

Back to the beginning

A male and female Tiger is neither more or less whether you suppose them only existing in their appropriate wilderness, or whether you suppose a thousand Pairs. But man is truly altered by the co-existence of other men; his faculties cannot be developed in himself alone, and only himself. Therefore the human race not by a bold metaphor, but in sublime reality, approach to, and might become, one body.

S. T. Coleridge, *Letters*, 1806

One dark winter's night, I was woken by the telephone ringing to let me know that the home birth I was planning to film had begun. I had met the mother before but did not know her well. I arrived at her home and was directed up three flights of stairs to a room at the top of the house – lugging my sound equipment and a light with me. I found the mother and father sitting on the edge of a single bed in a rather bare, poorly lit room with newspaper spread over the floor. There was an atmosphere of quiet practicality, focused on the mother's body. The midwife moved around, while I kept to one corner of the room. Things moved fast, and soon the mother was squatting over the newspaper, supported by her partner, whilst I recorded the amazing range of sounds she made, sounds that gathered urgency and soon became deep groans as the baby was starting to be born. My camera-woman did not arrive in time to film the birth, but I was past caring, caught up in witnessing this primal event. When the baby finally emerged from the mother's body, we all had

tears in our eyes, overwhelmed with emotion, awed by the start of this new life and enthralled by the mystery of life itself.

That baby would now be about to leave home and embark on his adult life, the part of life that obituaries describe – four marriages or one, a public life or a more private one, tragedies along the way, the story of an individual's contribution to the social whole. But these stories leave so much out. They leave out all that went into making that baby into the young man he is today, and especially they don't acknowledge the powerful impact of other people on how that new baby was able to manifest his temperamental and genetic potential.

It is difficult to get to grips with this level of reality. Even biographies tell us only that a baby was born on a particular date, in a particular place, to parents whose lives were unfolding in a particular way at the time, but it is virtually impossible to recreate the dynamics of the relationship between them and their baby. So we can never find out what happened in our own individual infancy by direct enquiry, although sometimes anecdotal evidence throws us some clues. My mother's reports that I was a difficult baby who cried with colic every evening for months, and walked and talked very early, offered me themes of pride and rejection which have in fact been a significant part of my own story. But there are other ways to excavate our own infant story because we carry it inside and we live it in our close relationships.

In essence, our early experiences form characteristic ways of relating to other people and of coping with the ebb and flow of emotions which are not only psychological predilections but also physiological patterns. They are the bones of emotional life, hidden and outside awareness – the invisible history of each individual. Like Freud, who saw himself as a kind of archaeologist of the person, I too find myself looking at people with an eye that scans for hidden structures. But unlike Freud, who searched beneath the surface of personality for the primal drives, the sexual and aggressive urges that he felt were the unseen motors of human life, I look instead for the unseen patterns of relation-

ship that are woven into our body and brain in babyhood. These patterns orient our lives in a particular direction. Freud's own early relationship with his mother forged a sense of being special which he took into later relationships – along with a feeling of guilt that he had stolen this specialness by killing off his rival, a baby brother whom he had wished dead. Rivalries later played a big part in Freud's professional life. There is something powerful about the earliest themes of our lives, which chaos theory may help to explain. It suggests that small differences at the beginning of a process can lead to hugely different outcomes. But this time of our lives is what neuroscientist Doug Watt has referred to as 'unrememberable and unforgettable' (2001: 18). We cannot consciously recall any of it, yet it is not forgotten because it is built into our organism and informs our expectations and behaviour.

There *is* something underneath the surface, there *are* forces which propel us, but they are not quite as Freud described. Freud saw them as bodily urges within the human biological animal. He thought that these urges came into conflict with the social rules or pressures of civilisation which the individual took on board mentally as an inner 'superego', creating a tension or conflict between mind and body which only a strong controlling 'ego' could deal with. This account has been very influential and so nearly makes sense. But although it may have fitted Freud's own personal history, it is not a satisfactory account for the modern sensibility which is less tightly constrained by social pressures. Certainly it does not satisfy my own sense of the way that mind and body develop, because it proposes a much more self-generated and self-made individual than I believe to be the case. I will argue, and later describe in detail, that many aspects of bodily function and emotional behaviour are shaped by social interaction. For example, the poorly handled baby develops a more reactive stress response and different biochemical patterns from a well-handled baby. The brain itself is a 'social organ,' as Peter Fonagy, a distinguished researcher into early attachment, has put it. Our minds emerge and our emotions become organised through engagement with other minds, not in isolation. This

means that the unseen forces which shape our emotional responses through life, are not primarily our biological urges, but the patterns of emotional experience with other people, most powerfully set up in infancy. These patterns are not immutable but, like all habits, once established they are hard to break.

