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Maternal Representations: A Clinical and Subjective Phenomenological View

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ABSTRACT: The relationship—as represented—is proving to be of growing value in our thinking about clinical problems such as "intergenerational transfer." It is also an extremely positive influence in our thinking about how the interpersonal world is remembered, abstracted, and lived. Yet, the nature of a "represented relationship" remains unclear. This paper is an attempt to clarify some of the problems and areas for needed study regarding this concept. The mother's representation of her infant and of the people in her own life who have played "maternal roles" will be taken as the model. First, we will explore the richness and complexity of these representations and conclude that, for clinical purposes, different models are used to simplify this richness and render it therapeutically useful. Three models will be discussed. The first is the *distortion model* which measures the distance between the mother's subjective experience of her interaction or relationship with another and some objective, observable "reality." The *model of overdetermining themes* is a second model, largely the inspiration of psychoanalysis but inclusive of Bowlby's theory of attachment. Here psychobiological and/or psychodynamic themes organize the clinical material. Finally, a *coherence model* is discussed. Here the motive is goodness of the narrative construction rather than the historical "truth." A second issue discussed is the capacity to represent dyads vs. triads and actual vs. second-hand narrated relationships. These issues are crucial for notions not only about the nature of such representations but also their limitations in understanding family interactions and relationships, i.e., where many members are concerned. A third issue concerns the nature of the subjective experience for a mother when a representation of her infant or herself in relation to the infant is "activated." There exists here an unknown typology of experience. Finally, we will discuss what all of the above have to contribute to our further understanding of the nature of represented relationships.

RÉSUMÉ: La relation—telle qu'elle est représentée—s'avère être d'une valeur croissante dans notre approche des problèmes cliniques tels que le "transfert intergénérationnel." Elle présente également une influence extrêmement positive dans notre approche sur la façon dont laquelle on se souvient du monde interpersonnel, dont on en fait abstraction et dont on le vit. Cependant, la nature d'une "relation représentée" demeure confuse. Ce travail essaie de clarifier certains des problèmes et des domaines qui demandent à être étudiés en ce qui concerne ce concept. La représentation que la mère se fait de son enfant et des personnes qui, dans sa propre existence, ont joué des "rôles maternels" constituera le modèle. Tout d'abord, nous explorerons la richesse et la complexité de ces représentations et conclurons que, dans des buts cliniques, des modèles différents sont utilisés pour simplifier cette richesse et pour la rendre thérapeutiquement utile. Trois modèles sont discutés. Le premier modèle, le *modèle de déformation,* mesure la distance entre l'expérience subjective de la mère de son interaction ou de sa relation avec un autre et une "réalité" objective et observable. Le *modèle de thèmes surdéterminants* constitue un deuxième modèle, dans une large mesure une inspiration de la psychanalyse mais comprenant la théorie d'attachement de Bowlby. Des thèmes psychobiologiques et/ou psychodynamiques organisent ici le matériel clinique. Finalement, un *modèle de cohérence* est discuté. L'intention est ici la qualité de la construction narrative plutôt que la "vérité historique." Un second problème discuté concerne la capacité à représenter des dyades par opposition à des triades et des relations véritables par opposition à des relations relatées par quelqu'un d'autre. Ces

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problèmes sont cruciaux pour les notions non seulement sur la nature de telles représentations mais aussi pour leurs restrictions en ce qui concerne la compréhension des interactions familiales et des relations, c'est-à-dire où plusieurs membres sont concernés. Un troisième problème concerne la nature de l'expérience subjective pour une mère lorsqu'une représentation de son nourrisson ou d'elle-même en relation avec son nourrisson est "activée." Il existe là une typologie inconnue de l'expérience. Finalement, nous discuterons ce que tout ceci doit offrir pour notre compréhension approfondie de la nature des relations représentées.

