the unresolved trauma were compromising the next generation's attempt at development. He felt more confidence regarding his fathering and appreciated his daughter more. The normative challenges of differentiating at her adolescence were triggering

loss and trauma for which the system couldn't affectively regulate. The broken garage door wasn't the only thing needing repair. Margaret requested individual sessions of her own after the family work that spanned approximately six months. Her suicidal feelings were no longer in evidence and she was engaged in her academic and extra curricula projects. Her ability to reflect on her feelings took a major developmental leap.

DISCUSSION

The parental transmission of traumatic affect is simply translated; traumatic pain that the parent, when he/she was an overwhelmed child was unable to establish meaning for, and in the act of dissociating it they then became a latent carrier to the next generation. The adults relying on dissociation for the traumatic pain are very susceptible to triggers. That is the tricky aspect; one does not “get rid” of trauma. Parenting a child represents the most common evocative trigger (Coates, 2012). Children become mired in the confusing projections and the parents are mired in it as well. The relationship becomes out of whack and the child therapist is in a unique position to establish the links between them that honors the present capability – busting the past ghostly presences that are living in the present (Silber 2012).

That is what I found so uncanny about what Margaret's tissue game was symbolizing in the first phase of her work. The game was an ingenious metaphor for the “snags” and “chafings” (Stern, 2010) of affective discontinuities felt in her implicit relational world. Stern's reference to disjointed affective experiences as “snags” and “chafings,” signifies, “Something feels inconsistent, countering an affective expectation we did not even know we had until that moment; it feels subtly ‘wrong’ or contradictory or just uncomfortable” (Stern, D.B., 2010, p.82). This description is to elaborate the experience for the adult relational analyst with their adult patient, suggesting an emergent moment in the work. Margaret had an ingenious way of ‘telling’ me of her experience of “snags” and “chafings”; incoherent affective experiences she was puzzled by in her intersubjective space with her parents. In her tissue game, she

created a play sequence for me to understand how confusing it was for her. She didn't know what to believe, and that lonely, scary place in her childhood, was what was validated in her play. This play sequence foreshadowed her ability to assert a claim to make things right; her turn in her chair, to speak directly with eyes open. She was right to think something was wrong, in other words. She requested we play that game again and again. In reflecting back on her symptoms when she was eight, she was overwhelmed by a test at school, terrified that she was going to get something wrong. We did not yet discover the meaning to her perfectionistic attitude. She was overreacting and continuing to try to sort out her parents' overreaction. Her thought process suggested something like this, 'if my parents are this distressed about my behavior toward my younger siblings, for example, maybe that is who I am, someone who should fear it could go terribly wrong?' It was in the later phase, with her parents present in shared work that the tissues/ghostly presences of the affective relational world became more explicit.

As the boundaries of 'who is doing what to whom' while difficult to discern, as Dr. Brody, stated and quoted at the outset of the chapter, an additional layer was added of unpacking multi-generational influences informing the intersubjective space. This expanded space of inquiry led to Margaret and her parents moving out of a psychic equivalent mode to a more respectful renegotiating of real boundaries at her adolescence. Margaret's father was so worried about her, he felt fearful of being able to protect her, and that he could lose her (or she him), which we were able to recognize as transmitted trauma from his real experience of the abrupt shameful departure of his father at his adolescence. Her 'leaving,' part of a developmental passage, was shrouded in traumatic 'leaving,' and her anguished wish to die reflected the impasse. She was afraid and confused about what the incoherent affect meant and afraid of her father being afraid of her, in his many efforts to control her behavior. The escalating fear to the system is at the heart of the disorganized attachment dilemma. Margaret shifted to talking about anxieties in relation to her peers, in her request for individual sessions. The crisis had passed and she was in a new relational context. Remarkable for the physical differences, the prior stomping out of the room, slamming the door,

refusing to participate, sitting with her back to the others in the room, to her shifting to sit upright and request sessions to discuss her concerns. Her parent's shift in relation to her, felt instrumental to this hopeful expression of her self- agency at her adolescence. Her mother felt less confused and anxious about her daughter and talked about being proud of her. Margaret's mother reflected on her own inability to confront her parents when she was a child.

