

Brian Feldman – Culture and the Intergenerational Transmission of Trauma in China

The Cultural Skin in China: The impact of culture upon development and clinical practice

Brian Feldman, CGJSF, Palo Alto

drbrianfeldman@comcast.net

p.o. box 61104
palo alto, california 94306

650.814.9119

Word count 5500

1. Introduction

In this presentation I would like to present the idea that culture provides a form of social containment: a cultural skin in which we are able to create shared meanings that provide a scaffolding and structure for both our individual and group life. The cultural skin mediates experiences between the subjective and symbolic realm of images and the inter-subjective dialogues that take place in the social spaces between self and other. I would like to explore the cultural skin as it emerges in infant observations that I have been involved with in China with groups of observers in Mainland China, Macau and Hong Kong and to link this to our analytical work.

I became interested in the concept of the cultural skin when as a graduate student I attended seminars with the psychoanalyst Erik Erikson. Erikson based his work on the careful observation of infants and children in different cultural contexts. He explained in his seminars that culture is transmitted from one generation to the next primarily through the early sensuous/bodily interactions between (m)other and infant. For Erikson

sensuous bodily contact was the foundation for cultural transmissions and can be seen as one of the origins of what Jungians now identify as the cultural complex. I became intrigued with Erikson's concept of the early transmission of culture through bodily interaction and decided to study this myself utilizing the infant observation method that I was introduced to by Michael Fordham and through the seminars on infant observation and development that I attended with Mary Ainsworth who with John Bowlby developed attachment theory. I have found that in practicing analysis and teaching clinical and infant observation seminars in China, North and Latin America and Russia that the language and concepts utilized to describe psychological experience can be divergent in different cultures as each culture develops their unique approach to psychological experience based on generations of cultural experience. Jung has taught us that while the archetypes are universal their expression differs in each distinct cultural context. The nature of subjectivity, inter-subjectivity as well as the forms and patterns of interpersonal relationships that emerge within each distinct cultural framework are unique and need to be empathically and sensitively encountered. Patterns of attachment can also be quite different within distinct cultural frameworks. From a Jungian standpoint attachment is archetypal and emerges through the on-going bodily, inter-subjective and affective exchanges between the archetypal needs of the infant for safety, security and comfort and the caregivers sensitivity, awareness and accurate interpretation of the infants emotional and physical needs, as well as an appropriate and prompt response to those needs. (Ainsworth, 2015).

From a Jungian perspective Neumann perceptively states that 'not only is there a temporal succession of psychic dominants (archetypes) unfolding autonomously (in the infant), but this

entire process, whose predisposed course is ingrained in the species, is at the same time dependent on the influence of a specific environment. The human child...is by nature not only a psychobiological being, but from the very beginning a social being conditioned by culture. (Neumann,1959, p.127).

2.The Chinese Cultural Skin

In the Chinese cultural context philosophy, spirituality and culture provide a skin that functions as a container for psychological experience. Jung was keenly interested in Chinese philosophy and culture and wrote interesting commentaries on the Tao Teh Ching and the I Ching: two of China's great wisdom books. Jung wrote perceptively about the paradoxes and complexities of Chinese philosophy and spirituality stating that 'in Lao-tzu's Tao Teh Ching there is no position without its negation. Where there is faith, there is doubt; where there is doubt, there is credulity; where there is morality there is temptation.'" (CW11, par 791). This play of opposites is an indication of the complexity of Chinese culture: of its many paradoxes, and for a Westerner like myself its mysterious and often inscrutable nature. The I Ching has great importance for the understanding of the Chinese cultural skin as the I Ching values the uniqueness and endless diversity of the present moment with all of its unpredictability, synchronicities and aliveness. The configuration of the sticks that are thrown in the I Ching to determine a unique structure or pattern are the result of chance events at the moment of observation and form the basis for the generation of meaning and significations. Jung utilized the I Ching to support his concept of synchronicity – a theory based upon meaningful coincidences as opposed to a strict theory of causality. In China the understanding and experience of self is embedded in these emergent and meaningful moments. The I Ching

provides a cultural skin, a cultural container and envelope in which shared meanings coalesce into a philosophy of life that form a complex cultural mosaic or gestalt. Culture according to anthropologist Clifford Geertz (1973) is comprised of these shared meanings that make possible the experience of subjectivity as well as interpersonal and inter-subjective communication. Christopher Bollas in his book 'China on the Mind' (2013) has also written about the importance of these masterpieces of Chinese culture and utilizes his experience of these works to understand the Chinese psyche. Culture provides a form of social containment, a cultural skin, in which we are able to create shared meanings that provide a scaffolding and structure for both our individual and group life, sense of identity and self.