RESUMEN: Toda relación—tal como es representada—prueba que tiene un valor en nuestro pensamiento acerca de los problemas clínicos tales como "transferencia intergeneracional." Es también una muy positiva influencia en nuestro pensamiento sobre cómo el mundo interpersonal es recordado, abstraído y vivido. La naturaleza de una "relación representada" aun no está clara. Este estudio es un intento de clarificar algunos de los problemas y áreas para un estudio que se necesita con relación a este concepto. Se usará como modelo la representación que la madre tiene de su infante y de otras personas en su propia vida que han jugado un "papel maternal." Primero, exploraremos la riqueza y complejidad de estas representaciones y concluiremos que, para propósitos clínicos, se usan modelos diferentes con el fin de simplificar esta riqueza y ponerla en estado de ser usada terapéuticamente. Se discutirán tres modelos. El primero es el *modelo de distorsión,* el cual mide la distancia entre la experiencia subjetiva que la madre tiene de su interacción o relación con otro, por una parte, y por la otra, una "realidad" algo objetiva y observable. El *modelo de temas determinantes* es un segundo modelo, mayormente inspiración del sicoanálisis, pero también de la teoría de la unión afectiva de Bowlby. Aquí, temas sicobiológicos y/o sicodinámicos organizan el material clínico. Finalmente, *se discute un modelo de coherencia.* En este caso, el motivo es la bondad de la construcción narrativa más que la "verdad" histórica. Un segundo asunto discutido es la capacidad para representar díadas y tríadas, así como lo verdadero vs las relaciones recibidas de parte de otro. Estos asuntos son cruciales para las nociones, no sólo acerca de la naturaleza de tales representaciones, sino también sus limitaciones para comprender las interacciones y relaciones familiares, i.e., cuando varios miembros se preocupan. Un tercer asunto tiene que ver con la naturaleza de la experiencia subjetiva para la madre cuando se "activa" una representación de su infante o de sí misma en relación con su infante. Existe aquí una tipología desconocida de experiencia. Finalmente, discutiremos cómo ha contribuido lo ya mencionado a nuestra futura comprensión de la naturaleza de las relaciones representadas.

抄録：関係…表象としてある関係…は、“世代間転移”などの臨床問題を考える際、ますます有用なものとなりつつ性ある。それはまた、対人世界がいかに記憶され、抽象され、体験されるかを考える際にも、ごく建設的な影響を及ぼす。とは言え、“表象された関係”とはいかなるものであるかは明らかにされていない。本論文は、その概念に関して今求められている研究の分野と問題点のいくつかを明らかにしようとするものである。母親の（中における）、乳児の表象と、母親自身の人生において“母親的な役割”を演じた人々の表象をモデルとして考える。

第1に、そうした表象の肥沃さと複雑さを検索した後、この肥沃さを単純化し、それを治療的に有意義なものにするため、いろいろなモデルが臨床上使われていると結論する。ついで3つのモデルを論議する。第1は歪曲モデルで、これは、交流ないしは関係に関する母親の主観的体験と、それとは別な客観的で観察可能な“現実”との間の隔りを考量するものである。過剰限定的テーマモデルが第2のモデルで、主として精神分析のインスピレーションであるが、Bowlbyの愛着理論も含んでいる。このモデルでは、精神生物学的そして／あるいは精神力動的なテーマが臨床の素材をオーガナイズする。最後に論じるのが一貫性モデルである。このモデルにおける主題は、歴史的“真実”というより物語としての構築の良さである。

ここに論じる第2の問題は、2者関係 vs. 3者関係、そして実際の関係 vs. 又聞きの関係を表象する能力である。こうした問題は、そうした表象の性質を考える場合だけでなく、多人数が関わってくる家族の交流との関係を理解する際の限界という意味でも非常に重要である。

第3は、乳児の表象ないしは乳児との関係における自分の表象が“活性化”された際の、母親にとっての主観的体験の性質である。この体験に関する類型はまだ知られていない。

最後に、以上述べたすべてが、表象された関係の性質の理解をさらに進めるのにどんな貢献をするであろうかを論じる。

It has become clear that representations (of the infant in the parent's mind, and of the parents in the infant's mind) play a pervasive and powerful role in our understanding of parent–infant relationships, both normal and pathological. The pioneering work of Bowlby (1969/1982) on internal working models, of Fraiberg (Fraiberg, Adelson, & Shapiro, 1975) on parental fantasies, of Lebovici (1983) on the "imaginary" and "phantasmatic" baby constructed by parents, and of Sandler (Sandler & Sandler,

