

# Eye to Eye

## A hermeneutic literature review of eye contact and the gaze in psychoanalytically informed psychotherapy

Outi Malcolm

---

A dissertation submitted to Auckland University of Technology in partial fulfilment  
of the requirements for the degree of Master of Psychotherapy.

2016

Department of Psychotherapy

School of Public Health and Psychosocial Studies

## **Abstract**

Eye contact is such a natural part of our everyday interactions, that we may take it for granted or dismiss its value. Yet it can be one of the most powerful ways of communicating and can assist or hinder in building relationships. Utilizing the method of literature review within hermeneutic methodology this dissertation looks at how eye contact and the gaze are addressed within literature on psychoanalytically informed psychotherapy. The research suggests that many psychoanalytic theorists, such as Winnicott, Stern and Bowlby have discussed the important role gazing plays within mother-infant dyads, but these findings have not been adequately translated to an understanding of how eye contact and the gaze can facilitate the process of psychotherapy. This dissertation looks at recent findings in neuroscience which suggest that eye contact has a major impact on the developing brain of the baby and hence paying intentional attention to non-verbal embodied communications, such as eye contact, can also play an essential role in facilitating reparative processes in adult psychotherapy relationships. The findings of this study suggest that eye contact occurring between the therapist and the client can be used as an integral part of the careful negotiations in the intersubjective space of closeness and distance, allowing for repair of the self to take place. This requires that psychotherapists come eye to eye not only with the otherness of the other, but also with what the other evokes in us.

# Table of Contents

CHAPTER 1:INTRODUCTION	1
1.1 MY JOURNEY TO THIS TOPIC	1
1.2 LOCATING MYSELF	1
1.3 MY THEORETICAL FRAMEWORK	5
1.3.1 THE CENTRAL ROLE OF RELATIONSHIPS	5
1.3.2 INTERSUBJECTIVITY	5
1.3.3 SELF AS CO-CONSTRUCTED	6
1.3.4 SOME NOTES ON EYE CONTACT/GAZE/MUTUAL GAZE	7
1.4 FORMULATING MY RESEARCH QUESTION	8
1.5 PRELIMINARY LITERATURE REVIEW	9
1.5.1 TURNING A BLIND EYE	9
1.5.2 GRADUAL RECOGNITION OF THE POWER OF VISUAL COMMUNICATION	10
1.6 OVERVIEW OF THIS STUDY	10
CHAPTER 2:METHODOLOGY AND METHOD	12
2.1 PARADIGM – INTERPRETIVE	12
2.2 METHODOLOGY – HERMENEUTICS	13
2.2.1 HEIDEGGER AND GADAMER	13
2.2.2 SUBJECTIVITY OF THE RESEARCHER	14
2.2.3 HERMENEUTIC CIRCLE	15
2.2.4 HERMENEUTICS OF TRUST VS HERMENEUTICS OF SUSPICION	15
2.2.5 EMBODIED HERMENEUTICS	16
2.2.6 STRENGTHS AND LIMITATIONS OF HERMENEUTICS	17
2.2.7 OTHER METHODOLOGIES CONSIDERED	17
2.3 METHOD – LITERATURE REVIEW	18
2.3.1 TEXT AS A DIALOGICAL PARTNER	19
2.3.2 MOMENTS OF VISION	19
2.3.3 USING THE HERMENEUTIC CIRCLE	20
2.3.4 SEARCHING AND SORTING	21
2.3.5 SELECTING AND ACQUIRING	22
2.3.6 READING, IDENTIFYING, REFINING	23
2.3.7 ANALYSING, WRITING	23
2.3.8 PRESENTING MY FINDINGS	24
2.3.9 KNOWING WHEN TO END?	25
2.4 CHAPTER SUMMARY	26
CHAPTER 3:THEORY MOTHER-INFANT RELATIONSHIPS AS A PROTOTYPE FOR PSYCHOTHERAPY	27
3.1 THE IDENTITY GIVING POWER OF THE GAZE	28
3.1.1 MOTHER’S EYES AS A MIRROR	28
3.1.2 MOTHERS EYES AS HOLDING AND CONTAINING	30
3.1.3 MOTHER’S EYES AS A SECURE BASE	30
3.1.4 I/WE – MUTUAL INTERPLAY	31
3.1.5 THE AGENCY OF THE BABY	32
3.1.6 THE NEED TO BE AN OBJECT OF DESIRE	33
3.2 THE DESTRUCTIVE POWER OF THE GAZE	33
3.2.1 ONE-WAY MIRROR	34
3.2.2 DISTORTING MIRROR	35
3.2.3 YOU-ARE-ME-MIRROR	36
3.2.4 AN EMPTY MIRROR: WHEN THE MOTHER CANNOT FIND THE BABY IN THE MIRROR	36
3.2.5 MOTHER BLAME?	37

3.3	THE IMPACT OF OTHER EYES	38
3.3.1	“MY FATHER’S EYES”	38
3.3.2	CULTURAL GAZE	39
3.4	CHAPTER SUMMARY	41
<hr/>		
CHAPTER 4:SCIENCE WHAT HAPPENS IN THE BRAIN WHEN OUR EYES MEET?		42
4.1	THE RECENT SHIFT IN OUR UNDERSTANDING OF THE BRAIN AND EYES	42
4.2	THE SIGNIFICANCE OF THE LIMBIC SYSTEM	44
4.3	EARLY EXPERIENCES AND THE RIGHT BRAIN	46
4.4	THE SOCIAL BRAIN	48
4.5	MIRROR NEURONS AND INTERSUBJECTIVITY	49
4.6	THE LINK BETWEEN GAZING AND OXYTOCIN	51
4.7	IMPLICATIONS TO PSYCHOTHERAPY	52
4.8	WHAT ABOUT CULTURAL VARIATIONS?	53
4.9	LOOKING AND NOT LOOKING	53
4.10	CHAPTER SUMMARY	54
<hr/>		
CHAPTER 5:PRACTICE NOTICING AND USING EYE CONTACT IN PSYCHOTHERAPY		55
5.1	THERAPISTS’ REFLECTIONS ON USING EYE CONTACT IN PRACTICE	56
5.1.1	EYES AS THE “MIRROR OF THE SOUL” (OR THE FALSE MIRROR)	56
5.1.2	THE EYES OF THE MEDUSA (OR THE EYES OF SHAME)	58
5.1.3	LOOKING FOR A FACE	60
5.1.4	THE THERAPISTS’ EXPERIENCES OF BEING SEEN	62
5.2	TO LOOK OR NOT TO LOOK – WHAT ABOUT THE COUCH?	64
5.3	REFLECTIONS ON THE ROLE OF CULTURE	66
5.3.1	EYES OF GOD	68
5.4	CHAPTER SUMMARY	69
<hr/>		
CHAPTER 6:DISCUSSION AND CONCLUSION		70
6.1	DISCUSSION – SEEING THE ELEPHANT IN THE ROOM	70
6.1.1	INTENTIONAL LOOKING	71
6.1.2	THE THERAPIST’S RELUCTANCE TO BE SEEN	73
6.1.3	‘SOUL HEALING’	74
6.2	RECOMMENDATIONS FOR FUTURE RESEARCH	76
6.3	IMPLICATIONS FOR PRACTICE	76
6.4	STRENGTHS AND LIMITATIONS OF THIS RESEARCH	77
6.5	CONCLUSION	79
<hr/>		
REFERENCES:		81



## Table of Figures

Figure 1: Finnish nightmares (Korhonen, 2015).	4
Figure 2: The formation of identity. (Petzold, 1988, p. 38).	7
Figure 3: The hermeneutic circle of reviewing literature and techniques associated with different stages of the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010, p. 134).	21
Figure 4: Blind men and elephant (Camilleri, 2012)	25
Figure 5: Louise nursing her child. (Cassatt, M., 1898).	28
Figure 6: Mother and child. (Bourgeois, L., 2007).	34
Figure 7: "Matariki – Eyes of God or Little Eyes" (n.d.)	40
Figure 8: "The triune brain" (2007)	44
Figure 9: Channels of face-to-face communication in proto-conversation. (Schorer, 2001, p.305)	46
Figure 10: "Human eye" (n.d.)	48
Figure 11: "Eye of a monkey" (n.d.)	48
Figure 12: The false mirror. (Magritte, R., 1928)	57
Figure 13: "Medusa. Don't look into her eyes or you will turn into stone." (n.d.)	59
Figure 14: "The slow mirror" (2015)	61
Figure 15: "Freud's chair and couch, Vienna" (n.d.)	64
Figure 16: "Elephant in the room" (2016).	71
Figure 17: Eyes (Nine elements). (Bourgeois, L., 2001).	80

### Note on referencing:

Figures that do not have a known author are cited with "... " and listed in the references under their title, following the APA6 guidelines for items with no known author.

## **Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor material which, to a substantial extent, has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in blue ink, appearing to read 'O. M. Malcolm'.

**Outi Malcolm**

10 November, 2016

# Acknowledgements

There are many people who have shared this journey with me and I am very grateful to all of you. I am often asked how I have managed to study with a young family and I have realised that I could not have done this without the help of so many others.

Firstly, I want to thank my supervisor Brigitte Puls for providing another pair of eyes to help me make sense of my emerging ideas. Thank you for constantly challenging my thinking whilst also encouraging me and believing in me when I have started to doubt myself.

I also want to thank all my lecturers and my therapist for their input over the years, for your guidance and for helping me grow to become the person I am today. A special thank you to Peter Slater for your support and many suggestions on reading materials and Wiremu Woodard for bicultural guidance in writing this.

I want to also thank my clients for helping me to keep learning. I feel privileged that you have trusted me to be a part of your journeys.

Many friends have helped to make this happen by looking after my children, by allowing me to use their homes to have quiet spaces to work, by sharing their thoughts on this topic, proofreading my drafts and nudging me on. I want to thank Lea & Derek, Michael & Lone, Marcienne & Moshe, Sanna, Crista, Adina, Marie, Eve, Katharine and Helen.

Lastly, I want to thank my husband Chris for looking after our home and children, for giving me space to disappear into my thinking and writing, and most importantly for loving me and supporting me through every step of the process. You have made this possible.

And a special big thank you to my children, Emilia, Oscar and Elsie, who have had to share their mum with psychotherapy studies and this dissertation. Thank you for being you and teaching me more about myself every day. I love you!

# Chapter 1: Introduction

*The soul, fortunately, has an interpreter - often an unconscious but still a faithful interpreter - in the eye."*

Charlotte Bronte (1847, p. 314)

## 1.1 My journey to this topic

When I started looking for a topic for my dissertation I wanted, perhaps naively, to write about love, the kind of therapeutic love that heals, but I struggled to find my focus. I soon came across Kearns (2011) referencing Stern's (2004) observation of the intense mutual gaze that is exchanged between baby and mother that can last for tens of seconds or even minutes. Stern suggested that this mutually charged gaze without speaking is rarely repeated with such intensity in adult life, unless the participants are about to fight or make love; or indeed engage in psychotherapy as Kearns (2011) adds. I was fascinated by the idea of this mutual gaze as I had often wondered about the non-verbal communication between my clients and I when we come together eye-to-eye. When I discussed my topic search in the next dissertation class, this concept got my colleagues' attention too. So I decided to leave the topic of love for another time and turn my gaze to what else had been written about eye contact in psychotherapy.

I had written an assignment a couple of years earlier (unpublished) about maternal countertransference in the context of Winnicott's (1953) good-enough mother/good-enough therapist and realized that this is a central aspect of how I experience myself as a therapist. Now I was intrigued to learn more about the way of relating between mother and infant through visual channels and how it may help me to understand my visual relationships with my clients.

## 1.2 Locating myself

As the focus of psychotherapy is on the personal, it feels congruent to start this journey by turning the gaze inwards and looking at how my personal experiences have influenced my

understanding of eye contact. This is also important in the light of hermeneutics, my chosen methodology, which acknowledges the subjectivity of the researcher (Smythe, 2012).

As indicated, I see the gaze in the mother-infant relationship as the starting point of my enquiry so I have contemplated on what my early experiences may have been like as a first born child to adoring but anxious parents. From what I have been told and what I can infer from early photos I was the 'apple of my parents' eye', but I was also a sickly baby and perhaps saw a lot of fear and worry in their eyes. And I know how challenging it was for all of us when my three younger siblings came along and I had to share my parents' gaze with them. I wonder how these early experiences may have contributed to my lack of self-confidence and worry that I can be easily pushed out of mind.

I have also thought about my identity as a mother, both when my three children were babies and now that they are a little bit older. I have cherished memories of lovingly gazing into their baby eyes, wondering what they might be thinking about. And I also remember at times feeling too exhausted to engage with their eyes and wanting to escape in a book instead while breastfeeding. I now wonder how the baby experienced the absence of my gaze. My children are now older, but they still need to see the approval and interest in my eyes and I often wish I had three pairs of eyes to respond to each "mummy, look at me" -call. Over the last few years they have had to share my attention with my psychotherapy studies too and especially whilst researching this topic I have become very aware of how challenging it can be to find the time to not just *look* but to really *see* each child and his/her individual needs. This has made me appreciate my husband's paternal eyes, providing the children another view of themselves.

I have thus far explored how my mother-infant relationships have influenced my position and will now turn to the other dyad, namely psychotherapist-client. As a client I have noticed how important it is for me to know that my therapist is holding me in his gaze even when I let my eyes wander around the room, it gives me a sense that I am valued and accepted.

Consequently, as a therapist I too use my eyes to hold my clients and to communicate. I try to make sense of each individual client's gaze patterns and notice when something shifts, for

example when a client who initially cannot look me in the eye at all, will start to experiment with mutual gazing or when a client who looks at me most of the time suddenly averts his<sup>1</sup> gaze. I am also aware that to some clients my gaze can feel too much and they find freedom in having gaps in that gazing dialogue. I have become increasingly aware of the embodied countertransference that is communicated through our eyes. Interestingly, I have also noticed that I often look away briefly when I start talking, as if I need some space to formulate my thoughts free from the gaze of the other.

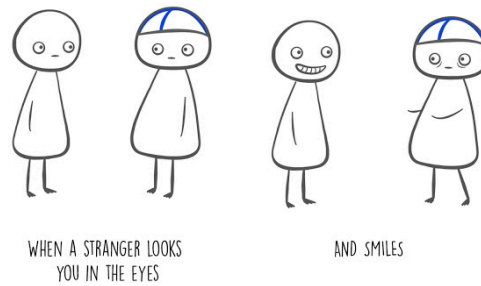
Further to this, we cannot ignore the cultural context of my research and I as the researcher. As an immigrant to New Zealand I have come to appreciate culture as fundamental to our identity. Metge and Kinloch (2014) describe culture as a system of shared understandings, that is highly internalized and that we have become unaware of. It is often only when we come face-to-face with different shared understandings that we are forced to re-consider what we have taken for granted. In other words we become blinded by our own cultural understanding and need the eyes of the other to restore our sight.

So, I need to acknowledge that my own cultural blindness will impact the way I understand eye contact. I spent the first half of my life in Finland, which shares many similarities with Pakeha (referring to the people of European ancestors) culture in New Zealand but there are also differences. I can somewhat identify with the humorous illustration (Figure 1) of how uncomfortable Finnish people may feel with eye contact with strangers and will often avert their eyes, possibly because someone's gaze may be experienced as an invasion of their fiercely guarded privacy. However, when engaged in conversation, Finns, as many other Westerners, value steady eye contact as a sign of trustworthiness and therefore have a bias of seeing lack of eye contact as potentially negative. I am also aware that my many years of living in the UK and New Zealand have also had an impact on me and perhaps made me more actively seek out eye contact, compared to if I had stayed living in Finland.

---

<sup>1</sup> I have used the pronoun 'he' throughout this dissertation for client/baby and the pronoun 'she' for therapist. I do this mainly for ease of reading as I find 'he/she' cumbersome and 'they' grammatically problematic. From my perspective as a female therapist and mother it seems congruent to assign the feminine pronoun to the therapist/parent.

## FINNISH NIGHTMARES



*Figure 1: Finnish nightmares (Korhonen, 2015).*

As well as acknowledging the European bias in my thinking I also want to name the cultural context of the English language Western literature that I am using which does not do justice to Tangata Whenua, the people of the land in Aotearoa/New Zealand nor to the various other cultural groups here and elsewhere. It is important to keep in mind that what seems 'normal' often hides cultural and other biases (Music, 2011). I think that culture forms a central aspect of our being and I am also mindful of Smythe and Spence's (2012) suggestion that exposing oneself to difference is vital to deep understanding. Hence, I will make some references to cultural variations throughout my writing, especially in relation to Maori, to allow for different perspectives to emerge. But it is beyond the scope of this dissertation to meaningfully explore cultural influences on eye contact. I also want to add that when I refer to cultural aspects, these are generalizations and are not representative of everyone who identifies with that cultural group (Metge & Kinloch, 2014).

I have discussed some of the personal, professional and cultural factors that form the context of my writing. I also need to acknowledge the influence of the psychodynamic psychotherapy training I have undertaken at AUT. We have been trained with multiple modalities within the broader psychoanalytic/psychodynamic field all emphasizing the therapeutic alliance, the relationship between the therapist and the client, and the unconscious processes, relying heavily on verbal communication. Whilst we have been encouraged to pay attention to nonverbal communication and our bodily responses, these have felt more like an add-on to the centrality of the spoken dialogue. Although eye contact and gazing have been observed and

interpreted, especially in clinical supervision, in my opinion we have not engaged with or explored this topic at any depth during my training.

### **1.3 My theoretical framework**

The vastness of psychoanalytically informed literature makes it impossible and unhelpful to try to cover everything. Instead I will allow my subjective experiences and my genuine wish to understand more to guide my gaze in how to orient myself with this research (Schuster, 2013). My orientation is also framed by my theoretical understanding and I will now discuss some of the key components to my thinking.

#### **1.3.1 The central role of relationships**

I believe that humans can only exist in relationship with each other and that the damage in our clients originates in their relationships, so it is only natural that healing should come from within a relationship too. "One cannot engage with an emotion in isolation" (Rentoul, 2010, p. 67). Focus on relationships is central to my research and is also intrinsically linked to eye contact.

#### **1.3.2 Intersubjectivity**

My understanding of relationships is underpinned by intersubjectivity, "the complex field that is created when two or more individuals with their unique subjectivities come together" (Buirski & Haglund, 2001, p. 4) which can be seen as an elaboration of themes in object relations theory (Benjamin, 1990). Intersubjectivity defines how I view the relationship between my research data and me as the researcher (discussed in Chapter 2), how I understand mother-infant and therapist-client relationships and it helps to explain the central role I assign to neuroscience.

An intersubjective understanding sees the psychotherapeutic relationship as co-created by the therapist and the client, albeit asymmetrically constructed. I concur with Ogden (1990) that our subjectivities influence each other, both in the sense of the transferential and the actual here-and-now relationship. Ogden (1994) maintains in Winnicottian terms that as there is no baby without the relationship to the mother, in analysis/therapy there is no client without the relationship to the therapist and no therapist without the relationship to the client, yet both also



exist separately. Benjamin (1990) defines this further: “The other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other’s presence. This means, first that we have a need for recognition and second, a capacity to recognize others in return – mutual recognition” (p.186). I understand eye contact as potentially facilitating this process of mutual recognition.

Ogden (1994) describes another central aspect of the therapeutic relationship, the analytic third, an unconsciously co-created third subject emerging in the interpersonal field between the therapist and the client. This can be likened to Winnicott’s (1971) concept of the potential space that is created between mother and baby, which Benjamin (1990) sees as an important aspect of intersubjectivity, “a concomitant of mutual understanding” (p. 197). Benjamin describes the mutual gaze between mother and baby as earliest play in this space and I suggest that we could also understand mutual gazing in psychotherapy serving as the third.

However, I suggest that both Benjamin and Ogden neglect to focus on the important role the body plays in intersubjectivity. Totton (2015) argues that body psychotherapy’s great contribution to psychotherapy is its “profound sense of how embodied intersubjectivity really is, and equally, how intersubjective embodiment is” (p.xvi). Stern (2004) also broadens the notion of intersubjectivity to include bodily aspects. They both help me to locate eye contact in the intersubjective relationship.

### **1.3.3 Self as co-constructed**

I now turn from relationships to the concept of the *self* and will illuminate how I understand it. Winnicott (1965) discussed the notions of *true self* and *false self* which both develop through the infant’s interactions with his environment. When a good-enough mother is able to meet a baby’s impulses he can establish a clear sense of the *not-me* as well as the *me*, allowing the *true self* to emerge (Winnicott, 1953). However, if the environment is not safe the baby may respond with compliance to the mother, establishing a *false self* which hides the *true self* and leaves the individual feeling unreal and unable to authentically connect with his own core self as well as that of others. (I will discuss these ideas further in chapter 3).

Although I resonate with these concepts of Winnicott, I also find them somewhat reductionist, as I believe that both the *true* and the *false self* carry elements of the person's real experience. Kohut (1971) provided more definition in his conceptualization of the development of a self. He suggested that a *rudimentary self* contains both an object, which is the idealized parent and a subject, which is the *grandiose self*. In normal development the grandiose self is merged into the *cohesive self* and in narcissistic disturbances there is a horizontal or vertical split between the grandiose self and the realistic sector of the psyche.

What I see as most important in Winnicott's and Kohut's conceptualizations is their focus on the environmental and relational influences on the development of the self. The idea of self as socially and co-constructed is central to my thinking, whilst acknowledging that we are born with unique temperaments and genetic influences (Music, 2011). I agree with Rochat (2009) that, "when we think of ourselves we always and inescapably have others in mind" (p.14) and with Music (2011) that to become a person with a sense of self requires "experiences of ourselves as reflected back through the eyes and minds of those around us" (p.7). This is illustrated in Petzold's (1988) diagram on identity formation below (Figure 2).

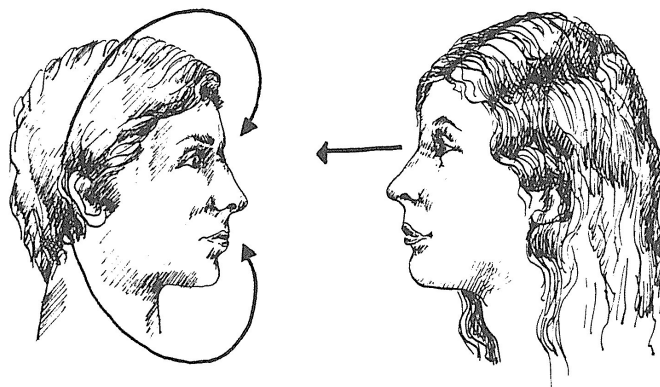


Figure 2: The formation of identity. (Petzold, 1988, p. 38).

