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Stephen Seligman D.M.H.

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Integrating Kleinian Theory and Intersubjective Infant Research
Observing Projective Identification

Stephen Seligman, D.M.H.

This paper makes a series of intertwined points. At the theoretical level, it explores the possibilities for integrating Kleinian theory with intersubjectively oriented infant observation research: Infant researchers' emerging conceptualization of the nonverbal, internal, two-person relationship model as a basic element of psychic structure illuminates the Kleinian concept of phantasy. I apply this approach specifically to consider the concept of projective identification.

This effort seems quite timely. After decades of neglect, Kleinian concepts are attracting avid attention in North American psychoanalytic centers. But there is still considerable uncertainty about them, including the impression that they are inconsistent with the recent relational innovations. I hope to show that this impression is exaggerated and that instead, attention to the Kleinian concepts along with the intersubjective point of view allows us to think simultaneously in "one-person" and "two-person" terms. In this way, the intersubjective models can be extended to capture the density and variety of insights about the inner world in the contemporary Kleinian literature.

Stephen Seligman, D.M.H. is Clinical Professor of Psychiatry, Infant-Parent Program, University of California, San Francisco; Personal and Supervising Analyst, Psychoanalytic Institute of Northern California; and Faculty, San Francisco Psychoanalytic Institute.

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Melanie Klein’s insistence on the fundamental role of the self–object relationship at the most basic psychic level is among the most crucial of her many innovative contributions to psychoanalysis (Klein, 1946; Greenberg and Mitchell, 1983; Mitchell, 1997; Ogden, 1994; Grotstein, 1994, 1995; Spezzano, 1993).

The Concept of Projective Identification

Like many of the fundamental Kleinian concepts, the classical account of projective identification rests on Klein’s narrative of an infant who, motivated within the internal object world, handles the anxiety of inevitable inner destructiveness by phantasizing its expulsion into the object. Klein located projective identification as a crucial organizer of mental life in the paranoid-schizoid position, the early phase of development, which is characterized by oscillations, from self to object, in the “location” of anxieties and psychic valences such as goodness and badness (see e.g., Hinshelwood, 1991; Ogden, 1987; Spillius, 1988).

The mental life of this “Kleinian baby” is thus constructed along the lines of primitive, instinctual, bodily based phantasies; this account is consistent with Freud’s original idea that very early psychic life is organized around oral configurations as well as the life and death instincts. But Klein’s (1946) remarkable elaboration of the overall concept of phantasy transformed psychoanalysis by extending the original Freudian opposition between destructiveness and libido into an implicit psychology of affective bodily states (Isaacs, 1948; Spezzano, 1993; Stein, 1994) and by insisting on the centrality of self and object organizations within the earliest psychic reality. Klein must be credited with conceiving object relations theory: Indeed, she supervised many of its most important innovators, including Winnicott and Bowlby.

Much controversy and uncertainty have ensued over the powerful concept of projective identification—both within the Kleinian centers from which it emerged and in the larger psychoanalytic arena. Subsequent theorists, including Bion (1959), Winnicott (1960), Heimann (1950), Racker (1968), and more recently, Ogden (1982), developed the concept of projective identification to include the possibility that actual others, especially analysts and mothers, would
be affected by those processes originally occurring within the mind of
the infant or the patient. Some Kleinians, insisting on loyalty to the
one-person, instinct-theory roots of the projective identification
concept, have criticized the extension into the interpersonal domain
as a weakening of the concept (Hinshelwood, 1991).

Some non-Kleinians have been even more critical. From the ego-
psychological point of view, for example, Meissner (1987), argues that
the projective identification concept adds little to existing concepts.
From an intersubjective perspective, Stolorow and his colleagues
(Stolorow, Orange, Atwood, 1998) calling for elimination of the term,
makes a similar point. These critiques resemble the overall critique of
the traditional Kleinian notions of unconscious phantasy as speculative
and obscure. Many interpret infant observation research as strength-
ening this critique, as that research has buttressed the emerging
rejection of analytic instinct theory and has shown that infants are
more reality oriented than has been thought.

Some of these uncertainties have been amplified as the projective
identification concept has become part of everyday usage in the North
American psychoanalytic scene as part of the emerging interest in the
transference–countertransference field. In my own experience of dis-
cussing projective identification with students and colleagues, I have
seen as much imprecision as enthusiasm. The concept is sometimes
used to encompass all of countertransference or, at least, all situations
in which the therapist believes that he or she feels something like what
the patient is feeling. The boundary between projective identification
and empathy can become quite vague; a countertransference feeling
might be called empathy when it feels good and projective identification
when it feels bad or at least alien. One colleague recently joked
that therapists who are anxious about their feelings or behaviors with
their patients refer to projective identification instead of saying, "The
Devil made me do it!" (Robin Silverman, personal communication,
1997).

Despite these problems, the robust and evocative power of the
projective identification concept compels us to make efforts to use it
as fully and thoughtfully as possible. As a cornerstone of the extra-
ordinary contemporary Kleinian clinical literature (Spillius, 1988;
Schafer, 1997), the concept captures important elements of patient–
therapist experience, particularly those vexing moments when the
therapist feels pressured, consciously or unconsciously, to take on
feelings or entire roles that seem inauthentic or unacceptable—
moments when we feel especially unable to find a way to live within
the transference–countertransference field and still be true to ourselves. In many respects, this terrain bears more similarity than is sometimes noted to that of the intersubjectively oriented infant observers—a process in the two-body field, articulated in the preverbal background of psychic reality and interpersonal interaction that shapes interactions and individual experiences, often outside of awareness.

It is, then, well worth taking on the problems, and, indeed, some of them can be clarified by integrating the Kleinian phantasy-oriented approach with observational perspectives from infant–parent interaction. Rather than relying on a reconstructively inferred theory of phantasy, I approach projective identification as a particular form of constructing intersubjectivity within the psyche and in the interpersonal field.

