

**Imitation in Development and
in Developmental failure:
A Case Study Based on Material from a Child's Psychotherapy**

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A thesis submitted in partial fulfilment of the requirements of the University of East
London in collaboration with the Tavistock and Portman NHS Foundation Trust
Doctorate in Child Psychoanalytic Psychotherapy (M80)

July 2014
Word count: 45560

Acknowledgements

I am in great debt to my late thesis supervisor, Cathy Urwin, and thesis and clinical supervisor, Judy Shuttleworth.

Dr Urwin's rich experience and knowledge of clinical research and her understanding of psychoanalysis and child development, have expanded my capacity in conducting this research and in understanding the topic imitation of development in depth. I am very sad that Dr Urwin passed away before I completed this piece of work and I could not share my joy with her.

Mrs Shuttleworth had improved my clinical understanding of the child patient I presented in this thesis during my training, and helped me with writing and shaping the thesis to its final form. She spent hour after hour of sitting down with me, helping me to grasp the essence of my research and to find the right words to illustrate what I found.

Without them, I would not feel so proud of the final product of my research. I particularly want to thank Mrs Shuttleworth, for she has supported me both through a difficult time in my personal life and the writing of my thesis.

I hope this thesis makes them proud.

Hsueh-Mei Fan

Nov. 2014

London

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Abstract

This is a single case study of a child patient. The research uses detailed written notes of a child patient's intensive psychotherapy sessions to explore the phenomena of imitative and repetitive (self imitating) behaviour that was a central part of her presence within the treatment relationship.

It examines the contrasting place of imitation in the psychological and psychoanalytic literature. The former has concentrated on episodes of imitation, their role in cognitive and social development, and the inhibition/absence of imitation in autism. Imitation has received much less attention within the psychoanalytic literature as it is regarded as part of the wider growth of the identification process within the mind. In this literature, it is the presence (rather than absence) of a particular form of imitative identification in autism that is thought to inhibit development and its association with deficiencies in identification processes.

The research systematically examines the patient's material in order to identify the various forms and patterning of imitative behaviours/scenarios; to suggest its purposes and functions for the child; and to frame a hypothesis as to its contradictory impact on her development.

The empirical data suggested that the patient's imitative behaviour served several purposes both developmental and non-developmental. Among the developmental purposes, the patient's imitation was strongly related to language acquisition, memory and cognitive and social development in line with the experimental findings of cognitive, social and developmental psychology. However, imitations were also used by the patient in a manner that that could be characterised as non or anti-developmental, a phenomenon rarely discussed in the experimental literature. Some such episodes could be described, within a psychoanalytic framework, as being used to defend against particular feelings associated with an awareness of being a child dependent on adults. For this patient, imitation was a pervasive aspect of a way of being and of relating to others.

Chapter one

Introduction

This is a single case study based on clinical work done at the Tavistock Clinic. The studied subject is a young girl, who I will call Jo. She was referred for intensive psychotherapy when she was five years of age by her school. The research topic is the child patient's imitative behaviour which was predominant in her psychotherapy to such an extent that it gradually struck me as being part of her character. Imitation is a vital element in a child's development, and at first Jo's imitation seemed to be no exception. However, over time her imitation seemed to be a more complicated phenomenon than straightforward developmental imitation. For this reason I went to investigate it in detail.

Before I introduce the child's background, it is necessary to note that my work with this child was strongly influenced and guided by psychoanalytic thinking. The people involved in her case include the therapist, myself, who is also the author of this dissertation, the child, her parents, the therapist's supervisor and the case consultant who met with the child's parents on a regular basis.

The background

In 2005, Jo was referred to the Tavistock Clinic with a communication disorder. She had language and social difficulties. In school, her behaviour was generally without purpose both in the playground and in class. At home her parents found it hard to understand her speech and to engage with her. When Jo was about three she had been seen by a psychiatrist at the Royal Free Hospital and diagnosed as having developmental delay with autistic features. Between September 2005 and July 2007, I saw Jo three times a week for psychoanalytic psychotherapy. After this, the treatment was reduced to twice a week on the parents' request and continued until July 2008. The treatment ended mainly owing to my training completed, although the parents had also expressed their wish to end.

The background of Jo's parents I present here was gradually gathered over the three years of treatment. Jo's parents were both in their 20s. Jo's mother was from the Far East, a Buddhist country, and her father was white English. Jo's mother was sent to the U.K. for studying in her teens and her own mother, a mistress of a secondary school, had high expectations of her. However, she dropped out of school at 18 after becoming pregnant by Jo's father. Since then, she did not keep the contact with her own parents and never visited her country of origin again. She also stopped speaking her own mother tongue. She told us that she had "forgotten" how to speak it. Jo's parents lived in a one-bedroom council flat after Jo was born, and they struggled to make the ends meet. Throughout the course of Jo's psychotherapy, Jo's father had difficulty finding a job and Jo often expressed her concern about her father. From the picture Jo portrayed of her father, we wondered if the father was depressed. He told us that he was once a child patient to a Child Guidance Clinic but he could not remember much about it. It was at the end of the second year of psychotherapy, I began to hear Jo talking about her paternal grandmother, whom they start to visit, and around the same time, the maternal grandmother came to visit them after ten years of not having any contact.

When Jo was referred to the Tavistock Clinic, her mother was heavily pregnant with a second baby and the baby girl was born before the psychotherapy started. Jo's baby sister always came to the clinic with Jo if it was her mother bringing her, which was often the case. As the baby was growing up, Jo expressed more about how difficult it was for four of them living in a one-bedroom flat and how little private space she had at home. All these concerns Jo had were mostly expressed in fragmented sentences and in her play.

The Psychotherapy and the research topic

As the psychotherapy progressed, Jo's imitative behaviours came to the fore and evolved into many different kinds of imitation. During the early stage, her imitative behaviour was simple, such as simple copying or repeating, clearly aiming at making connection, engaging or trying to understand. Later, her imitation grew complicated. She imitated or impersonated people, which needed more complex skills. As time went by, the nature of Jo's imitative behaviour developed into different domains, and became more structured and complicated.

While Jo's imitation progressed from simply copying to complicated impersonating, her writing, reading and language, as well as her personal relationships, improved significantly in school and at home. A year into the intensive treatment, her parents reported that Jo's schoolwork was improving significantly, and they conveyed that they could not believe they were once worried that Jo might never learn to speak. They expressed their surprise at how much Jo could speak, and at times they had to stop her from talking too much. This was a situation I, as the therapist, also recognised in my sessions with Jo. Here seemed to be a positive link between Jo's use of imitation and her linguistic development, as well as her capacity to relate and to understand.

However, as all this progress was taking place, I also noted that Jo's imitation had the power to evoke a frustrating barrier, as her imitative behaviour periodically prevented her from making an emotional connection with me. She would be absorbed in imitative activities which did not have the quality of play, but a quality of retreat. As her therapist in the room, I was meant to feel non-existent. Interestingly, Jo's mother expressed a similar experience with Jo. At a review meeting eighteen months into the treatment, Jo's mother stated that she was impressed by Jo's language, but it seemed to her to have a pseudo-mature quality. She gave as an example the way Jo would say 'let's think about it' when the mother suggested returning home at the end of an outing. As Jo's therapist, I immediately recognised that this was a sentence Jo had copied from me. There were several similar examples. Jo's parents were impressed by her long sentences, but at the same time felt that these sentences came from someone else. At the same review meeting, when reflecting on her relationship with her daughter, Jo's mother said she and her daughter 'never click'; implying a missing emotional link between mother and daughter even after Jo had made significant progress. This quality was also manifested in Jo's relationship with me. So, despite the impressive improvements Jo was making, her capacity to engage emotionally seemed to remain weak.

There was positive feedback from school. Jo's capacity to reproduce words, schoolwork and skills increased. Yet, with the clinical supervisor's help, I noticed Jo becoming more sophisticated in her imitation and how difficult it now was for me to judge whether the imitation was something helpful that might lead to further mental

growth, or something preventing her from making developmental progress. At times, the empty echoing nature of Jo's imitation was reminiscent of the echolalia characteristic of autistic children. As Melzter described in *Explorations in Autism*, this kind of mimicry has its charm, but when the child moves into the realm of intelligent behaviour, she startles us with the unintelligent echoing of her internal or external object. From a very different angle, Piaget (1945/1962) had a similar view of imitation. He described imitation as an adaptation which without assimilation would not go far in the development of intelligence.

Through three years' experience of Jo, I came to realise the complex quality of her imitative behaviour. Considering how she was at the beginning, her starting to imitate gave me hope that she was becoming more sociably available but this hope did not last. What followed later in Jo's psychotherapy was something that did not take her further in her development. I began to wonder about the different functions of Jo's imitation. Her imitation seemed to serve various purposes for herself, as well as to reveal her state of mind and to manifest her relationships with her objects, both live and inanimate. When investigating Jo's imitative behaviour, I focused on imitation studied within (a) developmental psychology, (b) psychoanalytic theories and (c) approaches which seek to synthesise the two.

Positive Imitation: view in developmental psychology

Imitation has been an important research subject over the last decades in cognitive and developmental psychology. Developmentalists have long noticed that imitation is a precursor of symbolic thinking and a vital factor in human emotions. They have found that imitation is one of the core elements of empathy, social communication, social and cultural learning and the emotional ties between human beings (Trevorthen, 1979; 1998; Stern, 1985; Nadel & Butterworth, 1999; Rhode, 2005). Experimental studies of autism have also thrown light on this subject, as they demonstrate the consequences for human emotional life when imitation loses its communicative core, or when there is no imitation at all (Meltzoff & Gopnik, 1993; Hobson, 1993; 1995; 2002/2004; Hobson & Lee, 1999; Hobson & Hobson, 2007; Roger, 1999; Rogers & Pennington, 1991; Rogers, Hepburn, Stackhouse, & Wehner, 2003).

Based on the accumulated research, we now know that human imitative behaviour can

appear as early as the first forty minutes after birth (Kugiumutzakis, 1999), and is part of the infant's engaging with the world as a social being right at the beginning of its life (Trevarthen & Aitken, 2001).

The traditional theory proposed by Mahler (1975) which depicts the newborn infant as autistic during the first few months of life is now proved wrong, and the new understanding is that infants are biologically programmed to be interested in social interactions, their development being decisively determined by the social encounters they experience throughout their infancy and childhood. This is illustrated by Hobson (2002), who noted how newborns prefer people to material objects and the engagement is intense and highly emotional.

Negative imitation: diverging views in psychoanalysis

The data obtained in psychoanalytic observation studies has confirmed that infants start reciprocal imitation with their mothers very early on (Urban, 2000; Barker, 2002; Rhode, 2005), and imitation is used as a way of communicating even from before birth (Piontelli, 1992). However, in the early days of psychoanalysis, imitation was seen in a negative light as Freud's theory was first and foremost built upon the psychopathology of his patients. Based on his exploring and examining of his hysterical patients, Freud was impressed by his patients' imitating or identifying with the symptoms of people around them. He described imitation in *The Interpretation of Dreams* (1900) as a form of identification in hysteria that was being used to express their own experiences,

It [identification] enables patients to express in their symptoms not only their own experiences but those of a large number of other people; it enables them, as it were, to suffer on behalf of a whole crowd of people and to act all the parts in a play single-handed. I shall be told that this is not more than the familiar hysterical imitation, the capacity of hysteria to imitate any symptoms in other people that may have struck their attention — sympathy, as it were, intensified to the point of reproduction. (p.232)

Therefore, imitation and identification bore negative connotations. These two psychological mechanisms were later seen by psychoanalysts as vital psychic processes in normal development. The Italian psychoanalyst Gaddini (1969) asserted that imitative activity is at the service of the ego function and processes of

adaptation, and the imitative identification of infancy can be considered as precursors of identification – a more sophisticated mental function. However, Freud’s negative view of imitation and identification is still valid and present in understanding the human mind. In this paper, I seek an approach that synthesises these two views in order to understand the clinical phenomenon I observed.

With the new understanding in psychology and psychoanalysis, we now know that any ego function can become problematic when it is used excessively; and imitation or identification is no exception. Therefore, the argument is no longer whether imitation or identification is a developmental necessity or a psychological hazard, but how it is operated by the ego at different developmental stages. This change of view regarding imitation has not taken place in developmental psychology nor in psychoanalysis. Daniel Stern, an American psychoanalyst, has brought these two disciplines together successfully. By doing so, he tried to synthesise a more comprehensive understanding of child development.

Stern (1985) illustrates how mutual imitation occurs between mother and infant and how this evolves as time goes by. For example, during the first six months or so of the infant’s life, the mother spontaneously imitates the infant’s facial expressions and gestures. This is the social repertoire she introduces and it serves the purpose of mirroring and empathising. The infant does the same, taking turns, imitating the mother. With immediate imitation, the mother and the infant create the chains and sequences of reciprocal behaviours that make up social dialogues during the first nine months. Between nine and thirteen months, the mother no longer simply copies the infant. She begins to add a new dimension by constantly introducing modifications, adding something new, highlighting and elaborating. This kind of behaviour gradually develops into a new form of imitation the developmentalists called ‘affect attunement’ (Stern, 1985; p.140), which appears to be a crucial factor in shaping the infant’s self and his becoming an inter-subjective partner, i.e. the infant becoming interested in the mind of the other person (Trevarthen & Aitkin, 2001). This process has its parallel in the psychoanalytic context. Analysts have the same interest in exploring and understanding imitation between the analyst and the patient, and this mental process is often studied together with identification and internalisation.

The absence of imitation and problematic imitation

While some researchers and clinicians focus on the phenomenon of imitation, some are interested in its absence. In addition, problematic imitation appears not only in Freud's hysterical patients but also in people with autism. The autistic child's copying of other people's words as a form of engaging with them, or an adult copying another person's way of being in the belief that this is her/his own identity, are two striking examples of problematic imitation. There are also situations in which an individual's imitation is not with the aim of putting him or herself into another person's shoes in order to understand the other person's experience as the first step of sympathy or empathy, but rather, the individual aims to 'be' the person who he or she imitates; i.e. the individual treats the other person as part of himself or herself. This does not necessarily only happen in hysteria or autism; it can also happen in ordinary neurotic people. Another way to emphasise this point is to say that one needs to imitate in order to be able to empathise, but one needs to stop imitating in order to keep one's own identity.

According to Sandler (1993), to empathise, one needs to mirror, to imitate, to perform 'unconscious duplicating' (or copying) and then to distance oneself or to withdraw from one's identification with the other in order to reflect and not to lose oneself. These two capacities correspond to what Gaddini (1969) called 'imitating in order to be' and 'imitating in order to perceive', both of which are needed in everyday social life. I will return to this distinction in Chapter Two. When imitation is reduced to 'imitating in order to be', it becomes problematic and can cause difficulties in learning and social relationships. Meltzer (1975) described a similarly problematic mode of being which he named 'adhesive identification', in which the individual ceases to be independent and separate from the other but rather merges with another person mentally, taking up the other's identity.

Experimental observation and research into children with autism demonstrates this process as a severe form of problematic imitation. Such children imitate people's behaviour or movements without showing awareness of other people's existence, let alone identifying with other people's perspectives (Hobson & Lee, 1999). Their ability to perceive and engage with other people socially is impaired (Hobson, 1995), and at times they use other people as an extension of their own body as though the

other is part of the self. This deficit seriously hampers the autistic individual's capacity for social relatedness.

Imitation as the focus of this study

Jo's imitation was similar to the complex picture described above, as this was naturally occurring in the midst of other events. Sometimes, when she was simply copying sounds and words, one wondered whether she was trying to understand, to communicate, or was just repeating in order to feel the sensation of the sounds. At other times, when Jo was doing more sophisticated impersonating which involved a variety of characters and different settings, one wondered whether what was happening was a pretend play, which, if so, would be significant and meaningful, or whether it was just a form of copying. These puzzling aspects of Jo's imitative behaviour are the focus of this study. There was no doubt that her use of imitation was related to the improvements she made, but throughout the treatment, there was always the question of whether any particular piece of behavior was essentially an artificial copying, or a developmental indication. This in turn was linked to the limitation in the progress she made.

In this study, I wish to investigate Jo's use of imitation and to try to define the different forms of imitative behaviour produced by her as well as the nature and functions of her imitation, and to present possible interpretations and understandings. I shall consult the literature of developmental psychology, cognitive psychology and psychoanalytic theories.

Research aims:

1. Identify the imitative behaviours or scenarios produced by the child patient.
2. Suggest the purposes and functions of the child patient's imitative behaviours.
3. Explore the nature of the child patient's imitative behaviour in the light of the theories developed in cognitive psychology, developmental psychology and psychoanalysis.
4. Develop a hypothesis about the place of imitative behaviour in this patient's development.

Chapter Two

A Selective Literature Review

Imitation, as a subject of study within human development, has been systematically investigated since the turn of the twentieth century. In 1925, French psychologist, Guillaume (1878-1962) published his book, “Imitation in Children”, proposing that imitation is innate and biological. This is a book Jean Piaget co-edited and helped to publish. Twenty years later, Piaget published his own book about imitation, “Play, Dreams and Imitation in Childhood” (1945), in which he propounded a different view on imitation, namely that imitation is learned. Around this time, psychologists were concentrating on studying various concepts of learning and socialisation, including imitation, and several significant theories were established based on their works. The most popular subjects at the time were laboratory apes, and one’s own or relatives’ and friends’ children in either a natural context or a designed situation within the home environment. Guillaume and Piaget were among those who observed their own children during the first two years of life. Freud also observed his children and grandchildren and used these observations in his papers, for example, Anna Freud’s famous strawberry dream, and his grandson playing with the wooden cotton reel. Although coming from different points of view and studying different aspects, psychologists from different specialties recognised the importance of imitative behaviour in social society and an individual’s mental life.

The literature shows that the role of imitation in intellectual development and socialisation has long been a subject examined by psychologists. However, it was not until the 1970s, when baby-mother interaction became a new focus of developmental psychology, that its significance in emotional life came to the fore. With advances in technology, it was possible to watch the subtle interactions between mother and infant in slow motion in order to pinpoint the decisive factors that lay the foundations of human development. Within these studies, the subjects are often (1) normal developing infants and children, or (2) children with developmental difficulties, particularly those with autism. The latter are particularly informative as

they help to identify the missing but vital factors in imitation.

Imitation, intellectual development and social communication

Researchers have long noticed the cognitive implications of imitation and its social-communicative function. Based on his detailed observations of his three children starting at their birth, Piaget (1945/1962) developed a theory suggesting an intimate relationship between imitation and symbolic play. For Piaget, imitation is a capacity that is learned by a child. He called the imitative behaviour that took place in the few hours after birth 'reflex', that is an automatic biological response. In Piaget's theory of imitation, 'reflex' is an innate capacity, a preparation stage for imitation to develop. Contemporary developmentalists disagree with Piaget and argue that the capacity for imitation is programmed in the newborn or foetus – an innate capacity in the human species which has a vital role in human communication and emotional development. Therefore they see what Piaget called 'reflex' as proper imitation, and this can appear as early as forty minutes after birth (Kugiumutzakis, 1999) or even earlier, before the child is born (Piontelli, 1992). This innate capacity to imitate will facilitate the child's cognitive development (Stern, 1985; Meltzoff & Moore, 1999; Nadel, Guérini, Pezé & Rivet, 1999; Trevarthen & Aitken, 2001).

Despite his different definition of the primary imitative behaviour of infants, Piaget's theory has retained its enlightening and pioneering position in modern developmental and cognitive psychology, and his definitions of different kinds of imitation are still used in studies on imitation, including this study. Piaget defined two forms of imitation, immediate imitation and deferred imitation. Immediate imitation refers to situations in which the child imitates while the model is present, while in deferred imitation the child repeats what the model does without the model being present. Focusing on the cognitive aspect of imitation, Piaget emphasised the evolutionary implication of deferred imitation in the development of human intelligence. He saw immediate imitation as less important as it did not imply the existence of mental representation and therefore it could only be called an accommodating activity, the preparatory form of imitation or its predecessor. For Piaget, it was only deferred imitation that would give rise to the symbolic process, for example, thinking. Following Piaget's theory, psychologists acknowledged 'representative imitation' or 'deferred imitation and action' as having a vital role in human cognitive development.

When deferred imitation appears, it signifies that the individual has developed 'interiorised' imitation and has become able to imitate mentally on the representational level, a process which Piaget named 'interiorisation'. Piaget's view was also adopted by social psychologists, and imitation was seen as a synonym for observational learning, which in its advanced form, according to Bandura (1971), occurred without incentives, without trial and error, or the need for reinforcement and was a crucial element in social-psychological development. Developmentalists who emphasised the social-communicative function of imitation also noticed this process of 'interiorisation', which is similar to the psychological process of 'internalisation', and its significance in daily social life.

Although Piaget did not address the emotional component of imitation in his model of sensory-motor-cognitive development, he nonetheless noted the active character and emotionally positive effect that imitation brought to his child. He observed a visible satisfaction in his daughter's face and in her laughter after she successfully imitated her father's 'mouth opening and closing' movement (p.34, 1962). Contemporary research in infant-mother interactions and toddlers' social interactions with their peers has shown that the emotional satisfaction a child experiences in engaging with another human being through imitative activities is vital for the child's mental development and psychological welfare (Nadel & Pezé, 1993; Meltzoff & Moore, 1999; Trevarthen & Aitken, 2001). Research evidence also demonstrates the high motivation that infants and toddlers have to communicate with the expressive forms and rhythms of interest and feeling displayed by other humans, and this imitation has proved to be the fundamental means by which infants communicate with other people and through which the infant becomes a cultural being: "culture is propagated, not so much by training in skills, as a 'behaviouristic' theory assumes, nor even by instruction putting knowledge into human information stores, but by learners' and teachers' active mimicry" (Trevarthen, Kokkinaki & Fiamenghi Jr. 1999, p.127). As the infant grows older, imitation continues to be the means by which links and communication are made, through which the individual becomes a member of a cultural group. The next section will present a detailed and developmental picture of imitation at different ages.

Imitation in the social-cultural context: seeking communication and relating

By observing video-recorded mother-infant interactions, researchers are able to analyse the subtle and minute exchanges between adults and infants. These simple intuitive human encounters between adults and infants, including cooing, echoing, copying sounds, gestures and facial expressions, have revealed similarities of timing and expression through which researchers discovered the separate contributions of adult and infant. Bateson (1971, 1975, 1979, cited in Trevarthen, 2001) termed these kinds of interactions between adults and infants ‘proto-conversations’ – i.e. a prototype of conversation. Studies accumulated over recent decades show evidence of innate proto-conversational readiness in newborns and the role of imitation in these early social communications. The newborns demonstrate intentional imitation and to initiate a response in close reciprocal interaction with adults who are seeking to make their own behaviour interesting for, and contingent on, the infant’s signs of attending. Trevarthen (1979) names this innate interest of the infant in the subjective states of other persons ‘innate intersubjectivity’. This interest lays the foundation for social and cultural learning. It is a decisive factor in the infant’s emotional and mental development.

Trevarthen and his colleagues have found that infants’ imitation is not mere reproduction or repetition of movements or noises made by another individual. The coordination of the infant’s actions with those of others operates in a sensitive and fine-grained way (Gopnik & Wellman, 1994). It serves an interpersonal function beyond just the acquisition of motor skills and expression (Kugiumutzakis, 1993, 1998, 1999; Uzgiris, 1981, 1984). Imitative responses occur at moments in the stream of interaction where they can act as affirmations, acceptances or commentaries with respect to accentuated displays of the other person (Trevarthen et al., 1999).

Other research that looks into the imitative behaviour of neonates demonstrates that they are motivated to imitate in order to participate in purposeful negotiation and learn new or arbitrary social habits or conventions. Researchers also find that as early as two months, infants and mothers, while they are looking at and listening to each other, are mutually regulating one another’s interests and feelings in intricate, rhythmic patterns, exchanging multimodal signals and imitating vocal, facial and

gestural expressions. (Bateson 1975, 1979; Beebe et al., 1979, 1985; Brazelton, Tronick, Adamson, Als, & Wise, 1975; Fogel, 1977, 1985a, 1985b, 1993a, 1993b; Fogel & Hannan, 1985; Fogel & Thelen, 1987; Mayer & Tronick, 1985; Stern, Beebe, Jaffe & Bennett, 1977; Stern, Jaffe, Beebe, & Bennett, 1975; Tronick, Als, & Brazelton, 1980; Weinberg & Tronick, 1994). Mothers and fathers tend to behave in an intensely sympathetic and highly expressive way that absorbs the attention of the infants and this leads to intricate, mutually regulated interchanges with turns of displaying and attending. The infant is thus shown to possess an active and immediately responsive conscious appreciation of the adults' communicative intentions. Trevarthen named this 'primary intersubjectivity' (1979). It is evident that imitative behaviour is used both by infants and parents when they are engaged in non-verbal communication that facilitates the infant's development.

The mother's richly inflected, rhythmically-patterned and repetitive expressions of communication and dramatised actions of play correspond with the orderly age-related transformation of the infant's motives through the middle of the first year, toward increasingly intricate, precise and selective coordination. (Beebe et al., 1979, 1985; Brunner & Sherwood, 1975; Fogel, 1977; Jasnow & Feldstein, 1986; Mayer & Tronick, 1985; Ratner & Bruner, 1878; Stern, 1971; Stern et al., 1977; Stern & Gibbon, 1980; Stern, 1985). The infant has a coherent psychoneural organisation that specifies the timing and form of body movements. This organisation can react, with appropriate dynamic changes, to another person's dynamic expressions, matching their rhythms and accents. Evidently the responses of the infant are made expressive by internally generated motives and emotions that resemble those carried in the adult's expressions. Infant and adult can sympathise closely using similar melodic or prosodic forms of utterance and similar rhythms of gesture. When the infant is around nine months old, the mother begins to add a new dimension to her imitation-like behaviour, a dimension that appears to be geared to the infant's new status as a potentially inter-subjective partner (Stern, 1985) which will lead to secondary intersubjectivity. When the infant becomes interested in other people's minds, often the mother's, he begins to embark on the journey of mentalisation and symbol formation.

Before the end of the first year, around the age of nine months, there is a sudden

development of joint interest of mother and infant in their surroundings, triggered by the infant's emerging curiosity about the timing, direction, focus of attention and intentions of the mother (Huble & Trevarthen, 1979; Trevarthen et. al., 2001). At about the same time infants become more interested in the mental states that go on 'behind' (Stern, 1985), which profoundly affects the ways mothers act with and speak to their infants, and the sharing of subjective experience becomes possible. Thus what could be seen simply as imitation in the beginning gradually transforms into more sophisticated social exchanges. In their longitudinal studies of neonatal imitation, Heimann & Ullstadius (1999) also found that when imitating facial expressions, nine-month-old infants' actions are seemingly more voluntary and conscious than younger babies, showing strong motor control and intent with self-conscious humour and playfulness.

This sharing of subjective experience continues to develop as the child grows older, and it starts to appear in the child's peer interactions. Between ten and twelve months, peer imitations emerge rapidly, although mostly these are short-lasting episodes requiring only one turn each (Eckerman, Whatlery and Kutz, 1975). After eighteen months, the mother appears to become more concerned with rules, and demands more turn-taking and respect for roles when interacting with her infant (Bruner, 1982). When children are older, they begin to manage longer imitative sequences among peers. At roughly thirty months of age, extensive use of imitation in social exchanges between peers reaches its peak, and long-lasting interactions exist more reliably (Nadel, Guérini, Pez , & Rivet, 1999; Meltzoff & Moore, 1994). In these long-lasting social exchanges among toddlers, children demonstrate their developing social and co-operative intelligence which involves role-shifting, imitating and being imitated, as well as measuring interpersonal timing.

All of these phases are crucial for the individual's capacity to establish an interpersonal world and an internal mental life. Simple role-shifting paves the way for the capacity to identify with another person, change perspective and break up egocentrism. It is the foundation for further, more sophisticated social abilities, such as referential and inferential communication. Moreover, throughout one's life, imitation remains a building block embedded in various social and cultural skills that may not be visible. When it is not visible, Piaget called it 'interiorised imitation'

(1945/1962) and Bandura (1972) named it 'social learning'.

Imitation in the development of intelligence

(1) Seeking to Understand

Apart from its social/interpersonal function, imitation has a vital role in the development of intelligence. Uzgiris (1999) suggests that we conceptualise imitation as a form of activity, and that we examine how imitation continues and transforms as the child develops. Uzgiris' view leads us to consider (a) the individual aspect of imitation and (b) its implication in different cultures¹.

In Piaget's observations of his children, he noticed an important function of the child's imitation, namely, that of trying to understand. One day, when his child J. was 18 months old, Piaget observed her looking at a photograph of a little boy with his mouth open, gaping with amazement, J. then tried to reproduce the action and managed it successfully. Piaget noted, "the observation is interesting, because the situation was one in which there was no suggestion of imitation: J. was merely looking at pictures. It was as though she felt the need to mime what she saw in order to grasp it." (1945/1962, p.63) In another observation when J. was three months younger, Piaget saw J. playing with a clown with long feet. She happened to catch the clown's feet in the low neck of her dress. After successfully getting her dress off the clown's feet, J. tried to put the clown's feet back into the entangled position. Piaget wrote, "there can be no doubt that this was an effort to understand what had happened: otherwise the child's behaviour would be pointless" (p.65). When this did not work, as J. could not put the clown's feet back, she imitated the clown using her fingers and hands as the clown's feet and reproduced the situation and looked at it with satisfaction. As this attempt had a satisfactory outcome, she then moved on to something else.

Piaget made several similar observations of J. enacting representations of the events that had just happened and that she did not understand. He then concluded that imitations of this kind "took place merely for the purpose of representation" (p.65).

¹ Broadly speaking, Eastern cultures value and highlight imitation much more than Anglo-Saxon culture in their education. For my child patient, whose mother was from the Far East but did not maintain her link with her motherland, it might be that the meaning of imitation was also lost in a foreign land.

Piaget made it clear that there is a significant purpose in this sort of representation: it is a way of trying to understand or grasp the situation. As representation is a foundation of symbolic play and thinking, it signifies for Piaget a turning point in the development of human intelligence.

The same purpose has also been found in empirical research of imitation. Researchers designed an experiment showing infants undertaking 'acts with objects' (such as striking a bell) and 'acts as hand gestures'. They found that infants were more ready to imitate acts with objects than mere gestures, the former seeming to make a stronger impression on them and which they imitated in order to understand (Abravanel et al. 1976, cited by Uzgiris, 1999). We can see this in terms of Guillaume's (1925/1971) claim about the motivating role of interesting effects. Freud (1920) also noted that a child repeatedly imitated an act or event that impressed him. In their study, Sibulkin and Uzgiris (1978) found that even older children, preschoolers, when they do not understand the cause of an event, tended to imitate some aspects of it, trying to reproduce the event in order to understand. As soon as they grasp the cause they stop imitating. In older children, or even adults, when engaging in problem-solving or the processing of experience, it is common to reproduce themes or scenarios in order to examine their elements in the search for understanding, and this is a recognisable mode of thinking (Uzgiris, 1999).

(2) Seeking to Make Things Happen

Another of Piaget's observations highlights a further underlying meaning of imitation. Piaget's child L. tried to make a matchbox open by imitating the box opening and closing with her mouth. Piaget speculated that it was possible that the child thought there was an element of 'causality through imitation', i.e., she tried to act on the box through her miming. Similarly Sibulkin and Uzgiris (1978) observed that the ritual enactment of events in anticipation of causing them to happen speaks to causation as being a possible goal of imitation actions.

(3) Imitation Leading to Symbol, Image, Thinking and Language

Piaget (1945/1962) saw imitation in relation to a broader analysis of cognitive development, with a particular concern for the achievement of symbolic functioning. He emphasised the significant implication of deferred imitation, which makes its first

appearance at stage four of sensory-motor intelligence. When deferred imitation appears, it implies that the child has 'interiorized the model' he or she imitates. This developmental step indicates the emergence of mental representation. For Piaget, mental representation was identical with thought in its broad sense, and mental or memory imagery in its narrow sense. Both thought and memory image are related to, and interact in, the process of thinking. The former Piaget called 'conceptual representation', the latter, 'symbolic or image representation'. From this point, in the child's development, imitation becomes a symbolic representation, and the system of social signs makes its appearance in the form of speech.

Simultaneously, as the infant's schema becomes more varied and the process of accommodation becomes more differentiated from assimilation, more novel and complex models come to be imitated by the child. Similarly, as the child's schema becomes more varied and integrated, the accommodation to an observed model can be carried out covertly, and the reproduction can take place without an overt instigation at a later stage.

When paying tribute to Piaget's findings of the cognitive development in infants, Stern (1985) made Piaget's ideas explicit and listed several capacities with which an infant is already equipped before he or she can perform deferred imitation (p.164):

- (1) A capacity to create mental representation accurately of things and events done by others that are not yet part of their own action schemas.
- (2) Physical capacity to perform the action in their repertoire of possible acts.
- (3) The capacity to keep the mental representations of the acts or events in long-term memory and be able to retrieve them with a minimum of external cues.
- (4) Have two versions of the same reality available: the representation of the original act, as performed by the model, and their own actual execution of the act. They must be able to move between these two versions of reality and adjust one or the other to accomplish a good imitation.
- (5) There must be a psychological relationship between infant and the model who performs the original act, or they would not embark on the delayed imitation to begin with. They must be able to identify with the model, seeing it in the same position. This requires some representation of self as an objective entity that can be seen from the outside as well as felt subjectively from the inside.

These underlying capacities of deferred imitation help to facilitate the process of symbol formation, including language development. Piaget saw symbols, represented by the image, as different from interiorised language, or social signs of language. The former remains individual and the latter is more socialised and retains a tendency to exteriorisation. The other type of symbol development is where the image constitutes a draft for new exteriorisations. It may then show itself in imitation, both of people and things, in drawing, dancing, rhythms, sounds, and in language itself.

Following an experiment Piaget (1945/1962) conducted at a school in Geneva with children aged four to seven, he concluded:

It is a striking fact that imitation is never a behaviour which is an end in itself (and this is equally true at this age as at the pre-verbal stage). In other words, imitation is always a continuation of understanding, but in the direction of differentiation with respect to new models (p.73).

The child imitates with intent, either for his own interest or his understanding of the significance of the model or for facilitating his further understanding of a situation. The motive is thus a cognitive one, grounded in the nature of the child's meaning-giving schemas. There are several important elements in Piaget's account of mental development, namely, (1) how imitation demonstrates the existence of memory, (2) its implication for the existence of mental representation, (3) memory and mental representation as images and thoughts, both of which are the basic units of thinking, and (4) the individual moving into symbolic thinking in normal development. Piaget's theory has been elaborated by contemporary cognitive psychologists, using the model of the computer, who propose the 'information processing model', in which short-term memory and long-term memory are illustrated. The subject of how memory relates to thought-processing or thinking has been investigated by psychologists throughout the nineteenth and twentieth centuries.

Developmentalists also found that toward the middle of the second year (at around fifteen to eighteen months), children begin to imagine or represent things in their minds in such a way that signs and symbols are evidently in use. This makes symbolic play and language possible: "Children now can conceive of and then refer to themselves as external or objective entities and can communicate about things and

persons who are no longer present. All of these bring Piaget's period of sensorimotor intelligence towards an end." (Stern, 1985, p.163)

This developmental process was also observed in Jo's psychotherapy. Her simple copying at an early stage moved towards imitating without the need to have the imitated objects being present – which indicated her capacity to have a mental representation of the imitated objects or events. She also showed an emerging capacity for pretend play or symbolic play. While this was happening, Jo's performance in school showed a marked improvement. She began to speak a lot, and in a sophisticated way, and became very good at reading. The report and feedback I received from her schoolteachers and her parents were encouraging.

Language acquisition is not just a cognitive process, as social psychologists remind us. Bruner (1983) pointed out that language arises in the context of interactions between infant and caregiver; he also stressed that language emerges always in context and is accompanied by emotion. Following Bruner's assertion, Alvarez (2004), together with Urwin (2002) and Rhode (2003), demonstrated how troubled or disturbed emotional experience prevents young children from developing language. This highlights that language does not merely require an individual's cognitive intelligence, it also demands the individual's emotional intelligence. Similarly, Uzgiris (1999) emphasised that imitative acts have not only a cognitive function but also a social-communicative function.

Jo's imitative behaviour gradually developed a static and still quality and the encouraging progress did not bring about a more advanced development – pretend and symbolic play. In order to think further about this evolution of Jo's imitative behaviour, I will draw from the tradition of French psychology and will present its view of imitation. French psychologists, including Guillaume, Wallon, Lacan, Merleau-Ponty and Zazzo (Pines, 1985) have had a different take on the issue of imitation.

Imitation, mirroring and the development of ego: French psychology and psychoanalytic psychology

Prior to, and in contrast with Piaget, Guillaume (1926/1971) claimed that imitation is an innate tendency, not learned, and that 'true imitation' appears at a particular point

in development. This view of imitation was still supported by some researchers who only studied ‘true imitation’ or ‘genuine imitation’ — imitating a model accurately — that usually appears later at the end of the first year, when the child’s mobility is mature enough to imitate accurately. For Guillaume, the accuracy of the sounds and acts imitated is vital, and he thought we often acknowledge the sounds and acts a child has reproduced too generously, regardless of poor accuracy. Many of the sounds and acts produced are in fact not imitation, but the child’s own ‘verbal creations’ and ‘action creations’. These creations have their social function which developmentalists emphasise in their studies of imitation, in which accuracy is not a concern. Interestingly, the quality of the creations is what was lacking in my child patient; Jo was more interested in imitating accurately.

Using vocal imitation as an example, Guillaume argued that the use of the voice is instinctual, and it produces tactile, kinaesthetic and auditory sensations. The infant will attempt to reproduce these various effects by spontaneous vocal exercises. Guillaume called this phenomenon ‘self imitation’ and saw it as being the beginning of the child’s vocal development. As it is extremely difficult to transcribe infants’ vocal productions, the psychologists resort to the methodology and experience of phoneticians in recording the special qualities of sound. Following their observations of their own children, a group of psychologists focused on the linguistic aspect of their children’s vocal sounds. Guillaume also noticed that this sound-producing process is always accompanied by affective expression. At this stage of development, any one of the elements, whether tactile, kinaesthetic, auditory sensations or affective experience, can be the trigger for an infant’s vocal exercising. This implied that a child can imitate a sound produced by himself or others in order to re-experience the tactile, kinaesthetic, or auditory sensation, or a certain affective effect. However, Guillaume emphasised that the true imitation of a sound comes later, and before this the child only plays with his voice “like a novice musician who amuses himself by pounding on the keyboard, without being able to reproduce the sounds from the memory of their acoustic quality after moving his hand” (ibid, p.36).

Overall, Guillaume emphasised the natural instinct that prompts us to imitate:

Man imitates either deliberately or automatically depending upon the complexity of his mental state at the moment, but he is always capable of imitating. And we have every

reason to believe that this aptitude is definitely acquired at the end of the second or third year” (p.65).

Guillaume also stressed the educative and learning aspects of imitation as well as its intimate relation with sympathy and aesthetic feeling. His focus on the sensual experience of vocal imitation is connected with the studies of language and vocal expression of the autistic individual. Alvarez (2004), Rhode (1999) and Urwin (2002) have respectively come to the same conclusion that autistic children repeat and copy words and sounds for obtaining sensual stimulation, particularly auditory stimulation. They concentrate on the sounds instead of the meanings of the words, and enter a world in which social connection and communication is not the aim of language. We might conclude that the autistic individual’s language development might have been fixed at a primitive level, and the meaning of language has never registered as something that might trigger them to speak.