#### 1.3.4 Some notes on eye contact/gaze/mutual gaze

Although I use my key terms of eye contact, gaze and mutual gaze almost interchangeably, there are differences in their definitions and functions. Oxford online dictionary defines eye contact as "the state in which two people are aware of looking directly into one another's eyes" and gaze as "looking steadily and intently, especially in admiration, surprise, or thought" or as

a “steady intent look”. These definitions highlight the intentionality of eye contact and gazing; it is not just looking or seeing but doing this with a purpose, with a shared intention (Searle, 2001). Mutual gazing is understood to play an important part in social communication, in establishing links between humans and in perceiving others’ emotional states (Rogers, 2013). Gaze also provides information, regulates closeness and distance, expresses intimacy or threat, exercises social control and facilitates cooperation (Cozolino, 2006, p. 156).

I understand gazing to be more than just establishing eye contact; I see it as an intentional being with the other and therefore connected to building attachments not just in mother-baby but also in therapist-client, and in everyday relationships (Stern, 1998).

## **1.4 Formulating my research question**

I have described the main theoretical concepts that frame my thinking and will now focus on what I aim to achieve with this research. As I have already mentioned, I do not think that the use of eye contact was sufficiently covered in our training. I agree with Harris (1998) who argues that traditional focus in psychotherapy has neglected the body in preference to the mind. However, she then goes on to suggest that much of the emphasis on early experiences has focused on visual interactions neglecting the wider bodily experience. Wright (1991) and Ayers (2004) disagree with this arguing that too much emphasis in traditional psychoanalytic writing was placed on the baby’s first relationship with the breast, rather than the face of the mother. My preliminary literature review, which I turn to next, suggests that there is increasingly more literature and research on the importance of gaze in mother-infant relationships, but perhaps the real gap is in relating these findings to understanding what role eye contact plays in adult psychotherapist-client dyads. Perhaps this can be understood against the wider context of psychoanalytically informed psychotherapy having a history of downplaying what Totton (2015) calls ‘embodied relating’ in preference to language based communication. This is the gap that I want to address with this research as I ask how can an understanding of eye contact in mother-infant and psychotherapy relationships inform psychotherapeutic practice? And can neuroscience facilitate that understanding?

## **1.5 Preliminary literature review**

I will now outline some of the findings of my preliminary literature review, which provides an indication of two somewhat polarized approaches to the role of eye contact in therapy.

### **1.5.1 Turning a blind eye**

It is interesting that in Greek mythology eyes and being recognized play a central role in two of the best-known legends. In the story of Oedipus tragedy occurs because he is blind to recognizing his mother. Yariv (1993) suggests that Oedipus acts blindly because of the lack of mutual recognition; he does not recognize his parents because they do not recognize him or perhaps they all chose to turn a blind eye to what was going on (Steiner, 1985). And when Oedipus finds out the truth he blames himself and stabs out his eyes, like children who end up punishing themselves for their parents lack of seeing and recognizing them (Yariv, 1993).

Ayers (2004) draws our attention to the story of Narcissus and Echo, emphasizing how Echo is like the helpless baby who strives to engage a narcissistically orientated mother, who only has eyes for herself. Echo, the baby, cannot find herself reflected in Narcissus' eyes, so cannot be made visible. And not only is Narcissus unable to really see Echo, he has also turned a blind eye to understanding himself and the reality that he has fallen in love with his own reflection.

Following this analogy I suggest that traditional psychoanalysis has also chosen to literally and metaphorically turn a blind eye to the value of visual contact with clients. Verbal communication has been emphasized as central to treatment and the use of the couch further prevents eye contact between the therapist and the client (Friedberg & Linn 2012). It is argued that losing visual cues promotes introspection (Trad, 1993), and therefore the couch may help to decrease a patient's shame and embarrassment (Broucek, 1991). Freud (1913) placed his patients on the couch, famously stating that he "cannot put up with being stared at by other people for eight hours a day" (p. 131). Holmes (2012) notes that ever since then, "the face has not had much of a look-in in psychoanalysis" (p. 2), and I would like to add that neither has the role of mutual gazing or eye contact in the therapeutic relationship.

### **1.5.2 Gradual recognition of the power of visual communication**

Winnicott and Searles were amongst the first to recognize the central role of face-to-face interactions in mother-infant relationships. Winnicott (1971) suggested that the loving gaze of the mother provides visual nurturance and positive acceptance of the child that helps instil in him a sense of being loved and cared for. He also made the link to therapist-client relationships, suggesting that clients who may not have had good enough parental holding and mirroring, look for this from the therapist (Winnicott, 1965), possibly also looking for the visual holding present in eye contact. Searles (1965) too noted that emotions reflected on the therapist's face can provide the patient with an experience that makes good earlier deficits.

More recently, Gergely, Jurist and Target (2002) have suggested that the infant needs the mother's gaze to find his self and to derive meaning from experiences. Roth (2014) has linked joint gaze with developing an infant's mentalization capacity and argues that attending to gaze adds powerful dynamics to therapeutic treatment. Holmes (2012) also suggested that understanding how parents and infants communicate feelings via facial expressions could help to understand how therapists help their patients to identify emotions. Schore (2012) cited studies suggesting that early eye contact stimulates the growth of the social brain and psychotherapy, especially attending to the nonverbal, can also induce changes in the brain.

These initial findings provide a backdrop from which I embarked on my research. But before moving forward I want to draw our gaze back to Bronte's beautiful quote at the beginning of this chapter, suggesting that the eye acts as a faithful interpreter of the soul. My aim is to explore how to make the eye's interpretations meaningful to our psychotherapy practice.

## **1.6 Overview of this study**

In this chapter I have highlighted some of the aspects of my journey to this topic, and personal and theoretical pre-understandings that I bring to my writing. I have identified a gap between mother-infant research and psychotherapy practice that I aim to address with my research. I have also provided a brief initial literature review, which highlights the recent changes in thinking about the importance of the role of eye contact.

In the next chapter (2) I will discuss my methodology, which is hermeneutic and my method of literature review and will explain how I came to structure my findings. I will also describe my exclusion/inclusion criteria.

The following three chapters contain the findings of my research. These are organized in three themes of how eye contact and gazing is discussed in theories of mother-infant relationships (Chapter 3), how eye contact is understood in the light of neuroscience and research on the brain (Chapter 4) and how eye contact is used in psychotherapy practice (Chapter 5).

In my final chapter (Chapter 6) I will discuss my findings more fully and suggest implications for further research and psychotherapy practice and explore some of the strengths and limitations of this study. I will also provide concluding remarks.

## **Chapter 2: Methodology and Method**

In this chapter I critically discuss hermeneutics as my research methodology within the interpretive paradigm. I then explain in more detail how I conducted the research using hermeneutic literature review as my method. I highlight the steps I took during the research process and how I structured the written report (this dissertation).

### **2.1 Paradigm – Interpretive**

My vital first step as a researcher was to locate myself within a theoretical framework or paradigm (Mertens, 2005). The choice of the paradigm sets down the intent, motivation and expectations for the research (Mackenzie & Knipe, 2006). Grant and Giddings (2002) suggest that to choose my paradigm I need to consider three things: my values and beliefs, the research question I wish to explore, and the research methodology that will best serve my question. As a psychotherapist, and as a person, I am interested in our subjective understanding of our lives and what unique meaning we each attach to different events, as I believe that this is what shapes us as individuals. I am not interested in seeking absolute truths, but want to stay open and curious to various possibilities. This means that I find myself firmly rooted in the qualitative, interpretive paradigm, which seeks to understand what it is to be human, moving away from positivist paradigm which emphasizes the importance of discovering objective, scientific truth (Grant and Giddings, 2002). I also shy away from radical paradigm, as my main motivation is to understand and make meaning of my findings not to bring about social change (Grant and Giddings, 2002).

My research question seeks to understand the co-created reality and unspoken aspects of the therapist/client relationship, specifically manifested within the use of eye contact. This is congruent with the interpretive paradigm, which seeks to understand and make meaning of an experience, highlighting the researcher's intersubjective relationship to the data, requiring reflexivity (Grant and Giddings, 2002). Within the interpretive paradigm there are different ways to approach interpretation (Schwandt, 2000). My approach to interpretation is through the lens of hermeneutics.

## **2.2 Methodology – Hermeneutics**

Smythe (2012) suggests that most of us are intuitively drawn towards a type of methodology. As I started learning about different methodologies I soon found myself leaning towards hermeneutics, which felt congruent to my curiosity to try to understand both myself and the 'other' more deeply, constantly looking for the meaning behind the obvious. Hermeneutics highlights the art of interpretation and the dynamic and contextual nature of understanding and aims to provoke thinking, whilst acknowledging the subjectivity of the researcher (Smythe & Spence, 2012).

The history of hermeneutics can be seen stretching back to ancient Greek philosophy as a theory of interpretation. The word comes from Greek word *hermēneuein*, which means to interpret, and some sources suggest hermeneutics is linked to Hermes, a Greek god, who delivered and translated messages from gods to humans (Polkinghorne, 1983). In the Middle Ages hermeneutics re-emerged as a methodology for interpreting Biblical texts, traditionally only by the Catholic Church, but with the Reformation there was a shift towards individual interpretations of religious texts which led to questioning of how the 'correct' meaning could be derived (Boell & Cecez-Kecmanovic, 2010). In the 19<sup>th</sup> century the use of hermeneutics was extended from religious to classical texts and eventually to any text sacred or secular (Polkinghorne, 1983). Dilthey (1833-1911) widened the scope of hermeneutics from understanding text to understanding in general (Boell & Cecez-Kecmanovic, 2010). These changes mean it is now suitable as my methodology for analysing psychoanalytic literature.

### **2.2.1 Heidegger and Gadamer**

Heidegger's influence in the 20<sup>th</sup> century took Dilthey's concept further and saw hermeneutics develop as ontology concerned with understanding human life not just as a method for interpreting linguistic expressions (Polkinghorne, 1983). Heidegger (1927/1996) saw understanding as a basic tenet of human existence. He argued that it was in human nature to interpret, and saw self-understanding as inseparable from understanding the world around us (Boell & Cecez-Kecmanovic, 2010). His student Gadamer's work expanded our understanding of the nature of interpretation, understanding, and language (Smythe, 2012).



He agreed with Heidegger that all human knowledge is interpretation and saw it as more important to explore underlying dimensions in which interpretations take place (Polkinghorne, 1983, p. 228). Gadamer (1975/2013) highlighted the historical and cultural context of interpretation and described a constant back and forth movement, or 'play' between the data and the interpreting person, whose understanding is influenced by her present, past and future experiences. "We cannot stand outside the phenomenon in question because embedded in us are understandings derived from these previous experiences" (Smythe & Spence, 2012, p. 13).

### **2.2.2 Subjectivity of the researcher**

A central theme in Gadamer's (1975/2013) hermeneutics is the subjectivity of the researcher; I am the tool that I use to conduct my research. As such it is impossible to avoid the researcher's bias or prejudice, and hence understanding requires the engagement of these biases not setting them aside or escaping them (Schwandt, 2000). Gadamer (1975/2013) suggests that the researcher's own research tradition and fore-understanding, fore-meaning and prejudices shape her attitude towards texts and can be both destructive and constructive to our interpretations. It is the researcher's attitude towards the text, and indeed attitude towards life as an infinite act of understanding, that allows the text to address, touch and arouse wonder (Koskinen, 2013). This fore-understanding can also represent a risk that can blind and lead the researcher away from the core of the text, which is why Gadamer highlights the importance of constantly re-focusing on the essence of the text, aware of potential points of departure within our own theoretical framework and fore-understanding (Koskinen, 2013). As we are always limited by our own hermeneutic situation, we must remain open to the inevitable inadequacies of our interpretations (Coltman, 1998).

Schwandt (2000) continues with the theme of interpretation as a dialogical encounter, where we need to risk being open and testing our prejudices, allowing the text to impact us. He suggests that understanding is produced (not reproduced) in that dialogue, through researcher analysing what she seeks to understand and what the text may be saying (p. 195). He continues that we should always aim for 'correct understanding' whilst aware of the

impact our changing horizons and the different questions we ask will have on our understanding, meaning that there is never a finally correct interpretation. Gadamer (1975/2013) used the notion of a horizon to describe the range of the researcher's vision, linked to a vantage point which changes as our understanding grows. I understand this as similar to the relationship of a therapist and a client, where the therapist tries to correctly understand the client whilst aware of her own prejudices and the mutual on-going impact both have on each other. Orange (2011) has drawn parallels between psychoanalysis and hermeneutics, suggesting that both attempt to make sense of what it is to be human, to understand the other, whether texts or people, and both will always remain work in progress.

### **2.2.3 Hermeneutic circle**

Another key concept within hermeneutics is the hermeneutic circle, which was first proposed by Schleiermacher in 1838 and has since been revised by Heidegger and Gadamer (Boell & Cecez-Kecmanovic, 2014). Heidegger's (1927/1996) notion of the hermeneutic circle refers to the interplay between our self-understanding and understanding the world. Central to this circle is the interplay between the parts and the whole. As we read individual texts we understand them in light of the whole body of relevant literature and equally our understanding of the whole body of literature increases through our reading of individual texts. Also, as our understanding expands we then take this with us back to the data and to our writing and if we then read the same text again we can draw new insights (Smythe & Spence, 2012); "there is no logical, linear process that moves from start to finish" (p. 21). This is true for the hermeneutic circle and also for psychotherapy.

### **2.2.4 Hermeneutics of trust vs hermeneutics of suspicion**

I now want to turn briefly to what has been termed hermeneutics of trust and suspicion (Orange, 2011), or hermeneutics of faith and suspicion (Josselson, 2004) or empathic and critical hermeneutics (Schuster, 2013). Schuster (2013) identifies Gadamer with empathic hermeneutics, calling for sensitivity and "openness to otherness" (p.197) in text and myself. Orange (2011) agrees that Gadamer asks us to do more than just to understand, we need to seek and acknowledge the coherent meaning within the other, or the text, recognizing that the

other could be right and allowing him to reign against me. Within hermeneutics of faith the researcher is aligned empathically with the subject, giving voice to multiple meanings (Josselson, 2004). In contrast Ricoeur represents critical hermeneutics, claiming that if interpretation is based solely on empathy this will result in naïve understanding and hence that understanding requires explanation “to sustain the integrity of the text against arbitrary interpretations” (Schuster, 2013, p. 199). Within hermeneutics of suspicion the aim is to decode hidden ‘real’ meanings. Josselson (2004) makes an interesting point that within our academic/cultural horizons “what is hidden, camouflaged is somehow more true than what is visible to the eye” (p. 22). I see the similarity to psychotherapy; we can seek to uncover secret meanings with our interpretations rather than looking at what is there to be seen.

Orange (2011) suggests that some psychotherapists interpret from within hermeneutics of trust (e.g. Ferenczi, Winnicott, Kohut) and some from suspicion (Freud, Klein). This helped me to understand myself as a psychotherapist and as a hermeneutic interpreter. I realised that I feel intuitively aligned with hermeneutics of trust and this shows in the way I am with clients, in the literature I have felt drawn to, in my interest in the eye contact, and wanting to explore multiple meanings rather than searching for the ‘hidden’. However, I need to be mindful of Schuster’s caution against being seduced by the text, blocking critical thinking and hence undermining the trustworthiness of the research. I also hear in Orange’s writing a call to trust myself as a researcher, allowing the data to speak to me and to change me, challenging my beliefs and emotional convictions, whilst also trusting that my contributions to the research are valid.

### **2.2.5 Embodied hermeneutics**

As I started to immerse myself in the hermeneutic philosophy I felt some unease. During my preliminary literature review into eye contact I had encountered literature that was prioritizing the verbal, over the non-verbal. Now I felt that there was also a gap between my interest in a non-verbal phenomenon and the hermeneutic focus on interpreting texts. Schuster (2013) helped me to bridge that gap, suggesting that hermeneutics could be understood as an embodied process in her reading of Gabriel Marcel following phenomenologist Husserl. Marcel (2002) argued that it is precisely the immediacy of feelings, which brings us together in co-

presence and when we start to 'think feeling' we will reduce it. For him feelings are a crucial pre-condition for our understanding of ourselves and others; mediating interpretation. When we recognize the embodied existence within the subjectivity of the researcher this aids in unveiling hidden fore-meanings and challenges the dualistic approach of separating self and others, mind and body (or verbal and non-verbal) (Schuster, 2013). I understand this as bringing the researcher into an embodied intersubjectivity with the text, including the non-verbal aspects. I resonate with Schuster 's (2013) suggestion that "with Marcel's embodied existence, hermeneutics becomes a way of existing in the world" (p. 204).

#### **2.2.6 Strengths and limitations of hermeneutics**

Hermeneutics maintains that literature cannot be regarded as an objective truth that can be put together to create an argument, but instead is a complex array of meanings (Smythe & Spence, 2012). This departure from the objective stance of empirical research can be seen as a limitation (Evans & Pearson, 2001). However, Schuster (2013) argues that the idea of an objective observer is a myth, we can never put ourselves aside our research. It is vital that as an interpreter, the researcher stays sensitive to herself and engages in constructive questioning of her interpretations (Schuster, 2013).

It has also been suggested that hermeneutic methodology lacks structure and it can be hard to determine when the process of interpretation ends (Myers, 2013). However, to do research hermeneutically a more open-ended and responsive process is necessary (Smythe & Spence, 2012). Furthermore, the key purpose of hermeneutics is to provoke thinking and to encourage readers to engage in further questioning, not to offer definitive and all-encompassing answers (Smythe, 2012). As such hermeneutic methodology is well suited to my research that seeks to explore and share with others possible meanings of eye contact.

#### **2.2.7 Other methodologies considered**

I considered phenomenological methodology, which seeks to describe and reveal a meaning within experience and in that sense could be seen as a better fit to understanding eye contact, rather than hermeneutics with its main focus on language (Smythe, 2012). However,

as my research was focused on analysing and interpreting literature rather than grounded in stories of specific experiences, I decided to use hermeneutics (Smythe, 2012). This is congruent to my thinking being mostly aligned with Gadamer's philosophy. But as I also draw from Heidegger's phenomenological influence, and from Marcel's emphasis on the body, perhaps I need to note that my research also contains phenomenological elements. I also resonate with the central focus hermeneutics places on the researcher's subjectivity and understanding of their own process. Yet, I was more interested in interpreting others' interpretations than reflecting deeply on my own subjective experience and hence also rejected heuristic inquiry (Moustakas, 1990). Most importantly, the similarities between psychotherapy and hermeneutics, such as interest in meaning making and understanding, and the subjectivity of the researcher/therapist, made it a congruent choice for my research.

## **2.3 Method – Literature Review**

So far I have described the methodology or philosophy that underpins this research, now I will turn to how I did it: the method. I have chosen a hermeneutic literature review as my method congruent with hermeneutic methodology, which emphasises interpreting texts (Smythe, 2012). Seeing literature review as a hermeneutic process allows for constant re-interpretation leading to deeper and more comprehensive understanding (Boell & Cecez-Kecmanovic, 2010). Most importantly a hermeneutic review aims to provoke thinking, not just to identify gaps in literature (Smythe & Spence, 2012).

I chose this approach as it allows my question to evolve as my understanding deepens and more intersubjective ability to engage with the literature than a systematic literature review that emphasizes rigor and objectivity (Boell & Cecez-Kecmanovic, 2014). It also gives me more freedom in how I search for literature than systematic reviews that can be limited by technical shortcomings related to database searches (Boell & Cecez-Kecmanovic, 2014). I also chose against thematic analysis, as I wanted to read more widely, allowing the literature to guide me rather than choosing a few articles to be thematized.

### **2.3.1 Text as a dialogical partner**

When doing a hermeneutic literature review it is central to embrace the notion of dialogue. “The researcher participates in new understanding through dialectical use of question and answer when engaging with the literature” (Smythe & Spence, 2012, p.13). Literature’s role is not to “tell” but to act as a partner on the journey. In other words, meaning is negotiated mutually in the act of interpretation (Schwandt, 2000). I liken this to a ‘poetic third’ that Holmes (2001) describes as an extension of Ogden’s notion of ‘analytic third’, rising out of the co-created intersubjectivity of poet and reader (p. 117). This ‘poetic third’ facilitates creativity and allows new meanings to emerge. In this dialogical encounter there is a fusion of horizons of the reader and the text (Boell & Cecez-Kecmanovic, 2014).

One partner in this dialogue is the text, which is always located within its own time and place in history and both reveals and conceals the author’s conscious and unconscious interests. But as it is not possible to take a historical text and examine it from a neutral stance, we need to be prepared to have a present involvement with the text (Smythe & Spence, 2012).

The other dialogical partner is the reader who cannot avoid bringing her past understandings and experiences, her subjectivity. As I think of myself as that partner I need to acknowledge my fore-meanings and prejudices that can be difficult to let go. I explored some of these in Chapter 1, providing context to my research, and have tried to stay mindful to my subjectivity throughout my writing. Yet I am aware that it can be impossible to “think against myself” and this is where I needed the eyes of a “critical co-reader”, my supervisor, to point out when my interpretations were based on un-reflected assumptions (Schuster, 2013, p. 202). I am also aware of the subjective gaze of any reader of this dissertation as partnering in the dialogue.

### **2.3.2 Moments of vision**

Before I move onto describing the process of my research in more detail I want to pause to consider what Smythe & Spence (2012) describe as ‘moments of vision’. They refer to Heidegger’s term “Augenblick”, meaning “moment of vision or glance of the eye” (p. 19).

These are moments when we see something, not enough to fully see it but enough to prompt

our questioning and desire to keep seeking new insights. This requires reading beyond the words and we may understand more than the author intended to be seen. I liken this to 'reading' the non-verbal dialogue of eye contact.

But in between these moments of vision, there were many moments of waiting and doubting and at times I struggled to stay in the not-knowing, noticing my own resentfulness to stay open to myself and the text (Schuster, 2013). Smythe, Ironside, Sims et al. (2008) propose that the secret is "the gift of large spaces of undistracted time and the willingness to trust that the emergence will come" (p. 1395). Without the luxury of 'large spaces of undistracted time' I was often aware of both internal and external pressure to 'see' prematurely.