**Perspectives on Psychic Structure from Psychoanalytic Infant Observation Research: Internal Models of Relationships**

Contemporary psychoanalytic infant observers have described the processes in which early infant–caregiver interactions may be structured in the individual so as to become fundamental forms of experiencing the world and relating and communicating with it and outside of reflective awareness (e.g., Beebe and Lachmann, 1983; Emde, 1983; Kumin, 1996; Stern, 1995). This description has much in common with the Kleinian point that phantasies like projective identification have effects on other psychic phenomena, including other phantasies, and that they are generally unconscious—that is, that they are fundamental organizers of psychic life that give it form rather than just imaginative mental contents organized along the primary process lines. But by directly observing the details of infant–parent interactions and then returning to the Kleinian concepts, rather than starting from the concepts and trying to push the observations into them, we can generate approaches that are more precise and immediate without losing explanatory depth and power.

To say that these “structures of subjectivity” (Atwood and Stolorow, 1984) can be illuminated by paying attention to very early and basic infant–parent interaction patterns is not to say that they are simple representations of such experiences. Any event takes on meaning in
relation to the subjective experience of those involved in it, and the processes by which "actual" events become internalized as stable elements of the psyche remain very complex, many of whose details are only now coming under careful scientific scrutiny (e.g., Schore, 1994; Perry, 1995; Beebe, Lachman, Jaffe, 1994; Stern, 1985). Instead, I apply infant observation research to the Kleinian theory of phantasy so as to (a) capture many of that theory's most significant elements, including unconsciousness and the idea that there are basic organizers at the "psyche–soma" level (Winnicott, 1949) that influence all of psychic life, especially in regard to important people, and (b) to emphasize that some of the more cumbersome and controversial assumptions of the Kleinian model are not necessary to create such an account. Indeed, when these assumptions are set aside, the most important elements of the powerful Kleinian approach are strengthened and clarified, thus becoming more available to the wider North American audience that they so richly deserve. More broadly, this synthesis advances the much-needed development of clinical-theoretical approaches that integrate the strengths of established one-person psychologies with emerging two-person approaches.

Two aspects of the contemporary, intersubjectivist reading of infant observation research are most relevant here: (a) the image of the infant–parent dyad as a two-person, mutual influence, mutual regulation system and (b) new understandings of nonverbal patternings in early dyadic interactions that clarify our understanding of the internal structures of meaning that are organized in preverbal, affective, chorographic, and kinesthetic dimensions of self-with-other experience.

**Infant–Parent Dyads as Mutual Influence and Mutual Regulation Systems**

In the past few decades, the image of the baby as solipsistic and unorganized has been supplanted by that of the infant and parent continuously monitoring, influencing, and determining each other's behavior and meaning. This view parallels contemporary schemes (e.g., the intersubjectivist and social-constructivist positions) that emphasize similar processes in therapeutic relationships. The emerging recognition of the inextricability of transference and countertransference, for
example, finds substantial resonance in infant research's concern with the transactional dynamics of mutual regulation in two-person caretaking systems.

**Nonverbal Dimensions of the Construction and Contours of Meaning in Dyadic-Interactional Fields**

Infant researchers, offering compelling and detailed accounts of the nonverbal, prerepresentational affective bases of infant–parent interaction, call attention to domains of experience and interacting that differ from the more verbally and symbolically articulated modes more commonly described by psychoanalysts. Overall, these researchers have argued that knowledge of the specific details and processes of preverbal interaction will enhance our sensitivity to the dynamics and structure of the creation and expression of meaning—including unconscious meaning—in affective and interactional modalities at all stages of the life cycle. (Alvarez, 1992; Beebe and Lachmann, 1988; Emde, 1983; Stern, 1995; Kumin, 1996; Seligman, 1996).

Using infant researchers' microanalytic concepts to look at both broad contours of psychic structures and the details of therapeutic interactions can specify these terms at the level of the fine details of both psychic structure and clinical process. Specific microinteractive sequences and patterns in dyadic interaction can be highlighted: Stern's (1985) careful description of affect attentunements are an example here, as are Beebe's (Beebe and Lachmann, 1988) descriptions of both interactive synchronies and sequences of disruption and repair. Other key interactional concepts (e.g., reciprocity, rhythmicity, contingency, affect, arousal, relational expectancies) have become central in both research and clinical work with infants and their parents and are offered as useful in tracking the moment-to-moment rhythms and tonalities that give both parent–infant and clinical interactions their distinctive feel (see, e.g., Stern, 1985, 1995; Emde, 1990; Beebe, Lachmann, Jaffe, 1997). This developing synthesis helps us become more aware of broad, nonverbal, affectively and narratively organized interactional "formats" in psychic structure and therapeutic interaction, through which intersubjectivity is created and structured. Various conceptual languages and contributions from several disciplines have been used to describe how self-experience and interpersonal interactions are organized according to generalized representations of relationships (Stern, 1985), affective patternings (e.g., Demos, 1988; Emde, 1983),
internal working models (Bowlby, 1988) and "procedural rules" (Clyman, 1992; Lyons-Ruth, et al., 1998) that regulate what individuals do with others and what they expect from them.

Example

To illustrate these points, let me describe a few minutes of interaction in which a six-month-old boy, Jamal Jr., and his father, Jamal Sr., play together. I show how direct and evocative images of infants and their parents can illuminate both the overall structure and moment-to-moment details of prerepresentational interactional process.

The overall tone of the interaction is loving and animated, even somewhat hyper, as Jamal Sr. revs Jamal Jr. up a bit. The father and son are obviously quite fond of each other, and there are frequent exchanges of gazes, an affectionate lilt to the father's vocalizations, and the father's readiness to wait for the son to finish whatever he is doing before taking another initiative or picking the son up. For example, the father lets the son carefully look over and finger the rug fibers before engaging the son in play grabbing a candy box. When the father picks up the son, there is a comfortable and shared relaxation.

Yet there is also some sense that the father is leading the son too fast, revving him up in a somewhat overstimulating manner. For example, when initiating the candy-box play, the father places the box out of his son's reach, and the son has to strain to crawl for it; Jamal, Sr. does not help Jamal, Jr. here, even though he sees that strain, and some might feel that there is a slight undercurrent of challenging teasing. But when the infant does get to the box, the father applauds him, and they share a moment of elation.

Meanwhile, Jamal, Jr.'s mother can be heard saying, with some pride and warmth, that her boy prefers her husband these days and that she is not surprised, as she wished for a girl. After a few moments, Jamal, Sr. leaves after letting his son know that he would be going and saying an affectionate good-bye. Jamal, Jr. follows his father out of the room with his eyes, looks at the candy box, looks back at the door, and then settles in to play with the box.