1978) on "internalized role relationships" all have established the basic starting points. The work of many others has elaborated and consolidated the key role of these representations. (See the contributions in recent publications devoted to these issues, e.g., Parkes, Marris, & Stevenson-Hinde, in press; Osofsky, 1990; Sameroff & Emde, 1989; Zeanah & Barton, 1989).

In spite of a general acceptance of this key role for such representations, many essential questions remain. In this paper I will address some of these questions, largely from a clinical perspective, especially, what are these representations "made of"? How do we use them clinically? How are they subjectively experienced by parents as mental activity? And, what are some of the conceptual problems that they raise?

First, there is the question of terms. I will refer to these phenomena as "representations." As a point of departure, this will include all of the terms that have been mainly inspired by psychoanalysis, such as "maternal phantasies," "projections," "projective identifications," and the "phantasmatic baby." In addition, it will also include the terms that arose from attribution theory and, of course, Bowlby's "internal working model," which had several intellectual origins. The term *representation* seems to be equally acceptable and useable by most approaches and the differences are more explanatory than descriptive.

WHAT IS MATERNAL REPRESENTATION OF HER INFANT "MADE OF"?

How do we imagine the contents of such representations from a subjective or clinical point of view? I will start with a somewhat unwieldy list of sets (or families) of relationships that are represented in the mother's mind, any of which may be clinically relevant when considering that particular mother-infant relationship.

Sets of Represented Relationships

1. *Representational sets concerning the baby.* These include the mother's representation of the baby as a person, i.e., as a type of personality or character. The baby as the particular son or daughter who belongs to her as a mother; and to her husband as a father; to her other children as a sibling; to her parents as a grandchild; as a nephew, niece, etc.

2. *Representational sets concerning the mother.* These include the mother's representation of herself as a person; as a mother for this particular infant; as a wife to her husband as husband and as father of the child; as a woman with a career; as a daughter to her own mother, and father; as a specific member of her original extended family, etc.

3. *Representational sets concerning the father.* These representations are a repeat of those listed above for the mother but with the father as referent.

4. *Representational sets concerning the mother's mother.* These representations include the mother's mother as a person; as a grandmother to the new infant; as a figure in the larger family, etc. However, here we will stress some particular features. Clinical wisdom has long suggested that the mother's representation of her own mothering experience as a girl with her own mother may be very relevant. The research of Main, Kaplan, and Cassidy (1985) and Main and Goldwin (in press) indicates that the nature of the mother's representation of her own mothering experience is a good

predictor of the pattern of attachment that will be established between her and her own infant. Thus, research findings are converging with the clinical sense of intergenerational continuities to highlight the importance of this particular representational subset. (This will be discussed further, below.)

5. *The representational set concerning the mother's father.* A similar set of representations is involved as for the mother's mother. The relative importance of the mother's father compared to the mother's mother is variable. Most often the mother's mother is involved in a more relevant subset. Not infrequently, however, when the mother's father is overidealized or devalued, representations concerning him become more clinically relevant. Also, less often, he may have been the most stable attachment and parental figure.

6. *The representational set concerning other "parental figures."* Sometimes a grandmother, aunt, older sister, or family friend has played an important role as substitute parent. The representation of these "substitutes" is often of great clinical value because they may highlight the mother's life-long search for alternative ways of mothering and offer a clue to underdeveloped aspects of herself that can be used positively in therapeutically redefining her representational landscape.

7. *Representational sets concerning family groupings.* So far we have considered only dyadic relationships. However, as all who work in a systems tradition know, representations may "exist" or be "shared" in a family. Byng-Hall and Stevenson-Hinde's (1991) contribution in this volume exemplifies this issue well. And Emde (1991) in this issue has focused our attention on the fact that as the number of interacting family members goes up arithmetically, the number of separate dyads involved increases in multiples (3 separate dyads in a triad, 6 in a quartet, 10 in a quintet, etc.).