3. Infant Observation in China

During the past five years I have been involved in the planning, organization and supervision of infant observation groups in China. The Chinese observers have gone into the homes of participating families with the task of observing the moment-to-moment interactions between the infant and their caregivers starting at birth through the second year of life. Each participant finds a family to observe in their local community and visits the family each week for an hour during a two-year period. After the observation a narrative is written that is based upon what is observed in the baby, what is observed in the interactions between baby and caregiver, as well as what is observed within themselves, and is distributed to the group for discussion. This is a daunting task for the observers as they are encountering the most primitive states of the human psyche and observing a helpless infant who is completely dependent upon her caregivers. The experience can generate a great deal of anxiety within the observer and the group meetings that take place two hours weekly on Skype provide a skin or container for

the observers to help reflect upon and generate meanings from their experiences. I would like to focus on some of the important issues that have emerged during the course of infant observations in China and some of the beginning hypotheses that these observations have generated.

One of the most significant aspects of infant observation work, like the I Ching, is that it is based in the present moment. The observer's task is to remain in the present moment without memory and desire (Bion,1977) and to utilize their imagination and intuition to observe the cross currents that take place in the observation. We look at both conscious verbal and behavioral communications as well as the unconscious communications that take place between the infant and her caregivers, as well as between the different family members and the observer. The observer has the task of finding within the family a stable and comfortable space within which the observation can take place without the observer unduly impacting the ongoing everyday life of the family. The understanding of the methodology of infant observation and its usefulness for the practice of infant, child, adolescent and adult analysis takes a good deal of time, but once it is understood and integrated the observers have found the experience indispensable towards the development of their analytical and personal identities. Infant observation also provides us with a method to more deeply understand the transmission of culture and trauma, the emergence of attachment styles within the primary relationships of the infant with their caregiver, as well as the emergence of self and identity.

Data from infant observation, infant research and attachment theory all point to the hypothesis that a secure attachment relationship between a neurologically healthy baby and a stably present, mindful and sensitive attachment figure(s): male and/or female, father

and/or mother, or parents of either gender in a homosexual relationship forms the foundation for symbolization, as well as reflective and imaginative functions upon which the scaffolding of all later psychological development takes place.

Infant observation has an important relevance for the practice of analysis. Utilizing the (m)other/infant metaphor we can hypothesize that in analysis the development of symbolization processes in the analysand are dependent upon the analyst's capacity to maintain a symbolic attitude that provides a secure internal space in which the meanings of images, reveries, memories, and sensory experiences can unfold and take shape in the potential space of the analytical encounter. Jung's concept of the analyst's symbolic attitude can be linked to Bion's conception of maternal reverie. Utilizing the mother/infant metaphor, Bion postulates that the (m)other in a state of reverie is able to receive, via projective identification, the infant's unmetabolized, unmentalized sensory experiences, and transform them through a striving for understanding, into a bearable and for the baby manageable emotional/bodily experience. Through these interactional sequences the baby feels more adequately held by the (m)other, and more contained within her/his mind. The caregiver provides mediation, a form of support and understanding that fosters the infant's growth and development. Given a healthy baby (neurologically and developmentally), this leads to the baby's becoming calmer and more secure (from an attachment standpoint), and fosters the experience of the (m)other as a secure base where he can find safety and comfort which then becomes internalized and helps the child to separate and individuate. A similar process occurs within the analytic relationship.

