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Teil I Fremderfahrung

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The Pain of Granting Otherness: Interoception and the Differentiation of the Object*[1]

Introduction: Beyond Alertness

> *The most difficult thing (…) is the subject's placing of the object outside the area of the subject's omnipotent control* – Donald Winnicott

In the light of the paradigm that currently dominates the debates on developmental psychology, social cognition, and phenomenology of empathy, the quoted passage from Winnicott is utterly puzzling. Namely, in all of the aforementioned fields, the other – the 'object' – is assumed to be differentiated from the self from the outset. In developmental psychology, the ever-growing empirical evidence has strongly fostered the view that even neonates are capable of experiencing their caregiver as something other-than-themselves. Partly building on developmental findings, the interdisciplinary research on social cognition sets out to explain how we manage to bridge the gap between ourselves and others. In the phenomenology of empathy, again, the idea of a fundamental self/other differentiation is manifest in the form of the assumption that other people are forthwith encountered as subjects with an experiential life of their own. In brief, the current debate widely embraces the idea that fellow humans are forthwith targeted *as others*.

In the psychoanalytic tradition, this picture is turned upside down, as it were. Whereas the dominant research paradigm assumes the task of explaining how we *bridge* an alleged self/other divide, the psychoanalytic tradition sets out to explain how we manage to *distinguish* between ourselves and others in the first place. Accordingly, while the dominant paradigm introduces others qua 'objective subjects', psychoanalytic research has focussed on others qua 'subjective objects'. To be sure, it would be hard to find a scholar who would claim that there are no cases in which the 'otherness' of others is either actively denied or passively neglected – and here one might refer to the rich variety of cases from everyday quarrelling to ethnic discrimination – such experiences are nonetheless

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considered to presuppose a more fundamental self/other differentiation. In the psychoanalytic tradition, differentiation is rather considered in terms of a developmental *achievement*. Instead of taking the separateness of others as a point of departure, it argues that the capacity to grant the 'otherness' of others is preceded by a long and complex development – a painful process in and through which the object is gradually placed outside the area of the subject's omnipotent control, as we saw Winnicott phrasing it.

The following objection can be expected at this point: Has not the ever-growing multidisciplinary data simply annulled the psychoanalytic developmental theory? Have not the undeniable empirical findings clearly challenged the claim of self/other undifferentiation, as well as proven that infants experience self/other differentiation from the outset? Why should one still busy oneself with such an *old* theory; why would it be important or interesting any longer?

Given the strength of the dominant research paradigm, critical questions such as these should be tentatively dealt with before going further. One of the central motivations for revisiting the psychoanalytic view in this connection relates to the fact that the dominant research paradigm is largely built upon empirical experiments that have been conducted during so-called periods of *alert inactivity*. This concept, coined originally by Peter Wolff (1966) and popularised by Daniel Stern (Stern, 1985, 2002), refers to particular phases of experience when infants are 'physically quiet and alert and apparently are taking in external events' (Stern, 1985, p. 39). Periods such as these take place at regular intervals, usually when the baby has recently woken up and is not yet haunted by needs and affects. During the periods of alert inactivity, infants tend to visually explore their surroundings almost like scientists, with neutral curiosity. This, as Stern puts it, is what 'provides the needed time 'window' in which questions can be put to newborns and answers can be discerned from their ongoing activity' (Stern, 1985, p. 39).

However, what is at stake is not the infant's *dominant* way of being. After all, moments of alert inactivity occur characteristically when the infant is not *sleeping*, *hungry*, *eating*, *fussing*, *crying*, or *immersed in activity* (Stern, 1985, 38–39). Even if the intermediate moments and periods are developmentally crucial, they do not count as the rule of the infant's experiential attunement. To argue for the existence and importance of moments of alert inactivity is not problematic per se. The problem rather lies in the tendency to 'slide' from *potentiality* to *actuality*: from speaking of infants' *experiential capacities* to speaking of their *experiential organisation* more generally (refer Taipale, 2016a, p. 3–4). Based on empirical experiments conducted during moments of alert inactivity, the available literature not only suggests that infants *can*, under certain conditions, manifest extrovert behaviour but also tends to draw the larger conclusion that infants *are* extroverts. However, it is worth noting that the *circumstances* required for a state of alert

inactivity are not secured all the time, and it would therefore be a fallacy to infer actuality from potentiality. The fact that infants *occasionally* manifest particular cognitive capacities is not sufficient ground for concluding that these capacities define the infant's experiential life throughout. This way of reasoning is as valid as the claim that, since I am *capable* of jumping with one foot, my experiential space *is throughout organised* in the light of this ability. To put it differently, the fact that there unquestionably and repeatedly *are* moments of 'alert inactivity' (as, with adults, moments of jumping with one foot) is hardly sufficient ground for defining the latter as the infant's prevalent mode of experience.[2]

This, however, is exactly what the dominant paradigm seems to be doing. What Stern writes is indicative of this way of thinking. During the first weeks after birth, in the words of Stern, the infant's experiences are dominated by 'motivations and appetites that *force the infant out* of the state of alert inactivity' (Stern, 1985, p. 42; Stern, 2002, p. 52; my italics). As I see it, this is a puzzling way to put it: 'most of the time X is *forced out* of the state A which it does not occupy most of the time'. Why should these fleeting, or at least considerably less prevalent, periods be considered as the infant's normal state, out of which the infant is frequently forced? Given that the infant's prevalent mode of being is one in which he/she is sleeping, busied with needs, or sedated by satisfactions, should not we rather turn the picture around and consider this affective mode of being as the normal state, out of which the infant occasionally manages to flee? To continue the previous example, portraying the situation in terms of the infant 'frequently moving out from' the state of alert inactivity may be as misleading as saying that adults are frequently motivated to cease jumping with one foot.