A central question is, how does the mind form a unitary representation of a triad or quartet (e.g., 2 parents and 2 children)? In fact, can we hold in mind all the separate dyadic interactions that make up these larger units, or do we, necessarily, break down the larger units into the separate dyads, in various sequences or alternative or selective combinations? More generally, is the dyad the basic representational unit of interpersonal relationships, or are there larger indivisible representational units? If there are such "basic units," is this a cognitive limitation or a result of ontogenetic experience?

Research such as that of Corboz, Forni, and Fivaz (1989) shows the influence of the triadic context on the nature of the dyad from the beginning in mother–father–infant interactions and suggests that the triad has equal status as a basic representational unit. (Traditional psychoanalysis would probably agree given the nodal position attributed to the oedipal complex.) However, when one gets to the level of the quartet and quintet, how do we possibly deal with the 6 or 10 separate dyads as a single unit?

We do, but at a different level of representation. We jump to the level of family scripts, myths, legends, stories, and paradigms (Byng-Hall, 1988, 1991; Reiss, 1981, 1989). This level of representation seems to be more condensed and to turn around fewer, but more highlighted, and more generalized prototypic events that need not take into account much of the detail of most of the separate dyadic components. A family script can also be conceived of, from the intrapsychic viewpoint, as a "group memory" where each member has intimate knowledge only of his own piece of the whole. And only when all members come together can the group memory operate. Still, the question remains of how does this individual part-script differ from a script-

or RIG (Stern, 1985) used by an individual in a dyadic relationship? This is an open question.

The notion of "family practices" as a source of group memory or continuity opens up yet another domain. Theoreticians now speak of family practices such as rituals, hallowed grounds, "sacred" objects, etc., as serving for the group the same function as the representation serves for the individual in a dyad. The nature of this distinction is well captured by Reiss (1989) in his chapter entitled "The Represented and Practicing Family: Contrasting Visions of Family Continuity."

We will need, in the future, to focus more research attention on the nature of the differences between individual representations of dyads; family scripts, stories, myths, or paradigms; and finally, family practices. This question promises to provide a productive interface between systems and intrapsychic concepts.

8. *Representational sets concerning family or cultural phenomena never actually experienced by the mother.* This is a category that stretches our models even further. It often happens that there is a long-dead family member whose positive or negative influence still "lives," e.g., the celebrated great-grandfather who founded the family business and whose qualities remain the reference and standard. Although the mother never knew or directly experienced this person, he has a "narrative reality" for her and perhaps for her new son—the great-great-grandson. This is no different from a family myth or legend as discussed above but stresses the "narrative" nature of some representation and opens a way for conceptualizing how the ideals and standards of the larger culture (via the media or the grapevine) become represented.

9. *This list of representational sets could go on and on.* In fact, to account for all of the clinical possibilities the list could end up being synonymous with the entirety of the mother's representational world. That is why I said at the outset that the list was too unwieldy. It is, nonetheless, a helpful list in that most clinicians who do focus on the mother's representations scan in some manner most of these representational sets when taking a complete history.

Still, it is important to stress that this list is also heterogeneous, composed of representations of different natures—some from accumulated direct active experience, some from more passive group participation, some from narrative events never experienced, and some a mixture.

The Temporal Dimensions of Representations

To enrich and complicate the picture further, a temporal aspect must be taken into account. The clinical impressions of a mother's representation of her infant include a time line, with a direction of change. For instance, the recent work of Ammaniti (1989) and Fava-Viziello (1989) suggests that during pregnancy the mother's representation of her fetus (as a baby) increases in richness and specificity from the 4th to the 7th month of pregnancy. Then, instead of continuing to elaborate until the date of birth, the representation undergoes a sort of dissolution in richness and specificity. Post facto, it seems reasonable that the mother does not want to meet (and burden) her real newborn at the moment of birth with a representation too well formed and specific. After the birth, a reelaboration of her representation of her infant occurs. Both researchers also report time-related changes in the mother's representation of her husband and her own mother between the pre- and postpartum periods.