Women's realm

In order to understand each person's unique pattern of reactivity, we need to go back to the beginning, back to the wordless days of infancy when we were held in our mother's arms, and even as far back as the womb. This time of our lives has been so difficult to talk about not only because we have no language or conscious memory during babyhood, but also because historically babyhood has been lived out through a relationship between a woman and a baby. It takes place out of public view, in an inarticulate territory of bodies and feelings, of milk and poo and dribble, driven by overpowering hormonal tides which make mothers want to constantly touch and look at their baby – feelings that seem irrational when put into words, as difficult to describe as having sex or falling in love. And because this has largely been the private experience of women, not men, it has been hidden from view and unrepresented culturally, except on rare occasions by feminist writers such as Adrienne Rich:

The bad and the good moments are inseparable for me. I recall the times when, suckling each of my children, I saw his eyes open full to mine, and realised each of us was fastened to the other, not only by mouth and breast, but through our mutual gaze: the depth, calm, passion, of that dark blue, maturely focused look. I recall the physical pleasure of having my full breast suckled at a time when I had no other physical pleasure in the world except the guilt-ridden pleasure of addictive eating . . . I remember moments of peace when for some reason it was possible to go to the bathroom alone. I remember being uprooted from already meagre sleep to answer a childish nightmare, pull

up a blanket, warm a consoling bottle, lead a half-asleep child to the toilet. I remember going back to bed starkly awake, brittle with anger, knowing that my broken sleep would make next day a hell, that there would be more nightmares, more need for consolation, because out of my weariness I would rage at those children for no reason they could understand. I remember thinking I would never dream again. (Rich 1977: 31)

It was the women's movement of the 1960s and 1970s which opened up the possibility of speaking about the private experiences of domesticity, and which contributed to breaking down the boundaries between public and private worlds. We now publicly discuss sexual practices, we no longer require emotions to be repressed with a stiff-upper-lip demeanour in public, and we are openly curious about the emotional lives of the rich or famous. We have given up being shocked to find that public figures are just as human as the rest of us and frequently fail to live up to their own standards of morality. We are able to recognise that sexual abuse happens to children. Emotion is no longer the 'unspeakable' in the public sphere. By a sort of parallel process, the split between mind and body, rational and irrational, is increasingly called into question. As I have suggested, this has contributed to the increased scientific interest in emotion, breaking through one last frontier in science – the exploration of our emotional selves.

But measuring the brain activity or chemical levels involved in adult emotional behaviour can only be an aid to our understanding of emotional life. It cannot provide the answers to why we behave the way we do. It is like dissecting a fully grown animal expecting to find the source of its behaviour. Adults are the result of complex histories inscribed in organisms whose systems have already evolved in time. They are too specific and unique. Instead, we need to go back to the origins of emotional life, to the early processes which determine our emotional trajectories – to the baby and his or her emotional environment.

The unfinished baby

Babies are like the raw material for a self. Each one comes with a genetic blueprint and a unique range of possibilities. There is a body programmed to develop in certain ways, but by no means on automatic programme. The baby is an interactive project not a self-powered one. The baby human organism has various systems ready to go, but many more that are incomplete and will only develop in response to other human input. Some writers have called the baby an 'external foetus' and there is a sense in which the human baby is incomplete, needing to be programmed by adult humans. This makes evolutionary sense as it enables human culture to be passed on more effectively to the next generation. Each baby can be 'customised' or tailored to the circumstances and surroundings in which he or she finds him or herself. A baby born into an ancient hill tribe in Nepal will have different cultural needs from a baby born in urban Manhattan.

Each little human organism is born a vibrating, pulsating symphony of different body rhythms and functions, which co-ordinate themselves through chemical and electrical messages. Within the organism there are many loosely connected systems, often overlapping with each other. These systems communicate through their chemical and electrical signals to try to keep things going within a comfortable range of arousal, by adapting to constantly changing circumstances, both internally and externally. In the early months of life, the organism is establishing just what the normal range of arousal is, establishing the set point which its systems will attempt to maintain. When things drop below or rise above the normal range of arousal, the systems go into action to recover the set point or normal state.