Here is where psychoanalytic tradition enters the scene. Whereas the dominant, cognitively oriented paradigm views the infant in the light of capacities manifest during periods of alert inactivity, thus viewing the other moments as (constant) aberrations from this normal mode as it were, the psychoanalytic tradition emphasises the other periods in the infant's experience. This formal description already serves to indicate why the two should *not* be understood as mutually exclusive.[3] Instead of challenging the empirical results *per se*, psychoanalytic considerations challenge the mentioned 'slide', by which results gained during moments of alert inactivity are applied as descriptions of infantile experience in general. Moreover, psychoanalysts also emphasise that the cognitively oriented, *alert* modes of experiencing are like the peak of an iceberg. Like the peak rests on what lies below

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[2] For details concerning experiments speaking for the various remarkable and extroverted capacities of infants (e.g. experiments of neonatal imitation, still-face experiments, etc.), refer e.g. Dondi, Simion, and Caltran, 1999; Farroni, Johnson, and Csibra, 2004; Rochat, 2004; Nagy, 2008; Reddy, 2008, 120–149.

[3] Refer Stern, 1983, p. 51. Refer also Hobson's account on the cognitive and conative-affective aspects of experience (Hobson, 1999; Hobson, 2008).

the surface, so too what enables the infant to occasionally assume an extroverted stance presupposes that the infant's needs have been sufficiently fulfilled. In this sense, the actualisation of periods of alert inactivity *rests upon* forms of relating to others that lie beyond alertness.

These notes serve as motivation for the present article. Cognition has no monopoly, primacy, or strong emphasis in the life of the neonate. During the first weeks of extra-uterine life, the infant spends most of his/her waking hours not as a *cognitive knower* but as an *affective experiencer*.[4] In this article, I focus on the latter forms of experience and investigate the question of self/other differentiation from a psychoanalytic perspective. In Section 1, I make certain conceptual clarifications about the problem of undifferentiation. In Section 2, I focus on the infant's early experience of care and argue that the latter can be interpreted in two ways: as an *exteroceptive* or as an *interoceptive* experience. In Section 3, I make use of this distinction, interpret the presence of the caregiver as an integral segment in the infant's interoceptive domain of experience, and investigate how the caregiver is gradually differentiated from the infant. All in all, I show how focussing on interoceptive bodily experience sheds light on the psychoanalytic characterisations of undifferentiation and differentiation, in addition to proving their philosophical intelligibility and importance.

1. Preliminary Conceptual Clarifications

While reading psychoanalytic literature on early development, one quickly comes across concepts such as 'identification', 'merger', 'fusion', 'symbiosis', 'undifferentiation', 'togetherness', 'jointness', 'oneness', 'co-experience', 'co-awareness', and so on. The common problem with all of these notions lies in their *adultomorphic* connotations that threaten to obstruct and undermine their proper interpretation.

The adultomorphism in question can be distilled as follows: the aforementioned psychoanalytic concepts are supposed to convey characterisations of types of experiences in which self/other differentiation has *not yet* taken place, but while interpreting them, we tend to already presuppose or imply differentiation. Roughly put, this amounts to thinking of a multiplicity of entities that are then, secondarily or subsequently, combined into one. In this vein, 'identification' can be understood in terms of someone identifying himself/herself with someone else, or the other way around; 'merger', 'fusion', and 'symbiosis' can be read in terms of there being several individuals that are amalgamated, confounded, or gathered together;

[4] What Merleau-Ponty states at one point motivates developing and applying this idea also to adult experiences: 'If we wish to reveal the genesis of being [or, of *other people*] for us, then we must ultimately consider the sector of our experience that clearly has sense and reality only for us, namely, our affective milieu. Let us attempt to see how an object or a being begins to exist for us through desire or love, and we will thereby understand more clearly how objects and beings can exist in general' (Merleau-Ponty, 2002, p. 156).

and likewise, 'undifferentiation' can be understood as a confused state comprising several entities. Prejudices such as these are particularly prominent when it comes to concepts known from contemporary discussion in social cognition and social ontology, such as 'togetherness', 'jointness', 'co-experience', and 'co-awareness', in which the differentiation of different parties is taken for granted – after all, the idea of commonness cannot make sense otherwise than in reference to a multiplicity.

Such conceptual connotations and implications obfuscate the idea of undifferentiation that *underlies* differentiation. In psychoanalytic literature, differentiation is to be understood as a process; it is something to be explained, not something to be presupposed at the outset. This methodological and conceptual challenge has been recognised in the tradition. Tähkä writes:

> the greatest difficulty in attempting to approach and understand the earliest stages of mental development consists of the impossibility for an adult observer to empathize with those ways of experiencing where there is not yet any differentiation between an experiencing self and an experienced object world. […] [O]ur need to understand the other person's world of experience, be it that of a subjectively prepsychological infant or a severely psychotic patient […] makes us prone to provide it with contents and qualities which could be identified with (Tähkä, 1993, p. 18).