Later in the French tradition, imitation is considered in another context, mirroring. The latter is based on empirical observation of infants’ response to their image in a mirror, i.e. the specular image. Wallon (1931, cited in Pine, 1985 & Muller, 1985), a psychologist who studied the mirroring phenomenon experimentally, found that an infant of six months situated in front of a mirror together with a parent seems to recognise that the parent in the mirror is a reflection prior to recognising his own self image. At eight months, the infant clearly showed surprise at his own mirror image. At about eighteen months the infant is able to recognise the reflection in the mirror as himself. Wallon concluded that the specular image of one’s own body develops later than that of the other, and he proposed that the problem to be solved is much greater in the case of one’s own body than with that of another person (Merleau-Ponty, 1964, cited in Pine, 1985). Wallon suggested that for infants it is easy to look at their feet, their hands and other parts of their body, but it is difficult to have visual perception of their own body, and this is why they find it hard to process their own specular image. Wallon’s findings have profoundly influenced French child psychology and psychoanalytical psychology. Among those who have been influenced by Wallon, is Lacan. He (1938-1949) systematically studied Wallon’s observations and other empirical data on chimpanzees and orang-utans, and developed a deeper theory explaining toddlers’ sustained ecstasy at seeing their image in a mirror (Pine, 1985; Muller, 1985).

Lacan (1949/1977) attributed the infant's jubilation to the infant's identifying with the image in the mirror as total 'Gestalt', through which the infant anticipates on an imaginary plane the apprehension and mastery of its bodily unity. Through this process, the infant denies its powerlessness and motor incoordination. Therefore, to identify with the whole human form has a defensive function in concealing helplessness and fragmentation. Lacan then located a mirror phase in child development at age six to eighteen months, and he attributed this 'ecstasy' of the child to the universal human condition of prematurity at birth:

We have only to understand the mirror stage as an identification, in the full sense that analysis gives to the term, namely, the transformation that takes place in the subject when he assumes an image... is sufficiently indicated by the use... of the ancient term *imago* (1949/1977, p2).

This identification is not a dialectic of identification with the other, it is the "Ideal-I" in a primordial form, the specular I, and it will be the source of secondary identifications. Inside this form is situated the agency of the ego. From here, Lacan developed his basic paradigm for the origin of the ego, and stressed that the ego's structure is a foundational identity for all subsequent identifications. In this sense it is precisely the ego defined by Freud as "the precipitate of abandoned object-cathexes" (1923, p.29) and is consistent with Freud's view of the ego as "first and foremost a bodily ego" (1923, p.26).

Lacan further developed the defensive function of ego, which is one of the central roles the ego will come to play in development. Later on, when the ego develops language, the structure of language shows the nature of the ego, which is to deny the reality.

This mirror phase sets up the framework for intersubjective illusion as it enables the child to mirror the mother's desire, to be what the mother wants so as to please her. Imitation is brought in at this point, as it is "an early, persistent and perhaps most common way of pleasing others" (Muller, 1985, p.238). While the ego is trying to mirror up and deny its helplessness, vulnerability and bodily fragmentation, imitation is seen as a tool for the ego to maintain the mirroring illusions. Muller (*ibid*) cited a review done by Yando et al. (1978) and studies done separately by Rothbaum (1976), Bandura, (1971) and Bates (1975), summarising that imitation in children has a two-

fold purpose: as a cognitive tool to enhance competence, and to strengthen attachment. Imitation is seen as a means to preserve the ego's defensive and self-protective ends.

I find Lacan's understanding of imitation/mirroring pertinent and wonder whether this might help to understand Jo's imitation. As pointed out earlier, developmental psychology and cognitive psychology seem only to offer a limited understanding of Jo's use of imitation. Among Jo's imitative repertoire were imitation for the purpose of making social connection as well as imitation for facilitating cognitive understanding, but these two only occupied a very small proportion of Jo's overall use of imitation; here Lacan's theory adds a new perspective.

The absence of imitation and problematic imitation in autism

I will focus now on two phenomena, the first when developmental imitation fails to take place, and the second when imitation loses or does not have social-communicative intention or cognitive motivation, i.e. when it takes place without leading to further development either cognitively or interpersonally, and the implication of these failures in language acquisition. To do this, I will refer to the research on imitation in individuals with autism.

Autism is defined by the presence of three main symptom sets involving abnormalities: those of social reciprocity, communication and language function, and the presence of abnormally restricted and repetitive behaviours and/or interests (American Psychiatric Association, 1994). Problems with imitation distinguish autistic individuals from those with other developmental disorders as early as age two (Rogers, Hepburn, Stackhouse & Wehner, 2003).

Imitative behaviour in autistic individuals has been noted as a non-communicative echolalia and a caricature of communication. This is in striking contrast to the imitation which infants and children use for establishing emotional connections and communication, or for engaging with themselves cognitively in order to understand. It is because of this contrast that autistic children have been a valuable research population for understanding imitation in its pathological form. Examining the pathological form of imitation also helps researchers to have more understanding of typical interpersonal development. Apart from imitation, within the field of autism other research questions that are related to the ability to use imitation are also

examined, including empathy, joint attention, pretend play, symbol formation and language development, all of which are built upon the capacities of imitation and responses to being imitated.

Although a significant subject, there is little study of spontaneous gestural imitation in children with autism (Nadel, Guérini, Pezé & Rivet, 1999), and limited evidence of the imitative propensities and abilities of people with autism (Hobson & Lee, 1999). A close look at studies on imitation in autism reveals contradictory or inconsistent findings. One of the findings is that autistic children imitate without the intention of communicating and without understanding, and that their imitation can easily turn into meaningless duplicating. There are also authors who claim that children with autism are deeply impaired in imitation to the extent that they do not imitate at all (DeMyer, Hingtgen & Jackson, 1981; Prior, 1979; Wing, 1979; Hammes & Langdell, 1981; Sigman & Ungerer, 1984). There is even a speculative assertion that autistic infants do not imitate (e.g. Rogers & Pennington, 1991). At the same time, some studies have shown that children with autism are able to immediately imitate gestures and procedures (Charman & Baron-Cohen, 1994) and others found no evidence of a general deficit in imitation in the subject group with autism compared to normal children (Brown, 1996), or those with autism compared to those with other learning difficulties and to normal children (Morgan, Cutrer, Coplin & Rodriguez, 1989). Yet other studies have shown that autistic children do respond to being imitated, although they do not initiate imitation themselves (Nadel, Guérini, Pezé & Rivet, 1999).

When reviewing the literature, Heimann & Ullstadius (1999), Hobson & Lee (1999) and Rogers (1999) also found that not only are there large differences in theoretical frameworks used by researchers in the field, but also that the imitation tasks varied accordingly, which contributed to the inconsistent picture of imitation deficits in autism. Restricting her review to research that only studied body movements, that were experimental and that had used both MA — mental age and CA — chronological age matched control groups, Rogers (ibid) concluded, “The global nature of these studies does not allow for a more differentiated understanding of the nature of the imitation deficit in autism.” (p.259)

By looking at the various tasks set and the research designs of these studies, the reasons that caused this equivocal picture of the presence of imitation becomes

evident. For example, most of the research used laboratory-controlled settings and programmed tasks focused on either immediate imitation or deferred imitation to test the subjects' ability to imitate, despite the fact that most of the researchers were more concerned about autistic infants, children and young people's social-communicative capacity in natural contexts. Research based on laboratory-controlled settings raises the question of whether imitation that is performed by autistic infants or children has an interpersonal quality like that performed by normal infants and children. Furthermore, are the researchers who claim that imitation is missing in autistic infants in fact saying that there is a lack of communicative imitation in autism, but not imitation actions (or motor imitation)?

I think the most crucial differentiation is determined by whether or not the child imitates with an awareness of the existence of another person or another mind, which is the fundamental deficit in people with autism. Leo Kanner (1943) quotes the mother of a nine-year-old autistic child saying:

... the thing that upsets me most is that I can't reach my baby. He would pay no attention to me and show no recognition of me if I enter the room. The most impressive thing is his detachment and his inaccessibility. He walks as if he is in a shadow, lives in a world of his own where he cannot be reached. No sense of relationship to persons. He went through a period of quoting another person; never offers anything himself. His entire conversation is a replica of whatever has been said to him. (cited in Hobson, 2002, p.10)

An intelligent young autistic adult described in an interview how the first years of his life were devoid of people:

I really didn't know there were people until I was seven years old. I then suddenly realised that there were people. But not like you do. I still have to remind myself that there are people ... I never could have a friend. I really don't know what to do with other people, really. (Hobson, 2002, p.11)

It therefore seems reasonable to speculate that autistic persons reproduce or replicate other people's movements or words, when they imitate, without knowing that there are other people.

In order to investigate whether autistic children imitate spontaneously, Nadel, Guérini,

Pezé, & Rivet (1999) conducted a research study observing autistic children in a semi-natural context. The research outcome showed that children with autism aged six to twelve did imitate their peers, and when in a controlled setting they did use imitation with the social intention to engage. The correlation between the amount of imitative and non-imitative positive social behaviour was significant, indicating that imitation is a good predictor of social capacity in children with autism and is part of their positive communicative repertoire. They were also able to become interested in the imitator (the experimenter in the study) when being imitated, and being imitated prompted them to try to engage with the imitator, trying to touch the adult and engage the adult in interaction. Nadel et al. pointed out that these behaviours are similar to those of three-month-old babies. However, this result still does not answer the question of whether the social aspect of the autistic child's imitation is only severely developmentally delayed or whether such imitation implies total lack of awareness that what he/she is imitating is a person.

Three follow-up studies used a programme designed to try to teach turn-taking to two boys and a girl. The researchers had observed that imitation in typical development leads to more sophisticated interactions: turn-taking and role-switching, which form the foundations of play. One of the boys, after bimonthly training over a year, developed the capacity of being an imitatee. These three children also developed more spontaneous motor activity with objects. However, role-switching was never totally mastered as there was no persistent attempt to be imitated if the experimenter did not immediately follow the child's suggestion. They also did not progress in communicating with non-autistic familiar children of the same age; no offering, no showing and requesting gestures appeared during the training. The absence of gestures inviting others to imitate with the identical object in their follow-up studies corresponded with the absence of joint attention gestures noted by Mundy et al. (Mundy, Sigman & Kasari, 1993; Mundy, 1995; Mundy & Neal, 2001). Whiten and Brown (1997) addressed the same situation from a different angle, namely, that it is not an inability to imitate which accounts for the imitation deficit in autism, but rather a lack of the motivation or intentional processes that guides most other people into spontaneous imitation. If so, this might be due to their not knowing that 'there are people' or that 'the models they are requested to imitate are people'.

In their study, which sought to modify the methodological problems of other studies², Hobson & Lee (1999) aimed to differentiate between the goal of an action to be imitated (what is to be done) and the means by which the goal is to be achieved (how it is to be done, or 'style'). The study involved two groups of participants, eleven who had autism and eleven who were not autistic but who had mild mental retardation (MR), who were group-matched for age and verbal mental age. The outcome, as predicated, showed that nearly all the participants with autism were able to imitate the goal-directed actions of the model; that participants with autism were less likely than those with MR to imitate the style of the model's actions, and that children with autism failed to adopt the self-orientation movements with their own body, which indicated an inability to identify with the experimenter. When discussing the outcome, Hobson & Lee wrote,

We propose that the autistic individuals were not so much abnormal in their attempts to imitate the actions modelled, but instead were abnormal in their attempts to imitate the person who modelled... [and autistic individuals] tended to imitate actions but not a person's styles of action (p.657).

Approaching the same issue in a different way, Rogers (1999) calls attention to the issue of partial accomplishment. She emphasises that people with autism do learn to imitate, perhaps inexactly, slowly and with great effort, but still they produce an imitation. There are studies demonstrating that children with autism have deficits in joint attention, theory of mind, imitation and declarative gestures, but these researchers also claim that they believe that many people with autism can demonstrate joint attention behaviour, imitation skills, fluent abstract speech, symbolic play, empathy, and even some accomplishments in theory of mind, as there are also studies supporting this using individuals with autism but without accompanying mental retardation. It is probably the rule rather than the exception that the main skills which mark the 'developmental cascade' will eventually develop to some extent, as several studies have illustrated (Rogers et al., 2003), and it is probably possible for some people with autism to learn to remind themselves that 'there are people'. Based on several decades of working with autistic children psychoanalytically, Alvarez (1992) and Reid (1999) pointed out that there are several subgroups of autism, and some are more responsive to psychological input than others. Individual differences

² These studies are reviewed by Smith & Bryson (1994), and cited in Hobson & Lee (1999).

within autistic people might be one of the causes contributing to this contradictory picture.

It seems evident that the problem is not so much with the act of imitation itself, but with the quality of imitation. If one does not have the need or interest to engage with other people, one does not have the urge or motivation to utilise imitation, the fundamental vehicle towards more sophisticated social interaction. In other words, one imitates without any intention to engage socially, such as the child who duplicates whatever has been said to him. Sally Roger (1999) has therefore proposed that there is a need to produce differentiated models of social and intersubjective development which can account for the partial accomplishments seen in autism while still addressing the core deficits in the disorder. She reviewed four theoretical models, including Meltzoff & Gopnik (1993), Barresi & Moore (1996), Tomasello et al. (1993a), Tomasello (1995) and Whiten (1996). She concluded that these theoretical models all pointed in the same direction, despite their different hypotheses, so that (1) imitation is an important ability in the development of social cognition and self-other relations; (2) they underline the degree of knowledge of self-other correspondence that infants normally achieve in the first year of life; (3) they all illustrate the importance that studies of imitation in autism have had on theory building; but (4) they have all failed to incorporate the issue of partial accomplishment, and therefore failed to integrate the areas of imitation and joint attention, both issues which have recently been addressed by other studies. For example, Hobson & Lee (1999) addressed the first issue, and tried to distinguish different elements of imitation in order to define the factors that autistic individuals found impossible to master when imitating.

Rogers et al. (2003) also tried to extract different components of imitation when reviewing the literature in order to address the issue of partial accomplishment and to define the core of the failure of imitation. They identified the following: memory and meaning, executive functions, praxis and body mapping, motor problems and social aspects. They concluded;

Imitation may not be a unitary skill in autism. Imitative performance appears to vary depending on the type of movement involved (manual actions on objects, body movements, oral-facial movements). The field has moved beyond asking whether

imitation is deficient in autism and is exploring more complex questions involving underlying mechanisms. Basic cognitive mechanisms involving the visual processing of modelled movements have not demonstrated impairments. Hypotheses involving autism-specific difficulties with the symbolic nature of imitation have not been supported. (p.766).

There are some links between imitation and executive function while, at the same time, there is a lack of specific executive function differences in very young children with autism. Two other mechanisms that have preliminary support are motor functions, particularly praxis-related functions, and social aspects.

Like Hobson & Lee (1999), Rogers et al. (2003) carefully designed their study in which they aimed to find the relationship between imitation and other key developmental elements such as motor function, social responsivity, language and play. Using very young children with autism (age range twenty-six to forty-one months), they compared three different control groups (developmental delay of mixed etiologies, fragile X syndrome and typically-developing children). Rogers et al.'s research outcomes (1) supported that there are robust differences in the imitation performance of very young children with autism; (2) failed to replicate Stone et al.'s (1997) report of a dissociation between oral-facial imitation and object imitation, and respective relationships with speech and play; (3) did not support the hypothesis that general difficulty with motor planning and execution might be the mechanism responsible for early imitation problems; and (4) showed that social responsivity correlated significantly with imitation performance in children with autism. They agreed with other researchers that children with autism do not imitate others spontaneously as frequently as other children, which in turn makes their imitation skills poorer, and there is a lack of social attention to others along with a lack of attention-shifting. They also raised questions regarding imitation and joint attention. It is known that the core symptoms of autism are generally associated with triadic joint attention difficulties, and imitation involves dyadic, rather than triadic, exchanges. However, there are increasing numbers of studies demonstrating that social impairment in autism involves triadic as well as dyadic engagement, an issue which will be illustrated in the next section.

Due to the rapid development of neuroscience, trying to explain the social deficits in

autism in the light of its findings has become a new approach to understanding imitation. Several relevant neurological studies have appeared, looking at the role of mirror neurons in imitation, and two studies have suggested that mirror neuron impairment could lie at the heart of broad social deficits in autism (Williams, Whiten, Suddendorf & Perrett, 2001; Wolf, Gales, Shane, & Shane, 2001, cited in Rogers et al., 2003). However, there are different research groups reporting that children with autism ‘read’ other people’s intentions from their movements in means-end tasks as well as controls, an ability that would appear to require intact mirror neuron function (Carpenter et al., 2001; Aldridge, Stone, Sweeney & Bower, 2000; Bowler & Thommen, 2000; Russel & Hill, 2001, cited in Rogers et al., 2003). Again, one encounters contradiction and has to bear in mind the issue of individual differences within the autistic population which might have caused this discrepancy.

What is missing between imitation and joint attention: a developmental view

We have learned from the developmentalists that infants at the end of the first year of life move on to a new stage, engaging in new forms of social exchange involving shared or coordinated actions and attitudes towards the world, which requires a basic ability of ‘joint attention’. It has been noted that joint attention serves as both the means to and expression of sharing experience of the world with others, where sharing entails intersubjective contact and emotional connectedness between people (Hobson, 1993). It has also been agreed among researchers that individuals with autism have difficulty establishing joint attention with others. They show a reduced tendency to use eye contact and deictic gestures, such as pointing to coordinate attention and share experiences with social partners regarding objects or events in the world, even though they are able to disengage and shift attention, follow a head turn, and detect what is the focus of someone’s gaze (Hobson & Hobson, 2007).

Other developmental skills that take place around the same time — at the end of the first year of life — include turn-taking and role-switching play and language acquisition (Stern, 1985; Trevarthen, 2001; Hobson, 2002). In psychoanalytic terms, at this stage of development infants start to become aware of the existence of a third object, or a third object is introduced and the infant and mother no longer look only at each other, but also at the outside world (Daws, 2003). Around the same time,

language emerges, as another third object, because there is a need to name the object that is being looked at.

In the research done by Hobson & Lee (1999), a theoretical concept is suggested, namely, identification, in understanding the quality of imitation accomplished by autistic individuals. Hobson (1993) had previously suggested that there are two broad classes of imitative propensity and ability, and autistic individuals appear to be abnormal in both. The first is about automatic mechanisms that do not require an individual to understand what the concept of 'person' is, and that leads to interpersonal correspondences in action and attitude; the second is the more self-conscious process of trying to copy someone else, perceived as it is. Hobson & Lee (1994; 1999) found that the autistic individual's capacity to imitate the action modelled is intact, and their difficulty lies in the affective aspect, an observation supported by other researchers. They concluded that autistic individuals fail both to 'automatically' assume the stance of the other in movement and in speech — a basic level of identification — and to "reflect an attempt to do things *like the other person*" (author's italics). The latter implies a more conscious and developmentally advanced form of identifying with others, a second level of identification that is relatively weak in autism.

In his theoretical paper (1995) and later his book (2002/2004), Hobson suggested that the lack of capacity to perceive, respond to, and then engage with other people affectively and emotionally leads to the autistic individual's failure to imitate the affective aspects of another person's action. Without the emotional experience of synchrony with another person through mutual imitations, the individual would not reach the next developmental stage of 'structured play' (Hobson's term), such as 'peek-a-boo'. This deficit then prevents the individual from developing joint attention, proto-declarative communication and symbolic play, and may even account for their specific profile of abnormalities in language and thinking. Hobson & Hobson (2007) conducted a study demonstrating that the process of identification is operative in certain forms of interpersonal engagement, joint attention and imitation that characterise typically developing infants, and that this process is specifically impaired in children with autism. Having compared two groups of children with and without autism, they focused on 'sharing' forms of joint attention and personal stances

or role reversals. As predicted, individuals with autism looked at the tester less but focused on the object acted upon; they exhibited significantly fewer sharing looks (a form of joint attention), and those who did not exhibit sharing looks were those who tended not to imitate the demonstrator's self/other orientation. This research stressed (1) the propensity to be moved into the psychological stance of another person, even as one relates to that someone else from one's own position, and (2) that this involves being moved in attitude and affective orientation, not in mere copying actions. The authors suggested that the difficulty of incorporating the attitudes of others through identification may have significant implications for autistic individuals in achieving new perspectives in relation to the world, and this may contribute to their relative lack of initiative in creating or responding to new conceptual perspectives, as well as to their restricted and abnormal linguistic and social-communicative repertoires, in addition to limitations in executive functioning.

A similar conclusion was reached by Ohta (1987) and Brown (1966, cited in Whiten & Brown, 1998) based on their research on imitation of more sophisticated acts. They suggested that, at times, individuals with autism show 'reversal errors' in copying hand gestures in that they do not consistently 'invert' actions in accordance with their own vantage point. This indicates a failure to identify with the demonstrator, in the sense of copying an action from the actor's perspective. This egocentric position will prevent the individual from engaging with another mind and from developing his or her cognitive capacity, and as Piaget (1945/1962, 1953) described, it hampers the individual's emotional tie with another person. It also limits the further development of social emotions, such as empathy and guilt. The capacity for adopting other people's attitudes therefore is likely to be hindered. Without this capacity, the autistic child would have difficulty distancing himself from his own 'ego-centric' attitudes to the world.

The psychoanalytic view on imitation: normal and pathological imitation

In psychoanalytic literature, imitation has rarely been studied and discussed as an important phenomenon either theoretically or clinically. Moreover, it does not attract as much attention as other psychological processes, such as introjection, incorporation, internalisation, or identification, and it seems either to bear a negative connotation, or else it is seen as a pathway to a more important mental function,

namely, identification. When Freud (1900) introduced the concept of identification, he emphasised its distinction from imitation: “Identification is not simple imitation, but assimilation on the basis of a similar aetiological pretension; it expresses a resemblance and is derived from a common element which remains in the unconscious.” (S.E. V.4, p.150)

In his 1921 paper, “Group Psychology and the Analysis of the Ego”, Freud wrote, “Identification is known to psycho-analysis as the earliest expression of an emotional tie with another person.” (S.E. V.18, p.105). Freud then went on to describe a complicated form of identification that plays a significant role in the Oedipus Complex, namely the little boy’s identification with his father, and in the same paper, Freud used imitation as well as copying to describe the psychological process. Developmentally, this ‘identifying with one’s father’ is a step forward and is bound to happen in normal mental growth (Freud, 1923). However, it is also a place where the individual can regress from the object-choice, as Freud (1921) stressed. In “Mourning and Melancholia” (1914), identification is illustrated as a pathological incorporation or introjection process, which aims to preserve the lost object, which Freud emphasised again in his 1921 paper. In “On Narcissism: An Introduction” (1917), Freud linked the object-choice (where the object is chosen based on the subject’s own self) with identification, and having previously referred to it as ‘narcissistic identification’ in his paper on Leonardo da Vinci (1910). Freud’s account of identification in a number of cases does imply that this process has something to do with imitation; however, he never defined the components of identification. We find in chapter VII of “Group Psychology and the Analysis of the Ego”, Freud distinguishes three modes of identification: “(1) the primal form of emotional ties with object; (2) the regressive replacement for an abandoned object-choice; (3) in the absence of any sexual cathexis of the other person the subject may still identify with him to the extent that they have some trait in common.” (Laplanche & Pontalis, 1973) Freud also noted at a very early date that several different identifications could exist side by side. When describing the third kind of identification, the word ‘imitation’ is used by Freud:

There is a third particularly frequent and important case of symptom formation, in which the identification levels (sic) entirely out of account any object-relation to the person who is being copied. The mechanism is that of identification based upon the possibility

or desire of putting oneself in the same situation. (1921, v.18, p.107)

Freud emphasised that there is no sympathy involved in this kind of identification. He used boarding-school-girls 'imitating' each other's symptoms as an example which takes place in circumstances where there is little sympathy and one ego identifies "under the influence of the pathogenic situation" and an identification is displaced on to the symptom which the one ego has produced. What Freud had in mind was symptoms of a hysterical nature.

Gadini (1969) pointed out that the development of "the concept of identification has not been very much concerned with imitation but has been amplified with other complementary concepts, such as incorporation and introjection" (p.475). Both incorporation and introjection were used by Freud when depicting the pathological identification in melancholia, as well as when describing normal mental development. In Freud's mind, identification with the nature of incorporation is a primitive form of identification. It involves a psychological mechanism of devouring. The individual 'devours' the object into his ego and possesses it as a way of dealing with object loss. Gadini acknowledged the confusion among these terms and how psychoanalysts themselves contributed to the confusion by not differentiating one from another in their writing. Therefore, when 'identification' is used, the authors do not necessarily refer to the same psychological phenomenon.

In "The Language of Psychoanalysis", Laplanche and Pontalis (1973) differentiated identification from its kindred terms, i.e. introjection, incorporation and internalisation. They wrote:

Incorporation and introjection are prototypes of identification — or at any rate of certain modes of identification where the mental process is experienced and symbolised as a bodily one (ingesting, devouring, keeping something inside oneself, etc.)

The distinction between identification and internalisation is a more complex one, since it brings into play theoretical assumptions concerning the nature of what it is that the subject assimilates himself to. From a purely conceptual point of view, we may say that he identifies with objects — i.e. with a person ('the assimilation of one ego to another one.' Freud, S.E. v12, 63), with a characteristic of a person, or with a part-object — where he internalises intersubjective relations. The question which of these two processes is the primary one, however, remains unanswered. (p.207-8)

With the distinction between identification and its kindred terms, we can now focus on the confusion in the term 'identification'. The identification Freud described as 'the earliest emotional tie' between human fellows, is named 'early identification' by Jacobson (1964), and 'primary identification' by Sandler (1993); for Gaddini (1969), it should really be called 'imitation'. Based on his clinical work and study of the psychoanalytic literature, Gaddini proposed that the two central components of identification were imitation and introjection, which involved psychical and symbolically somatic processes. What Jacobson called 'early identification', Gaddini thought should be called 'early imitation', as it indicates phenomena which are of an imitative nature. Gaddini also defined two types of imitation, 'imitating in order to perceive' and 'imitating in order to be'. This distinction signifies a crucial issue of the self-other boundary; it defines whether the imitator still keeps his own position. In 'imitating in order to be', the individual gives up his subjective position. Momentarily, we all give up our subjective position and imitate the other 'in order to be' in another person's shoes, as in Sandler's (1993) very apposite example:

I was walking along a crowded street in London, along the edge of the pavement, when suddenly a man who was walking a yard or two in front of me slipped off the edge of the pavement. I immediately righted myself, just as if I were about to stumble into the street.

Sandler called this mirroring behaviour a form of identification, a 'primary identification', and went on to say that this reflex evocation in the observer of the behaviour and feelings of the person observed is an automatic process that is linked with perception, and quite distinct from conscious imitation. He wrote, "It is something that can be connected with the concept of primary identification, but in one sense it is unlike Freud's concept." This is the phenomenon Gaddini suggested should be called 'imitation' and proposed that it was unconscious. It is also obvious that this form of identification or imitation is different from Freud's 'imitative identification' referring to hysterical symptom copying.

It is agreed among analysts and psychologists that the primary form of identification or imitation leads to empathy. In health, it binds human society together. Sandler discussed this observation in his previous paper "Identification in children, parents and doctors" (1959);

This is a process that occurs all the time in everyone. And indeed, one can go so far as to say that we cannot perceive a movement or an expression in another without unconsciously duplicating it in ourselves, although the duplication will be well below the threshold of overt expression or of conscious experience.

This is the foundation for empathy, sympathy, pity or commiseration, and compassion. Sandler traced this kind of mirroring back to infancy, at the same time pointing out that:

If we did not have an effective mechanism to inhibit this tendency we should find ourselves madly duplicating the behaviour and feelings of everyone around us, a phenomenon of confusion between 'self' and 'other' which we can often observe in one form or another in hospitalised and deteriorated schizophrenics in whom the capacity to differentiate 'self' from 'other' has been weakened or lost.

Gaddini came to the same conclusion and emphasised that if imitation takes over one's own self and becomes a way of existence, it would be pathological, a confusion of identity. On a much less pathological level at the other end of the spectrum, it could be the psychological process that Meltzer (1975) named 'adhesive identification'. In his paper, Meltzer described his and Mrs Bick's experience of working with a particular group of people in the 1960s, and how both of them were struck by this group of patients being "sticky". Meltzer said,

Mrs Bick had a vague feeling that there was something wrong with their identification processes, that they somehow didn't use introjection very well, that they didn't learn in a very experiential way from really having experiences, that they learned merely by imitating other people, and of course our educational system is right up their alley, you might say, so that they were often educationally very successful, rote learners, imitators, unimaginative (p.297).

From her clinical experience with this group of patients, Bick (1968) published a paper called "The Experience of the Skin in Early Object-Relations", in which she highlighted the function of the skin as a somatic as well as a psychological boundary, and its role in dependence and separation. Meltzer too noticed this phenomenon in a group of autistic children whose treatment he either conducted or supervised. After several years, Meltzer was finally able to conceptualise in this group of children a specific two dimensional object relation. The autistic mind that unfolds in the

consulting room shows an extreme intolerance to separation, even to the extent of regarding an inanimate object such as a ring of keys, a toy metal car or a door handle as an extension of their body, and such objects are used in a repetitive and obsessional way. Meltzer called such objects ‘autistic objects’, and one of their functions seems to be to prevent the child from feeling the gap between himself and the object. The child establishes a meaningful interaction, albeit subtle and scarcely discernible to the observer, with an inanimate object in such a way that the object itself becomes ‘autistic’. Furthermore, the situation is the same when relating to other people. The autistic child treats them just as he treats autistic objects, and thus the glimpse of meaningful exchange disappears into the void of autistic phenomenon. Therefore, there is no three dimensional space in the autistic mind; things go through the autistic individual, like light goes through window glass, where developmental projective and introjective identification cannot happen. Meltzer noted how, in

this two-dimensional surface relationship to objects... there were no spaces and therefore identification processes couldn't take place and development didn't seem to occur because they could neither use projective identification which required a space to get into, nor introjective identification which required the space which you could take something into. We did notice that these children had another kind of identification, something that we really could call imitation. One could see it in their posture sometimes; one could hear it in their tone of voice” (1975, p.301).

Meltzer then linked this discovery with Bick’s observations of her patients and infants, and he named this new form of narcissistic identification ‘adhesive identification’. This form of identification is very closely connected with mimicry and very closely connected with the shallowness and externalisation of values Bick observed in her consulting room with the patients who she found “very sticky”.

While Meltzer and Bick defined a pathological imitation — adhesive identification — Sandler (1959, 1993) focused on distinguishing developmental (or normal) imitation, or ‘unconscious duplication’, from pathological imitation. In agreement with Gaddini, Sandler also emphasised ‘unconscious duplicating to perceive’. He further developed the concept, citing Weiss and stressing the perception of the inner mental experiences of our fellow beings through internal resonance duplication. Here, the primary identification, or imitation, does not necessarily take any physical form.

This mirroring, this sort of reflex temporary identification goes back in time to the first months of life. But that it still remains as a residual tendency in adults is evident from the many investigations of empathy and suggestion and in work on art appreciation, advertising and so on. It is the psychological basis upon which more permanent identifications are built. (Sandler, 1993, p.1002)

As Sandler discovered, this is a psychological phenomenon noted by all psychological professionals. Piaget (1945/1962) observed the same mental function and called it 'interiorisation of imitation', referring to a mental representation of imitation on the mind. This capacity should be reached by a typically developing child in the later stages of his development, and should become an automatic program that he applies internally in his various kinds of learning, including social and cultural learning as well as cognitive learning. The pathological imitation, or identification, Meltzer, Bick and Gaddini described, is a deviation of developmental imitation. The pathological form of imitation has a few striking features, such as being unimaginative, being concrete in using language or not being able to develop language in autistic cases, and having problems in developing a sense of boundary between self and object, all of which depict a two-dimensional being which leaves no space for imagination or symbolic thinking to emerge. This discovery corresponds with what developmental psychologists found in typical development, that is, language emerges to a great extent between the ages of nine and twelve months when the infant begins to take an interest in the outside world, and the mother-infant relationship moves into a three-dimensional world. This is when joint attention becomes a crucial feature in mental development. Meltzer also observed that once the autistic child moves out of the two-dimensional world in relation to the object, language starts to develop. This developmental process also interested Piaget, and he described how it leads the way to thought and symbolic thinking.

Like Bick and Meltzer, Gaddini also noted that introjection is a vital element in identification. He suggested that imitation and introjection are the chief components of identification, and it is only when imitation and introjection can be integrated together that developmental identification can take place. Gaddini also suggested that: "Imitations represent and are concerned only with unconscious phantasy. Furthermore they seem to follow a process of their own, which apparently has a distinct role in the development of the ego" (p.476).

Hobson, a clinical psychologist and psychoanalyst, stated that identification is, on the contrary, a crucial and necessary element for imitation to happen (Hobson, 1993, 1995, 2002/2004; Hobson et al., 1994, 1999, 2007). He also demonstrated how the autistic individual's difficulty in imitating is due to not being able to identify with other people, i.e. he or she cannot perceive and respond to the other's emotional communication. It is evident that Hobson's definition of identification corresponds with what Sandler called "unconscious duplication" or Weiss's "resonance duplication". This is a fundamental form of identification, as illustrated previously. It requires an ability to perceive and a momentary losing of one's own identity in order to blur the boundaries of self and other in order to make connections and to understand the other's emotions. Without this taking place internally, even if there is imitative behaviour, no emotional tie is made. However, this psychological process is meant to be used as a tool in communication and not as a way of being, as all the psychoanalytic thinkers cited above emphasised. Sandler pointed out that this process happens all the time, and the ego has to develop a function to disengage this process, so as to make a reflective space and to resume one's own identify or self. A permanent situation of not being able to do so would be a psychotic state at worst (Sandler, 1993), or, to a lesser degree, a situation of being 'shallow' in adhesive identification (Bick, 1968).

While exploring the ego's capacity or lack of capacity to imitate or to identify, it is inevitable to consider the contribution of the external emotional environment that the ego depends upon. From Bion's work, we understand a 'psychotic state', in which an individual fails to differentiate his self from the other's, might be an result of the mother's or parents' failing in containing the unbearable experience the child is having. Bion (1962) emphasised the maternal containing function, i.e. the mother's α function, helping the infant transform his overwhelming emotional experience, e.g. nameless dread, into something making sense; and how when this fails, it leaves the infant in a world of fragmentation and confusion. When examining Jo's imitative behaviour and the development she made and had not made, I have Bion's understanding of containment in my mind and will discuss in chapter eight how the limitation of her parents in providing her a containing environment and perhaps the limitation of myself in doing so in her psychotherapy might have contributed to her not making the progress I was hoping to see.

Summary

From the literature reviewed, we can see the developmental significance of imitation in human relationships, and the impact on emotional and interpersonal life when it does not function as it normally should. It has also been shown in the literature, particularly in psychoanalytic literature, that imitation can be used as a defence mechanism to deny difficult feelings, such as feeling small, vulnerable, and dependent, and to cope with difficult issues, such as separation. These understandings of imitation are closely related to this current research, and the data analysis, which will be presented in the methodology and the research outcome.

Chapter Three

Method and Design

Research ethics

For this research the parents' consent was obtained at the end of the treatment and before the data analysis started. A blank consent form is attached to this dissertation in Appendix G. This research is also approved by the University Research ethics Committee (UREC), and the approval letter is attached in Appendix H. To protect the patient, the child patient's name was disguised and her family background was reduced to the basics needed for this research.

Clinical data

This research is based on clinical work, therefore the clinical data was collected within the context of on going psychoanalytic psychotherapy. The purpose of the clinical notes was mainly for clinical supervision and the notes were taken in as much detail as my memory could record without any selection. The research question was born out of the clinical work, and the data analysis did not take place until the treatment was finished.

Analysis method

This research is a single case study and its data analysis applied the principles of Grounded Theory Methods. I will discuss briefly the role of 'single case study' in psychoanalytic research and 'Grounded Theory' before I present the method of my research. The case study method has been widely used, particularly in social science and the medical field because of its strength in producing understanding in depth. It has been argued that it is a productive method when a holistic, in-depth investigation is needed (Feagin, Orum, & Sjoberg, 1991). This is also the method that psychoanalysts have used to explore clinical phenomena for more than a century. The single case study continues to enrich psychoanalytic practice and to facilitate

theoretical evolution, just as it does in many other disciplines, such as biology, anthropology and social psychology.

Shepherd (2004) argues that psychoanalysts have spent over three decades refining a methodology for single case study research that is appropriate for psychoanalysis and acceptable to the canons of scientific inquiry. He agreed with Meadow (1992) that “the major problem for psychoanalysis, if it intends to qualify as a reputable science, lies in its ability to develop its own method for observing events” (p.137) and intensive single case research has become a robust tool that allows researchers to choose non-random, but theoretically and clinically important, data samples to fulfil the aim of psychoanalytic enquiry, namely, investigating the functioning human psyche. As Meadow (1995) highlighted, “in our use of the single case study we should be clear, both to ourselves and to philosophers of science, that we are not engaging in clinical outcome research, even though we are using clinical observations as the field of our investigations. This cannot be overemphasised. The object of our investigations is the functioning human psyche, not the effectiveness of interventions or outcomes of treatment.” (p.26)

I analysed the collected data by the principle of Grounded Theory. The purpose of this methodology is to generate theory using an inductive approach. It is a process of generalising theory, not proof. The researcher approaches the data as far as possible without a preconception. The raw qualitative data is examined and coded. From the codes, categories will emerge. Data can be broken down in various ways to add understanding about categories, their properties and inter-relationships.

Founded by Barney Glaser and Anselm Strauss, Grounded Theory methodology emerged from a long tradition of sociological fieldwork and case studies, in contrast to theory informed quantitative research, and the prevalent hypothetic-deductive practice of testing sociological theories. Grounded Theory methodology has become a comprehensive qualitative research methodology available not only in social science research, but also in other disciplines, including psychology. For psychologists, who embrace quantification, Grounded Theory provides a deeper perspective in understanding psychological processes (Anderson, 2006). Similarly with psychologists, psychoanalytic psychotherapists or psychoanalysts, whose concern is the vicissitude of states of mind. Tuckett (1994), formerly a sociologist, has been

promoting Grounded Theory as a method of examining the psychoanalytical process. He demonstrates how the characteristics of Grounded Theory methods make them a suitable methodology for psychoanalytic research, i.e. they echo some crucial elements in psychoanalysis and psychoanalytic psychotherapy.

By comparing psychoanalytic clinical work with Grounded Theory, one can see the parallel aims of the practitioners of these two. They both emphasise searching for the meanings of behaviour and processes. Grounded Theory methodology is used to discover research participants' meanings; it focuses on the point of view of the experiencing person in order to capture the research participants' lives and voices, as analysts and psychoanalytic psychotherapists seek for patients' unconscious meanings hidden underneath their verbal and non verbal languages. The strength of Grounded Theory methods in studying individual processes, interpersonal relations and the reciprocal effects between individuals make it a suitable procedure for psychoanalytic research.

Traditional note-taking in psychoanalytic psychotherapy would be considered a suitable way of collecting data; and reflecting on what is happening in sessions outside the setting, (which is named 'macro validating' by Tuckett (1994) has a similar function as memo noting in Grounded Theory methods. The 'self awareness of why and how one gathers one's data' in Grounded Theory methods is a meta-cognitive capacity which psychoanalytic psychotherapists and analysts are trained to practise while working and is called counter-transference monitoring. Both these disciplines require a similar capacity, although having different contents and tasks. Psychoanalytic research needs to improve and increase its external validity by creating multiple ways of data collection, and this has been emphasised by Tuckett (1994), Anderson (2001) and Hindle (2000).

