

## Chapter 2

**A new perspective on child development****Forces and motives**

Etiology – "the study of causes," from the Greek – is a branch of medicine that deals with the identification of the causes of disease. When we set out to treat a mental difficulty or handicap (in professional parlance "psychopathology") we are usually guided by etiological models. This means that our beliefs as to the cause of the problem guide us in its treatment. Almost every clinical approach (psychological, biological or social) concerned with the functioning of the human psyche treats its cause as a sort of force or motive (internal, external, unconscious, or conscious) that drives and moves the person to "pathological" thoughts, emotions or actions, which is to say hurtful or harmful ones. Therapists identify and define the forces that motivate or drive people to the psychopathology, depending on the theoretical approach they are using, either as biological drives, needs or models, or as acquired patterns. The driving forces can be seen as stemming from the person's psyche or immediate environment. In the latter case, the individual's symptom is seen as an expression of forces operating in his environmental system. Certain approaches emphasize the internal sources and others emphasize the external sources of pathological behavior. In other words, a person who is in a psychologically unhealthy state is portrayed as being activated by internal or external forces that push and pull him to disease, distress and dysfunction.

While making a considerable contribution to clinical thought, the focus on motives and forces tends to disregard another factor that fills a critical role in the creation of psychological suffering and functioning disorders, which I will hereby explain.

## The enabling space

The world of medicine distinguishes between the study of the causes of disease (etiology) and the study of the environmental conditions needed to spread the disease (contagion and epidemiology).

Let's take the disease of malaria as an example. The cause of the disease is a monocellular parasite called plasmodium. The parasite proliferates within red blood cells and thereby destroys them. That is the etiology of the disease. But in order for the parasite to reach the red blood cells and for malaria to develop, certain environmental conditions are needed. It turns out that the malaria-causing parasite develops in the body of the anopheles mosquito and is transferred to the human blood stream by a bite of the female mosquito. To survive, the mosquito itself needs a swamp and a particular climate. Therefore, for a person to contract malaria the following conditions are required: 1. An etiological generating cause (the parasite with the "impetus" to multiply in its particular way); 2. Enabling environmental conditions (that enable the parasite's survival and transfer). The plasmodium may cause the disease but the climate, the swamps and the anopheles mosquitoes are necessary environmental elements without which malaria cannot develop. They are the environment that enables the disease to develop.

The dependence between the cause and the environment that enables it to become realized is not unique to the world of medicine. It exists in every field, both in simple and complex systems. To clarify this point I will use ideas, images and illustrations from philosophy, physics, biology and psychology.

Let us begin from a universal philosophical angle. Every occurrence, creation, creature and phenomenon – inanimate or living – needs a space, a field and an environment to survive and grow. In the poetic language of the Jewish Kabbalah, God decided to contract himself in order to enable the world to come into being. There is no occurrence, realization of potential, or actualization of a possibility without an enabling space. Therefore, an enabling environment is the total sum of the conditions that provide the

potential with the possibility to be realized. Any potential – positive or negative, good or bad, healthy or pathological – can be actualized only through the mediation of an "enabling agent" that allows it to be realized.

In the area of physics we know that potential energy cannot turn into kinetic energy (which is called "work") without space. In simple words, for a force to be translated into motion and action, there needs to be a space allowing the motion.

Let us look at a simple system, a flow of water (or any other liquid) through a pipe. The cause of the flow is the force operating on the water. But only the existence of the space to which the water can progress enables the flow to happen. The actual flow, its motion and its direction, are determined by the access openings to the space that enables the water to progress. Without them there would be no flow.

Let us now examine by the same principle the case of a river flooding its surroundings. It is natural to think that the flood is caused by a rise in the amount and force of the water flowing in the river after the rain, but on further thought we will identify another factor that plays a critical role in causing the flood: the quality of the river banks. When the Colorado River winds its way through the Grand Canyon, it does not burst its banks thousands of feet above it, because the structure of the river banks makes it impossible: those banks are capable of containing apocalyptic amounts of water. In contrast, from time immemorial (until the construction of the Aswan High Dam) the low, flat banks of the Egyptian Nile allowed the rain falling in Central Africa to cause the munificent annual flooding of the Egyptian farmland stretching along the river. Different banks create different results. The actual flooding depends upon the “enabling” or “disabling” properties of the river banks.