Such dramatic time-related changes can be of clinical importance. If a mother-to-be does not "undo" in part the specificity of the representation elaborated during the first 7 months of pregnancy, that in itself may be a prognostic sign. In a similar, but less dramatic fashion, we expect to see temporal shifts in the mother's representation of her infant as developmental milestones are reached and stages passed. The temporal dimension carries multiple variations of clinical relevance.

CLINICAL MODELS TO DEAL WITH ALL THIS RICHNESS

Once this vast representational material has been scanned by a clinician, in whatever detail, some model of psychopathology is needed to better organize, reduce, and estimate the nature and extent of the problem at hand. Three main models for doing this seem to be used. Each has advantages and problems both for clinical conduct and for conceptualizing the research and theoretical issues at stake.

The Distortion Model

This model evaluates to what extent subjective reality, i.e., the representation, has been "distorted" from some objective view of reality. The metric is the distance between the two "realities." Many diverse clinical examples leap to mind: situations of risk and handicap, e.g., the developmentally lagged baby who is seen by the mother as quite normal and requiring no special interventions, to the baby's educational disadvantage; or situations of "mismatch," e.g., the "objectively" normal baby who is seen as hyperactive by a mother who wanted a temperamentally more passive baby; or situations of psychodynamic distortion, e.g., the baby who is seen by the mother to be not at all like—in fact, the opposite of—the estranged father-husband.

At times such a model is useful and even necessary. However, there are two major problems. The first is the assumption that there is an "objective reality" that can be used as a meaningful reference point. Most parental views of their babies are constructions, not relatively objective sightings taken from a few steps back. Researchers on infant temperament using parental reports and objective measures constantly run up against this situation. Are the parents' views "wrong"? It depends for what. In the case of a developmentally lagged baby, a distorted optimistic view on the part of the parents may predict (by fulfilling its prophecy) better than any objective measure will. (I am not making an argument against objective testing at all, only that it be viewed in the perspective of the actual environment of development that is formed largely by parental "constructions.")

The second problem with the distortion model is that we tend to see all distortions from objective reality as negative and thus, potentially, psychopathogenic. But that is not at all the case. Most parents (hopefully) create a set of "positive distortions" about their baby. Their baby is the most beautiful, fascinating, captivating, loveable, etc., baby in the world. Parents joke when they say it. But emotionally they experience it as a powerful subjective reality. Furthermore, the absence of such "positive distortions" is a grave prognostic sign in new parents. It is what we mean in part by "maternal love" or the "primary maternal preoccupation" of Winnicott (1965). There is a domain of "bio-psychological maternal constructions" (Stern-Bruschweiler, 1988) that has not been fully explored that should include such phenomena as working in the

child's "zone of proximal development" which is also, in a way, acting as if something were true which isn't yet (Vygotsky, 1962).

The Dominant Theme Model

In this model, inspired mostly by the psychodynamic orientation, the baby is represented in the mother's eyes as taking part in and being woven into themes that have been ongoing, conflictual, and problematic throughout the mother's life, or at least they predate the life of the baby. These themes are dominant or overdominant in that they take up too much representational space and time, so to speak. Here, the metric of pathology is the pervasiveness and intrusiveness of the theme. This includes how much representational "room" is left to view the baby in the many possible ways the baby offers, other than that dictated by the dominant theme.

Multiple examples of dominant themes fill the clinical literature: the "replacement baby" to replace a previous child who was aborted or died, or to replace a recently dead family member; Fraiberg's (Fraiberg et al., 1975) "ghosts in the nursery"; the baby as an "antidepressant" to activate and animate a depressed mother; the baby who will love the mother unconditionally, which she has never before experienced and always wanted; the baby as avenger of family wrongs and hurts; the baby as a gift (and from whom?); the baby as the glue to hold together the marriage; the baby as the agent for upward mobility in an immigrant family; etc.

