

THE “RIVER BANKS” PARENTAL FUNCTION

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Development in the Shadow of Unrecognized Permissions

We know that in his theoretical choices Freud was creatively influenced by concepts of modern physics. His motivational model of human behavior was inspired by a basic principle of physics: every action and movement is the result of a discharge of energy. Freud's clinical thinking has enormously impacted not only the last 100 years of psychoanalytical theory, but has also fundamentally influenced all clinical thinking.

MOTIVES

Today, almost all modern clinical theories (biological, psychological, social) search for the motive i.e. the “force” that “drives”, “pushes”, and “pressures” the person toward the thoughts, emotions, or actions that cause suffering to him and/ or to those around him.

Depending on the theoretical approach within which they operate, clinicians can identify and define the forces that “move” the person toward psychopathology, as impulses, needs, biological templates or acquired patterns; as conscious or unconscious; as stemming from within the person or from within his environment. In the latter case, the individual's psychopathology reflects the forces active in his surrounding relational context.

Briefly said, a suffering or dysfunctional person, is seen as “moved” by internal or external “motives” that push him toward distress or self-damaging functioning.

Alongside the factor of the “motives”, I want to introduce in our clinical equations, an additional variable that will be more useful to conceptualize through the metaphor of space than through the metaphor of motivational forces. What do I mean?

My thinking stems from the therapeutic experience that I gathered during the last two decades helping children, adolescents and young adults who suffer from more or less severe psychological troubles but are poorly motivated toward change and therapy and are stuck in protracted developmental and clinical stalemate. . The unmotivated or uncooperative attitude of this population made impossible or ineffective the ordinary treatment modes based on the active participation of the child. The reasonable option was to give up and bring the parents to accept the fact that we cannot treat somebody without his active participation. The less reasonable option was to try, in a situation where the mountain didn't come to Mohammed to bring Mohammed to the mountain. If the child was not motivated enough to be in contact with me in my role of therapeutic agent, maybe – by working with the parents – we could – indirectly – make a contact. It meant that I helped the index patient with the aid and cooperation of the parents by working with them in a kind of intensive relational parental counseling.

Through this clinical work, I began to recognize more and more in the communication patterns of the parents unmeant implicit “permissions” to the child not to “resist” his own psycho-pathology. The implicit permissions of the parents were unawarely embedded in their messages and totally at variance with their explicit intention. The parental “surrounding space” unconsciously and unintentionally “permitted” the son or the daughter “choices”, which inevitably generated psychopathological outcomes. In recurring situations of tension and anxiety, the anguished parents communicated their unintentional “permission”, mainly by means of avoidant patterns of relating and communicating.

The parents' ability to free themselves from their unintentional role as “consenting” environment, dramatically and consistently generated motivation and remarkable improvement on the child's side. My lecture suggests a new perspective on the function of the other in the pathogenesis of individual psychopathology. As I already said, I believe that it will be useful to conceptualize this function as a kind of relational “permitting space” to be added to our current motivational models. I will make use of few analogies to illustrate this idea.

The “Permitting Space”

Let us consider, for a moment, a very simple system: the flow of water through a pipe. The cause of the flow is the force acting on the water. However, only the presence of some space to which the water can move will permit the flow to happen. Without it, there would be no flow. Simply stated in the language of physics, potential energy cannot become actual kinetic energy (movement and action) without space.

Now, let us consider another analogy. The field of medicine distinguishes between the study of the “agents” of the disease (etiology) and the study of the environmental conditions necessary for the disease to develop and to propagate (hygiene and epidemiology).

Let us consider malaria as an example. The agent of the disease is a single-cell parasite called plasmodium which multiplies within red blood cells, thereby destroying them. In order for the plasmodium to reach the red blood cells and for malaria to develop, certain environmental conditions are necessary. It turns out that the malaria-causing parasite develops in the body of the anopheles mosquito and enters the human circulatory system via a bite from the female mosquito. In order to survive, the mosquito itself needs swamps and a particular climate.

The plasmodium indeed “drives” to reproduce itself and “pushes” the affected person to the disease, but climate, swamps, and anopheles mosquitoes are vital environmental components, without which malaria would be unable to develop. They constitute the environment that “permits” the development of the parasite and of the disease.