Winnicott likewise notes that 'undifferentiation' can be said to amount to 'a condition to which the word 'merging' is applied *when there is a return to it from a state of separation*', but, in the same breath, he stresses that one should keep in mind that what is at stake here is 'a stage *prior to separation* of the not-me from the me' (Winnicott, 1971, p. 175). Elsewhere, Winnicott illustrates this with another concept:

> identification is what the infant *starts with*: it is not that the infant identifies himself of herself with the mother, but rather that no mother, no object external to the self, is known [*as such*]; and even this statement is wrong since there is not yet a self [*as such*]. It could be said that the self of the infant in this very early stage is only potential. In a *return* to this state an individual becomes merged in with the mother's self. [But] the infant has not yet formed and so cannot be said to be merged (Winnicott, 1965a, p. 25).

Psychoanalysts have highlighted this issue also by contrasting infants with psychotic patients. Shortly put, psychoses can be said to involve a rupture between what is subjective and what is objective (or, in psychiatric terms, a failure in 'reality testing'); however, infantile experience of undifferentiation is not a psychotic experience. One central structural difference here is that, whereas in the case of psychosis, the situation can be described in terms of 'merger' of the subjective and the objective or as a 'regression' from a previously established experiential

separation, in infants, the objective world has not yet been established as such, and hence what is at stake cannot be, literally, a confusion between the two.[5]

A related confusion unfolds if, while describing how the infant experiences the world, one smuggles in distinctions that are gained from the point of view of an external observer. Winnicott warns us of such *objectivist* fallacy while writing the following: 'It is necessary to think of a state of affairs before the concept of an object has meaning to the infant, although the infant is experiencing satisfaction in relating to something that *we* see to be an object, or what *we* may call a part-object' (Winnicott, 1965a, p. 26; *my italics*).[6] Differently put, from the point of view of an external observer, the infant and the mother are, of course, two different and distinct entities, but the situation looks very different if considered from the point of view of the infant.

There are other possible misunderstandings as well, but these clarifications will do for our purposes. The following should still be noted. One does not have to embrace and accept the claim of undifferentiation, or buy into psychoanalytic developmental theory, in order to accept what has been said here. Regardless of how sympathetic or sceptical one's take on these matters is, the claims of classical psychoanalytic theory *cannot be properly understood* if these conceptual considerations are not taken seriously.

The exposition thus far has been mainly negative; however, I have only been speaking of how undifferentiation should *not* be understood. Let me now explicate how I think the idea of undifferentiation can be conceptualised and made intelligible.

2. Experience of Care and the 'Interoceptive Bias'

Winnicott characterises human development in terms of a progression from a state of 'absolute dependency' towards autonomy and independency (Winnicott, 1965b, p. 46). The infant could literally not survive without sufficient care, and he/she would not develop properly if only the minimal physical conditions for survival are met. Winnicott provocatively emphasises this issue by saying that 'there is no such thing as a baby' (Winnicott, 1984, p. 99; 1965b, p. 39). What he means is that the 'infant and maternal care together form a unit' (Winnicott,

[5] As Winnicott puts it, the baby is 'mad in one particular way that is conceded to babies', but 'this madness only becomes true madness if it appears in later life' – 'should an adult make claims on us for our acceptance of the objectivity of his subjective phenomena we discern or diagnose madness' (Winnicott, 1971, pp. 90, 95). In other words, the adult is normally expected to 'know better' (i.e. in the adult, cognitive and reality-oriented emphasis in experience is expected), whereas in the infant, it is not expected.

[6] As Winnicott puts it elsewhere: 'According to this theory, there was no external world at the beginning although *we as observers* see an infant in an environment' (Winnicott, 1984, p. 100). The infant might not be initially aware of, or at least not at all interested in, objective facts (refer Taipale, 2013).

1965b, p. 39), and in this sense, 'a baby', considered separately, is an abstraction. If the infant's normal development is contingent on 'good-enough parenting', as Winnicott argues, and if the paradigmatic target of infant studies is precisely a normally developing and normally experiencing infant, it would be misleading to examine the infant's experiential life in abstraction from parental care.[7]

The crucial question here is: *How is care experienced by the infant?* This question is of utmost importance, as the given response largely predetermines which theory of self/other differentiation one will most likely be advocating. In general, the experience of care can be said to amount to the experience of a fulfilment of a need, and the former cannot hence be discussed without the latter. Therefore, the question of 'care experience' can be phrased in the following manner: *What* does the infant-in-need primarily want; *what* fulfils his/her need? Here, we can distinguish two possible interpretations. On the one hand, the experience of care can be interpreted with an emphasis on *exteroception*. In this interpretation, needs are assumed to be primarily targeting *the fulfilment-enabling object*, the external *source,* or *cause* of need fulfilment. On the other hand, the experience of care can be interpreted in terms of *interoception*,[8] whereby needs are considered to be primarily aiming, not at that which enables or causes fulfilment, but at *the sense of fulfilment itself*. Let me take a closer look at these interpretations and illustrate them via some examples, in order to argue for what I call the 'interoceptive bias'.