Many parents were perplexed about their children state, "I was never able to speak that way to my parents!" This recognizes the frame of reference for parenting is the experience of having been parented. The current ambivalent wish to change that up, shared by the child as well, is in the present moment of their child's development. How to honor the ghost of the past with a known narrative, and convert the influence from an inhibiting secret that was dissipating to the system was the therapeutic challenge. In the course of the enactment in therapy, the dissociated experience and attendant pain gave way to relief that the present generational moment was different. Like waking from a nightmare, the fear was in relation to the past, not the reality of the present. The boost to Margaret's development, that she had instead the recognizable fears of adolescence, distinct from imagined, projected confusing heightened anxieties for which she was protesting, was a relational achievement. In empathizing with all of them, including mentalizing Margaret's paternal grandparents' troubles, I bore witness to the reorganizing of traumatic experience in the next generation. Kairos, quoted by Daniel Stern (2004, p.7), refers to an opening in the present to expand awareness of what is happening and demands action. New relational patterns have a chance to be formed, in both surviving the break to the old patterns and establishing the link between the evocative present moments to the past. The daughter did not die, though she felt like it and they feared it, it was the old patterns that were represented and mourned. The family moved on to a more complex relation to reality, with a better boundary between themselves and time.

CONCLUDING DISCUSSION

In reworking transgenerationally transmitted trauma, parents not only are influential to the child's development as Sylvia Brody set out to document, they can be a vital part of the corrective process. They transform themselves from functioning in a non-mentalizing, psychic equivalent mode of interaction, in relation to traumatic material, to a capacity for recognition in the expanded dyadic communication to their child. The research contributions of the Adult Attachment Interview (Hesse, 1999) are critical to scaffolding this clinical process. The strong connection between the parents' representational world to the quality of the attachment status in their child, established in this research, affirmed the therapeutic direction.

Child relational work involves a non-linear dynamic view of the open system of the family and therefore incorporates data from multiple parts of the system. Moreover, when working with the impact of intergenerational transmission of trauma within the system an important source of information comes from unformulated experience. The dynamic experience arrives in fragments and is a confluence of experiences across the system. As the system was destabilizing when Margaret was thirteen, from her distress and suicidal thoughts/feelings, her younger brother's missives, her father's parental anxieties and heightened affect and her mother's new assertiveness, there were multiple indicators of chaos in the shifting forces. In the parent's ability to take responsibility and recognize past trauma as interfering in their present relationship to their child, a newfound freedom to interact emerged. The interaction between Margaret and her siblings became less competitive and more playful subsequent to this work.

There are hazards to this kind of relational work. There have been other cases for which suicidal thoughts, comments, and even gestures on the part of the child and/or the parent have accompanied reworking of the intergenerational transmission process. The suicidal ideation became a 'thing of the past' as the change in the present relationship stabilized.

There are several ports of entry into the complex intersubjective space of the parent-child relationship. The child's play expresses their

interpretation of events and therefore offers an opportunity to mentalize the child's perspective. Margaret and I played at the frustration she experienced in relation to her implicit relational space. The recognition of affective inconsistency (she knew I knew), represented in the play of the tissue game, further developed her resolve to authentically speak about her confusion with a direct gaze in her treatment context. The blindfold came off and she asked for reparation. The pivot to the parents was a clinically expansive shift and increased the complexity of the process.