But first the norm has to be established, and this is a social process. A baby doesn't do this by himself, but co-ordinates his systems with those of the people around him. Babies of depressed mothers adjust to low stimulation and get used to a lack of positive feelings. Babies of agitated mothers may stay over-aroused and have a sense that feelings just explode out of you and there is not much you or anyone

can do about it (or they may try to switch off their feelings altogether to cope). Well-managed babies come to expect a world that is responsive to feelings and helps to bring intense states back to a comfortable level; through the experience of having it done for them, they learn how to do it for themselves.

Early experience has a great impact on the baby's physiological systems, because they are so unformed and delicate. In particular, there are certain biochemical systems which can be set in an unhelpful way if early experience is problematic: both the stress response, as well as other neuropeptides of the emotional system can be adversely affected. Even the growth of the brain itself, which is growing at its most rapid rate in the first year and a half, may not progress adequately if the baby doesn't have the right conditions to develop. Like a plant seedling, strong roots and good growth depend on environmental conditions, and this is most evident in the human infant's emotional capacities which are the least hard-wired in the animal kingdom, and the most influenced by experience.

The baby is also like a seedling in his psychological simplicity. Feelings start at a very basic level. A baby experiences global feelings of distress or contentment, of discomfort or comfort, but there is little nuance or complexity involved in his processing of these feelings. He doesn't yet have the mental capacity to do complex information processing. But whilst he relies on adults to manage these states – to reduce discomfort and distress and increase comfort and contentment – he is gradually grasping more and more of the world. As people come and go around him, smells and sounds and sights constantly changing through the day and night, patterns begin to emerge. Slowly, the baby begins to recognise the most regular features and to store them as images. These might typically be a soothing image of a smiling mother coming through the door when he cries in his cot, or it might be a disturbing image of a hostile face grimacing as she approaches. Meaning emerges as the baby begins to recognise whether the mother coming through the door will bring pleasure or pain. Early emotion is very much about pushing people away or drawing them closer, and these

images will become expectations about the emotional world in which he is living that help the baby to predict what will happen next and how best to respond.

Although the baby is a simple creature in many ways, he also contains the blueprints for a complex life within his cells. Each baby has a unique personal store of genes which can be activated by experience. Already, in the first weeks, a temperamental bias may be apparent. Some babies may be born more reactive and sensitive to stimulation than others. Different babies have different thresholds and their typical ways of responding may already be distinctive. This can have an impact on the caregivers who have their own personality styles too. A sensitive mother who gives birth to a robust, energetic, less sensitive baby might feel out of tune with him and think of him as aggressive; or, alternatively, she might be relieved that he is so easy to settle and to take anywhere. Some sort of dynamic interaction between personalities has already begun.

The point is, however, that the outcome depends far more on the mother and father than on the baby. Researchers have found that even the most difficult and irritable babies do fine with responsive parents who adapt to their needs. Some have even failed to identify any such thing as a 'difficult' baby in the early weeks of life, suggesting that this is largely the perception of the parent (Wolke and St. James-Robert 1987) and that reactive style is established over the course of the first year (Sroufe 1995). Difficult babies may be difficult in response to their parents' emotional unavailability to them (Egeland and Sroufe 1981). In any case, difficult temperaments do not predict poor outcomes (Belsky *et al.* 1998), although the more sensitive type of baby may be at greater risk of developing poorly if his parents fail to adapt to his particular needs.

From the point of view of the baby, there may indeed be 'difficult' parents. These parents tend to fall into two types: neglectful or intrusive. At the neglectful end of the scale, there are depressed mothers who find it very hard to respond to their babies, who tend to be apathetic and withdrawn and don't make eye contact with their babies or pick them up much except to clean them or feed them. Their babies

respond by developing a depressed way of interacting with people themselves (Field *et al.* 1988). They show less positive feelings (and their left brains are less active). In toddlerhood, they perform less well on cognitive tasks and they are found to be insecurely attached. Later in childhood, their emotional problems tend to persist (Murray 1992; Cooper and Murray 1998; Dawson *et al.* 1992).