4. The emergence of self

The self in the Chinese cultural context emerges through different types and qualities of interactions than in the West. The self is more socially contextualized as the infant develops within a complex social system that includes a wide circle of caregivers: both parents and grandparents. We have found that the family communicates to the infant from an early age the need for accommodation to family social norms and the acceptance of social prohibitions. The emphasis upon individuation, autonomy and self-expression is less emphasized than in Western culture. The infant's sense of self and identity are an expression of the culture in which she is embedded. Self and identity are impacted by the interactions that take place at both the interpersonal and inter-subjective levels. From a Jungian viewpoint Fordham's (1985) concept of actions of the self (self emergence) originates in the mirroring by the caregiver of the infant's spontaneous gestures and vocalizations. The emergence of self in China takes place in a different manner as accommodation to the wishes and needs of others is seen as a primary developmental task for the infant. We have to be careful in our infant observations not to superimpose Western values upon the Chinese families, but rather to observe carefully the impact of interpersonal and inter-subjective interactions upon the infant's development.

From our research in infant observation we observe the infant's experience of self-emergence from the beginning of the baby's life. As self emerges and transforms we observe the earliest and most primitive states of physical and psychological cohesion that involves being contained within a skin that provides an envelope for sensory, affective and inter-subjective experiences. At the inter-subjective level (m)other and

baby sculpt and shape their mutually co-created experiences through the depth and breath of their affective and unconscious communications. Stern calls these shapes vitality forms. Stern's vitality forms provide a temporal envelope for emotional, inter-subjective and interpersonal experience and lead to the infant's felt experience of aliveness. (M)other and infant form a primal coniunctio that emerges as the attachment archetype is stimulated through interaction with the significant others in the infant's life. This early constellation of the coniunctio provides an important foundation for the emergence of later relational coniunctios.

We need to be cautious how we utilize concepts of the self in China as the infant's inter-subjective experience with an other is more subtle and nuanced than in the West and the self often emerges in a space that is more internal, more private. The following episodes illustrate this aspect of the Chinese baby's encounter with prohibitions related to the body and the search for comfort, security and safety with mother that facilitates the emergence of self.

When I (the observer) go to the home of baby A mother and grandmother are in the living room of their small apartment. Baby A is 3 months, 3 days old at the time of observation. Mother and grandmother greet me and I go over to the chair in the living room where I have found a safe and comfortable place from which to observe. The baby has been breast-fed for 2 months but mother feels anxious about the breast feeding and fears that she will not have enough milk for her baby's nourishment so she has supplemented the breast-feeding with formula. Grandmother is feeding the baby formula from a bottle, and as she sucks on the bottle baby's eyes are closed and

grandmother does not attempt to make either verbal or visual contact with baby who appears to be struggling with the bottle as she is unable to control the flow of the formula. Realizing that baby is struggling with the bottle she removes it and baby then begins to move her hands, arms and legs as if she wants to express her feelings about the feeding. Baby touches her mouth with her finger and grandmother takes the finger out of her mouth saying that it is dirty and she should not put her finger in her mouth. After grandmother takes her finger out of her mouth baby tries to put it back in again and grandmother takes it out saying it is dirty and bad to do that. This interaction continues as baby explores her face and mouth with her finger. Baby appears more and more frustrated with grandmother's prohibition and starts to cry. Mother then comes over to baby, picks her up and tries to console her. Baby then calms down and falls asleep in mother's arms. Mother here was able to relate to baby's distress and affirm her need for holding and containment, experiences that foster self-emergence.

At 4 months 15 days I come to the home and am met by grandmother and baby A. Grandmother complains to me that baby A is being naughty by refusing to drink formula from a bottle. Grandmother attempts to feed baby but she does not want to drink. Mother then comes into the room and gives baby a toy to play with which baby begins to suck on. Baby then starts to lick the toy and mother quickly replaces it with the bottle saying that she must now be hungry. Baby spits out the milk and starts to cry. Mother puts the toy back in baby's mouth and then quickly replaces it with the bottle when baby starts to suck on the toy. I begin to feel a sense of frustration and anger as baby struggles with the bottle. After a few minutes baby becomes sleepy and is put in a basket on the floor, and while in a half-sleep state mother puts the bottle in

baby's mouth and she begins to suck on it and drinks most of the formula. I have the feeling that baby needed to accommodate to the caregivers' wishes and cannot not assert her autonomy and independence.