Some of my 'moments of vision' came from places other than the text. Smythe & Spence (2012) suggest that literature can include fiction, poetry and "anything else which engages the reader in a thoughtful encounter" (p. 14). I found myself drawn to images, perhaps as it felt somewhat incongruent to write about the 'visual' by only using words. At times when I felt disengaged in the text I would search Google images and found new insights and enthusiasm. I have included throughout this dissertation some of these images that helped me to re-focus my vision, to remind us of the importance of looking beyond words.

### **2.3.3 Using the hermeneutic circle**

As I started searching for relevant literature I found Boell and Cecez-Kecmanovic's (2010) version of the hermeneutic circle (Figure 3), of constant re-interpretation leading to deeper understanding, helpful as a framework. I eventually felt that it was too structured and my process was not always so sequential. Instead, I identified more with Smythe & Spence's (2012) suggestion that hermeneutic review is less about rules to follow and more of "a way to be attuned" (p. 23). However, as I kept on coming back to Boell and Cecez-Kecmanovic's (2010) framework and broadly followed the stages suggested, I will now use these stages of searching, sorting, selecting, acquiring, reading, identifying and refining to frame my discussion of the research process, combined with insights from Smythe & Spence (2012). I have also added the steps of analysing and writing and presenting.

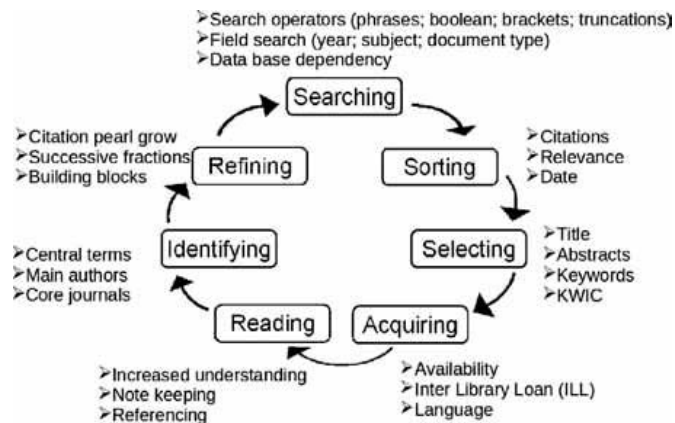


Figure 3: The hermeneutic circle of reviewing literature and techniques associated with different stages of the hermeneutic circle (Boell & Cecez-Kecmanovic, 2010, p. 134).

#### 2.3.4 Searching and sorting

Although immersing oneself in the hermeneutic circle challenges the notion that there is a beginning and an end (Boell & Cecez-Kecmanovic, 2010) I needed to find an initial entry point. I started quite methodically looking through databases such as PEP (Psychoanalytic Electronic Publishing), Ovid (Psych Info), AUT Library website and Google Scholar. I typed in search words such as *eye contact*, *gaze*, *gazing*, *gaz\**, *psychotherapy* and *eye, mutual gaze*. I identified a small number of articles (for example *eye contact* had 0 results in PEP, *gazing* had 3 of which 1 was relevant and *mutual gaze* had 3 of which all 3 were relevant). I also searched phrases such as '*eye contact AND psychotherapy*', '*intersubjective eye contact*', '*eye contact AND shame*', '*mother-infant eye contact*', '*mutual gaze in psychotherapy*'.

One of the early articles that I found was Holmes (2012), which referred to Wright (1991), which again had other references to *face*: a new word to search for. I also included search terms such as *mirroring*, *seeing*, *looking*, *being seen*. As time went on I became less systematic and more creative. I realized that although many books did not include my search words in their titles or chapter headings, they might be referenced in indexes. So, I searched indexes of books by authors that I thought might be relevant. Looking through reference lists gave me more potentially suitable texts. I also had conversations with colleagues and supervisors, noting down their suggestions. I found it difficult to separate searching and



reading at this stage and would go back and forth, reading informing searching and searching pinpointing more literature for reading. I started to notice that my thinking was evolving; each new paper I read influenced my understanding of each paper that I had already reviewed (Boell & Cecez-Kecmanovic, 2010).

Boell & Cecez-Kecmanovic (2010) suggest using citations as ranking criteria to sort the relevance of texts. I used my knowledge of psychodynamic literature to identify central authors. But more importantly, I noticed myself inclining towards particular texts, based on feeling and knowing (Smythe & Spence, 2012, p. 17). As the researcher's relatedness to literature is necessary to enable seeing potential insights, it makes sense to incline towards those that set us thinking. Smythe and Spence refer to some papers as "wise mentors who ... seemed to have a clearer sense of the big picture" (p.17), that is how I experienced for example Music (2011/2014), Schore (2012), Ayers (2004) and Smythe and Spence (2012).

### **2.3.5 Selecting and acquiring**

I initially read abstracts and sometimes introductions and conclusions to select what was worth coming back to later. The titles and some comments about the texts that I had selected for further reading went initially to one word document but as I started noticing themes, I started dividing these into different documents, which eventually roughly became my chapters. I was able to acquire most of the papers I was interested in, also utilising the interlibrary lending system and Google online books. I did not feel I left anything seminal out because it was not available. However, I only included literature published in English.

My initial **inclusion/exclusion criteria** excluded individuals with severe mental health disorders such as autism and schizophrenia and also those with congenital blindness, although I do briefly refer to autism in my discussion of mother-infant theories. I wonder with Ayers (2004) if perhaps "for the blind sight manifests through what is felt in the skin" as looking and touching are the two main ways infants explore their worlds (p. 50). Music (2011) also cites studies suggesting that parents of blind babies need to adjust to the baby, using vocalizations and skin-to-skin contact, paying attention to how the babies respond for

example by “wiggling their toes or hands in an expressive way” (p. 35). As my research and my training focused on adult psychotherapy, working with children was excluded. I had initially wanted to include the impact of culture and gender but realized that due to the size of this dissertation and the vastness of my topic it was beyond the scope of this work to meaningfully engage with everything. Whilst I have included some discussions on culture, I have largely excluded gender, apart from some reflections on the role of the father’s eyes. I have allowed my preferences to guide me towards certain psychoanalytic theorists over others, and they also came up more frequently in searches due to their interest in this topic.

### **2.3.6 Reading, identifying, refining**

As my understanding deepened the relevance of texts shifted, something that was important earlier on in the research became less important and new, previously overlooked, literature could become highly relevant (Boell & Cecez-Kecmanovic, 2014). I also evaluated my findings against my own theoretical framework and what felt congruent to my experiences. Smythe et al. (2008) suggest that we live the reading–thinking–writing process within our being. As I have already mentioned I was doing reading and identifying relevant papers at the same time as searching and selecting. I also often noted that a text that had not had much meaning to me earlier could suddenly become more meaningful as I had understood something else that had to be understood before I could find meaning in that particular text. Reading more helped me to identify central terms and authors, helping to refine further searches.

I also noticed my mind’s desire to create order from what I had read and had to resist prematurely jumping to conclusions. Smythe & Spence (2012) suggest that the right attitude to reading includes “willingness to be surprised, openness to difference and courage to make the leap into the space of thinking” (p. 17). I kept a journal of my feelings and observations and scribbled in the margins of the texts I read in order to notice what was meaningful to me.

### **2.3.7 Analysing, writing**

Although I had initially set out with timelines for different steps of searching, selecting, reading data, writing, I soon realised that I could not keep these processes separate. As I

read more I kept on identifying more relevant pieces that I wanted to look up and write about and in writing my thinking deepened. Boell & Cecez-Kecmanovic (2014) observe that “overemphasising the searching for literature will lead to increasing confusion, while overemphasising the literature analysis and interpretation at the expense of searching will lead to ignorance” (p.264). I became aware of a need for a balance.

I resonate with Smythe et al's (2008) suggestion that the writing process requires openness and a stillness so that we are able to articulate what we already know but seem to have forgotten, prompting us to ask more questions. Smythe (2012) suggests that hermeneutics calls “for a love of writing for much of the analysis involves the art of writing to see what one is thinking” (Smythe, 2012, p. 12).

Perhaps describing the writing of this chapter can illustrate my process of writing overall. I initially wrote the first draft early on, after completing my preliminary literature review, as I wanted to gain a deeper understanding of hermeneutics. I enjoyed the individual articles but struggled to bring them together meaningfully. I then moved to reading and writing about eye contact and eventually came back to re-writing this chapter. I noticed that in the meanwhile my understanding of hermeneutics had deepened. Now reading the same texts made more sense as I could see their relevance to my research.

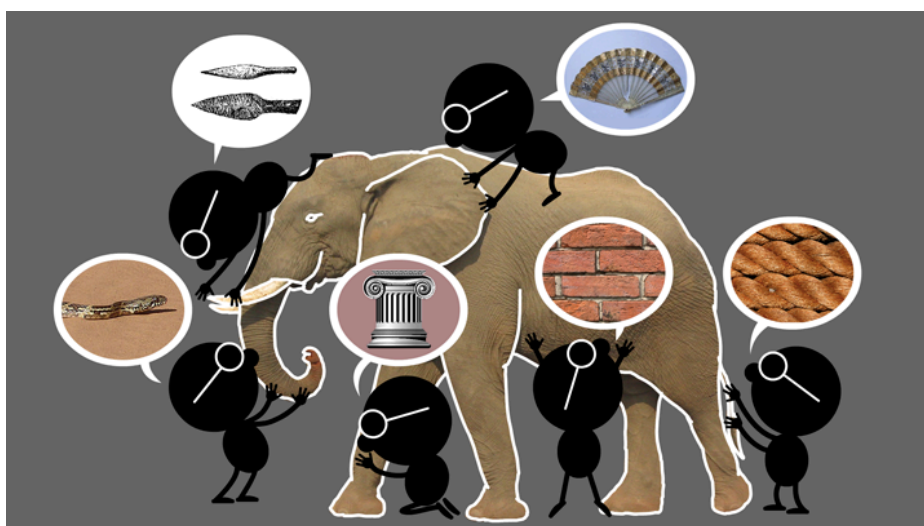
So I had to read about hermeneutics to be able to conduct a literature review in a hermeneutic way, then I had to do the review to be able to understand the hermeneutic method deeply. And having come back to this chapter and re-written it, I had to go back to rewriting my data findings, since I had gained a richer understanding of how to engage with my literature. No doubt, I could keep going back and forth between the parts and the whole infinitely, but eventually the constraints of time dictate when the time comes to stop the process.

### **2.3.8 Presenting my findings**

As I came to present my findings, I was aware of the challenge of how to take my reader on their own journey alongside my journey, and had to find a way to structure my findings in a

meaningful way. I realized that as I stepped away from my writing and allowed the pieces to fall to show a bigger picture, they eventually seemed to keep coming down in a relatively constant manner and that is how the structure for this dissertation was created.

Music (2011) describes an old story of blind men and an elephant, each of them feeling a part of the elephant and coming back with a different idea of what it was they were feeling, as shown in Figure 4. Although it feels arbitrary to try to draw lines between eye contact in different contexts, it seems a good way to bring a large body of writing into some structure. So I will zoom in on each part of the elephant over the next three chapters and then zoom out again in my discussion chapter, providing interplay between the parts and the whole.



*Figure 4: Blind men and elephant (Camilleri, 2012).*

### **2.3.9 Knowing when to end?**

In this process I went round the hermeneutic circle repeatedly, perhaps first time whilst doing the preliminary literature review, then whilst researching hermeneutics, again when doing the major part of the literature review, and finally when writing the discussion chapter. Each time I would refocus my vision and readjust my thinking as new insights would appear. It can be difficult to know when to end and leave the hermeneutic circle, when there is a point of saturation and consistency between the whole and its parts (Boell & Cecez-Kecmanovic, 2014). Smythe & Spence (2012) suggest the end point comes when a synthesis has been reached and the researcher's horizon has been extended, and when there is congruence

between the research and the substantive literature. Although there is always more to do, I feel ready to present, aware that my findings are not complete or all-encompassing, only my current understanding, limited by time constraints and the magnitude of this research (Smythe & Spence, 2012).

## **2.4 Chapter summary**

In this chapter I have introduced hermeneutic methodology as underpinning my research and described the method of how the research was carried out. I find hermeneutics congruent to psychotherapy, as they both focus on meaning making and understanding the human experience. Refining hermeneutics as embodied makes it also fitting to my research on the non-verbal phenomenon of eye contact.

The next chapter is the first of the three chapters presenting my findings. In it I will explore how eye contact between a mother and a baby is discussed within psychoanalytic literature.

## Chapter 3: Theory

### Mother-infant relationships as a prototype for psychotherapy

“Eat life raw,  
have some sushi maybe  
and study the eyes of babies  
as they study you.”  
(Reiner, 2002, p.58)

The above quote is part of a poem recited by our lecturer in class when I was just embarking on my journey of researching eye contact. I found myself drawn to the idea of “study[ing] the eyes of babies as they study you”. What is it that the baby sees when he gazes into my eyes? And what do I see? This became a focal point into my study of the gaze.

The image of mother<sup>2</sup> and baby is often emphasized as a prototype for therapy relationships (Gray, 1994). Neuroscience backs this up suggesting that this special first relationship acts as a template in our brain to all later relationships (Schorer, 2012) (this will be explored further in the next chapter). In a sense we work with the inner baby in psychotherapy. This feels especially poignant to my research into the significance of eye-contact and gaze, as so much of our early pre-verbal communication is based on visual communication (Schorer, 2012, Stern 1985). Research suggests that infants have an innate motivation to gaze into their mother's eyes from birth, and their field of vision is approximately the distance required to make eye contact when held by an adult (Stern, Hover, Haft et al., 1985). Wright (2009) argues that this disposition is different from the instinctual relation to the breast; the baby looks for interfacial communication with the eyes of the mother from the very beginning.

In this chapter I explore some of the themes that have emerged in the writings of psychoanalysts such as Winnicott, Kohut, Bowlby and Stern who have focused on the gaze. I first look at the positive impact of eye contact on the ego development and will then turn to look at what happens when that eye contact is deficient. In the last part of this chapter I consider the role of the father, and discuss the impact of culture, on eye contact.

---

<sup>2</sup> Although the ‘mother’ can be understood as simply the ‘other’ (Lemma, 2010) or any primary caregiver in dyadic relationship with the baby (Stern, 1985) I simply use ‘mother’ as this is commonly used in the psychoanalytic literature.

### 3.1 The identity giving power of the gaze



*Figure 5: Louise nursing her child. (Cassatt, M., 1898).*

Erikson (1964) recognized something important as he referred to the “identity giving power of the eyes and the face which first recognize you” (p. 95). Winnicott (1960a) famously said that there is no such thing as a baby, only a baby in relation to the mother. This is powerfully enacted in the mutual gaze that happens in the “potential space” (Winnicott, 1971) between the mother and the baby, co-created by them in an intersubjective relationship. Mary Cassatt has beautifully captured that mutual, loving gaze in the above painting (Figure 5). The baby looks at his mother intently and she only has eyes for him. They both look relaxed and in perfect synchrony with each other, creating an illusion of continuity and sameness (Ayers, 2004). I feel drawn in by the warm colours and the sense of peace, longing for those special moments with my own babies. I am also aware that we cannot fully know the baby’s mind; we can only use infant observations and the experience of the inferred infant in adult clients to try to ‘read’ the baby. I will now explore some of those ‘readings’ on the power of the gaze.

#### 3.1.1 Mother’s eyes as a mirror

Winnicott (1971) noted how when nursing, the baby looks around and sees the mother’s face reflecting her vision of the baby and the satisfaction it contains, so the baby thinks: “When I look I am seen, so I exist” (p.114). Winnicott refers to Lacan’s (1949) concept of a mirror stage as part of ego development (I will return to this shortly), but emphasizes the mother’s face as the precursor of the mirror, enabling the baby to recognize self-in-other by a process of

mirroring (Waddell, 1998). He highlights the importance of the presence of the mother whose physical touch, feeding, listening and seeing call the self of the baby into being (Winnicott, 1971). When the mother is 'good-enough' in her mirroring and in her ability to adapt to the baby's internal states and to what Winnicott calls 'spontaneous gestures' the infant's *true self* can emerge (Winnicott, 1960b, p.145). In the above painting the mother caresses the baby's leg and the baby is holding on to the mother's breast; touch, feeding and seeing are present. Conversely, if the mother is not able to sense her infant's needs, the infant will start to comply to the mother's needs and a *false self* will evolve to hide the *true self* (Winnicott, 1960b).

Like Winnicott, Kohut (1971) also linked the development of self to maternal sensitivity evident in mirroring and seeing the baby. He suggested that the infant needs to use the mother (and others) as *mirroring* and *idealizing selfobjects* in the service of the self, and failures in empathic mirroring lead to enduring defects in the infant's emerging self (Kohut, 1971). He also referred to the embodied significance of the mother-infant visual interactions: "the child's bodily display is responded to by the gleam in the mother's eye." (Kohut, 1971, p.117). Greenacre (1960) too suggested that the infant's body is drawn together by the mother's eyes taking in the various body parts. So the baby finds both his emotional and his physical self in her eyes.

I now want to turn briefly to Lacan (1949) whose *mirror phase* Winnicott (1971) acknowledges. Contrary to Winnicott, Lacan sees vision as deceptive; we cannot find ourselves in the gaze of anyone else, or in the mirror, and instead end up searching forever outward rather than inward for our identity (Luepnitz, 2009). Luepnitz (2009) sees Lacan's mirror phase as a state of necessary alienation, being the object of sight, whereas Winnicott emphasizes the presence and togetherness embedded in mirroring. Exploring Lacan's mirroring further is beyond the scope of this research; overall my references to mirroring are in line with Winnicott and Kohut.

Stern (1985) criticizes the over-inclusiveness in the use of the term 'mirroring' and instead links it to affect attunement. However, he argues that attunement goes deeper than just participating in another's subjective experience, instead it is about nonverbal sharing of feeling states, built on vitality affects. "An attunement is a recasting, a restatement of a subjective state" (p.161).



### **3.1.2 Mothers eyes as holding and containing**

Another concept of Winnicott's (1965) is that of a *holding environment*, where the baby finds his identity when held both physically, and affectively in the mother's expression or gaze (Wright, 2009). The baby is in a state of being merged with the mother, allowing for eventual separation (Winnicott, 1960a). A 'good enough mother' is able to reflect the baby back to him in a digested form, not the same but modified, providing a sense of security (Winnicott, 1960b). Winnicott (1956) noted that this process is aided by a heightened state of sensitivity, a *maternal preoccupation* in the mother following the birth of the baby.

As well as seeing the mother's gaze as *holding* the baby's mind in Winnicott's sense, the gaze can also be understood as *containing* the baby's mind. Bion (1962) enriched our understanding of the interplay between the mother's mind and that of the infant suggesting that the mother's mind can act as a psychological container and interpreter of the mental states of the baby. The mother uses *maternal reverie* to contain the baby's primitive terrors so that they can be slowly metabolized (Ayers, 2004).

### **3.1.3 Mother's eyes as a secure base**

Another early theorist recognizing the importance of the face was Bowlby (1969) who suggested that baby forms an attachment to his primary caregivers in the first few months of life, mediated by verbal and bodily interaction, including visual communication through smiling and eye-to-eye communication. Holmes (2001) agrees that attachment style is formed implicitly in early infancy, prior to language acquisition, stored in the child's mind to influence further relationships. The mother's capacity to understand and reflect her infant's state of mind will affect her ability to act as a secure attachment base for her baby. In other words, the baby's world is literally interpreted through the eyes of the mother (Music, 2011). Baby's natural inclination to seek eye contact, and mother's ability to read his emotional displays are some of the factors that enable the development of a safe attachment environment within which baby can develop a sense of self agency (Fonagy et al., 2002).

Beebe and Lachmann (2014) explored links between eye contact and attachment style in their studies of face-to-face interactions in mother-infant dyads at 4 months, linking patterns of “facial mirroring” and “disruption and repair” to classifications of secure/insecure/disorganized attachment at one year (p. 3). They were interested in how moment-to-moment interactions were co-created by the mother and her baby, suggesting that the baby may feel, “I feel secure because I am with you. I feel sensed and joined by you” (p. 21).

#### **3.1.4 I/we – mutual interplay**

The above face-to-face studies highlight the reciprocal nature of mother-infant interactions. Wright (1991) describes the early ‘conversation’, where baby initially stares intently at faces during the first three weeks of his life, and then starts to focus and engage in eye-to-eye contact. The baby looks in his mother’s eyes and sees her pleasure and interest in him, he smiles with delight, the mother feels more engaged seeing her baby’s delight and wants to spend more time gazing at him (Winnicott, 1960b). As well as noting the power of the mother’s facial response in shaping the sense of the infant’s self, Winnicott appreciated the reciprocal power of the infant to affect the mother with his visual responsiveness (Beebe, 2004).

Benjamin (2004) continues with this thinking in her suggestion that “thirdness, recognition is not first constituted by verbal speech: rather it begins with the early nonverbal experience of sharing a pattern, a dance with another person” (p. 15). The mother and baby establish a co-created rhythm, responding symmetrically to this third by matching and mirroring each other in an inbuilt tendency. She suggests that this mutual accommodation includes the joy of reaching a mutual understanding with the other. I find myself thinking of the patterns of mutual eye contact between the mother and the baby, resonating with Benjamin’s suggestion of a dance.

I believe that Stern (1990) is talking about the same thing as he suggests that, “gazing back and forth, rather than talking back and forth, is the action” (p.49). He highlights the central role eye contact has in forming a template for how the baby will eventually relate to the world; the beginnings of object relating. Stern (1990) calls mutual gazing a world within a world, in the infant’s world nothing else exists, and consequently this connection has a lasting impact.

From mutual gaze, the baby eventually moves to joint gaze. Stern (1985) suggests that shared focus of attention or following the gaze of the other can be seen as evidence of intersubjective relatedness. By nine months infants' gaze can follow the imaginary line from a pointed hand to the target and *inter-attentionality* becomes a reality (Stern, 1985, p. 131). Music (2014) adds that this ability to understand the intentions of the mind of the other is important to empathy.

Stern (1985) also draws our attention to the mutually created self-experiences that are totally social and cannot occur without the presence or action of the other, such as cuddling, looking into the eyes of the other and being looked at, and holding onto another. Through these mutual experiences the baby is shaped into a social being who is able to invite mother for engagement and play (Ayers, 2004). A gap eventually develops between a baby and a mother, a 'looking space' where baby will start to become aware that he is seen by the other and that he is not the other (Wright, 1991). This is crucial in negotiating distance from the object (Wright, 1991). This could be understood as Winnicott's transitional space where infant starts to make sense of *me* and *the not-me* (1971). A boundary between self and non-self is created (Greenacre, 1960) and vision plays a key role in this separation (Lemma, 2010).