At the intrusive end of the scale, there is another type of mother who may also be depressed, but is much more angry, even if only covertly. This is a more expressive kind of mother who at some level resents the baby's demands and feels hostile to him. She may convey this to the baby by picking him up abruptly or holding him stiffly. However, she is usually very actively involved with him in an insensitive way, often interfering with the baby's initiatives and failing to read his signals. Abusive mothers tend to be at this end of the spectrum (Lyons-Ruth *et al.* 1991), and their children also tend to develop less well and to be insecurely attached in an emotionally avoidant or disorganised kind of way.

Fortunately, most parents instinctively provide enough attention and sensitivity to their babies to ensure their emotional security. But what seems to be most crucial for the baby is the extent to which the parent or caregiver is emotionally available and present for him (Emde 1988), to notice his signals and to regulate his states; something which the baby cannot yet do for himself except in the most rudimentary ways (like sucking his own fingers when hungry, or turning his head away from distressing stimulation).

Early regulation

It is not popular these days to spell out just how great the responsibilities of parenthood are, since women have struggled desperately to establish themselves as men's equals in the workplace and do not want to feel guilty about keeping their careers or pay cheques going while someone else takes care of their babies. When I teach, I have found that students inevitably raise the question of whether mothers should be blamed for not being perfect mothers. The guilt and anxiety often fuel intense hostility to researchers

like Jay Belsky of the University of London who has done some of the most important research in this area in identifying the impact of inadequate caregiving on babies, both at home and in daycare.

Certainly, there is little to be gained by criticising parents. Criticism doesn't improve their capacity to respond positively to their children. On the other hand, positive support for parents may help to reduce some of the defensive behaviour that harms their children and continues vicious cycles of insecurity and inability to regulate feelings well down the generations.

At a wider social level, I believe that the real source of many parenting difficulties is the separation of work and home, of public and private, which has had the result of isolating mothers in their homes, without strong networks of adult support and without variety in their daily routines. These conditions themselves create much of the depression and resentment that are so problematic for babies' development. Women face the artificial choice of devoting themselves to their working life or to their babies, when the evidence is that they want both (Newell 1992). But the constricted choices with which parents are faced nevertheless should be based on accurate understanding of just what is happening for the baby.

Physiologically, the human baby is still very much part of the mother's body. He depends on her milk to feed him, to regulate his heart rate and blood pressure, and to provide immune protection. His muscular activity is regulated by her touch, as is his growth hormone level. Her body keeps him warm and she disperses his stress hormones for him by her touch and her feeding. This basic physiological regulation keeps the baby alive. Rachel Cusk, a novelist who has written about her experience of motherhood, describes these basic regulatory processes:

My daughter's pure and pearly being requires considerable maintenance. At first my relation to it is that of a kidney. I process its waste. Every three hours I pour milk into her mouth. It goes around a series of tubes and then comes out again. I dispose of it. Every twenty-four

hours I immerse her in water and clean her. I change her clothes. When she has been inside for a period of time I take her outside. When she has been outside for a period of time I bring her in. When she goes to sleep I put her down. When she awakes I pick her up. When she cries I walk around with her until she stops. I add and subtract clothes. I water her with love, worrying that I am giving her too much or too little. Caring for her is like being responsible for the weather, or for the grass growing. (Cusk 2001: 134)

The difficult thing about babies is that they need this care almost continuously for many months. As Cusk puts it, these tasks 'constitute a sort of serfdom, a slavery, in that I am not free to go'. Babies need a caregiver who identifies with them so strongly that the baby's needs feel like hers; he is still physiologically and psychologically an extension of her. If she feels bad when the baby feels bad, she will then want to do something about it immediately, to relieve the baby's discomfort – and this is the essence of regulation. In theory, anyone can do it, especially now we have bottled milk substitutes, but the baby's mother is primed to do these things for her baby by her own hormones, and is more likely to have the intense identification with the baby's feelings that is needed, provided she has the inner resources to do so.

Early regulation is also about responding to the baby's feelings in a non-verbal way. The mother does this mainly with her face, her tone of voice, and her touch. She soothes her baby's loud crying and over-arousal by entering the baby's state with him, engaging him with a loud mirroring voice, gradually leading the way towards calm by toning her voice down and taking him with her to a calmer state. Or she soothes a tense baby by holding him and rocking him. Or she stimulates a lacklustre baby back into a happier state with her smiling face and dilated sparkly eyes. By all sorts of non-verbal means, she gets the baby back to his set points where he feels comfortable again.