A Grounded Theory analysis starts with data and remains close to the data, as the data serves as evidence for the phenomena under investigation, and the analyst or psychoanalytic psychotherapist remains close to the phenomena he observes in the consulting room. The sequence of events and words manifests the core of the patient's inner world that the analyst and psychotherapist seek to understand. An analyst is first and foremost a good participant observer, which is also a required quality for the Grounded Theory method. The similar meta-cognitive process between these two

seems to bring Grounded Theory methodology closer to psychoanalytic research than any other methods.

Haig (1995) suggests, “that Grounded Theory is best regarded as a general theory of scientific method concerned with the detection and explanation of social phenomena”. Whilst psychoanalytic researchers are concerned with the detection and explanation of clinical facts in the consulting room, Grounded Theory methods seem to be an outstanding tool for bringing psychoanalytic work into the scientific world.

However, the Grounded Theory methodology used in this research is a modified one, as the data analysis was separated from the data collection. The research was separate from the treatment and was not focused on the therapeutic interactions between the therapist and the child patient, although the psychotherapist’s subjective experience with the patient [counter-transference] was considered as one of the tools used to categorise the data; as the psychotherapist, I continued to collect general data for the purpose of clinical supervision. After the psychotherapy ended, I analysed the clinical data, focusing only on the chosen subject of study – the child patient’s imitative behaviour. This phenomenon manifested itself directly in the material through its impact on me. While as Jo’s psychotherapist, I was influenced by psychoanalytic theory and my clinical supervision, as the researcher of this study, I approached the material with an open-minded attitude looking into the imitative behaviour the child patient brought into the therapy.

The readers have to bear in mind that as Jo’s psychoanalytic psychotherapist, I was not just a participant observer, but also an active intervener in the therapy room, therefore I would have affected the research subject, and I will examine whether there is a link between my interventions and Jo’s imitative behaviours when I look into the sequence of Jo’s imitations.

Data sampling

The sessions selected for analysis were the middle session of each week during the first two years of treatment. When the middle session was cancelled or missed by the patient, the first or third session would be selected, depending on which one was available. In total, there were 80 sessions available for analysis. Initially, all the episodes of imitation within these 80 sessions were selected, marked and the context

noted. The researcher then examined the episodes in terms of overt content and form and the underlying emotional purposes or functions of the imitations and defined different forms of imitation in narrative terms. All these episodes were coded by themes including the underlying emotion. The whole data set was analysed three times by me with three-month and nine-month gaps in-between. A sample of this procedure (three sessions, each selected from the beginning, the middle and the end of this two years intensive treatment) was examined by the two doctoral supervisors to decide the coding. By comparing the different forms of imitation and examining the different purposes and functions of the imitations, I grouped and labeled the identified imitative behaviour based on their purposes and functions and their different forms. Throughout this process, my counter-transference was a key to grouping and categorising imitation, which meant I relied on what kind of emotional experience I was having when the child patient's was imitating, e.g. whether it helped me to understand her predicament – a communication, or it excluded me - blocked the channel of communication. It was also possible that the blocking me out was a communication by which Jo wanted me to experience how she was feeling – being excluded and losing hope for further development.

When analysing the data, the child's imitative attempts, behaviour and scenarios were marked in the text – the left column, session note; my initial thoughts about the child's imitations were noted in the middle column called 'comments on imitations' and the researcher's other thoughts evoked during the data analysis were written on the far right column – the third column. The overall thoughts of every session were written outside the box (underneath, to be precise) after analysing the session and listing the relevant issues regarding the imitations. The thoughts the therapist had after each session during treatment were written there and then and they are also data the researcher drew upon as reference. The readers can find the detailed raw data in Appendix A. After the raw data analysis, the comments of the themes of imitation were extracted (see Appendix B) and then classified according to the purposes and functions into different categories (see Appendix C).

Reliability, validity and triangulation

The 80 selected sessions were analysed three times by me at intervals of three months and nine months. The analysis was cross checked by the two doctoral supervisors.

There was no statistical analysis, but tables portraying the vicissitude of the child's imitative behaviour, its meanings and the research outcomes are presented in narrative. The definitions of different kinds of imitation and their classification were derived from intensive discussion between the supervisors and myself, particularly regarding the non-developmental imitation, which might appear developmental within a school setting at a stage of education, when repetition and copying were encouraged. The most and the least sophisticated imitation were defined when they were discussed during supervision and in the data analysis.

The definition of imitation

In this research, the imitative phenomena created by the child patient are the focus of study. The child's imitative acts and the episodes that were selected include immediate imitations and deferred imitations, in both of which the objects being imitated could be animate or inanimate objects. The form of imitation could be simply a gesture, such as lifting a hand, or, more sophisticated, such as impersonations, that involved several components. I define the imitations that are examined in this study in terms of the following:

1. A recognisable similarity between the acts of two persons (the patient and the therapist in this research) is attributed to imitation if the match does not seem explainable on some other basis.
2. A recognisable similarity between the acts of two persons (the child patient and someone outside her therapy, e.g. her teacher, her parents, her sister, friends from school) is attributed to imitation if the match does not seem explainable on some other basis.
3. A recognisable similarity between what is reproduced by the child patient and the theme/event/scenario that exists either in the therapy or outside in another setting, such as school or home (deferred imitation more than immediate imitation).

Chapter Four

Research Findings

In this chapter I present the outcomes of the study beginning with the forms and functions of Jo's imitation derived from the characteristics of her behaviour in her treatment.

Section 1. The forms and the functions of imitation

Based on the analysis of the notes on the 80 mid-week sessions, three different forms of imitation are identified, (see table 1)

(1) Immediate imitation,

(2) Deferred imitation,

(3) Complex impersonation, where what was being imitated was the role or action pattern of someone else, including the child copying other people acting in a role such as the therapist, the receptionist, a cook, or a teacher.

Both (1) and (2) include (a) vocal imitation and (b) action/movement imitation, and the objects that were imitated included myself (the therapist) and other people. At times the child patient would repeat herself, or ask me to repeat myself, in words, sounds or action/movement. There are also occasions when the child patient imitated the sounds made by inanimate objects, such as a door knocking, a car engine running or someone banging on a wall.

Immediate imitation and deferred imitation are names Piaget used to differentiate the imitation that happens immediately after the modelled behaviour from imitation that happens when not in the presence of the modelled behaviour. Both definitions refer to a simpler form of imitation, such as words, sounds, gesture and bodily movements. These two kinds of imitation have their developmental functions in child cognitive development as illustrated in Chapter Two. Both kinds of imitation were prominent

in Jo's behaviour, however, there is a third kind of imitation that I observed in Jo which is more complicated, and related to identification with a character and his or her function. The following table summarises the characteristics of these three forms of imitation and their definitions.

Table 1: forms of imitation

Immediate imitation	<ul style="list-style-type: none"> ● Immediate imitations (1) of others (2) of herself (including words/sounds/noises/ gestures/movements/facial or bodily expressions). This imitation is a repetition or a copying of herself (3) requests to the therapist to imitate
Deferred imitation	<ul style="list-style-type: none"> ● Deferred imitations (1) of others (2) of herself (including words/sounds/noises/ gestures/movements/facial or bodily expressions). Like the previous category, this imitation is a repetition or a copying of herself (3) request to the therapist to imitate
Complex impersonation of a whole role	<ul style="list-style-type: none"> ● Complex impersonation of a whole role – a copy of the function of the therapist / the receptionist / a cook / a teacher and sophisticated imitations/ recreations of scenes or rituals from outside the therapy

Regarding the purposes and functions of the imitation, three categories emerged from the data analysis, (1) positive or developmental imitation, which seemed to represent progression in the child's development, and also a spur to further development; (2) imitation as a tool of communication, particularly in communicating the child's sense of shortcoming, deprivation and desire, which was also used as a compensation for the child's limited language; (3) imitation with an autistic or otherwise non-developmental quality, both of which indicated a force within the child operating against development.

Table 2: Purposes or functions of the child's imitations

<p>Positive or developmental functions of the child's imitation</p>	<ul style="list-style-type: none"> ● Making a connection ● Trying to understand (1) the meaning or nature of words on a cognitive level, (2) the emotional situation, (3) the position of others, [to identify with the other in the process of trying to understand] ● To preserve a pleasant experience ● To demonstrate her memory/ the process of remembering <ul style="list-style-type: none"> (a) Remember and repeat when remembering (b) Recreating the scenes to show that she had memory of them ● To acquire language <ul style="list-style-type: none"> (a) Mouthing the word, repeating it so as to take it in/ taking up the role of the other [single word] (b) Trying to learn how to speak in a certain context [sentence] (c) Trying to acquire language and identity at the same time ● Imitation as a form of identification, has the possibility of leading to pretending play ● Imitation as a process of reproducing/externalisation <ul style="list-style-type: none"> (a) Internalising an helpful object, trying to call back the 'helpful adult' who had helped her before (b) To recreate a situation in which she had felt comforted/calmed down/ helped (to retrieve an experience or a helpful object relation)
<p>Imitation as indicating unmet needs and/or communicating the child's sense of shortcoming/ deprivation/desire</p>	<ul style="list-style-type: none"> ● Repeating in order to clarify, or compensate for the limitations of her language ● Imitating in order to reproduce the process of 'making' what she had observed adults undertake <ul style="list-style-type: none"> (a) Trying to produce something genuinely meaningful. (b) When she is only able to produce an 'appearance' of creativity. ● Expressing her desire and feeling deprived ● Mocking, playful mocking to show her need to be an adult in a benign way.

<p>Non- developmental functions of the child's imitation (motivated to resist development)</p>	<ul style="list-style-type: none"> ● To have a different identity so as to have what she does not have (to compensate for her deprivation) ● To avoid unpleasant feelings such as embarrassment, humiliation or feeling inadequate ● Making the therapist copy her so we could be the same (the therapist being her extension so to deny separateness and difference) ● To denigrate the maternal object including the representation of the maternal object, e.g. the therapist, the female teachers, the female receptionist and some women. It happens on three levels: <ul style="list-style-type: none"> (a) To strip the maternal object's function, to delete a facilitating space, and at times to denigrate (b) To become one with the therapist/ to be the same (related to the issue of how to deal with difference) and (c) concealing or showing aggression after the therapist has declined to be the same as her ● To create a psychic retreat (stillness/stuckness): those complicated situations or scenes she copied provided a space in which she refused to have any changes and they gradually developed a stillness/stuckness ● For the pleasure of seeing something repeated, and she would repeat it endlessly until it developed a quality of stillness/stuckness that did not move into something different ● A form of imitative identification ● Autistic or quasi autistic quality: <ul style="list-style-type: none"> (a) Repeating as an end in itself or without any clear purpose; (b) Just for making a copy of the therapist or an adult character, purely for making a copy
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This above categorisation raised three further questions related to the process of Jo's imitative behaviour, its meanings or its place in her development.

Firstly, what was happening immediately before Jo began an episode of imitation?

Secondly, were there any discernible patterns in the occurrence of these forms of imitation and

Thirdly, could these lead to any hypotheses about possible causes or triggers for imitation.

Having identified imitation episodes I re-examined the selected 80 mid-week clinical session notes and tried to define the situations that happened prior to Jo's imitative behaviour. The results are presented in the next section.

Section 2. The situations that evoked the child's imitation

The results presented in this section list the immediate antecedents of Jo's imitation, which had previously determined my categorising Jo's imitative behaviour. In this section they will be presented separately in order to understand the link between Jo's emotional state and her imitative behaviour. Listed below are the precursors of Jo's imitative behaviour divided into three groups, (a) positive emotional antecedents; (b) negative emotional antecedents; (3) neutral or unknown emotional antecedents (see Appendix D for details):

Table 3 Antecedents of Imitation

<p>(a) Positive emotional antecedents</p> <ul style="list-style-type: none"> ● When she was excited by a new situation, environment or current festivals ● When she was amazed and surprised, or not understanding a situation ● When she felt passionate liking for the therapist ● When she felt contained ● When she was in an alert state of mind
<p>(b) Negative emotional antecedents</p> <ul style="list-style-type: none"> ● When she was feeling deprived and not in charge ● Imitation that was evoked by feeling exposed, possibly at that moment she experienced embarrassment or humiliation ● When she felt that she was going mad, she imitated ‘school scenes’ in which imitation became a way of defending against ‘madness’ ● When she felt provoked by the grown-up’s appearance and outfit of the therapist ● When she felt frustrated ● When she felt uncertain ● She came into her therapy with a particular mood [which implies internal fantasies that may or may not be revealed in the sessions] that evoked imitation, and these moods of hers included: <ul style="list-style-type: none"> a. Feeling cynical, or patronising, b. Feeling superior and slightly manic, c. Feeling that she was very special, d. Feeling that the therapist was going to steal from her or rob her ● Imitation that was evoked by her failing to develop imaginative play which she replaced with imitating a school work – possible emotion was frustration or embarrassment/humiliation; imitation replaced failed creative play ● When she intended to smuggle or steal something from the therapy room
<p>(c) Neutral or unknown emotional antecedents</p> <ul style="list-style-type: none"> ● There were occasions that showed no clear sign or indication of what evoked the imitation ● Jo imitated in order to feel the auditory sensation ● Imitation that was evoked by the activity she was doing, such as her ‘mixing ingredients’ in the bin or drawing a picture which reminded her of school ● When she wished to be the same, particularly as the therapist

The results in this table show that there was no consistent pattern linking antecedents (external or internal reasons) to different forms of imitation in any predictive way.

Jo imitated when feeling frustrated, excited and contained. She imitated when she could not understand and when she was understood. Although there was no indication that Jo's imitation was triggered by a particular situation or emotional state, it was evident that her imitative behaviour was connected with her being highly charged with emotion in general. Even when she was alert with a clear mind, was more in touch with her surroundings, her imitation could go either way; it could be an aspiration or a way to evade unwanted emotion. The phenomenon revealed a fundamental difficulty of Jo's – she appeared not to know how to deal with her emotional experiences. This indicated there might be failure in the parents providing a containing environment or α function (Bion, 1962) that could have helped Jo to make sense of and digest her emotional experiences – a process of transforming overwhelming indigestible emotions into something bearing meanings, α elements. It also brought to my attention after re-examining the clinic notes a possible similar failure on my part in psychotherapy that might also have contributed to Jo's not moving onto the next developmental stage. I will discuss this further in chapter 8.

Meanwhile some relevant personal elements that were related to Jo's imitative behaviour emerged which were (a) her fragmented speech; when her speech was poor, it corresponded with her increasing imitative behaviour, (b) her feeling humiliated or inferior, (c) her perception of words, believing them to have special power, which may be related to her concrete way of using language as well as to her fragmented speech, (d) her identity, which, as a mixed race child, she struggled to define and establish, (e) she also struggled with how to deal with reality and (f) her difficulty in dealing with difference of all kinds, which triggered her wish to “steal”, and to “take over”, and these two wishes appeared to transform themselves into imitative behaviour (See Appendix E).

Jo's fragmented speech prompted her to imitate in order to understand, to learn the language, which was related to normal development. On the other hand, her feeling small, inferior and envious prompted her to imitate in order to project her feelings, which was related to the non-developmental side of her.

In next section, I present the charts of the vicissitudes in Jo's imitation over time. The reader will be able to see the growth and reduction in the numbers and use of her imitation.

Section 3. The vicissitude of the child's imitation by time (& table 4)

Session No.	Sept. 05 2, 5, 8	Oct. 05 14, 17, 23	Nov. 05 26, 29, 32, 35	Dec. 05 39, 42, 45	Christmas	Jan. 06 47, 50, 53	Feb. 06 59, 62, 65, 69	Mar. 06 74, 77, 80, 83, 86	Easter	April. 06 89,	May. 06 92, 96, 99, 101	June. 06 104, 107, 111, 113, 119, 123, 125, 127,	Jul-06	Summer
Positive or Developmental Imitation														
making connection and trying to understand		*	**			***	*				***	***		13
To preserve the pleasant experience				**		***	*	****				**	*****	17
Memory remembering	*	**		**			*	*				*		8
Language acquisition		***				*		**						6
Identification (whole session) with indication of imagination/pretend play		*	*	**		**		**			*	*	*	11
reproducing as a form or externalisation				*							*			2
	1	7	3	3		9	3	9			5	7	6	57
Imitation shows unmet and/or communicates the child's sense of shortcoming/deprivation/desire														
to clarify	*						*							2
to compensate the limit of her language														
To make attempts to create			**			*		**						5
expressing desire and deprivation				*				*				**		4
	1		2	1		1	1	3			0	2		11
Non-Developmental Imitation														
To have a different identity so as to have what she doesn't have				*			*							2
Evade unpleasant feelings	*		*	*										3
Denigrate maternal Objects (i.e. the mother, the teacher, the therapist)		*									*			2
To create a psychic retreat							*	***				*		5
To have different identity (compensation)		**									*			
Imitative identification	*	**	**	*		*		**			*			
Imitation with autistic nature		*	*	**		*	*	*				*		
	2	6	4	5		2	2	7			3	2		12

	Sept. 06	Oct. 06	Nov. 06	Dec. 06	Christmas	Jan. 07	Feb. 07	Mar. 07	Apr-07	Easter	May0-07	Jun-07	7-Jul
	130,133,136,139	142, 145,148,151	156,159,162,166	168,		170,172,176	181,184,186	194,197,200,203,206	209,211		216,218,221,223,	230,233,236,239	242,248,251,254
Positive or Developmental Imitation													
making connection	*											*	
initiating engagement													
To preserve the pleasant experience	**	*	*								**		
Memory remembering													
Language acquisition											**	*	
Identification (whole session) with indication of imagination/pretend play		*	**										
imitation as a form of externalisation													
		3	2	3	0		0	0	0	0	4	2	0
Imitation shows unmet and/or communicates the child's sense of shortcoming/deprivation/desire													
to clarify to compensate the limit of her language												*	
To make attempts to create	*								**		*		
expressing desire and deprivation							*				*		
		1					0	0	1	2	2	1	0
Non-Developmental Imitation (imitation as defence)													
To have a different identity so as to have what she doesn't have	***	**											***
Evade unpleasant feelings	*		*								**	*	*
Denigrate maternal Objects (e.g. the mother, teacher, therapist)		*											
To creat a psychic retreat	*	**											
To have different identity (compensation)											*		**
Imitative identification									*		*	**	***
Imitation with autistic nature	*	*	*										
		6	6	2			0	0	0	1	4	3	8

Different manifestations of Jo's imitative behaviour

In order to examine the pattern of imitation over time, Jo's imitative behaviour was identified, counted and represented by dots in the tables. One dot represents one identified imitation. However, when reading table 4, the reader needs to bear in mind that the individual dots in the tables may be weighted differently as one imitation might not have served more than one function or purpose and therefore would be put into two or more categories. Also, although one imitation aimed at 'making connection' or 'trying to understand' such as copying sounds, words or a posture, might take much time and skill to achieve, another imitation that is classified in the table as 'identification', be it 'identification with the potential of leading to imaginative play' or 'imitative identification', may be more complicated and require a much longer time and more skill to accomplish.

For example, in order to make a social or emotional connection with me, Jo simply imitated the words I used there and then, such as 'run out of paper', 'Tuesday'. She also copied a woman saying 'oops!' in the corridor on another occasion, which was a strong invitation to the woman to engage with her. These imitations took place at the beginning of the sessions, as though the imitation was meant to help her warm up and engage with her session. They seemed to help Jo feel connected and the sessions could then start. There were other occasions on which Jo imitated the words she heard in order to understand (1) the meanings of the words, (2) the emotional situation or (3) to identify with 'the other' in the process of trying to understand. At the beginning of the treatment, Jo's speech was limited, and when she tried to speak, her speech was fragmented. There were times when she simply did not understand the words I used and would copy them in an attempt to understand their meanings and to make a query. For example, on one occasion, I said 'it's so annoying' to voice her possible emotional state, and she repeated 'annoying' several times at first to wonder about the meaning as if trying to work out its meaning. However, Jo kept repeating the sentence and then turned the query into ridicule, laughing at the word and at me, the person who had used the word. This particular way of twisting was common and I will discuss it further in Chapter Five.

The much more complicated imitations that I have classified as 'identification' or

'complex impersonation' included her wish to be like me in appearance, such as having long hair, wearing certain kinds of shoes and outfits, and more sophisticated identification that involved role playing in which she imitated the appearance and behaviour of the therapist, me, by preparing toys and material for a child, or talking in a certain way. There were also sessions in which she copied what she observed in the waiting room, for example the receptionist, making phone calls, writing notes and contacting therapists. This 'imitative identification' appeared at the very beginning of her therapy with me, faded away after the first Easter break and returned after the second Easter break.

When examining the table of 'Vicissitude in Jo's imitative behaviour over time', we see that her complex imitation, both developmental and non-developmental, appeared more during the first year, and decreased in the second year. The number of her developmental identifications decreased from 11 in the first year to 4 in the second year whilst her imitative identifications changed from 10 to 7. Her developmental complex imitation – identification with indication of imagination and pretend play – disappeared completely after the second Christmas break, so did her non-developmental imitation/imitative identification. However, the latter reappeared after the second Easter break and persisted until the end of the second year. Jo's developmental identification that had implied early on the possibility of her further progress did not fulfil its promise; rather, it disappeared and on the other hand, her imitative identification and her complex imitative behaviour – those of autistic nature and those which served as psychic retreat – persisted. This result corresponded with my experience with Jo that she had not moved forwards in her development as her first-year treatment indicated. At the same time, she retained her imitative behaviour that possessed an autistic quality or nature. A possible speculation is that Jo had failed to move onto the next developmental step, namely, applying and becoming skilful in imaginative, creative play that involved more symbolic thinking, representation and having more space for inviting others to join and participate. This failure evoked a relapse, moving back to the use of an old way of dealing with her emotions. While this relapse was happening, it was also the time Jo and her parents were told that the treatment would end in a year's time, as my training would end. There might be some connection between these two. These changes will be discussed more with clinical material in Chapter Five.

One imitation might have more than one function or purpose

One identified imitation might have manifested two or more functions, and therefore was classified into different categories simultaneously. For example, in session 42, Jo imitated an adult way of talking and working in the office, and instructed me to sit on the floor like a child playing with the toys. This play was classified into ‘identification’ and ‘to demonstrate her memory’ simultaneously because it showed Jo identifying with an adult that had impressed her – and it felt to me that she was imitating a psychotherapist/me – during the play she took on the appearance she observed and acted it out. At the same time, I was also aware that this was a play Jo had played out before, and she repeated it to show that she remembered it there and then and would like to do it again – there was also a sense of preserving the pleasure she had experienced before.

For the benefit of understanding the changes of imitation over time, I translated table 4 into table 5, so that it is easier to read.

Table 5 the numbers and the types of imitation across time

IMITATION	TIME FRAME							
	1 st year			Total no. by type %	2 nd year			Total no. by type %
	1 st term	2 nd term	3 rd Term		1 st Term	2 nd Term	3 rd Term	
Developmental imitation	18	21	18	57 57.6%	8	0	6	14 26.4%
communicating a sense of relative deprivation	4	5	2	11 11.1%	1	3	3	7 13.5%
Non-developmental imitation	17	10	4	31 31.3%	14	1	16	31 59.6%
Total number by time	39	36	24	99	23	4	25	52

(1) There was a noticeable lessening in developmental imitation during the second year of treatment, and the non-developmental imitation fluctuated over time, ending after two years at numerically at the same level. During the first year, there were 57 positive or developmental imitations and the number dropped to 14 during the second year. The purpose of developmental imitation was to understand, make connections, preserve pleasant experiences, demonstrate memory, and acquire language. Included in this category was imitation

classified by me as 'identification' that was related to pretending and imaginative play. However, the amount of developmental imitation lessened significantly during the second year.

- (2) The developmental imitation showed almost no change over the first year with a slight increase during the second term. These developmental imitations gave an impression that Jo was catching up and applying imitation in her cognitive development.
- (3) During the second term of the second year, there was no developmental imitation, 3 imitations aiming at communicating her sense of deprivation, and 1 non-developmental imitation. It seemed that she was in a different state of mind. The meaning of not having any developmental imitation was unclear. It could be positive if the disappearance of it indicated that those developmental imitations that were aimed at making social contact and trying to understand had contributed to an internalisation of these functions. As a corollary, having only 1 non-developmental imitation gave an impression that the 14 non-developmental imitations in the previous term might be a lapse after a long summer holiday, and now Jo was back on the track of progress. Unfortunately, non-developmental imitation had increased again after the second Easter break, making the previous progress temporary.
- (4) The non-developmental imitation lessened steadily during the first year, which, alongside those vibrant and active developmental imitations, indicated a hopeful progress in Jo's development. However, after the summer break, the number of non-developmental imitations bounced back to 14, almost as high as when the treatment started. It lessened dramatically after the second Christmas break to only 1 imitation before it increased again after the second Easter break to 16, which, again, was almost as high as when the treatment began. Overall, the non-developmental imitation had returned to the initial level at the end of the two years of intensive psychotherapy. This fluctuation deserves close examination and I will discuss this later. I will also discuss the decrease in the imitation during the second term of the second year.

I will now discuss the influence of the breaks on Jo's state of mind and her imitative

behaviour as the impression given was that relative changes in frequency of imitation occurred before and after holiday periods. This raises the question of whether there was an impact on changes in the nature and frequency of imitation brought about by the breaks.

Both breaks and imitation are related to a significant developmental issue, namely separation and its inevitability for any individual. The sense of separation sets in when the infant ceases to see the breast or the mother as an extension of himself, and becomes aware of her as being a different individual, and that he has no control over her. For Jo, seeing differences of all kinds was a painful experience, whether this was a difference of generation, sex or race, as will be described further below. She also often gave me the impression that she was living in a timeless zone, as if there were no difference between yesterday, today and tomorrow. The capacity to acknowledge the passage of time requires a mind able to separate from his or her surroundings, both human and material surroundings, or at least not merged with his or her environment.

Imitation, when it happens between people, is a way to make social links, and one of its functions may be to blur differences in order to feel connected. When it is used excessively, it might become a defence against being different or seeing differences. Based on above discussion, I wondered whether the breaks in the treatment would generate anxiety leading to an increase in imitation, in anticipation, or on her return, or alternatively whether it would have the effect of obliging Jo to face the separation from her psychotherapy and psychotherapist, spurring her development and affecting her imitative behaviour.

In order to answer this question, I examined the sessions the week before and after the breaks to find out how Jo responded to the break and to determine whether Jo's imitative behaviour was in any way related to the break.

Section 4. Imitations before and after breaks and their patterns

I examined three consecutive sessions before and after each break, marked the imitative behaviour and counted the numbers. The outcomes were as follows:

Table 6: Numbers of imitative behaviours before and after the break by categories

		Before the break	After the break
1st break (Christmas break)	Developmental	6	5
	Shown unmet/ communicating Expressing	0	1
	Non-developmental	5	6
2nd break (Easter break)	Developmental	3	0
	Shown unmet/Communicating Expressing	0	0
	Non-developmental	2	0
3rd break (Summer break)	Developmental	0	3
	Shown unmet/Communicating Expressing	0	1
	Non developmental	0	4
4th break (Christmas break)	Developmental	0	1
	Shown unmet/Communicating Expressing	0	1
	Non developmental	0	1
5th break (Easter break)	Developmental	0	1
	Shown unmet/Communicating Expressing	0	2
	Non developmental	0	3
6th break (summer break)	Developmental	0	
	Shown unmet/Communicating Expressing	1	
	Non developmental	4	

Table 6: The total numbers of imitative behaviour before and after the break

	Before the break	After the break
1 st break (Christmas break)	11	12
2 nd break (Easter break)	5	0
3 rd break (Summer break)	0	8
4 th break (Christmas break)	0	3
5 th break (Easter break)	0	6
6 th break (summer break)	5	Not analysed

Outcomes

1. These numbers are based on a whole week of 3 sessions before and after each break – when there were cancelled sessions, the next one was chosen to make sure that there were always three sessions being examined. The rest of my data is based on analysis of mid week sessions only, therefore, I cannot compare whether Jo imitated more or less around the breaks than at other times. However, broadly the pattern follows the other imitation data. Overall Jo’s imitation drops down over the year with negative imitation going up at the end. After the first holiday, when there is a similar level of imitation before and after the break, the pattern begins to change.
2. There is no difference between the numbers of imitations before and after the first break: the possible meaning of this is that, to my knowledge and impression of Jo, she had not demonstrated that she had developed a sense of time and she had not shown that she was aware of the passage of time during the first term of intensive treatment, therefore, the coming of the first Christmas break seemed not to have made any difference in the area of her imitative behaviour.
3. Interestingly, after the first Easter break, changes were taking place. Jo came back being alert and engaged well with me and with her surroundings – her sense of time was shown clearly, and there was no imitation before the next three breaks.
4. After the first Easter break, there were three terms where Jo did not engage with imitative activities before the break, and she seemed to demonstrate a better capacity for dealing with the approaching holiday. The possible explanation will be discussed further in Chapter Seven. But it seems that the lack of imitation correlates with a clearer engagement with the reality of the coming break.

Section 5. Role play over the two years

When examining Jo's imitative behaviour over time, I was struck by the way the developments did not maintain. There were times when I had had great hope that Jo's imitation would progress into creative and symbolic play; however this did not take place. While contemplating the possible explanation, which will be discussed in the next chapter, I thought that looking into the detail of Jo's most achieved symbolic play would shed some light on this mysterious situation. I therefore re-examined the 80 mid-week-session clinical notes, selected those episodes that indicated symbolic and creative role play and constructed the definition of them. This examination process was cross examined by the two supervisors.

The session from which I took the definition of creative role play is session 211. I extracted the essence of creative role play as follows:

1. It has a communicative quality that demonstrates the child patient's internal experience
2. It expresses the child patient's concerns that are related to here and now
3. It has an inviting quality that includes me, inviting me to join in, to be part of the play instead of taking control over me
4. There is a development of a story that has the quality of free association, and expansion, instead of closing down of themes
5. The play gives the child emotional satisfaction
6. It shows the child's internal world in three dimensions
7. It has symbolic representation.

There were other role-plays that seemed to imply a certain degree of creativeness, however most of them were unsustainable and Jo sought refuge in imitation of school work. Those episodes that appeared to meet some of the criteria were also very complicated internally; and several of these followed cancelled or late starting sessions. On a number of occasions, out of the role play emerged, as from nowhere, a family damaged and dying. These appearances were accompanied by fragmented, unconvincing narrative. The sessions in which there were creative plays are listed in the table below.

	1 st term	2 nd term	3 rd term	4 th term	5 th term	6 th term
Creative, imaginative (role) play	0	69 th	89 th 90 th 111 th	130 th 133 rd 148 th 168 th	200 th 209 th	211 th

This table shows how Jo's creative play emerges, increases and then dies down. However, most of the role-plays I selected were not sustained. The role-play could evolve into impersonation, in which the creativeness and the atmosphere were taken over by rigid impersonating. I will discuss this phenomenon more in Chapter Five.

Chapter 5

Research Outcome

Developmental and non-developmental imitation

In this chapter, I present clinical vignettes to illustrate the different functions or purposes of Jo's imitative behaviour that have been selected and categorised (see Chapter 4), how they appeared within Jo's therapy, and the changes over time and the patterns undergone. I intend to explore the changes, focusing particularly on the U shape (see Section 4, Chapter 4) change during the second Spring Term, where Jo's imitative behaviour disappeared, and examining Jo's activities in psychotherapy while her imitative behaviour was at its lowest. After this, I will look at the period around the break times in Chapter 7 to answer the question raised in Chapter 4 – as to how Jo dealt with separation and the apparent impact of the breaks on Jo's developing mind (see table 5).

Developmental imitation (DI)

Within the category of developmental imitation (DI), there are: DI1 imitation apparently for the purpose of making connections and trying to understand; DI2 imitation for preserving pleasant experiences; DI3 imitation to show the action of memory and experiencing fascination by being able to remember; DI4 imitation for the purpose of acquiring language; and DI5 a more sophisticated identification that indicates that more spontaneous pretend/role play should not be far away. I will present DI5 the more sophisticated identification, in this section.

I identified two modes of Jo's identification, both of which were evoked by Jo's wish to be someone she admired. Such people included her therapist, the receptionist in the waiting room, her teacher, or any adult who impressed her. This was expressed by Jo copying the admired adult's 'appearance and behaviour', which required a number of skills.

Take what happened with myself as an example. In a straightforward way, Jo wanted to grow long hair to be like me; she wanted to wear my shoes and to have my glasses. She wanted to look like me, and over a period of time she tried to copy the way I dressed. This could be said to be identification on a superficial level which was similar to imitation and is common in young children. She then developed a way to act like me in my role as the therapist who prepared the session for a child patient. She came in, used the paper, cutting it into different shapes, and bagged them. These were the 'toys' she prepared for me and she said I could play with them. She mimicked my way of talking, and at a later stage she created the character of a 'session lady' who was a doctor who treated children. This session lady spoke to a policeman, spoke to the receptionist or the teacher, discussing the child's problems and their solutions. She asked me to sit on the floor and play with the toys whilst she was busy contacting different 'professionals'. This level of identification required more mental capacities, and seemed to be a developmental process of taking in ideal figures or parental figures. During this process, the quality of imagination, creativeness and pretend play at those moments when she was absorbed in making toys out of the material she had in her hands was evident, here she talked with other professionals, discussing the possible solutions for a troubled child. She had entered the phase of complex thought processing and was making use of symbols.

Similarly, at other times, she painted her fingernails, asked me to lend her my shoes, and she walked about with satisfaction. Her genuine wish to be a grown-up, to be beautiful and demonstrate her femininity, was moving. She was like a little girl in mummy's shoes, an imitation that brought a smile. Jo also liked to imitate writing, just as she was fond of copying spoken words. She would sit at the desk scribbling vigorously, as though she was thinking deeply and reproducing her thoughts. Many times she brought the wiggling lines to me and asked me what these 'words' said. She was hoping the scribbled lines would transform themselves into words (and symbols) that adults wrote and read. This was a world that she seemed eager to move into and to be part of.

In the same manner she imitated or identified with a dentist who had treated her. I had to be the child being treated in the session, through which she expressed her admiration of the dentist as well as communicating her experience of lying in the

dentist's chair. In another session, she role-played her mother who was busy doing house work as well as her teacher who was looking after children and teaching. She imagined herself to be these impressive adults, as she saw them, and acted them out, pretending that she was doing their admirable jobs. There was a vivid example in session 111, during the third term, in which she set up a party; "this is my party!" she said excitedly. She had always longed for a party and felt envious when her friends were having one. She announced that she had invited her best friends to come, and they enjoyed this party she organised. There was food on the table, and when the girls' party finished, she came up with an idea and asked me to help her. She had a little girl made out of paper which she made some time ago. This was the size of a real person which she had drawn, cut out, and played with before. She sat the little girl at the table, cooked more food for her little girl, Molly, and began to feed her the food which was made of wet tissue. Having fed her, she suddenly said to me "I saw you yesterday". I asked her where and she said "on the staircase at the Tavistock." I was interested to hear this as she had missed her session the day before. It seemed that feeding Molly reminded her of not having been therapeutically fed by me the day before, and by saying that she had seen me the day before, she seemed to express her wish to see me, and maybe a wish to be fed – to have had her session.

Jo rarely made any comments regarding what had happened before, the present session, or what would happen in the future, and often gave me the impression of living in a timeless zone without knowledge of past, present or future. As she began to develop memory though, she was unable to speak of what she remembered because of her limited linguistic ability, she played out remembered events in actions, themselves imitation or copying. Therefore, her remark of seeing me on the day she missed her session was significant in her development of a sense of external time.

Later, nineteen months into her psychotherapy, an even more hopeful development emerged. I marked session 200 as 'significant' at the time. In this session, she made a book that she called 'Learning Book – by Jo and for Jo'. On page 1, she drew lines and murmured to herself, "I have been eating chocolate. I left no one (sic) for my Dad. I am a lazy daughter. I will buy something for my Dad." I said to her that she seemed to be trying to understand herself, and was thinking of her relationship with her father. She then remembered the game we had played in the

previous session, but she decided that we did not have to do it again (which would have been a repetition for the purpose of preserving pleasurable experience), instead she was able to move on, to get on with what she was trying to do today. She then asked herself questions, “Jo, can you learn how to do handwriting?” She talked to herself about how to do good handwriting and maths; after she had done, she corrected her mistakes. I was very moved by this process. Also of significance during this session was Jo’s speech. It was one of those occasions when she managed to speak in full sentences, and the sentences expressed rich possible meanings. Moreover, she seemed to be in touch with her inner experiences, and what she conveyed implied some kind of concern for her father who was in a deprived state in her mind. It indicated there was a fragile internal object in her. However, her working on the learning book, asking herself questions and playing out a supportive figure indicated a process of internalising a good helpful object who could assist with the fragile internal object.

It seems to me that her identifying with impressive adults and pretending to be them was a hopeful sign of her psychological development. However, this development was not sustained. Her pleasure of imitating seemed to replace her developmental force, and her non-developmental imitation returned. I will discuss this further and proposed a few possible hypnotheses in chapter eight

Non-developmental imitation (NDI)

In contrast to the section above I identified the purposes of Jo’s non-developmental imitation as:

(NDI 1) to evade unpleasant feelings such as embarrassment, humiliation, feeling inadequate,

(NDI 2) to denigrate maternal objects including her mother and the representation of maternal objects, such as the therapist, the female teachers, and the female receptionists,

(NDI 3) to create a psychic retreat in which Jo generated a sense of stillness and a state where no further development was taking place,

(NDI 4) to have a different identity to compensate for her sense of deprivation,

(NDI 5) to inhabit something akin to Meltzer's two dimensional identification through which the individual identifies him- or herself with the object in such a way that he or she becomes the object (the pathological identification that Freud (1917) described in 'Mourning and Melancholia' where the ego is identified with the object to such extent that the object is incorporated into the ego),

(NDI 6) to make the therapist copy her, thus making the therapist an extension of herself,

(NDI 7) imitation with autistic or quasi autistic nature/quality in which no growth or development was possible.

All of the above imitations as well as the repetition of activities, functioned as defence mechanisms to prevent the mind from progressing. These non-developmental imitations, repetition and two-dimensional identification were prevalent throughout Jo's psychotherapy and had been, and continued to be, a prominent characteristic of hers, as illustrated in the following examples:

(NDI 1) Imitation used as a defence mechanism to evade unpleasant feelings such as embarrassment, humiliation, or feeling inadequate:

An example of this happened right after an episode in which Jo was trying to understand. In session 8, when she did not understand the word "annoying", she repeated it and appeared at first to be thinking about it, pondering what it meant, but this curiosity soon turned into ridicule. She distorted the word, laughed manically, and created a situation where I, as the therapist who had used the word, became a silly person and was mocked. I had noticed that within this swift transformation there was another emotion that Jo encountered, namely humiliation, because she did not know the word. Not knowing how to deal with this humiliation, Jo turned the situation around so that I became the person who needed to endure the humiliation. The feeling of being inadequate was now transferred to me, and I began to feel that I had failed to use a simpler word for this little child and felt a sense of inadequacy. The same defence mechanism was in operation when Jo felt embarrassed or incompetent because of her age, and she felt 'small', particularly when she was

preoccupied by the fact that I was the grown-up in the room and was capable of doing things she was not yet able to do. She was also influenced by the jewellery, clothes, and shoes I wore as an adult and appeared to be both offended and humiliated by this. At times, she could not contain this humiliation and began mimicking my words, my outfits and my postures and to project these difficult feelings onto me. Often, I did in fact find myself feeling guilty and inadequate, wondering if I was not considerate enough to predict such reactions in her. At other times, I simply felt provoked and infuriated by her mimicking, and found it hard to work as her psychotherapist. Therefore, the other side of her evading the unpleasant feelings was to make me feel what she was not able to experience. The transference and counter-transference experience were closely linked together by Jo provoking such feelings in me in order to compensate for her own discomfort.