One need not travel to the Nile or the Grand Canyon to see this rule of physics in action. It operates in our bodies as well. If the wall of one of our blood vessels is breached, the blood will flow to the new “open” space. On the positive side, that is what allows medical personnel to draw blood samples when necessary. On the negative and more

ominous side, that is what can land us in the intensive care unit with a cerebral hemorrhage.

Moving from the laws of physics to complex and specialized biological systems, we may identify the same principle. The development and characteristics of all living things also depend on the presence of an “enabling” environment, albeit a bio-ecological rather than a physical one. Every life form without exception is dependent upon certain defined environmental conditions that enable its existence and determine its character. Without an enabling environment, there can be no life.

Recognition of the enabling space in the bio-ecological sense developed slowly. For many generations, there was no clear awareness that life can develop only within very specific environmental conditions. The power of the environment to shape and create burst into general awareness in the mid-19th century, through Darwin’s insights and his theory of evolution. Darwin claimed that it was not the strongest who survived, but those who best adapted to their environment.

Ernst Haeckel coined the term “ecology” about 140 years ago, but few heard of it until the 1960s. As our knowledge of the life sciences developed, our awareness of the dependency of various life forms on their surrounding environments increased. Changes in a particular environment bring about the disappearance of the life forms that it had enabled and generate opportunities for new life forms to develop.

In the field of psychological development and socialization it is also clear (despite the wonderful story about Mowgli and his friends from "The Jungle Book" and despite ancient Rome’s founding myth of Romulus and Remus being nursed and raised by a wolverine) that the natural potential for a homo sapiens to develop into a human being cannot be realized without an “enabling” environment. This is neither a physical nor bio-ecological field, but a human-relational one. In the mid-20th century, Winnicott expressed eloquently the recognition that the healthy and optimal development of the

child depends on the presence of an enabling parental space, which he called the “facilitating environment.”

At this point, the poor reader is liable to wonder what Winnicott and the Grand Canyon have to do with the price of tea in China. What connects the examples that I brought from these disparate disciplines is the opportunity that different environments provide for various potentialities to become realized. An enabling space is one that gives potential the opportunity to realize itself. Different types of potential need different types of opportunities in order to become actualized.

Returning to Winnicott, the recognition that optimal child development depends on “facilitating” environmental conditions seems self-evident today. But what about less than optimal or abnormal development? Here, we are in for a surprise.

### **The psychology of permission**

For some reason, when we encounter less than optimal development, we tend to ignore the decisive role the environment plays in “facilitating”<sup>1</sup> this type of development as well.

At the beginning of this chapter I noted that almost every clinical approach focuses on the motive that drives the human psyche toward unhealthy patterns. This type of thinking guides therapists of all approaches in their efforts to understand and to heal. This can be called the “psychology of motivation.” Indeed, the clinician asks himself: “What causes my patient to feel that way?” “What motivates him to behave that way?” “What leads him to think like that?” The “motivating” factor might be identified as a need, a drive, a threat, a stimulant, a tendency, heredity, conditioning, lust, frustration, habit, deprivation, desire, etc. It can be inborn or acquired, personal or interpersonal,

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<sup>1</sup> I use the term “enabling” in the general-universal sense, which includes the negative and pathogenic sense. Winnicott, on the other hand, used the concept “facilitating environment” only in the beneficent sense. Therefore, for the sake of clarity, I will refrain from using the term “facilitating” henceforth, and will instead speak of the “consenting,” “exempting,” “acquiescent,” “unresistant,” or “lax” environment, depending on the context.

conscious or unconscious. The motive “drives” the psyche of the child or adult to find a way to attain a specific state, such as a state that awards satisfaction, removes pain, generates meaning, grants security, and the like. The motive stratum is the focus of the psychology and psychopathology of motivation.

Even when the clinician wishes to take the environment into consideration, he examines it from the perspective of forces; environmental forces either join or resist the individual's drive. The environment is also examined as an agent, as a set of forces acting upon the person. Neglect, temptation, attack, frustration, deprivation, abandonment, abuse, trauma, projective identification, manipulation, creation of a scapegoat, and rejection are all terms which denote environmental forces that affect the individual. Although this is the conventional thinking, it only takes half of the basis of human choices, whether normative or pathological, into consideration.