Caregivers who can't feel with their baby, because of their own difficulties in noticing and regulating their own feelings, tend to perpetuate this regulatory problem, passing

it on to their own baby. Such a baby can't learn to monitor his own states and adjust them effectively, if mum or dad doesn't do this for him in the first place. He may be left without any clear sense of how to keep on an even keel. He may even grow up to believe he shouldn't really have feelings since his parents didn't seem to notice them or be interested in them. Babies are very sensitive to these kinds of implicit messages, and they initially respond to what parents do rather than what they say or think they are doing. But if parents do track the baby's states well and respond quickly to them, restoring the feeling of being OK, then feelings can flow and be noticed. They can come into awareness. Particularly if caregivers respond in a predictable way, patterns will start to emerge. The baby may be noticing that 'when I cry, mum always picks me up gently', or 'when she gets her coat down, I will soon smell the fresh air'. These unconsciously acquired, non-verbal patterns and expectations have been described by various writers in different ways. Daniel Stern (1985) calls them representations of interactions that have been generalised (RIGs). John Bowlby called them 'internal working models' (1969). Wilma Bucci calls them 'emotion schemas' (1997). Robert Clyman calls them 'procedural memory' (1991). Whatever particular theory is subscribed to, all agree that expectations of other people and how they will behave are inscribed in the brain outside conscious awareness, in the period of infancy, and that they underpin our behaviour in relationships through life. We are not aware of our own assumptions, but they are there, based on these earliest experiences. And the most crucial assumption of them all is that others will be emotionally available to help notice and process feelings, to provide comfort when it is needed – in other words, to help regulate feelings and help the child get back to feeling OK. Those children who grow up without this expectation are regarded as 'insecurely attached' by attachment researchers.

Parents are really needed to be a sort of emotion coach. They need to be there and to be tuned in to the baby's constantly changing states, but they also need to help the baby to the next level. To become fully human, the baby's basic responses need to be elaborated and developed into

more specific and complex feelings. With parental guidance, the basic state of 'feeling bad' can get differentiated into a range of feelings like irritation, disappointment, anger, annoyance, hurt. Again, the baby or toddler can't make these distinctions without help from those in the know. The parent must also help the baby to become aware of his own feelings and this is done by holding up a virtual mirror to the baby, talking in babytalk and emphasising and exaggerating words and gestures so that the baby can realise that this is not mum or dad just expressing themselves, this is them 'showing' me my feelings (Gergely and Watson 1996). It is a kind of 'psychofeedback' which provides the introduction to a human culture in which we can interpret both our own and others' feelings and thoughts (Fonagy 2003). Parents bring the baby into this more sophisticated emotional world by identifying feelings and labelling them clearly. Usually this teaching happens quite unselfconsciously.

Insecure attachments and the nervous system

But if the caregiver doesn't have a comfortable relationship to her own feelings, she may not be able to do this very effectively. If her own awareness of her own states is blocked, or if she is overly preoccupied with them, she could find it hard to notice her baby's feelings, to regulate them by some means, or to label them. Good relationships depend on finding a reasonable balance between being able to track your own feelings at the same time as you track other people's.

They also depend on being able to tolerate uncomfortable feelings whilst they are being processed with another person. Perhaps one of the most common difficulties in relationships, which is particularly acute in the parent-child relationship, is a problem with regulating the more 'negative' states like anger and hostility. If the caregiver hasn't learnt how to manage such feelings comfortably, then she will find them very hard to bear in her children; she might feel very distressed and uncomfortable and urgently want to push such feelings away. How many people have heard the mother or father who yells at their baby 'Shut up!

Don't try it on with me!' or at their toddler 'You little devil. Don't you dare look at me like that!' Their children will be learning to hold back their feelings – either to deny they exist, or to avoid expressing them as they are going to upset or anger mother. She certainly won't be able to help regulate them or think about them with the child. In effect, the child has to regulate the parent by protecting her from his feelings. But the child's feelings don't go away. Attachment researchers have found that children in such families learn to appear calm and unconcerned, but when measured, their heart rate and autonomic arousal is rocketing. The organism is dysregulated. Rather than getting help with returning to the comfort zone, the child is learning there is no regulatory help with such feelings. He tries to suppress them and switch them off altogether, but is rarely successful. This is known as an 'avoidant' attachment pattern.