The more familiar way of thinking about this issue would advance to the former direction. As pointed out in the beginning, there is a tendency to ('slide' in argumentation and thus) assume that the infant is an extrovert also outside the aforementioned periods of alert inactivity. In this light, the *desideratum* of needs is naturally associated with an external source. The sense of hunger, for instance, can be said to be primarily directed at food, the breast, or the (m) other – something beyond one's bodily boundaries, which is expected to *result in* need fulfilment. To use another example, when the caregiver lays the baby down and exits the room, the cry of the baby can, in the light of this interpretation, be said to be motivated by the experience of the *absence of an external object*. The caregiver is beyond the infant's exteroceptive grasp (out of reach, too far, out of sight, unperceivable, etc.), and experiencing this absence is what allegedly makes the child cry. Here, the experiences of need and need fulfilment are viewed in terms of *outward directedness*, and the experience of care is interpreted in the *exteroceptive register*.

[7] Winnicott exemplifies: 'if you show me a baby you certainly show me also someone caring for the baby, or at least a pram with someone's eyes and ears glued to it' (Winnicott, 1984, p. 99).

[8] Whereas exteroception refers to external perception, interoception refers to the physiological 'feel', comprising sensations from bodily viscera and bodily superficies. On the notion of interoception, refer Craig, 2002, 2003. Refer also Taipale, 2014b, Part 1.

A focus on the interoceptive domain entails a different kind of picture. In this reading, rather than being directed outwards, towards the *source of* fulfilment, the need is primarily considered to be directed towards *the sensed fulfilment itself*. Here, hungry infants are viewed not as extroverts but as *introverts*. This issue has been emphasised in the psychoanalytic tradition in terms 'autoeroticism' and 'primary narcissism', both of which refer to the peculiar self-directedness of needs. What the hungry baby fundamentally *wants* and primarily *pursues* is not something external (e.g. food, breast, or mother), but exclusively what these exteroceptively perceivable entities can provide the infant with, namely an *interoceptively felt satisfaction or relief*. The need (e.g. hunger) seeks for its own absence, as it were. And so, to play with words, when it comes to the 'caregiver', the hungry infant is primarily interested in the (interoceptively felt) *care* function, and only secondarily, if at all, in the (exteroceptively perceived) *giver*. Likewise, the example of the crying baby is interpreted differently. What allegedly makes the baby cry when laid down and left alone is the sensed absence, not of an external object but of a central constituent in the infant's familiar interoceptive atmosphere. That is to say, the cry can be said to be motivated by the sensed absence of something that was taken as a part of the infant itself.

These two interpretations should, of course, not be considered as mutually exclusive alternatives. In normal cases, interoception and exteroception are both physiologically functional from the start, and the experience of care can well be said to *involve* both registers. Yet, this does not imply that they have an equal experiential *emphasis*.

As an illustration of what I have in mind here, consider emphases *within* the exteroceptive domain. For example, infants are not initially that much 'interested in' or 'attuned to' objects beyond reach, but they manifest much stronger reactions in relation to proximal objects (e.g. Field, 1976; Rochat, Goubet, & Senders, 1999). This is not to say that the baby is blind; his/her vision is operative, but there is a clear *bias* towards the tactile register.[9] What is at stake is not a matter of physiological incapacities, but that of experiential emphases, interests, or 'cathexes'. Now, besides such *biases within exteroception*, the outset of development seems to be characterised by a *bias for interoception* over *exteroception*. To say that infants' prevalent mode of being is not that of 'alert inactivity' is to say that most of the time, the exteroceptive domain gains no prominence *as such*.[10]

[9] This claim can be extended by saying, not only that touch is initially favoured over vision, but that there are also biases within the tactile sense, like the bias of *oral* palpating over *manual* palpating (refer Spitz, 1955, p. 223; refer also Taipale, 2014a).

[10] Indeed, insofar as the infant's experiential life includes both extroverted and introverted periods, it can be said that neither of the registers exclusively dominates all the time. Yet, given that extroverted moments, and hence the experiential emphasis of exteroception, are not the infant's prevalent modes of being, we can claim that the infant's day is characterised by what I call an interoceptive bias.

Infants are rather oriented towards the place where the need or satisfaction is felt – namely the interoceptive domain. To be sure, exteroceptive data is constantly registered – yet, owing to the pervasiveness of the need or satisfaction, it is not attended to in its own right (i.e., with neutral curiosity).

For analogical experiential inhibitions in adult experiences, consider watching a movie while feeling an intensive 'call of nature'; consider giving a lecture while having a headache; consider realising that the alarm clock that just woke you up has been ringing already for a while; consider having an orgasm; or consider tasting something absolutely fantastic. In all of these cases, the external environment may be registered, yet largely or altogether ignored or neglected as such. The pervasive interoceptive sensations prevent you from taking in the external world as such. Instead, your attention is turned towards your interoceptive 'feel' – you *see* but do not attentively *look*, you *hear* but do not attentively *listen*, as it were.[11] The shift of emphasis from exteroception to interoception also seems to characterise the experience of falling asleep. We snuggle into the warmth and intimacy of our body, turn away from the external environment, and even if the latter is still registered, it is less and less heeded as such (refer Taipale, 2014a). As Stern interestingly states at one point: 'During the first several weeks of life, the baby's situation is somewhat similar to sleep even when he is awake' (Stern, 2002, p. 81). In the infant, the exteroceptive domain as such is most of the time affectively insignificant, which is to say that infantile experience is characterised by an *interoceptive bias*.[12]

One important difference between adults and infants in this respect deserves to be highlighted. This has to do with the *temporal scope of experience*, which is much less extensive in infants than in adults. When an adult is hungry, for instance, this might strongly colour his/her experience of the environment and other people. Yet, on the other hand, the adult knows that such *colouring* will not last forever – he/she is able to wait, to endure the pressing need, knowing that it will be satisfied fairly soon. In other words, the mature adult understands his/her current need precisely as that: as something permeating his/her experience *at this moment*.