This interdependency between an agent and an enabling environment is not limited to the field of medicine. It exists in every field in both simple and complex systems.

Every event, any creation, all entities and phenomena, living or inanimate, need a space, field, or environment in order to be. In the poetic image of the kabalistic doctrine of God's tzimtzum ("reduction" or "limitation"), the Godhead chose to reduce and limit Himself in order to enable the world to exist. Nothing can occur, no potential can be realized, without an "accepting" space.

I described before the flow of a liquid through a pipe. Let us now consider the flooding of a river. It is natural to think that a flood results from an escalation in the force of the flow of the water in the river. However, if we reconsider, we will identify an additional crucial factor in causing the flood: the quality of the river banks. The waters of the Colorado River, winding their way through the Grand Canyon, will never be able to overflow its banks, the tops of which sit thousands of feet above the natural course of the river. The way that the banks are structured makes flooding impossible. They are capable of containing and channeling currents of apocalyptic dimensions. In contrast, the low, flat banks of Egypt's Nile River permitted (until the construction of the Aswan High Dam) flood waters descending from Central Africa during the rainy season to cause the annual flooding of Egyptian farmland stretching along the river. Different banks create different results. The flood, in actuality, depends upon the "enabling" properties of the river banks.

The development and characteristics of all living phenomena also depend on the presence of an enabling environment, albeit a bio-ecological one and not a physical one. Without exception, every life form is dependent upon certain defined environmental conditions that enable its existence and determines its character. Without an enabling environment, there can be no life.

For many generations, there was no clear awareness that life can only develop within very specific environmental conditions. The power of the environment to create and shape life entered into general awareness through Darwin's realizations and through the theory of evolution that he articulated.. Changes in a particular environment create the potential for new forms of life to develop and bring other forms of life to change or disappear.

Moving into the field of the child development, Winnicott already stressed sixty years ago that the realization of the child healthy developmental potential also depends on the presence of an enabling environment. He called it "the facilitating environment"[1] and saw its presence as a vital condition for the child's psychological health.

These disparate analogies share a common notion: a potential become "reality" thanks to the presence of "space" that gives the potential the opportunity to realize itself.

Returning to Winnicott, the notion that the child's optimal development depends on facilitating environmental conditions seems to us self evident. But what about less than "optimal" development? What about "dysfunctional" development?

The Psychology of "Permission"

For some reason, when we encounter less than optimal development, awareness of the crucial "facilitating" role of the environment in this type of development, disappear.

Earlier, I noted that almost all clinical approaches focus, despite the differences among them, on the motive that drives the human psyche toward damaging and dysfunctional patterns. Indeed, clinicians ask themselves: "What causes the patient to feel that way?" "What drives him to behave accordingly?" "What leads him to think like that?"

Even when the clinician takes the environment into consideration, the environment itself is seen as an "agent", as a set of "forces" acting upon the subject: rejection, seduction, frustration, deprivation, abandonment, abuse, trauma, projection, manipulation, scapegoating. All these are terms which denote environmental "forces" that induce the individual to act and react in unhealthy, self damaging ways.

I wish to contend that in the field of mental health, as in the field of bodily health, the formulation and development of a "disturbance" or "illness" requires – in addition to the agent – the presence of a "permitting" relational "space". If so, also in the area of psychopathology the concept of "space" is critical for understanding how motives actualize their "potential" and become "reality". In the psycho-developmental and psychopathological realm, this space is the relational matrix of intersubjective connections that consents to the subject's ability to exist and that constantly transmits to him messages, feed-backs, symbols and meanings. Simply said, the other is the "potential space" that enables the self to realize its "potentials" and to move in many different directions. The move can be healthy or pathological, mature or regressive, avoiding or coping. In this view, the "other" is the field that enables the individual drives to transform themselves into actual healthy or damaging thoughts, feelings, actions, choices and behaviors.

We may now consider any unhealthy and dysfunctional development as the product of two different factors: a set of motivations that affect the self, and a "permitting environment" that enables it to "orient" itself toward damaging, "pathological" outcomes. In this case, the "permitting environment" is the intersubjective field that "permits" the self – in search of a way to reach recognition, gratification and relief – to embark on a course that will generate damage. A "damage-causing" course can come in many different forms. Some common and well-known damage-causing courses have risen to the status of clinical diagnosis and we classify them as perverted, withdrawn, psychotic, avoidant, antisocial, narcissistic, etc.