Other children, living with parents who are more inconsistent in the way that they respond to their child's feelings – sometimes concerned, sometimes switched off – are forced to focus closely on the parent's state of mind to optimise their chance of getting a response. They tend to keep their feelings close to the surface, bubbling away, until they can make a bid for parental attention when they think there is a chance of getting it. They too learn that help with regulating their feelings is not reliably available – but rather than choose the strategy of suppressing their feelings, they may learn to exaggerate them; to be overly aware of their fears and needs in a way that can undermine their independence. Indeed, this may be what their parent unconsciously wants, as very often these are adults who deal with their own insecurities through being needed by others. Their unpredictable behaviour ensures that the child's attention is always available for them. Or they may simply be so preoccupied with their own dysregulated feelings that they cannot reliably notice those of other people. Children with this pattern have what is called a 'resistant' or 'ambivalent' attachment.

A child caught up in either of these patterns of attachment will have a weaker sense of self than a securely attached child, because he or she will have lacked optimum

'social biofeedback'. The parent will not have provided enough information about the child's own feelings to equip the child to enter the domain of psychological interpretation of self and others with confidence. Instead, the child may try to protect a shaky sense of self by withdrawing from others when he feels uncertain (the avoidant pattern), or alternatively clinging on to others to try to elicit more feedback (the resistant pattern) (Fonagy 2003).

A third pattern has been identified in recent years, known as the 'disorganised' attachment. In these families, so much has gone wrong that there is no coherent defensive posture. Very often, the parents themselves have been overwhelmed by traumatic feelings that have not been processed effectively, such as a bereavement or some kind of important loss, or some form of abuse in the parent's life. They are unable to provide the most basic parental functions of protecting the child and creating a safe base from which to explore the world. Their children not only lack 'psycho-feedback', but are afraid and uncertain of how to manage their feelings when under pressure.

All these kinds of dysfunctional parental responses actually disturb the body's natural rhythms. Normally, being aroused physiologically by some intense emotional state will lead to action of some kind, and then once the feeling has been expressed, the organism will wind down and come back to a resting state. This is the normal cycle of the sympathetic and parasympathetic nervous systems. But if arousal isn't soothed, this rhythm can be disrupted. As in the avoidant pattern, the body's braking system may be applied over the top of its 'let's go' system – or vice versa, a withdrawn, inhibited (parasympathetic) state like sadness or depression may be overridden by the sympathetic system demanding 'let's get on with it'. These 'incompleted cycles' as Roz Carroll (unpublished) calls them, can lead to organismic disturbances like muscle tension, shallow breathing, immune or hormonal disturbances. The cardiovascular system, in particular, will remain activated even if feelings are suppressed (Gross and Levenson 1997). There is then turbulence within the system rather than straightforward processing of emotional states.

Emotional flow

The sympathetic and parasympathetic nervous systems are only one internal system. But the human organism has many others which are constantly oscillating according to their own particular rhythms and timings – blood pressure, sleep patterns, breathing and excreting all follow different patterns simultaneously, whilst influencing each other and signalling to each other and to the brain (Wiener 1989). The internal symphony of fluctuating inhibitory and excitatory activity is self-organising through a process of feedback loops, so that influences are mutual and constantly adjusting to each other. Cells and organs regulate themselves and each other; they have their own functions but are part of the whole system. This is much the same as the wider picture of the human organism within the social system. We learn to regulate ourselves to some extent, but we also depend on other people to regulate our states of body and mind so that we can fit into the wider systems of which we are a part.

This works because there is a free flow of information round all the systems, both internally within the body and externally with other people, making it possible to adapt to current circumstances. Our most intimate relationships throughout life are comfortable precisely because of this rapid exchange of emotional information – something that Tiffany Field has called their ‘psychobiological attunement’ (Field 1985). This capacity to pick up on the other person’s states enables individuals to adjust quickly to each other’s needs. More formal (or disturbed) relationships lack this quick responsiveness and as a result, adjustments are more laborious and awkward. But individuals may also be more or less attuned to their own internal states. Both emotional and physiological pathology may arise when information does not flow freely through the electrical and chemical channels of the body through the brain and other systems. We need the emotional information provided by our bodies to judge how best to act.