### **3.1.5 The agency of the baby**

Through the mutual interplay of gazing, baby learns to communicate and is eventually able to separate from mother. Equally, gazing reinforces the baby's experience of self-agency. Stern's (1974) studies of the mutual gaze interactions between mothers and four-month old babies suggested that when the infant initiates the gaze, mother will continue gazing and the baby is more likely to turn away first. He also observed that within the first 3-5 months infants start taking control over initiations and terminations of visual engagement. They self-regulate social stimulation and learn to assert their independence by averting their gaze, shutting their eyes, staring past or by becoming glassy-eyed and reinstate engagement through smiling, vocalizing and gazing (Stern, 1985, p. 21). He also cites studies showing that gazing patterns become less important at one year as babies acquire other ways of regulating interactions.

I have cited theories that suggest that babies use their mother's eyes as mirrors, as a secure base, for holding and containing, and to learn mutuality, separateness and self-agency. I now want to add a few words on the importance of being admired and feeling ideal.

### 3.1.6 The need to be an object of desire

*'Look at me Bruno, look at me, I have been here for four months... Look at me... Let me see myself in your eyes. Look at me, look at me! I've created myself in that image, the image I see gazing back at me in your eyes. That is now me – as you desire me.'*  
(Pirandello, L. *As you desire me*, cited in Lemma 2010, p. 47-48).

Lemma (2010) used this line from a play to highlight our yearning to be the object of someone's desire, which is initially experienced most concretely through the earliest gaze-touch relationship with the 'object of desire'. She underlines the sensual bodily components of this relationship and suggests that the good-enough-mother's loving gaze holds up a *benignly distorting mirror* (p. 61). Feeling at least some of the time that we are *the ideal* for the other is important developmentally; if that adoration is missing we try to continually make ourselves desirable in the eyes of others, as Pirandello portrays in the play (Lemma, 2010). The wish to be "the prince" in his mother's eyes can be especially important for a boy's development (Osherson & Krugman, 1990, p. 330). Music (2011) notes that even very young babies know when they are enjoyed for who they are. As I turn back to look at Cassatt's painting (Figure 5) I can see a baby that is enjoyed, the object of his mother's desire.

## 3.2 The destructive power of the gaze

I have illustrated the vital importance that the mother's reliable, loving gaze has on the infant, leading to strong ego development and concept of self (Ayers, 2004). I will now turn to look at what happens when the mother is unable to use her gaze to provide the 'good-enough-mothering' that her infant needs. Ayers (2004) calls eyes "consummate organs of emotional expression" (p. 75) through which mother's psychic content gets mixed up with the infant's developing self. As the child learns to know his own emotions through the face of the mother, he will also become cut off from his emotional self if that mirror-face is unreflecting (Searles, 1965). Lemma (2010) adds that if the mother-mirror is absent or hostile the child will forever be looking for the loving gaze in whatever mirrors are available.

This content has been removed by the author of this dissertation for copyright reasons.

Original image: <http://https://s-media-cache-ak0.pinimg.com/236x/29/fb/a4/29fba4dc7119f2b2c9dbed542de504d6.jpg>

*Figure 6: Mother and child. (Bourgeois, L., 2007).*

The drawing above (Figure 6) gives a poignant visual image of failed eye contact and lack of holding in sharp contrast to Cassatt's painting of a mother and baby (Figure 5, p. 28). The mother's mind seems to be fizzing out, her feet lack body boundary and the baby is floppy and without tone and vitality, the mother does not look at the baby, there is no synchronicity. This is a drawing by Louis Bourgeois who uses her art to make sense of her unhappy childhood. Holmes (2012) suggests that her art illustrates the dilemma that without the face of the other one cannot know oneself, but the need for the other exposes one to reliving the trauma.

In this section I borrow Lemma's (2010) concepts of a *one-way-mirror*, *distorting mirror* and *you-are-me mirror* that she has identified in her work with clients with body dysmorphia, to discuss when the mother's gaze is not able to reflect back the infant. To these I have added an *empty mirror*, when the mother cannot find the baby. I use infant research as well as theories on the 'inferred infant's' experiences. I will also critically reflect on 'mother blame'.

### **3.2.1 One-way mirror**

Lemma's (2010) idea of a one-way-mirror is an internal object felt to be inaccessible or unavailable, a mother who is 'opaque' or hard to read. I see this in Winnicott's (1965) picture of a mother whose face is not a mirror due to her depression or preoccupation, the baby does not see himself, but his mother, "perception takes the place of apperception" (p.113). The mirror becomes a thing to be looked at but not to be looked into, and the baby cannot build an image

of himself, his doorway to creativity is blocked (Colloms, 2013). Green (1983) describes a patient's experience of relating to his mother as if she was 'dead'; she could not be found to help the baby find himself. Bick (1968) observed infants who had given up and resorted to looking at a light or a toy. Eventually the baby will feel invisible and doubt his existence (Yariv, 1993). Kilborne (2002) makes an interesting suggestion that such a person will try to compulsively control his appearance to 'make himself intelligible' (cited in Lemma, 2010, p.78).

Yariv (1993) suggests that when no one else is there to see or be seen by, it may be necessary for the baby's own mind to vigilantly hold the self in view and in existence. Joseph (1989) describes a split-off observing eye, which develops to keep an eye on the rest of the person. Ayers (2004) takes this further suggesting that the world becomes populated full of "cold, intrusive, envious, hateful, paralyzing, unloving eyes" (p. 79).

### **3.2.2 Distorting mirror**

Some babies' experience is as if being reflected back in a fairground's distorting mirror, giving rise to warped self-understandings and leading to lack of empathy towards others (Music, 2014). Lemma (2010) describes a hostile mother who uses her gaze to project ugly, unwanted parts of herself in the baby and then relates to the baby as something bad. Also a mother who responds to her baby's cries as manipulations and therefore ignores them, causes distortion for the baby and the baby ends up mislabelling his emotional states (Fonagy, et al., 2002).

However, if the mirroring is too accurate, for example if a mother responds to her baby's fear with her own fear rather than with a representation of his fear, this will increase the baby's arousal (Fonagy, et al 2002). As discussed earlier, Winnicott emphasized that good-enough-mothering must include gradual failings and benign distorted mirroring. And as Winnicott (1949) reminds us, the mother needs to accept all of her emotions, including aggressive ones such as hatred towards the baby, to model to the baby that all his emotions are acceptable.

I see an example of a mother as a distorting mirror in Waddell's (1998) description of a three-year old Tommy. He experiences himself as a "scary baby-thing, a frightening baby/monster

who could distress and repel the one whom he most needed, his beloved mother” (p.25).

Tommy’s mother had an unwanted pregnancy and a traumatic birth and when describing her early experiences with a newborn told the therapist that she was afraid of setting her eyes on the baby who she believed had nearly killed her. Tommy internalized the fear and hatred that he saw in his mother’s eyes and believed that deep down he truly was something to be afraid of. I wonder if this is similar to what Bourgeois is illustrating in her drawing (Figure 6, p. 34); the baby’s face is distorted, he looks like a “scary baby-thing”, not a real baby.

### **3.2.3 You-are-me-mirror**

Lemma (2010) describes a you-are-me-mirror as a subgroup of the distorting mirror. These are mothers who are very narcissistically invested in their infant’s body and appearance, undermining attempts at separation. The baby ends up feeling like the mother’s ‘commodity’ unable to feel that his body is his own. As Winnicott (1960b) suggests, no experience feels real since the baby’s *true self* has not been seen and reflected back. Or as Kohut (1971) puts it the mother sees the baby as a part of herself, as an enmeshed narcissistic extension rather than as a separate person. When the baby has not been able to use the mother as a mirroring selfobject he will continue to look for that mirroring elsewhere. And when the environment constantly fails to provide the selfobject needs this eventually leads to shame (Morrison, 1987). These children end up staying forever trapped in the mirror (Golomb, 1992).

Bonomi (2008) also tries to make sense of this enmeshment, suggesting that when clear boundaries between the self and others are not established, the gaze can be experienced as a disembodied force that radiates from the eyes and can dangerously penetrate into the mind. The body is then experienced as transparent and not able to hide the person’s most private thoughts and feelings. Bonomi (2008) refers to this as the annihilating power of the gaze.

### **3.2.4 An empty mirror: when the mother cannot find the baby in the mirror**

Recently there appeared a story in the news of a mother who killed her 19 year-old autistic, blind boy (“Please let God take you”, 2016). This made me consider the reciprocal element in the mutual gaze between the mother and her baby. Winnicott (1965) suggested that a child

needs to find himself in the mind of the mother. But when the mother cannot find the child it can feel impossible to reflect him back, instead the mother is left with confusing and chaotic communication and unbearable emotions (Slade, 2009). Alvarez (1992) suggests that possibly a baby with a neurological dysfunction, born to a depressed mother who gets more depressed by the baby's lack of communication, could mean that both parties become less engaged. Cottis (2009) holds a similar view, suggesting that the presence of intellectual disability can make the development of secure attachment a greater challenge, especially if the parents are not securely attached, prompting the child's withdrawal to activate parent's insecurities. Hughes (2006) goes on to say that for a child to feel securely attached it is important for him to feel that he has a positive impact on the parents. I wonder how the lack of mutual gaze between the mother and her child in the news may have impacted their relationship from the very beginning. On the other hand, the historical literature of abandonment of infants, and the frequency of infanticide, also challenges the assumption that maternal instincts are universal (Hrdy, 1999). Music (2011) suggests that perhaps infants seek out faces and eyes from the first moments of life, to elicit positive responses that aid survival.

### **3.2.5 Mother blame?**

I have explored ideas of how a baby may be adversely affected by a mother who is unable to hold him in mind and whose face is unreflective. I use the word *mother*, which could be understood as any primary caregiver, but who in our Western society still often is the actual mother. I am aware that this focus can put blame on the mother and instead we need to keep in mind that the mother is impacted by her own past experiences and current pressures, there are many reasons why she can be distracted. Winnicott (1965) suggested that the mother could be busy or depressed, or her mind could be filled with infantile insecurities (Ayers, 2004).

As I have been working on this dissertation, juggling my time between my children and my writing, I have found a lot of empathy for the mother who lacks the time or the resources to be as present to her baby as she would want to be. Smythe & Spence (2012) describe hermeneutic research as "the act of handing over self to await the coming of a thought while at the same time being an active player in seeking new thoughts" (p. 19-20). I suggest that this is



also true to a mother, who needs to have the capacity to patiently wait for her infant's communications to emerge, whilst actively participating in the infant's world. Having the ability to stay in that waiting, not rushing to answers, and the actual time in the midst of the many demands of busy lives, are vital for both the mother to engage with her baby, and the researcher to engage with her research.

Ayers (2004) also faced the dilemma of mother-blaming in her book about the mother's eyes of shame. She argued that it was necessary to zoom in on the mother as the mother's eyes play the major role in the first six months of the baby's life. Although I have had the same focus in this chapter, I suggest that this could be partly influenced by the lack of attention to the role of other eyes in psychoanalytic literature. A different cultural perspective could broaden our vision and relieve some of the expectations placed on the mother. This is where I will turn to next.

### **3.3 The impact of other eyes**

#### **3.3.1 "My father's eyes"**

Eric Clapton, a musician, has said that: "The closest I ever came to looking in my father's eyes was when I looked into my son's eyes." ("His father's eyes", 1998). Clapton never met his father but felt that he could reach him through the eyes of his son. Reading his words got me thinking about the important role a father's gaze can have on a baby. Music (2011) suggests that given the right circumstances fathers interact and imitate in much the same way as mothers. The same attachment patterns linked to the visual and tactile communication between mother and baby are activated in the gaze between the father and the baby, and equally between a baby and a same-sex partner of the mother.

Lemma (2010) underlines the important role of the father as a provider of another 'pair of eyes' to look at self and self in relationship with mother, necessary in solving the Oedipus complex allowing for separation from the mother. When paternal eyes are missing the baby may be exposed to only one view of himself and struggle to separate from the picture in mother's eyes. Morrison (1997) agrees that the father's role becomes especially important if the child's needs for selfobject mirroring have not been adequately met in infancy; being seen and admired by

an empathic father who is able to accept the child's idealization and wish for selfobject merger can correct some of the damage to the self structure, and sense of shame, caused by inadequate maternal mirroring. Equally, struggles with paternal identification can lead to difficulties synthesizing an adequate male identity (Osherson & Krugman, 1990). Winnicott has been criticized for overemphasizing the role of the mother, but he too acknowledged the important roles of other family members, such as father and siblings. However, he saw their role as more important as the baby develops and identifications multiply (Winnicott, 1971).

Perhaps how we see the role of the father is largely dependent on our cultural expectations, Music (2011) cites a story of an African tribe where men do not interact with babies as they believe that the masculine gaze can damage them. In our Western culture we may put too much emphasis on the role of the mother in the early months, causing pressure on the mother and a lack of involvement from the father who may retreat feeling undervalued. It is also worth noting that the parenting mostly seen in the West with nuclear families and, sometimes isolated, stay-at-home mothers, is relatively unusual in human history (Music, 2011).

### **3.3.2 Cultural gaze**

As I have already suggested, perhaps we need to step outside our cultural constraints to gain a wider perspective. Cultural differences play a major role in child rearing, especially between cultures that promote independent and interdependent construction of the self (Kitayama & Markus, 1995). Research has shown that more interdependent cultures have more close bodily contact, whereas in the Western cultures there is more distal, face-to-face communication (Music, 2011). Music (2011) cites research suggesting that babies from interdependent cultures tend to achieve self-recognition in mirrors later than babies from egocentric (independent) cultures where face-to-face communication is more common. This could indicate that babies in independent cultures benefit from early eye-contact or could simply reflect the Western focus on seeing our image reflected in mirrors.

Metge and Kinloch (2014) compared child-rearing between Pakeha, Maori and Samoan families in New Zealand. They suggest that the Maori and Samoan cultures take a less

exclusive view of the mother-baby relationship and emphasise the role of the wider kin group or community. Music (2011) looked at attachment patterns within cultures and found that children benefit from having multiple consistent relationships with caring figures, who are interested in their minds and emotions, but tend to be mainly attached to one carer even if there are multiple carers. I wonder if the damaging impact of a distorting or one-way mother-mirror (as discussed earlier) could be minimized when the baby is the object of multiple gazes.

The Maori emphasis on interconnectedness helps me to see the baby as a part of a bigger structure. This is movingly presented in a poem which reflects on seeing both the past and the future generations in the face of the baby. Perhaps this is what Clapton was also alluding to.

*'I am so happy for you. I look at the beauty of your face  
and see how well rewarded we are. In you the imprint seems so clear:  
our tupuna (ancestors) of exquisite bearing,  
each breath exhales a future.'*  
(Kahukiwa & Potiki, *Oriori*, 1999, p. 70).

The focus is on the baby's relationship with the wider family, yet the relationship with the parent who is adoringly and joyfully looking into the baby's face (and eyes) is also present. The Maori also recognize that the baby is born to the universe, connected to Papatuanuku, the land or mother earth. I am reminded of a Maori celebration upon the arrival of a cluster of stars, Matariki, meaning 'little eyes' or 'eyes of God'. One of the legends sees Matariki stars as a mother surrounded by her six daughters ("Matariki Mythology", n.d.). To me the picture below (Figure 7) gives a poignant image of the eyes of the mother entwined with the eyes of the universe. Perhaps the Western and psychoanalytic understanding of the role of the mother can be enriched by including the various other eyes holding the baby in their gaze.



Figure 7: "Matariki – Eyes of God or Little Eyes" (n.d.)

### **3.4 Chapter summary**

Through my research I have found that the early eye contact between mothers and infants plays a crucial role in the person's development. In this chapter I have explored theories on the impact mother's eyes have on the developing infant and also looked at the impact of deficient eye-contact. I have noted that the gaze of fathers and others may not have been adequately addressed in psychoanalytic literature, and suggest that a different cultural perspective could help to widen our understanding of the impact the gaze has had on the 'inner baby' that we encounter in therapy.

In the next chapter I will focus my lens on science and will explore how research into the brain can enhance our understanding of the impact of the eye contact.

## **Chapter 4: Science**

### **What happens in the brain when our eyes meet?**

As I have immersed myself in the literature about eye contact, I have come to understand the recent findings of neuroscience as a critical link in explaining how our early experiences, including visual experiences, impact our later relationships and mental health, and how the mind and the body are intrinsically linked through the brain. Hence, this chapter on science provides a bridge from theories on mother-infant dyads to practice in therapeutic dyads. Rather than thinking that psychotherapists are magically able to read minds, research helps us to understand how interpersonal connections are created. I agree with Schore (2012), Music (2011, 2014), Cozolino (2006), Lewis, Amini and Lannon (2000), Siegel (2012) and many others that bringing the science into the art of psychotherapy, or indeed the art of eye contact, better equips us to help our clients, giving our work credence. I am also mindful of Totton's (2015) warning that drawing too heavily on neuroscience alone can be reductionist and we need to find ways to incorporate a plurality of discourses to understand us humans.

The research in the fields of neuroscience, neurobiology, neuropsychiatry (to name only a few of the scientific fields underpinning psychotherapy practice) is vast and it is beyond the scope of this dissertation to do full justice to our constantly evolving understanding of the brain. I use the hermeneutic methodology to guide my gaze to what feels significant to me and to my research into eye contact in psychotherapy. I focus on the significance of the limbic system and the right brain functioning because of the important role they play in early development. I also look at the concepts of the 'social brain' and 'mirror neurons', which both use visual channels and help to explain intersubjectivity. I finish with a note on oxytocin and some implications of these findings to psychotherapy.

#### **4.1 The recent shift in our understanding of the brain and eyes**

Already in 450BC Hippocrates proposed that emotions originate in the brain, yet it has taken until very recently for science to find evidence for this idea (Lewis et al., 2000) and still a century ago anatomists and physicians generally believed that the seat of consciousness

resided in the heart (Cozolino, 2006). Schore (2012) calls the years from 1995 to 2005, the 'decade of the brain' when new innovative neuroimaging technologies allowed us to study the brain as it processes information (p.2). Science has discovered that the most significant brain growth happens from three months before to 18-24 months after birth; hence the early experiences are so important to our later development (Schore, 2012). These are stored in our implicit memory although we do not remember them explicitly (Lewis et al., 2000).

We have learnt that neural pathways strengthen with repetition and neurons and synapses that are not used weaken and vanish. Although early years and adolescence are growth sensitive periods, neuroscience reveals that brain plasticity remains to some degree throughout life (Music, 2011). Good experiences later on, such as meditation and psychotherapy can help modify early stress responses, leading to more self and other compassion (Music, 2014). Recent studies using MRIs have shown that psychotherapy can result in detectable changes in the brain function and structure (Glass, 2008). Schore (2012) suggests that these findings have led to a paradigm shift where the focus has moved from left brain conscious cognition, emphasized in cognitive behavioural therapy, to right brain unconscious affect, highlighting the importance of bodily based emotions and psychobiological states. I agree with Music (2011) that essentially neuroscience has proven Freud's view that much mental processing occurs in unconscious ways. Schore's (2014) suggestion that perhaps psychotherapy is not a "talking cure" but "affect communicating cure" (p. 392) resonates with me.

Equally just a few decades ago mothers were told that their newborn babies could not focus their eyes to see, now we know that within 20 minutes of birth babies can stick out their tongues after watching a parent do the same movement (Colloms, 2013). Also, the rapid brain growth after birth provides evidence of emotional undergirding of the self suggesting that infants have a mind that can efficiently communicate with other minds (Schore, 2012). Farroni, Csibra, Simion et al. (2002) argue that eye contact provides the main mode of establishing this communication link between humans from birth. Also the exceptionally early sensitivity to mutual gaze is arguably the major foundation for the later development of social skills.

Siegel (2012) defines this further: “The motivational drive to seek proximity to a caregiver and attain face-to-face communication with eye gaze contact is hard-wired into the typical brain from birth. It is not learned.” (p.163). But importantly, Siegel also notes that the brain continues to modify its response after birth; the baby will continue with gazing when his attempts are responded to in a positive way but will learn that eye contact should be avoided if his attempts lead to him feeling overwhelmed, intruded upon or ignored. If the baby’s past experiences with eye contact have led to disorganized activations he will learn to avoid them in the future to help keep his self organized.

## 4.2 The significance of the limbic system

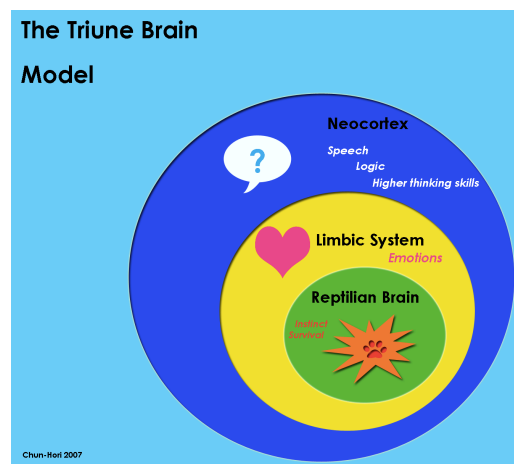


Figure 8: "The triune brain", 2007

I now turn to Maclean’s (1990) concept of the *triune brain* as a simplified presentation of the brain. I am following Music’s (2011) lead in using it as a starting point to understanding the role of the limbic system. The triune brain (Figure 8) consists of the reptilian brain, the limbic system and the neocortex, each a product of a separate age in evolutionary history. The oldest ‘reptilian’ brain is essential for survival and contains functions such as heart rate and breathing, the brain stem, and primitive responses such as fight-flight-freeze. The limbic system developed later in mammals containing the hippocampus and amygdala and has been called the ‘seat of emotions’; this is where nurturance, play and social communication may reside. The amygdala has been found to play a central role in sending, receiving and evaluating mechanisms for facial expressions, hearing and touch, e.g. recognizing fear on someone’s face (Cozolino, 2006). The amygdala may also be associated with social gaze (Emery, 2000).

The neocortex is the latest and most complex structure that holds cognition, language and reasoning. As we feel threatened the higher systems stop working and we revert to the more primary modes of functioning (Music, 2014). The triune brain model has been criticized for being oversimplified and containing inaccuracies, but I find its approximate representation of brain structures easy to engage with and I agree with Muse and Moore (2012) that it still serves as a useful metaphor for describing different levels of neurological functioning.