I wish to contend that in the field of mental health, like in the field of physical health, the formulation and development of a condition or illness requires – in addition to the force of the etiological agent – the presence of enabling environmental conditions. This view is based on the recognition that the concept of space is critical, even in the area of psychopathology, in order to enable the motivation to be realized. This space (the “inter-subjective field,” in professional parlance) is the matrix of human associations and relationships in which the individual exists and that transmits feedback, symbols, and meanings to him. From this perspective, the other is the field that enables the self (by broadcasting feedback messages, symbols, and meanings) to realize its potential or to move in a particular direction. This potential or direction can be healthy or pathological, mature or regressive, avoidant or coping. In this view, the “other” is the field that enables the individual's drives to transform themselves into thoughts, choices, actions, and behaviors in actuality.

We may now consider any unhealthy and abnormal development to be the result of the intersection of two elements: a motivation that affects the self, and a permitting environment that enables it to orient itself toward pain or damage.

The permitting environment is the inter-subjective field that permits the self, in search of a way to achieve a sense of pleasure, gratification, worth and meaning, to embark on a course that will generate pain and/or damage. A “pain-causing” course can come in many different forms. Some common and well-known pain-causing courses that have earned the status of clinical diagnoses and adjectives are: regressive, perverted, withdrawn, psychotic, avoidant, anxious, chaotic, narcissistic, antisocial, etc.

From this angle, psychopathology can consolidate and flourish only in an environment that lacks some type of channeling-limiting element that can prevent the current from flowing in an unhealthy direction. When discussing the psychopathology of children and adolescents, then, we are naturally also talking about a deficiency<sup>2</sup> of that element in the parental environment or in the inter-subjective field that envelopes them and is supposed to nurture them. In slightly different words, I contend that psychological disorder can develop only with the mediation of the environment or of human “river banks” that permit the “flow” of these motives in a pathological direction. This perspective can be called "the psychology of enabling" or "the psychology of permission." It sees psychopathology as a problem of “ways and means” more than as a problem of “objectives.” The individual’s objective (for example, attainment of pleasure and security, or the avoidance of pain or threat) is not pathological in and of itself. Rather, the pathology is found in the ways and means that his environment permits him to find and to adopt in order to achieve his objectives.

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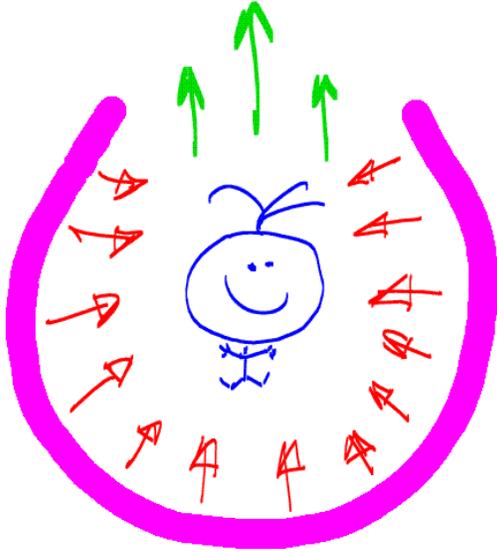
<sup>2</sup> In the common model of emotional deficiency, we usually point to the parent's difficulty to provide the appropriate response to the child's needs, called "responsiveness needs," such as the needs for love, warmth, consideration, support, availability etc. These needs are "close to experience," making them identifiable and articulable as requests or demands of the self. Therefore it is easy to define them as "responsiveness" needs. However, we are talking about a different kind of deficiency that reflects the parent's difficulty to act in such a way that leads to what J. Benjamin calls the "activation" of a certain need of the child that is vital for his proper development (J. Benjamin, *The Bonds of Love*, pp. 44-45). In this case we are referring to the activation of capacities for regulation and adaptation. This group of needs are usually not "close to experience," and therefore the child cannot "feel them" and "ask" for them. The response to activation needs or direction needs is based on the ability of the child's environment to broadcast its requests and expectations from him clearly. Like any true vitamin, a person cannot create such an expectation by himself and is dependent on an external party to provide him with it. The child's optimal development depends on providing an appropriate response both to his "response and supply" needs and to his "direction and activation" needs.

The psychology of permission differs from the psychology of motive we are accustomed to using. It complements it and adds to it a dimension that creates an accurate three-dimensional picture instead of the defective two-dimensional picture to which we are accustomed. In the child-parent system, the psychology of permission is part of the psychology of the parent, not the child. I shall try to clarify this idea through an analogy.