From this perspective, psychopathology can develop and consolidate in an environment that lacks some type of guiding-regulating non-attacking element that can prevent the “current” from flowing in an “unhealthy” orientation. This perspective sees psychopathology as a problem of “ways” and “means” more than as a problem of “aims”. Actual dysfunctional and self-damaging behavior needs a long series of unchecked, gradual “permissions”, and “openings” to develop.

I like to describe this perspective as the “psychology of permission”. The “psychology of permission” and the “psychology of motives” are not in contradiction, but rather complement each other. The “psychology of permission” recognizes when, how and why “permissions” to “flow” (i.e. to grow and develop) in unhealthy directions are unwittingly granted to the developing subject by his relational “river banks”. I will illustrate this idea with a very small and familiar developmental drama.

A DEVELOPMENTAL EXAMPLE

In the second half of his first year of life, the baby teethes. He has become stronger and his mouth has become more powerful. At this stage, the innocent closing of his gums on the mother's nipple during the nursing inflicts pain and can cause harm. Melanie Klein would explain that the baby became a young oral sadist, led by the death instinct that governs him at this stage of his life. The same gum's pressure that yesterday helped the feeding has now turned into a harmful bite that hampers the nursing duet.

Normally, the mother's spontaneous response to the baby biting her nipple, "illuminates" a complex picture of herself that enables the baby "to see" her. In contrast to inanimate objects, such as a pacifier, that – without reacting – “surrender” themselves to the baby's newly-discovered power, the mother interrupts the regular breast-feeding sequence and stops nursing for a short time. Her surprising response introduces the baby to previously unknown aspects of the mother:

The mother expresses the pain that she feels when she is bitten while nursing.

The mother expresses her need not to be bitten while nursing;

The mother expresses that she can not nurse when she is being bitten.

Finally, if the baby fails to “see” the mother first time around, the mother helps the baby in the task. How?

The mother expresses her capacity to spontaneously create a simple regulating norm: when she is bitten she consistently stops nursing for a short while. The baby's restraint of his new biting power (allows) keeps the mother's nipple in his mouth. The lack of restraint of his new power makes the nipple to get out. By establishing her protective norm the mother's expresses her freedom and capacity to regulate the baby's "use" of her.

It is worth emphasizing that even though this developmental mini-drama took place and was dealt with in a pre-verbal dimension, it nevertheless was an intensely communicative event.

By protecting herself, the mother enabled her baby to “see” her. Like a lighthouse, the mother has “illuminated” herself, and the baby has found a “good” developmental direction, “cured” of his “oral-sadistic” syndrome. The baby has grown up. He has developed a capacity to regulate his new found and growing strength. His Ego developed a new adaptive ability. His Self experienced the exciting discovery of previously unknown capacities. Something like: "Wow!! I know how to dance a new nursing-ballet!! I am great!! Before that, I had no idea how gentle I could be with Mom! She surely must be proud of me...I am a really grown-up baby!!"

The mother's spontaneous reaction gave expression to her needs vis-a-vis her baby. At the same time, the baby received the confirmation he needs from his mother, that Mommy really sees how powerful his gums have become. In the most natural way, as a matter of fact, the mother protected her baby from the danger of moving in the damaging direction of an "oral sadistic fixation" or a “regressive oral immaturity”. In a non-attacking way, from a caring and devoted position, by clearly communicating to the baby her sentiment, her request, her limit and her norm, the mother succeeded in sending the baby a clearly “orienting” image of herself: the entire art of regulation in one spontaneous maternal reaction. One can imagine how the subsequent developmental path would have been altered, if the mother, for one of a myriad of reasons (guilt feelings, narcissistic needs, maternal ideals, fear of rejection...) would have chosen not to signal to the infant in a non-attacking way that she is in pain and would have deprived him of the opportunity grow.

I will now relate a vignette from my clinical work in Jerusalem.

A CLINICAL EXAMPLE

The father of Anat, a 15 year old girl, asked for my help because of a worrying and unexplained decline in Anat’s functioning at school. The father was very concerned about her. Anat was unhappy with the situation but unwilling to go for help. I began to meet with him.