Studies have found that the limbic system is centrally involved in the implicit processing of facial expressions without conscious awareness (Critchley, Daly, Phillips et al., 2000). Lewis, Amini and Lannon (2000) describe a capacity called *limbic resonance*, within the limbic system, which makes looking into the eyes of another mammal (not just another human) a multi-layered experience. They suggest that when two nervous systems meet in a gaze they achieve a palpable, intimate connection. Conversely, looking into the eyes of a reptile, which has a very small limbic system, is a totally different experience; there is no connection, no flicker of recognition, only vacuity. Furthermore, because limbic states can leap between minds emotions are contagious, whereas notions are not which is why we do not develop the same cognitive ideas simultaneously. I like the suggestion that when we pay careful attention to our embodied experience of the limbic resonance a new world becomes available to our senses and indeed, we can read the emotional mind of the other (Lewis et al., 2000).

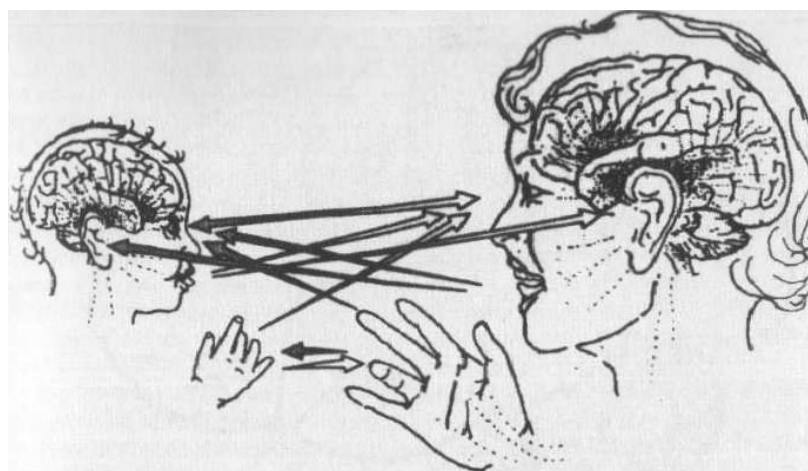
Schore (2002) highlights the vital role the limbic system and the right hemisphere play in the infant's emotional development in early years. The conversation between a mother and a baby that takes place through experiences such as face-to-face and skin-to-skin interactions can be described as a "conversation between limbic systems" (Schore, 2012, p. 233). When a mother is in tune with the infant and is regulating her feelings both parties show similarities in heart rate and nervous system functioning, mediating attachment processes, just as Bowlby had hypothesized in his initial outline of attachment theory (Schore, 2012).



### 4.3 Early experiences and the right brain

Numerous recent studies have shown that the right and left hemispheres of the human brain differ in their structure, physiology, chemistry and control of behaviour (Schore, 2012). Verbal, conscious and rational information processing primarily takes place in the left hemisphere whilst nonverbal, unconscious and emotional processing happens in the right hemisphere which is thought to be linked with self-awareness, empathy, identification with others and intersubjective processes (Schore, 2012). The right hemisphere, which is deeply connected to the body, the autonomous nervous system and the limbic system, experiences a significant growth spurt within those vital first 18-24 months of life, whereas the left hemisphere develops later. Major brain growth happens at around eight weeks of age when visual experience is crucial for modifying synaptic connections (Yamada et al, 2000, as cited in Schore, 2012).

Schore (2012) suggests that attachment is formed within these early months based on right-hemisphere-to-right-hemisphere affective nonverbal body communications such as “prosodic vocalizations, tactile-gestural and coordinated visual eye-to-eye messages” (p. 34). He argues that the mother’s face is “by far, the most potent visual stimulus in the child’s world” (Schore, 2001, p. 303). The baby’s interest in the mother’s face leads him to engage in periods of intense mutual gazing, evoking the mother’s gaze. The mutual gaze becomes a channel for transmitting “reciprocal mutual influences” (Schore, 2001, p. 303). These interactions within an intimate affective relationship are vital for the growth of the baby’s brain. Figure 9 shows these channels of face-to-face, eye-to-eye communication in proto-conversation.



*Figure 9: Channels of face-to-face communication in proto-conversation. (Schore, 2001, p.305)*

Consequently, relational trauma during this period affecting the visual, auditory or tactile attachment communications can alter essential right brain structure and functions (Schore, 2012). If a mother is overwhelmed by her own distress she cannot regulate her baby's distress either and will shut her face, looking away from her infant (Schore, 2012). Schore (2012) agrees with Kohut (1971) that the mother's failures in empathic mirroring can lead to enduring defects in the infant's emerging self.

I felt stirred by the *still face* experiments (Tronick, 2004) where the mother maintains eye contact with her baby but stops talking or showing any facial expressions. It is hard to look at the confusion and fearfulness, followed by sadness, gaze aversion, withdrawal and dissociation that these babies showed when they saw their mothers disengage. I see this 'empty' gaze without communication as the one-way-mirror discussed in the previous chapter, where the baby cannot find himself reflected in his mother's eyes. Tronick (2004) posits that infants who have chronic breaks from human connection will fail to grow and develop and the reaction of the babies in his experiments seems to indeed indicate this.

Before turning to the concept of the social brain I will briefly discuss one more aspect of the right brain. I was fascinated to read of neuroscientists' attempts to define the process of intuition, such as "the subjective experience associated with the use of knowledge gained through implicit learning" (Lieberman, 2000, p. 109 as cited in Schore, 2012, p. 134). Welling (2005) notes that intuition is associated with "preverbal character, affect, sense of relationship, spontaneity, immediacy" (cited in Schore, 2012, p. 134). Schore (2012) argues that these are all functions associated with the holistic right brain functioning and suggests that this could be where "the implicit self, the unconscious mind" is also located. He then highlights how neuropsychanalysis has helped us to see commonalities between the maternal intuition of a primary caregiver and countertransference responsiveness of an intuitive psychotherapist, both relying on nonverbal (including visual), affective, bodily based implicit communications.

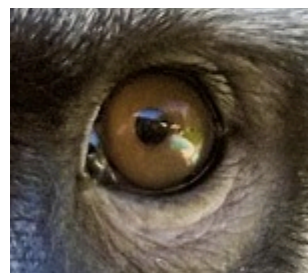
## 4.4 The social brain

Cozolino (2006) uses interpersonal neurobiology to emphasize the brain as a social organ that is built through interactions with others. He suggests that the idea of an individual neuron or a single human brain does not exist in nature; brains only exist within networks of other brains. He makes a strong statement that “without mutually stimulating interactions, people and neurons wither and die” (Cozolino, 2006, p. 11). This was evident in recent history in orphanages where babies were dying at alarming rates until they were held and able to interact with one another (Blum, 2002). I see also Music’s (2014) emphasis on our ability to read social cues and to empathize as evidence of our socially connected brains, he claims that no other species is empathic in the way we humans are. Cozolino (2006) agrees with Schore and the infant development theorists I quoted in the last chapter that family is the primary environment and our parents’ unconscious minds are our first reality. He too highlights the early role of the mother: her smell, taste, feel and look of her face. With good-enough parenting, combined with good-enough genetics our brains are shaped in a way that can benefit us for the rest of our lives, but our brains are equally capable of adapting to unhealthy environments and pathological caretakers (Cozolino, 2006).

I was also intrigued by Cozolino’s (2006) suggestion that the evolution of human eyes can be seen as an example of the socialization of the human brain. This is evident when looking at the sclera or ‘whites’ of the eye, which in humans is strikingly dissimilar colour from the iris (see Figure 10); this makes it easier for others to see the direction of our eye movement, revealing the focus of our attention and intentions. This is markedly different from other primates whose colours of the iris and sclera are more uniform in colour making it harder to ‘read’ their intentions through eye movements (see Figure 11).



*Figure 10: “Human eye” (n.d.)*



*Figure 11: “Eye of a monkey” (n.d.)*

Pupil dilation provides further information of our internal states of arousal or interest, fluctuating along with brain activity, and not surprisingly, seeing dilated pupils make our own pupils dilate (Cozolino, 2006). Schore (2001) agrees that pupils act as non-verbal communication device and suggests that large pupils in the infant invite caring behaviour from parents. Our inner experiences are firmly interconnected with others' inner experiences through visual social information. Research also shows that face-to-face mutual gaze is not only critical to our early social development, for the awareness of "self and other", but also for our later ability to process information from faces (Trevarthen & Aitken, 2001).

## **4.5 Mirror neurons and intersubjectivity**

Another essential component of the social brain and a mechanism of communication, using visual channels was identified with the discovery of '*mirror neurons*' in the 1990's (Iacoboni, 2008). Scientists discovered that the same neurons fire every time a subject engages in the identical task and the same neurons fire whether observing or performing the action (Cozolino, 2006). Significant is that these neurons are sensitive to deliberate, goal-directed actions; they make sense of another's intentions (Music, 2014). Cozolino (2006) posits that mirror neurons are able to bridge observation and action due to their privileged position in the frontal cortex where multiple networks of visual, motor and emotional processing converge.

Mirror neurons help us to understand empathy and the way babies learn by reading others' intentions. They have been found to be deficient in autistic people who tend to lack empathy, and arguably, emotionally depriving situations in infancy can also impact a developing mirror-neuron system (Music, 2014). Siegel (2012) also connects the development of mirror neurons to our early experiences and suggests that, "how we come to understand others is directly related to our awareness of our own internal states" (p.164). We learn to understand who we are through our communication with others; being around attuned caregivers provides us with the mirror experiences that enable us to have a coherent sense of self. In contrast, if that early communication has been confusing and unpredictable our internal sense of self, our empathy and ability to make sense of others' intentions will be compromised (Siegel, 2012).

The mirror neurons have been hailed by many psychoanalysts as well as scientists as opening a new pathway to understanding the mind of the other. "Mirror neurons help us re-enact in our brain the intentions of other people, giving us a profound understanding of their mental states" (Iacoboni, 2008, p.78). They have also come to be seen as central to the idea of *theory of mind* (TOM), which psychologists use to describe the system of inferences applied in attempting to know others by creating internal working models of others' facial gestures, body language, attention and movement (Cozolino, 2006). All this happens through the channel of the eyes looking, gazing and seeing. On the other hand, Hickok (2009) sees claims for the power of mirror neurons as somewhat over-hyped and Alford (2016) cautions us that understanding the intentions of others is never easy and mirror neurons cannot bypass the hard work of therapy. To me mirror neurons play an important role in facilitating empathic understanding in psychotherapy, using eyes as their portal.

I also concur with Benjamin (2004) and Stern (2004) that the discovery of mirror neurons seems to play a significant role in explaining intersubjectivity. Stern (2004) sees the therapeutic process as occurring in an on-going *intersubjective matrix* when two people make a special kind of mental contact, reading the contents of the other's mind in special *present moments*. "I know that you know that I know what you are feeling, and vice versa" (p. 81), this calls for special two-way reading of the mind of the other. Therefore, it is central for Stern's argument that our mental life is co-created, and this extends to the role of the visual: "we need the eyes of others to form and hold ourselves together" (p.107). In Stern's view there is solid evidence for mirror neurons as a resonance system for face, hand, mouth, foot and vocal actions. He also questions why we are not constantly captured by others' nervous systems and suggests that one reason is selection; we must *choose* to allow our minds to be engaged by the other or *choose* to exclude them. Benjamin (2004) highlights the intersubjective quality of mutual recognition, our thirdness, and suggests that mirror-neurons may play a part in our intention to accommodate and align with the other and in performing their actions we replicate their intentions within ourselves i.e. "we learn to accommodate to accommodation" (p.18).

## 4.6 The link between gazing and oxytocin

Now let us briefly turn our gaze from neurons to hormones as another way to understand how one brain activates another. Music (2011) draws our attention to the impact that hormones such as cortisol, serotonin, dopamine, adrenalin and oxytocin play in early infancy; for example, when an infant is in the company of an adoring adult this will release hormones that enhance optimistic feelings and forge positive attachments, whilst infants of depressed mothers are shown to have low dopamine levels, mirroring the low dopamine of their mothers.

I want to specifically focus on the hormone oxytocin, which releases warm and affectionate feelings and can lower fear and increase feelings of ease (Music 2014). Music goes on to state that having one's feelings understood and empathized with leads to a better functioning oxytocin system, and bad early experiences can disrupt normal working of the oxytocin system. Oxytocin is known as the hormone central to bonding and its levels have been found to increase when we are with someone we love, when breastfeeding, having sex or receiving a massage, which is why Music (2014) calls it the 'cuddle hormone'.

Interestingly mutual gazing may also increase oxytocin levels (Uvnas-Moberg, 2003). Studies have found that administering oxytocin has been found to increase eye contact in social interaction in people with autism (Auyeung et al., 2015). Studies between humans and dogs have shown increased oxytocin levels in the dog after direct gazing with their owner and when the dogs were administered oxytocin, increased levels of oxytocin were also noted in their owners following direct gazing (Nagasawa, Mitsui, En et al., 2015). Mischke-Reeds (2016) referred to research suggesting that 9 seconds of eye gazing may be enough to release oxytocin creating in the participants a desire for deeper connection. It will be interesting to see if further studies will show more links between eye contact and oxytocin as mutual gazing is something we can use with our clients whereas touching is problematic.

## 4.7 Implications to psychotherapy

I will discuss the use of eye contact within psychotherapy more fully in the next chapter, but I want to highlight here again the link that neuroscience provides between mother infant research and psychotherapy practice. I see this as Schore's (2012) central message: "For the rest of our lives the right hemisphere of the brain which has been imprinted and organized by early relationships is dominant for receiving, communicating and expressing emotions which are essential for creating and maintaining social and intimate relationships" (p. 236). So we also need to focus on right-brain-to-right-brain communication in psychotherapy to heal early relational deficits. Schore (2012) cites research suggesting that this requires similar person-to-person attunement as is essential to the development of a newborn: empathy and attention to the nonverbal, implicit communications including facial expressions, tone of voice and eye contact, which all contribute to the unconscious establishment of a safe, healing environment. This to me sounds like Winnicott's (1965) good-enough holding environment.

Bucci (2002) suggests that the foundation to forming a therapeutic alliance is built on the implicit communication of the therapist's and the client's right brain systems, based on somatic and kinesthetic experience. Benjamin (2004) adds, following Schore's (2003) suggestion, that if the analyst is shutting down the right-brain contact with her own pain she also cuts off affective communication with the patient's pain. She may then move dissociatively into a left-brain modality of interpreting, which can become a judgment and can feel shaming for the client. For psychotherapy to be effective it is not enough to achieve changes in cognition but in the "affective embodied experiences of brain/mind/body" (Schore, 2012, p12). And not only in the client, we need to be prepared for brain/mind/body changes in the therapist too.

Interestingly, Schore (2012) notes that there is hardly any clinical literature on the impact of the therapist's facial communications on the client or on their co-constructed face-to-face dialogue. Searles (1984) argues that "the analyst's facial expressions are a highly and often centrally, significant dimension of psychoanalysis and psychoanalytic psychotherapy, a dimension that has been largely neglected, nonetheless, in literature" (p.48). This is the same gap I have found in my research into eye contact in psychotherapy.

## **4.8 What about cultural variations?**

Whilst Schore (2012) calls for 'culturally competent' understanding, meaning that relational origins forged and expressed in early nonverbal communication are influenced by cultural surroundings, I felt that he does not engage with this aspect enough. I am also aware that most of these studies I have cited have been conducted in North America or Europe. Cozolino (2006) equally agrees that the language of the eyes is influenced by our cultural values e.g. in the West direct eye contact is understood as a sign of respect and interest, but if we look too intently it can be experienced as an insult. And in many other cultures, gaze aversion is a sign of respect or something that is expected between the sexes to establish social dominance. Perhaps including studies from different cultures would give a different perspective on understanding the brain's links with eye contact.

## **4.9 Looking and not looking**

Writing this chapter and immersing myself in the literature about the brain has been a challenging process. Perhaps the best way to describe it is as one who has been on a journey in a foreign country; a psychotherapist in the land of neuroscience. I wanted to look around, to see more and to understand more, fascinated and excited by what I was seeing, but then I would start to feel overwhelmed by the complexities of the strange language and culture and would have to look away, to avert my gaze. Eventually I would dare to look again hoping to see a familiar face, someone who could help me find my footing again and negotiate these new surrounds. Coming across Music's writing on the brain, or Schore referring to psychoanalytic theorists such as Stern or Bowlby invoked a feeling of recognizing that familiar face, giving me the courage I needed to keep going and learning more; like a baby who looks for her mother's eyes to check for safety before proceeding with exploring.

I also noted with interest that I had to apply my left brain's cognitive functioning to look for and organize the literature I was using. But to make my findings more meaningful I had to allow my right brain to take the leading role to pay attention to my own affect-based responses, bringing myself into embodied existence with the text (Schuster, 2013). Perhaps this is the dance that happens in therapy between a therapist and a client, connecting alternatively via left-brain



interpreting and right-brain affect regulation. I was also aware of the hermeneutic interplay between the parts and the whole, just reading about the brain was not enough; I needed to understand what I had read in the context of my wider research.

## **4.10 Chapter summary**

In this chapter I have highlighted some of the ways the developing brain is impacted in early infancy, focusing on the impact of eye contact. Mutual gaze has been shown to have a vital importance in the growth of the baby's brain and in forming an attachment between a mother and a baby. I have come to appreciate the important role our eyes, and bodily and intuitive experiences (via the right brain and the limbic system) play in our intersubjective relating with one another, and suggest that right brain affective communication in psychotherapy is needed in order to change the neural pathways that have been laid down in early infancy. The discovery of mirror neurons has given us further evidence of how we impact each other through visual channels. I have noted that although the therapist's facial communication, including eye contact, may have a significant impact on the client, this has not been fully studied. I have also reflected on the limited cultural context of the studies I have used.

Whilst I have tried to ensure that the information provided is accurate, it is not meant to be exhaustive, only to lend support for my arguments, keeping in mind that my theoretical framework is based in intersubjective and psychodynamic theories, not in neuroscience. I am aware of the risk of perhaps relying too much on one person's, namely Schore's, influence on my thinking but also want to acknowledge the vastness of his research and him as one of the leading experts in this field. And equally importantly, his attempts to bridge psychoanalysis with neuroscience and related disciplines feels intuitively congruent to my thinking.

In the next chapter I will explore psychotherapists' experiences of working with eye contact; aware of their clients' needs to be seen and unseen.

## **Chapter 5: Practice**

### **Noticing and using eye contact in psychotherapy**

Schore (2012) provides evidence from neuroscience for the parallel between mother-infant and therapist-client relationships, highlighting the important role of visual communication, as I have discussed in the previous chapter. Curiously, the practical role of the therapist's 'face' and 'eyes' has been somewhat overlooked in literature about psychotherapy practice apart from few exceptions (e.g. Wright, 1991, Beebe 2004, Ayers, 2004). One of the earliest writers making this link, Winnicott (1971), argued that the task of psychotherapy is not making clever interpretations but a long-term giving back to the patient what he brings, "it is a complex derivative of the face that reflects what is there to be seen" (p. 117). Like a mother with her infant, the good-enough therapist will create a safe holding environment where the patient will be able to exist and feel real, to find his self.

Perhaps this is a good place to pause and reflect again on the parallel between mother-infant and therapist-client relationships. Whilst I use the mother-infant relationships as a prototype to psychotherapy, I do not mean that the therapist becomes the client's mother (or father), indeed "sooner or later the patient has to mourn what she missed in childhood and what she cannot receive now from the therapist" (Gabbard, 2010, p.161). I am aware of Totton's (2016) warning that our aim is not to replace poor parenting with good parenting. He suggests that instead our role is to help our clients to see how the parenting they experienced fell short and that we are not their parent (p. xxvii). I wonder if more importantly we need to recognize the child in the adult that we are working with (Rentoul, 2010) and to be able to access that child we need to be mindful of his earliest relationships and attentive to the embodied aspects in psychotherapy such as eye contact (Schore, 2012). This is my stance in this chapter.

I will now borrow the eyes of three psychotherapists who reflect on the intervisual aspects of their work with specific clients (Jorstad, 1988, Yariv, 1993 and Beebe, 2004). They each found that it was significant for this particular client's healing to be seen both metaphorically and physically. I focus on what I consider to be the core aspects of each therapist's work and also

look at how the therapists experienced 'being gazed at'. Discussing these clients' experiences gives me an opportunity to reflect on my own experiences as a psychotherapist without compromising my clients' confidentiality. In the second part of the chapter I will use a wider lens to reflect more generally on the practice of face-to-face therapy in comparison to using the couch, and will conclude with some cultural considerations of eye contact in therapy.

## **5.1 Therapists' reflections on using eye contact in practice**

### **5.1.1 Eyes as the "mirror of the soul" (or the false mirror)**

Jorstad (1988), a male psychotherapist, describes psychoanalytic psychotherapy with a young woman, conducted initially face-to-face and later with the client lying on a couch but able to see the therapist. Jorstad focuses on a one-year period in early therapy when the client started to look at him silently and almost without blinking for the greater part of the sessions. Jorstad gradually noted two contrasting aspects in her intense gaze: regressive sinking into a place where the therapist did not exist and intense longing for closeness with him. It was as if the client was trying to find herself in the mirror of Jorstad's eyes and also take him in.

The client's need to be mirrored became a central aspect in therapy. She described how her mother "once had pretty eyes" when she looked at her and that she was able to make her (the mother) look at her that way (p. 131). Now Jorstad felt that she was searching for that same early mirroring (Winnicott, 1971) from him. He saw her desire for fusion and merger with a mirroring selfobject (Kohut, 1971) also in her belief that she did not have to talk in sessions, as the therapist understood her anyway. She may have experienced it as shaming if Jorstad neglected to pay full attention to her as an optimally mirroring selfobject (Morrison, 1987). Her demand for unrelenting eye contact could also show her fear of abandonment (Wright, 2009).

Jorstad also describes a strong erotic element in the client's gaze, linking this to her attempts to possess and control. I wonder if this could instead be understood as her need to feel adored by him, to experience herself as lovable because she had lacked adoration from her father (Lemma, 2010). This erotic aspect could also be seen as an attempt to regulate closeness and distance or as that mutually charged intense gaze Stern (2004) referred to. Jorstad

experienced her need to hold onto him between the sessions, as if she introjected him as a protection against separation anxiety (Searles, 1984). I wonder if she also needed his eyes to fill the void, the emptiness she felt inside. Lacking a solid core sense of self, she worried that if she did not exist in the therapist's eyes, she did not exist at all (Winnicott, 1971).