(NDI 2) Imitation with the intention of denigrating the maternal object

- 1、 A malicious need to strip the maternal object's function by denigrating and thus deleting the nourishing function.
- 2、 Mockery as a form of attack, which sometimes could be a form of benign communication through playfulness, and at other times more of an attack.
- 3、 She dealt with her sense of difference also by attempting to make me copy her and thus turned me into an extension of her. When I declined, she would become violent towards me.

This denigratory aspect of Jo's imitative behaviour tended to predominate in relation to me and her psychotherapy, taking the form of either a straightforward imitation of me, or a more subtle form which she used to evacuate her difficult feelings by relocating them in me when they occurred during therapy. Most commonly, Jo would mimic my talking and my posture, either to stop my functioning as a psychotherapist or just to mock my being an adult. Sometimes, she spent the whole session imitating me making a joke out of it (session 14). Sometimes, she imitated me with a mixture of identification and mockery (session 39). At other times, she seemed to experience my trying to understand her as something persecutory, and would seek to prevent my interventions by laughing at me, through which I understood that she felt provoked by my capacity and role. This implied that she felt ridiculed and humiliated simply by being a child and being small. There were also a

few occasions when she mimicked her mother and people in the corridor in a denigrating way. Overall, she conveyed that she considered adults to be stupid and useless. When her speech had progressed, the verbal mimicking became more sophisticated.

I found Jo's denigrating behaviour to be connected to her strong need to imitate any admirable adult and expressing her wish to be like him or her. It was probable that the admiration and denigration were the two sides of one coin. The coin flipped from the positive to the negative when Jo experienced humiliation and embarrassment, and I suspected that admirable adults sometimes evoked great frustration and that was when the denigration occurred. The frustration could be related to Jo's experience of her parents not being able to become admirable in her mind, or her own lack of skills to imitate or identify in a way that brought hope in her that one day she might become those she admired. There seemed to be a connotation of envy too, when Jo denigrated her object. In session 242 (during the 6th term), such a connection between possible envy and denigration occurred.

In this session, Jo had brought a broken key chain that she found in the school playground – a typical thing Jo would do, picking things up from the street and playground, and trying to transform them into something nice and valuable (or she had seen them as something nice and valuable from the adult world) – and she asked me to sellotape it. When it was done, she was pleased, took the chain, now a piece of jewellery and went to her private corner where I could not see. She then accused me of looking at her, which indicated that I had become a bad figure who was nosey and intrusive. She seemed to imply that I was envious and would want to steal the 'jewellery' from her. She then tried to climb up on the table and pretended that she was hurt. She pointed at a red spot on one of her knees and asked for my help. As I had plenty of experience of her playing tricks on me in order to laugh at me, I was cautious and asked her about whether she really was asking for help, or whether she was trying to trick me. She kept begging for my help in a dramatic voice, asking me to give her my hand. I decided to comply with what she wanted me to do, but as soon as I gave her my hand, she accused me of making her 'injury' worse! She then walked about pretending to limp and eventually went to lie on the couch, showing me that she did not like me. She stayed on the couch for a while before getting up,

coming to sit at the table, where she began to mumble the names of a few countries, at the same time trying to write them down.

I wondered whether the injury she accused me of causing her was to do with envy, her envy of those adults she admired and of those things she thought others had and she didn't; and her trying to think about different countries was her trying to think of her mother, as one of the countries she tried to write down was her mother's. When she could not get the name right, she went to sit in the bin, which was clean. This was another of Jo's characteristic actions, and I found Meltzer's idea of the "bottom place" helpful in understanding where Jo's mind was at this point. Sitting in the bin, she made up nonsense words and laughed at them. She then tried to do the splits and finding this impossible, she decided to sit on my lap. She talked about the coming summer break, and also tried to figure out the difference between South End Green and Southend. Her year group was going on a trip to Southend. Some thinking seemed to be taking place, but after she left my lap she went to sit in the bin again. This time she leaned to the side and fell over onto the floor, and when I remarked that she was sitting in the bin again, she began copying what I said. I widened my eyes and she imitated in a mocking way. I decided to wait and looked at her in silence as I had learned not to say more as she could go on mimicking me for a long time. She looked at me waiting. After a while she started talking and asked me not to talk when she was talking. She provocatively mimicked an adult's way of talking, jumbled words up and then asked me not to "be rude" to her, meaning that I should not interrupt her or make any interpretations.

Following the sequence of the session, it is evident that Jo seemed to move in and out of two mental places: a place in which she saw me as someone helpful from whom she could ask for support, and when in this state of mind she could think and differentiate between different things and concepts; in the other state of mind, she saw me as a rude, envious, nosey and ridiculous person, and when she was in this state of mind she was sarcastic and full of mockery. On two occasions in different sessions, after demonstrating positive aspects of the former reaction, she flipped over to the latter state of mind. However, Jo's laughing at adults did not always happen in a clear sequence that indicated a 'causal relationship'. Within the session, there were times when she came to the session and immediately began mimicking with an

intention to denigrate, such as in session 184. As soon as she arrived in the therapy room, she spoke a made-up language with the pronunciation signifying that it was supposed to be her mother's tongue. The sounds were aggressive and loud with mockery, and she was apparently ridiculing her mother. This was a mental state in which Jo did not see adults as helpful, caring or thoughtful. Therefore she was unable to take any help that was offered, with the result that she ended up depriving herself of being emotionally and cognitively nourished.

Another crucial aspect of this type of imitation was Jo's demanding that I do the same or to be the same as her. This could be something as simple as imitating her running (session 2), or being a girl like her and doing things together in the same way (session 17), at which time she emphasised, "we are the same". In another session, she asked me to play with the dolls like she did, move around the way she did, thus creating a mirroring situation between us. She appeared to be using two methods to make us the same. In the first, she assigned me a role, as an assistant, a playmate, or a little girl from her school, and I had to do what she asked me to. In the second, she asked me to copy what she did.

Normally, this kind of request from a child develops into play, but Jo's request had a particular quality, which I was able to define by examining my counter-transference. There is a vital difference between 'playing with a child even with some measure of imitation while maintaining the function of psychotherapist' and 'playing with a child who wants to control and manipulate the psychotherapist like a doll'. In the former, the pleasure of play is predominant and enjoyed by both parties, and the child is able to hear and take in what the psychotherapist says. In the latter, the pleasure only belongs to the child and does not come from the play but comes from being in control, and the space for communicating and interacting is eliminated. When this controlling side of her took over, the psychotherapy came to a standstill, with the result that the psychotherapy was not able to progress. The next function of Jo's imitation creating a psychic retreat, demonstrated this situation

(NDI 3) Imitation in order to create a psychic retreat (stillness) which could develop an autistic or quasi autistic nature/quality (NDI7)

Jo did not only copy what she observed of others, she also copied herself and what

she did. There were some activities she repeated endlessly, and these activities were not play, they were manoeuvres that created 'stillness' in which there was no sign of development. What was most noticeable about these activities was that although there was detailed repetition, reproduction of a social scene, such as the morning classroom register, a maths lesson, or story writing, there was no story or plot but only scribbling or repetition about a few characters like a "girl" or a "boy". This was linked with Jo's wish to preserve a pleasurable experience that she had enjoyed. However, the experience could become rigid when Jo repeated it many times, and gradually an atmosphere in which she became stuck would develop. During these repetitive activities which mostly copied what she had observed at school and where I was sometimes expected to participate, Jo was completely immersed and imagined herself as the one in the spotlight. This is a normal wish among children, but for Jo, the acting gradually created the 'I don't want anyone to interrupt me or disturb what I am doing' atmosphere, and the interpersonal exchanges between us would close down to the extent that I, as Jo's psychotherapist, began to feel that this was a child who did not want to move on. I wondered whether this place she was stuck in was either a bottom place (represented by the bin and the toilet) in which she easily became excited, or an ideal as well as still place – "a very nice party", as illustrated below in session 218 (during the 6th term). Both of which could be defence against painful emotional experience at the same time. The first half of this session showed Jo staying in the bottom place and the second half, the ideal party.

In this session, she arrived late, was looking forwards to starting her session, and was conscious of time as she had missed her previous session. She came into the therapy room and sat in my usual chair to start. She then gave the chair back to me without my request, showed me a tiny book and a toy from her pocket and went to sit in the bin. When I wondered aloud what kind of place she was sitting in, she said "wee" and "toilet". I said maybe she had made "we" into "wee" and she found this amusing and came out of the bin. She went up to the table by the window and looked outside for a while before she asked for the real toilet. Once we were outside the therapy room, she became excited and rushed away to look into the waiting room before she went into the toilet. After she had finished in the toilet, she checked the waiting room again to see her mother. Once we were back to the therapy room, she was distracted by some noise from the room next door and said, "I have to tell you

something, something about next door. It's all about next door". She then decided to set up a party, a birthday party, but for whom, she did not know. Maybe for the teddy bear which she called Funabee – short for 'Funny Bear'. She then prepared tea and emphasised several times that this was a very good, very nice party; everything was nice and good. She wet the bear in the basin and it was dripping water. Later, she put on a show on the table, a show resembling a school assembly, and she did not want any interruptions. During this long period she became totally absorbed and I felt again that I did not have any contact with her in the room.

This highly organised copying of an activity – in this session, a party or an assembly in school - was like a fixed script, and I had to play the part she assigned to me and not to disturb her, it did not show any independent sign of life either. And if I did not disturb the fixed script, Jo could continue for as long as possible. I also understood that had I been another busy adult, I could happily have left this child to her own story for as long as I wanted. However, I was not such an adult and did not leave her to herself, with the consequence that I felt excluded from the therapy room, as if I were the one being left alone and at times even deserted. This counter-transference led me to attribute an autistic quality to some of Jo's repetitive play.

This still state within an activity could develop into an autistic or quasi autistic nature, and became an imitative activity without any specific purpose, for example, the experience of a sound being repeated by her own vocal cords, or a gesture being copied by her own body. On one occasion, when Jo imitated sounds made by a machine, I asked whether she was making machinery sounds and she replied, "I am the machine", and continued making the sounds as her imitation became more accurate, obviously enjoying the experience. On another occasion when she was completely immersed in filling up a hand-made book of hers, which had become a repetition in itself as we had so far had dozens of her handmade books, each a copy of the one she made before, she told me that she was having fun in this repeating and copying. However, I did not enjoy seeing her repeating the same activity over and over again. I felt that the progress of her psychotherapy was being delayed as she was not willing or able to move on, and nothing seemed to emerge that would lead her on. Table 4 illustrates how the non-developmental imitations as a whole continued without changes over the two years of treatment, while the developmental imitation,

that had initially evoked hope, decreased. During the second year of treatment, I gradually felt the absence of imaginative pursuits in her play, which were substituted by the repetitive behaviour. Whilst her imitative activities became more complicated, the quality of these activities became static. I will discuss this further in Chapter Eight.

(NDI 4) Imitation to compensate for a sense of deprivation by adopting a different identity

Jo's imitation of a character frequently expressed her desire to be someone else or to have what someone else had. Children imitating different roles or characters in this way is common, and this is always developmentally significant in the move towards a proper development. However, Jo's imitation of a character did not move into a psychological or developmental identification; rather it became fixed on the superficial level of having an 'outfit' – a copying – and the 'outfit' itself replaced the interior content and became the aim. It seemed to be a shortcut to owning an identity for Jo.

Jo's desire to have a different identity fell into three different categories: race, gender and generation. Jo expressed her wish to be from a different ethnic group. The one that impressed her most was Bangladeshi, as a girl in her class that she wished to be was Bangladeshi, otherwise, she wished to be a boy or a grown-up. The emotion underlying these desires was her feeling of deprivation. Her solution was that she would assume this identity as soon as she had the outfit, or a copy of the outfit. She therefore decorated her fingers and her arms and announced that she was Bangladeshi, and she declared that she would be a man although she was first a girl – she said in one session that she was a man but first a girl, which indicated that she thought she would have a penis once she grew up (she knew boys have penises and once said "I hate boys because they have willy!").

Differences of gender, ethnicity and age are of concern to many children, and Jo was indeed trying to think about them and to work them out. However, her investigation easily went astray, becoming stuck in copying, and she would stay in the copying mode without further investigation or development. The outfit she put on gradually developed a quality of owning something she desired. This kind of imitation

satisfied her cravings and gradually became an imitative form of identification.

(NDI 5) A form of imitative two dimensional identification

While some of Jo's imitations developed and became identification proper, some had become what Meltzer called "adhesive identification", or an imitative identification – an identification that is copying, a two dimensional being that has no space for things to be taken in. As mentioned before, when Jo was in her 'copying mood', she would fix on the 'outfit', and was very eager to 'reproduce something exactly the same'. When she was absorbed in this process, there was very little space for any interpersonal interaction to take place. She repeatedly copied her teacher, doing the morning register, giving assignments, demonstrating handwriting, making a book, doing maths problems, and the book making became a ritual that she insisted on doing until the end of her treatment. This two dimensional quality of her and her imitative activity also came across in her play. Some revealing play of hers took place in session 111 during the third term, which demonstrated both her creativeness and limits.

The original spontaneous action of 'making a book' in session 200 (during the 5th term) – in which I was moved by her showing that there was a helpful figure inside her that was helping her learning – had become something different in which fixation and repetition were dominant. Later, the process of making a book, filling in stories, maths, spelling or other works became her way of being the character she imitated. There was an occasion when she corrected me, saying she was not talking like a teacher, she was the teacher. I will return to this subject in Chapter 6 when both session 111 and 200 will be presented.

(NDI 6) Making the therapist copy her in order to be the same

While Jo put a lot of effort into being a character that impressed her, she also put a pressure on me to be the same or do the same. This seemed to be another expression of imitative identification: Jo demanded her psychotherapist identify with her in an imitative way. Some of her requests were simple, namely, copy what she asked me to copy, such as clicking the tongue, clicking the fingers, drawing a picture exactly like hers, or making a book just like hers. Some of her requests were more complicated, such as insisting that I had to be a little girl with special needs. She

arranged us sitting together at the desk doing the same work, during which time she might be another girl or the learning support assistant. At times she just needed me to be another little girl like her, and we played a game together, in which she often asked me to follow her, or to 'do the same'. On these occasions, she wanted me to be a copy of her. In session 53, she painted my fingernails after she painted hers so we became the same and we were doing the same thing. After she finished painting my fingernails, she asked if she could wear my glasses and my shoes. The wish to be the same would be manifested either in her copying me or her asking me to copy her. In session 224, she created a game called "I am copying you", and after she had copied my talking and my gestures, she asked me to copy her. There seemed to be an issue of separation. I wondered whether the experience of separating from, or being different from, her significant others, such as her parents, her teachers and her psychotherapist, was unbearable and she had to create a merged state with the person she valued by which she eliminated a three dimensional relationship between herself and her object. Jo's desire to merge with her object and how this mental state affected her development had manifested in her dealing with the breaks. I will discuss this further in Chapter 7. In the following chapter, I present two sessions in which Jo's play demonstrated a creativeness that indicated that she might move on to the next stage of development. However, the material in these two sessions also shows the limitations of Jo's play, which gradually became the main characteristic of her development.

Chapter 6

Creative Play and its Limitation

I will focus on Jo's creative play in this chapter, demonstrating the creative side of her play at her highest capacity but also the puzzling limitation of her creativeness through her play. Two sessions are presented as they illustrate vividly both Jo's capacity and her limitations. The first session was session 111, a Friday session, which took place 10 months into her treatment, following a cancellation. The second session was session 211, a Tuesday session, the first session after the 5th break. I compare these two sessions in which Jo both showed the creative side of her role play, and during session 111, we can see what might be an answer to the problem of the limitation of her imaginative play. In session 211, Jo demonstrated the best quality of her role play, from which I extracted my definition of creative role play (see page 67, Chapter 4).

Clinical example: Session 111:

The first half of the session

Jo came with a new watch, and made sure that I had noticed. Afterwards, she began to set up a party. While she was preparing it she said to herself, "Jordan has a party, Memoona has a party." She took out all the plates, wet the tissues in the plates and said "I cook them. Where is the oven? Where is the oven...pretend this is the oven." She put the plates under the child chair and that would be the oven. "I don't want them burned" she said, came back to the small table, looked busy and absorbed. The cooking was done; food was put on the table. After a while, I said she'd like to be a party girl today, she said no, she was not a girl, she was a woman. She put four plates into the oven, said, "Right, how long? Eleven minutes. Eleven minutes. I like going Tavistock. I like have a party here." She came back to the table. I said the watch really made her feel like a grown up, a woman. She was too busy to listen to me. I wondered about my role. It seemed I was an assistant and she did not have much to do with me. She looked around, spotted the bin, wanted to get the bin, but found it hard to squeeze through the tiny gap between the couch and the table. She asked, "can

you bring me the bin?" I brought her the bin. She asked, "can you bring me Molly?" (Molly was a one-meter high paper doll she made a long time previously). I brought her Molly and put her on the pillow by the table. She adjusted Molly's posture, found it impossible to make her sit up, left it, and asked me to move the table closer to Molly, and she said something indicating the party had begun. "We sit at the table" she said and pulled up her chair.

She was still busy, picking up all the spoons. She gave them to me, asking me to put them away. She put one cup at each corner of the table, looked around very pleased. Some water was spilt on the table, she asked me to get the green tissues, and help her put green tissues on the table, soaking the water and then it became decoration. Once it was done, she started sipping her tea. One spoon was left out; she picked it up and gave it to me. She then moved Molly to the chair and after a while asked me to come over and to sit on the child chair, to hold Molly, and she placed the bin under Molly. I said I thought I was just a helper, I was not Hsueh-Mei, a person, and I had to do what she wanted me to do without thinking for myself. She was too absorbed to hear me. The feeding began. She fed Molly, putting the scraps of wet tissues through Molly's mouth, which was a hole, the tissues dropped into the bin. Suddenly, she said, "I saw you yesterday, Hsueh-Mei." "Oh where did you see me?" "On the stairs, at Tavistock!" I said, "I think you missed me yesterday; you did not come did you?" She shook her head. I said, "you did not come and you were thinking of me, and it felt like seeing me, you felt that you'd seen me when you were thinking of me." I said she did not come because something happened at home but I think she did not know why she did not come. This contact between us did not last long; she quickly went back to the play.

She then started sucking the water out of the wet tissues before feeding Molly, and then either swallowed the water or spat it into the bin. I could see from her face, it did not taste good. She stopped when she finished three plates of wet tissue and then went to get the new sheets of paper from the big table.

Discussion of first half of the session:

In this session, Jo set up a party which was hers - a wish fulfilling play as in real life she had never had a party like her friends had, and she was deciding what to do and

how to do things. She did everything, including setting up the table, cooking, preparing the ingredients and feeding. She had a paper doll coming for the party and she then became a maternal figure, feeding the doll. Throughout her play, I was someone who existed only to assist her, and when I wanted to participate, she accused me getting things wrong. I was there but not part of the play. However, there was momentary genuine contact between us that happened whilst she was feeding paper doll Molly, when she said she had seen me the day before - when she did not come for her session. It seemed the experience of feeding had reminded her not being fed the previous day. This brief contact was gone very quickly and during the second half of the session she was absorbed in doing maths and making a book, and the space for me to be an individual having her own thoughts was eliminated. She wanted me to be an extension of her, doing things for her, but I was not allowed to participate.

The second half of the session:

She came back, also brought the sticky tape, and gave it to me, 'help me Hsueh-Mei' she made a book with my help and brought a green felt tip to me, "do numbers, do the numbers." She wanted me to write down numbers for her. I encouraged her to do so herself as I had learned that I could end up being a writing machine for her. She accepted it and lay herself on the floor, doing numbers. She wrote 1 and circled it with a box, and then 2, 3, 4, all in boxes, and a four in a flower, then 5, 6, 7, 8, 9, 10, all in boxes. She got up, showed me the numbers, "Do adding. Do adding, do it." I declined for the same reason. She said, "all right" and began to write, five plus five. She left the paper and pen to me, stepped aside, put up her hands, looked at her fingers, "Ten!" and came back to write ten. I felt that there was no space for me today. She was full of herself and her game and her numbers.... She carried on doing four plus four, two plus two. I was impressed by how quickly she could do it. I talked about her not needing me, doing all the numbers, setting a party, cooking, she knew how to do these things and she felt like a woman, not a little girl, and I wondered where the little girl was today.... She was not listening at all.

She then wanted to draw an arrow, tried three times, drawing three arrows, then she said, "what do you do" meaning how to draw an arrow. "Triangle!" She then drew a triangle, a circle, dots, "can you do dots?" she mumbled along, doing it right next to me, on the armrest. "Pattern" she said when making dots. Again, I talked about

what she was doing: numbers, shapes, pattern... and she seemed to know a lot of things and she wanted to show me what she knew... but I was thinking where the little girl Jo was? Where was she? No response, she was not listening. She carried on drawing a pattern, and wanted to write a number — one hundred million, she said, and wrote 1002. I said that was a big number, very, very big, and I think she wanted me to know that she felt very big today, she could set a party, she could do numbers, she could do adding.... She moved onto the floor, and then she said, “Do you do Spanish? I do Spanish.” She got up, wanted to draw on her hand, and drew leaves and then a flower. She asked me to do it for her, I said no, still feeling that there was no contact between us, and she just wanted to use me in a certain way. She said all right and did it herself. She walked about, mumbled, “I do Spanish, English, Spanish Spanish (sic).... I am from Buda (sic)...” She went up to the couch, still absorbed in drawing on her hand. She sat down, did nail painting, “Bangladesh, Bangladesh... Spanish...Spanish, English” I started feeling uncertain whether she was saying that she learned Spanish at school or Spanish meant something completely different. I asked her “what is Spanish?” She then started giving me some words, which sounded like she was repeating what she learned. I said, “So you learn Spanish at school.” She agreed looking at her hands. She then drew on the other hand. She came to me and asked me, “draw leaf.” I helped her a little and then returned her hand to her, feeling that she just wanted me to be a ‘do what I ask’ person, which I did not feel was helpful. Interestingly, she accepted my no without throwing a temper. She carried on walking about and I described what I observed. She repeated my words. I said she was repeating my words, (words that I was sure that she knew, so it was not an attempt to grasp what I was saying). I think she wanted to be me, a woman, and the watch really made her feel big. She looked at her watch and then resumed nail painting. Afterwards, she sat down in a chair, saying, “I am not Spanish, I am Buda Jo.” She finished her hands, held them up examining and admiring, and said, “Sa wa de ca! You do it like this.” I said she thinks the school should teach her Buda language, not just Spanish, and she really wanted to learn Buda language, to be a Buda Jo. (Her mother was from a Buddhist country) She then mouthed, ‘Bangladesh, Bangladesh’ and started chanting as though speaking Bengali. The scene was now completely mixed up, Indian hand painting, Buda, Bangladesh, Spanish.... I asked whether she was speaking Bangladeshi words. She agreed. She came to lie herself down next to my feet, relaxing and looking at her hands. She

then stood up, came to fetch the pen, she left it to me and began to draw a bit more on her hands. I waited for a while and then said, it's time to tidy up. She turned and gave me a look, meaning 'WHAT?' I said she felt shocked. She walked to the tea table, and started putting things away.

Discussion of the second half of the session

The momentary contact Jo had with me was not sustained. What came after was her withdrawing into a mathematical world where there was clear order and logic. It was similar to what happened in the first half of the session, in which she wanted me to exist only to assist her, and not to join her in activity or exploration. Later, she went into language world in which there were rules too. She did explore through this language world her own identity and her mother's tongue, but as in the first half of the session, I was not allowed to participate in the process of exploring. I wondered if when she was in touch with missing a session, not seeing me, and missing the Tavistock, she had experienced a world that was more difficult to understand and to control, therefore she had to move into a place where there were clear rules and an order to follow. Whilst she was in this ordered world, she communicated a clear message that she did not want to hear my view or my exploring any meaning as though I would spoil her creating an ordered world for real. We can see her creativeness: the party was a pretend play, and the cut out paper doll Molly was revealing; her feeding Molly expressed Jo's plight. Yet her creativeness was limited. On the one hand, the paper Molly was a creative invention, on the other hand, Molly had no inner space to contain the food fed into her mouth. The food dropped through Molly's mouth and landed in the bin. Molly was two dimensional, a quality of Jo's play more genuinely. This quality of her play implied an answer to my question, "why did her progress not lead on to a more advanced level of symbol formation and creativeness?" The difficulty seemed to lie in her inability to move from two dimensional representation to three dimensional representation; and her enjoyment of imitation also contributed to this not moving on to the next developmental stage. I will return to this topic in Chapter 8 and discuss it further.

Clinical example 2: session 211

This session was the first session after the 5th break. There were several examples in this session that indicated Jo was in touch with the here and now, and was engaged with me in an inclusive way. Jo said to me when I went to collect her that she hadn't seen me for a long, long time. Once we were near the therapy room, she asked about whether the room was painted - which was a conversation we had before the break.

Once in the room she went to get water from the jug and sat herself in the bin, drinking. I said she felt that she hadn't seen me for a long, long time, and was wondering if things changed. I asked whether she felt I had changed. She looked at me sipping her water. She then told me that she had some electronic animals to feed during the break, "you look after some animals, bird, and chicken or dog, oh, I don't know." I wondered who looked after her when she did not have me. She murmured into the cup while sipping. I said she was talking to herself. She spoke aloud, "superhero!" I said, "oh, superhero looked after you when you did not have me?" She smiled, came out of the bin and went up to the windowsill, meanwhile, I said that maybe she wished there was a superhero looking after her when she did not have me. She then hid behind the pillar and touched her private part and said that she had to touch her 'nooly' and she smelled her hand. She asked me not to look at her. I talked to her about her telling me how she dealt with the break by touching herself - a way to get herself excited so not to have upset feelings about not having her sessions, me, and the Tavistock. She finally came out from behind the pillar and began to read a pamphlet she had brought in from the waiting room, 'Information for Children'. I was very impressed, thinking that she managed to read it herself. She went to lie on the couch, touched her 'nooly' again. I said she was doing it again, and did not really feel that we were meeting now. She stopped, came off the couch, crawled under the table saying "don't look at me, don't touch me, I am disgust..." she hid herself under the table, picking her nose. I wondered if she was not sure whether I thought she was disgusting and that was why I did not see her for a long, long time. She did not seem to be listening. She came out, went to lie under the big table, touched her 'nooly', which I pointed out. Around this time, she sellotaped the two pamphlets together asking for my help.

She went to sit in the bin, opened the two pamphlets that were now one, and that she had been holding in her hands all the time. She started making up a story as though reading from the pamphlets, ‘once upon a time, there is a little girl, who lives in a castle. She got step-sister, step-mother and prince...’ she dropped her story and began reading the pamphlet, “and about the lift, when you come to the Tavistock for the first time, you have questions about this place, what kind of place is it?” I was impressed by how much she managed to read. I said to her that I thought this little girl was not living in a castle, she was living in a bin. I pointed at the bin, wondering whether it was hard not to live in a bin (as discussed before, Jo’s sitting in the bin was an important feature in her treatment, which I had come to understand as her mind being in a bottom place, Meltzer’s concept). She turned sideways and reached out her hand asking me to hold her hand. I gave her my hand and after saying thank you, she came out of the bin, saying that we needed to ask questions to find out about the Tavistock.

She came to sit at the table, read out the questions and talked to herself about ‘asking questions about the Tavistock’. “Learning” she said, “Family..” “it’s a place when you are...” “it helps you...”. She stopped, went to get another cup of water and gave it to me, “do you want a drink?” She sat down, pulled the box to block my sight of her, “I need to do some work.” I said “and I am not allowed to know what kind of work you are doing.” She mumbled and started circling words. She said she was just checking the words. I waited and then made a couple of attempts to comment on her wanting to know me and the Tavistock, asking questions about me, what kind of person I was. She was not listening. I put the cup on the table, after a while, she noticed and picked it up, gave it to me, “do you want a drink?” I wondered whether she was looking after me, or just wanted me to be quiet, sitting here, saying nothing. Without saying anything, she went back to her ‘work’.

I waited and she showed no sign of communicating with me but carrying on her reading of the booklet. I linked this excluding me with her feeling during the break - she might have felt that I had excluded her from my life during the break. She appeared not to hear me. She needed to circle ‘Tavistock’ and then some other words. She crossed out some words and said “I don’t like I”, so she crossed out ‘I’. I said maybe she was wondering whether I liked her, or whether I wanted her, perhaps

she thought I did not see her because I did not like her. “I do wonder about that” she said. I was impressed by this sudden level of engagement she had with me despite apparently blocking me out - which was a defence as well as a communication.

She carried on and spent a long time checking and circling words, ignoring whatever I said. When she finished, she gave me the pamphlets. I said I would have a look at what words she had circled. She glanced at the page and looked timid and shy. I said she had circled ‘friends’, ‘family’ and ‘Tavistock’.... While I was looking at her ‘books’, she dipped the blue felt tip into the cup and made the water blue. She showed it to me, asking me if it was blue now. I agreed.

She walked to the big table, put the cup on the table and asked for Funabee. “Where is Funabee? I haven’t seen him for a long, long time.” She found the bear and took it out. She did Funabee’s hair to make him smart. She poured the water on its head, saying that now he was to look very good. She took a good care of it, wet it and dried it and wrapped it with paper towel and then made him a cake. She ripped the paper towels and put them into the jug, it’s an Easter cake she said. She was to make him nice Easter cake. I said she did not have Funabee over Easter and now she wanted to make up for it, to have a proper Easter with Funabee. She agreed, saying that Funabee did not come with her for Easter.

She was to look for spoons, but ended up making more cakes with the wooden bricks. She then went to telephone a friend of Funabee, to invite him to come for Funabee’s party. After the phone call, she went back to tell Funabee that his friend would be coming and Funabee was very pleased. I said she felt that Funabee was left alone during the Easter break, and now she really wanted to make up to him, to make him happy, to do a lot of things for him. I said I thought she was feeling left alone by me, and she wished that she had come with me for Easter and that we had an Easter cake, celebrated and done a lot of things together. She seemed to be touched although she remained silent. She went behind the pillar, talked to Funabee and said she would bring him more things. She picked up a cup, several pencils and pens from the box, made a pencil case that really pleased Funabee, who said “Thank you, thank you.” The party finished and she wanted to draw.

She came to take a sheet of paper and a colour pencil, went to the big table, began drawing and said, “Hsueh-Mei, pretend that you are Funabee’s friend, pretend you are the friend.” She said this friend was to stay, to sleep over. She drew a big box, came to the small table, drew the roof, the windows and a tiny, little door. She then drew a staircase, “stairs to upstairs.” She went back to Funabee’s room, came back to say, “he want me to do the night time.” I said, because it’s a sleepover. She said yes. She scribbled on the space above the roof with blue. The felt tip was nearly dry. “Blue. Blue. What happened to the blue?” She shook the pen, carried on scribbling, did not complain more, but reduced her expectation, and accepted that it was not working. She then put some stars among the blue, using yellow. I said this was a big house, a big place, like the Tavistock house, very big, and she was in the house with me. She said now we had to put it on the wall and asked me to help her.

The house was stuck on the wall. I said, “so it’s the big house where Funabee is going to stay.” “Every day” she added and jumped on to the couch to lie down. I said she was to stay in this place, in the Tavistock, the big building and she really wished that she could stay here every day. She looked satisfied and relaxed and was pulling the blanket to cover herself. She was wanting to sleep now. She closed her eyes, made herself comfortable and let out a sigh, ready to rest.

It was nearly time to stop. She woke up and pretended to fall onto the floor and crawled around, with her eyes shut, she asked me to warn her about where she was and whether she would be bumping into something. She wanted me to guide her safely.

Discussion

From this session, I identify several qualities in Jo’s play that were particularly advanced developmentally. These qualities are,

1. Jo’s being communicative about her internal experience,
2. she expressed concerns that related to here and now,
3. during the play, she invited me to participate and included me as part of the play instead of taking control over me,
4. the story in the play had the quality of free association, and the quality of expanding instead of closing down a theme,
5. the play seemed to give Jo emotional satisfaction,

6. the play was three dimensional, and
7. it had symbolic meaning.

It was clear that her cognitive ability had improved and I was impressed by her clear speech and her capacity to read out what was written in the pamphlet. She also showed that she was in touch with her feelings about the break - "I haven't seen you for a long, long time" she said, and this indicated that she was aware of the time passing, and the time when she did not have me. In the session, she remained in contact with me, and was responsive to my comments and interpretations. She expressed how she felt about the break through her play and her activities. She showed me that she turned to her body as a way of dealing with the break, and this was like returning to the bottom place (the bin) where she often muddled up nourishing milk with rubbish/excrement, where she also often thought she might be producing something good. While she was sitting in the bin, her interest in producing a fairy tale, which had her usual repetitive quality, was diverted by her reading the pamphlet. It was a wish of hers to read 'the information for children' written by The Tavistock Clinic, as though it could be a letter I had written to her. It could also represent desirable knowledge she thought I had kept from her. This change of her moving from her imagination to what was written in the pamphlets – something concrete and non-imaginative – also tells a story that I had become familiar with, namely the limitation of her creativeness. She found it hard to continue her imaginative world, and was drawn to something concrete, which in this session was the pamphlets.

Sitting in the bin was often an indication of her not being connected with me, and this time was no exception. She was indeed in her own world and appeared to be out of my reach, which, like her touching herself, might also be related to her feeling about the break as well as her usual mode of coping. She was putting me into her shoes to experience being neglected and ignored. Once she was out of the bin, she was back to being connected with what was happening here and now, looking for her teddy bear and expressing her missing of him. Her play afterward showed her wish to be with me during the Easter holiday and in the future. While the play moved to involve the idea of a sleepover, she went up to the couch and lay down. She then was in need of

my help for direction, for not getting hurt. This interaction communicated her understanding of her staying in treatment for getting help.

Unfortunately, these creative and communicative play and activities were rare and what was shown in this session was a fleeting moment that was not sustained. As the treatment proceeded, there was no further progress in this direction. This session showed Jo's imagination and creativeness at its highest. It seemed clear that Jo's capacity to symbolise was not sustained and it was not an ability that had been properly developed. Most of Jo's play served the purpose of maintaining her psychological equilibrium. As illustrated in Chapter 4, those fleeting moments when she demonstrated creative and communicative play (not only in these presented sessions but those I identified and presented in Chapter 4) were often followed by breaking down into tragic stories or returning back to rigid and repetitive school activities such as maths, spelling and handwriting, which seemed to show her struggling to symbolise. This session also indicated a significant factor, namely the impact of the break. I wonder if the break or the experience of being separated from me and her psychotherapy had helped Jo's mind to become more alert and engaged – the impact of an absent object (O'Shaughnessy, 1964). To investigate this further, I have taken a look at those sessions before and after the breaks and presented the outcome in Chapter 4, and will discuss this further in the next chapter.

Chapter 7

Separation in Psychotherapy: Breaks and Their Impacts

Following the outcome presented in Chapter 4, Section 4, I will discuss the impact of separation in psychotherapy on Jo's imitative behaviour. As mentioned before, I suspected that Jo's imitative identification was related to her not being able to bear the pain evoked by difference and separation. In this chapter I will explore this topic in more detail by examining how Jo dealt with the breaks during her treatment, as breaks can be presumed to have the potential to bring to her mind her separateness from me, whilst her imitative activities appeared to be eliminating it.

During the course of treatment, I was gradually struck by the impact of breaks on Jo's state of mind. I wrote after the fourth term started after the first summer break,

‘After the summer break, it seemed she had developed a new sense of time, becoming acutely aware of weekend and Wednesday – the days she does not have sessions. The idea of separation and that we exist as different individuals really came to her. The summer break struck her and she then breaks it down to deal with. Every weekend break became a practice for her and she talks about it in the session, going through days of the week and trying to register them in her mind.’

The new development after the summer break was that Jo became very mindful of each weekend (weekly break). She was now conscious of the days of the week and would mention it during the sessions, and count each day of the week as if to remind herself of the time passing, one day after the other; she gave them different names. Jo's naming the days of the week showed that she either (1) became more aware of time and was able to locate herself in time, or (2) she was able to categorise names of times. On Friday sessions, she would address the weekend and at times told herself

that the weekend was 'Saturday and Sunday'. This indicated that Jo began to see each day differently and no longer lived in a timeless zone as she used to. Before this cognitive transformation, her imitative behaviour had changed earlier in the 3rd term, after the first Easter break. During the third term, her developmental imitation remained the same, in quantity, whilst her non-developmental imitation had lessened significantly. The imitation she used to communicate had dropped too. It seemed the first Easter break had already affected Jo's mind and the summer break made a final breakthrough. Her mind was awakened. It was also during this time, she began to talk about my family, my husband and my babies. In her mind, we had become separate individuals, having different lives and being in different places when we did not see each other. I wrote in my treatment diary,

After the second Christmas break (the 4th break) she seems to be aware of my family, my husband, my baby or babies. She shows how much she hates it. The theme is no longer the time gap, but the idea the gap brought in: the family, she talked about spending time with her family, her husband and baby!

A mind emerges: from a timeless state of mind to a sense of time passing and a realisation that there are gaps, and she seemed to be more in touch with the reality—I have my own family, I am a separate individual. The sense of others as individuals was born.

However, the discrepancy with this picture of a mind developing was that her imitative behaviour increased after the summer break (the third break), returning back to almost to the level of the beginning of the treatment. It seems the long summer break did wake up her mind, made her more alert and more in touch with her surroundings, but it had not influenced her development as regards imitative behaviour. These two phenomena, namely her mind becoming alert and engaged and her imitative behaviour, might not be mutually supportive, as I first thought they would.

Regarding the impact of the break on Jo's imitative behaviour, something can be understood by examining her imitative behaviour right before and after the break. From the outcome shown in Chapter 4, we can see that Jo's imitative behaviour disappeared before each break, but reappeared after the break, except the first break and the second break. There was no difference in the level of imitation before and

after the first break - the possible explanation being that treatment had only just started; and there was no imitation before and after the second break - a break that I think had significant impact on Jo and her progress in the treatment was impressive around that time. This showed that it was after the break that Jo was drawn to resume her imitative behaviour maybe as a way to defend against her feelings about the break while when approaching the break, she seemed more capable of dealing with it through my support without needing her imitation as a defence.

Regarding the prospective impact of the breaks, Jo's mind became alert and awakened, noticeably, after the 4th break, but afterwards her mind went back to a timeless state. I wrote in my treatment diary as follows:

Session 177, 178, 179 (January 2007): Jo appears to go back to the timeless frame, paying no attention to the days and time. No longer mentions the weekend break as she did last term. During this week, she is playing different characters talking in a low voice, she is a vampire, a man, she also talks in high pitch, having different identities, as though she has slipped into someone's identity that takes over, and becomes that person. A sense of fragmentation; there is no whole object. She sings songs about bum, willy, making up words, talking in a singsong way, and making up language. Mind is in the toilet. "Do you like my bum? Kiss my bum" she asks me.

Thus the impact of the break on her mind as creating greater awareness of time passing was not sustained. This contradicts the psychoanalytic literature. Jo's previous response to a break echoed what psychoanalysts have long discovered, but her response to another break was different. Intriguingly, Jo's imitative behaviour reached its lowest level during the period when she lost her sense of time. Therefore, I suggested that her imitative behaviour and her being mindful were two separate phenomena. I will now present the psychoanalytic view on breaks, and the reader shall bear in mind that Jo's material offered a positive as well as negative example and I will present the possible explanation in Chapter 8.