Many issues can be discussed here—the separation; the mother's comments about wanting a girl; the cultural dimension, inasmuch as this is an African American family; the father's motivations to have
his son be like him; and so on. Many of these broad issues can be seen in the particular nonverbal patterning of affection and influence between father and son. This includes, for example, the various emotions, the pacing of the interaction, and the role of bodily effort and bodily contact, as well as their impact on Jamal, Jr. ’s sense of his own body, including his strain, his sense of accomplishment, and his comfort in his father’s presence. Preverbal antecedents of his sense of himself as a boy are also obvious here. Overall, the influence is asymmetrical, with the father taking the lead most of the time, although he does usually notice his son’s cues. At times, it seems that the father is pushing too hard, overstimulating his son, and not paying enough attention to the little boy’s inner experience. But at the same time, the whole interaction has a very affectionate tone. This is the way that the elder Jamal loves his son: He is proud of his boy and awfully pleased that his son loves him and looks up to him. This joining is supported by the mother, too; she seems to take for granted that Jamal Sr. is grooming Jamal Jr. to take after him. Assuming that this is a typical interaction, young Jamal will continue to become like his father and will be admired for it; he is being encouraged to idealize and identify with his father. (A more extensive discussion of identification as a two-person process appears later.)

This situation involves a particular configuration of the parents’ (and especially the father’s) internal expectations, ideals, wishes, self-images, and so on—a configuration that interacts with the baby’s constitutional givens (e.g., an apparent motor competence), along with what he has already come to enjoy and how he has already come to experience himself. All of this is expressed in an observable form of relating between father and son, with distinctive rhythms, tonalities, and choreography. For young Jamal, being with father also means being like father, including feeling pushed and revved up somewhat; this way of being is also basic to how the elder Jamal feels, both to himself and to others. In another affective atmosphere, this experience might feel uncomfortably imposing and demanding to Jamal Jr., but the cheerfully proud and affectionate cadences of his father lead one to imagine that the boy might come to see being pushed a bit, as well as pushing people a bit, as part of a congenial form of getting along.

However well this ultimately works for little Jamal, this perspective gives us a window into how it feels to be this baby. Looking at this couple, we get a sense of how much these patterns are registered at
unspoken levels of how it feels to be oneself in one's body (e.g., in things like how it feels to use one's muscles) and how it feels to be oneself with someone else (e.g., in interpersonal expectancies and patterns of influence—whether others' cues will be followed and at what pace, when one chooses to listen and when to speak, and so on and so on). These experiences ("senses," to use Stern's term), then, are quite likely to be procedural and prereflective (not in awareness but not repressed) and located in physical and affective registers (rather than narratively coherent verbal forms).

Implications for Contemporary Theories of Psychic Structure and "The Unconscious"

The emphasis on nonverbal forms and meanings in psychic life thus has important implications for such essential concepts as phantasy, "the unconscious," and "psychic structure." These concepts are too often taken for granted: They are necessary for psychoanalytic clinical work and, indeed, have extraordinary metaphoric power, but it is all too easy to fall into casual usages that assume consensus and clarity without making crucial theoretical and descriptive assumptions explicit. Similarly, discussions that rely on assumptions about the nature of unconscious thought are often characterized by such pseudoconsensus.

Along with developments in related fields like neurobiology, affect research, and cognitive science, contemporary infant research links to a new and more panoramic perspective on "the unconscious," as it asserts the importance of prereflective nonverbal interaction structures. The concept of procedural knowledge, for example, refers to knowing-in-action forms that have relatively little to do with with language or reflection and that, in fact, might be disrupted if we think about them too much—a "prereflective unconscious," as it were (Stolorow, 1994). Cognitive theorists cite such familiar examples as riding a bicycle or stopping a car at a red light (Clyman, 1992). Similarly, neuroscientists, including prominently those interested in the earliest years, are now describing actual anatomical structuralizations of the brain that carry forward the patterns of the first experiences so as to shape the contours of later experience. These structures do not necessarily correspond to or generate mental events, but fundamentally influence them. (e.g., Perry et al., 1995; Schore, 1995).
Clinical and Theoretical Application: Pathological Asymmetries in Traumatic Parent-Infant Interactions and the Concept of Projective Identification

The possibilities for an integration of the overall Kleinian conception of phantasy with the emerging intersubjective models of infant-parent interactions—and specifically of applying this approach to the concept of projective identification—will now be illustrated in relation to the issue of the intergenerational transmission of trauma. Both the overall intergenerational transmission process and psychoanalytic concepts drawn from reconstructions based on the analysis of adults are clarified and enriched when reviewed in the vivid and immediate context of direct observation of infants and their parents. In addition to projective identification, the list of such concepts includes empathy, mirroring, and, even more broadly, internalization (see Seligman, 1991).

Case Illustration: Daniel and His Father

A vignette of a father and his three-day-old son, Daniel, drawn from a videotape made just before their discharge from the newborn nursery, can now be approached so as to clarify the concept of projective identification. This father had been repeatedly physically abused as a child and had abused his previous children, which finally resulted in their removal from his care. In this brief episode, he holds his baby very awkwardly, just below his neck, and forcefully brings the neonate’s face close to his own with a look that seems to convey some tenderness along with much anxiety. Next, the father tries to force Daniel to drink from a bottle while the baby desperately shows that he is satiated, first by not sucking and keeping his mouth closed and then by tensing up and finally going limp; during this sequence, the father rebuffs efforts by his wife and a therapist-observer to get him to notice Daniel’s resistance to his brutal ministrations, remaining oblivious to his son’s repeated signals. The father again brings his face intrusively close to his son’s, calls him “Chump!” and pugilistically says, “Do you want to tell me about it?” He hoists the baby high up in the air, as if he were roughhousing with a much older boy. Finally, as the baby seems to collapse into a droopy, withdrawn state, the father exclaims, “That’s enough of your garbage!”