[11] Besides sleeping, the experiential situation could perhaps be compared with the condition of 'hemi-spatial neglect' or 'unilateral neglect', caused by brain injury. In this condition, perceptual information is flawlessly received but still not properly processed. This characterisation, of course, risks introducing infantile experience in pathological terms, but I nevertheless find the analogy also illustrative of the difference between sense perception and what psychoanalysts call 'cathexis'.

[12] Moreover, it should not be neglected that the infant can temporarily attend to the external environment as such *only when the interoceptively felt needs have been satisfied*. This is an important point, as it indicates why the interoceptive bias is not merely a matter of statistical frequency but also that of ontological-constitutional primacy: the infant does not need to have experiences in the alert and inactive mode in order to have experiences in the interoceptively attuned mode, but he/she must have experienced the satisfaction of his/her needs in order to be able to turn towards the outside. In this sense too, interoceptive attunement seems to be, both ontologically and developmentally, more basic than exteroceptive attunement.

In infants, the currently felt need is much more pervasive and thoroughgoing. Given their narrow temporal scope, the infant is initially unable to grasp that his/her current unpleasant feeling will not last forever. Living intensively 'in the moment', infants experience the emerging need as permeating – or rather, threatening – their *whole existence*. To put it differently, hungry infants tend to behave as if it was the end of the world probably because they experience it precisely in this manner: there is nothing beyond the currently urging need. For the baby – to quote Winnicott – 'being hungry is like being possessed by wolves' (Winnicott, 1964, p. 81).

This issue has been highlighted in various ways and from various perspectives in the psychoanalytic tradition (refer Taipale, 2013, 2016a). Freud writes, on the one hand, that 'the ego originally includes everything' (Freud, 1930, p. 424), and, on the other hand, that 'the ego is first and foremost a body-ego' (Freud, 1923, pp. 253–254). Combining these quotes, we have the claim that *the body-ego originally includes everything*. As Spitz puts it, initially 'all perception goes through the interoceptive and proprioceptive systems' (Spitz, 1965, 36; Spitz, 1955, p. 234; cf. Bergmann, 1963, p. 100; Blum, 1982, p. 968; Mahler, Pine, & Bergman, 1975, p. 52). The external environment is indeed perceived – but it appears *strongly*, if not *exclusively*, in the light of the infant's *current* interoceptive experience.[13] While the adult is aware of the fact that his/her world experience is coloured by how he/she currently happens to feel (and, hence, that in other times, the world is coloured differently), the infant does not distinguish between how he/she currently feels about things and how things actually are. In the midst of a haunting need, for him/her, the world *is* how he/she presently feels about it – it *is* nothing else.

In this sense, the infant's primary 'environment' initially *coincides* with his/her interoceptive awareness. This is what Merleau-Ponty means while writing that, in the beginning, the 'interoceptive organs serve as exteroceptive organs' (Merleau-Ponty, 2010, p. 248): the infant's primal world experience initially coincides with his/her (cathected) bodily self-awareness.[14] How one feels

[13] The experiential relationship between interoception and exteroception has also been discussed in the light of neuroscientific data. Tajadura-Jiménez and Tsakiris have found evidence for the fact that 'interoceptive sensitivity modulates the effects of exteroceptive signals on selfrepresentations' (Tajadura-Jiménez & Tsakiris, 2014, p. 8). This claim could perhaps be extended (from self-representations) to apply also to perception more generally and to experiences directed at other people. And to this direction, these authors also seem to be heading while writing that 'different levels of interoceptive sensitivity might be positively correlated with different types of empathy' (Tajadura-Jiménez & Tsakiris, 2014, p. 9; cf. Ainley, Tajadura-Jiménez, Fotopoulou, & Tsakiris, 2012, p. 5).

[14] If the term 'projection' is used in this connection (refer e.g. Sandler, 1987), it should be understood, not in terms of a secondary process of projecting one's bodily feel onto an already perceived object, but in terms of undifferentiation between the perceived object and the bodily feel that one has in the presence of this object. If a child is scared of a particular thing, this is not to be understood in terms of the child, *on the one hand,* perceiving

interoceptively is not yet distinguished from how the world is actually taken to be. In this sense, it can be said that the bodily ego originally 'includes everything'.

The explication given thus far enables a clarification of the central psychoanalytic claim that the object is initially organised as part of oneself. I believe, namely, that we can clarify this from the point of view of the infant's interoceptive 'world', and I examine this in the following section.

3. The Emergence of the Object

Insofar as care is good enough, the contributions of the caregiver and the needs of the infant are synchronised, as it were. When the infant needs something, the caregiver – following already the slightest hints from the infant's bodily expression – facilitates the fulfilment of that need without too extensive delays. Consequently, the infant maintains an 'illusion of omnipotence'.[15] Winnicott exemplifies:

> The mother, at the beginning, by an almost 100 per cent adaptation affords the infant the opportunity for the *illusion* that her breast is part of the infant. It is, as it were, under the infant's magical control. [...] Omnipotence is nearly a fact of experience. [...] The breast is created by the infant over and over again [...] out of need. [...] The mother places the actual breast just there where the infant is ready to create, and at the right moment (Winnicott, 1971, p. 15; cf. Winnicott, 1965b, p. 180).