Psychoanalysts have long noticed the impact breaks have on the patient's mind. They described how the absence of the treatment – a break of continuity – facilitates the patient's thinking. Continuity is a necessity for psychotherapy. With the stability of meeting times and space, the therapeutic relationship is established and a routine and rhythm is built. Based on this, the transference develops and the child's

internal emotional experiences and object relations unfold. Whilst psychotherapy offers the child a special space to explore his or her experiences and gradually becomes a significant event in the child's life, the absence of psychotherapy offers a chance for the child to re-live the early experience of separation. This reliving gives the child another opportunity to have a different experience now with a psychotherapist.

In her paper "The Absent Object" (1964), O'Shaughnessy illustrates how the absence of the nourishing object – the infant's mother and her breast – stimulates the infant to develop a sense of reality and to form a real relationship with the object. The nourishing object's absence is a spur to mental development, as it breaks the "non-separation" and "non-differentiation" pre-birth state, and forces the individual to develop a sense of the world outside him- or herself. The sense of separateness makes communication necessary, and 'the third', i.e. the perspective of another, comes into the relationship of the two. Separation and frustration of a need or a wish are both inevitable.

O'Shaughnessy emphasised that thoughts are not needed when the infant's needs are constantly being satisfied, and before the individual comes to recognise and acknowledge the absence of the nourishing object, he or she tends to phantasise or hallucinate in order to manage or manipulate his or her sense of frustration that is caused by needs not being met. Riviere wrote:

On Freud's own hypothesis, the psyche responds to the reality of its experiences by interpreting them – or, rather, by misinterpreting them – in a subjective manner that increases its pleasure and preserves it from pain. This act of a subjective interpretation of experience, which it carries out by means of the processes of introjection and projection, is called by Freud hallucination; and it forms the basis of what we mean by phantasy-life. The phantasy-life of the individual is thus the form in which his real internal and external sensations and perceptions are interpreted and represented to himself in his mind under the influence of the pleasure-pain principle. (Riviere, J. 1936: 399)

Frustration caused by the absence of the nourishing object is inevitable in real life and it evokes physical pain as well as psychological pain, both of which stimulate the mind to think and to have thoughts. It is the existence of frustration that makes the

satisfaction meaningful and creates an environment for mental symbolic representation to begin. Bion (1962) in his book 'Learning from Experience' further illuminates the impact of frustration on an infantile mind and proposes that infants make a huge advance when they begin to think of the missing good object when facing a somatic need not being met. Within psychoanalytic psychotherapy, the absence of the psychotherapist and the therapy sessions recreate an analogous situation in which the child patient has another opportunity to move on to the symbolic mental process. O'Shaughnessy describes how a child in treatment gradually notices that his or her therapist comes and goes, and how the absence of therapy sessions evokes the development of thoughts and symbols. Melzter (1968) also pointed out that it is often after the first summer break that the patient, whether a child or an adult, becomes more alert with regard to time and the patient starts to respond to the psychotherapy differently. It is when this mental change takes place that the patient begins to sense the existence of 'others', such as the psychotherapist's spouse and children, and the therapist's own life that does not involve the patient.

For Jo, the significant mental change took place after two terms of intensive psychotherapy. However, as I described before, the change was not sustained. I will now compare the first two breaks and Jo's response to them before and after the breaks to illustrate her different psychical responses.

Responses to the first and the second break

The week before the first break, Jo had missed her first and second sessions of the week due to illness, and arrived for her third session, the last one before the holiday. In this session she was alert and I was impressed by the quality of her speech, which was always an indication of the level of her being in touch with her surroundings. She was more sociable and was aware of the Christmas break. She made a card for me and wanted to decorate the therapy room for Christmas. The Christmas tea party she created in the room was less imitative, but still had the suggestion of reproducing what she saw in school. She drew a Christmas tree and insisted that I draw a Christmas tree exactly like hers, a reverse of her imitating others. She demanded that I copy her tree, and was cross when I drew a Christmas tree in my own style. I wondered whether her requiring me to do the same was her way of coping with the coming break. On the one hand, the missed sessions and the approaching Christmas

holiday seemed to bring Jo more in touch with time and loss, and she appeared to be more engaged. The scene of the Christmas party she created seemed to me to imply 'identification' more than simply copying. On the other hand, she was desperate to deny what the break might indicate, namely we were separate persons and would have our separate holidays doing different things. I suggest that the recognition of us being different and separate evoked anxiety, and drawing our Christmas trees exactly the same reassured her.

When the Christmas break ended and Jo's psychotherapy resumed in the new year, she came back with very limited and fragmented speech. Her mind was slow in responding and she appeared to be unaware that there had been a break, unaware of the time that had passed. During the first session of the first week, she was repeating what she had done during the last session before the break: decorating for Christmas, which had the quality of denying any gap between the previous session and the current one. In the second session, she was surprised and impressed by some new stationery, which in fact was there already in the first session. She then copied what I said and what I had done – preparing new material for her, indicating she suddenly was awake to notice the differences between herself and me. While she copied my words she also made them into something of her own, adding some nonsense sounds, and she did the same with the material, gluing all the new pieces of paper into one and giving it to me, as if it were something she prepared for me, just as I had done for her, with an air of mockery. She then mixed up glue with water and declared that she was making butter. I linked this activity with 'making a baby' – a little bit of this and a little bit of that, and then a baby. She giggled and made loud noises with a smile. What sprang to my mind was the possibility of her wondering what adults did during the holiday – such as 'making babies' which would be part of a child's phantasy in their relation to their parents that was now transferred to the psychotherapist.

During her third session after the break Jo pretended to be afraid of a "scary man" she had once seen outside in the road, and asked me to tell the man to go away. When I did, she was pleased and reassured although there was no such man outside. I wondered if the scary man represented me – a good but absent psychotherapist during the break, turned into a terrifying bad psychotherapist, and now that she was back in

her therapy she needed the present good psychotherapist, me, to push the scary one away. Of course, the scary man might also represent the man with whom I spent my Christmas which would indicate the break had introduced an idea of the third object into Jo's mind. During her third session back she was out of spirits, only wanting to resume being copied by me. We were indeed back to her imitative world in which there was not much difference between the first term and the second term.

At the second break, Jo responded very differently, and she gave several indications of having the break in mind both before and after the holiday. The week before the break, she brought in a piece of tissue during the first session, given to her by her mother for a runny nose. She showed it to me as if it was the most precious object in the world. She folded all the new sheets of paper and glued the folded sides together. Might she have been expressing her wish to be 'glued together' with me? It seemed also to convey the two dimensional quality of hers. She then used the paper towels to make two breasts for herself, stuck them under her top and became very excited, laughing dramatically while drinking water from the jug and spitting it out. There was triumph in her laughing and her showing off the paper breasts. I wondered whether the gluing together did not work in her mind and she was aware of me as a provider who could nourish her, and was applying a different strategy. With these two paper breasts, she now felt completely self-sufficient and did not need her psychotherapist to 'feed' her something good anymore. I thought her making herself paper breasts was a reaction to the holiday, and that she was denying the soon to be absent good breasts, her therapist. The second half of the session was used by Jo in playing water in the bin and wanting to wet herself. It seemed suddenly as if the 'breast milk' she thought she could produce by herself was mixed up with 'water in the bin/toilet'. Another possible interpretation was that her replacing of her psychotherapist with a fake one, represented by the 'paper breasts', had sent her into what Meltzer called a "bottom place" where she got herself excited by getting wet. The nourishing milk produced by her psychotherapist was lost and she indulged herself with 'waste water'. All of the above indicated that Jo was once more responding to the approaching break although her response was to deny the coming separation.

In the third session, she created a school Easter party, drawing and making an Easter

basket and Easter eggs and putting all the Easter eggs into the basket for me to take away. It was clear that she was reproducing what she had experienced in school that day, the last school day before the break. She sang songs and told me about an assembly where children were singing. I tried to address how much she wanted to celebrate instead of experiencing the loss, she asked me not to speak, singing “this is the way Aha Aha! I like it”. She seemed to be saying, yes, she would end the last session in celebratory mood, which might be a denial of the loss but she knew that this was ‘the way she liked it to end’. It felt like Jo was saying without being aware of it, that she knew this way of responding to the break was defensive but this was the way she wanted it to be. For the last five minutes, she pretended to be ill and asked me to give her warmth and medicine. She even needed an injection and she wanted me to do that for her, as a doctor. When the session ended, she was satisfied and it seemed she had expressed her feelings about the break fully, and that she no longer had difficulty leaving for her Easter break.

During the first week after the Easter break, Jo was alert and fully aware of the break we had just had. In the first session, she managed to tell me that she was bothered by a girl calling her psychotherapist “Chinese people” in an unfriendly tone in the waiting room, and then she confirmed that the break had troubled her too. She wondered where I had been during the break. She then made a three dimensional spider’s web using sellotape across the room to contain both of us. This spider’s web was impressive and revealed her creativeness. She was content with the fact that neither of us could get out of the web. Later, the web caught fire and she rescued me to a safe place. She agreed that the fire really infuriated her and in a more playful way, she made paper breasts for herself again. This time, the paper breasts were shown off in a humorous way, a way of expressing her wish and her missing of her psychotherapy.

During the second session, she was genuinely upset that I did not allow her to bring her own pack of stationery – she had been drawing in the waiting room for a while. They had arrived so early that she had settled in with this activity. She spent some time trying to recover from feeling upset and expressed being “not happy” and that we were “not friends”, but would be “friends tomorrow”. This clear ‘here and now’ communication was something Jo rarely did. Usually, it was difficult to know how

she felt about what was happening. She recovered and began wetting the tissues and throwing them at me, claiming that they were “boobies”. She giggled and became excited, clearly mocking the nourishing ‘breast’/ ‘maternal’ figure - me. She then cooked in the bin, saying that the water in it was ‘milk’ and intended to drink it. When I talked about the milk being mixed up with waste and the breast being mixed up with the bottom and her difficulty in separating them, she turned the water into poison and told me that the poison was harmless to children but deadly dangerous to women, clearly referring to me. She became absorbed and was deep in her play. She literally told me a story about a family with four children who died, or rather they drowned, then the father died too, but he came back to life after being fed at a breast. Jo did have a depressed father who had been unemployed for a long time and occasionally Jo articulated her concern about her Daddy who was injured in his ‘foot’ and could not walk properly. It seemed Jo was expressing her wish that her father could be connected with a feeding object, so as to be brought back to life again. This was a very rich session in which Jo’s mind seemed to find a way to express thoughts and concerns. This development I think was spurred by the absence of her treatment during the Easter break.

In the third session of the week, she was able to seek my help, and waited patiently for me to solve a problem for her. After the session, in the waiting room, she was responsive to her mother setting a boundary, which she normally ignored as though she did not hear or could not understand.

All these changes corresponded with an overall decrease of imitative behaviour during the 3rd term. Jo became more communicative and was showing more spontaneous play. This situation continued to the end of the term and she was becoming more capable of noticing difference and making comparisons, which was related to her sense of being a separated person. In the last week before the 3rd break (summer break), she started comparing her shoes and my shoes (shoes were one of the subjects which preoccupied her throughout the psychotherapy, a source of envy and of admiration). Unlike the way in which she had reacted previously, when she either ridiculed my shoes or demanded to have them for herself, she was describing differences between her shoes and mine. This signified a great mental development. During the second session of the week, her mind was alert and she wrote a letter to me,

on which she scribbled lines. I asked her to read it out to me, and it said “I am sad. You and me. You don’t see me, for weeks” and “I go to the park with myself and me.” I was deeply moved. She asked me to take the letter home and I said she wished that she could go home with me. It was evident that Jo’s mind was very much engaged with what was about to happen and how she was feeling about it. In the third session, she even managed to say to me, “I want to see you in August!” The atmosphere in this last session before the break was sad, and she seemed to be in touch with her loss and with the fact that during the whole of August she would not have her psychotherapy and psychotherapist. She dressed herself up and was in competition with me, examining my outfit and said, “I want to be you!” This declaration summed up what she had been trying to do during the first year of treatment, and now she had developed a third position, a position where she was able to observe as the third person, to see and verbalise what was happening between herself and me.

According to Freud, the absence of the object (in this case, Jo’s psychotherapy and her psychotherapist), forces the mind to face a new situation within which continuity is interrupted and the mind has to re-consider the meaning of the object. On the other hand, the individual may deny the fact that the object is absent and carry on experiencing the object’s presence, Freud’s “hallucinatory phantasy”, in which case there would be no progress or development in the mind. The absence of the object is a necessary precondition for thinking, as Freud described in “Formulations on The Two Principles of Mental Functioning” (1911). It is evident that the break Jo experienced in her psychotherapy had helped her to become more connected with what was happening around her. In contrast to how she was before her psychotherapy, she had become aware of presence and absence and she had begun to verbally express her wishes and her sense of loss.

The third break (Summer break)

As illustrated above, Jo was very much alert and engaged over the third term and her response to the third break was very moving. What the breaks had previously brought about in Jo seemed promising and I anticipated a more sophisticated cognitive and emotional development in the second year. The parents cancelled the first session back on Tuesday and Jo came for the second and third sessions of the first week. Her mind was alert and she was engaged with me. She was aware of not

seeing me for a long time, saying to me loudly when meeting me outside the waiting room, that she had not seen me for ages, and now she was in year two! In the third session, she was curious about how old I was, insisting on knowing and begging me to tell her. She showed more curiosity and intention to explore. However, she then spent most of the time insisting that I must tell her how old I was and would not accept anything otherwise. Her thinking became concrete and she could not play. Her return to concrete thinking and refusing to do otherwise seemed to foretell how she would be during this term. However, after the summer break, although she was more in touch with time and space, and was able to acknowledge the presence and absence of her psychotherapist, her imitative behaviour resumed its old frequency, particularly the non-developmental imitation, which had decreased significantly during the third term. This could be viewed as a relapse, meaning while breaks stimulate the mind to grow, the long summer break seemed simultaneously to ‘break’ some of the progress Jo had made previously. It seemed that her imitative behaviour and her emerging mind are two separate phenomena, they are not correlated. As I discussed before in Chapter 4, during this term, while Jo was no longer the same and her mind indeed had become more alert, the frequency of her non-developmental imitation increased to the same level and her imitation became more forceful and moreover her developmental imitation decreased. In normal child development, imitations such as initiating engagement, preserving pleasurable experience and using memory, are a temporary necessity scaffolding the child’s development. As the child establishes his or her capacity for internal imitation, these actual behavioural imitations decrease, blending into more complicated mental activities to become an invisible foundation for the mind to conduct sophisticated tasks. For Jo, such a developmental leap did not take place.

Between the fourth break (second Christmas) and the fifth break (second Easter) : A period free from imitative behaviour

The week before Christmas, Jo was very much aware of the coming break and she seemed to deal with it by becoming manic. She excitedly said that she was “kissing the bum” or she wanted to “kiss the bum” referring to her own bottom and my chair seat, again returning to the ‘bottom place’, when her psychotherapist was going to be absent. This bottom place, represented by the rubbish bin, became Jo’s kitchen

where food was processed and produced by her. It was clear that Jo's solution to the absence of her psychotherapy was to supply herself with a substitute part object, and the differentiation between the nourishing milk and the waste water was denied. Despite this a state of mania, Jo movingly showed me that she had not in fact lost contact with what was happening. In the last session she made me a passport, some money and a ticket, and said to me, "Now you can go to the airport!" What she did conveyed several new capacities. First of all, she was in touch with time and space, being aware of the coming break and knowing that we would be in different spaces during the break. Secondly, she correctly worked out that I was not local. She had been exploring and trying to understand different ethnic groups and her own ethnic identity, and she rightly concluded that I was Chinese and not from England, and the idea of my going away on holiday was very much in her mind. Thirdly, through this pretend play, she was giving me permission to go, which was a mature way of dealing with her feeling of being left behind or dropped. I was very impressed that she had shown that her mind was alert and was able to hold several ideas simultaneously.

After Christmas, we had a whole Spring Term almost free from imitative behaviour except on a few occasions when Jo expressed her unmet needs and feelings of deprivation. First of all, she returned to her psychotherapy behaving as though she was feeling lost, and when I pointed this out, she agreed, saying "I am. I am". This sense of being lost, I believe, was related to the break when she felt disconnected. She then wanted to play hide and seek, the first time she played this game in all the sessions analysed. Hide and seek is a game children play to digest and overcome their separation anxiety, and to enjoy the exhilaration of being found. Freud (1920) had long noticed the function of this game when observing his grandson playing with a cotton reel – a different form of hide and seek - in which the child tried to master his mother's leaving. When he threw the reel under the cot, the object disappeared, was gone, and he then pulled it out, made it re-appear, and he repeated this several times. It was a symbolic act that helped the child to overcome the experience of the object being absent. In the therapy room, Jo wanted to play this game with me, in which she had to find me and I had to find her. It signified the symbolic process of finding each other after a period of not seeing each other. After this game, she shared her thoughts regarding my husband, my father, my baby, and she wondered if I went away because my baby was crying. She asked me who had used the room, and expressed

her sadness as she realised that the therapy room did not exist only for her, there were other children using it. Her mentioning of my family indicated a significant psychic shift. It showed that she now saw me as a separate person, different from her, who had her own life and her own relationships that she did not share. Her sadness was a response to this realisation and a relinquishment of a 'non-separated' world. It inevitably evoked a sense of loss. During the third session of the first week, after expressing her sadness, she decided to make a book and wrote "activity" and "family" on the book. She also played a cook who was teaching cooking. It seemed that she had found a way to overcome her sense of loss and sadness, and she expressed her satisfaction in this process. However, this pleasurable experience changed into something different later in her treatment.

During this Spring term, Jo became able to differentiate. In session 173, she was feeling provoked by my wearing boots and said to me "I like you but I don't like your boots". It was no longer the indiscriminate "I hate you" that she had expressed previously. In session 176, she wore new shoes and demanded my attention, she was clearly expressing that we were in competition as she made a comparison between herself and me. In session 186, she tried to work out the differences between Chinese, Muslim, Jew, Japanese and Bangladeshi, and between boys and girls. It was evident that she was pondering, 'what makes a Chinese person Chinese? What makes a Muslim Muslim? And what makes a Jew Jewish?' These questions were very important for her, as she was a mixed-race child, and finding out what constituted her identity was crucial. Alongside this exploration, Jo was also pondering the issue of languages and what it is that constitutes a language. She imitated sounds, sounds that she imagined might be Chinese or Bangladeshi, as well as sounds that she thought might be her mother's tongue, which her mother did not speak at home and declared that she no longer knew how to speak. A lost mother tongue made the process of defining herself harder.

Session 200 was particularly significant. There was no imitation in this session, but evidence of her internalising a helpful object who was there to help her. She made a book and said "I am always making books", which was true and this became even more so during the third year of treatment when the treatment frequency was reduced

to twice a week at the parents' request³. I have described and discussed the significance of this session before. Here it is a repeat. In this session, she called this book a "learning book by Jo and for Jo". She sat at the table, wrote down the tasks she needed to complete and talked to herself, giving clear instructions and tips about how to find out the answers. I was moved by her helpful, caring and encouraging tone of voice. It also gave her great pleasure. The imitations recorded in this term were Jo's imitating or copying her own activity of book making. However, her inclination to preserve this pleasurable experience turned this spontaneous development into a repetition, and she insisted on repeating it during the following weeks to the degree that the activity became exclusive, leaving no space for communication. Once she had set her mind on repeating a pleasurable experience, it took over and the authenticity faded. It was no longer about experiencing a helpful other guiding her, but how to accurately repeat. This change of quality in her activity or play is similar to how she turned an inquiry about my age, a real curiosity about me, into being stuck in the concrete question, "tell me how old you are!" and refusing to move on. She seemed unable to trust in the process, in me, unable to believe that the pleasure would come itself. She appeared to want to reproduce it in a forceful way. She was unable to lose herself in the play and wait for the pleasure to arrive. Her being unable to wait and to be out of control seemed to be an important factor for her in losing the capacity to enjoy the play itself and therefore to gain satisfaction from it.

Alongside her positive development during this time was her continued interest in the bottom place, represented by the rubbish bin, a place in which she lost the capacity to differentiate, and would insist that "poo is chocolate", "nice and delicious". In fact, this 'bottom place' had never disappeared and at times functioned as Jo's retreat.

Compared with what happened after the long summer break and how it was after the much shorter Christmas break, it seemed evidently more beneficial for Jo to have short breaks, such as two weeks – using the amount of her imitative behaviour as a

³ After a long time of negotiating with Jo's parents in vain, the case consultant and I had agreed to reduce Jo's treatment to twice a week after the second summer break. During the third year, Jo made more books, gluing paper together. However, once the book was made, she had nothing to fill in. She seemed frustrated that she had no stories to write in the book and she then moved on to make another empty book. Making a book seemed to represent hope, and the hope was dashed very quickly once she realised that she had nothing to write. This became a painful cycle that Jo repeated in the third year.

criteria. The five-week summer break had failed to stimulate further development; on the contrary, it seemed to break Jo's achievement, whilst the shorter breaks, the first Easter break and the second Christmas break, brought positive outcomes. However, taking into account what subsequently happened after the second Easter break – the imitative behaviour increased significantly - the above hypothesis failed to stand.

The shift from developmental (DI) into non-developmental imitation (NDI)

There was backward change after the 5th Break. Jo's imitative behaviour increased after this break and the level of imitation returned to where it was originally. It is also during this term, a decision was made that Jo's intensive psychotherapy would reduce to twice a week, which might contribute to the shift from DI to NDI. The developmental identification disappeared after the fourth term, and the imitative identification bounced back. The developmental imitation died down, which might have been due to her no longer needing to copy words and sentences in order to improve her speech, no longer needing to demonstrate her memory, and no longer needing to rely on imitation to make a connection. As already noted, these functions of imitation have a necessary transitional place in normal development, but then those imitations which relate to identification and pretend play should have continued to flourish but did not. In contrast, Jo's imitative identification – her non-developmental identification – increased and became more complicated than ever.

After the 5th break, Jo continued to show that she was alert and able to express and process her perception of the break. On the first Tuesday back, she said to me "I haven't seen you for a long, long time!" Her sense of time had been sustained, and she noticed the differences in the therapy room. She was communicative during this session, but after going to the toilet she lost the link with me, as though being in the toilet brought her back to the bottom place again. So that while the break continued to have its positive impact on Jo's mind, she none the less began to make books repeatedly and insisted on having "information" written in the books she made. This idea came from a booklet she brought in from the waiting room during the first week, called "information for children" (this material was presented in Chapter 6). She treated this book like a bible of knowledge and held onto it for a long time, as though she did not trust that she had knowledge from inside, knowledge built on experience

of relating. It seemed she could only hold onto knowledge from outside as recipes for her to reproduce. She began to duplicate school scenes regularly, including assembly, class activities, being a teacher, or a “session lady” (her name for a psychotherapist), etc. In session 224, she explicitly said that we were playing a game called “I am copying you and you must copy me”. What she said was illuminating. It seemed to sum up her way of relating to the world as well as to another mind. The level of non-developmental imitations returned to where they had been in the first year.

So here we have an enigma. It is evident that Jo had made significant progress in her treatment, which was regularly confirmed by her school teachers and her parents. However, the quality of her play over time indicated the limitation or petering out of this development. The creativeness I hoped she would develop appeared to be fleeting. It was not that Jo lacked creativeness, but that it was not sustained.

It became clear that a psychoanalytic view of the impact of breaks/separation on the human mind was unable to explain the vicissitude of Jo’s imitative behaviour. There was a part of Jo that I felt connected with, and I felt I could understand, and there was another part of Jo that I found difficult to make sense of. On the one hand, she was able to make a connection with me, to relate to me in a communicative way. On the other hand, she seemed determined to be in control of the process of relating, or making a connection. She seemed to want to control the process of making contact with another mind, and her way was to assemble the ingredients she thought were necessary. The rigid way Jo applied to recreating the experience she longed for contradicted her wish. It is only when a child allows himself or herself become lost in a process of play, that the moment s/he longs for would come, and Jo seemed to find letting it go very difficult.

Chapter 8

General Discussion

Here I will discuss the findings of this research that have been presented in previous chapters, and propose possible explanations for Jo's difficulty in moving away from non-developmental imitation and her limitation in developing further into symbolic, three dimensional play, despite the developments cited earlier.

Throughout the course of treatment, the most encouraging progress that Jo made was in her language development. At the beginning of her treatment, she was withdrawn and unable to communicate verbally. At age five, she could only speak in single words rather than sentences. Her parents were concerned about her speech development. They were worried that she would never be able to talk. She had now become so fluent in speech that her parents commented on her talking too much. Her tendency and capacity to imitate had been an important skill in her developing language. We have learned that mutual imitation between infant and mother not only creates emotional connection between infant and mother, but also lays the foundation for social and linguistic development in infant. At the same time, the development of her language also indicated something unfolding inside her - a noticeable cognitive development was taking place.

During the first year of therapy, there was a flowering of developmental imitation in the service of making emotional and social connection, exploring and trying to understand, making enquiries into meanings and acquiring language. I described this process as Jo's mind emerging, establishing networks inside her emotional world as well as cognitive understanding. It seemed to be a movement towards symbol-formation (Segal, 1957), which of course was linked with a more advanced cognitive processing, such as pretend play, symbolic thinking, symbolisation, and mental representation. It is an exciting phenomenon as the mind is becoming elaborated, and "with the ongoing complexification of the representation networks, more highly

elaborated mental contents and structures are produced.” (Lecours & Bouchared, 1997, p.856).

Jo’s blossoming imitative behaviour was very much concentrated on language acquisition, and she used imitation or repetition of words to express her various kinds of emotional state and to make links to the wider social world. In her and her parents’ minds, her intensive psychotherapy was aimed at helping her with her speech, and her speech did improve significantly. However, once Jo’s speech progressed to such an extent that she no longer needed to imitate words, she developed sophisticated speech imitation, copying the admired adult’s way of talking. This is a common phenomenon in children, yet Jo’s way of copying gradually showed a static quality in which copying the speech became the purpose itself, and not facilitating interaction or communicating. Overall, although Jo’s non-developmental imitation fluctuated, it did not change over time (see table 5, p.62).

It appeared that Jo’s prolonged non-developmental imitation was linked with: (1) her being unable to tolerate being small, dependent and, in a way, different from adults; and (2) the pleasure she found in imitation, therefore making it hard to give up. Being small and dependent caused emotional pain. To bear not having ‘it’ (including material goods, physical appearance and abilities and mental capacities) requires the individual being able to tolerate the pain that it evoked. Jo often found it impossible to bear the emotional pain of being so different from adults. Therefore she invested a lot of spirit and energy in imitating and copying. In normal development, imitation is a pathway to a more integrated identification proper in which the child begins to build up his or her internal resources through internalising helpful objects. Yet, Jo seemed to fail to develop identification proper and moved instead to adhesive identification, a two dimensional identification. It served the purpose for Jo of erasing the differences and separation between a child and an adult. Alongside with her being unable to identify/internalise developmentally, her finding great pleasure in imitation made it more difficult for her to move on.

The halt in development that came about at the end of 2nd and then carried on into 3rd years was unexpected as Jo’s progress during the first year of treatment was such that I felt hopeful that she would have more pretend and creative play. I anticipated that Jo would satisfy her wish to be a grown up through different adult roles in play, and

gradually, she would be able to bear the time needed for her to become an actual grown up. Yet, this expected development did not take place.

As I presented in Chapter 4, in the material on creative/pretend/role play, on a number of occasions, out of the role play emerged, as from nowhere, images of a family damaged and dying and the narrative of the story was fragmented and incohesive, as though the fragmented speech was echoing the trauma in Jo's mind. However, in session 200, there was a more complete narrative about a family tragedy, which gave me a glimpse into a possible explanation of her difficulty giving up imitative behaviour. The session started with her sitting at the table, doing schoolwork in one of the books she made. She asked herself, 'Jo, do you know how to do your handwriting?' She answered the question herself, which sounded like a copy of what her teacher said in the class – the instruction of how to do handwriting. She did the handwriting beautifully. I was moved by the process as it felt like Jo was externalising the internal helpful figure, her teacher in this case, helping herself to do her work. She then gave herself a problem to solve – how much water was in the jug. She measured the height and moved on to do some adding. After she had done the work, she began to play with the dolls, developing a story about a family which included two parents and four children. They were sitting by a swimming pool enjoying swimming. For some reason, the swimming pool went dry and the children were really sad. They thought hard to find a solution and decided to go to a market. The children asked for the parents' permission. The parents said yes and told the older ones, aged 12 and 18, to look after the younger ones, and they set off for the market. When they came back from the market, the story had taken a tragic turn. The youngest child was lost, and the furious father scolded the older daughter, the older sister was dying, and the father was apologising because his anger had hurt his daughter.

As the story progressed, it became clear that it was expressing Jo's concerns and worries. She had been worried about the damage inflicted on her object, including the therapy room, her therapist (me) and her parents. For example, during some of our sessions she had noticed and asked about the holes in the ceiling and walls of the therapy room, wondering whether they were her doing. "Is it me?" she once asked when pointing at a hole in the ceiling. Similarly, on several occasions, she asked me

if I was angry or if I was crying, without my being aware of any cause for her questions. Early on in session 200 where she had spoken about eating all the chocolate and not leaving any for her father, she also mentioned in passing that he was injured, not working and sleeping a lot. Her mention at the beginning of this session of eating all the chocolate seemed to be evidence of her worry about her greedy attacks, and this was a session in which Jo was more integrated and expressive. The internal resources she demonstrated were evidence of her use of imagination, her internal experience being transformed into symbols, expressed through the story of the imagined family tragedy.

I propose that the possible explanation for this is that the internalised helpful figures and resources are not felt to be strong enough to repair the damaged internal object and Jo's guilt in relation to the internal damage has hindered her mental growth. What had caused this deficiency in her internal resources? I hypothesise that (1) there was an innate deficit in Jo that limited her development; (2) there was an early deficit in the nursing environment in Jo's infancy that had prevented her developing her cognition at a critical time, and hindered her capacity to thrive and catch up even with the help of psychotherapy; and (3) there might be family traumas in the background of both her parents, being avoided or disassociated - as manifested in the parents' avoiding meeting with the case consultant - which therefore limited Jo's progress. These traumas in the past had become 'the ghost in the nursery' and the impact of the traumas continued to influence everyone in the family, and the development of Jo.

Hypothesis 1 & 2: Deficits: innate and in early experience:

Ann Alvarez (1999) describes this kind of deficit in her papers 'Addressing the deficit: developmentally informed psychotherapy with passive, "undrawn" children' and 'Therapeutic implications of deficit in the internal object: waking the child to mindfulness and amplifying preconceptions'. She emphasises that there is a group of children with autism seemingly being more 'undrawn' than 'withdrawn', "whose lack of social responsiveness seems to be marked more by deficit and indifference than by aloof or active avoidance" (p.50). We have had enough scientific evidence to know that the infant is born with an innate capacity to make emotional and social connections and with expectation of meeting a living human object. If this

expectation is not met, the innate capacity cannot develop and if the situation is prolonged, there would be chronic consequences. One of the possible consequences is that the infant develops some autistic defences, particularly when the infant has autistic tendency. Alvarez argued that the deficit is not only embedded in the ego, but also in the internal object. Therefore, as a psychotherapist, being a lively and active external object in order to revive the child's internal object, or internal object relation, is necessary to draw the child out of his or her autistic world. I focus on one aspect of this kind of environmental deficit, namely 'failure of primary containment'. Jo was born into a family where both parents seemed to have limited resources externally and internally. During Jo's infancy, the family lived above a pub, surrounded by noise and chaos. Later the family was given a one bedroom flat and remained there up to when Jo was 8 years old, and her sister was 3 years old, at which time Jo's treatment ended. Both Jo's parents were very young. Her mother was 18 when Jo was born. Her father was unemployed for most of the time and was apparently depressed and was unable to support his wife and his family emotionally or financially. This aspect of her father, I suspected, might have been there since Jo was a baby.

Jo was not autistic, but a child with autistic features, which could have been an innate situation as well as a chronic consequence caused by early experience in her infancy. Her parents' situation might have affected their capacity to give Jo what an infant needs in early development, and Jo may have felt left alone to cope with the external and internal distresses she encountered and perhaps her innate predisposition had made autistic solutions more appealing to her. My experience with her during the first year did give me the impression that she was thriving and her mind was emerging, and as I described before I believed the therapeutic environment was giving her another opportunity to catch up with her development. However, this progress did not continue. It might be that the deficit was too profound to be overcome, or the humiliation that was provoked in her was too difficult to bear and her innate or internalised resources were too inadequate to support her working through.

Hypothesis 3: Trauma in the family

Though we had little sustained contact with Jo's parents early on, I learned from Jo's father that he had attended a Child Guidance Clinic when he was a boy, and had seen

a psychotherapist for a period of time. He had not wished to tell us why he was seeing a psychotherapist at a young age. We also had the impression that he had been suffering from depression for a long time as an adult. Throughout Jo's treatment, her father not being employed was a constant concern to her. Jo talked about it in her sessions, and her parents mentioned his difficulty getting a job when feeling less threatened in the meetings with the case consultant. We also knew that Jo's mother was sent to England to attend a boarding school when she was a teenager, and that the maternal grandmother, who was a headmistress in their country, had high expectations of her. This ushered in a period of rupture between them. Jo's mother became pregnant when she was 18 and had to drop out of school, and she did not see her own mother again until Jo was six and a half. After two years of psychotherapy, Jo's maternal grandmother came to visit them in England for the first time after not seeing her daughter for ten years. Unfortunately, throughout her intensive treatment, Jo's parents did not volunteer sufficiently detailed information regarding their families of origin to confirm or reject the hypothesis that there was family trauma being passed on to the next generation. Throughout the course of Jo's psychotherapy, Jo's parents had not been able to engage with the process. They were very ambivalent about receiving psychological help. There were several times that the parents cancelled their meeting with the case consultant, which was scheduled at the same time as Jo's session, yet brought Jo to her session. Although without information to confirm that there were family traumas, the stories Jo told in her play indicated an internal family trauma (these stories were discussed earlier).

These three elements, namely innate deficit in Jo, failure of the primary containment and the continuing family trauma, may have limited Jo's mental capacity and prevented her from moving on to the next developmental stage. We noticed that Jo had developed, and was on the edge of moving onto next stage - becoming able to conduct more creative and imaginative play, which hopefully would lead to a richer symbolic formation. However, this transformation did not take place either in her intensive psychotherapy or subsequently in her twice weekly treatment. We see Jo's creative imaginative play emerging but it was never consolidated or sustained. It also became clear that when Jo reached that point and was unable to move on to the next stage, she resumed her imitation. In particular, she imitated the school activities as they appeared to be a safe ground, maybe because they provided structure and the

promise of progress if one followed their instructions. Her imitation was complicated with the quality of stillness.

As illustrated before, Jo's psychotherapy seemed to provide her with an opportunity to catch up on some fundamental development and gradually she became more engaged with her surroundings. She was no longer the little girl with autistic features who was withdrawn. Alongside this progress, Jo also became able to engage with her school work and had made impressive progress in learning to read and write. The structure and routine provided by school offered her a stable environment that she had not had. Moreover, Jo's tendency to imitate was a facilitating factor in her school learning, as at this stage the students were often asked to repeat and to copy. Very soon, she showed a capacity to master handwriting and with respect to reading, and her reading became so distinct that her teacher informed her parents that Jo was one of the top students in the class. At the same time, her father informed us that Jo also duplicated school work and activities at home as she did in her psychotherapy. It became evident that school had provided Jo some primary functions that she had not had at home and from a certain perspective it proved to be developmentally crucial. However, as time went by, Jo's imitation of school activities gradually showed a static quality. Repetition itself gradually became the main purpose and the repetition itself was what brought satisfaction. Jo had clearly stated that she loved copying school work as it made her very happy. I suggest that it had gradually become a refuge to return to whenever Jo encountered her limitations or some difficult emotions. Therefore, the repetitive or quasi autistic nature in her play bore a strong connotation of defence against painful realisation of her limitation and emotions.

The ending and afterward

At the beginning of the 6th term, we decided to reduce Jo's session to twice a week after Jo's parents spent a long time demanding it. The case consultant and I met with the parents to tell them that we had agreed to reduce the frequency of Jo's treatment and to think about this with them. Their response was vague and it was hard to know how they really felt although this was what they asked for. This request was partly derived from their anxiety that having such long term and intensive psychotherapy could be addictive, which was particularly expressed by Jo's father. In the session I had with Jo after this meeting with her parents, I told her the news of

reducing the frequency. She immediately responded by saying “but my dad’s foot is still hurting!” “He can still walk. He walks a bit.” She seemed to be conveying, “but my (internal) object is still damaged! How could you reduce the intensity?” After the second summer term, Jo explicitly talked about her worrying about her Dad, who slept a lot, who had not worked for a long time, and whose foot was still not recovered. She cried and was relieved to hear when I said that she was really worried about her father. She said she wanted to tell her mother once we finished, to tell her in the waiting room that she was worried and that was why she was unhappy. This clear communication seemed to convey that a damaged object, which might have been identified and/or internalised by Jo, was influencing her development. This change in the frequency of Jo’s psychotherapy could have had an impact and been a factor that contributed to the halt of her development.

After a year of twice-a-week psychotherapy, Jo’s treatment ended owing to my finishing the training. The ending date was given to the parents with six months notice. The parents had found it difficult to say goodbye and had avoided their meetings with the case consultant. The last follow-up review meeting I had with Jo and her mother, alongside the case consultant, was very painful. Jo’s mother did not say ‘goodbye’ when we parted, but ‘see you soon’. Another year passed and I arranged to meet with Jo’s mother in school in order to have her consent to my writing this thesis. She reported that everything was fine. The SENCo, however, told me of a different situation. Jo’s academic performance had deteriorated and the SENCo showed me how much she had fallen behind - her initial progress had not been sustained. She had also been pulling out her eyelashes until she had none left to pull. The SENCo referred her to local services for psychological help. I learned from Jo’s mother that Jo was able to tell the psychologist who saw her and her mother that she pulled out her eyelashes in order to make wishes. Jo had heard a story saying that one’s wish would come true if one made the wish while pulling out an eyelash. The wish she repeatedly made was that they could have enough money to move out of their one bedroom flat into a bigger flat. This was not a new wish. I had heard about it throughout her treatment. Living in a small flat had created a lot of tension between her parents and Jo had mentioned how they quarrelled, and how impossible it was for her to do her homework or art work without her baby sister interrupting or disturbing her.

Unfortunately, the local services did not offer Jo any further help as Jo's mother insisted that Jo was fine, doing all right, and that anyway she had stopped pulling out her eyelashes – she had no eyelashes left to pull any more and had also been told that it would not make her wishes come true. I was left feeling very frustrated that no further intervention could be made. At the end of Jo's treatment, my supervisor and I pondered about the possibility that she might fall back once she moved to secondary school where her learning strategy of imitating and copying would not be substantial enough for advanced studying. It seemed that this prediction arrived sooner than we thought. Without intensive support, it proved to be impossible to maintain the progress she made in her psychotherapy.

The psychotherapist and her limitation

During the data analyzing period, I examined the first two years of psychotherapy again from a different angle, a third position, seeing myself as a naïve trainee, struggling to understand this little girl who had limited language. I noticed that at the beginning of the treatment, I often responded concretely to Jo's concrete way of communication, and I imitated her at times in order to understand her. This seemed to indicate an enactment as though I had become an object, like her parents, who could not translate her raw emotional experience into words or onto symbolic level. While I gradually became aware of my concrete responses and tried to understand the emotional meanings of her imitative behaviour and to translate her behaviour into words, she began to flourish. Her progress slowed down when we approached the end of the second year, which coincided with her knowing that her psychotherapy would be reduced to twice a week. I suspected that the fact that I would be ending the treatment in a year time had also contributed to her returning to repetitive activities. Knowing that we only had limited time, I think I had become less able to tolerate the frustration of her not moving forward. In a way, I had become another object who failed to contain what was unbearable. The more I felt frustrated and excluded in the sessions by her imitative activities, the more I tended to think about her limitation. I noted that I had become unable to digest how painful it must be for her to lose her three-times-a-week psychotherapy, and then to lose her psychotherapy all together. After I completed this research, I noticed that I was deeply disappointed in Jo's not moving forwards and was focused on finding out evidence to her limitation.