This is disturbing to watch. In part, this reflects the extent to which we are prepared to read the infant as a comprehensible signaler, even
at three days, and we are blatantly disturbed when the father overrides these cues with his own malevolent attributions. This is not to say that the baby is self-conscious or signaling with a sense of agency. Indeed, to whatever extent this kind of interaction will become characteristic of his interpersonal experience, this boy will feel that helplessness and ineffectuality are fundamental modes of self-experience.¹

In an extended infant–parent psychotherapy, this father became aware of how helpless he had been as a child, especially when he was beaten by his own father; how much having his own children reminded him of this; and how intolerable this feeling was for him. The father thus was inducing a feeling in his son that he was not able to tolerate in himself, intensified as the infant’s presence evoked that feeling in him. In watching the details of the interaction, we can see how the infant is pressured to feel helpless, through interactions that are essentially nonverbal and prerepresentational. This also includes an agonizing sense of Daniel’s bodily experience—feeling prodded, tossed about, and deprived of any sense of comfort and control of his own body.

Projective Identifications and Coercive Asymmetries in Early Development: Phantasies, Nonverbal Interaction Structures, and the Intergenerational Transmission of Trauma

Projection and Identification as Two-Person Phenomena

This vignette, then, presents specific, observable details of interaction processes by which inner states actually come to be expressed and communicated in the intersubjective/interpersonal arena. With this in mind, we can now approach projection and identification as “two-person” phenomena, which we can describe in detail and “in real time” (Nachman, 1998).

¹ I emphasize that I am thinking hypothetically about potential developmental outcome in order to explore how we might think about the effect of such treatment on an infant—rather than offering any predictions or predictive formulae about the effects of a single relationship.
The most obvious element of the infant–parent interaction is the projective-attributive behavior of the father: He coercively overrides his son’s cues, he treats him with hostility while feeling that he loves him, he treats him like a thing without agency, and so on. In doing this, he externalizes and actualizes his own helpless, hostile, depleted “bad” self and object representations, attributing them to his son, putting them into action without any reflective thought.

Identification as a Two-Person Phenomenon

This nonreflective, coercive, asymmetrical attribution could be described as a “relationship format,” a “structure of subjectivity”; there could be many other such formats, including the somewhat more reciprocal but still asymmetrical pattern of Jamal, Sr. and Jamal, Jr. or, alternatively, an even more reciprocal pattern in yet another infant–parent interaction. In each of these situations, when the baby takes on some of the attributes of the parent as an aspect of the sense of self, we might use the term identification, but each identification pattern would have its own distinctive relational dimensions, including the sense of self-with-other, in a way that would not be best described in terms specific to the particular attributes that are involved but rather in terms of the overall contours of the interactional process. In the case of Daniel and his father, there is a particular kind of identification process, agonizingly characterized by controlling projection; this differs from other forms of identification (e.g., Jamal Jr.’s). (This perspective elaborates and is indebted to, but differs somewhat from, that of Sandler and Rosenblatt, 1962).

Projective Identification as a Two-Person Phenomenon

Under these conditions, Daniel has no choice but to “identify” with those relational-emotional states, including the sense of helplessness, that his father keeps out of his own awareness in thoughtlessly inflicting them on his son. And as the boy comes to take on helplessness as a characteristic mode of experience and relating, he might well, also becoming like his father, come to feel that the only way to get through this to a sense of interpersonal contact and effectiveness would be to forcefully, even violently, override the other’s attempts to influence and control him, as this would also be the only way to make his wishes
felt with his father. In Winnicott’s terms, this would be something like the development of a false-self organization. From another perspective, we would see him thus adopt his father’s “procedural rules” or “inner working models”—organizing his relationships, at the unconscious, preverbal level, along the affective-relational principle that the only way to make a difference in the world is to push as hard as you can, relying on intensity to overcome the unthought sense of pervasive helplessness (see Bollas, 1987).

This development would, then, constitute an identification with both sides of the father’s internal self and object world: Daniel, like his father, might become the abuser of the father’s own dyadic “abuser-abused” internal role relationship, but he would simultaneously be taking on the abused, helpless self as well. This identification, then, is with a dyadic relationship system rather than with a single role or, to put it another way, as an orientation of one’s subjectivity within a self-with-other relationship dyad characterized by oscillation between one position and the other. This perspective applies the contemporary notion that internal object representations are represented dyadically and is also consistent with the Kleinian account of the ubiquity of projection, introjection and identification in the internal object world.

“Identification with the Aggressor” as an Intersubjective/Interactional Concept

This general approach can be further illustrated in an effort to clarify the specific term, identification with the aggressor, which was proposed by Anna Freud (1936) and was used so eloquently by Fraiberg (1975) and others in regard to the intergenerational transmission of trauma, as well as more generally: Under such conditions, identification with the abusive aggressor is a reproduction of a relational process rather than just of an object representation alone. Daniel’s identification with his father as aggressor involves this internalization of the entire dyadic projective identificatory process, with its coercive, unconscious character; under such conditions, the particular nature of the identification-with-the-aggressor process is best described in terms of an internal dyadic model defined by its inescapability and coercive dyadic contours rather than in terms of a conceptualization in which the image of the aggressor is psychically relocated in the self. Identification with the aggressor does not do away with the victimized self; it projectively dislocates it.
To the substantial extent that Daniel’s experience with his father is organized around the two-person relationship of abuser—abused, with its peremptory affective intensity, Daniel would experience the two sides of the two-person interaction as comprising the universe of possible relational patterns. Under such constraint and without the benefit of reflective thinking that can conceive of alternatives, the controlling position might “settle in” so as to prevent the even more overwhelming sense of helplessness of which an infant like Daniel can hardly become aware. This sense of helpless inevitability without reflection has been vividly described by, for example, Bion (1962), who writes of a sense of “nameless dread,” and, more recently, Main (1995), who writes of “fear without thought.” It is, of course, one of the essential features of traumatic states, and the process thus described is one of the central mechanisms in the intergenerational transmission of trauma, as has been noted (see Silverman and Lieberman, this journal; Fraiberg et al., 1975; Moore and Coates, 1997, etc.).