Yet, care is at best good – it is never perfect. As Tähkä puts it: "Owing to the mother's human imperfection, it is inevitable that the idyll between the 'all-good' entities of 'gratified self' and 'gratifying object' must remain short-lived" (Tähkä, 1993, p. 37). This is by no means a complaint. The synchronisation between the infant's needs and the parent's actual contribution *necessarily* has shortcomings: even with the most devoted care, the infant occasionally has to wait for need fulfilment and thus endure temporary disappointments. Moreover, disappointments – as long as they are not too frequent and permanent – have a favourable

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a thing and, *on the other hand,* feeling scared in its presence; the scariness is rather experienced as the attribute of the perceived object. As Freud puts it, 'Animism came to primitive man naturally and as a matter of course. He knew what things were like in the world, namely just as he felt himself to be' (Freud, 1974, p. 379).

[15] This obviously does not mean that the infant, on the one hand, experiences an external object as such and, on the other hand, acts as if he/she was able to control this external object. The claim concerning the infant's expected control over 'the breast' ought to be rather understood in the light of the interoceptive interpretation outlined earlier: what the infant ultimately wants is a certain type of bodily experience – a relief of tension, satisfaction – and what he/she allegedly takes to be under his/her control is this felt *care* (not the external *giver* of care as such). Winnicott notes in a footnote to this passage that 'breast' should be understood as a 'subjective phenomenon', which stands for 'the technique of mothering as well as for the actual flesh', and that mothers who bottle-feed their children can be just as good mothers as those who breastfeed their children (cf. Winnicott, 1971, p. 176).

developmental role to play, insofar as they gradually teach the infant that reality is largely beyond his/her control. To exemplify this *via negativa*: if everything always went exactly as I wanted, I could never learn to differentiate between what is under my control and what is not, what is subjective and what is objective. This is why 'the change of the object from "subjective" to "objectively perceived" is jogged along less effectually by satisfactions than by dissatisfactions' (Winnicott, 1965b, p. 181).[16] It is precisely when something does not quite coincide with, accommodate, or appoint the infant's expectations, wants, and needs that he/she is forced to negotiate what is under and what is beyond his/her control – and hence what actually is and what actually is not part of himself/herself.[17]

This is where the *object* – namely, the care*giver* – enters the picture. Whereas the caregiver initially equals to a non-differentiated segment in the infant's interoceptive 'world', through disappointments, this segment is increasingly differentiated from the sphere of omnipotence and gradually realised as an object. It should be emphasised here that it is precisely the care*giver* that is grasped as external to oneself. To put it in a slightly adventurous manner, the illusion of omnipotence can be said to amount to an experience of being one's own caregiver: when the infant wants something, and that actually happens, there is no reason for the infant to locate the *source* or *cause* of need fulfilment beyond himself/herself. And while the giver of care is differentiated from the self, the interoceptively felt care is still organised as a taken-for-granted segment in one's own bodily self-awareness.[18]

It should also be emphasised that differentiation does not happen all at once; it is rather a gradual and complex process with various phases and phase-specific challenges. Illustrating this graduality, Winnicott states that for the omnipotent infant, realities are 'an insult' (Winnicott, 1986, p. 40). Much like an insult, objective reality is not simply accepted or unproblematically swallowed as such once it presents or declares itself.[19] We often do not simply embrace unpleasant claims made upon us – even if we knew them to be true – and likewise, the infant

[16] As Winnicott also puts it, 'incomplete adaptation to need makes objects real' (Winnicott, 1971, p. 14).

[17] One could perhaps say here that insofar as care is never perfect, the sense of *omnipotency* does not truly merit its name. As dealing with this terminological issue in the present context is not necessary, I leave this question open.

[18] This initial care is what, in later life, builds into a basic sense of security, a sense of being cared for, and it is something one finds comfort in during times of trouble. This has also been linked to *religious* experiences by Winnicott and others.

[19] Winnicott outlines two *extreme* ways in which the child absorbs the mentioned 'insult': 'Compliance, at one extreme, simplifies the relationship with other people, who, of course, have their own needs to attend to, their own omnipotence to cater for. At the other extreme, the child retains omnipotence in the guise of being creative and having a personal view on everything' (Winnicott, 1986, p. 40). In other words, in one extreme, one's whole attitude to reality may be coloured by one's creative insights (which may be close to psychosis), whereas in the other extreme, reality is grasped as something (mind-independent) that one can only adapt to. It is the former attitude that makes life worth living, Winnicott argues (Winnicott, 1971, 87–88), although in normal cases (in

might not simply accept the uncontrollability of the object even if it seems not to coincide with his/her will. And so, for instance, if the caregiver has to suddenly interrupt feeding before the infant is 'done', the infant feels precisely insulted (refer Winnicott, 1984, p. 162), because he/she grasped the caregiver in subjective-narcissistic lighting, as part of himself/herself as it were. As Winnicott puts it: 'At first the relationship is to a *subjective object*, and it is a long journey from here to the development and establishment of a capacity to relate to *an object that is objectively perceived* and that is allowed a separate existence' (Winnicott, 1965b, p. 224; my emphasis).