In my analytic work in China I have been struck by the personal narratives of my analysands who describe the need for respect of the authority of elders, parents, teachers and the needs of the larger social order. Analysands describe this as the Chinese social contract: the family provides for and takes care of the baby and as the child grows and develops she needs to keep in mind the needs of the family and the ancestors and to prevent shame or disappointment. What I have found in China is that the actions of the self, while present need to be contained and controlled within the individual in order to live successfully in the outer world. The Chinese social contract has helped the society to evolve. We need to be careful and cautious about how we apply the concepts of actions of the self and individuation to our clinical understanding as the self is more socially contextualized than in the West. Perhaps this is something that baby A is teaching us.

5.Skin and Psyche

The concept of the psychic skin is utilized in infant observation research as the skin is the first container of emotional and symbolic experience, and as development proceeds the skin becomes internalized and symbolized as a psychic skin providing a containing function for the psyche/soma. The transmission of culture takes place

through bodily and affective interactions between infant and caregiver often on the surface of the skin, and through skin-to-skin interactions. Touch and sensuality are intimately linked to the development of attachment security as the secure infant explores her own body image through the interaction with the body of the other.

Interactions between baby and (m)other that involve the surface of the body, the skin, are critical in the evolution of the infant's sense of a bounded internal space that is separated from the external world through a boundary experienced as the skin. When the experience of the skin as a boundary between the internal and external realms has evolved the individual is able to experience living within their own individual skin, separate but interconnected with significant others. Secure attachment is facilitated through the evolution of a primary skin function (Feldman, 2004) that can serve as a container of psychological and emotional experience. The (m)other's capacity to both tolerate, mediate, soothe, and transform the often terrifying mental states of the baby into more manageable and digestible experiences is another significant factor in the evolution of a secure attachment relationship and in the evolution of a primary skin function.

Through the careful observation of infants we have been able to see that as development unfolds the skin becomes an increasingly important container of psychological, emotional and erotic/sensuous experience for the infant. The transformation of the somatic skin into an internalized psychic skin is facilitated through complex interactional sequences between baby and (m)other: the infant's ongoing bathing in words, the emotional interchanges that provide the baby with the psychological nourishment related to affective attunement, and physical touch which when sensitively experienced provides a foundation for the evolution of the primary skin function (Feldman, 2004). Early interpersonal experiences within the

infant/other couple that impede the development of a coherent psychic skin or primary skin function are often a major focus in the analysis of children, adolescents and adults who suffer from identity disorders, eating disorders, disorders of the skin, sleep disorders, and auto-sensuous addictions that can impede both psychological growth and the development of individuation processes. These disorders can be related to the emergence of a secondary skin function that impedes psychological and emotional development through the excessive use of bodily defenses. When bodily defenses are dominant in the personality emotional development can be severely impacted and can lead to the development of autistic defenses or defenses of the self.

An example of the importance of skin emerged in the following observation of Baby B at 3 months, 14 days.

Baby B seemed happy when I arrive at the apartment. Baby is lying in a small cradle in the large room off from the kitchen. As I enter baby looks at me and I feel welcomed by him into the observational space. When I sit down mother seems concerned and tells me that baby does not want to eat and that he has developed severe eczema all over his body. He has had eczema before but now it is appearing more serious and difficult to control. I can see that large red spots cover the baby's skin. In a worried and anxious manner mother tells me that she and father have taken him to the dermatologist and that the doctor has let her know that she needs to put special lotions on him and that he shall need special baths so that he can be more comfortable. I see baby attempt to rub and scratch his skin as he seems uncomfortable. The skin disorder has emerged during the

past two months of observation starting when mother went back to work full-time and an au-pair, who does not speak Chinese,