Some Theoretical and Clinical Implications of Integrating Infant–Parent Observation Research and Kleinian Concepts

The concept of projective identification as an inner phantasy is thus recast in intersubjective terms as describing a particular procedural format at the most basic levels of self–object organization—a particular way of organizing the senses of self and intersubjectivity, with particular features—especially the constraining if not coercive assignment of one’s own intolerable and unthinkable mental states into one’s others and the foregoing of the coherence, vitality, and integrity that comes with the recognition of others’ differences, as that recognition is forfeited in such coercion.

In observing Daniel and his father, then, we are observing the earliest details of the construction of a psychic reality that originates in Daniel’s experience with his father—or in the father’s experiences with his father or even earlier in the intergenerational history—which then becomes part of the infant’s psychic functioning in a fundamental way as both content and process, as a basic form of his core relational-affective world. Careful attention to the moment-to-moment details of such asymmetrical patterns of interactional influence in parent–infant dyads thus sheds light on how such patterning can take place.
The projective identification concept here captures a particular form of asymmetrical influence, with both internal-structural and behavioral-communicational aspects, in which one person pressures another to experience as part of herself something that the first person cannot accept within his own self-experience. If this sounds confusing, that is because it is: It reflects an inner state of confusion about boundaries and interpersonal space. This is illustrated in the extreme in Daniel’s father’s way of constructing the flux of self and other in the interplay of the internal and external worlds, which is, paradoxically but typically, fluid and rigid at the same time. There is constant chaos and agony in his procedures for organizing which feelings and attributes “belong” to himself and which “belong” to his others.

The Kleinian perspective, in turn, adds to the intersubjectivist infant researchers’ perspective. The concept of the internal phantasy in an internally driven psychic world captures the repetitive pressure and compulsion that is so obvious here, along with the destructiveness that is so striking in this father’s blatant overriding of his son’s cues, as well as the crucial dimensions of unconsciousness and the sense of being a fundamental overarching psychic principle. More generally, then, we can here begin to move toward a reading of the Kleinian psychology of the internal object world, including as it does a sense of self, as an account of the subject in the vicissitudes of the intersubjective field. But the synthesis with the contemporary infant researchers’ emphasis on the social, dialogical nature of the baby’s world calls for a more open and varied model of these vicissitudes than is always offered, at least in the more tradition-bound of the Kleinian accounts: Contra Klein, it is not all infants who suffer from the absence of intersubjective vitality and the terrors of omnipotent destructiveness and deprivation; the imagery of the desperate world of the instincts is not universal.

The conventional account of projective identification does offer a powerful evocation of the world of those who have been traumatized: In cases in which the parents’ influence is especially forceful and onesided, without regard for the infant’s inner experiences or external cues, the controlling projective identification format will become most dominant in the child’s personality and likely will be passed on to the next generation in an inflexible way. Indeed, parents are always influencing their infants and attributing meanings to them, and so there will always be a dynamic interplay of parental projection and the
infant's attributes. But often, other kinds of identification—at the most basic, unconscious level of dyadic intrapsychic organization—will be more central, from the beginning of development, and projective identification as a peremptory form of ridding oneself of intolerable feelings will not be the central mode of psychic organization, even in earliest infancy.

Psychoanalytic Instinct Theory and the Infant's Bodily Experience

This approach implies that the classical account of infantile projective identification makes too much of retrospective inferences drawn from the analysis of older children and adults. To the extent that the Kleinian account of these processes anchors the theory of unconscious phantasy in general (and projective identification in particular) to the hypothetical world of the basic, irreducible, and "primitive" oral evacuative and incorporative phantasy structure of the psyche, as it is manifested in infancy, it underestimates the importance of actual early experiences at the most basic levels of the psyche and in the earliest moments of development and so diffuses its potential power. This particular "metaphor of the baby" (Mitchell, 1988) is an awkward one, widely criticized as inconsistent with the ordinary experience of those who spend time with infants, both clinically and as parents, as well as with empirical data (see Lichtenberg, 1983; Stern, 1985) and philosophical rigor (see, e.g., Wollheim, 1993, for a careful and sympathetic philosophical exploration of this issue). Many believe that psychoanalytic instinct theory's basic postulates have been fundamentally discredited, and infant research has been essential in this critique.

In the light of these criticisms, defenders of the traditional instinct theories argue that they have the special virtue of capturing something about the bedrock importance of the physical-bodily realm for both infants and adults. Integrating the traditional emphasis on phantasy with direct observational approaches to infancy offers a powerful response to these objections, as the direct observation approach is so attentive to concrete and vivid interactional processes that occur at the most basic psychophysical levels: affects; kinesthetic, proprioceptive, and other bodily experiences; rhythms; synchronies and asynchronies; and other details of interaction sequences. Reconfiguring the theory of phantasy with these elements as the "stuff" on which fantasies and
various internal representational formats are built clarifies a burdensome ambiguity in the Kleinian concepts and, indeed, in most of the “classical” models by untethering the questionable assumptions of instinct theory from the essential goal of keeping bodily experience at the center of the analytic discourse.

This approach also responds to problems with the evolution of the projective identification concept that have been raised both inside and outside the Kleinian community. In her review of the projective identification concept, Spillius (1988) wrote:

Klein was punctilious in specifying the exact physical means by which a projection was being effected and into which part of the recipient’s body. Even the original definition specifies “together with these harmful excrements, expelled in hatred, split off parts of the ego are also projected onto the mother, or, as I would rather call it, into the mother” (Klein, 1946), thus making it clear that the excretory organs are the executive agents of the projection. . . Gradually, however, many analysts have come to speak and think of projection by the mind of the projector into the mind of the recipient without specifying the physical basis of the phantasy, unless it is particularly obtrusive (pp. 84–85).

Describing the actual transmission processes in infant–parent interactions can help fill this gap and offer specific applications to transference–countertransference interactions of the sort from which the original concepts were derived. Accounts of bodily experience should indeed be included at the center of both developmental and clinical theory, but they should emphasize the entire sense of the body rather than configurations centered on particular zones or arbitrarily privileged physical states such as unpleasant tension. Moving away from the vestiges of the drive-instinct model’s caricature of bodily experience would open more space for the direct, empathic accounts of the crucial role of the body in personal and social experience, as is illustrated in the extreme in the overall sense of having one’s body become the object of someone else’s force, which is so apparent in the way that Daniel is handled by his father (Seligman, 1996). The account of identification as a two-person process that is simultaneously interactional and intrapsychic is more powerful than those vestigial narratives supported by oral ingestive metaphors, like incorporation and metabolism.
This direct approach to the body can be used to break through the traditional position that locates bodily experience in the "one-person" realm and social experience in the "two-person" arena. Instead, attention to the development of such physical senses of self in the course of relationships, especially those of infant–parent relationships, in which bodily experiences are relatively unmediated by language and other symbolic structures, locates bodily experience within the "dialectic of interpersonal and intrapsychic experience" that other writers have described (e.g., Spezzano, 1993; Aron, 1996; Hoffman, 1994).