The 'first object' has been introduced in various ways in the psychoanalytic literature. Winnicott, as we just saw, speaks of the 'subjective object', characterising it as 'the object not yet repudiated as a not-me phenomenon' (Winnicott, 1971, p. 107). The subjective object is 'created' by the needs and wants of the baby, and in this sense, it is precisely something subjective: a 'me-extension', an 'aspect of the self' (Winnicott, 1971, p. 135; Winnicott, 1986, p. 131). Yet, it is not just something hallucinated but is related to what is actually exteroceptively experienced: unlike the hallucinatory object, the subjective object is associated with actual need satisfaction. But it is not an autonomous and diachronically persisting subject, with both pleasant and unpleasant facets. It is the object represented purely in an *ad hoc* manner, exclusively in relation to the current interoceptively sensed needs,[20] and it can therefore be nothing else than completely 'good', a need-gratifying object. As already indicated, insofar as the infant's needs are satisfied, he/she goes on living in the world of subjective objects and has no reason to grasp his/her narcissistic omnipotence as an illusion. Through disappointments, by contrast, the subjective object – 'created' by the interoceptively felt needs of the infant – is differentiated from the object exteroceptively perceived. Such occasional disappointments – 'insults' – give rise to aggression, not towards the *subjective* object, but towards the *actual, objective* object: when disappointed, the infant hangs on to the subjective object created in the light of his/her needs, while wanting to destroy or annihilate the unpleasant aspects of the object. Insofar as the caregiver endures the infant's aggressive impulses and is not *actually* destroyed (e.g. abandonment), the infant can keep on psychologically 'destroying' the object over and over again. That is to say, in favourable circumstances,

mental health), a grown-up recognises and acknowledges realities but still manages to be creative and not just adjusting.

[20] As Tähkä writes: 'The first […] object representations are likely to be vague, dimly outlined, and profoundly corporal. Just as the first self seems largely to be a primitive, gratified 'body self' ([according to] Freud, 1923), so the first object is likely be an equally primitive, gratifying 'body object" (Tähkä, 1993, p. 36). A bit later on, he states: 'Experientially the object is not yet an individual person but a group of functions, and this makes its affective color entirely dependent on the gratifying or frustrating nature of the object's respective function' (Tähkä, 1993, p. 76).

the infant on the one hand manages to stay in touch with his/her subjective needs and desires (and thus with subjective objects) while on the other hand gradually granting the object an independent existence – sometimes pleasant, sometimes not (refer Taipale, 2016b).

While Winnicott speaks of 'subjective objects', Kohut speaks of '*selfobjects*' (refer Kohut, 2011, p. 456). He determines selfobjects as 'objects that are experienced as part of the self' and distinguishes them from 'objects that are experienced as independent centers of initiative' or 'true objects' (Kohut, 1977, p. 84; 1971, p. 51).[21] Whereas the latter objects are independent and autonomous agents with their own subjective life – entities into whose position I can put myself while considering them by way of empathy – selfobjects, by contrast, are 'narcissistically invested objects'. Clarifying the sense in which the infant has an expectation of control over the selfobject, Kohut makes the following comparison:

> The small child […] invests other people with narcissistic cathexes, and thus experiences them narcissistically, i.e., as *selfobjects*. The expected control over such (selfobject) others is then closer to the concept of the control which a grownup expects to have over his own body […] than to the concept of the control which he expects to have over others (Kohut, 1971, 26-27).

In other words, what Kohut suggests, is that the infant's self–selfobject relation is closer to the adult's *subjective self–body* relation than to the adult's *inter-subjective self–other* relation. This comparison is illuminative. In everyday situations, we indeed tend to expect that our body more or less 'does' what we want, and in this sense, we entertain a tacit illusion of omnipotence with respect to it. If everything goes smoothly, we coincide with our body as it were: we experience our body, not as something we *have* or *possess*, but as something we *are*. Yet, we are occasionally forced to realise that our body is not fully in our control. This may occur either suddenly and violently, as in the case of traffic accidents, or more slowly and gradually, as happens in ageing for instance. In the case of the traffic accident, one may be forced to realise that the same body that seconds ago one had still assumed to be under one's control is suddenly introduced as an uncontrollable thing under the merciless (i.e. objective) laws of nature. When it comes to ageing, one may increasingly and gradually realise that one's body is slowly resigning from one's control (one's strengths weaken, one loses abilities, and so on). Stig Hägglund has recently argued that the gradual formation of object relations is

[21] Elsewhere, Kohut gives the following definition to selfobjects: 'archaic objects cathected with narcissistic libido […] which are still in intimate connection with the archaic self (i.e., objects which are not experienced as separate and independent from the self)' (Kohut, 1971, p. 3).

reminiscent of the development of our bodily self-relation: the analogy between these cases is not only structural but also developmental (refer Hägglund, 2014). Whereas the infant initially experiences the object exclusively in the light of his/her needs and wants, in the course of development, the object is gradually realised as being something other-than-me. In this process, pace matters. Like a traffic accident may violently force one to abandon the illusion of bodily self-control – devoiding the subject of the possibility of realising this gradually and hence less traumatically – so too there can be experiences in early infancy that violently and traumatically speed up the process of self/other differentiation (e.g. abandonment). In favourable circumstances, the process is gradual enough and the object is not separated off too quickly or suddenly, leaving the infant time to adjust, without altogether losing sight of subjective objects and also without being left with nothing but the latter.

Conclusions

What I have presented here can be summarised by looking at the following passage from Freud:

> A child's first erotic object is the mother's breast [...]. In the beginning, the child doesn't distinguish between the breast and its own body. When the breast becomes separated from the body and relocated in the 'outside' (because it is often found to be absent), as an 'object' it carries with it a part of the original narcissistic libidinal cathexis. This first object is later on completed into the person of the child's mother [...] with pleasurable and unpleasurable [facets] (Freud, 1964, p. 188).