Several questions arise concerning these themes. How many such dominant themes are commonly found in the culture, across cultures, and within an individual mother? Psychoanalysis traditionally assumes that in each person's life there are only a few central conflictual themes (e.g., the oedipal theme, sibling rivalry, etc.) and these are simply re-edited to embrace new situations and new people, such as a new baby (one could make the same statement of some versions of attachment theory). The recent research of Luborsky on psychoanalytic transcripts suggests the same, that in each psychoanalysis (at least) very few (one or two) core conflictual themes are in play (Luborsky, 1984). Is this also true for the kinds of dominant themes we see in mothers?

In a related vein, is the content of those dominant themes concordant with the predictions of psychoanalytic theory or attachment theory or any other theory? Are we dealing here with a population of dominant themes that has not been adequately classified? It seems so. Such a classification might prove very heuristic and should be attempted.

Graziella Fava-Vizziello (personal communication, 1990) has attempted an adaptational classification of these themes for prognostic purposes. She asks whether they are "reparative," "maintaining," or "destructive" to the adaptational status quo. Future work along these lines will be interesting.

In a sense, the dominant theme model is a form of identifying which of the many representational subsets listed above is the most activated. Another problem posed by the dominant theme model is the challenge it poses in figuring out how thematic material in the mother's representation is translated into her overt behavior so that it can chronically influence the interaction and, thus, shape the relationship. A very early attempt to study this issue (Stern, 1971) was limited to mutual gazing patterns as the "translators" of represented thematic material. Cramer and Stern (1988) attempted a more ambitious exploration of the specific transformation of representational

thematic material into a wider spectrum of overt behaviors – proximity, responsivity, aggression, loving acts, etc. – and where the themes were determined independently in a psychotherapy. The limitations of both studies was that the match between theme and behavior could be explained as nonspecific, and explanations of the correspondences between theme and overt behavior were retrospective. Nonetheless, these kinds of micro-analytic studies remain promising and crucial for fuller understanding of the dominant theme model.

The Coherence Model

The coherence model is a version of what in psychoanalysis has come to be identified as the hermeneutic model or psychoanalysis as narrative co-construction (Ricoeur, 1977; Schafer, 1981; Spence, 1976). In the domain of maternal representations, the most influential current example is the exploration of the mother's representation of her own mother-as-a-mother to her when she was a child. The Adult Attachment Interview (Main et al., 1985; Main & Goldwin, in press) is an instrument that describes the nature of this representation and then permits one to associate different types of representations with the behavioral pattern of attachment that becomes established with the current mother's own infant at 12 months of age.

One of the more striking findings from this research is that, in many cases, what is most predictive of the current pattern of attachment between mother and infant is *not* necessarily the kind of attachment experience that the mother, herself, had as a child (since this cannot be known) but rather the nature of the narrative that she tells about her own mother-as-a-mother. To oversimplify, currently secure mothers' attachment patterns with their own infants are best predicted by coherent narratives about their own mothering experience even if the mother as a child had an insecure attachment. Similarly, insecure attachment patterns with their own infant are best predicted by incoherent maternal narratives irrespective of the mother's attachment history. In effect, the narrative coherence of the mother's representation can be more predictive than what actually happened to her as a child. Narrative coherence has won out over historical truth. That is the essence of a hermeneutic-narrative model. The predictive power or metric is not whether the mother's representation is true, or distorted, or overdominated by a particular theme. The metric is content-free, i.e., independent of themes. It is the coherence, comprehensibility, continuity, and consistency of the narrative told – i.e., of the representation as narrated – that is important.

This is an entirely different model. And it is curious that attachment studies in the more behavioral tradition of developmental psychology and psychoanalysis in its most minimalist form have approached one another to this extent. The major problem and challenge of the narrative model is what to do with "historical," i.e., "objective," truth, especially in a psychological domain such as attachment which is so grounded in objective behavioral observation. The great advantage of this dilemma is that the interface between these two models will now have to be more fully explored around a well-defined issue.