Recognition and Self-Reflective Thinking in Developmental and Clinical Process: Integrating Post-Kleinian and Intersubjectivist Models of Early Trauma and Psychopathogenesis

This integrative approach to Kleinian and intersubjectivist models can also be extended to the contemporary psychoanalytic interest in the role of reflective thinking in personality and development overall, especially in the development of psychopathology. Bion, the most important of all Kleinian innovators, is among the most articulate analytic observers in this area. Many of Bion's ideas are now echoed in the work of intersubjectively oriented analytic writers, especially attachment researchers and trauma theorists. The integration suggested here provides an opportunity to bring Bion's essential ideas into dialogue with the relational-intersubjectivist thinking about child-parent interactions so as to enhance each in a way that demonstrates crucial correspondences between approaches that are sometimes thought to be distinctive, if not irreconcilable.

Bion and the Impediments to Reflective Thinking

Bion's account of development advanced Klein's by giving a more prominent account of how the mother potentiates progressive development by understanding and thus "modifying" the infant's most primitive projections, so as to enable the infant to reintroject them in a less primitive and thus more manageable and reality-oriented way (e.g., Bion, 1959, 1962; see also Ogden, 1994; Grotstein, 1994, 1995).
mother is thus responding to the infant by reflecting for him about his own raw experience, about which he cannot think; over time, under such positive conditions, the infant gradually develops a capacity to think for himself as a result of the reintrojection of the modified bits of his primitive world.

In contrast to this "normal projective identification," Bion described forms of pathological projective identification in which the caregiver fails to respond so as to transform the baby's destructive impulses, and instead re-presents them in their original dangerous, hateful, and disintegrative form. This leaves the child without any option but to continue to find ways to get rid of these intolerable feelings, but the reprojection onto the parent leads nowhere but to further intensification of the anxious state. A self-perpetuating, repetitive trap ensues, leading to potentially malignant and unstable psychological organizations (Rosenfeld, 1971; Steiner, 1987). This description, of course, captures something that is very familiar in an array of clinical situations, especially in certain kinds of transference–countertransference impasses, as well as in situations like those of Daniel and his father.

Bion's Model and Infant Development Research

From the contemporary infant research perspective, the concept of "normal" projective identification is flawed, overstating the extent to which infants are predisposed to experience themselves as having "bad" parts as well as organizing their response to those unpleasant experiences that they do have along the lines of expulsive phantasies. Instead, infants are understood as prepared for a variety of affective responses and predisposed to offer adaptive signals that initiate, respond to, and amplify their caregivers' efforts to help them feel better. In "good-enough" situations, babies come to experience biopsychosocial organization and agency without having to be extricated from innately potentiated catastrophic anxiety states. In addition, the particular idea that infants imagine placing their badness into another is regarded as a further reification of their experience along the lines of instinct theory, as I have already discussed. In a sense, this dimension of the Kleinian image of the infant both underestimates and exaggerates the infant's psychic capacities.

But in situations like Daniel's, the pathological projective identification concept remains very useful, with the caveat that it be
understood as describing a psychic situation that emerges from the dynamic interaction of infant and environment rather than as a result of the infant’s being stranded in the original instinctual state. It also captures crucial aspects of Daniel’s father’s psychic situation, including the inner compulsion and pressure that drive him and that he communicates to his son. Under the coercive conditions that Daniel’s father inflicts on him (as in many traumatizing situations), Daniel is deprived of opportunities for open development. He is permitted only one possible way to interrelate, and there are no “open spaces” (Sander, 1983) in which he can get a sense of his own agency and subjectivity: he cannot rest long enough to think that what is happening to him could be otherwise. At three days, he is already deprived of the chance to feel how his own signals can have effects and can be rendered meaningful by a caregiver’s contingent, understanding, and appreciative responses; instead, he is forced to become the receptacle-object for his father’s most painful unthought experiences—the site of the identification that his father has inflicted on him. In a sense, he will have no self (of his own), or, perhaps more exactly, he will have a nonsubjective self without any self-reflective awareness, a self-as-object-to-his-father, where the potential for a vital interchange between self and other has been obviated, if not annihilated, in the collapse of intersubjectivity that follows from the compelled identificative compliance with his father’s traumatizing projective identification (e.g., Davies and Frawley, 1994; Grotstein, 1994, 1995).

Taken in less extreme forms, this description corresponds to an everyday aspect of psychoanalytic work in which analysands push the analyst to behave, feel, and identify in specific ways that feel coercive and alien; this quality is, in some sense, part of every transference situation, especially negative transferences. Following Bion’s innovative readings of the projective identification concept, the Kleinian literature is unparalleled in describing such processes (e.g., Britton, 1992; Joseph, 1988; Spillius, 1988).

Commonalities Between Bion and Contemporary Innovations

In building a theory of the central role of relationships in the origin of reflective thought (to which I can only allude here), Bion (1959, 1962) embedded the original Kleinian model of infancy in an intersubjective model, although he was not always explicit about this. As one of Bion’s
most central concepts, "thinking" has special implications similar to those of emerging models linking the discovery of the intersubjective reflective space with an emerging sense of the security of one's own self-continuity and the reliability of the world of objects.