Children who have developed insecure strategies for dealing with their emotions cannot tolerate feelings and so cannot reflect on them. Their emotional habits for managing

feelings kick in too quickly. Avoidantly attached children are likely to automatically slam on their emotional brakes when strong feelings start to arise, so that they don’t have to be aware of feelings they don’t know what to do with. Resistantly attached children are more likely to plunge headlong into expressing strong feelings without restraint, without regard for others’ feelings. (More damaged children may swing between the strategies.) Either way, they are denied access to emotional information about their own state or that of other people, and without it have much less choice about how to act. They are really hampered in their ability to co-ordinate their own (biological) needs with their (social) environment and to exchange emotional information with others in a useful way.

These emotional habits are learnt in infancy with our earliest partners, usually our parents, and can already be measured by the age of 1 year old. However, parents are also part of wider systems and these broader social forces can also play a part in distorting patterns of emotional regulation. When a society is focused on building up its productive capacities, as in the nineteenth century, then some of its babies might be socialised to become highly controlled personalities through strict control and denial of feelings. The Freudian project perhaps was an attempt to undo the worst excesses of this process, whilst still emphasising the importance of self-control. Alternatively, when the economy requires willing consumers, there might be social pressures to socialise babies more indulgently, to make fewer demands on them to conform with parental expectations. These social movements cannot, however, be precisely orchestrated so it is likely that different currents will co-exist in any epoch.

Feelings as signals

But emotional regulation is not about control or the lack of it. It is about using feelings as signals to alert the individual to the need for action, in particular to help sustain needed relationships. A child’s anxiety when mother goes out of the room is useful because it helps mother and child to stay close, promoting the survival of the child. Smiley, happy

moments are a signal for more of the same. Anger communicates that something is badly wrong which requires urgent attention. When people pay attention to these signals, they are more likely to be adjusting to each other's and their own needs. Just like the simpler internal physiological signals of thirst, hunger or tiredness, they motivate action to keep the organism in optimal condition. If you ignore your own hunger, you may starve. If you ignore your own anger, you may weaken your social position and chances of remedying it. However, if you express your anger without awareness of its impact on others, failing to notice either their signals or to play your part in regulating them, then the social system becomes unco-ordinated and antisocial behaviour breaks out.

The attitude towards feelings is crucial. If they are seen as dangerous enemies then they can only be managed through exerting social pressure and fear. Alternatively, if every impulse must be gratified, then relationships with others become only a means to your own ends. But if feelings are respected as valuable guides both to the state of your own organism as well as to that of others, then a very different culture arises in which others' feelings matter, and you are motivated to respond. There is a very different assumption that anger and aggression can be managed and kept within limits because they will be heard and responded to. They can be used to sustain the relationship. The emotionally secure person has this belief, a basic confidence in being heard, which facilitates inner control. This confidence in others helps him to wait and to think rather than to act impulsively. But if anger and aggression are taboo, the individual will be in a state of high arousal without any means of soothing himself, forced to rely only on his fear of others to hold back: a precarious strategy which may fail, ending at times in destructive dysregulated behaviour and the destruction of relationships.

As social creatures, we need to monitor other people as well as our own internal state, to maintain the relationships on which we all depend. Babies do this from the start – noticing facial expressions and tones of voice, highly alert and responsive to other humans even as newborns. If you

watch parent and baby together, you will see them improvise a dance of mutual responsiveness as each takes turns in sticking out their tongue or making a sound. Later, as babies start to move around under their own steam, they manage their growing independence by checking back to the parent's face for cues about how to behave: should they touch this dog that has just come into the room? Or smile at this stranger? The attachment figure becomes the touchstone, the source of social learning.

Emotional life is largely a matter of co-ordinating ourselves with others, through participating in their states of mind and thereby predicting what they will do and say. When we pay close attention to someone else, the same neurons are activated in our own brain; babies who see happy behaviour have activated left frontal brains and babies who witness sad behaviour have activated right frontal brains (Davidson and Fox 1982). This enables us to share each other's experience to a certain extent. We can resonate to each other's feelings. This enables a process of constant mutual influence, criss-crossing from one person to the other all the time. Beatrice Beebe, an infant researcher and psychotherapist, has described this as 'I change you as you unfold and you change me as I unfold' (Beebe 2002). In the next chapter I describe how the brain itself is subject to such influences.