After several months of concerted effort and important progress in his way of communicating with Anat and relating to her, when she had already resumed her normal functioning at school and made other positive changes, her father relayed to me with excitement an incident that had occurred two days prior to our meeting.

Late one evening, his daughter told him of her planned meeting the following day in Tel Aviv with a boy she had met and been in contact with over the Internet. After a brief clarification, the father made it clear to his daughter that he could not allow her meeting as planned. He could only agree to such a meeting if it took place in Jerusalem, their

place of residence, and, if he could first speak with the boy's parents. Understandably, the father was embarrassed about calling the boy's parents – people he did not know – at midnight. His daughter assured him that, from what she knew about the boy, it would be okay to call. To his relief, his late call was not met by an annoyed response from the boy's father. On the contrary, Anat's father had never received such a warm response from a stranger: "Thank you! Thank you so much for calling us! You have rescued me and my wife from a three-day nightmare! Ever since our son told us that he was about to meet in person a girl he had met through the internet, we've been consumed by fear". Until their conversation with Anat's father, the boy's parents felt obliged to "respect" the boy's wishes and found themselves sacrificing their need for his safety.

During the conversation, the boy's father shared with Anat's father what he and his wife had decided about this fateful, projected, face to face meeting in order to "protect their son". They planned that the father would take off from work to drive his son to the meeting and then he would find a way to covertly monitor the situation from afar. Anat's father told me with a smile how, in his mind's eye, he imagined the boy's father spying with a telescope at the "terrorist from the internet" – his very own daughter Anat – and how he would jump out like Rambo from between the bushes the moment his son would be forced into the "terrorist's" car. Anat's father understood the boy's parents' feeling of powerlessness, dictated by their belief that a good parent respects the wishes of his adolescent son. He said to me, "They didn't know how to respect their son without complying. I had been there. I had been that kind of father. It was me", he commented. —

In her seminal book *Bonds of Love*, Jessica Benjamin[2] stressed that the other has to be a subject in his own right in order to be a significant other for the self. She made clear that the other who cannot create a space for his subjectivity within the field of the relationship, ceases to be a "useful" good significant other. In her perspective, the child needs, for his own optimal development, that both his own self and the parent's self be recognized within the field of the reciprocal bond. If either his or the parent's subjectivity is not recognized, the child's development is put at risk.

In the cases that I treat, the parents generally don't know how to be caring and responsive towards their child without giving up their own distinct subjectivity. Unfortunately, when confronted with worrying or damaging attitudes by their child, they are unable to communicate to him – in a clear, non attacking way – what in such situations they

authentically feel;
authentically need;
authentically cannot endure
authentically can do to protect themselves in a non attacking way.

Without these information and responses, their child doesn't "see" them, doesn't know what is authentically expected from him and is deprived of their growth-promoting "river

banks” function. Totally inadvertently and against their own intentions, the parents became an unsafe “permitting space”.

In this paper, I have made an attempt to articulate an insufficiently recognized aspect of the self-other co-construction of healthy and un-healthy development. I have suggested that the view of the other’s subjectivity as a critical permitting space for the development of the self, can dramatically improve our clinical understanding and our therapeutic efficacy.

In conclusion, I have chosen to share with you one of the theoretical underpinnings of the work that I carry out at the Ayeka Center for Parental Therapy and Counseling in Jerusalem. It is there that we have developed, among other projects, a structured treatment model for parental intervention. The model is called the Ayeka approach. Ayeka is Hebrew for “Where art thou?” It is the question that God asked Adam after the sin in the Garden of Eden when Adam chose to hide. The commentaries say that God clearly knew where Adam was, yet he asked – “Where art thou?” Until Adam was able to show himself and say “I am here”, there can be no movement, At the Ayeka center we guide parents so that their children can see them – so that they can engage in a healthy growth-promoting relationship.

[1] D.W. Winnicott, *Maturational Processes and the Facilitating Environment*. London: Hogarth Press and the Inst. of Psa; Madison, CT: International Universities Press, 1965; London: Inst of Psa and Karnac Books, 1990.

[2]

J. Benjamin, *The bonds of love: Psychoanalysis, feminism and the problem of domination*. New York: Pantheon Books. 1988.