I wondered whether I had acted out on my guilt. My guilt about not being able to continue the psychotherapy that Jo desperately needed seemed to become too much to bear, thus this research had avoided examining my own development as a trainee alongside with Jo's development and how these two might be related to each other.

Summary

Jo's psychotherapy offered Jo a facilitating environment in which Jo developed her speech and her mind. She began to play and her play demonstrated her mind emerging. In her play, imitation gradually became a predominant feature and brought Jo pleasure. However, the developmental imitation in Jo's play did not transform into something more creative and imaginative, which in most children it would have done. I proposed that this could be owing to Jo's innate shortcoming and her parents being unable to provide her with an environment that could bring this development about, because of their own trauma. The deficit in the ego and the deficit in the object are linked as these two factors can not be separated from each other while a child is growing up. They affect each other and it is impossible to define which comes first. I also suspected that the pleasure Jo enjoyed in imitating had a decisive impact on her not moving on to the next developmental stage. It maybe possible that the influence of the pleasure in imitating was more influential than Jo being unable to deal with the difference and separation between herself and me – a child and an adult.

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Appendix A

[The first 20 pages of the entire 425 pages.]

Clinical notes analysis: first year

2 nd session Thursday 8/09/2005	Examples of Imitation	Thoughts on other important themes
<p>J was happy to see me. She held my hand and pulled me to run with her to the room. Inside the room, went straightaway to the box, looked into it. I said, 'Oh, what's inside the box?' she peeped and looked at me and looked back to the box. A happy smile was in her face. She took out the dolls we played two days ago and brought them to me. I said, 'oh, the dolls we played last time!' She gave me mine and held hers. I had knelt down to talk to her, asking who they were this time. She looked at me. I asked again who those dolls were. She looked at me for a while and walked away. She seemed not ready yet. She went to the window, and I followed. Climbing up to the table by the window, she shut the window and said nonsense words. I repeated and wondered what that meant. She looked at me, repeating her words, and smiled.</p> <p><u>Off the table, she left the dolls on the small table and said, 'plastic cups' as she picked up the cups from the small table. I said yes. 'I got plastic cups.' I thought she meant she got some at home, so I responded, 'oh, you got some at home?' she looked at me and I knew that she meant the cups here, 'yes, you got plastic cups here'. 'Cheeky pot' she said, and I repeated and wondered about the meaning. She said 'water' and poured some water into the cups, one for me and one for herself. I said, 'J brings me some water; we got something to drink'. I drank and she sipped and left the cup on the table. I put my dolls on the table.</u></p> <p><u>She turned and roared like a tiger or lion. I roared imitating her. She laughed and roared the more. She then jumped up and down, showing me excitement. I roared with her and she stuck her tongue out, making 'poo' sound. I did the same. She laughed. She said, 'cheeky bum'. I asked her what that was. She smiled, did not answer but kept making nonsense but rhythmic words. I repeated it after her, which made her laugh. More roaring and jumping and then making 'poo' sounds. I copied and created my own sounds and it became a communication.</u> During the time, she went up the couch, jumped on the couch, rolled herself on the couch, and then off the couch to the armchair. I said J is speaking her own language and I have to learn her language; in fact she is teaching me her language. She smiled turning and tossing her body around in the chair.</p> <p>Off the chair, up to the table, off the table and she</p>	<p><u>Single line = episodes of imitation</u> <u>Waving line = important themes which might be relevant (or not) with imitation</u></p> <p>*The imitation on the therapist's part is a way of getting in to the patient's shoes in order to understand and this seems to invite the child's imitation and it becomes a connection.</p> <p>*The child's speech is fragmented and hard to understand. The therapist is puzzled, not able to see the context. The puzzled therapist uses imitation as a way of trying to understand and making contact. *Imitating on the therapist's part for trying to build up connection. Whether it is a way of getting inside the child to understand, not sure. However, the therapist's copying excites the child. The 'cheeky bum' seems to refer to herself who makes farting sounds first and then to the therapist after the therapist's joining up with her. A cheeky bum makes 'poo' sounds and this cheeky bum seems to find another cheeky bum, i.e. the therapist who copies her. She is also mocking the therapist.</p>	<p>The child's happiness of seeing the therapist, seeing the room and seeing the toys is interrupted by the therapist being too eager to make contact, and the child then seems to lose the contact she establishes with the 'objects'—the therapist, the room and the toys.</p> <p>Jo is giving names to the objects she sees. 'plastic cups', 'water' = naming the object, which is as important as imitation in infancy.</p> <p>*The patient shows the side of her identifying with wild animal/ imitation?</p> <p>*The incomprehensible language she is using frustrates the therapist as well as the patient herself.</p> <p>Question: is this primitive identification or adhesive identification?</p>

<p>grabbed the tea set bag to the door corner. She turned the bag upside down and shook it to let the cups and pots come out. 'Shake, shake, shake. Let them out, they are coming out' I spoke in rhythm. She sat down and put the things in order. 'Do you want sou chick' she asked. I assumed that's a kind of soup and said, 'oh, yes, I would like to have some soup. Do you want some too?' She murmured and said more nonsense words. She grouped the spoons, the plates together and the cups separately. She left the tea set and came over to take the dolls. <u>She got hers and gave me mine and she asked me to follow her. So I followed her to the chair, to the big table, and she then went up to the windowsill</u> and she stood the dolls there and saw the bike outside. 'Hello bicycle' she said, 'hello Jo' I said. She looked outside the window, pointing to her right asking 'what there got... what there got... What Tavistock got? What is the.....' <u>she pointed at the light in the room. I said oh yes, what the Tavistock got? She said yes, Tavistock.</u> I said you come to the Tavistock now, and Tavistock got a room for you. She said yes. <u>She stood up and did a bit roaring and stamping and making 'poo' sounds. She said 'far'. It took me a while to know that she meant 'fart'.</u> She came off the big table, went to the small table, took a paper and wanted to draw. She went to the box, opened it and I thought she needed felt tips. She saw the ball and wanted to play the ball, the paper was put into the box, and she went to the couch with the ball. <u>She grinded her teeth and roared.</u> The ball was thrown to me, and I caught it, wondering if she wanted me to throw it back. She did not show any sign of wanting to do throwing ball, so I kept it. <u>She roared the more, and came off the couch. On the floor, she stamped and grinded.</u></p> <p>Afterwards, she took the dolls and gave me mine. She went underneath of the couch many times, and at one point, I lay myself on the floor to talk to her. She moved the dolls around and then found a small doll under a chair. She was amused and surprised and left all the dolls to me. She caressed the one she found carefully. I wondered if she was thinking of other children, but it seemed not be the case. She looked at the little doll carefully. I said, 'oh, where is that from? What is that?' she was absorbed in looking or wondering about the doll. She took the doll around and I asked her if that was a boy or girl. She said that was a little girl. She went underneath of the couch. I lied down and she said something indicating the doll was up behind the back of the couch. <u>She murmured a bit and I was not sure what she was talking about.</u> Apparently she was drawn to the doll, which seemed to represent her. She came out and walked around and jumped on the couch with the doll, and</p>	<p>'Follow me' Jo says, which she wants me to do during the first few weeks or months, and which I do for a while until the supervisor asks me not to, as I seems to lose my therapist position by following her to where she wants me to. This following- me request seems to be relevant with Jo's 'copying behaviour' as she is asking me to 'following/ copying' her. Roaring, stamping and making poo sounds = imitating a wild animal?</p> <p>Again, she behaves like an animal. An imitation to express her wild feeling?</p>	<p>Naming the objects in the room, the light, the place called Tavistock.</p> <p>Defer imitation</p> <p>Jo's speech is really incomprehensible.</p> <p>Naming the object</p> <p>I do not understand her speech again.</p>
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<p>flopped herself down. I said she was tired. She said no, the doll was tired. At one point, she sat down and opened her legs widely and looked at me. I sensed that she wanted to show me her genital. She then showed me her bum, saying, 'look at my bum!' she turned and made farting noise in a rather nasty way. I said 'oh, Jo was showing me bum, farting at me!' she laughed.</p> <p><u>She said Tavistock.</u> And I said yes, the Tavistock; the Tavistock got a room for her; and we are in the Tavistock. She said, 'I am doing Tavistock now'. I said yes, she is doing Tavistock; she is now coming three times a week, not once a week, and it's different. <u>She pointed at the wall, saying something about Tavistock that I did not understand.</u> She went to the door, asking about 'Jo'. It took me a while to know that she was asking about her mother, 'Joy'. 'Where is Joy?' she asked. I said she was in the waiting room waiting for her. She then took a sheet of paper, sat down on the floor, glued around it. Meanwhile, she said 'cheeky bum bum'. (she is cheeky, and can I really understand that. I felt there was some nasty feeling coming out from her, which were not seen before).</p> <p><u>She asked me to draw something like 'latin'. I did not have a clue what she wanted me to draw and she was rather frustrated that I could not get it. I encouraged her to draw it herself and showed me. She pushed the paper away, not very happy now. I said she was upset that I could not draw the Latin for her. I encouraged her again and she insisted that I drew it. It's Jo she wanted me to draw. I asked her what to start. She said Hair. So I did hair, she said eyes, and then I realized that it's her mother she wanted me to draw. I drew a face and then she wanted Latin again. I negotiated with her and she finally was willing to draw. She was to turn the paper over to draw, but I gave her another new one since that first one got glue around its four sides. She drew lines and was not happy about that; she pushed the paper away having tantrum now. I said she felt upset that she could draw it properly. She grabbed the paper and went underneath the couch, leaving her legs outside. Silence for a while and I talked about she did not want me to see her, and she was upset...</u></p> <p>After a few minutes, she came out with a picture and wanted me to write down the name. It seemed she was not able to find out the right letters to write and was frustrated. I wrote 'Latin' and she said that's wrong. She tried but failed. She asked me to write and this time she said the letters for me to write. It's 'A-latin' the genie. She said Jasmine and drew a very big figure like an adult. I asked her if that was Jasmine she said yes and wrote her name. She was spelling and doing</p>		<p>She is unable to make me understand. Deficit in speech and communication, whether it is a consequence or it is a cause, not sure.</p> <p>Can't do what she wishes she can = drawing Aladdin. Deficit in procedural knowledge Like her speech, her sensual motor co-ordinator/ intelligence is delayed too.</p> <p>Speech difficulties *The time is an incomprehensible idea for her. Her being unable to sense the time or living in the frame</p>
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<p>phoneme. I was reminded of her school uniform and she came here from school. She drew another small figure, saying, 'you smaller'. She was completely absorbed in her drawing, did not hear what I asked. The drawing reminded me of her last drawing, in which she was much smaller than her baby sister Jasmine. (She is much smaller/ less important than her sister in her parents' eyes?) She said this one was UBR, she tried very hard to write this person's name but could not figure out how to write. She gave me the paper, asking me to write R after her U and B, which I did.</p> <p>She finished her drawing and stood up. I pushed a cup over and spilled some water when trying to bring her the folder. I quickly put some tissues on the water and described what I did. She watched, did not appear to be disturbed or interrupted. She gave me the drawing to put in the folder and took her little girl doll to the windowsill. She climbed up with my help and stood up on the windowsill. She went hiding behind the pillar and I talked about her not wanting to be seen. She's gone hiding. She smiled and seemed happy to hide for a while. <u>She came out and asked, 'clean up?'</u> <u>It really took me time to understand her speech. I thought for two seconds and realized that she was asking about the time. I said ten minutes. We were not tidying up yet, it was ten minutes to go.</u> <u>She looked at me puzzled. I went to her showing her my watch and explained. She listened and told me which point was ten—the one two blocks away from 12. So she did not know what I was saying.</u> We should be stop at 12.20. I talked about her thinking of the time, and she felt that we had spent some time together and she could feel the time now. It was close to the end, and she was.... Before I finished, she said something else. It seemed she had moved on. <u>She jumped and danced and roared on the table, repeating 'Tavistock'. I said she was coming to the Tavistock, and it's exciting. She gave me her bum again, and made farting sounds. I said she showed her bum, where poo comes out, where fart comes out: I said she was shitting at me. She said that's a bad word, don't say it. I said she knew that's a bad word, and she'd got some feelings like poo and fart, she wanted to show me when coming to the Tavistock. At times, she showed me her knickers literally and I talked about she wanted me to know that she felt something in her bum...</u></p> <p>She came off the windowsill and went to the couch, asking me to put the armrests down. Now it was a bed, she was happy and pretended to sleep. She asked me to go to sleep and woke me up in shouting or roaring to me. It happened right at the beginning of the session as well. Sleep and wake up game. I said it seemed something terrible</p>	<p>She wants me to imitate her, run. We do the same. It is similar with her asking me to follow her.</p>	<p>of time becomes clearer later on. And it is after the first summer break, she becomes sensitive to the time and is really feeling the time passing. *indicates that she is in the bottom place, being interested in bum, genital area.</p> <p>She is using single words, not yet develops sentences. Speech hard to understand.</p>
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<p>might happen when she was asleep. Not sure if she understood. She went to sit on the chair by the door, curled herself up and turned and tossed. She said, 'glasses'. Again it took me a few seconds to understand that she was talking about my glasses and she wanted me to take them off. I remembered she drew my glasses first when she drew me. I took my glasses off and said, 'can I see you now? can I see you properly?' she screwed up her eyes, making it smaller as though she was blind. I said she thought I could not see her at all. It was three minutes to go, so I asked her to put the tea set back to the bag. She just looked at me without moving and this was what she did whenever I said it's time to stop. She was showing me that ending made her numb. I put the cups and plates back and talked to her about tidying and time and coming back tomorrow. She then helped to put the spoons and teapot back. She was to go and I said no, not yet, we still have some time. She stayed and went to the couch lying there for a while before we left. <u>In the corridor, she urged me to run with her, 'Run!' she commanded. So we ran to the waiting room.</u> Her mother thought next time would be Tuesday, I said it's tomorrow. She was surprised, saying that she was wrong.</p>		
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Notes on session 2: some failure

The therapist is too keen to make contact and does not wait for the story to unfold itself, therefore she can't see the material that the patient brings into the session, i.e. (1) the patient is fascinated by having her own toys and space, (2) the patient brings in the 'bottom' place, which she expresses by making farting noises and saying 'bum' 'phoo' etc. (3) the patient seems to be fascinated by the inside: inside the box, inside the room, inside the Tavistock. The excitement of being inside seems to link with 'inside the bottom'. The mouth is mixed up with bum too.

The therapist moves too quickly too close up to the patient, which has its cultural factor. As a Chinese, the therapist is used to have closer interpersonal space. The 'looked like intrusion' on the therapist's part is culturally appropriate in the Chinese context (see the paper "feeding, separation and familial self on Chinese context")

Reference of imitations and thoughts on imitations that happen in this session

1. The Evolving Nature of Imitation as a Format for communication (Nadel, J., Guerini, C., Peze, A. & Rivet, C. 1999, in *Imitation in Infancy*, edited by Nadel & Butterworth.
2. The therapist tries to establish connection with the child through imitating. It is triggered by the child's incomprehensible speech and the child's imitation of animal.
3. The imitation that is initiated by the therapist does facilitate communication between the therapist and the patient. However, what the communication represents in the child's phantasy is not clear. She seems to be excited by it and there seems to be an underlining meaning of the exchanges, namely bottom place. No doubt that she feels we are communicating, but she shows that we are communicating in a bottom place.
4. Imitating and being imitated as fundamental facilitating elements for development in infancy: I wonder whether Jo is short of these fundamental spurs in her infancy, including naming the objects and imitation.
5. Her speech is rather poor and I find her hard to understand. I wonder whether her language delay (speech delay) is a consequence due to not having enough stimulations (reciprocal imitations, interactions, plays... the intersubjective experience) when she was much younger or a biological deficit?
6. and then, the 'not be able to make herself understood' become a motive to imitate?

5 th session Thursday 15/09/2005	Comments on imitations	Thoughts on other important themes
<p>They were on time. J wanted to run in the corridor. I asked her to walk with me and held her hand. Inside the room, she walked about, to the window, went up to the table, shutting and closing the window. I seated and watched her. She looked outside with her back to me, murmuring something that I did not remember. She walked on the windowsill, crossed it and jumped down to the floor. She walked about came to the table to pour some water for me and for herself. I did not drink mine and she drank up hers. She was thirsty. Empty the cup and went to the couch. She went up and jumped for a couple of times. She roared grinning her teeth. I asked, 'Oh, what is that? What do you say?' she smiled, happily. She shouted at me, and I said 'oh, you are angry with me today? Are you angry?' she said yes, angry.... But did not continue the subject.</p> <p>Came over to the box, she rummaged to find her doll. Having her doll in her hands, she said she loved her doll because she got long hair. She brought the doll to the table by the window, saying, 'long hair'. <u>She shut the window and opened it, turned to say 'door'. I repeated what she said to make sure what she said. It's door. I said yes, it's a place you can get out of the room, like a door, but you can't really open it like a door. She said, 'window door'. She turned and crawled on the table, having the doll shown and said 'long hair, Jasmine'. I was not sure what she was talking about. She then mentioned, 'Aladdin'. I said yes the princess in Aladdin got long hair. She said yes. I said her sister was called Jasmine. I asked her if she would like to be the princess Jasmine. She said no. I wondered aloud about who she wanted to be. She did not say more.</u></p> <p>Gradually, she laid herself on the table, watching up at the ceiling. <u>'Holes' she said. I did not get it for the first time. She repeated and I looked at, saw what she meant. 'Yes, holes'. I was thinking what is in her mind. She stared at the ceiling for a while. Afterwards, she got herself off the table.</u></p> <p>Lying on the table, seeing the holes, she said, 'holes'. She came off, went under the couch, and said 'under the table'. She hid herself under the couch and I could not see her. <u>She mumbled, 'where is Daddy? Waiting room, waiting for me'. I talked about her liking Daddy waiting for her. She came out, saying that the doll's hair was very long, milk, like milk. She murmured.</u></p>	<p>*The therapist copies the word to make sure what she hears is what the patient says, 'door'. The imitation is to identify and understand. Imitation as a fundamental factor for understanding (imitation in Infancy).</p> <p>Her speech is not clear and she often needs to repeat what she says. She tends to use single words, is not able to form sentence. Expression is limited, which makes it hard to grab her fantasy.</p> <p>Here she seems to show an internal self-object dialogue. "Where is Daddy?" "Who is drinking the milk?"</p>	<p>I wonder whether she is worried about her family, particularly her father, who appears to be depressed and has not worked for a long time. Her fragmented words, Daddy, baby, milk, milk cow... ideas and thoughts are fragmented and not very clear. Her</p>

<p><u>'Who is drinking the milk? Daddy is drinking the milk, milk inside the boob, milk inside the cow': 'I am milk cow'. She then mumbled, 'Job centre, Daddy going to job centre'. I asked who providing milk at home, Daddy? She said she providing milk, I said she thought she was very important. She liked to give everyone milk, 'Happy milk' she said, 'baby milk.'</u> I asked, 'who has baby milk?' she said, Jasmine—her baby sister.</p> <p>Doctor, she needed a doctor, her foot hurt; asked me to sit under the table, I said I would not sit under the table with her, and talked about her being bossy. She wanted me to be the doctor and I did the doctor, and was asked to do the numbers. She came to sit down at her child chair, lifted up her foot for me to have a look. She drank more water wet one tissue, walking as though she was drunk and laid herself on the couch and said, 'it's better, this is better'. She then wormed around and pretended to twist her neck, asking for help, I knew that she was pretending, she liked me to do things for her; 'help me help me', she called. asking me to pick her up while she dangled her head on the edge of the couch, asking me to pick up the doll.</p> <p>My chest hurt, she said, having her hand pressing on her chest. She then asked me if I got boob chest. I said I did and maybe she wished to have boob chest too. She walked to the door, pretended to be drunk. I asked whether she wanted me to know that she was unwell. 'No I am not unwell' she replied. The rest of the session, she came to sit at the table, using the paper to make books, and wanted to do homework, gave me mine.</p>		<p>speech may be representing her <u>thought processing</u>. It is lacked of linking.</p> <p>*family difficulties and then she needs doctor. Whether this sequence conveys an idea that her family has a lot of issues and a doctor is needed for the hurt or injury they have been suffering?</p>
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8 th session Thursday 22 September 2005	Comments on imitations	Other thoughts
<p>I went to collect J in the waiting room. She saw me, paused, dropped what she was playing and came to me. She no longer gave me her hand, and I did not offer mine. She gazed up at me as we walked out, started laughing in the corridor, strange laugh. I did not understand. Not sure what it was. Slightly manic and made me uneasy. I was even worried what people would think of her if they saw her laughing like that. In the room, she poured water for herself and me, faced me and drank it up. Found the doctor bag, hanged it on her arm, went to the door, looked at me started laughing as though something amusing happened. Gradually sliding down and eventually sat down on the floor, the laughing became very strange and mad. Laughed more. I said I am thinking about what's happening; what's happening in her head; what she is thinking that is so funny. She laughed the</p>		

<p>more and could not help. She came over to the couch, lay herself down and laughed the more, went up to the table, looked at me, burst out laughing again while gazing at me. I said what is so funny? Gradually it became clear that she was laughing at me. I said she was making fun of me, laughing at me. She paused, examined my clothes with her particular ‘who-buy-you-those’ expression. I said she liked my top, and my skirt, and she liked my shoes as well, and she did not like that I had those clothes. She felt it’s so unfair. She looked at me, burst out laughing as though I was ridiculous. I felt that she tried to humiliate me. I said ‘you are laughing at me. I want you to know that I am so ridiculous that she can’t stop laughing.’</p> <p>Came off the table, lying down on the floor next to me, laughing the more. <u>‘Stop’ she said, burst out laughing again, ‘stop’ she said and tried different voice to say it. I asked who is saying stop. ‘The boy’ she said, ‘the boy is saying stop.’ She laughed the more, and said ‘bring the boy here’. I said, I think you are the boy. ‘No. the boy. Bring the boy here’ she said and laughed the more, making effort to turn the laughter more real. I said ‘you pretend to be the boy’ ‘No’ she laughed, looked at me as though I was the funniest thing in the world. I said she is laughing at me again. ‘Stop’ she said. I said she tried to stop herself but she couldn’t help. She repeated a couple of more times, stop, but burst into laughing right after the word. She tried different voices. I became very concerned about what state she was in and what was going on in her head? Meanwhile she glanced at my shoes, made sure that she was right next to me.</u></p> <p>She moved to the window and crawled alongside the windowsill, behind the curtain and found a car! ‘I found this car!’ my heart sank! I had scanned the room to make sure that she no longer found toys in this room, but I forgot to check the place behind the curtain. She brought the car off the table, remembered her little girl, and went rummaging in the box. As she was searching for the doll, she gave the car to me to hold. I said we better take this car back. ‘Where is my little girl?’ she asked, and answered herself ‘in the box?’ She found the doll in the box. Taking it out, she said to me, ‘he got long hair.’ She gave me her hand, asking for the car. Having the car, she went up to the big table, wanted to run the car. I said that’s not your car, we needed to take it away. ‘Whose car is it?’ she asked and dropped the car. I said yes, whose is it? Someone was here using this room, playing this car, <u>it’s so annoying. She had come off the table, and said, ‘annoying?’ she left the car on the windowsill, the little doll was on the table,</u></p>	<p>*Is this episode her reproducing what happened in school, therefore a deferred imitation? Or is it her externalizing what happens in her mind between herself and the boy?</p> <p>An internal dialogue: a manic little girl who tries to humiliate the woman/me; a boy who tries to stop the little girl *what does this represent? This is like her speech, fragmented and hard to grab the meaning</p> <p>*repeating the word is originally a way to try to understand. It is a query into something that she does not know—she does not know why there is a car here but does not belong to her (her room, her toy, why the toy left in the room is not hers?). But her attention was drawn to the sound and begins to repeat the sound and makes it funny. The desire to know or the</p>	<p>There is a boy next to our room on Thursday sessions, who often makes loud noises and J finds it disturbing as well as exciting. I did not realize that she sees this boy in school until very late in the treatment. He is from the same school, two or three years older than her.</p> <p>repeating Imitating Copying Reproducing Are they the same?</p> <p>Again, it is about her speech. She copies</p>
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<p>and herself was standing between the table and the pillar. <u>She repeated the word, found it amusing and repeated again. It became something funny and I said she was playing with the word. Of course, it became ridiculous and she was making fun of me again.</u></p> <p>Came to the box, found her box of cars, sitting next to my feet with her back to me, taking the cars out, saying, 'hellocopter' twice, put cars back, could not manage to fit them back to the shapes. Took a while, she shuffled them back and chucked the box back to the box. <u>Went to the door, asking about the time. 'minutes? Ten minutes?' her speech was not clear, and she used the words I used before as a question. I said we still got 25 minutes, and said she was thinking about the time. It seemed she was anxious.</u></p> <p><u>She came to the couch, put her head down with her bum up high, showing her pants. 'stop see my bum!' she accused me. I said she was showing her bum to me, and now she said I was seeing her bum as though I was the person who is interested in her bum. She yelled out again, 'stop see my bum!' she came off the couch, lay herself on the floor, showing her pants, 'stop' she laughed and accused me.</u></p> <p><u>Went underneath my chair, poking. I wondered what was happening and talked about she wanted to see my bum. We knew that she wanted to see my bum before. I moved to another chair, she came along, poking, I moved and she followed. I moved the last time, and she came over to poke. I talked about she wanted to get inside me from my bum, to see what's inside me, to take over me, to be me! she was poking so I stood up. She lay herself by my feet then said she could see my knickers. I wondered aloud, 'What are we doing here? Are we here showing each other bums, showing each other pants?' I sat down on my chair, she went showing me her pants on the couch and accused me watching her. I said she was turning things around.</u></p> <p>She came to poke my chair from underneath. I sat down on the floor. I said she was so interested in my bum, in my boob, I said it's very hard, she wanted to be big woman like me, to have beautiful clothes, beautiful shoes. She did not want to be little. She said she wanted toilet. I asked her if she could wait for another five minutes. 'where is five?' she asked and wanted to see it on my watch. I showed her five minutes.</p> <p>Climbed up to the table, looked outside went up to the windowsill, then 'stop looking me!' she turned and showed me that she was annoyed by me looking at her. I said she now felt that I</p>	<p>query into unknown (desire of development) is then lost.</p> <p>*Copying my posture as a</p>	<p>the words trying to express what she means. It is how a child learns to speak, copying first.</p> <p>Showing her pants, Wanting to see my bottom</p> <p>This whole episode shows that in her world, people are interested in the bottom place, including herself and me. This is also part of her program of ridiculing me. Her wanting to get inside me is turned around and became me wanting to get inside her. Intrusion</p> <p>This copying is like wearing my clothes, a</p>
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<p>wanted something from her.</p> <p>I mentioned that she said I watched her very much, I watched her a lot, and she wondered what I wanted from her, scary. Very scary! She shouted, ‘Stop looking me!’ went hiding behind the chair, peeping at me, on the couch, hiding behind the cushion. ‘Stop looking me!’ I talked about she felt that it’s me looking at her not her wanting to look at me! peeping at me to see if I was still looking at her. I said she feared that I was trying to get inside her by looking at her; and she tried very hard to get inside me to take over of me, and become me. She found the sellotape, cut a piece, ‘I don’t put on you’. (not sure that she could do that to me now) She sellotape her mouth. I said she could not talk, and also she found me different, I did not do what she wanted me to do now. She agreed. She tried to talk with sellotape on and ended up mumbling. She took the Sellotape off, tried another long piece. Insisted that she could talk with the sellotape on, she blew, and came to poke my chair again. <u>Once I was out of my chair, she sat down on my chair, and copied my posture. I said how much she wanted to be me, copying my posture. I took the sellotape off. Her lips were getting red. ‘It’s not a good idea to put sellotape on your mouth. You can’t speak properly.’ Time to stop. She wanted to go straightaway.</u></p> <p>The boy turned out to be a boy in the waiting room she saw. (She saw him in school too.)</p>	<p>way to annoy and provoke me. As soon as she starts copying my posture, the ‘two people in a room’ situation becomes one person trying to glue onto the other, or merging with the other, and the other trying to shake it off.</p>	<p>superficial ‘we are the same’.</p>
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Notes on session 5

1. She is prepared and planed to ridicule me in this session. It is a communication about her difficulty of dealing with the difference. She does not know how to deal with the gap between herself and me ~ my clothes, my shoes and my jewellery are the superficial representative of me, which she is able to focus; but maybe it is the adult function I operate in the therapy she is interested, including the words I use, I way I talk and the understanding I offer.
2. It is easier to see that she is provoked by my clothes and she makes it clear that she hates me wearing nice clothes, and it is easier to feel that she is envious of me. But, as Alan Shuttleworth emphasized maybe it is not envy, but a painful experience to see the gap and to see there is something, she is not able to perform.
3. For Jo, there is not only the gap between herself/little girl and a woman/me, but there is a huge gap between herself and her peers when the therapy started. It is only in the therapy room, a controlled environment, we can see how she responds to the gap.

Notes on imitations

1. She has not yet developed enough language to express herself, to form a sentence that would convey what she thinks and what she means. Therefore, she copies the words, or she creates an ‘action play’, to express herself. She is able to find another communication tool or vehicle. However, because the communication way she finds takes a lot of time to understand, it is hard for people in school or even at home to understand.
2. Intelligence: she is intelligent enough to see that she can’t do language or the normal way of communication. But there is a deficit in her intelligence, speech and thought processing.
3. Bion’s thought processing theory
4. Cognitive psychology’s information processing theory

14 th session, Thursday 7 Oct 05	Comments on imitations	Thoughts on other important themes
<p>Session started on time. J was holding a doll with her back to me when I entered WR. She turned as I said hello to her mother. She was wearing a beautiful coat in red, very oriental. We met each other's eyes, and she was ready to come with me. Her mother asked for her coat. After leaving the coat to her mother, she quickly came to me. We went to our room. She gazed up at me with a timid smile. <u>As we entered our room, she looked at the table, said, 'more paper.'</u> I went to sit down and said, <u>yes, more paper. You have run out of paper. 'Run out of paper' she repeated as picked up one piece of paper and was now searching for a pen.</u> She seemed happy, and started humming a song. She sat down on the floor, and I said J was happy to see more paper that she asked for. 'You are happy that I remember what you need, and I have you in mind.' she sat down on the floor and started drawing. At beginning, I thought she drew a head and a body with two breasts. But it turned out to be a man with a turban. I noticed that she had looked at my shoes and my clothes. I said I noticed that and I thought she liked my clothes, but it's too hard to talk about how much she like to be a woman who can buy herself things. She turned her singing louder. I said, so she did not want to hear what I said.</p> <p>She finished her drawing. It's Aladdin. She wrote down the name and came over to find her scissors to cut. She indicated me to hold the other end of the paper while she was cutting, which I did. <u>She had the figure Aladdin, and gave me the name. She then went up the window, singing and then calling my attention, asking me to come to have a look. A car by the road, a triangle sign indicating the car had broken down. She said, 'it's coming down. It's coming down.'</u> I asked her what she meant. <u>She made posture to indicate digging on the road.</u></p> <p>Came off the table, singing, and took Aladdin's name from me, put it on the three bricks in a row at the table, she was singing all the time, and said she need to colour in. <u>For the first time, she sat down at the table, found a red colour pencil, saying, 'this is all what we needed to do, colouring in.'</u> I wondered in silence if she was referring to what we did here. She found yellow and finished the colouring in, and sang along while walking to the table by the window. <u>She mentioned carpet. I said yes, Aladdin's magic carpet. She repeated 'magic carpet'</u> and came off to make a carpet out of a paper. She simply cut a rectangle shape out of the paper and threw</p>	<p>A verbal communication that appears to be imitating. A mode of communication that the patient can easily evoke. The patient repeats what the therapist say, an echo that seems to make her feel connected with the therapist, identifying the words and identifying with the therapist.</p> <p>This is a sentence she says a lot later on in the second year of treatment. It becomes transpired that this is a sentence she heard a lot in class/school; and she says it when she wants us to do school work. *Repeating the words as a way of taking away something from the therapist? An attempt to blur the boundary?</p>	<p>Judy's view of me as the person who starts imitating. I thought it is ordinary for verbal communication between two people, to repeat the other's last words; but for Jo, the verbal confirmation of 'there is more paper' seems to be felt like 'copying'. She is reoccupied by 'copying' therefore, she is alert to it and responding to it by imitating back.</p> <p>This is about speech and language again. When she says, 'it's coming down' I think she means, 'when I came down the road, I saw some digging on the road.' Speech deficit, which prevents her from articulating what she wants to say.</p>

the rest into the bin. She had thrown the rest of the first paper, which she used to draw Aladdin, into the bin. She then flew Aladdin with the carpet around. She went up to the table, looking outside. I wondered aloud if she got worried about the digging in the road, and I asked her what is coming down. She did not make it clear. She stayed on the table, walking Aladdin around. Afterwards, she said, 'Apu. The monkey.' Aladdin needed his monkey and she needed to make him a monkey. She came off the table, grabbed a piece of paper, sat down on the floor, and started drawing a monkey. After finishing drawing, the monkey was cut off and was put with Aladdin.

I talked to her about flying high today, she did not need me at all. She talked about Aladdin is bigger and taller than me, I said that she wanted to be bigger and taller than me, but she knew that she was a little girl, and she now found a man who is taller and bigger than me. She flew Aladdin around the room and sang or hummed the song. I talked about her flying today, high up there, and did not need me. She made Jasmine, the princess. I wondered if she wanted to be Jasmine, she said no. I said she got a Jasmine sister at home. While she mouthed my words, I talked about what she was doing and wondering if she felt.... She interrupted me saying that she needed to go toilet. I took her out. The children's toilet was in progress. I took her to the woman toilet and she was lost inside, wondering around looking. I took her literally into the cubicle and she asked me not to close the door. I left the door ajar. Someone who entered the next door banged the door loudly and J got scared. She asked me from behind the door, 'do you bang the door?' I said no. When she finished I took her to wash her hands, and she was amazed by the different taps, and was stroking them. I encouraged her to be quick. Once we came back into the room, she went to get her Aladdin straightaway and flew it around. I talked to her about the toilet experience. She was in an adult toilet and she was scared when someone banged the door. It's a bit scary when being in the big woman's toilet. She mouthed my words again. I said she was again repeating what I said, playing with the words.

She went up to the window, shouting at people in the street, 'don't go. Don't get out' I asked her whom she was talking to. 'People' she pointed and replied, people in the street. I asked her who is trying to get out of here. She said no, no one. I said maybe she was worried about what's coming down in the road.

The patient's mouthing the therapist's words. What is taken in? Is she trying to learn the language, and mouthing, repeating or copying is the first step to acquire language?

The mouthing the words the therapist say seems to be a way of 'being the therapist'. The words fascinate her and she seems to feel the sensual feeling when speaking those words.

I am the person who has long hair. She wants to grow up. What does 'grow up' mean to her? Growing long hair? What does long hair represent? Is this a form of imitation too? Or identification?

This experience of being in a woman's toilet is similar with her experience of me being a woman. The world of a child and the world of an adult, it amazes her. This is relevant to the subject of imitation. As for Jo, the next step is often trying to imitate or getting inside. She does try to get inside the woman's toilet later on at different sessions.

Speech deficit? She does not know what

<p><u>She went to the couch and said, 'I want to have long hair' I said she wanted to grow to become a woman with long hair. She said no, she just wanted to be a big girl. I said, a big girl with long hair, she said yes, I talked about her desire to be grown up, to have nice clothes.</u> She let her head dangle around the edge and then came off the couch. She touched my shoes, asked if I wore tights. I talked about her tights and my tights. She touched hers and then mine again. I talked about different tights for different people. My kind of tights was for adult woman, and hers was for children. I said it's a long time to wait for her to wear my kind of tights and sometimes she felt that she just couldn't wait.</p> <p><u>She lay next to the couch on the floor, asking me 'you said "wait" in the toilet' I said yes, I said wait. She repeated and I wondered what she thought of what I said. She was unable to express what she meant about the word 'wait'.</u> She put her arm under the mattress and got stuck. She asked for help. And I was not sure if she needed it. She struggled and asked for help again. I went to check and said it seemed she could get out herself but she wanted me to help her, she wanted some attention from me. She squeezed under the couch, and then said she got stuck again. This time was her bottom. I helped her out. <u>She played with the Abu and Aladdin with carpet, singing and humming from time to time. Suddenly she looked at me and asked me 'are you angry?' I said 'you feel that I am angry?' She said no. I said no I am not angry but she is afraid that I was angry. She started humming her song again.</u></p> <p><u>Went underneath, out of my sight, asking, are you unwell.</u> I talked about her being unwell last week, did not come, but come this week, Tuesday and today. Asked me about going. I said no, not yet. She said, not going. I said yes, not going yet.</p> <p><u>She came out, sat on the armchair, talking to me. Her speak was much better after she came out. Talking in sentence.</u></p> <p>Dangling her head on the edge of the chair, watching me upside down. Did not look too sad when I said it's time to stop.</p> <p>She asked for the little girl, saying that she'd gone, and J was sad. I said 'you think she'd gone?' she said yes. I said, 'then you feel I don't look after her properly then. But you know she is still here in the box. She is always there in the box. But you thought she'd gone missing.' She listened, but did not say more.</p>	<p>Memory and deferred imitation: she remembered the word that was said some time ago and reproduces it and repeats it. The purpose is not clear. What kind of emotion does she recall at this moment?</p> <p>She has reproduced the film, Aladdin, all the characters and play / repeat the story.</p> <p>She could be repeating what I say some time ago in different session. It is like 'cut and paste'. She cuts/copies what I say before and pastes it at the time she tries to express something. She could be concerned about me, or just remembering something. I do not really know.</p>	<p>'wait' means? Or maybe the point is she is remembering the woman's toilet?</p> <p>She suddenly remembers something, maybe it is her mother getting angry with her (when she is playing Aladdin obsessively?) or someone else getting angry with her. Her thought jumps ~ again, an issue about her thought processing.</p> <p>Speech improved.</p>
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Notes on the session

1. The characters she draws and cuts out are all from the film Aladdin. Is this a form of imitation, reproducing the characters from the film? There isn't story but fragmented episodes from the film.
2. Her thoughts jump and her speech appears to be fragmented and I am constantly checking what she means literary in words and what it might represent unconsciously; I am also confused about the link between the fragmented words she says. I try to find out the link, but there are two tasks, one is to find out the link linguistically and the other, the unconscious link.
3. When a child has language difficulty, it does not prevent us from understanding (or try to understand) the unconscious meaning. But for Jo, I often feel I need to find out first what she means consciously before I can make attempt to reach her unconsciousness. After trying to understand the unconscious meaning, I often feel I have gone too far. Jo is not yet demonstrating her unconsciousness. The internal phantasy is not yet born.
4. Hypothesis: Jo's personal mode of communication is based on 'copying'. When I repeat what she says, she seems to feel a special feeling as though she sees me as the same creation like her == another form of her idea of 'copying' or copy. I am another copy of the same creature.