Child relational therapists are in a unique position to continue to explore the clinical implications of infancy research for the purposes of linking generations in the shared pursuit of more complex knowing and being. Exposing the 'naked' vulnerability (in reference to the emperor) of the intergenerational relational space, in all its vitality and blurred boundaries, errors, misattunements, distortions, and deletions, makes it real and creates the possibility of dance or repair into the next generation. Psychoanalysis has historically been reluctant to bring the implications of parental influence into direct focus for child treatment. Sylvia Brody was mindful of this resistance yet moved forward, as she stated, 'in the way acceptable to the general scientific community and with reliance on as few metaphorical concepts as our present psychoanalytic knowledge allows.' It is within the future of relational psychoanalysis to continue to develop clinical skills for working within this tri-created intersubjective space of mothers, fathers and their children.

REFERENCES

- Beebe, B., Lachmann, F.M. (2003) The Relational Turn in Psychoanalysis: A Dyadic Systems View from Infant Research. *Contem. Psychoanal.*, 39, 379-409.
- Brody, S. Axelrad, S., (1978). *Mothers, Fathers, and Children; Explorations in the Formation of Character in the First Seven Years*. New York: International Universities Press, Inc.
- Coates, S. (2012). The Child as Traumatic Trigger: Commentary on Paper by Laurel Moldawsky Silber. *Psychoanalytic Dialogues*, 22, (1) 123-128.

- Fonagy, P. Gergeley, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. New York: Other Press.
- George, C., Kaplan, N., & Main, M. (1984, 1985, 1996). *Adult Attachment Interview [Unpublished protocol]*. Berkeley: Department of Psychology, University of California, Berkeley.
- Hesse, E. (1999). *The Adult Attachment Interview: Historical and Current Perspectives*. In *Handbook of Attachment: Theory, Research, and Clinical Applications*, (Eds.) Cassidy & Shaver. New York: Guilford Press. p.395-433.
- Hesse, E., & Main, M. (1999). *Second-generation effects of unresolved trauma as observed in non-maltreating parents: Dissociated, frightened, and threatening parental behavior*. *Psychoanalytic Inquiry*, 19, 481–540.
- Hesse, E., & Main, M. (2000). *Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies*. *Journal of the American Psychoanalytic Association*, 48, 1097–1127.
- Jacobs, L. & Wachs, C., (2002). *Parent Therapy; A Relational Alternative to Working with Children*. Northvale, NJ: Jason Aronson, Inc.
- Lieberman, A. (1997). *Toddlers' internalization of maternal attributions as a factor in quality of attachment*. In L. Atkinson & K. J. Zucker (Eds.), *Attachment and psychopathology* (pp. 277–291). New York, NY: Guilford.
- Lyons-Ruth, K. (1998) *Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment*. *Infant Mental Health Journal*, vol. 19(3), 282-289.
- Seligman, S. (1999). *Integrating Kleinian Theory and Intersubjective Infant Research: Observing Projective Identification*. *Psychoanalytic Dialogues*, 9, 120-159.
- Shaw, G.B. (1930) *Immaturity*, London: Constable and Company, Ltd.
- Silber, L.M. (2012). *Ghostbusting Transgenerational Processes*. *Psychoanalytic Dialogues*, 22, (1), 106-122.
- Slade, A. (2008) *Mentalization as a Frame for Working with Parents in Child Psychotherapy*, in *Mind to Mind; Infant Research, Neuroscience and Psychoanalysis*, (Ed) Jurist, Slade & Bergner, New York: Other Press, 307-334.

- Steele, H. & Steele, M. (2008). *Clinical Applications of the Adult Attachment Interview*. New York: Guilford Press.
- Stern, D. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York: W.W. Norton & Co.
- Stern, D.B. (2010) *Partners in Thought; Working with Unformulated Experience, Dissociation and Enactment*. New York: Routledge.
- Tronick, E., (2007). *The Neurobehavioral and Social-Emotional Development of Infants and Children*. New York: W.W. Norton & Co.
- Warshaw, S. (1992) Mutative Factors in Child Psychoanalysis: A Comparison of Diverse Relational Perspectives, in (Eds., Warshaw, S. & Skolnick, N.) *Relational Perspectives in Psychoanalysis*, NJ: Analytic Press, 147-174.