has been taking care of him. Mother lets me know that he sleeps with the caregiver and that father is not home very much now as his work and travel schedule have intensified. I wonder about the separation from mother and how this may be impacting baby B. I do not observe baby B being held by mother, and when baby is upset the au pair comes quickly into the room to try to soothe him, which he accepts. Mother continues to look very nervous and approaches baby and touches him offering some words of comfort and reassurance saying, “Oh, my poor baby how you are suffering.” Mother puts her hand on baby’s stomach and continues to try to calm him while he is held in the arms of the caregiver. Mother says that baby has not been sleeping well because of the skin problems that have become more serious, and that both baby and au pair do not sleep through the night. Mother appears very sad and depressed about the skin difficulties. Mother tries to play with baby but he is not responsive to her and he appears sleepy and lethargic. She then tries to feed baby and he appears uninterested in the bottle that she tries to give him. I feel that baby is rejecting mother and perhaps he is expressing his feelings of rejection and abandonment by her when she went back to work full time. I feel a sense of depression within myself as I leave the observation.

In our group of infants in China the emergence of skin disorders has been a common phenomena appearing in more than half of the infants observed. Skin disorders can be common in infancy and there are immunological issues that are impacted by the interaction of psyche and soma. In the case of Baby B he was developing an anxious/avoidant attachment with his mother, and mother was unable to get in synch

with her baby after the prolonged separations for work. The au pair also did not appear to offer him a feeling of security and comfort and perhaps he was trying to hold himself together through the emergence of eczema. Research on eczema from an analytical perspective indicates that when individuals feel poorly contained and held they can develop skin disorders, and the rubbing and scratching of the skin helps to achieve momentary feelings of calmness and increased comfort; a primitive form of a self-care function. The eczema has become an expression of a secondary skin function to help hold the infant's fragile psyche/soma. Perhaps baby B's eczema was also a communication to his caregivers about his need for more secure bodily/affective containment and holding.

6. Intergenerational transmission of Trauma

The inter-generational transmission of trauma related to the historical events of the Mao era such as the Cultural Revolution and other historical and collective traumas is an important theme in our observations. During the years of the cultural revolution (1962-1976), between 1.5 and 2 million people were killed, lives were often ruined through endless denunciations, false confessions, struggle meetings and persecution campaigns (Dikotter, 2016). The Cultural Revolution was characterized by loss at many levels of Chinese society. The Chinese cultural skin became torn and tattered as historical temples and shrines were destroyed, and traditional spiritual values such as the ideas of Confucius and Lao-tzu were considered outmoded. Many experienced a loss of social and economic status, and many lost their careers as intellectuals and teachers and were sent to the countryside to work in the fields as universities and schools were closed.

Students turned against those teachers and professors who were suspected of being against Mao's ideology. This loss of security and trust, usually provided by the cultural skin, created fear and mistrust that led to tears in the Chinese cultural skin that have been difficult to heal. These tears in the cultural skin can only be healed through processes of open dialogue and cultural atonement and in China this reparative process has failed to fully occur.

The inter-generational transmission of trauma has emerged in many of our infant observations as well as being a major theme in analytic treatment in China. We have observed that trauma could be communicated both consciously and unconsciously to the infant by the caregiver. Often these are hidden wounds experienced by the individual and the collective that can only be integrated through elaboration at both symbolic and verbal levels of discourse. A safe space is needed to elaborate the impact of individual and collective trauma as we have learned from our extensive experience with holocaust survivors, their children and grandchildren. Infant observation and analysis appear to provide a safe space where this process of elaboration and integration can take place.

This emerged in the observation of baby C. Baby C appeared during the first year of observations to have developed a disorganized attachment with his mother. The observer was concerned about the high level of disorganization in the infant as the child's behavior included hitting himself, hitting his mother and grandmother, and not being able to manage separations from mother that were unpredictable and lacking in transitioning behavior. Mother told the observer that she was having difficulty managing her baby and grandmother was not able to provide adequate containment.

Mother requested a referral for psychotherapy that she subsequently appreciated and benefited from.

The following vignette at 12 months, 2 weeks describes some of this difficulty.