Bion's work converges with many currents emerging in the intersubjectivist, self-psychological, and relational arenas in linking the mother's responsiveness to the infant's awareness of his subjective experiences as distinct from the objective world. This also includes a recognition that others have minds of their own: By seeing themselves as seen in the minds of others, children come to feel affective vitality, inner coherence, and value and that it is possible to be one's own self as one is understood by and connected to others. Winnicott (1960), who was strongly influenced by Klein, was extraordinarily poetic and theoretically innovative in capturing this development in his accounts of the infant's creative discovery of the object in transitional space; Winnicott saw the prototypes of such processes in how a child's play creates (with persons, in toys, and in other transitional objects) a medium in which to express inner states in an external arena that is nonetheless of the self. Ogden (1994) has been especially innovative in synthesizing Winnicott’s and Bion's approaches in a contemporary psychoanalytic-philosophical context, as has Benjamin (1988, 1995) in developing the contemporary analytic-intersubjective approach under the influence of feminism and infancy research.

The recent migration of attachment theory to what can only be called an intersubjective perspective is of special interest here: Main (1995) has found that the strongest marker of the sense of a secure self in adulthood is the ability to reflect on one's experience—a capacity the significance of which eclipses even the actual quality of the experience itself. Expanding this research program, Fonagy and his colleagues (1995) have described the development of "reflective self-functioning," which includes the experience of recognition by others and the concurrent development of a sense of the fact that others have minds of their own; this capacity also involves the ability to conceive of "realities" other than the immediate one. They have correlated deficits in self-reflective functioning to adult psychopathology, especially to traumatic pathology (Fonagy, et al., 1995).

This emphasis on the vicissitudes of the development of self-reflective capacity parallels the emerging interest in the destruction of the abuse victim's ability to think in the midst of, and subsequent to
trauma (e.g., Davies and Frawley, 1994; Herman, 1992), suggesting a similar link with contemporary Kleinian–Bionian clinical theorizing (Grotstein, 1994; P. Goldberg, 1995). As with Daniel and his father, parents who have been thus traumatized will themselves often force their own children to experience internal images of self and others of which they are not aware, through coercive patterns of highly asymmetrical influence in actual interactions, such that the infants identify with parts of their parents’ experiences about which the parents cannot think. In addition, especially in older children, any demonstrations to the abusers that things could be thought otherwise may be brushed aside or even suppressed, on pain of loss of whatever relational comfort is available, and sometimes in response to threats of violence or other more explicit forms of coercion. Overall, the children are precluded from reflecting on their inner states of mind or about what is actually happening to them and instead come to feel that the experiences that they are having are just how the world works. Such internal working models (or sets of “procedural rules”) function without being subject to reflection and the sense that there can be alternative ways of behaving and relating. They are at the basic ground of experience but cannot be thought about.

Indeed, this is what people with a prevalence of such experiences in their childhood will demonstrate when the analyst suggests, through interpretation or other verbal interventions, that the affective world could be otherwise; with such “concrete” patients, it is often only action that will, gradually, provide the sense that things can actually be different. In the midst of pathological projective identification dynamics in both development and psychotherapy, reflection on the situation is impossible. As many have written, this is not a matter of repression but of the dissociative impossibility of thinking about what is going on, at all, except in dissociated or otherwise alienated forms. I elaborate these clinical implications in the next section.

Clinical Implications of Viewing Adults’ “Projective Identifications” as Repetitions of Coercive Relationships in Early Childhood

Understanding how patients’ projective identifications are repetitions of their parents’ coercions can be of great clinical value in the midst of intense transference–countertransference dynamics and in work with
Integrating Kleinian Theory

Parents and children, as Fraiberg (1980) and others have so poignantly understood (Joseph, 1983). Approaching such phenomena in terms of the specific details and compelling actualities of such relationships will facilitate greater immediacy and avoid common pitfalls in clinical work, even for analysts who are familiar with this broad perspective.

Contemporary Kleinians such as Joseph (1988), for example, in linking transference to projective identification, have clarified how transference is constituted by the patient's effort to force attributions onto the analyst, which at one level are taken as facts without the question of whether there might be alternative explanations. In transference-countertransference situations in which we feel repeatedly pressured to agree with impossible positions that compromise our feeling of personal integrity (i.e., within which we cannot be true to our analytic selves), we are often pushed to experience ourselves along the particular forms of relational rules that characterize the patient's internal object world, as was the case with Daniel, although we are rarely as helpless as he was. In parallel, patients who were, as children, constrained by misattributions that led to an ongoing sense of an inauthentic and misconstrued self often enter analysis with a coercive core preverbal way of patterning asymmetrical influence in dyadic situations. This will be actualized in the treatment relationship, often more in form than in content, in the particular contours of verbal and non-verbal interaction in the transference-countertransference field. In such situations, the analyst's experience of the pressure to comply with the patient's inner selves and objects reproduces the patient's childhood experience of misattribution and the foreclosure of intersubjective vitality, of potential space, often including, or at least evoking, hostility. Transference, especially negative transference, can reproduce the pressure of parental attributions that can hardly be reflected on; the more pathological the early processes, the more pressured and immune to reflection the transference will be.

Simultaneously remembering that the re-presented relationship state is one in which reflection is not possible while paying careful attention to the details of the analytic interaction can help therapists in difficult transference-countertransference situations. In such contexts, observing the specific details of the interaction through which the patient is attempting to control the analyst and the overall setting is usually more useful than the too common practice of offering general, inferential comments about the patient's unconscious state of mind. Even when "correct," such observations about the patient's motivations or difficulties with such broad issues such as "trust," "anger," "hostility,"
or even "anxiety" can fall flat or fuel the negative transference to an extent that careful observation of details will not. The following is a not-so-extreme example of this type of interaction:

One analyst found himself stymied by a woman patient who frequently characterized him as cruel and withholding, although he experienced himself as earnestly trying to be supportive. At one point, he was persistent in trying to help her talk about her feelings about his impending vacation and in trying to communicate how her affect went flat when she said that he "was entitled to take some time off" and that she was glad for him. His subsequent efforts to be empathic with her distress about his persistence were generally ineffective, as the patient would take them as condescending, and his interpretations of the projective and defensive aspects of her criticisms were even more provocative for her, as the patient took them as attacks that confirmed her view of the analyst as using pseudotechnique to humiliate her. As she confronted him, he found her comments to have a "grain of truth" but could not empathize with her saying that he was being sadistic (although he usually took his patients' descriptions of him seriously).