The first sentence emphasises that the object initially emerges out of need. Surely, the infant perceives the breast exteroceptively, but his/her perception is translated by what he/she feels interoceptively. 'The breast' is present as an undifferentiated segment in the infant's bodily atmosphere: it is exclusively that which fulfils his/her need – and nothing else. This 'else' comes about along with disappointments, which Freud mentions in the third sentence. Faced with the 'insult' of reality, the infant rather tends to hold on to the narcissistic organisation of experiences, and the object initially emerges in this light. Yet, even while accepting the uncontrollability of the object, the latter is not once and for all disclosed as it truly and objectively is. As Freud emphasises in the end of the quote, it is much later on that the object is completed into the child's mother, into an 'other' – a diachronically persisting independent object that hosts both pleasant and unpleasant affective dimensions, and a subject with an experiential life of her own.

In the light of what has been said here, truly inter-*subjective* experiences – i.e. social experiences involving a gap between the self and the other – are only the

peak of an iceberg. We indeed *can* pursue viewing others in their otherness, marvel at them in their subjective freedom, actively pushing aside our needs, desires, and interests. I also think that we occasionally succeed in doing so. However, what I find less plausible is the assumption that relating to others in this manner counts as the prevalent and normal mode in social experience. Rather than a point of departure, acknowledging and respecting the otherness of others is more like a *task* – the success of which comes in degrees (refer Taipale, 2015). As I see it, the assumption of fundamental self/other differentiation poorly captures the everyday social experiences of adults, and I think we have good reasons to assume that it must be even less fitting as a description of infants.

What I have tried to show here is that the psychoanalytic tradition has major potential in this respect. It suggests that the infant does not grant the 'otherness' of the caregiver from the outset: owing to the initial interoceptive bias, the infant initially finds the caregiver as an undifferentiated constituent of his/her own bodily 'feel', experiences the caregiver exclusively as a *care*giver, and only gradually realises her as a separate and independent subject. The assumption that infants always already fundamentally target others *as others*, as external and separate entities, seems too cognitivistic to me. Even if infants are *capable* of viewing others neutrally, as such (when the requirements of alert inactivity are met), they spend their day largely in experiential modes – whereby they are attuned interoceptively, and their exteroceptive environment is strongly coloured by this bias. If emphasis is assigned to the fleeting moments in which infants, or adults, are in their most cognitive, as it were, something important is missed – namely the part of the iceberg that is below the surface and enables the manifestation of its peak.

Summary

This article examines the foundations of social experience from a psychoanalytic perspective. In current developmental psychology, social cognition debate, and phenomenology of empathy, it is widely assumed that the self and the other are differentiated from the outset, and the basic challenge is accordingly taken to consist in explaining how the gap between the self and the other can be bridged. By contrast, in the psychoanalytic tradition, the central task is considered to lie in explaining how such a gap is established in the first place. My article develops this latter idea. I focus on the infant's early experience of care, show how the presence of the caregiver can be interpreted in terms of an interoceptive experience, illustrate the gradual self/other differentiation from this perspective, and thus argue that the other is granted 'otherness' gradually. By emphasising this graduality, I challenge the assumption that self/other differentiation dominates the infant's life from the outset. In this manner, I show how the psychoanalytic theory may be used in contesting one of the cornerstones of the current research paradigm.

Keywords: Care, differentiation, experience, infants, interoceptive bias, psychoanalysis, development, self, other.

Der Schmerz der Gewährung von Andersheit: Interozeption und die Differenzierung des Objekts

Zusammenfassung

In diesem Beitrag werden die Grundlagen der Sozialerfahrung aus psychoanalytischer Perspektive untersucht. In der gegenwärtigen Entwicklungspsychologie, in der Debatte um die soziale Kognition und in der Phänomenologie der Empathie wird weitgehend davon ausgegangen, dass das Selbst und der Andere von Anfang an voneinander unterschieden sind, sowie dass die grundlegende Herausforderung darin besteht, entsprechend zu erklären, wie die Lücke zwischen dem Selbst und Anderem überbrückt werden kann. Hingegen wurde in der psychoanalytischen Tradition die zentrale Aufgabe darin gesehen, zu erklären, wie diese Lücke überhaupt entsteht. Mein Artikel entwickelt den letzten Ansatz. Ich fokussiere mich auf die frühe Pflegeerfahrung des Kindes und zeige, inwiefern die Präsenz der Pflegeperson als interozeptive Erfahrung interpretiert werden kann, beleuchte aus dieser Perspektive die allmähliche Selbst/Anderer-Differenzierung und weise so auf, dass seine „Andersheit" dem Anderen erst schrittweise gewährt wird. Durch das Hervorheben dieser Gradualität stelle ich die Voraussetzung in Frage, dass die Selbst/Anderer-Differenzierung das Säuglingsleben von Anfang an dominiert. Auf diese Weise zeige ich, wie die psychoanalytische Theorie bei der Widerlegung eines der Grundsteine des aktuellen Forschungsparadigmas angewandt werden kann.

Schüsselworte: Pflege, Differenzierung, Erfahrung, Säugling, interozeptives Vorurteil, Psychoanalyse, Entwicklung, Selbst, Anderer.

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