When I arrive for the observation Baby C is beginning to stand and walk on his feet with some difficulty. I become concerned because he is teetering on his feet holding onto the table and chairs and could fall at any moment. Mother is present but does not do anything to prevent the fall that is immanent. Baby C starts to cry but mother does not come over to him but appears to ignore him. I feel pain in empathy with the baby and after several minutes go over to him and lift him up. Mother then comes over to hold him and grandmother comes into the room. Baby does not wear diapers and has been taught to urinate into the trash basket that is on the floor. During the observation I notice that he pees on the floor and that there are wet spots on the carpet. Mother comments that he has not yet learned to control his bladder or poop. Mother then asks if she can talk to me and she asks grandmother to come into the room to take care of baby. She takes me aside and starts to tell me how difficult her life is with her husband, how she was traumatized as a child which included being chained to a bed when her parents were not at home. I listened and experienced her torment when she told me this. I began to think that the difficulty that she has with the separations from her infant might be linked to the childhood trauma she is telling me about. She then talks about how her parents were mistreated, ostracized and beaten during the Cultural Revolution as they were suspected of being capitalists. Some relatives were killed during this period and the family went through emotional upheavals, dislocations and

loss. I stayed in an empathic mode of listening to her and she appeared calmed by this. When I left the observation I realized I spent as much time with mother as I did observing baby, but this seemed significant as mother appeared to be able to hold baby in mind more effectively after this conversation. She needed to have her own infantile/child self seen and acknowledged, and her rivalry for my attention in the observation seemed to diminish.

7. Single child policy and the infant's relationship with her caregivers

In our group of Chinese babies most are only children and are the product of the one child policy that has currently undergone modifications. Recently families are now allowed to have two children. Parents who previously were allowed only one child often experienced a pain about about this policy. What we have found in our observations is that a high level of ambivalence is often expressed by both parents and/or the grandparents verbally or else communicated unconsciously usually to the female child, and was more problematic if the female child was an only child. In the observation of baby D the following interchange occurred at 4 months, 3 weeks.

When the observer came to the home he reported the following sequence:

Baby D is being held by the grandmother and appears to be happy and in a good mood as baby is smiling and there appears to be an active and engaging interchange of vocalizations and sustained eye contact. Mother is close to the baby and also trying to make contact with her by touching her feet and tickling her tummy. Grandmother and mother start to talk with each other in a playful manner and start to talk about the baby.

They say to the baby “one day we may abandon you and then how may you feel?” They laugh with each other and the baby while they say this. I am feeling very confused about this but stay in my observational position and do not ask any questions. Grandmother and mother continue to say these comments about the baby directly to her and while they do this they are smiling and the baby starts to smile as well. Mother had told me on a previous occasion that they had hoped for a baby boy when she conceived. I sensed that she was disappointed both in the baby and with herself and that this was being projected into the baby.

Grandparents play a major role in the lives of most infants in China. The one child policy made it more common for grandparents to have one child and then in turn their child has one child, so there are few grandchildren. The infants in our observations often developed strong attachments to grandparents and early on needed to begin to differentiate mother, father and grandparents. This can be difficult for the infant and parents, especially the mother, who can experience rivalry, competition, jealousy and envy towards the grandmother (her mother or often the husband’s mother). We have observed intergenerational conflict about infant rearing practices that can be difficult to sort out. Often the mother tries to form a bond with the observer as she feels that the observer has a more ‘modern’ approach to child rearing, and mother can utilize the observer to triangulate against her mother or mother-in-law. Father’s can have difficulty emotionally supporting mother as their allegiances can be torn between their own mother and their wife. We have found that Chinese father’s have a hard time being included in the life of the baby. They seem not to have role models for the father/infant attachment that is so important in the life of the baby. Many of the fathers have become interested in the observational experience and try to

interact with their baby while the observer is present. In this way the observation itself has a therapeutic impact on the infant's development.

Infant observation in China has taught me about cultural humility, the importance of maintaining an appreciation of differing cultural contexts and psychological frameworks. We enter into the observation focused upon the present moment and utilize our imaginative and intuitive capacities to perceive what is happening both on the surface level of interaction and beneath the surface that include the nuances of inter-subjective and symbolic communication. In this way we are able to reflect upon what is common to us all as meaning making subjects and the richly woven tapestries of our divergent cultural heritages.

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Skin, Attachment, Culture, Trauma