One final point about these three models: Most experienced clinicians probably use an eclectic mix of all of them without thinking about it much, depending on the clinical material presented. Still, it can only be helpful to clarify our underlying models.

THE MOTHER'S SUBJECTIVE EXPERIENCE OF AN "ACTIVATED" REPRESENTATION

Another route to understanding these representations better is to ask how their presence or activation is subjectively experienced by parents. Ilene Lefcourt, Wendy Haft, Patricia Nackman, and I have begun to interview mothers about their second-to-second subjective experience of being with, or watching their children during a very brief, naturally occurring event that occurs at a preschool. The interview, which takes roughly an hour or more to probe the subjective events occurring in a minute or so of real life, has been used by me for several years with adults to prove various representations. Although we are still in the pilot stage of applying this interview systematically to maternal representations, several points appear to be clear.

Subjectively Internal and Subjectively External Scenes

During the moment of watching the infant do something (either alone, with toys, with the teacher, peers, or with herself) a mother may have no awareness at all of any mental activity coming from "inside her." That is, she is totally involved in and absorbed by the unfolding ("objectively observable") moment she watches, with no sense of mental participation on her part in the construction, elaboration, or interpretation of the scene. Nor is she aware of the external scene evoking any mental experiences inside of herself (e.g., memories, thoughts, etc.). At other times, she is quite aware of the internal mental activity that is interacting with the external events.

We shall divide her experiential subjective world, then, into two categories: *internal scenes,* consisting of the awareness of the mental activity going on in her mind, and *external scenes,* consisting of objectively observable interactive events that are subjectively experienced as external to her own mental activity.

The problems with this division are classical in our psychological sciences and philosophy. We know that external scenes are made of perceptions that result from the mental activity one performs on external stimuli, etc. Nonetheless, these constructive processes are out of awareness and, subjectively, the perceived world is experienced "out there," at least in this culture. Also, much mental activity (such as interpretations, memories, etc.) that is evoked by the external scene may remain unconscious and thus not be registered as part of the internal scene. How shall the problem of "projection" be handled? In spite of those and other important objections, to begin a phenomenological approach to the subjectivity of a mother who is a participant observer with her baby, it seems reasonable to start descriptively with internal and external scenes. A further advantage of such a dichotomy is that mothers know exactly what you are talking and asking about. The untested assumption here is that events of the internal scene will be relevant to our exploration of the mother's representations.

Mothers report some of the following subjective experiences: (a) Often the two scenes (internal and external) are experienced as occurring in parallel. It is as if two plays are unfolding simultaneously. At times one scene becomes so engrossing that the other is eclipsed from awareness. Subjectively speaking, there is a spectrum between unawareness or full awareness of one of the scenes with equal awareness of two parallel scenes as a midpoint. A mother can occupy any point along this entire

spectrum, often reporting a faint awareness of one and a fuller or stronger awareness of the other, or a very faint awareness, etc. Here, too, the mother can at times slide rapidly along the spectrum between exclusive awareness of one or the other, within seconds. (b) Because there are invariably moments when the awareness of either the external or internal scene is eclipsed by the other, there are always some missing pieces or gaps in the continuity of both the internal and external scenes and their story lines. When reconstruction is required, these missing pieces are either left empty or filled in with general event knowledge so that the subjective experiences of repeated discontinuity and gaps are minimized.