Jorstad suspected that the client had an early symbiotic-narcissistic relationship with her mother, who placed unrealistic expectations on the daughter based on her (the mother's) own narcissistic needs and projective identifications. The client's mother may have *looked* but she did not *see* her daughter; the mother's eyes became a false mirror. Magritte's painting of an eye as a false mirror (Figure 12) gives a disturbing image of an isolated eye, that makes sight meaningless and ruptures the unity between the one looking and the one being looked at (Ayers, 2004). This made me think of Lemma's (2010) description of the mother as a *you-are-me-mirror*; relating to her daughter as her 'commodity' undermining any attempts at separation. As the client had not been able to see herself reflected as a separate person in her mother's eyes, she was still looking for that mirror in all the eyes around her (Morrison, 1987).



Figure 12: *The false mirror.* (Magritte, R., 1928)

Through the mutual eye contact and seeing herself reflected in the therapist's eyes the client was eventually able to come into contact with something good, distinct and present within herself. Only then was Jorstad able to share his understanding in words allowing her to verbalize something wordless from a preverbal period in her life. I suspect she needed his eyes initially to provide the mirroring she had craved for instead of the false mirroring of her mother, until she was able to see him as a real, separate person. Perhaps she needed his face to provide security and healing of her early losses (Ayers, 2004). The client eventually said: "... You let me regress without fussing too much. I am glad you were just as you were" (p. 138).

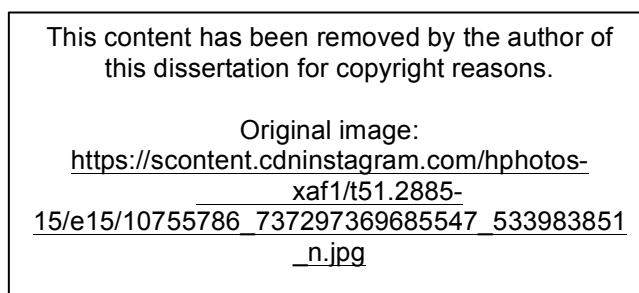
### 5.1.2 The eyes of the Medusa (or the eyes of shame)

Yariv (1993), a female therapist, reflects on her work with a young man, Dave, in once-weekly face-to-face therapy. In his very first session, Dave could not look at the therapist at all, but eventually blurted "... I need a *person* to see me as I am". Many months later he eventually dared to glance at the therapist and then one day locked his eyes on hers with a "desperate glare" (p.143). She experienced his eyes as an attack, as well as a dismissal of her, but eventually came to see shame as a central element in his desire to identify with her perception and his need for her to see him as he wanted to be seen; as he fantasized that he might be. Dave may have also struggled with sitting face-to-face which contrasts with the side-by-side configuration that is more typical of men as they work and play and hence this can bring up feelings of early shame around being attached to mother (Osherson & Krugman 1990).

Yariv came to understand Dave's shame as linked to his difficult relationship with his mother. Dave, like Jorstad's client, was brought up by a narcissistically relating mother who did not provide him with the attention and regard that he needed. This left him feeling ignorable and abandoned, as if he was somehow wrong, and his desire to be seen was shameful. Ayers (2004) links the origins of shame with internalized early eye interaction creating the need to hide from the eyes of others. I was reminded of Lemma's (2010) description of an internalized mother as a *one-way-mirror*, unavailable and hard to read. Yariv noted Dave's dilemma between his need to be mirrored and really seen and his fear of exposing his very vulnerable and easily shamed self to view. As he had split off his dangerous emotions from his rational mind, he could use his intellect to discuss interpretations, but he could not allow the therapist to make an emotional impact and hence the therapist's insights could not reach him. I resonate with Wright's (2009) suggestion that without attendance to the preverbal elements, attending to the verbal can just reinforce the false self structure, leaving the client stuck.

Yariv uses the metaphor of the eyes of the Medusa to illuminate Dave's early relationship with his mother. Medusa was a beautiful woman who was turned into a terrible monster whose deathly look would turn people to stone. Ayers (2004) likened the idea of the Medusa to the Terrible Mother who has no concern for another's subjective experience. Yariv suggests that

Dave had a sense of having been killed in his identification with a deathly seeing. The drawing below (Figure 13) portrays how I imagine Dave; a young man who is petrified but unable to stop gazing into those deathly eyes that turn him into stone. Looking into the eyes of another, also the benign eyes of the therapist, brings up his fears of annihilation, of being completely obliterated again (Bonomi, 2008). Dave feels that his only option is to hide, but hiding reinforces his sense of being invisible.



*Figure 13: "Medusa. Don't look into her eyes or you will turn into stone." (n.d.)*

Yariv reads the story of Medusa also as a reference to envy, suggesting that Dave probably feels envious of the therapist who has the ability to see him. But because the envy cannot be acknowledged it has to be split off and he has to stay blind. The only solution to this unbearable situation is to idealize the all-seeing therapist that he can then identify with. I agree with Yariv that it can be very healing for the client to have a therapist who can be temporarily idealized (Kohut, 1971), if the therapist feels uncomfortable with this or tries to discourage it, the client can end up feeling abandoned and shamed again.

Yariv describes Dave's paintings of a split-off and ever-watching eye, which could be seen as his need to "hold the self in view and in existence when there is no one else to see or be seen by" (p. 153). The internalized critical eye populates the world with projected shaming eyes from which one tries to escape, including the therapist's eyes (Ayers, 2004). Yariv suggests that Dave's hunger for insight may be driven by his need to identify with a scrutinizing eye, but he feels further attacked by interpretations and attempts to hide. To make an impact Yariv had to stay connected as a real person allowing Dave to eventually take back his projections. This meant focusing on the nonverbal aspects, including the gaze, instead of interpretations.

### 5.1.3 Looking for a face

Beebe (2004) wrote a case study focusing on the nonverbal and implicit communications with her client Dolores, whom she saw in face-to-face therapy. Uniquely Beebe videotaped many of the sessions and used these to study their nonverbal interactions. She also viewed some of these recordings with Dolores. As it proved initially difficult for Beebe to be able to reach Dolores she experimented with moving their chairs into a more “biological face-to-face distance” (p. 108). By this she meant a distance that is usual in adult face-to-face interactions; closer than the typical face-to-face psychotherapy distance but not as close as between a mother and infant. This seemed to create more “immediacy”, facilitating their ability to feel connected in therapy. I was reminded of my supervisor telling me how she varies the closeness and distance with her clients in order to use gazing as a reparative process, which the usual psychotherapy distance does not allow (Puls, personal communication, 2016).

Dolores was preoccupied with faces due to her early trauma so the integration of her own face and those of her early attachment figures and her therapist’s face became a central theme in her treatment. Beebe noted initially that although Dolores wanted to find her face in the therapist’s face, she could not look at her and would shut her own face down. Dolores used metaphors of ‘good face’ her first, good foster mother and ‘bad face’ for her abusive biological mother. I wonder if she initially found herself reflected as good in her ‘good’ mother’s eyes, but those eyes were prematurely replaced by her biological mother’s eyes which acted as a *distorting mirror* (Lemma, 2010), reflecting the mother’s projection of badness. Dolores needed the therapist to provide an additional “pair of eyes” allowing for more benign perspective to begin to take root in the self (Lemma, 2010, p. 73.).

I came across this haunting picture (Figure 14, p. 61), showing a young girl whose face is lost behind a scary reflection. This is how I see Dolores; so deeply identified with the reflection in her ‘bad’ mother’s mirror-eyes that the reflection has replaced her face. When she looks at herself, she can only see her badness and inner deadness reflected back.

This content has been removed by  
the author of this dissertation for  
copyright reasons.

Original image:  
[http://www.icytales.com/wp-  
content/uploads/2015/11/awesome-  
creepy-girl-gore- Favim.com-  
1645130.jpg](http://www.icytales.com/wp-content/uploads/2015/11/awesome-creepy-girl-gore-Favim.com-1645130.jpg)

*Figure 14: "The slow mirror" (2015)*

Allowing Dolores to replace that image in the mirror was slow work, but Beebe felt that Dolores was able to "recognize" in her (Beebe) someone who 'recognized' her. This mutual recognition (Benjamin, 1990) became a bedrock in establishing a therapeutic alliance; Dolores' determination to find herself in the face of the other became a source of hope as a counterpoint to her deadness. Benjamin (1990) discussed infant development through gradual and imperfectly acquired capacity for mutual intersubjective recognition. Although she does not make the explicit link to visually recognizing the other in psychotherapy, I agree with Beebe that being able to physically see oneself recognized in the eyes of the other can be more powerful, and indeed necessary, for some clients than metaphoric seeing. Only much later in therapy was Dolores ready for the explicit, verbal psychoanalytic technique, which was also necessary to achieve a shift in her thinking. The non-verbal and implicit relatedness, through right-brain-to-right-brain connection (Schoore, 2012) created the foundation of the treatment, on which the verbal interpretations could eventually be added (Beebe, 2004).

I also want to note Beebe's experience of a rupture and repair process in the therapy with Dolores. She found that seeing each other's faces (and eyes) became important in both recognizing and repairing this rupture. Wright (2009) also suggests that when our comments fall flat we often pick up on this via the client's facial expression. The eyes give a direct access to what may otherwise be hard to acknowledge.



#### **5.1.4 The therapists' experiences of being seen**

All of these therapists found that it was necessary for them to attend to their clients' need to be seen, based in early relational trauma, which was hidden in the last two cases underneath desperate attempts to hide from vision. And perhaps even more importantly, they all noted how the clients needed to see the therapist as a real person, able to engage in real face-to-face interactions, allowing the client to see his/her impact on the therapist. I will now discuss these therapists' experiences of being seen and also reflect on my own experiences as a therapist.

Letting the client see their impact on the therapist can be challenging. Jorstad is honest about his countertransference reactions; he found his client's constant looking exhausting and after a few months he found himself with sympathy for Freud's position behind the couch. I agree that being the object of a client's prolonged direct gaze has felt uncomfortable and made me want to break the gaze and look away. Jorstad further wondered whether his sustained mutual gaze was therapeutic or whether his own "narcissistic needs contributed to giving her more gratification than was desirable" (p.131). I wonder about this negative connotation, as if the client's gaze is asking for too much. Perhaps Jorstad struggled with being the object of the client's idealization. Yet, as Kohut (1971) argued this can necessary temporarily.

Jorstad (1988) also wondered if patients see us the way we usually perceive ourselves, or to what extent do they recreate their own early object relations and questions; "to what extent can we guard ourselves against being looked into" (p. 119). I suggest that perhaps similar transference will develop whether or not the clients are looking at their therapist and we cannot control how clients perceive us whether they can read our eyes or not. Ultimately, I agree with Stern (2004) that perhaps allowing the client to see and experience the therapist's authentic presence can be a more important source of real change than any verbal interpretations.

Yariv (1993) noted a different aspect in her client Dave's gazing. She felt that he tried to read her eyes to identify with her perception of him, whilst remaining unable to recognize what it was. She likened this to the "flat imitative mirroring in narcissism where a person mirrors the mother/object rather than vice versa" calling this "reverse mirroring" (p. 143). It caused her to

question whether allowing herself to be seen was therapeutic in this sense. Holmes (2012) agrees with this cautioning that face-to-face therapy can inhibit rather than increase self-exploration in clients who are very sensitive to what they perceive to see in the therapist's face and will end up in a 'false-self' way adjusting their real feelings to those that they think are expected of them (p.7). In a similar vein Lemma (2010) suggests that clients can try to look their best to the therapist, as a child can try to "look her best" to her mother looking for that approval (p.36). I have noticed similar patterns with my clients especially early on in therapy but as Yariv discovered, in the long term it was important for her client to see the therapist as a real person who could see him as a real person.

Yariv also discusses a parallel process between her own desire to stay invisible, facilitated by the hidden nature of psychotherapy, with Dave's fear of being seen. In my view she maintains some of this invisibility and does not disclose much of her countertransference in the writing. This makes me think of the intense shame her client suffers, which by its very nature fears exposure, dictating his need to stay hidden from the eyes of others (Ayers, 2004). Lewis (1971) argued that if therapist has not efficiently acknowledged and dealt with her own shame she cannot understand and work with the shame in her client. I wonder if this fear of the shameful exposure makes us psychotherapists want to hide either literally or in not allowing the client to see us as a real person in our responses. Ayers (2004) suggests that shame is very caught up in vision and hence can be brought into therapy most naturally through connecting eye-to-eye. She takes it as far as to say that the therapist's face needs to read like an open book, requiring the therapist to be present to her own humility. In this view the therapist should not try guard against being looked into, as Jorstad suggested.

As I re-read these case presentations, the differences in these therapists' approaches became clearer to me; Jorstad and Yariv both felt that they had to somewhat *reluctantly* engage with their clients' gazing, *dictated* by the client. In other words they had to focus on the visual communication, because their clients did not respond to verbal interpretations. Beebe, on the other hand, has done extensive research into mother-infant face-to-face interactions and their impact to adult psychotherapy (e.g. Beebe, 2000 and Beebe & Lachmann, 2002/2005, 2014)

and this became evident in her *intentional*, active attempts to use her face and gaze as tools. She highlights the primacy of the nonverbal and implicit interactions, calling for therapists to learn to observe these simultaneously in themselves and their clients, to make eye contact a conscious technique (Beebe, 2004). Maybe we can learn from other modalities that emphasize the non-verbal elements of reading and using visual expressivity, such as softening the gaze, exaggerating surprise or providing a visual rest (Tortora, 2006, p. 291).

## 5.2 To look or not to look – What about the couch?

Both Yariv and Jorstad come from psychoanalytic backgrounds and I cannot help thinking that perhaps their hesitancy to embrace gazing in therapy could be linked to the long history of ‘not looking’ within psychoanalysis. Ever since Freud’s (1913) preference for sitting hidden behind his patients who were lying on the couch (Figure 15), this has come to be seen as the ‘gold standard’ of psychoanalysis. Whilst psychodynamic psychotherapy is often conducted face-to-face the concept of the couch is still frequently understood as somehow ideal. I argue that this thinking was also evident in our training in the 21<sup>st</sup> century New Zealand.



*Figure 15: "Freud's chair and couch, Vienna" (n.d.)*

Friedberg & Linn (2012) reviewed over four hundred papers on PEP to research why the use of the couch is so central and argue that this concept has not been rigorously studied. Indeed they argue that it is not evident from literature that using the couch necessarily benefits psychoanalysis and perhaps we have taken this idea as a given based on the assumption that this is the best approach. I will now briefly address some of the main arguments for the use of the couch as I feel that these are important counterpoints when considering the value in the use of eye contact.

Traditionally the concept of psychoanalysis is based on creating a transferential relationship, allowing the client to experience the analyst as a parent so that the relationship can be re-examined to aid insight and understanding. Using the couch is seen to facilitate the transference. However this can also re-traumatize the client, making the therapy experience more damaging, which is why it is only recommended for neurotic and nonpsychotic patients (Friedberg and Linn, 2012). Furthermore, recently the emphasis in therapy has moved to the real and intersubjective, rather than the transferential relationship as the main healing component (e.g. Stern 2004). Eye contact and facial expressions can be seen as an integral and essential part of that relationship, especially in the early stages of building a working alliance (Friedberg and Linn, 2012). The visual connection also facilitates building an attachment where the client can use the therapist as a secure base (Holmes, 2001).

Similarly, using the couch and losing visual cues is seen to promote regression, which can then be thought about together and replaced with more mature points of view and behaviour. Friedberg and Linn (2012) suggest that the role of regression is a complex one but can be used with some clients as a temporary step toward achieving goals of treatment due to utilizing introspection. However having a face-to-face relationship with a client does not stop regression or hinder transference as Jorstad (1988) noted with his client. Indeed it can be seen as facilitating benign instead of malignant regression (Balint, 1959/1987).

The couch is also credited for promoting free association by increasing self awareness and disregard for reality (Rosegrant, 2005). It is also suggested that the couch may decrease the client's feelings of shame and embarrassment that can censor his free association (Broucek, 1991, Holmes, 2012). However, as Ayers (2004) and others argue, it is precisely those feelings of shame that traditional psychoanalysis has failed to address, limiting effectiveness of the therapy. And it is that shame that is discharged within restored eye contact (Lewis, 1987). I suspect it can also be more shaming for a client to not be able to see the therapist's reaction. Also in a sense we can never be fully free to associate liberated from the intersubjective context; the therapist and the client will always necessarily influence one another (Hoffman 2006). Indeed it is that relationship that has been found to be the healing ingredient.

Holmes (2012) suggests that mirroring is never purely visual and highlights the analyst as an 'inner mirror' maintaining that it can be easier for the client to incorporate the analyst's disembodied voice compared to potentially intrusive visual contact. The client will not be directed by the therapist's facial reactions (McWilliams, 2004). Similar ideas of reducing eye contact to decrease the intensity of the therapeutic encounter are pursued for example in ego therapy where therapist and client walk alongside each other (Jordan & Hinds, 2016). Friedberg & Linn (2012) also noted that different modes of listening are enhanced by the couch, and this may help the analyst to enter a state in which he or she can connect better with the patient's conscious and unconscious mental life.

As I was writing that last argument it really struck me: eliminating the visual cues can help the *therapist* focus on what is said (Friedberg & Linn, 2012). Furthermore, I cannot help wondering how much of the choice of not-looking is driven by the *therapist's* discomfort in being seen (Ayers, 2004). Jorstad and Yariv both indicated feeling uncomfortable with mutual gazing and McWilliams (2004) agrees that she prefers not to be looked at. Using the couch gives her a freedom to not to have to monitor her facial expressions. I too am aware of the intense intimacy in gazing and sometimes wish that my clients would not see my face, especially as I may be moved to tears. Yet clients have also expressed feeling understood and found by having been met with the pain and empathy in my eyes. I have also noted that at times I need space to formulate my own thoughts by looking away, perhaps this can be understood as modelling boundaries. Rentoul (2010) reminds us that seeing the eyes of the other is a vital aspect of human development and deprivation of this visual interaction by the use of couch sets psychoanalysis apart from the mainstream of human interaction and development, destroying any vestige of mutuality that can come from gaze.

### **5.3 Reflections on the role of culture**

Before finishing this chapter I again want to take a step back and allow different cultural perspectives to widen my horizon or range of vision (Gadamer, 1975/2013), aware of the limited cultural context of my discussion on the use of eye contact in psychotherapy.

As I was reading these three case presentations I started to wonder about the role of fathers who only get a few passing comments. Whilst I understand that each therapist focused on the mother's role in early relational trauma it is perhaps telling of the lack of importance we place on the role of the father in our culture. McWilliams (1999) suggests that the various references to maternal failings in psychotherapy literature could be related to therapists' ease at dealing with what was being transferred i.e. 'mother's sins of commission' rather than what was absent in the transference i.e. 'father's sins of omission' (p.151). As I suggested in chapter 3, the gaze of the father can have a significant impact on the developing infant and child.

Music (2011) draws our attention to various cultural differences with eye contact, which can make us misunderstand our clients. For example in most Western cultures direct eye contact is seen as a sign of straightforwardness and honesty, yet in some African countries it is seen as rude or disrespectful, while in some Arab cultures not looking at someone can be rude. One African mother described that her parenting could be judged as inadequate by the professional helpers she encountered, because of her 'evasive' eye contact, but in her culture looking directly at people who had authority was a sign of disrespect (Music, 2011, p. 78). Music (2011) also cites studies indicating that people are better at recognizing emotion on the face of another if the observer and the observed are from the same culture. This could mean that we may misread emotions on the face of our clients if they come from a different culture from our own. It is important for therapists to be aware of the cultural impact of how our clients use their eyes and how they perceive us looking at them; we may have to be willing to modify our way of being to accommodate the client. And on the other hand, each individual is different so making blanket cultural assumptions can be unhelpful too.

In their studies on the differences between Pakeha, Maori and Samoan communities Metge & Kinloch (2014) found that generally Maori and Samoans tend to emphasize body language more and verbalization less than Pakeha. However, within Maori and Samoan cultures it is considered impolite to look directly at others when talking to them, and direct gaze can be seen as encouraging the development of conflict and confrontation. Instead gaze is directed elsewhere, slightly to one side or on the floor or eyes can be closed altogether. On the other

hand Maori and Samoans can feel uncomfortable by the way Pakeha fasten their eyes on their faces, “there is no escape from the pressure of their personality” (p. 13). I wonder if this could be linked to the Maori concept of pukana, which includes dilating of the eyes and is used as part of Maori haka (dances originally often performed by warriors prior to battle) to challenge the other (“Haka Ka Mate”, n.d.).

I also think it is important to consider the Maori concepts of whakama and mana in our work with Maori clients, as these can both be understood to represent how the individual feels he is seen in the eyes of the other. Whakama can be understood as representing “the feeling state in a person when he or she has felt dishonoured in the eyes of others” (Sachdev, 1990, p. 434). This meaning comes close to the English language understanding of shame and is important in Maori culture where interpersonal relationships are emphasized; the judgment of others plays a central role and whakama inhibits people from making meaningful connections. It can also be experienced by whole groups and can be linked to colonialism. On the other hand, a person with mana is considered to have power in the eyes of others. These complex concepts cannot be fully explored here but we need to be aware of them when evaluating how a client could experience himself in the eyes of others, including in the eyes of the therapist.

### **5.3.1 Eyes of God**

I recently mentioned the topic of my dissertation to a Christian friend who reminded me of the important role the eyes of God play in his life, watching over him, providing both a sense of secure holding and boundaries for his actions. Rizzuto (1979) argues that God can also serve a mirroring function by reflecting to the individual who he or she is. The gaze of God/Yahweh/Allah etc. can be experienced as loving and benevolent or persecutory and punishing, depending on the cultural, religious or personal understanding of the individual. Discussing the role of religion is beyond the scope of this dissertation, but I think it is important for us therapists to be aware of yet another set of eyes that could be impacting on how our clients see themselves.

## **5.4 Chapter summary**

I have discussed the use of eye contact in psychotherapy through three case presentations and have noted that these clients experienced this as an important aspect of their healing. I have also reflected on how uncomfortable it can be for the therapist to be fully seen and to engage in intense gazing. My exploration into the use of the couch indicates that the lack of visual cues can help the therapist to focus on listening but it also neglects some of the important relational aspects that are expressed in mutual eye contact. Being aware of the cultural context is vital when noticing and using eye contact with our clients.

In the next final chapter, I will discuss in more detail the implications my findings have for psychotherapy practice, and will evaluate the trustworthiness of this study, and will finish with concluding remarks.