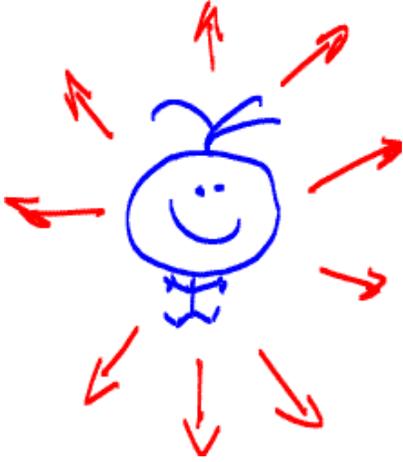
As we all know, the contraction of the uterus during birth exerts forces upon the fetus on all levels and from all directions. The forces operating on the fetus do not direct him or push him in the desirable direction, namely to the opening of the uterus and outside of the mother's body.

Despite the absence of a defined and uniform direction from the forces acting upon him, in most cases the baby does move in the desirable direction anyway. Those of us who are here are the proof. But the question arises: by what wonder does the baby move in the desirable direction even though the forces coming from the sides of the uterus do not necessarily move in that direction? The wonder is in the opening.

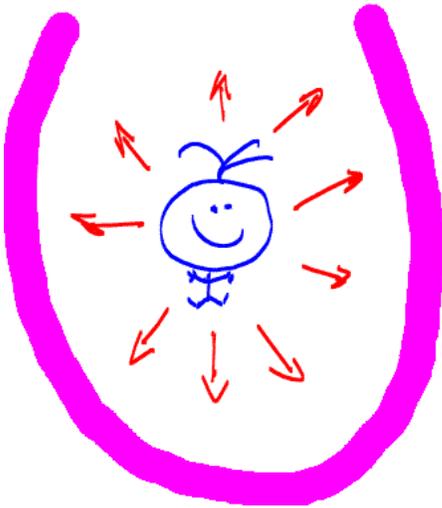


The baby's progress in the right direction does not derive from the direction of the forces but from the location of the available opening. Were the opening located at the back of the uterus, the baby would move backwards. When that does actually happen, in case of a ruptured uterus, it is an extremely grave medical complication. But usually the opening is located in the right place and everything goes smoothly. The infant exits the mother's womb and enters a new parental-maternal environment, a sort of non-anatomical receptive and protective environmental womb. All of the physiological functions that were the responsibility of the mother's body during pregnancy become autonomous and are transferred to the infant's "responsibility."

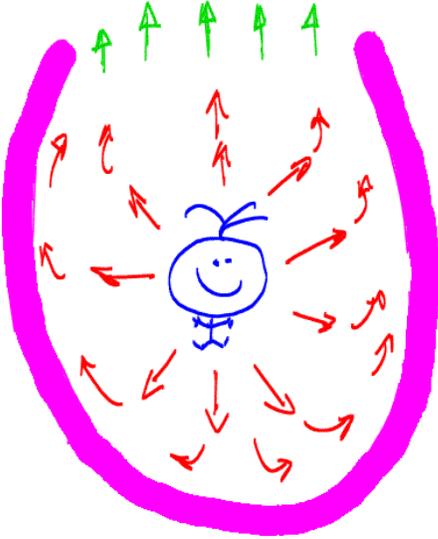
Now that he is outside, the infant is no longer dependent on the forces of the womb. He becomes an autonomous source of forces and motives. From here on he is a self-motivating entity: he asks, seeks, refuses, resists, brings objects close to himself or moves them away.



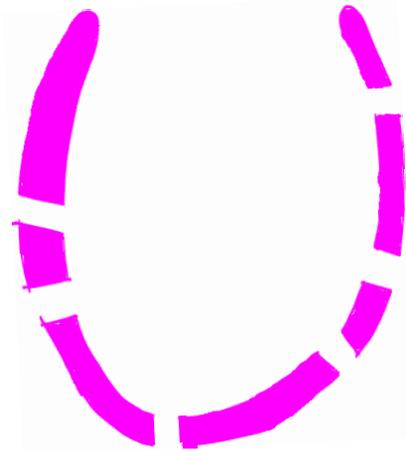
The fact that the child becomes an autonomous source of needs, drives and tendencies does not make him a monad – a closed unit unto itself – nor does it extract him from his enveloping matrix which is what allows him to exist in his psychological-developmental essence.