Concerning the Internal Scene

1. *Specificity/generalizability of thematic content.* Often internal scenes concern thematic material. A mother's awareness of the theme can be very nonspecific. At such moments there is a vague awareness that the present scene is generally familiar or is a possible example of a general theme or pattern of behavior (e.g., "he is being aggressive"). At other times, the awareness of internal themes is very precise and specific relative to the external scene (e.g., "I just knew he would hit that other boy"). Here again there is a spectrum between the very general and the specific, which mothers may freely and rapidly move along.
2. *Vagueness/clarity of emotional tone or state.* The internal scene of the mother can be experienced as a vague but familiar feeling tone or state (e.g., feeling like an outsider), or the feeling can be highly specific and clear (e.g., the embarrassment and not knowing what to do with your body when excluded as an outsider and standing at the periphery of a circle of people who are "inside"). Here again a subjective spectrum exists with the possibility of rapid shifts.
3. *The specificity/generalizability of memories evoked.* While attending to the external scene, maternal memories are frequently being evoked and become part of the internal scene. Here, the well-known spectrum from singularity (a vivid reliving, in memory, of a specific episodic event, "the time when . . ."), to the more generalized memories (the way things were in general for me), to the memories that are so generalized they are experienced as abstractions existing more in the realm of semantic knowledge. Rapid shifts between these can occur over short periods of time.

Interaction Between the Internal and External Subjective Scenes

What is striking about these intensely focalized interviews is that even when remaining at the subjective phenomenological level, one receives the impression of a constant dynamic interaction between the internal and external scenes, each redefining the other. Just as external stimuli are in constant interplay with internal perceptual processes, so are the observed interactive behaviors in constant interplay with the representations (including memories and feeling tones). Apparently, we, as parents, conduct and observe overt behaviors with our own children—so embedded in our lives—that are almost constantly emotionally colored and thematically influenced by our representational world on an almost second-by-second basis. The representational world is the dynamically changing but always present context in which interactive behaviors take place. And the phenomenal world of interactive behaviors is the stimulus context that animates the representational world.

Identification, Projection, and Empathy

Identification and projection as subjective phenomena provide another special dimension to the mother's sense of the interaction between internal and external scenes. Much of the time, the mother can easily tell an interviewer to what extent she is empathic with her child. At times, this empathy feels more as if it is her own feeling (from the internal scene) that she senses in the child (displaced into the external scene) – i.e., a sense of subjective projection. At other times, she feels more that she is experiencing herself, internally, the feelings she senses going on in the child – i.e., a sense of subjective identification. Perhaps, most often, these distinctions cannot be made easily at the experiential level. Here too, a dynamically shifting process is described with long stretches of no empathic interactions between the internal and external scene.

When one of the empathic processes is being felt, mothers do not report subjective fusion (i.e., neither the internal nor external scene is felt to absorb the other), rather there is some experience more like a "visit" between scenes.

FUTURE MODELS OF MATERNAL REPRESENTATION AND CONCLUSIONS

I believe that we are at an early stage in conceptualizing and modeling the phenomenon we call a maternal representation of her infant or child. It is for that reason that I have laid out some of the issues raised clinically and in the subjective phenomenology of parents. These may profitably be considered as cardinal guidelines and criteria in our future concepts and models.

For instance, if one were to imagine a connectionist model of interrelated neural networks, or a more cognitive model, or a psychodynamic model, or any other model, it would have to have the capacity to hold many separate representational sets that could be activated separately or in various combinations. They would have to contain representational units of different natures, sizes, and levels of abstraction.

The temporal changes in these representational units would have to be a feature. The representations must be capable of diverging from historical or objective reality, or of being taken over or colored by other representations that "dominate" the representational "space," i.e., inhibit or deactivate other representational networks. Representations must also be capable of being reorganized retrospectively. The activation of such representations in interaction with observed events must be conceived so as to permit the multiplicity and richness of subjective experience as described above. This must include the ability to experience in parallel two or more scenes. This means the capacity to be in two places at the same time, to participate in two distinct and well-separated time lines simultaneously (e.g., past and present). The "structures" resulting in the memorial, affective, and thematic aspects of representations must contain wide spectra between the very specific to the very generalized and must permit rapid shifting of attention along these spectra. Some mechanisms for constructing an acceptable degree of coherence and continuity to contain this riot of divergent mental activities must be in place. And some mechanism for distinguishing and paying separate attention to internal mental events from external enactments must operate with a certain level of high, but not complete, stability.

Finally, almost all that we have described above for the mother's representations of her infant must be essentially true for the infant's representations of his or her mother. But that requires a separate developmental description which has only just begun.

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