17 th session Thursday 13 October 2005	Comments on imitation	Thoughts on other important themes
<p>J was looking into a huge catalogue, saying, 'Mummy I want this' when I entered the room. I said hello to call their attention. Mum said hello, J turned to look, she smiled and came to me quickly. In the corridor, she gazed up at me, gave me her hand and started dancing gently shaking her head side to side, smiling, appeared to be very pleased. Half way through the corridor, she dropped my hand, ran ahead to find the room, 'our room' she called out, entered the room and went to snuggle against the pillow on the couch. She looked at me with a smile, and came off the couch.</p> <p>She looked at the table, 'more paper' she called out with surprise. I seated, saying yes more paper. You asked for paper. She handed me one paper, and got one for herself. Then she rummaged in the box, found three felt tips, asking which one I liked. <u>I strongly felt that she was treating me like a child, the same with her. I said, "oh do I need a paper? I need a pen as well?" as I took the paper and pen. She then instructed me to draw, 'a circle. A small one' she showed me with her finger, then 'a line', 'legs' I realized that she wanted me to draw a people. 'Arms' she said, then 'hat' and then top, trousers, eyes, and 'SAD' I was not sure what I heard, asking, 'sad?' she repeated 'sad'. I hesitated, and was about to draw a sad face, she changed her mind, 'smiling' so I drew smiling face. Meanwhile, she saw my top on which there were some sparking dots. She laughed and touched them in a manner of scratching them off. I said, oh yes, she found they pretty, but how could I have this pretty top! She then sat down and did her drawing. She drew her figure.</u></p>	<p>She has created a scene demonstrating that she wants us to be the same and doing the same thing. She seems to want to create 'mirroring' between us. It is a way of being together, but what is the purpose of this 'mirroring'</p>	<p>The patient treats the therapist like a child, a copy of herself. This is a projection and it means to put the therapist in her position. And the therapist and the patient are doing the same.</p> <p>This is also a creation of two people being the same, although it is not immediate imitation or deferred imitation. <u>There is a mode or template on which Jo's projection is based on.</u></p> <p>However, Jo does notice the difference,</p>

<p>and was not happy about it, and threw the paper into the bin. I said now the paper was no longer good. She took another one, started drawing another figure. She spotted the water, went to pour two cups of water, one for herself, one for me. I said, so we both have to have one paper, one pen, one cup of water, and draw the same person! I said J wanted us to be the same, it's hard to think about that we are different; it seems she think the only way we can get together is to be the same, doing the same things, draw the same picture. She said, 'we are the same!' without looking at me. I said, it's hard for her to think about that we are not the same. I said it's hard for her to think about being a little girl, and me an adult woman. She had started singing the song of the Aladdin, and turned the volume up when hearing me talking these. I said she did not like what I talked about.</p> <p>The scribbling became heavy, and she found a drip of water on the paper, began making a hole of it with her felt tip. I said the paper I prepared for her seemed not good. I felt her anger. I said I know that she is happy to have more paper, but how can I get so many pieces of paper for her; where did I get them from? She didn't look at me, started drawing a square, and humming all along. I watched in silence. She then said, it's telly. I used it as a way of her not wanting to hear me; she wanted to watch the television instead of listening to what I said. She appeared not to hear.</p> <p>She then drew Jasmine, and commanded me to do Jasmine. I said again, she wanted me to do what she wanted me to do, the same one she did as though this is the only way that we can come together. I said it gently, but she appeared to ignore me but convey her anger when drawing. The outline she was doing was very heavy. I said she was not happy about me, in fact she is cross with me because I did not do what she told me to do, and I did not say that we are the same. She frowned, saying, 'we are the same'. I said, but why we need to be the same when we are not? I said why J can't be J, and H-M be HM? She lowed her head, kept drawing. We stayed in silence for a while, and I noticed that she drew those lines with force. I said she was cross with me and she glanced at me with a timid face. I talked about her fear and can I allow her to be angry with me. Silence. She was making more pictures, Jasmine and monkey had done.</p> <p>She took another piece of paper and another pen, wondered about where to draw, she left to the big table by the window, climbed up to the table. I said she was getting away from me, she did not want to be close to me. She turned to</p>	<p>that she tries to create? A denial of difference? A sense of controlling the object? A two dimensional existence?</p> <p>I have to be a copy of her, another little girl in the room.</p> <p>The second time she says, 'we are the same!'</p> <p>Without me doing the sameness with her, she feels rejected and shows me by hiding herself –she feels alone and maybe lonely. The being the same seems to be a way of defining our relationship, and maybe defining the place/ Tavistock. Her question of whether I am crying could be a projection, namely she is the person who is crying. And this crying shows her sadness regarding 1) she can't make me the same;</p>	<p>or things that I have and she does not have. Mentally, is this awareness a trigger for her wanting us to be the same?</p> <p>Jo's response to me not doing the same, as she requests. She leaves me, hiding and there are other feelings evoked, feeling timid, not being understood and maybe, as I suggest, lonely.</p>
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<p><u>look at me as lying on the table, shook her head, she said, 'no, not close'. I said she did not want to be with me now. She said no, and climbed up to the windowsill. She slid herself forward to the other end, and then hid herself behind the pillar. She hummed a song all the time. I waited in silence. I said she was hiding behind the pillar, did not want to be seen now. She kept humming and singing, she then banged onto something and I saw her put her hand on her wrist. 'You hurt yourself?' she said yes. I waited for another few moments to say that I thought she was angry with me. She turned to look at me, saying, 'I am not angry' I replied, 'you are not?' 'No' she said. I said maybe she was not sure if she could get angry here or not, 'is this a place where she could be allowed to be angry?' She then turned to ask, 'are you crying?' 'Do you think I am crying?' 'No'. I said she might be worried about me, about if she was too much and would make me cry!</u></p> <p>She came off the table, put her drawing on her folder, I noticed the picture was very rich. She found dolls, gave me two, <u>ordered me to sit down, I talked about she wanting me to do what she wanted me to do, to be the same, sitting on the floor. 'Can you sit on the floor for me?' she asked as busying herself with the dolls. I sat down, and she played the two dolls, talking in two parts: 'where are you going?' 'I am going school' 'are you going school?' She asked me to follow her, follow as the way she liked. I said she wanted me to follow her in her way, but I AM following her all the time, just I am doing it in my way, I tried to understand her, to follow her; but she thought there was only one way of following her, which is do what she told me to do!</u></p> <p>She was listening and then moved away to the floor from the couch. She walked the dolls around and left them on the floor. She did not come back to them. She went to rummaging in her box.</p> <p><u>She was busying finding something in the box, turned to peep and said, 'SIT DOWN' as though worried that I might just go away. I said 'you are worried that I would have my own mind and go away.' She repeated 'sit down' while finding new dolls from the box. I said, yes, you want me to sit still, stay where I am when you are busying something else. You are afraid of me moving away. 'Don't move!' she said.</u></p> <p><u>She had left the box, and dropped a plastic bag accidentally on my chair. I picked it up and put it on the table. She had started drawing circles on a new piece of paper. She drew one and cut it</u></p>	<p>2) we are separate persons, very different; 3) losing her control</p> <p>She tries again. It looks like she wants me to play the dolls with her, and we can play a drama like two school girls sitting together pretending to be one of the dolls and having conversations.</p> <p>She tries again to resume her control of me. She seems to feel sad</p> <p><u>Makes herself a copy of me</u> for telling me she could do what I do and express her feeling for me: She finds a way to mimic my role—the therapist, who prepares the toys for a child. She makes it into a joke and laughs at me. She is reproducing how she perceives me and what she observes about me, making it into a caricature. This 'reproducing' is sophisticated and requires cognitive capacity.</p>	<p>As I insist to be on the therapist position, she seems to find it impossible to communicate with me.</p> <p>I always have this dilemma: should I follow her as she request or should I hold my role? As though I can't do both. I do find it impossible to do both as when I follow her as the way she wants, she takes it as an agreement that I agree 'we are the same'/'</p>
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off, and then put it into the plastic bag. Then she drew another one. I was wondering what she was doing. I waiting and found it interesting. She had done many circles, and at one point she looked at me, gave me a smile. She drew one more and cut it off. She looked at me again, and started laughing, 'oh, a lot of work!' referring to that she had been working; but also referring to my work. I said, she seemed to be laughing at me, laughing at my work with her. She gave me a new piece of paper, and asked me to write my name. I said, now she tried to get me to do what she wanted. I wrote down my name, and she took it, looking at it with interest and said, 'H-M's name'. She cut it off, went to the bin to trim it properly and threw the rest of the paper into the bin; I felt that she was wasting the paper today. There were several pieces of paper being thrown into the bin when they still had plenty spaces to draw. She came to stick my name on the bag. So she was making me a bag of circles. It reminded me of the box I prepared for her, the bricks, the teaset, the paper. She gave me the bag, saying that it's for me, and laughed in a sadistic way. I said, oh she is preparing the bag for me as though I am one of the children who come here; I said she found it hard to have the things I prepared for her, especially I got so many new paper for her today, which is really unbearable! (not sure if she understand the word.) I said it's hard to be a little child being looked after. The things I brought here for her seemed to make her feel bad about herself, to remind her about what she did not have.

She walked about and I put the bag on the table. It dropped and she came to pick it up, gave it to me. I said it could be present too, a gift that she made me. There were many ways to see it. She also wanted to make me nice things. She took another piece of paper, and started scribbling on it, green and yellow, good chunk of blocks. It looked pretty, the colour. She was absorbed and when she finished she put it on the floor. She went to get the tea set bag, and ordered me to sit down again as she was busying display all the cups, spoons, and teapot. She names them and put them all on the paper. Sit down, she asked me again. I sat down and she asked me to cross my legs while sitting, 'do the same' with her, she wanted me. I said she really wanted to make sure that we were doing the same, but I was afraid that I had to tell her that it's time to stop. 'Going?' she asked. I said yes. She did not hesitate, quickly put cups, teapots, spoons away, and I got the feelings that now she was not too scared of leaving since she had the sense of coming back. I said you know you are coming back tomorrow. She said yes, and Monday, Wednesday, Saturday and Tuesday

She really successfully makes a comment on me/the therapist teasing me.

Again, she makes it clear that she wants us to be the same.

The whole session is about imitation, identification and difference. The purpose is to get me off my therapist chair.

and Sunday. I said she meant many days she was coming. She said yes. She then said, 'ok, I am going' and walked to the door. 'You have to be the person who says that, right?' I said and walked out with her.		
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Notes:

1. There is an issue of whether 'Jo's projecting part of herself' and 'asking me be the projected part of herself, namely a little girl' and do the same with her, is an example of imitation.
2. I tried to do what she requested me to do at the beginning of the therapy. My supervisor suggested that I stopped doing that as I seemed to lose my therapist position when following Jo's instruction or physically following her. Jo does take it as I have agreed to be in her 'mode' when I do what she asks me to do. She then can do one thing for a long time and appears not to hear my any comments.
3. It feels necessary to break off the 'doing the same' or 'following her in her way', in order for her to see me. It is a painful experience for Jo, but seems necessary for her development.
4. There is a **sophisticated imitation in this session**: she mimicked my therapist role, ridicule it by turning our roles around and making me into a child who receives 'prepared toys'.

Questions or doubts

1. Should I just play with her as she wishes? Maybe it is necessary for her development, maybe she needs someone to give her what she does not have when she is much younger, a reciprocate object who mirrors, imitates and communicates with simple mode, i.e. physical and vocal copying
2. Is imitation or mimesis something that Jo did not have when she should have for her development— deprivation? If it is so, I should have offered her this experience and provided her what she missed. If not, ?

23 rd session Thursday 27 October 2005	Comments on imitation	Thoughts on other important themes
<p>Saw me in pink top, wanted to take off her jacket, her mother said no, but she insisted and came with me. In the corridor, touching my pink top, smiled, saying beautiful. Rushed into the room, asked, 'where is the paper?' I said, yes where is the paper? She looked at me, and then went to lie on the couch, looking at me, playing with a tiny sparking bottle. 'Do you need paper?' I asked. She nodded. 'Yes, you need paper, and I don't have paper for you!' I spread my arms apart; she looked at me intensely, I continued, 'that's annoying!' I seated, and carried on saying, 'you think I should have noticed that you ran out of paper already, and you need more. Do you need more paper?' She looked at me, 'No'. I thought she did not understand, and repeated my question 'you want more paper?' She said yes, still stroking her bottle. 'You want to show me the bottle.' 'It's not bottle' 'what is it?' 'It's glue' I realized that it's a glue stick. She came off the couch, went to sit on the armchair opposite me, looking at me intensely. I met her gaze, and we remained in silence for a while. She smiled, and tossed her body around on the chair. She talked about me wearing pink top today. I said yes, and she wanted to show me.... she said, 'I got green.' I said yes, she got green top and</p>	<p>Comparison or competition? Compare what she wears and what I wear, clothes and shoes. Intense eye contact</p>	<p>I wonder whether she really feel I am showing off by wearing good looking clothes.</p> <p>When I address her looking at my clothes and my shoes and her possible feeling about</p>

she wanted to show me that; that's why she wanted to take off her jacket. She looked at me in agreement. She then turned upside down, dangling her head over the edge looking at my shoes, touched it, saying, 'HM's shoes'. I said yes, she found it hard to think of me having pink top and nice shoes. While I was talking about her feeling annoyed by me, she shouted, 'Oh, are you saying 'shut up' to me?,' she said, no, 'bad word' I talked to her about the bad word, that she did not say bad word.

She came off the chair, pushed it towards the window, looked at me. 'You want to go up to the window' I said. The gap between the chair and the window was huge, and I wondered aloud if she could do it. She stretched her upper body, put her hands on the windowsill, and then moved her legs off the chair, she managed to get up to the windowsill. Now she was behind the pillar. Moved forwards, showed her face, her body, all the time looked at me; I felt the intense eye contact she paid to me today. She stood up on her knees, slipped her hands and got startled. 'Oh,' I called out with her, saying 'that's scary!' She smiled. I said sometimes scary things could happen and she would get scared. She looked outside, called out, 'doll' and something else. I said yes, and she saw something outside the window on the roof, what happened to those toys? She pressed her nose against the window, turned, and announced, 'my window!' I talked about she was telling me that this is her window; she was thinking of whose window, whose room this is. She came off the windowsill, laid herself on the table, saying, 'my room'. Pointed at the ceiling, 'hole,' I said, what happened to the ceiling? What made it have holes? She pointed at another hole. She said that was building. I said yes, what happened to this building? Was it safe to be here? She said 'my room' and no it's not my room, it's your room. I said she was thinking about whose room it is. She repeated that it's my room not her room. I said she it's hard for her to think that it's my room, it's very sad. I asked her if she was sad about that; she said no, 'happy'. She pointed at the wall, 'pink wall'. I said yes, and I got pink top, pink wall. I thought she was also thinking about whose wall it is. 'Yours' she said. I said she would like to have the wall to herself. She said no.

Came off the table, on the couch, saying that this is not her room, it's my room. We talked about the room, and how hard for her to think of not having this room for herself, herself only. I said I have this room, but this is a room for her. She said no. I said it's annoying that it's my room. She screamed. I said she did not like what I said. She went off to turn off the light, came to table, looked at the water, poured some

me wearing them, she feels I am asking her to 'shut up'. This is very interesting. She is expressing in a unique way, telling me that I try to stop her having her feelings about my clothes and shoes.

What did the dolls and toys she spotted outside the window provoke? We then have a long 'my room' your room' argument and clarification. 'my window', 'my room', 'no your room', 'hole', 'pink wall' We are back to the fragmented speech. She seems to be differentiate 'yours' from 'mine'. This is a good sign for her sense of separation of 'self' and 'object'.

into one cup, water spilling out. Asked me where I got the water. I talked about where I got the toys, where I got the paper, where I got all the things for her; talked about her feeling annoyed by me getting so many things; she wanted to get them herself. She looked at me, listening and then suddenly went off to the door, wanted to go out. She opened the door, turned to look at me, threatening that she was to go out. She went out of the room, wondered around in front of the door, came in, looked at me, found it difficult to really leave, saw some people walking by, came in straightaway; looked at me, went out again, came in, went out, came in, and finally asked me if she could go the toilet. I felt that she just wanted to take control of the situation. Had unpleasant feelings inside me, she came to tell me that she would go to the toilet by herself. I said no she is not going by herself; I think she wants to tell me something by asking for the toilet. She did not want to have it, went off to the door, half in and half out, asking, 'can I go to the toilet pleased?' I said yes. As soon as I stood up, she ran away.

Reached the toilet, in clean, I called her back; she was off to the woman toilet. Bad experience last time, I asked her to come back. Clean man came out. She asked what is that on the floor. I said he was cleaning the floor, she wondered to the other side, put her bottle, came back to the toilet, sat and pee. Asked me to let the door open. She needed toilet for sure. Pee properly. I saw her come out from toilet before the session with her mother. A thoughtful mother who knew that she went to toilet during the session. Wondered around when finished; I asked to wash her hand, she did not want the tissue I got for her, knowing that I was not happy now. Decided to step in and to tell her to be quick. She appeared not wanting to leave. She wanted to get one more tissue, and I said to her, come with me and we were going back to our room.

As we approached our room, she rushed ahead, entered the room. I walked in normal pace, and saw her hiding under the blanket. 'J is hiding' I said as seated, 'I think she wants me to find her, doesn't she?' I waited, and she came out, saying, 'boo' with a smile face. 'Boo' I said, 'so we see each other again' I was still feeling cross with her, feeling being provoked, being controlled. The room was still in dark. She came over to the table and I said I think she wants to leave the room because she did not like what we were talking about before, about whose room is it; she can see that it's my room, that makes her feel not happy, she wants it to be her room. She said this is not her room. I said, 'and you feel that it's so annoying.' She went to the window, up to the table, and then the

windowsill, talking about 'my room' again. She pointed at the window, saying, 'my window'. I said, 'yes, you want it to be yours. It feels better when you think that its your.' She said 'it not mine.' I said, 'and it feels bad; it feels sad. You are not happy about that. But this is a room for you.' She replied, 'no, it's not for me'. I said 'yes, you feels that it's not yours because if it's yours, you would be able to come whenever you like! You want to come to this room whenever you like; but you can't and that's annoying!' She was now sitting on the windowsill, shouting, then stamping. I said, 'stamp, stamp! You want me to know that you are cross!' She engaged with me with her eyes, asking 'going'. She wanted to go. I said no it's not going time yet. She said she could go by herself. I said no, 'you are not going by yourself. It's not time yet.' I said, 'you want this place to be yours and you want to come whenever you like, but you only come when I have sessions with you.' 'NO, you don't have sessions' she came off the table, and went to snuggle on the couch.

She repeated that this is not her room. I said she did not believe I have this room for her; this is a place for her. She said no, looked at me upside down again with her upper body on the armrest, her head standing on the couch. I said she was looking at me upside down, things were turning upside down. She moved her body off the couch, and now was sliding down to the floor. 'Can I go now?' she asked and added, her Mummy was in the waiting room, and her baby. 'My mummy giving the baby milk.' I said she was thinking of her mummy and wanted to go to her because she found it hard to stay with me in this 'not your room'. She lied down on the floor, saying, 'living room; Mummy' I replied, 'Mummy is in the living room?' She said yes, and 'my living room'. I said she was thinking of her own room, the living room, that's her room, and she wants me to know that she has her own room. She repeated that her Mummy and her baby. I said it's hard to think of all those things. She moved under the couch, out of my sight, talking. I caught some words, she was still talking about her room; and 'toilet room'. I asked her if she felt that toilet room was her room; she said yes, toilet room was her room. I said then I understand why she wanted to go to the toilet; she did not like stay in 'my room', she wanted her room, the toilet room. She said yes. All the while, she moved around under the couch and then came out of it. She went to the window again, sitting on the windowsill, then lying on the table, she was still talking about the room, and by the time she came off the table, she banged the table, saying, 'angry!' I said yes, you are angry! She left the table, went off to the room, threatening to leave. I said she

Splitting: I becomes an averse person and Mrs Bergese is the good one, the one she needs. By drawing her the figure of Mrs B. I then retrieve some 'good' back and becomes an 'liked' person as well as 'adverse'.

really did not like to stay with me in this room, it's too much. She stepped one foot outside the room, holding the handle, half in and half out, she said she was to leave by herself. I said, 'no you are not. Come in J.' she was not sure what to do, someone passed by, and she was scared, and withdrew her body. But when she met my eyes, she wanted to go out again. I was struggling what to do and she suddenly asked me where is Mrs B. She asked again and started calling 'Mrs Bergese? Mrs Bergese?' in the corridor. She turned to look at me; I said we could talk about Mrs Bergese. She came in, left the door open, asking me if I could draw Mrs B for her. She went to fetch a paper tissue, and I reminded her that the door was open. She seemed not to think it's something needed to be worried. I said, 'I have to shut the door' and went to close the door.

She brought me the tissue and I drew a figure, she asked me to 'draw Mrs B's name', which I did. She repeated her name many times. I said it seemed we needed Mrs B's help here. I said she wanted me to be nice to her. 'No' she looked at me seemed not to understand what I meant. I said, We need B to come and to stay with us, she was happy with the figure I drew; and then asked me to draw myself, which I did, and talked to her about Mrs Bergese and HM working together with her family. Her parents come to see Mrs Bergese, and she comes to see me. She wanted to put two of us together; and she found it too hard to be with me alone. We need B here to help us. She asked me to write down my name, and then found the felt tips to color in, pink top and black trousers. She kissed the figure and I said, 'oh that's a kiss'. She looked at me, kissed my hand, but teased herself, 'Erhhhh.' I said she wants to kiss me now; she wants me to know that she wants to be nice to me. She kissed my hand again, and made an adverse sound. I said but there are always different feelings about me. She looked at the figures I drew for her, happy now.

I said it's time to go. She said yes, put things back. I helped her with tidying up, and reminded her that she is coming back tomorrow. She walked to the door. Once got out, she ran. I followed and said goodbye to the mother, who was ready for J to come back and ready to leave.

Notes on the session

1. She seems to show more sense of separation. She tries to figure out 'my window' 'your window', 'my room' 'no, your room', in all which there is an indication of 'self' and 'object'. Maybe the work that was done last week has helped her to develop some sense of 'self' and 'object', the gap between 'me' and 'you'. In this sense, we are not 'the same' any more. She is saying that the room belongs to me, not her.

2. I think maybe I focus too much on her possible 'envy', feeling provoked by what I have. She insisted that the room is mine. Maybe it is her developing an idea of 'your' and 'my', and it is nothing to do with envy. My being too preoccupied by her wanting my shoes, my clothes and my room, prevents me from having different perspective. She then can't stand it and wants to go out, as my view is rigid and fixed.
3. Cognitive development rather than envy?
4. Her speech is still poor, but it seems I understand her better now.
5. My interpretation sounds very repetitive.
6. Jo thinks of the toilet 'her room'.
7. Our session is stuck at the idea of 'no, it's not my room' and cannot move onto more symbolic meaning of this understanding. I struggle to get symbolic meaning out of it, but it does not move into that direction. In the end, it is her wanting to go to 'her mummy' 'her baby' and her living room, which might be the waiting room she is referring to. .

26 th session Thursday 3 November 2005	Comments on imitations	Other thoughts
<p>J was sitting on a chair next to her mother when I entered the waiting room. She saw me, and I noticed that she had a baby doll in her arms. She jumped to her feet as I walked to say hello to the mother. Out of the room, we walked together. She ran ahead but then waited for me to catch up. A woman passed by, J turned to grinned over her shoulder at the woman's back. We arrived at the room, and I opened the door for her. <u>She walked in and saw the spare papers on the table. 'more paper' she said. (There were two left from last session and I added two.)</u> Putting the doll on the table, <u>she grabbed one piece of paper and started folding it into two and then three and gave it to me. It looked like a purse or bag or envelop. 'It's for you'. I took it. She made another one from a smaller piece and it's for me too. 'You are making things for me' I said. She nodded,</u> took the baby, went to the couch, throwing herself on it, looking at me with her baby in her arms. 'And you got your baby today.' 'Yes, my baby' she put the baby's hood on, saying, 'my baby', looking at it as a caring mother.</p> <p>She came off the couch, to the table, taking out a bundle of colour pencils from the box, and started drawing something on a new sheet of paper. The shape looked like star. She coloured it in orange, and drew another one. It's two stars. <u>She brought the paper to me, 'this is for you' and went back to the draw on another paper. I got the impression that she was to use up all the spare papers. I asked her what she drew for me, 'star' she said. I said 'oh, you make me two stars'. She drew another two stars on the new sheet, brought it to me too, 'it's for you'. 'It's for me too?' Yes. 'Oh, you are making me a lot of stars, four starts. You are making me a lot of things!' she took another sheet of paper, started drawing stars again, this time three stars in green.</u> She cut them off with the scissor, which was stained with glue. The stars were cut off and she found the glue stick out of the box, removing the lid, she could not see the glue and asking, 'you don't have more glue.' I said she cut the glue</p>	<p>I prepare the paper for her; she then makes something for me. A swap of roles: she takes up my role whether to show her gratitude or just to warn me that she is like me having things to give... (a copying of the function she thinks I am operating?)</p> <p>More things for me, stars, more stars.</p> <p>It seems she is the 'caring mother' today. (the mother who brings her baby in)</p> <p>Identification</p>	<p>She is always amazed by the paper I bring in.</p>

off last time. It's all gone now, and she needed more. She picked out the bottom of the glue, which was stuck in the lid, took over my papers, stuck the green stars onto the one she gave me. She then stuck two papers together and brought it to me. I said that she is making a lot of things for me, seven stars, I think she feels I got too many things, I got too many papers for her, and she is not happy about that; how can I have so many papers? She found it hard that I have so many things giving her, she wants to be the person who has a lot of thing, who can give me, and she makes me a lot of things to tell me that she is the person who can give. I said she also brought the baby, I think she wants me to know that she has baby and she is really rich. She glanced at me, smiling, conveying that I had got it right.

She fed the baby with water, pretending, and she herself drank some. She then gave me one cup of water too. I said, 'oh, one for me...you got stars for me, water for me, you really want me to know that you can give me things.' She took the glue bottom, using her index finger to dig out the glue and stuck four bricks together. I was not sure what this meant. She put the brick back and went to the big table to wipe her finger with paper towels. Meanwhile, she tried to stick both hands together, fingers to fingers. Taking the used paper towel, she went to put them into the bin, and then came back to the couch. The baby doll was in her arms, and she sat with her legs up high in the front. She was in school uniform today with trousers. She then moved her head down against the couch seat, and tried to make herself upside down, and looked at me.

Gradually, she slid down off the couch, and sat on the floor, saying 'baby is in Mummy's tummy.' I said yes, baby is in Mummy's tummy. She continued, 'my baby...my baby in Mummy's tummy...Jasmine...Jasmine was in Mummy's tummy.' I said yes, Jasmine was coming from Mummy's tummy. She carried on, 'I was in Mummy's tummy.... You don't go Mummy's tummy. You don't go my tummy.' Paused, she said, 'going fat, Mummy has baby'.

I said she found it annoying that Mummy has babies in her tummy. She wants to have baby in her tummy too. She wants Jasmine her baby. I said she saw her Mummy getting fat when she had baby Jasmine; she found it hard to see that; she wants to have baby too; she wants to get fat with baby inside her.... She found new baby very annoying. 'New baby' she mouthed the words and came up to the table. She fed the baby with water, she drank some. She dipped her finger in the water, put her nose against the rim of the jug, and held the jug up to let the water reach her nose. The water seemed to shock her slightly, she removed the jug, put it down, and wiped her nose. She then wet her whole face, scooping up water

This is more to do with identification: she identifies with a 'resourceful mother', who can provide 'milk' represented by the paper, continuingly, and she is now the mother who feeds the baby, and gives me 'something she makes'.

Externally, her mother is getting fat and she suspects that her mother is going to have a new baby, and her carrying a baby with her is her identifying with this pregnant mother. This is also identification. Two identifications: identifying with the resourceful therapist and identifying with the fertile mother.

She comes out of the her identification and is curious about where the water is from, this is a questions similar to 'where does the baby come from?' and she has said 'baby is from mother's tummy' and I think

with her hands. She then went to fetch a tissue to cover her face. I wondered if she was thinking of being in Mummy's tummy, in the water. She went to sit on the couch with the tissue covering her face for a while, then removed the tissue, threw it away.

Came off the couch, she came to touch the water with her finger and asked me where did I get the water. I said, yes, she was thinking where I got the water from, where I got the paper from, where I got the toys from, it's annoying that I have so many things and I know where to get them. It's annoying. She was listening and then went to turn off the light, turned on the light, on and off, one and off.... I said she could make the light on, make the light off, she knows how to control the light, it felt better. She went on turning on and off the light for a while, and then put her hand on the handle, asking, 'going?' 'NO, STAY' I said firmly, 'J stays'. She left the door handle, returned to make the light on and off again.

She then came to the couch, lying on it. I said she likes to know things, like knowing how to turn on and off the light: it's annoying when she doesn't know. She looked at me, stuck her tongue out, started spitting—more as a gesture than literally spitting. I said yes, I know it's hard; she found me annoying, she doesn't like me; I got too many things that she found it annoying. She slid herself off the couch, lying on the floor now, spitting, making poo sounds. I said, you are spitting at me, you really feel like spitting at me because you feel that I am so annoying. She spit the more, but not managed very well. She moved towards me, and gradually came to lie next to me, touching my tights, and then trying to scratch it. I said, 'now you try to scratch me.' She smiled, saying that she doesn't like my shoes at all. I said, 'no you don't like my shoes, because it's too much.' She increased her force, the touching became hitting, I stop her, saying, 'stop. J, stop. You can't do that. You don't scratch me, and I won't let anyone get hurt here.' She asked me, 'touching?' touching became starching again. She screamed, shouted, touched my tights, making hitting gesture, and laughing. I stopped her again, 'no hitting, no one get hurts here.' Holding her hands when necessary. She laughed mocking me. She kept trying to grab my tights, my shoes, showing me she got shoes as well, feet up high, moving her feet in front of me, saying, 'squash your face! Squash your face!' I said, 'yes, I know you are really angry with me, so angry that you feel like squashing my face, but no, you can't squash my face.' I held her feet when they came up too close. 'No I am cleaning your face' she said. I said, 'we know that you are not cleaning my face. You want to squash me face.' She laughed, repeating that she wanted to squash my

this is an answer she is given, but she is not satisfied, she wants to know, 'but how the baby gets into mother's tummy?'

*she feels I am belittling her. After spitting, she attacks me physically, trying to scratch my tights, then hitting me. The whole paragraph is her attacking me, right after I say that she does not know. She must feel humiliated by my comment. We then move into this material place in which she only sees how much material I have, all of which she needs to attack.

face. I said, it's really hard for her to see that I have so many things and she feels she doesn't have any; she feels that I got all. She grabbed my bracelet, asking 'why you buy your bracelet?' I was afraid that she was to pull it to break it, so I took a hold of her hand, saying, that she was not happy for me to have this bracelet.

She tried to hit me with her hand, and I talked about 'can I protect myself, can I protect you; both of us should not get hurt here.' She shouted, 'NO, NO'. She then screamed, and waved her arms around. She got a hold of my skirt on which there were many beads and pulled out one of them. She became silent, and threw the bead away, then went to find it, showed it to me. I said that was my bead. She said yes. I said she was not happy about me. She tried to throw the bead in my face, and said, 'angry!' I said yes, you are really angry with me, how can I have this skirt, how can I have the shoes, how can I have the bracelet, how can I have so many things. She tried to hit me and I stopped her again. Her hands went up to my skirt, to my legs, to my knees, and I decided to move away. I left the seat, and went to sit on the couch. 'You can't sit there!' she shouted, 'it's mine!' She then held the leg of my chair, shouted 'you can't get my chair.'

She got my chair, moved it to connect with another one like a sofa bed, 'you can't get here.' She had put two chairs between us; the room was divided into two areas. She said that was her chair, and went up to lie on them. I went to sit on the chair by the door, facing her. She came off, moved the chair around, I was not sure if I should have insisted on sitting on my chair. I stood up moving towards her, and she came up to get the third chair. She clustered three chairs and got herself onto the third chair, lying there. She dangled her legs apart on the armrests. I said now I got no chair, and she got three; that is what she wants. She asked me 'train? Do you go on train?'. I wondered what she meant. She said, 'on train'. I asked where she was going. 'Home, my home.' I then realized that she was asking me if would go home with her. I said, 'you want me to go home with you?' she said yes, 'you must phone me!' I said, 'you want me to phone you?' She said yes. I said she wanted me to talk to her on the phone. She said yes. She looked at me, pointing at my shoes, 'that's mine!' pointing at my clothes, 'that's mine!' pointing at my tights, 'that's mine!' pointing at my bracelet, 'that's mine' I said she wanted them all hers. 'Yes' she replied. I said she also wanted me to be hers, because she wanted me to go home with her. I asked her why she wanted me to go home with her. 'Play with me' she said. 'You want me to play with you?' I asked. 'Yes.' She was tossing and turning around, and then moved her body to the other two chairs, from where I stayed I could not see her. She

The three chairs remind her of train. This is a turning point, she then is able to talk about her wish and her fury of me having so much. All what I have should be hers.

<p>started singing, singing beautifully and clearly. It sounded like a Disney cartoon song.</p> <p>It's time to stop and I said, it's time to go. 'Is it time going?' she asked and popped her head out to see me. 'Yes, and you are coming back tomorrow. You Mummy and Daddy are coming to see Mrs. Bergese, and you are coming to see me.' 'Ok' she said and jumped off the chair. I picked up the used tissue, put them into the bin; she picked up another one, and put it into the bin. We walked out together, and she walked ahead. Her mother was waiting by the staircase, asking me about the session times, I explained, and said she could talk with Mrs Bergese tomorrow. She said yes, she was sorry that she didn't come last time as she was unwell; and they would be coming tomorrow. J had climbed up the staircase, throwing her baby's cap onto the floor. 'J, stop doing that!' her mother asked her. We said goodbye.</p>		
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Notes on the sessions:

1. Jo's response to the papers I prepare for her seems to be a reaction due to experience deprived. I am thinking of her family background and everything is very tight at home, squashed in space.
2. Identification: she is the caring and pregnant mother, she has things to give away.
3. Deprivation leads to feeling inferior, which leads to being easily provoked by someone who has something.
4. internal humiliation, not just by phantasy but also by real external experience

Appendix B

[The first few pages of the entire Appendix B]

Comments on Imitations (session 2)

1. The imitation on the therapist's part is a way of getting in to the patient's shoes in order to understand and this seems to invite the child's imitation and it becomes a connection.
2. The child's speech is fragmented and hard to understand. The therapist is puzzled, not able to see the context. The puzzled therapist uses imitation as a way of trying to understand and making contact.
3. Imitating on the therapist's part for trying to build up connection. Whether it is a way of getting inside the child to understand, not sure. However, the therapist's copying excites the child. The 'cheeky bum' seems to refer to herself who makes farting sounds first and then to the therapist after the therapist's joining up with her. A cheeky bum makes 'poo' sounds and this cheeky bum seems to find another cheeky bum, i.e. the therapist who copies her. She is also mocking the therapist.
4. 'Follow me' Jo says, which she wants me to do during the first few weeks or months, and which I do for a while until the supervisor asks me not to, as I seems to lose my therapist position by following her to where she wants me to. This following- me request seems to be relevant with Jo's 'copying behaviour' as she is asking me to 'following/ copying' her.
5. Roaring, stamping and making poo sounds = imitating a wild animal?
6. Again, she behaves like an animal. An imitation to express her wild feeling?
7. She wants me to imitate her running. We do the same. It is similar with her asking me to follow her.

Notes on session 2: some failure

The therapist is too keen to make contact and does not wait for the story to unfold itself, therefore she can't see the material that the patient brings into the session, i.e. (1) the patient is fascinated by having her own toys and space, (2) the patient brings in the 'bottom' place, which she expresses by making farting noises and saying 'bum' 'phoo' etc. (3) the patient seems to be fascinated by the inside: inside the box, inside the room, inside the Tavistock. The excitement of being inside seems to link with 'inside the bottom'. The mouth is mixed up with bum too.

The therapist moves too quickly too close up to the patient, which has its cultural factor. As a Chinese, the therapist is used to have closer interpersonal space. The 'looked like intrusion' on the therapist's part is culturally appropriate in the Chinese context (see the paper "feeding, separation and familial self on Chinese context)

Reference of imitations and thoughts on imitations that happen in session 2

7. The Evolving Nature of Imitation as a Format for communication (Nadel, J., Guerini, C., Peze, A. & Rivet, C. 1999, in *Imitation in Infancy*, edited by Nadel & Butterworth.
8. The therapist tries to establish connection with the child through imitating. It is triggered by the child's incomprehensible speech and the child's imitation of animal.
9. The imitation that is initiated by the therapist does facilitate communication between the therapist and the patient. However, what the communication represents in the child's phantasy is not clear. She seems to be excited by it and there seems to be an underlining meaning of the exchanges, namely bottom place. No doubt that she feels we are communicating, but she shows that we are communicating in a bottom place.
10. Imitating and being imitated as fundamental facilitating elements for development in infancy: I wonder whether Jo is short of these fundamental spurs in her infancy, including naming the objects and imitation.
11. Her speech is rather poor and I find her hard to understand. I wonder whether her language delay (speech delay) is a consequence due to not having enough stimulations (reciprocal imitations, interactions, plays... the intersubjective experience) when she was much younger or a biological deficit?

Comments on imitations (session 5)

1. The therapist copies the word to make sure what she hears is what the patient says, 'door'. The imitation is to identify and understand. Imitation as a fundamental factor for understanding (imitation in Infancy). (session 5-1)

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| <ol style="list-style-type: none"> 2. Her speech is not clear and she often needs to repeat what she says. She tends to use single words, is not able to form sentence. Expression is limited, which makes it hard to grab her fantasy. (session 5-2) 3. Here she seems to show an internal self-object dialogue: “Where is Daddy?” “Who is drinking the milk?” (session 5-3) |
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Notes on session 5

4. She is prepared and planned to ridicule me in this session. It is a communication about her difficulty of dealing with the difference. She does not know how to deal with the gap between herself and me ~ my clothes, my shoes and my jewellery are the superficial representative of me, which she is able to focus; but maybe it is the adult function I operate in the therapy she is interested, including the words I use, the way I talk and the understanding I offer.
5. It is easier to see that she is provoked by my clothes and she makes it clear that she hates me wearing nice clothes, and it is easier to feel that she is envious of me. But, as Alan Shuttleworth emphasized maybe it is not envy, but a painful experience to see the gap and to see there is something, she is not able to perform.
6. For Jo, there is not only the gap between herself/little girl and a woman/me, but there is a huge gap between herself and her peers when the therapy started. It is only in the therapy room, a controlled environment, we can see how she responds to the gap.