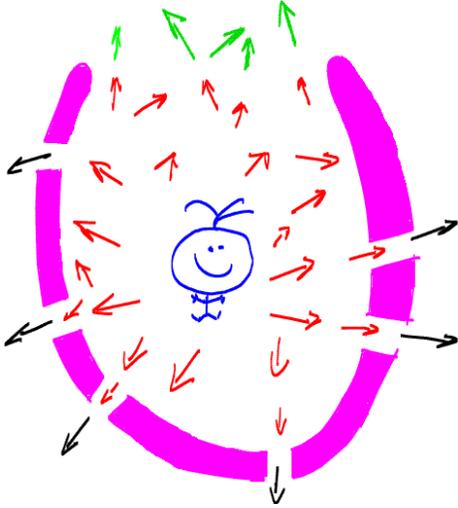
Under normal conditions, from the perspective I offer, the enveloping matrix fills a critical role of an environment that enables a progressive, healthy and mature expression of the forces motivating the child; an environment that prevents the realization of negative developmental potentials or their turning to and proceeding in regressive or pathological directions.



Pathological development, on the other hand, depends on the existence of "openings" in the enveloping matrix that are not located at the site of the healthy, mature, progressive and optimal developmental "opening."

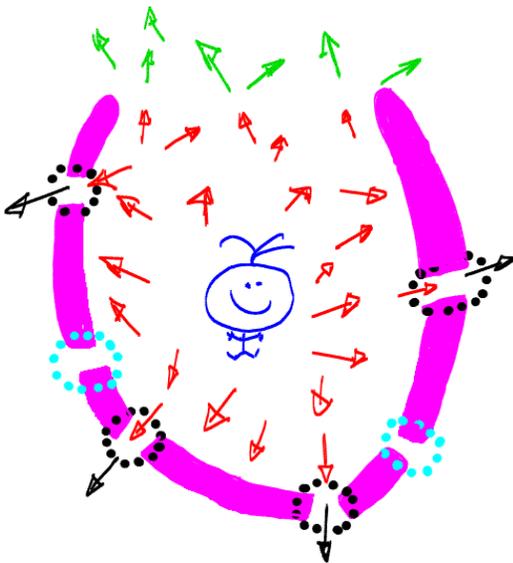


Now we can look at any abnormal development as the weighting of two elements: a motive that activates the individual and a permitting environment that enables the motive to push in a direction that creates suffering or damage.

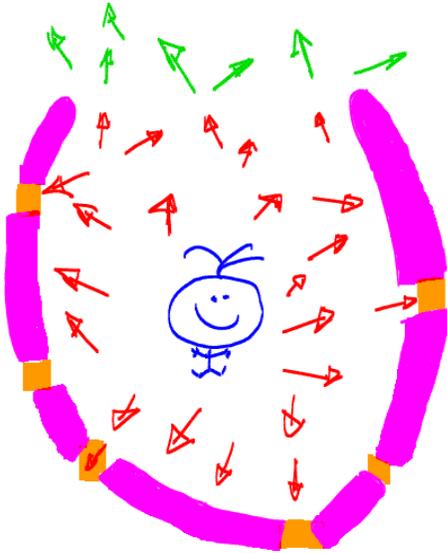


From this angle, psychopathology grows and develops in an environment that lacks a kind of directing-limiting element that prevents leakage and flow in an unhealthy direction.

I propose calling this perspective on clinical situations "the psychology of enabling" or "the psychology of permission." The "psychology of permission" identifies the points within the individual's inter-subjective space in which permission is inadvertently and usually unconsciously granted to flow in unhealthy directions.



Introducing the variable of the permitting environment into our clinical equations enables the child's environment – parents, family, teachers, clinicians, responsible adults – to examine themselves from a new angle to identify the points in the individual's inter-subjective environment where permission to flow in unhealthy directions is granted, and to block them in order to allow continued healthy development.



The psychology of permission complements the psychology of motivation and does not contradict it. Recognition of the critical pathogenic role played by the enabling space does not contradict the recognition that every psychopathology also has a cause in the motivational sense.

From the equation "Forces (of the individual or the environment) > behavior"  
we move to the equation "Forces (of the individual or the environment) +  
permissions/'enablements' of the environment > behavior"

The psychology of permission and the psychology of motivation coexist. Each adds a dimension to the understanding of the clinical picture and the creation of psychopathology.

The results of accumulated clinical experience and developmental data indicate that introducing the concept of the “permitting environment” into our clinical equations can radically and dramatically advance our ability to understand, treat and prevent developmental suffering and difficulties among children, adolescents and parents.