In this atmosphere, it was useful for the analyst to describe the details of how such interactions would proceed to leave him feeling that he could not possibly respond to his patient's critiques, because, if he agreed that he was being cruel he would be confessing to a crime that he did not feel that he had committed, whereas, if he tried to explain how he saw things differently, he would indeed be acting so as to lead the patient to feel attacked. As this description corresponded, in more or less specific detail, with the patient's treatment at the hands of her very critical and sometimes unreasonable mother, she became more able to reflect on the situation and make some links to the past.

At the same time that they supported self-reflection for the patient, these links also served an interactional/intersubjective function in the treatment by helping the analyst feel less controlled and giving him a perspective that relieved his own guilt and anger. He was thus better able to think about the patient's attributions and to work to create an atmosphere in which the patient's attributions could be handled differently from how the patient had been able to handle them when similar assaults were inflicted on him as a child. In addition, this process offered a glimmer of enhanced reflectiveness about the prototraumatic situation that was becoming reproduced in the analytic relationship; the analyst and patient were, together, finding a way to extricate
themselves from the shared experience of coercive attribution without perspective that was indeed characteristic of this patient's childhood relationships.

There are substantial pitfalls in overlooking the subtleties of such processes: The precocious and overgeneralizing interpretation of the patient's inferred inner states (especially of negative motives), without enough attention to the two-person interaction within which that inferred state is given form, overlooks the actual psychic organization of the patient and substitutes an experience-distant formulation. This can, from the point of view of the patient's subjective experience, actually repeat the original trauma of coercive attribution. Such approaches often overestimate the patient's own agency in creating the coercion—without speaking to the desperate and inarticulate sense of being coerced, which is actually at the heart of the patient's experience. For example, premature interpretations might confirm the patient's fear of being dominated by a needed object who has superior power who is also attributing negative motives.

This is further complicated by the way that a patient's coercive behavior may engender frustration and even hostility in the analyst, even when the patient is not feeling hostile or at least not experiencing the hostility. Therapists sometimes presume that their own hostile feelings are evidence of the patient's having transferred a feeling onto the analyst—that is, that the patient actually feels such a feeling, if unconsciously. But this position may instead reflect a misconstruction on the part of the analyst, who has added something derived from her own sense of having been offended and misrecognized and having her own expectations of the analytic situation violated: The analyst, in other words, may be more aware than the patient is of the rough and provocative side of the patient's behavior and may be adding a sense of outrage because she has known better. When the analyst simply attributes the hostile feeling to the patient, rather than seeing it as a newly constructed outcome of an intersubjective situation, the interpretation may indeed not only be premature but may actually be incorrect, and the patient may again experience misattribution. Here again, a less inferential and attributive approach may be more helpful.

Along related lines, such approaches often call insufficient attention to how inarticulate or constrained the patient is in trying to think and speak about the experience in a meaningful way. In other words, analysts sometimes incorrectly assume that the patient has a sense of
subjectivity, intersubjectivity, and agency and that talking is a vehicle of meaning for her; that is, analysts sometimes incorrectly assume that patients can "think" in Bion's sense or, to put it another way, that patients have achieved some modicum of the "reflective self-awareness" that Fonagy has recently described. (cf. Peltz, 1998). Inasmuch as many patients cannot actually reflect on the reflective language that is offered, there may be an experience of being told that one is actually feeling something that one does not know about—that one does not actually know one's own mind. This parallels another aspect of traumatization, one in which the victim's basic sense of reality is undermined.

When patients with such experiences—and such experiences are more common than may be realized, even in more moderated forms, in "neurotic" patients—treat their analysts as they have been treated, they may still feel (at the same moment) that they are being treated that way themselves; pathological projective identification is an unstable and unsuccessful defense (organized around oscillations of self and object positions) that leads to its own repetition, as already described. At the same time, patients cannot know that they are doing any of this any more than Daniel's father knew what he was actually doing or perhaps any more than Daniel could have been aware of what was happening to him, because such nonawareness is itself part of the psychic state that is being reproduced, and such nonawareness may be protected by a variety of defensive processes, such as splitting, denial, and dissociation.

The patient may be initiating projective identification in the analysis, but this apparent act of illusory agency may be little more than, as has been discussed, a desperate attempt to avoid the even more unbearable psychic possibilities, including loss of the entire relationship and the sense of desperate frustration and isolated and overwhelming helplessness that are at the core of his or her experience, much as they were for Daniel and, ultimately, his father. Patients are always attempting to make their analytic therapist into someone other than who he or she usually is, someone whom they hope for, and someone whom they fear. This is one of the underlying conditions of transference, and it is one of the essential clinical facts that give the projective identification concept its appeal. Indeed, the contemporary Kleinians have made one of their most distinctive contributions in seeing this type of influence process as ubiquitous in analyses rather than as restricted to treatments of more disturbed patients. But, when
this perspective is used without subtlety so as to overattribute negative or destructive motivation to such patterns, locating their origins somewhere within the patient, perception can turn into persecution, and therapeutic opportunities may go awry.

Conclusion

Overall, this approach is consistent with many of the points emerging in the exceptionally sophisticated Kleinian literature on transference and countertransference, in the emerging contemporary relational-intersubjective theory in general, and in the emerging clinical literature on the treatment of traumatized patients, which has been driven by both clinical experience and percipient feminist critiques of earlier views; this critique is not intended to diminish the importance of the elusive processes that are captured so incisively in the Kleinian emphasis on phantasies and the internal object world.

The contemporary Kleinians are among the most acute analytic observers of the intricate interrelation of the intrapsychic and transference-countertransference fields; thus, there is greater overlap with the emerging intersubjective paradigms than is often realized. The analytic situation is set up to amplify patients’ efforts to influence their therapists to feel and act so as to experience and enact their internal worlds. Kleinian analysts have been especially sensitive to the extent to which such pressure is one of the underlying conditions of transference in general and have used the projective identification concept as one of the cornerstones of this realization. When we delink the image of the infant from analogies with psychic primitivity, severe psychopathology, and the like, what remains in the Kleinian lexicon comprises an extraordinarily rich and surprisingly experience-near set of descriptors of dyadic interaction in general and of the special kinds of interactions and peculiar patterns of dyadic influence that take place in analytic relationships in particular.

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3667 Sacramento Street
San Francisco, CA 94118
seligmn@itsa.ucsf.edu