Notes on imitations (session 5)

5. She has not yet developed enough language to express herself, to form a sentence that would convey what she thinks and what she means. Therefore, she copies the words, or she creates an ‘action play’, to express herself. She is able to find another communication tool or vehicle. However, because the communication way she finds takes a lot of time to understand, it is hard for people in school or even at home to understand.
6. Intelligence: she is intelligent enough to see that she can’t do language or the normal way of communication. But there is a deficit in her intelligence, speech and thought processing.
7. Bion’s thought processing theory
8. Cognitive psychology’s information processing theory

Comments on imitations (session 8)

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| <ol style="list-style-type: none"> 1. Is this episode her reproducing what happened in school, therefore a deferred imitation? Or is it her externalizing what happens in her mind between herself and the boy? (8-1) 2. An internal dialogue: a manic little girl who tries to humiliate the woman/me; a boy who tries to stop the little girl. (8-2) 3. What does this represent? This is like her speech, fragmented and hard to grab the meaning (8-3) 4. Repeating the word is originally a way to try to understand. It is a query into something that she does not know—she does not know why there is a car here but does not belong to her (her room, her toy, why the toy left in the room is not hers?). But her attention was drawn to the sound and begins to repeat the sound and makes it funny. The desire to know or the query into unknown (desire of development) is then lost. (8-4) 5. Copying my posture as a way to annoy and provoke me. As soon as she starts copying my posture, the ‘two people in a room’ situation becomes one person trying to glue onto the other, or merging with the other, and the other trying to shake it off. (8-5) |
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Comments on imitations (session 14)

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| <ol style="list-style-type: none"> 1. A verbal communication that appears to be imitating. A mode of communication that the patient can easily evoke. The patient repeats what the therapist says, an echo that seems to make her feel connected with the therapist, identifying the words and identifying with the therapist. (14-1) 2. “This is all what we need to do, colouring in.” This is a sentence she says a lot later on in the second year of treatment, namely, “this is all what we need”. It becomes transpired that this is a sentence she heard a lot in class/school; and she says it when she wants us to do school work. (14-2) 3. Repeating the words as a way of taking away something from the therapist? An attempt to blur the boundary? (14-3) 4. The patient’s mouthing the therapist’s words. What is taken in? Is she trying to learn the language, and mouthing, repeating or copying is the first step to acquire language? (14-4) 5. The mouthing the words the therapist say seems to be a way of ‘being the therapist’. The words fascinate her and she seems to feel the sensual feeling when speaking those words. (14-5) 6. I am the person who has long hair. She wants to grow up. What does ‘grow up’ mean to her? Growing long hair? What does long hair represent? (14-6) |
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7. Is this a form of imitation too? Or identification? (14-7)
8. Memory and deferred imitation: she remembered the word that was said some time ago and reproduces it and repeats it. The purpose is not clear. What kind of emotion does she recall at this moment? (14-8)
9. She has reproduced the film, Aladdin, all the characters and play / repeat the story. (14-9)
10. She could be repeating what I say some time ago in different session. It is like 'cut and paste'. She cuts/copies what I say before and pastes it at the time she tries to express something. She could be concerned about me, or just remembering something. I do not really know. (14-10)

Notes on the session 14

5. The characters she draws and cuts out are all from the film Aladdin. Is this a form of imitation, reproducing the characters from the film? There isn't story but fragmented episodes from the film.
6. Her thoughts jump and her speech appears to be fragmented and I am constantly checking what she means literary in words and what it might represent unconsciously; I am also confused about the link between the fragmented words she says. I try to find out the link, but there are two tasks, one is to find out the link linguistically and the other, the unconscious link.
7. When a child has language difficulty, it does not prevent us from understanding (or try to understand) the unconscious meaning. But for Jo, I often feel I need to find out first what she means consciously before I can make attempt to reach her unconsciousness. After trying to understand the unconscious meaning, I often feel I have gone too far. Jo is not yet demonstrating her unconsciousness. The internal phantasy is not yet born.
8. Hypothesis: Jo's personal mode of communication is based on 'copying'. When I repeat what she says, she seems to feel a special feeling as though she sees me as the same creation like her == another form of her idea of 'copying' or copy. I am another copy of the same creature.

Comments on imitation (session 17)

1. She has created a scene demonstrating that she wants us to be the same and doing the same thing. She seems to want to create 'mirroring' between us. It is a way of being together, but what is the purpose of this 'mirroring' that she tries to create? A denial of difference? A sense of controlling the object? A two dimensional existence? (17-1)
2. I have to be a copy of her, another little girl in the room. (17-2)
3. The second time she says, 'we are the same!' (17-3)
4. Without me doing the sameness with her, she feels rejected and shows me by hiding herself—she feels alone and maybe lonely. Being the same seems to be a way of defining our relationship, and maybe defining the place/ Tavistock. Her question of whether I am crying could be a projection, namely she is the person who is crying. And this crying shows her sadness regarding 1) she can't make me the same; 2) we are separate persons, very different; 3) losing her control (17-4)
5. She tries again. It looks like she wants me to play the dolls with her, and we can play a drama like two school girls sitting together pretending to be one of the dolls and having conversations. (17-5)
6. She tries again to resume her control of me. She seems to feel sad (17-6)
7. Makes herself a copy of me for telling me she could do what I do and express her feeling for me (17-7)
8. She finds a way to mimic my role—the therapist, who prepares the toys for a child. She makes it into a joke and laughs at me. She makes a lot of circles for me, put them in a bag and hands it to me. It feels like a joke. Acting is her speech. (17-8)
9. She is reproducing how she perceives me and what she observes about me, making it into a caricature. (17-9)
10. This 'reproducing' is sophisticated and requires cognitive capacity. (17-10)
11. She really successfully makes a comment on me/the therapist teasing me. (17-11)
12. Again, she makes it clear that she wants us to be the same. (17-12)
13. The whole session is about imitation, identification and difference. The purpose is to get me off my therapist chair. (17-13)

Notes on session 17

5. There is an issue of whether 'Jo's projecting part of herself' and 'asking me be the projected part of herself, namely a little girl' and do the same with her, is an example of imitation.

6. I tried to do what she requested me to do at the beginning of the therapy. My supervisor suggested that I stopped doing that as I seemed to lose my therapist position when following Jo's instruction or physically following her. Jo does take it as I have agreed to be in her 'mode' when I do what she asks me to do. She then can do one thing for a long time and appears not to hear my any comments.
7. It feels necessary to break off the 'doing the same' or 'following her in her way', in order for her to see me. It is a painful experience for Jo, but seems necessary for her development.
8. There is a sophisticated imitation in this session: she mimicked my therapist role, ridicule it by turning our roles around and making me into a child who receives 'prepared toys'.

Immediate imitations

words/sounds/noises/ gestures/movements/facial or bodily expressions

Immediate imitations

- 1.1 Repeating for engaging, which also expressing her emotional state
 - She repeats what she hears in the corridor, as a way of engaging, engaging with the woman who responds to her shoe throwing, engaging with the excitement and engaging with the idea of “people talk to her!” as it does not happen usually. (50-1)
 - Repeating words, chanting showing excitement. She is much more together and alert. (113-1)
2. Language acquisition: mouthing the word, repeating it so to take in/ taking up the role of the other
 - The patient’s mouthing the therapist’s words. What is taken in? Is she trying to learn the language, and mouthing, repeating or copying is the first step to acquire language? (14-4)
 - The mouthing the words the therapist say seems to be a way of ‘being the therapist’. The words fascinate her and she seems to feel the sensual feeling when speaking those words. (14-5)
 - She has this way of repeating words, like a toddler learning how to speak, or how to use language. I name the thing and she repeats after me. (50-5)
 - She repeats what I say like she does at the beginning. Repeating as a way of learning how to speak. It feels like a toddler who imitates the mother’s talking ~ learning how to speak (77-5)
 - She is developing her speech throughout the therapy. Imitating my speech seems to be a way for her to learn how to speak, which was delayed in her case. (77-6)
3. To evade unpleasant feelings such as embarrassment, humiliation, feeling inadequate
 - Repeating the word is originally a way to try to understand. It is a query into something that she does not know—she does not know why there is a car here but does not belong to her (her room, her toy, why the toy left in the room is not hers?). But her attention was drawn to the sound and begins to repeat the sound and makes it funny. The desire to know or the query into unknown (desire of development) is then lost. (8-4)
 - The admiration of the breasts turns into mockery. It is painful to feel the absent of her breasts. Repeating what I say to diminish the pain. (29-7)
 - Jo is repeating a word. For the purpose of not seeing what is happening, namely her flooding the table, my anger? (99-3)
 - Mimicking because being anxious. (221-1)
 - She copied my gesture, posture and words to make fun of me, to evade unpleasant feelings and denied the suffering [loss, separation] (224-2)
4. To strip the therapist’s function, to delete the therapeutic space/ to become one
 - Copying my posture as a way to annoy and provoke me. As soon as she starts copying my posture, the ‘two people in a room’ situation becomes one person trying to glue onto the other, or merging with the other, and the other trying to shake it off. (8-5)
 - Repeating the words as a way of taking away something from the therapist? An attempt to blur the boundary? (14-3)
 - Imitating my talking, my facial expression and my posture for mocking and teasing my position. Underneath she resents me being in the adult woman/ therapist’s chair; she wants to have my chair, sitting with me, being me. (29-6)
 - Repeating my words, not listening to the meanings. It is like making patterns—repeating. (32-2)

<p>words/sounds/noises/ gestures/movements/facial or bodily expressions</p>	<ul style="list-style-type: none"> ● By copying what I say and making it into hers, she takes away the meanings of my words, stripping me as a therapist. (39-8) ● Mimicking (all sorts of noises) for making me uncomfortable and to strip my function; I then cannot do my work. (221-2) <p>4.1 To denigrate</p> <ul style="list-style-type: none"> ● Her mimicking her mother's farewell, indicating her denigration of her mother. (151-1) ● Mimicking to denigrating (Contempt in the women she saw in the corridor, mimicking them, with a seductive voice, she tried to engage with them.) (187) ● Notices my shoes and asks if they are nice and then tell me that she does not like them. in this state of mind (feeling provoked by the therapist, feeling envious) she mimicked the woman we saw in the corridor. (236-1) ● Engages with a woman in the corridor, make a joke and imitates the woman (mocking). The imitation is to say 'how stupid the woman is to respond to J.!' she is laughing at the woman's friendliness towards her! (236-2) ● She is mimicking, being provocative. She laughed at my mistake (leaving toy in the bin), called me 'silly' earlier. This mimicking is to strip the therapist's function. (242-1) <p>5. To be the same with me</p> <ul style="list-style-type: none"> ● <u>Makes herself a copy of me</u> for telling me she could do what I do and express her feeling for me (17-7) ● Jo imitates my movement, namely, my putting my hand on her back which is meant to contain her and to encourage her to come with me. Her imitating indicates different meaning. She seems to be saying 'now we are sisters', or 'now we are buddies.' She misinterprets my gesture, thinking of it as an invitation of 'being the therapist's partner', an invitation to become my peer. (99-1) ● This misinterpretation might have led to her making a mess in the therapy room. Not sure whether she is feeling that she is now my equal, or whether she feels I am mistreating her. (99-2) <p>5.1. being alert and excited when thinking that I am copying her (an issue of sameness)</p> <ul style="list-style-type: none"> ● She accuses me copying her. (She looked at me and suddenly said, 'you are skinny.' I said, 'I am skinny?' she said, 'don't copy me!' I said, 'oh, now it becomes me coping you?!' She looked at me for a while and I held her gaze.) (230-2)
<p>Immediate Imitation Immediate Repeating herself</p>	<p>Repeating in order to clarify or make clear, to compensate the limit of his language</p> <ul style="list-style-type: none"> ● Her speech is not clear and she often needs to repeat what she says. She tends to use single words, is not able to form sentence. Expression is limited, which makes it hard to grab her fantasy. (session 5-2)
<p>Deferred imitations words/sounds/noises/ gestures/movements/facial or bodily expressions</p>	<p>1. Language acquisition as well as taking on the role of the other: to Learn how to speak in certain context (she does not have her own words and is using her teacher's words when the context is similar/ she is creating her experience in class and taking up the role of her teacher)</p> <ul style="list-style-type: none"> ● "This is all what we need to do, colouring in." This is a sentence she says a lot later on in the second year of treatment, namely, "this is all what we need". It becomes transpired that this is a sentence she heard a lot in class/school; and she says it when she wants us to do school work. (14-2) ● Her speech still has the quality of 'copying' = she puts different bits she heard together, trying to make

Deferred imitations

words/sounds/noises/ gestures/movements/facial or bodily expressions

Deferred imitations

words/sounds/noises/ gestures/movements/facial or bodily expressions

- a sentence that might express what she feels inside. (230-1)
2. Trying to acquire language and identity; trying to create, to produce but not quite be able to
 - Projection: she is copying, picking up bits and pieces of the words she heard and mixes them up, turns them into something new, but there is hardly meaning. At the beginning of the session, she is copying adult way of talking. (She says 'mumbread' again and when I break the word in order to remember, to find out more, she asks 'are you copying me?' Her mind is interested in 'copying', she thinks of 'copying' a lot.) (32-3)
 - Copying and sticking together: she emphasized that it was me copying her; she then stuck the playdough on the wall. (32-4)
 - Does her picking up what I say develop into something new and creative? Water mixes with glue ~ her idea of two becoming one? A kind of intercourse? Creation, which I think is linked with her perception of me producing things for her. (The therapist produces goods ~ the patient wants to produce goods too; this is "**identification**") (47-2)
 - Her story is a copy of Snow White and the pamphlet she brought in "information for children". The story she made up there and then showed her lack of imagination. (210-1)
 - 2.1 Language acquisition
 - When she says 'this is all what we need' she is copying what her teacher's line. Her speech has improved a lot, but the speech has a quality of being patchy, it feels like her language is the bits and pieces that she picks up from adult's talking. (226-1)
 3. Remember and repeat because of remembering (demonstrating that she has memory)
 - Memory and deferred imitation: she remembered the word that was said some time ago and reproduces it and repeats it. The purpose is not clear. What kind of emotion does she recall at this moment? (14-8)
 - Copying the words her teacher uses? The activities she does in school? (69-2)
 4. Internalizing an helpful object, trying to call back the helpful adult who had helped her before
 - She repeated what I said the day before when she is scared by a man outside on the street; reassuring herself by repeating the powerful 'go away', protecting herself. **Internalization/Incorporation?** (42-4)
 5. Expressing emotional state/ part of communication
 - Roaring, stamping and making poo sounds = imitating a wild animal? (2-5)
 - Again, she behaves like an animal. An imitation to express her wild feeling? (2-6)
 - Imitation as a way of expression, expressing what she can't say, what she is unable to describe? Cognitive incapable, therefore she needs more primitive way of communicating? (69-3)
 - When she is angry with me, she uses the words her mother says to her when her mother is angry. The same speech difficulty issue. She does not have her own words to use. It is too difficult for her to form a sentence that is long enough to express herself. (233-1) this is also showing how limited she is in applying language.
 6. Repeating as purpose itself or without any clear purpose
 - She could be repeating what I say some time ago in different session. It is like 'cut and paste'. She cuts/copies what I say before and pastes it at the time she tries to express something. She could be concerned about me, or just remembering something. I do not really know. (14-10)
 - Repeating what the therapist asked few minutes ago, no clear purpose. (145-2)
 7. Trying to do produce something = the words she copied are the raw material and she tries to make them into

	<p>something, something hers</p> <ul style="list-style-type: none">● Then we have her imitating my words, making them into hers. It feels like a process of mixing things together and trying to produce something meaningful. (83-1)● This side of her appears many times, she picks up words and things she hears or finds in school and in street and tries to put those fragments together and imagines that she can produce something valuable out of it. It is one of her mental functions that strikes me many times, as though she is doing her best to develop, but she really does not know how, and she notices how it looks like and tries to create what she discovers in other people. She might know that she can't do it! She might be aware of the gap between herself and other children. (83-2)
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<p>words/sounds/noises/ gestures/movements/facial or bodily expressions</p> <p>Deferred imitations</p> <p>words/sounds/noises/ gestures/movements/facial or bodily expressions</p>	<ul style="list-style-type: none"> ● Session 14(1); 226 (1) Imitating her teacher’s instructions; Session 230 (1) mixed up words to create sentences; 226 (1) 2. Trying to acquire an identity; trying to create, to produce but not quite be able to ● Session 32(1) imitating adult talking manner; 32 (1) accused me copying her; Session 47(1) imitating what the therapist said; Session 210(1) 3. Remember and repeat because of remembering (demonstrating that she has memory) Session 14(1) session 69 (1) verbal imitation 4. Internalizing an helpful object, trying to call back the helpful adult who had helped her before Session 42(1) imitation of what the therapist said before Session 92 (1) She is repeating what I said before, something from a caring adult who is concerned of her welfare. When she reminds herself that the water in the bin is not drinkable, she is trying to look after herself. However, at this moment, it is more like she is using what she remembers of me taking care of her, the words have not yet come from her, and she has not yet developed the capacity of distinguishing what is helpful and what is not. Still in a muddle. (92-3) Half way through of the internalization 5. Expressing emotional state/ part of communication Session 2(2), imitation an animal’s roaring sounds. Session 69(1) imitating her teacher’s talking. Session 233(1) imitating her teacher’s talking 6. Repeating as purpose itself or without any clear purpose Session 14 (1) imitating what I said long time ago. Session 145(2) imitating what I said few minutes ago. 7. Trying to do produce something = the words she copied are the raw material and she tries to make them into something, something hers Session 83(1) imitating my words. Session 83(1) imitating other people’s words (people from school)
<p>Sophisticated imitation</p> <p>a whole character: A copy of the function of the therapist</p>	<ol style="list-style-type: none"> 1. Making a joke of the therapist Session 17: whole session is a imitation of a whole character, the therapist. 2. Playfully mocking the therapist, showing her being in need of an ‘adult outfit’ Session 39 (whole session character imitation = an adult way of being) sophisticated imitation with quality of identification 3. Just for making a copy of the therapist or an adult character, purely just for making a copy Session 45: a cook; session 47: someone who has a lot; session 65: imitation of an adult (maybe the therapist) who is resourceful 4. Purpose not clear Session 69: her imitating me and turned me into a patient who missed a session
<p>Sophisticated imitation</p>	<p>Recreating scenes as a memory on display; to demonstrate that she has memory as though she is impressed by this development</p> <p>Session 8 (1) externalized a conversation with a boy and purpose not clear; Session14 (1) played out the story of Aladdin; Session 39: whole session being a dentist, blocking me out and lost the sense of time; Session 42, whole session being a dentist again, impressed by the dentist she had visited; ; Session 86, whole session, she repeated what she did before as though showing that she remembered; session 111, whole session she did what she did before, an office lady;</p>

<p>Sophisticated imitation</p>	<p>To preserve the pleasant experience ● Session 42; 45 (Christmas); 50 (Christmas ritual); 53 (shop owner); 77 (birthday party); 159 (school)</p> <p>To avoid unpleasant experience session 218, whole session, party</p> <p>To make the therapy into a school, in which she has been thriving/ to erase the function of therapy Session 59, school activity, demanded that I did the work with her; session 74, school scene, she was the teacher, imitating her teacher's talking; 74 (office lady), 77 (whole session, school life); 111 (school), 148 (school: doing math and writing)</p> <p>To communicate that the connection is repaired by reproducing a school work (a copy of school work) Session 130: manically imitating a teacher doing work with students; Session 236: doing school work to show she was friendly with me</p> <p>School activities as a retreat Session 139 (chef); session 145 (she, a learning support; me a student needed help); both whole session</p> <p>Set up school scene to defend madness Session 130 (to fend off her feeling scared); 162 whole session to fend off craziness;</p> <p>For expressing her desire and her feeling deprived (expressing her emotional state) Session 111, party she wished to have; session 117 (Bangladeshi dresses and decoration)</p> <p>To show how much she enjoys school Session 113; 119; 123; 125; 130; 136; 215; 216; 223;</p> <p>Imitating to have a different identity (a receptionist this time) 139 (whole session as receptionist)</p> <p>Imitating to have a different identity (a teacher) and enjoy the power or knowing a lot 142; 181; 242; 251; 254 whole session</p>
<p>Imitation as a basic tool for communication Imitation: expressing complicated communication — imitating when trying to communicate her preoccupations and complicated experience</p>	<p>1. copying to communicate her affection Session 80, whole session thinking of the difference between her and me, and wanting to be the same.</p> <p>2. Copying to identifying with Session 130, copying a teacher / an adult, who is also a help lady, like her therapist (whole session) 136, a teacher who teaches her students 151, a teacher who knows a lot</p> <p>3. Issue of 'appearance' and 'content/ingredients': showing her predicament 133, a café lady who cooks but fails to find the right ingredients 211, an adult reading out pamphlet 223</p>
<p>The patient's request of the</p>	<p>1. For being the same Session 2: asked therapist to following her; to imitate her running</p>

<p>therapist to imitate her action</p> <p>The patient's request of the therapist to imitate her actions</p>	<p>Session 17: creating a mirroring between her and her therapist, the therapist became another girl like her and she said 'we are the same'. She wanted her therapist to do the same, playing the dolls, moving like she did.</p> <p>29: made her therapist into a playmate, a girl like her in school, a controlled one.</p> <p>35, the same situation like it was in session 29. the therapist had to be another girl like her.</p> <p>45, asked her therapist to copy her drawing</p> <p>53, asked the therapist to imitate</p> <p>74, making her therapist a little girl like her</p> <p>77, asked the therapist to be a copy of her</p> <p>224, explicitly expressed that we shall copy each other</p> <p>2. For competition</p> <p>223, asked the therapist to click her fingers like the patient did</p> <p>3. For making fun of me or making fun of 'woman adult'; for making me, an adult, saying something that is ridiculous = creating a stupid or silly picture of me or a grown up</p> <p>92, asked the therapist to copy, repeat what she said in order to laugh at the therapist</p>
<p>The patient requests the therapist to repeat what the therapist said or did before</p>	<p>To recreate a situation in which she had felt comforted/calmed down/ helped (retrieved an experience or an helpful object relation)</p> <p>47, asked the therapist to repeat what the therapist did before, which the patient felt helpful</p>
<p>Unclassified imitations</p>	<p>Produce dialogue between two characters (imitating what she had heard or indicating her internalized conversation between different parts of herself)</p> <p>5, 8,</p>
<p>Some consequences</p>	<ul style="list-style-type: none"> ● 17: hiding herself when the therapist did not do what she request, imitating her; and asked the therapist if she (the therapist) was crying. ● 29: cutting her teddy bear after the therapist did not do what she request, imitating her. ● 139th: her imitative behaviour caused 'connection lost' situation between her and her therapist ● 142nd: imitation of her teacher creating a class 'morning register' scene, but collapsed without clear reason
<p>Some other activities that fall within the arena of imitation:</p>	
<p>Making pattern—something repeats itself Printing, another idea that fascinates her</p>	<p>1. For the pleasure of seeing something repeating themselves (autistic quality)</p> <ul style="list-style-type: none"> ● 32, pattern making; 42, printing words, including her name; 74, doing 'Pattern'; 104, making pattern; 136, again, pattern, 'doing pattern'; 162, she was a Printer

Appendix E

Forms of imitation

- Immediate imitations (1) of others (2) of herself (including words/sounds/noises/ gestures/movements/facial or bodily expressions) (3) requested the therapist to imitate
- Deferred imitations of (1) others (2) of herself (including words/sounds/noises/ gestures/movements/facial or bodily expressions) (3) requested the therapist to imitate
- sophisticated imitation of a whole character – A copy of the function of the therapist / the receptionist / a cook / a teacher ; sophisticated imitations/ recreations of scenes or rituals from outside the therapy; both of which, although have different purposes functions, indicated a possibility of basic mode of being: sophisticated imitation which involved impersonating, expressing very sophisticated communication, as though the child patient only had one tool—imitation when trying to communicate her preoccupations

Purposes and Functions of imitation

- Making connection and trying to understand = to identify with the other in the process of trying to understand
- To evade unpleasant feelings such as embarrassment, humiliation, feeling inadequate.
- To preserve the pleasant experience
- To please the object (teacher, therapist, her mother...)
- To create a retreat (non-developmental, still mental space)
- Imitating the therapist on 3 levels:
 - (1) Making a joke of the therapist so to strip the therapist's function, to delete the therapeutic space (malicious), at times to denigrate (even more destructive).
 - (2) Playfully mocking the therapist, showing her being in need of an 'adult outfit' (benign, more like a communication)
 - (3) To become one with the therapist/ to be the same (related to the issue of how to deal with difference) and Hiding or showing violence after the therapist declining being the same with her
- To denigrate the maternal object (her mother and female figures)
- Language acquisition on 3 levels
 - (1) Mouthing the word, repeating it so to take in/ taking up the role of the other [single word]
 - (2) Trying to learn how to speak in certain context [sentence]
 - (3) Trying to acquire language and identity at the same time; trying to create, to produce but not quite be able to [speaking in a certain way (style) in certain role in which language acquisition is involved as well as role play and the role play is related to the child's impersonating]
- Repeating in order to clarify or make clear, to compensate the limit of his language
- To demonstrate her Memory/ the process of remembering
 - (1) Remember and repeat when remembering
 - (2) Recreating the scenes as a memory on display
- Autistic nature/quality:
 - (1) Repeating as purpose itself or without any clear purpose;
 - (2) Just for making a copy of the therapist or an adult character, purely just for making a copy;
 - (3) For the pleasure of seeing something repeating themselves
- Imitating in order to reproduce the process of Creation
 - (1) Trying to produce something meaningful and the words she copied are the raw material and she tries to make them into something, something hers
 - (2) Issue of 'appearance' and 'content/ingredients': what is the ingredients of something she considers good, such as the teacher's teaching, the receptionist's ringing therapists doing paper work and the mother's mothering? Also what is the 'ingredients of creation'? she tends to copy the 'appearance', which could be a query into creation but it doesn't always.
- School scene recreation
 - (1) To preserve pleasant experience (things in order, being the same is encouraged, where copying is an important ability)
 - (2) School activities as a retreat
 - (3) Set up school scene to defend madness ("I live in this address: crazyland.com")
 - (4) show how much she enjoys school and can't have enough of it/ a place where there is clear order/ for the sake of having a school in the therapy room (it is hard to have further development from any school scene she made)

- (5) Recreating the school scene, identifying with the teacher, a specific kind of teacher, a teacher who owns knowledge
- Expressing her emotional state
 - (1) For expressing her desire and her feeling deprived
- Imitating to have a different identity (impersonating)
 - (1) a receptionist who has connection to all the therapists
 - (2) a teacher and enjoy the power or knowing a lot
- Copying as identifying with
- Imitation as a form of identification
- Imitation as a process of internalization
 - (1) Internalizing an helpful object, trying to call back the helpful adult who had helped her before
 - (2) To recreate a situation in which she had felt comforted/calmed down/ helped (retrieved an experience or an helpful object relation)
- Purpose not clear

Elements that are connected with her imitative behaviour

- Fragmented speech (copying, repeating and imitation become a substitute of poor language)
- Envy (imitating in order to wade off envy)
- Frustration (not being able to embark on creation)
- Deprivation in the past
- Language & word represent power, and she imitates to gain power
- Repetition and imitation show promise but do not develop further (maybe it is also what Jo feels = promising but in the end does not lead her to develop further)
- Autistic quality: using the therapist as part of her, e.g. writing machine, and see what the therapist does as hers
- Identify: imitating in order to be someone else
- Difference, i.e. being different from others; wish to be the same
- The issue of how to deal with not knowing
- Imitating in order to get out of the bottom place Jo was in often in the beginning of the therapy

<p>That evoked the child's imitation:</p> <p>Overlap with the function or purpose of imitation, as some imitation is triggered by trying to understand, to make connection.... Which are all presented on Appendix F</p> <p>The first year, imitation is singular, simply form; in the second half of the first year, the imitation started to become more complex and complicated. The second year, imitation is more complex, complicated, a whole scene</p>	<ol style="list-style-type: none"> 1. being excited by a new situation, environment (2) or festival (45) 2. coming into her therapy with a particular mood [internal fantasy] that evoked imitation; <ol style="list-style-type: none"> a. feeling cynical, patronizing (8th), b. superior and slightly manic (92nd: made a book), and c. feeling special (119th (2006-07-06): came in dressed like a teen, calling attention to her high heeled shoes straightaway even before entering the therapy room. Not sure what happened before the session to make her start this imitation. In the session, she could not do anything but polishing her shoes and calling attention to her outfit. This mood led to her reproducing a school scene and a party later on); d. being patronizing, 125th (2006-07-20); 236th e. feeling the therapist was to steal from or rub her Wanted a party (151st session, 2006/10/26): She hid her necklace from me, indicating that I might steal it from her. She mimicked her mother's 'see you later' with contempt. She tried very hard to organize a party, a Halloween party but it did not work out. 3. when feeling deprived and not in charge [being asked to return what she found] (8th) 4. when being amazed and surprised, not understanding a situation (14th) (92nd) 5. Noticed the richness of the therapist [the paper and new stationary the therapist prepared for her] feeling provoked (17th) (26th) (29th) (35th) (39th) (42nd) (47th) (77th) (117th—2006-06-30 the therapist's clothes and shoes) (125th (2006-07-20) therapist's shoes) (236th) 6. Frustration: seeing no chair in her room, being upset, making paper pattern to deal with her frustration (32nd); water jug tipped over in her 'kitchen', and she pointed it out several times 'it's wet' 'wet'. Seemed to feel this was something the ruined her plan, then asking for wearing my glasses and shoes to be me (53rd). (80th) (117//2006-06-30). 7. Intended to smuggle or steal something from the therapy: 123rd (2006-07-13) the act of 'smuggling' a card into her own pockets led immediately to her copying a list of register, all girls, no boys; and it turned out to be a game they played in school that morning, which she wished to reproduce. 8. No clear sign or indication of what evoked the imitation <ol style="list-style-type: none"> a. 59th: started right from the beginning of the session, and no sign of what has caused her demanding the therapist to be the same. b. 69th No clear indication. She had missed the previous session, came in connected with me straightaway and gave me a surprise (a pattern) before she set off to imitating her teacher, doing teaching; and turned the room into office, she was the 'session lady' in charge. The therapist was the child who had to play. She was playing imaginatively. This was a creative session. However, she still wanted me to join in and take turn like another girl in the room. c. 74th: What happened before her imitative behaviour: brought by her father, which she emphasized. It was raining, which impressed her. Afterwards she wanted to make pattern. Fascinated by 'shapes the same'. Do office lady after the pattern. The therapist had to be the child playing on the floor; a copy of therapy with reversed roles. d. 77th: smacking the therapist right after entering the room; no sign of her would be doing this. Then created the school scene and the therapist was asked to be a student, doing adding, drawing and colouring. The child asked
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	<p>the therapist to do the same, drew the same pattern, did the same lines. After the copy of school, she asked ‘where rubber comes from?’ wanting to know where the therapist got those toys and stationary for her. Maybe this was what evoked her imitating, the resource the therapist had.</p> <p>e. 133rd came in moving straight into a mode of imitating a café lady making soup</p> <p>9. For auditory sensation: hearing people talking, outside therapy frame, in the corridor, she imitated or copied to enjoy the auditory sensation (50th)</p> <p>10. Showed her passion for and liking the therapist: came in asking the therapist to write Chinese characters for her to copy and made it into a card to give the therapist, asking the therapist to ‘repeat after her’ while speaking words. (80th). Repaired the relationship with the therapist and created a school activity to show friendliness ().</p> <p>11. Evoked by the activity she was doing:</p> <p>a. 96th : imitating a language, evoked by her doing ‘mixing’, suddenly asked the therapist ‘can you do English words? Can you do Thai words?’ she then set off imitating language. She was a mixed raced child, half English half Thai. So this imitation was related to finding out her identity.</p> <p>b. 136th : Drawing a picture, stuck it on wall, aware of time and went off into imitating her teacher; the activity she was doing reminded her of school.</p> <p>c. 139th Watching the receptionist in the waiting room, absorbing quietly and playing out straightaway in the therapy room. The observing itself trigger her wish to be.</p> <p>d. 142nd : Came from school, immediately set up a school scene “morning register” in the waiting room with her younger sister, she was the teacher, her sister, the student. This carried into the therapy room.</p> <p>12. Wished to be the same: 99th: wanted to be equal with the therapist, imitating the therapist putting hand on her back (to urge her to come into the therapy room), she put her hand on the therapist’s back.</p> <p>13. Evoked by uncertainty: 101st watering the planet in the room, watering it too much, water dripping down. Next: she started cutting pattern, cutting hair, being cross with the therapist. The trigger seemed to be the uncertainty of whether she was looking after the planet or she was damaging the planet.</p> <p>14. Feeling contained: 107th when feeling contained, she imitated or copied to show her wish to make connection. 130th</p> <p>15. Failed to develop a imaginative play leading to imitating a school work: (111(2006/06/16): miss the previous session, came in for the first time having a watch around her wrist, took a whole session to find out what she wanted to do, doing pretending play, Jo fed her therapist, then cooked in the kitchen. A paper doll Molly being fed; then it became exclusive, no space for the therapist and the child was able to recognize that she treated the therapist like a machine. The session ended with her doing her school work—number, an imitation of school activity which continued to occupied her therapy space, from math to language, ‘I do Spanish’ in school, to ‘draw flower and planet’ in her hand—Bangladesh; she said ‘I am not Spanish’—identity. Imitation and identification/identity)</p> <p>16. When being in a more alert state of mind, do an imitation: 113th (2006/06/22): a very alert and focused state of mind, better sense of time; but still engaged with activity that imitated school; she drew four pictures and put them in order. Something out of order—being late, in a hurry, she had to do something to put it in order, school activity had better order, which she really liked.</p>
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	<p>17. When feeling mad; for defending her feeling mad: 162nd session (2006/11/23) Being told off at the beginning, scared by the noises made by the boy next door, called herself 'crazy girl' insisted that we did school work, or I had to do some school work, the school scene was to defend against the madness she felt caused by the feeling damaged or damaging something and the noises from next door became disturbing instead of exciting.</p> <p>18. When feeling exposed [her wish to have a boy/man to herself], she imitated a lady and how adult talked and acted. (223rd)</p>
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Appendix F

Positive or developmental functions of the child's imitation

- Making connection and initiating engagement (session 14, 35, 47, 50, 69, 92, 107, 113)
- Prolonging interaction (session 50, 113)
- Trying to understand (1) the words on cognitive level (session 5), (2) the emotional situation (session 2, 69) (3) the position of others (session 130, 136, 151)
- Repeating in order to clarify, to compensate the limit of his language (35, 47, 50, 69, 92, 107)
- To preserve the pleasant experience (42, 45, 50, 53, 59, 74, 77, 111, 113, 119, 123, 125, 136, 148, 159)
- To demonstrate her Memory/ the process of remembering (session 8, 14, 39, 42, 69, 86, 145)
 - (3) Remember and repeat because of remembering (to do with memory);
 - (4) Recreating the scenes as a memory on display
 - (5) Repeating as remembering (repeating/imitating herself to demonstrate her memory)
- To acquire language: (session 14, 32, 47, 50, 77)
 - (1) Mouthing the word, repeating it so to take in/ taking up the role of the other [single word]
 - (2) Trying to learn how to speak in certain context [sentence]
 - (3) Trying to acquire language and identity at the same time; trying to create, to produce but not quite be able to [speaking in a certain way (style) in certain role in which language acquisition is involved as well as role play and the role play is related to the child's impersonating]
- To make attempts to create but only succeed on the surface (session 83, 133)
 - (3) Trying to produce something meaningful and the words she copied are the raw material and she tries to make them into something, something of her own creation
 - (4) Issue of 'appearance' and 'content/ingredients': what is the ingredients of something she considers good, such as the teacher's teaching, the receptionist's ringing therapists doing paper work and the mother's mothering? Also what is the 'ingredients of creation'? she tends to copy the 'appearance', which could be a query into creation but it doesn't always.
- Expressing her desire and feeling deprived (one example: imitating the therapist's words, speech, movement and action, in which there is a playfulness, but nonetheless she is mocking, showing her being in need of an 'adult outfit'. It is benign, more like a communication) (session 39, 80, 111, 117)
- To have a different identity so to have what she does not have (To compensate her deprivation) (session 14, 17, 42, 99, 139, 142, 182)
- Imitation as a form of identification (session 42, 45, 53, 101, 111, 130), leading to pretend play, imaginative play
- Imitation as a process of reproducing/externalization (session 42, 92)
 - (3) Internalizing an helpful object, trying to call back the helpful adult who had helped her before
 - (4) To recreate a situation in which she had felt comforted/calmed down/ helped (retrieved an experience or an helpful object relation)

Negative and non-developmental functions of the child's imitation

- To evade unpleasant feelings such as embarrassment, humiliation, feeling inadequate. (session 8, 29, 99)
- To denigrate maternal object including the representation of maternal object, i.e. the therapist, the female teachers, the female receptionist and some women, and the real mother; it happens on three levels, (session 8, 14, 17, 29, 32, 39, 92, 151, 187)
 - (4) To strip the maternal object's function, to delete the nourish space (malicious), at times to denigrate (even more destructive).
 - (5) More playfully mocking, showing her being in need of an 'adult outfit' (benign, more like a communication)
 - (6) To become one with the therapist/ to be the same (related to the issue of how to deal with difference) and Hiding or showing violence after the therapist declining being the same with her
- To create a psychic retreat (stillness) (session 47, 145, 162)
- To have a different identity so to have what she does not have (To compensate her deprivation) (session 14, 17, 99)
- A form of imitative identification (session 26, 45, 53, 74, 101, 107, 119, 130, 136, 148)
- Autistic nature/quality:
 - (4) Repeating as purpose itself or without any clear purpose; (session 14, 45, 47, 65)
 - (5) Just for making a copy of the therapist or an adult character, purely just for making a copy; (session 45, 47, 65)
 - (6) For the pleasure of seeing something repeating themselves (session 5, 8)
 - (7) Making the therapist copying her, for being the same (the therapist being her extension) (session 2, 17, 29, 35, 45, 47, 53, 74, 77)

Purpose not clear (session 69)

Preliminary Consent Form A

The Tavistock Clinic is involved in an ongoing programme of research, training and publication in order to develop our understanding of problems that children, young people and their families encounter. We would like your permission to use what we learn from our work with you/your child in order to help others in the future. Anything we did use would be completely anonymised so that it was unrecognisable to others. If at any point in the future you wished to withdraw your agreement this would not affect the treatment you were offered.

I have understood this and agree to it.

Signed

Date

Consent Form

Title of Project: Imitation in Development and in Development failure

Name of clinician: Hsueh-Mei Fan

1. I confirm that I have read and understand that you intend to use the case record on your work with me in your thesis as explained in your information sheet dated 29th September 2009 I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my agreement is voluntary and that I am free to withdraw it at any time without giving a reason, and without my medical care or legal rights being affected.
3. I agree to your using the case record on your work with me for your thesis.

Name of client	Date	Signature
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Name of clinician	Date	Signature
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Ms Hseuh Mei Fan

Flat 3
9 Chalcot Square
London
NW1 8YB

27 February 2014

Dear Ms Hseuh Mei Fan

**University of East London/The Tavistock and Portman NHS Foundation Trust:
research ethics**

Study Title: What is reproduced and for what purpose? Imitation: a developmental milestone or a disturbance of development in a single young child seen in intensive child psychotherapy.

I am writing to inform you that the University Research Ethics Committee (UREC) has received your NHS and UREC application forms and associated documentation, which you submitted to the Chair of UREC, Professor Neville Punchard. Please take this letter as written confirmation that UREC approval was granted.

For the avoidance of any doubt, or misunderstanding, please note that the content of this letter extends only to those matters relating to the granting of ethical clearance. If there are any other outstanding procedural matters, which need to be attended to, they will be dealt with entirely separately as they fall entirely outside the remit of our University Research Ethics Committee.

If you are in any doubt about whether, or not, there are any other outstanding matters you should contact Mr William Bannister at the Tavistock and Portman NHS Foundation Trust (e-mail WBannister@tavi-port.nhs.uk).

Yours sincerely



pp: Catherine Fieulleateau
Ethics Integrity Manager
For and on behalf of
Professor Neville Punchard
Chair of the University Research Ethics Committee (UREC)

Tel.: 020 8223 6683 (direct line)
E-mail: c.fieulleateau@uel.ac.uk

c.c. Mr Malcolm Allen, Dean of Postgraduate Studies, Tavistock and Portman
NHS Foundation Trust

Mr Will Bannister, Associate Director, Education and Training, Tavistock and Portman NHS Foundation Trust

Professor John J Joughin, Vice-Chancellor, University of East London

Professor Neville Punchard, Chair of the University of East London Research Ethics Committee

Dr Alan White, Director of the Graduate School, University of East London

Mr David G Woodhouse, Associate Head of Governance and Legal Services