## **Chapter 6: Discussion and Conclusion**

### **6.1 Discussion – seeing the elephant in the room**

I embarked on this research curious to see where it would take me but also slightly anxious that maybe this topic was not really ‘important enough’. I have come to realize that perhaps my anxiety was coming partly from my training that values the verbal over non-verbal and a similar bias in psychoanalytically informed literature, which is often silent on this topic. Despite my initial struggles to find and really engage with the material, I eventually felt overwhelmed with the volume and had to accept that I could not cover everything; I had to let my gaze guide me.

As I come to offer my thoughts in this final chapter it is as if I go on another turn of the hermeneutic circle again. Now I am no longer searching for new literature but re-engaging with my own writing, re-reading and questioning my interpretations and identifying common themes (Schuster, 2013). To do this I need to use a wider lens and move back to be able to see the bigger picture; made up by the parts that I had zoomed in on in the previous chapters, to find the way forward by going back (Smythe & Spence, 2012). My findings seemed to naturally fall into three angles, those of mother-infant theories, psychoanalytic interpretation of neuroscience and psychotherapy practice with adult clients. As I described in Chapter 2 these were like the limited but important perspectives of three blind men all zooming in on one part of the elephant. As I zoom out more of the elephant comes into view and I can see it differently from this new perspective. Yet I am aware that even as my perspective changes, what I see is always simply an impression (Smythe et al, 2008).

As I think about the elephant, another metaphor comes to my mind, namely that of “the elephant in the room”. This means that although it is not possible to miss an elephant inside a room, it is not talked about. I happened to come across the photo below of a baby elephant in a living room (Figure 16) and I like the visual image it gives of what it would be like to have an actual elephant in the room (and this one is only a baby!). Eye contact is like that elephant. We know that it is an integral part of two people interacting with each other, yet in psychotherapy this aspect of relating has been largely ignored or intentionally avoided. In the photo we can make out that there is a person sitting behind the elephant but we cannot really

see her/him because the elephant obstructs the view. I suspect that we too are not really seeing our clients if we allow “the elephant” to block our vision, i.e. we literally turn a blind eye to our clients or we simply ignore or minimize the importance of this method of communication.



*Figure 16: “Elephant in the room” (2016).*

Through this research process I have come to believe that the elephant should not be ignored and I will now discuss why I think that and also why we may have come to ignore it. I will focus on three themes; the call for *intentionality*, the therapist’s *reluctance* to be seen, and the connection between the eyes and the *soul* (or the core) of the person. In this chapter I will also suggest implications for further research and psychotherapy practice, and discuss some strengths and limitations of my research before offering concluding remarks.

### **6.1.1 Intentional looking**

As discussed in the previous chapter, I felt that Yariv (1993) and Jorstad (1988) seemed reluctant to be pulled into gazing dialogues with their clients, whereas Beebe (2004) used her face and eyes as intentional tools. I want to return to this as I believe this is common polarity in our approach to eye contact. The research into mother-infant relationships and the findings of neuroscience indicate that eye contact plays a crucial role in our early development and this “first relationship acts as a template to all later relationships” (Schore, 2012, p. 361). It is generally acknowledged that our earliest interactions that took place in the pre-verbal period will impact on us for the rest of our lives. We also know that babies read their mothers through gaze and touch, yet psychotherapists often try to attend to early deficiencies by verbal

interpretations. As touch is not commonly used in psychoanalytically informed psychotherapy, we are left to only touch our clients with our gaze. I suggest that eye contact can be used as a potentially powerful technique, but we need to pay closer intentional attention to how and why we use this rather than relying on it to just happen intuitively between a therapist and a client. Totton (2015) argues that the embodied therapeutic relationship is frequently treated as an “exotic optional extra” (p. xviii). This may be how we tend to treat eye contact too.

It is commonly accepted that intellectual understanding is not enough for new pathways to be created in the brain; insights need to happen in a relationship where two people are also connecting through affect and vitality underneath the story (Schore, 2012). We need to relate to our clients in ways that research has shown to create a secure base in an infant; this involves right brain to right brain tracking of facial expressions and body language (Schore, 2012) and staying in the present moment (Stern, 2004). Intersubjective theory highlights the implicit relating of two minds, and the space in between, but does not always give enough attention to the embodied intersubjectivity of two bodies together, or to two pairs of eyes meeting and co-creating thirdness in mutual gaze. In contrast, Stern (2004) suggests that facial expressions assume an intersubjective capacity beyond simple communication. Perhaps the general lack of attention to embodied intersubjectivity is a reflection of the implied supremacy of the mind in psychoanalysis that I have referred to before. Beebe (2004) attempts to address this discrepancy by calling our attention to the co-constructed implicit non-verbal interactions that often take place out of awareness but profoundly affect our modes of relating or “ways of being with” (Stern, 1998). I suggest that this needs to include eye contact.

I have proposed that Benjamin’s (1990) concept of mutual recognition could be facilitated via intentional mutual gazing as eye contact can play a key role in allowing us to be fully immersed in the psychology of the other, both in the relationship of the mother and the baby and the therapist and the client. This temporary merge is needed to dissolve a separation, allowing for eventual independence (Winnicott, 1960a). However, it is important to keep in mind that mutuality does not mean collapsing into each other, we need to stay aware of our own subjectivity, of you and me separately as well as the two together (Beebe, 2004). I am not

suggesting that the therapeutic relationship is equal, nor that the therapist divulges personal information. Just as the good-enough mother-baby relationship is by necessity asymmetrical, a good-enough psychotherapy relationship needs to stay this way too.

### **6.1.2 The therapist's reluctance to be seen**

Essentially mutual gazing requires not just seeing but also being seen. Perhaps we do the first part better; we attempt to really see the client, to understand and to reflect this understanding back to him. We discuss our clients' reluctance to be seen, but can struggle to model being seen ourselves preferring to hide behind interpretations or literally behind couches. Mutual eye contact can lay us bare; we cannot avoid being scrutinized nor conceal our deeper feelings (Rentoul, 2010). A baby needs to see himself in the mother and see the mother as a separate person; the mother needs to allow herself to be seen to facilitate separateness (Stern, 1985).

As I was writing this chapter a significant event took place with a fairly new client with whom I had not yet established a strong therapeutic alliance. I found something the client said personally hurtful and the pain (with a couple of tears) was visible in my eyes. Afterwards I felt disappointed in myself for allowing the client to see 'too much' of me, as despite what I had been writing about the importance of mutual seeing, I realized that I wanted to be in charge of what parts of me could be seen. I could allow my empathy and sadness for my clients to show in my eyes, but I wanted to draw a line with my more difficult feelings, such as my shame when my pride was hurt. I started thinking how much easier it would be to sit away from my clients' line of vision where I could control my words without worrying about what my eyes may reveal. But the following week the client revealed that this had been a turning point for her; being able to see her impact on me made me seem more real and gave her confidence that therapy could provide a genuine connection between two people. Of course we could have reached this place eventually anyway, but I believe that the direct eye contact made the process easier and more efficient. I also want to note that seeing was not enough on its own but being able to make meaning of the embodied experience together was an equally important step. There is also need for explicit, verbal mode of psychoanalytic technique (Beebe, 2004). Stern (1985) agrees that the different domains of the self are all important, including the verbal.

I realized that I had to see eye-to-eye not only with my client but also with myself, accepting the shameful parts of myself that I wanted to hide (Ayers, 2004). I am reminded of Schore's (2012) suggestion that we need to be prepared for changes in the therapist's body, mind and brain, not just the client's. Totton (2015) goes further suggesting that to really reach the internal other we need to "understand vision... as a *direct coupling* of perceiver and perceived... a co-creation between our embodiment" and we need to track the client's effect on us "through the deep shifts in our visceral affective state" (p.27). Benjamin (2004) also discusses the need for the analyst's transparency of her own working process, modelling to the client what an internal struggle looks like in a therapeutic way. It requires courage to allow the client to read our difficulties in our eyes. Freud knew that too; he may have turned a blind eye in his technique but I believe he found ways to be real, for example by positioning his chair directly next to the couch and by providing cushions (Figure 15, p. 64).

I have also thought about myself as a researcher, and have noticed my desire to hide behind references, i.e. other people's vision, rather than allowing myself to be seen. When I write I make myself vulnerable to the subjective gaze of my reader and face the risk of disapproval and being seen as inadequate. But I have come to understand that to be fully engaged I need to be transparent and allow my research to transform me, this is central to the hermeneutic methodology. I need to accept that there is no perfect safety (Smythe & Spence, 2012, p. 18).

### **6.1.3 'Soul healing'**

As I reflect on the metaphors of eyes as 'the window to the soul' or as 'an interpreter of the soul' as in Bronte's (1847) quote in my introduction, I am reminded of a comment professor Keith Tudor (2016) made a couple of months ago at his inaugural professorial address. He suggested that a simple way to describe psychotherapy is to call it 'soul healing'. This comes from the translation from Greek; psyche meaning soul and therapy meaning healing. If eyes indeed give us a window to the soul, which I understand as the core of the self, then paying close attention to eye contact should be a potent and integral part of our work as 'soul healers'.

Stern (2004) also uses the metaphor of soul but in a different context as he describes lovers who look through the 'window of the soul' to find the interior other. "The lover needs the eyes of the other to verify and validate his metamorphosis to keep him in contact with himself, with his shifting identity" (p. 109). I suggest that this could be extended to psychotherapy where the client needs the eyes of the therapist to find connection to himself. But due to the mutual nature of gazing, it is impossible to allow the other access to our eyes without exposing something of our own soul. Perhaps it is no wonder that therapists want to shield their eyes if we think of them as "portals of vision into innermost thoughts and feelings" (Ayers, 2004, p.75).

But as uncomfortable and exposing as mutual gazing may feel at times, I have come to understand through my readings that it is this kind of real connection that is needed for a client to feel safe enough to come face to face with his own inner shame and emptiness. Ayers (2004) suggests that we need 'eyes of love' to counteract 'eyes of shame' from a client's past. Through this loving connection with our eyes we can provide a client with an experience of being deeply known and recognized (Wright, 2009). This feels congruent to me when I contemplate the powerful impact a mother's eyes will have on building pathways in her newborn baby's brain and knowing that psychotherapy that focuses on affect and right-brain-to-right brain communication can also effect changes in the brain. Rentoul (2010) suggests that we need to allow for closeness and dependence echoing mother-child dyads. I tend to agree with Ayers (2004) that it may be the psychotherapists' inability to tolerate this kind of mutual intimacy that has led to not giving enough attention to the power of eye contact.

I am reminded of Winnicott's (1949) insight that maternal love is far from sentimental and includes difficult feelings, even hate, and that this is important for the baby so he can feel that he is accepted with all his feelings. Equally as a therapist I need to be prepared for the 'murkiness' and negative countertransference that are necessary parts of a real therapeutic relationship. This includes looking shame in the eye, both in me and in the other (Ayers, 2004), and using my eyes intentionally to communicate not only my empathy, but a myriad of feelings. I need to accept that the client may need my eyes not only to hold and mirror him but to also to look into my soul and recognize me in therapy relevant ways.

## **6.2 Recommendations for future research**

Winnicott drew our attention to the therapist's face already fifty years ago, suggesting that interpretations are not enough. Since then there have not been many studies done on the use of face or gaze from a psychoanalytic perspective. Instead there seems to be a split between the psychoanalytic focus on supremacy of thinking, somewhat neglecting the embodied and implicit relating and the body therapists' focus on nonverbal communication, whilst perhaps neglecting the importance of meaning making and the unconscious. Holmes (2012) calls for research to more fully theorize the facial expressions that therapists use to communicate emotional meanings with their clients and Beebe (2004) suggests that we need to study the collaborative participation of the analyst in the process of implicit mode of relating. I agree with both and add that perhaps we need more studies on using eye contact in clinical situations. Interestingly, Kernberg (2004) has observed that the psychoanalytic community may be ambivalent about research that could interfere with precious beliefs and traditional theories; perhaps this could partly explain the lack of research on gazing and facial expressions.

As I have discussed previously, most of the writing about the gaze and eye contact in psychoanalytic literature has been written from within the Western cultural context. I suggest that further research is needed on cultural variations in eye contact in psychotherapy. Also, I believe that the impact of the father's gaze on the infant and child development has not been adequately addressed. The father can provide an important 'third' pair of eyes (Lemma, 2010).

## **6.3 Implications for practice**

As discussed in the previous chapter, the use of the couch has traditionally been seen as superior to face-to-face therapy (Friedberg and Linn, 2012). Although the couch can be useful with some clients to facilitate access to inner life, such as fantasies, this is perhaps a practice that has become firmly established with little tangible evidence. I suggest that it is time to re-evaluate this thinking especially as we find that trauma, attachment issues, narcissistic disturbances and longstanding personality disorders seem to be prevalent in our current clientele as opposed to the frequency of hysteric presentations in Freud's days (Rentoul, 2010). Arguably, for these client groups the capacity to relate fully to themselves and others

and the ability to be intimate are compromised and therefore the relational aspects of therapy, including eye-to-eye contact are a vital part of the healing process.

I also suggest that my emphasis on eye contact is very relevant at the moment when face-to-face therapy is under a new threat as it is becoming more common for therapists to offer their services via Skype or as 'online therapy'. This is a reflection of current trends in our Western society where people increasingly communicate via social media rather than in person, but I believe that this makes it even more important for us psychotherapists to focus on providing physical seeing and face-to-face relating. The embodied connectedness, which is at the core of our work, is at risk of being lost and we need to be intentional in paying attention to this with our clients. Perhaps we can learn from traditional Maori way of relating, which emphasizes that it is always preferable to do business (or therapy!) *kanohi-ki-te-kanohi*, face-to-face.

## **6.4 Strengths and limitations of this research**

Hermeneutic research relies by its very nature on the subjectivity of the researcher so it can be argued that it is not objective. However, I agree with Smythe and Spence (2012) that it is never possible to examine a text from a neutral stance free from the context of time, place and culture of the researcher. How we interpret is inseparable from our past experiences and the prejudices of the researcher need to be recognized (Smythe & Spence, 2012). No doubt another researcher would have conducted this process differently and come up with different conclusions. But it is also the subjectivity of the hermeneutic research that enables creativity and freedom, which I see as a strength of this methodology and parallel to the aims of psychotherapy.

I am aware of the limitations time has placed on my research. The university has its expectations on the timeframe and I have also had to divide my time between my family, my clients and this research. I have become very aware that engaging in meaningful gazing requires time and equally understanding the layers of gaze takes time. But also, no matter how much time I have I could never feel that I have reached a final understanding, at some point I had to decide that my knowledge is saturated enough, perhaps partly dictated by external



pressures, and it is time to leave the hermeneutic circle (Boell and Cecez-Kecmanovic, 2014). I am on a journey with no end, and although my findings are not definitive or complete, the time has come to stop writing (Smythe & Spence, 2012).

As I am the instrument of my research I need to acknowledge the limitations and strengths that I bring. I have already disclosed the Western bias in my thinking and in the literature I have explored. This can be seen as a limitation and I have suggested that I would like to see further research into the impact of culture on eye contact. It was also beyond the scope of this dissertation to attend to gender differences in gazing. Furthermore, I have only experienced face-to-face therapy, which might prejudice me to this practice. I also realize that the nature of my search words may have influenced my results, i.e. literature that does not focus on eye contact, perhaps because it is not seen as important, has not been equally well attended to. On the other hand my training in psychodynamic theory has encouraged me to have a curious mind and entertain multiple meanings, which can be seen as strengths for my research within hermeneutic methodology, where interpretation and understanding are central. I also know that this research has moulded me to be a more visible psychotherapist, less afraid of affect. I hope that I can also encourage my reader on “their own journey of seeing, that they too may have their own call to think” (Smythe & Spence, 2012, p. 21).

It could also be argued that my research places too much emphasis on the importance of eye contact, on the centrality of the mother-infant dyad and on neuroscience. I have already commented on the lack of attention to the father’s role (McWilliams, 1999) and on the danger of relying too heavily on neuroscience (Totton, 2015). I also want to re-iterate that attending to the non-verbal aspects alone is not enough; we need to be able to connect the affect with verbal interpretation for new pathways to be created in the brain (Schoore, 2012). Also, if physical touch plays an equally important role in a baby’s development as gaze does, perhaps providing visual holding as an alternative to physical holding is not enough. Maybe providing our clients with a cushion to hug or a cosy blanket to wrap themselves in would be additionally beneficial? It is beyond the scope of this work to explore these ideas further, but I hope that in

balance my research is sufficiently comprehensive and insightful to meet the requirement of hermeneutic trustworthiness (Boell and Cecez-Kecmanovic (2014).

## **6.5 Conclusion**

I started this research wanting to write about therapeutic love and this led me to explore mutual gazing and eye contact in mother-infant relationships as a prototype for psychotherapy relationships. I discovered that not only do mother and baby communicate through mutual gazing but also that the mother's mirroring and visual holding provide a secure base for attachment and play an important part in forming the baby's sense of self. I noted that although the importance of the gaze in the mother-infant relationships is relatively well documented, these findings have not been adequately translated to using gaze in psychotherapy practice.

To understand further as to why the gaze plays such a vital part I looked into findings in neuroscience, which suggest that gazing causes changes in the baby's brain and that eye contact plays a central role in how our brains connect with the brains of those around us, for example through mirror neurons. Neuroscience has also found that psychotherapy can cause changes in the brain and specifically that nonverbal communication, such as eye contact, can have a more significant impact on restoring early relational deficits than verbal interpretations. Psychotherapists have increasingly started to acknowledge that attending to mutual eye contact can be an integral part of our work, as it is now recognized that an intimate and real intersubjective relationship is needed for true healing to take place. However, I argue that embodied being with our clients is still undervalued, especially in psychoanalytically informed psychotherapy. Our fear of this level of intimacy and our reluctance to be more fully seen by our clients may have stopped us from wholly embracing the power of eye contact.

I have made suggestions for further research, calling for more clinical studies to explore the use of eye contact in psychotherapy practice. I have also emphasized the importance of this topic in psychotherapy today when the embodied presence of self and other can be somewhat lost through online communication. When reflecting on the limitations of this study, I have noted the western bias of the literature I have used and the lack of perspectives from other

cultures. I have also discussed the general subjective bias, which is always necessarily both a richness and a possible limitation of my methodology of hermeneutic enquiry.

I find that my journey during this research process has led me from a place of some ambivalence to thinking that the use of eye contact should not be ignored or taken for granted and I am eager to learn more. Ultimately, I notice that my understanding of therapeutic love, the topic that initially ignited my interest in eye contact, has also deepened. Perhaps this is not surprising considering the unavoidable intimacy involved in mutual gazing. Although this level of visibility and affect requires a lot from the therapist it may be necessary for the establishment of true mutuality, which is needed to facilitate a client's healing.

I have used images throughout my writing in a bid to provide a visual component to my dialogue with my written work. My inspiration for this was Holmes' (2012) reference to mother-infant paintings by Louise Bourgeois, so it feels appropriate to finish with Bourgeois' sculpture of four eyes (Figure 17). This is part of a nine-element sculpture outside Williams College Museum of Art, reminding us of the "importance of looking and really seeing" (Adler, n.d.). It evokes in me a sense of togetherness and the opening of new horizons, made possible by two people coming together eye to eye.



*Figure 17: Eyes (Nine elements). (Bourgeois, L., 2001).*

## References:

- Adler, M. (n.d.). *Public art at Williams*. Retrieved on 26/10/2016 from [http://wcma.williams.edu/module\\_item/eyes-nine-elements/](http://wcma.williams.edu/module_item/eyes-nine-elements/)
- Alford, C. F. (2016). Mirror neurons, psychoanalysis and the age of empathy. *International Journal of Applied Psychoanalytic Studies*, 13, 7-23. doi: 10.1002/aps.1411
- Alvarez, A. (1992). *Live company: Psychoanalytic psychotherapy with autistic, borderline, deprived and abused children*. Hove, England: Routledge.
- Auyeung, M. V., Lombardo, M. V., Heinrichs, M., Chakrabarti, B., Sule, A., et al. (2015). Oxytocin increases eye contact during a real time, naturalistic social interaction in males with and without autism. *Translational Psychiatry*, 5(e507), doi:10.1038/tp.2014.146
- Ayers, M. (2004). *Mother-infant attachment and psychoanalysis: The eyes of shame*. Hove, England: Brunner-Routledge.
- Balint, M. (1959/1987). *Thrills and regressions: Michael Balint; with a chapter on distance in space and time by Enid Balint*. London, England: Karnac.
- Beebe, B. (2000). Co-constructing mother-infant distress: The micro-synchrony of maternal impingement and infant avoidance in the face-to-face encounter. *Psychoanalytic Inquiry*, 30, 421-440.
- Beebe, B. (2004). Faces in relation: A Case study. *Psychoanalytic Dialogues*, 14(1), 1-51.
- Beebe, B. & Lachmann, F. (2002/2005). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: The Analytic Press.
- Beebe, B. & Lachmann, F. (2014). *The origins of attachment: Infant research and adult treatment*. New York, NY: Routledge.
- Benjamin, J. (1990). Recognition and destruction: An outline of intersubjectivity. In Mitchell, S. A. & Aron, L. (Eds.), *Relational psychoanalysis: The emergence of a tradition* (1999) (pp. 181-210). New York, NY: Routledge.
- Benjamin, J. (2004). Beyond doer and done to. *Psychoanalytic Quarterly*, 73, 5-46. doi: 10.1002/j.2167-4086.2004.tb00151.x
- Bick, E. (1968). The experience of skin in early object relations. *International Journal of Psychoanalysis*, 49, 484-486.
- Bion, W.R. (1962). *Learning from experience*. London, England: Heinemann.
- Blum, D. (2002). *Love at Goon Park*. Cambridge, MA: Perseus.
- Boell, S.K. & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic and Research Libraries*, 41(2), 129-144.
- Boell, S.K. & Cecez-Kecmanovic, D. (2014). A hermeneutic approach for conducting literature reviews and literature searches. *Communications of the association for information systems*, 34, 257-286.
- Bonomi, C. (2008). Fear of the mind: The annihilating power of gaze. *American Journal of Psychoanalysis*, 68(2), 169-176. doi: 10.1057/ajp.2008.8

- Bourgeois, L. (2001). *Eyes (Nine elements)*. [Art work – Figure 17]. Retrieved on 26/10/2016 <https://www.flickr.com/photos/aidaneus/15025522740>
- Bourgeois, L. (2007). *Mother and infant*. [Art work – figure 6]. Retrieved on 10/08/2016 from <https://s-media-cache-ak0.pinimg.com/236x/29/fb/a4/29fba4dc7119f2b2c9dbed542de504d6.jpg>
- Bowlby, J. (1969). *Attachment and loss*. London, England: Hogarth.
- Bronte, C. (1847). *Jane Eyre*. Reprinted in London, England: Penguin paperbacks (1994).
- Broucek, F. (1991). *Shame and the self*. New York, NY: Guilford Press.
- Bucci, W. (2002). The referential process, consciousness, and the sense of self. *Psychoanalytic Inquiry*, 5, 766-793. doi: 10.1080/07351692209349017
- Buirski, P. & Haglund, P. (2001) *Making sense together: The intersubjective approach to psychotherapy*. Northvale, NJ: Jason Aronson.
- Camilleri, S. (2012). *Blind men and elephant*. [Image – figure 4]. Retrieved on 16/09/2016 from [http://www.simoncamilleri.com/wp-content/uploads/2012/08/BlindMenElephant\\_720.png](http://www.simoncamilleri.com/wp-content/uploads/2012/08/BlindMenElephant_720.png)
- Cassatt, M. (1898). *Louise nursing her child*. [Art work – figure 5]. Retrieved on 10/08/2016 from [https://upload.wikimedia.org/wikipedia/commons/7/70/Mary\\_Cassatt%2C\\_1898\\_-\\_Louise\\_nursing\\_her\\_child.jpg](https://upload.wikimedia.org/wikipedia/commons/7/70/Mary_Cassatt%2C_1898_-_Louise_nursing_her_child.jpg)
- Colloms, A. (2013). Reflections on mirrors. In Lanyado, M. & Horne, A. (Eds.), *Winnicott's children: Independent psychoanalytic approaches with children and adolescents* (pp.60-76). Hove, England: Routledge.
- Coltman, R. (1998). *The language of hermeneutics: Gadamer and Heidegger in Dialogue*. Albany, NY: The State University of New York.
- Cottis, T. (2009). Love hurts: The emotional impact of intellectual disability and sexual abuse on a family. In T. Cottis (Ed.), *Intellectual disability, trauma and psychotherapy* (pp. 75-89). Hove, England: Routledge.
- Cozolino, L. (2006). *The neuroscience and human relationships: Attachment and the developing social brain*. New York, NY: Norton.
- Critchley, H., Daly, E., Philips, M. et al. (2000). Explicit and implicit neural mechanisms for processing of social information from facial expressions: A functional magnetic resonance imaging study. *Human brain mapping*, 9, 93-105. doi: 10.1002/(SICI)1097-0193(200002)9:2<93::AID-HBM4>3.0.CO;2-Z
- Elephant in the room*. (2016). [Photo – Figure 16]. Retrieved on 22/10/2016 <http://static.boredpanda.com/blog/wp-content/uploads/2016/02/rescue-baby-elephant-moyo-roxy-danckwerts-wild-is-life-zimbabwe-15.jpg>
- Emery, N. J. (2000). The eyes have it: the neuroethology, function and evolution of social gaze. *Neuroscience and Biobehavioral Reviews*, 24, 581-604.
- Erikson, E. (1964). *Insight and responsibility*. New York, NY: Norton.
- Evans, D. & Pearson, A. (2001). Systematic review of qualitative research. *Clinical effectiveness in Nursing*, 5(3), 111-119. doi: 10.1054/cein.2001.0219

- Eye of a monkey.* (n.d.). [Image – Figure 11] Retrieved on 25/09/2016 from <http://maxpixel.freegreatpicture.com/Animal-Vervet-Hartbeespoort-Dam-Female-Monkey-102994>
- Farroni, T., Csibra, G., Simion, F., and Johnson, M. H. (2002). Eye contact detection in humans from birth. *Proceedings of the National Academy of Science U.S.A.*, 99, 9602–9605.
- Fonagy, P., Gergely, G., Jurist, E. and Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. New York, NY: Other Press.
- Friedberg, A. & Linn, L. (2012). The couch as an icon. *Psychoanalytic Review*, 99(1), 35-62.
- Freud, S. (1913). On beginning the treatment. *The Standard edition of the complete psychological works of Sigmund Freud*. 12, 121-144.
- Freud's chair and couch, Vienna.* (n.d.). [Photo – Figure 15]. Retrieved on 7/10/2016 from [https://upload.wikimedia.org/wikipedia/commons/7/7f/FREUD%27S\\_SOFA.jpeg](https://upload.wikimedia.org/wikipedia/commons/7/7f/FREUD%27S_SOFA.jpeg)
- Gabbard, G. O. (2010). *Long-term psychodynamic psychotherapy: A basic text* (2<sup>nd</sup> ed.). Arlington, VA: American Psychiatric Publishing.
- Gadamer, H. (1975/2013). *Truth and method*. J. Weinsheimer and D. G. Marshall (Trans.) London, England: Bloomsbury.
- Glass, R. M. (2008). Psychodynamic psychotherapy and research evidence: Bambi survives Godzilla? *The Journal of the American Medical Association*, 300, 1587-1589.
- Golomb, E. (1992). *Trapped in the mirror: Adult children of narcissists in their struggle for self*. New York, NY: HarperCollins.
- Gray, A. (1994). *An introduction to the therapeutic frame*. London, England: Routledge.
- Grant, B. M. & Giddings, L. S. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary nurse*, 13, 10-28.
- Green, A. (1983) The dead mother. In A. Green (1986) *On private madness*. London, England: Hogarth.
- Greenacre, P. (1960). Considerations regarding the parent-infant relationship. *International Journal of Psychoanalysis*, 41, 571-584.
- Haka Ka Mate* (n.d.) Retrieved on 1/11/2016 from <http://www.themaori.com/maori-haka>
- Harris, A. (1998). Psychic Envelopes and Sonorous baths: Siting the body in relational theory and clinical practice, in Aron, L. & Anderson, F. S. (Eds.), *Relational perspectives on the body* (pp. 39-64). Hillsdale, NJ: The Analytic Press.
- Heidegger, M. (1927/1996). *Being and time: A translation of Sein und Zeit*. J. Stambaugh (Trans.). Albany, NY: State University of New York press.
- Hickok, G. (2009). Eight problems for the mirror neuron theory of action: Understanding monkeys and humans. *Journal of Cognitive Neuroscience*, 21(7), 1229-1243. doi:10.1162/jocn.2009.21189
- His father's eyes. (1998, March 26). *Ottawa Citizen Online*. Retrieved from <http://www.eric-clapton.co.uk/interviewsandarticles/hisfatherseyes.htm>
- Hoffman, I. Z. (2006). The myths of free association and the potentials of the analytic relationship. *International Journal of Psycho-Analysis*, 87, 43-61.

- Holmes, J. (2001). *The search for the secure base: Attachment theory and psychotherapy*. Hove, UK: Brunner-Routledge.
- Holmes, J. (2012). Seeing, sitting and lying down: Reflections on the role of visual communication in analytic therapy. *Psychodynamic Psychotherapy*, 26(1) 2-12.
- Hrdy, S. B. (1999) *Mother nature: A history of mothers, infants and natural selection*. New York, NY: Pantheon
- Hughes, D. (2006). *Building the bonds of attachments: Awakening love in deeply troubled children* (2<sup>nd</sup> ed.). Northvale, NJ: Jason Aronson.
- Human Eye. (n.d.). [Image – Figure 10]. Retrieved on 25/09/2016 from [https://upload.wikimedia.org/wikipedia/commons/8/8f/Human\\_eye\\_with\\_blood\\_vessels.jpg](https://upload.wikimedia.org/wikipedia/commons/8/8f/Human_eye_with_blood_vessels.jpg)
- Iacoboni, M. (2008). *Mirroring people*. New York, NY: Farrar, Straus & Giroux.
- Jordan, M. & Hinds, J. (2016). *Ecotherapy: theory, research and practice*. London, England: Palgrave.
- Jorstad, J. (1988). Aspects of transference and countertransference in relation to gaze and mutual gaze during psychoanalysis. *Scandinavian Psychoanalytic Review*, 11, 117-140.
- Joseph, B. (1989) *Psychic equilibrium and psychic change: selected papers of Betty Joseph*. London, England: Tavistock.
- Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. *Narrative inquiry*, 14(1), 1-28.
- Kahukiwa, R. & Potiki, R. (1999). *Oriori: A Maori child is born – from conception to birth*. Auckland, New Zealand: Tandem Press.
- Kearns, A. (2011). *The mirror crack'd: When good enough therapy goes wrong and other cautionary tales for humanistic practitioners* (Revised ed.). London, England: Karnac.
- Kernberg, O. F. (2004). *Contemporary controversies in psychoanalytic theory, technique and their applications*. New Haven, CT: Yale University Press.
- Kilborne, B. (2002). *Disappearing persons: Shame and appearance*. New York, NY: State University of New York Press.
- Kitayama, S. and Markus, H. R. (1995). Culture and Self: How cultures influence the way we view ourselves. In D. Matsumoto (Ed.), *People: Psychology from a cultural perspective* (pp. 17-37). Pacific Grove, CA: Brooks/Cole.
- Kohut, H. (1971). *The analysis of the self*. New York, NY: International Universities Press.
- Korhonen, K. (2015). *Finnish nightmares*. [Artwork – Figure 1]. Retrieved on 10/10/2016 from <https://www.facebook.com/finnishnightmares/photos/a.1434260190045922.1073741828.1434259453379329/1434615560010385/?type=3&theater>
- Koskinen, C. A. & Lindstrom, U. A. (2013). Hermeneutic reading of classis texts. *Scandinavian Journal of Caring Sciences*, 27(3), 757-764. doi: 10.1111/j.1471-6712.2012.01080.x
- Lacan, J. (1949). *Ecrits: A selection*. New York, NY: Taylor and Francis.

- Lemma, A. (2010). *Under the skin: A psychoanalytic study of body modification*. Hove, England: Routledge.
- Lewis, T., Amini, F. & Lannon, R. (2000). *A general theory of love*. New York, NY: Random House.
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. New York, NY: International Universities Press.
- Lewis H.B. (1987). Shame and the narcissistic personality. In Nathanson, D. L. (Ed.), *The Many Faces of Shame* (pp. 93-132). New York, NY: Guilford.
- Lieberman, M. D. (2000). Intuition: A social cognitive neuroscience approach. *Psychological Bulletin*, 126(1), 109-137.
- Luepnitz, D. A. (2009). Thinking in the space between Winnicott and Lacan. *The international journal of psychoanalysis*. 90(5), 957-981. doi:10.1111/j.1745-8315.2009.00156.x
- Maclean, P. D. (1990). *The triune brain in evolution: Role of paleocerebral functions*. Norwell, MA: Kluwer Academic Publishers.
- Mackenzie, N. & Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology. *Issues in Educational Research*, 16(2), 193-205.
- Magritte, R. (1928). *The false mirror*. (Artwork – figure 12] retrieved on 1/10/2016 from [https://c1.staticflickr.com/7/6050/6339342279\\_866ffe3855\\_b.jpg](https://c1.staticflickr.com/7/6050/6339342279_866ffe3855_b.jpg)
- Marcel, G. (2002). *Creative fidelity*. New York, NY: Fordham University Press.
- Matariki – *Eyes of God or Little Eyes*. (n.d.). [Image – Figure 7]. Retrieved on 15/08/2016 from <http://www.ngawhetu.com/Resources/Matariki/index09.html>
- Matariki Mythology. (n.d.) Retrieved on 20/09/2016 from <http://www.ngawhetu.com/Resources/Matariki/index09.html>
- McWilliams, N. (1999). *Psychoanalytic case formulation*. New York, NY: Guilford Press.
- McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide*. New York, NY: Guilford Press.
- Medusa: *Don't look into her eyes or you will turn into stone*. (n.d.). [Artwork – Figure 13]. Retrieved on 1/10/2016 from [https://scontent.cdninstagram.com/hphotos-xaf1/t51.2885-15/e15/10755786\\_737297369685547\\_533983851\\_n.jpg](https://scontent.cdninstagram.com/hphotos-xaf1/t51.2885-15/e15/10755786_737297369685547_533983851_n.jpg)
- Metge, J. & Kinloch, P. (2014). *Talking past each other: Problems of cross-cultural communication*. Wellington, New Zealand: Price Milburn.
- Mertens, D.M. (2005). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches* (2nd ed.) Thousand Oaks, CA: Sage.
- Mischke-Reeds, M. (2016, April). *How the five essential traits of the therapist meet global challenges*. Key note paper presented at NZAP Conference, Napier, New Zealand.
- Morrison, A. (1987). The eye turned inwards: shame and the self. In Nathanson, D. L. (Ed.), *The Many Faces of Shame* (pp. 93-132). New York, NY: Guilford.
- Morrison, A. P. (1997). *Shame: The underside of narcissism*. Hillsdale, NJ: Analytic Press.



- Moustakas, C. E. (1990). *Heuristic research: design, methodology and applications*. Newbury Park, CA: Sage.
- Muse, M. & Moore, B. A. (2012). *Handbook of clinical psychopharmacology for psychologists*. Hoboken, NJ: John Wiley.
- Music, G. (2011). *Nurturing natures: Attachment and children's emotional, sociocultural and brain development*. Hove, England: Psychology Press.
- Music, G. (2014). *The good life: Wellbeing and the new science of altruism, selfishness and immorality*. Hove, England: Routledge.
- Myers, M. D. (2013). *Qualitative research in business and management* (2<sup>nd</sup> ed.). Los Angeles, CA: Sage.
- Nagasawa M., Mitsui S., En S., Ohtani N., Ohta M., Sakuma Y., et al. (2015). Oxytocin-gaze positive loop and the coevolution of human-dog bonds. *Science*, 348, 333–336. doi: 10.1126/science.1261022
- Ogden, T. H. (1990). *The matrix of the mind: Object relations and the psychoanalytic dialogue*. Northvale, NJ: Jason Aronson.
- Ogden, T.H. (1994). The Analytic Third: Working with intersubjective clinical facts. *International Journal of Psycho-Analysis*, 75, 3-19.
- Orange, D. M. (2011). *The suffering stranger: Hermeneutics for everyday clinical practice*. New York, NY: Routledge/Taylor & Francis.
- Osherson, S. & Krugman, S. (1990). Men, shame and psychotherapy. *Psychotherapy*, 27(3), 327-339.
- Oxford Online Dictionary, retrieved on 19/09/2016 from <https://en.oxforddictionaries.com/>
- Petzold, H. G. (1988). *Integrative Bewegungs und Leibtherapie: Ein ganzheitlicher Weg leibbezogener Psychotherapie*. Paderborn, Germany: Junfermann.
- Please let God take you. (2016, September 8). *New Zealand Herald*. Retrieved from [http://www.nzherald.co.nz/world/news/article.cfm?c\\_id=2&objectid=11705749](http://www.nzherald.co.nz/world/news/article.cfm?c_id=2&objectid=11705749)
- Polkinghorne, D. (1983). Existential-phenomenological and hermeneutic systems. In *Methodology for the human sciences: systems of inquiry* (pp. 201-240). Albany, NY: State University of New York.
- Reiner, A. (2002). *Beyond the rhyme and reason*. Lancaster. CA: Red Dancefloor Press.
- Rentoul, R. W. (2010). *Ferenczi's language of tenderness: Working with disturbances from the earliest years*. Lanham, MD: Jason Aronson.
- Rizzuto, A. M. (1979). *The birth of the living God: A psychoanalytic study*. Chicago, IL: The University of Chicago Press.
- Rochat, P. (2009). *Others in mind: Social origins of self-consciousness*. New York, NY: Cambridge University Press.
- Rogers, S. J. (2013). Mutual gaze in *Encyclopedia of Autism Spectrum Disorders* (pp. 1966-1967). New York, NY: Springer. doi: 10.1007/978-1-4419-1698-3\_628
- Rosegrant, J. (2005). The therapeutic effects of the free-associative state of consciousness. *Psychoanalytic Quarterly*, 74, 737-766.

- Roth, B. (2014). Mutual attention and joint gaze as developmental forerunners of the therapeutic alliance. *Psychoanalytic Review*, 101, 847-869.
- Sachdev, P. (1990). Whakama: culturally determined behavior in the New Zealand Maori. *Psychological Medicine*, 20(2), 433-444.
- Schore, A. N. (2001). Minds in the making: Attachment, the self-organizing brain, and developmentally-oriented psychoanalytic psychotherapy. *British journal of psychotherapy*, 17(3), 299-328.
- Schore, A. N. (2002). Attachment and the regulation of the right brain. *Attachment and Human Development*, 2(1), 23-47.
- Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. New York, NY: Norton.
- Schore, A. N. (2012). *The science of the art of psychotherapy*. New York, NY: Norton.
- Schore, A. N. (2014). The right brain is dominant in psychotherapy. *Psychotherapy*, 31(3), 388-397.
- Schuster, M. (2013). Hermeneutics as embodied existence. *International journal of qualitative methods*, 12(1), 195-206. DOI: 10.1177/160940691301200107
- Schwandt, T. A. (2000). Three epistemological stances for qualitative research: Interpretivism, hermeneutics and social construction. In Denzin, N. K. & Lincoln, Y. S. (Eds.), *Handbook of qualitative research* (2<sup>nd</sup> ed.) (pp. 189-213). Thousand Oaks, CA: Sage.
- Searle, J. R. (2001). *Rationality in Action*. Cambridge: MIT Press.
- Searles, H. (1965). *Collected papers on Schizophrenia and related subjects*. London, England: The Hogarth Press.
- Searles, H. E. (1984). The role of the analyst's facial expression in psychoanalysis and psychoanalytic therapy. *International Journal of Psychoanalytic Psychotherapy*, 10, 47-73.
- Siegel, D. (2012). *The developing mind: How relationships and the brain interact to shape who we are* (2<sup>nd</sup> ed.). New York, NY: Guilford.
- Slade, A. (2009). Mentalizing the unmentalizable: Parenting children on the spectrum. *Journal of infant, child and adolescent psychotherapy*, 8(1), 7-21.
- Smythe, E. (2012). Discerning which qualitative approach fits best. *New Zealand College of Midwives Journal*, 46, 5-12.
- Smythe, E. & Spence, D. (2012). Reviewing literature in hermeneutic research. *International journal of qualitative methods*, 11(1), 12-26.
- Smythe, E. A., Ironside, P. M., Sims, S. L. Swenson, M. M. & Spence D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International journal of nursing studies*, 45, 1389-1397. doi:10.1016/j.ijnurstu.2007.09.005
- Steiner, J. (1985). Turning a blind eye: The cover up for Oedipus. *International Journal of Psychoanalysis*, 23, 161-172.
- Stern, D. (1974). Mother and infant at play: The dyadic interaction involving facial, vocal and gaze behaviours. In Lewis, M., Rosenblum, L. (Eds.) (pp.187-213). *The effect of the infant on its caregiver*. New York, NY: Wiley.

- Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York, NY: Basic Books.
- Stern, D. N. (1990). *Diary of a baby*. New York, NY: Basic Books.
- Stern, D. N. (1998). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. London, England: Karnac.
- Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. New York, NY: Norton.
- Stern, D. N., Hover, L., Haft, W., Dore, J. (1985). Affect attunement: The sharing by means of intermodal fluency. In T. M. Field & N. A. Fox (Eds.), *Social perception in infants* (pp. 249-286). Norwood, NJ: Ablex.
- The slow mirror: a short story*. (2015). [Artwork – Figure 14]. Retrieved on 1/10/2016 from <http://www.icytales.com/wp-content/uploads/2015/11/awesome-creepy-girl-gore-Favim.com-1645130.jpg>
- The triune brain*. (2007). [Image – Figure 8]. Retrieved 25/09/2016 from [https://upload.wikimedia.org/wikipedia/commons/a/a8/Triune\\_brain.png](https://upload.wikimedia.org/wikipedia/commons/a/a8/Triune_brain.png)
- Tortora, S. (2006). *The dancing dialogue*. Baltimore, MD: Paul H. Brooks Publishing.
- Totton, N. (2015). *Embodied relating: The ground of psychotherapy*. London, England: Karnac.
- Trad, P. V. (1993). Psychoanalytic models: Paradigms and paradoxes. *International Forum of Psychoanalysis*, 2, 155–167.
- Trevarthen, C. & Aitken, K. J. (2001). Infant intersubjectivity: Research, theory and clinical application. *Journal of Child Psychology and Psychiatry*, 42, 3-48. doi: 10.1111/1469-7610.00701
- Tronick, E. Z. (2004). Why is connection with others so critical? Dyadic meaning making, messiness and complexity governed selective processes which co-create and expand individuals' state of consciousness. In J. Nadel & D. Muir (Eds.), *Emotional development* (pp. 262-293). New York, NY: Oxford University Press.
- Tudor, K. (2016). *Inaugural professorial address*, AUT 23/08/2016. Auckland, New Zealand.
- Uvnas-Moberg, K. (2003). *The oxytocin factor: Tapping the hormone of calm, love and healing* (transl.). Boston, MA: Da Capo Press.
- Waddell, M. (1998). *Inside lives: Psychoanalysis and the growth of the personality* (2<sup>nd</sup> ed.). London, England: Karnac
- Welling, H. (2005). The intuitive process: The case of psychotherapy. *Journal of psychotherapy Integration*, 15, 19-47.
- Winnicott, D. W. (1949). Hate in the counter-transference. *International Journal of Psychoanalysis*, 30, 69-74.
- Winnicott, D. W. (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *International Journal of Psychoanalysis*, 34, 89-97.

- Winnicott, D. W. (1956). Primary maternal preoccupation. In *Through paediatrics to psychoanalysis: Collected Papers* (1992) (pp. 300-305). New York, NY: Brunner-Routledge.
- Winnicott, D. W. (1960a). The theory of the parent-infant relationship, *International Journal of Psychoanalysis*, 41, 585-595.
- Winnicott, D. W. (1960b). Ego distortion in terms of true and false self. In *The maturational processes and the facilitating environment* (1965) (pp.140-152). Madison, CT: International universities press.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. Madison, CT: International Universities Press.
- Winnicott, D. W. (1971). *Playing and reality*. London, England: Tavistock/Routledge.
- Wright, K. (1991). *Vision and separation: Between mother and baby*. Northvale, NJ: Aronson.
- Wright, K. (2009). *Mirroring and self attunement: Self realization in psychotherapy and art*. Hove, England: Routledge.
- Yamada, H., Sadato, N. et al. (2000). A milestone for normal development of the infantile brain detected by functional MRI. *Neurology*, 55, 218-223.
- Yariv, G. (1993). Gazing into medusa's eyes: The fear of being seen and attacks on insight. *British journal of psychotherapy*, 10, 142-158.