

## An Infant's Experience as a Selfobject

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Exploration of the clinical literature shows an awareness that an infant's experience as a selfobject often is traumatic, but if there is an experience of mutuality the trauma might be avoided. Where such mutuality does not occur, an infant's experience of constantly repairing a depressed parent, or of being blamed, abused or having an identity imposed by a parent, leads to exhaustion and/or traumatization. Kohut's paradigmatic case of Mr. Z is presented as an example of the distressful effects of being a selfobject (of idealization) for a mother.

Patients who were traumatized as infants by functioning as a selfobject for a parent often present for psychotherapy seeking an archaic form of twinship which recreates the infant-parent traumatizing relationship by imposing on the therapist the function that had been imposed on them as infants. Until this archaic twinship is empathically understood, accepted and explored with the patient, the lasting effects of the traumatization are not resolved.

As Kohut documents (1), his selfobject concept crystallized out of his experience of a patient's (Miss F) persistent view of him as her psychological extension. Eventually it became the cornerstone of self psychology theory. Basch (2), for example, goes so far as to say that "the concept of the selfobject is the most important contribution to the investigation and treatment of psychological life since Freud discovered the psychoanalytic method and the significance of the transference" (p. 1). From this recognition of the importance of a patient's hunger for a selfobject experience, a model emerged of a therapist functioning as a selfobject for a patient and, by extrapolation, a parent functioning as a selfobject for a child. Patients presenting with selfobject

hungers were seen as having an arrested development. Arrests in an infant's self-organization were the result of an absence of parental selfobject functioning during critical periods of infancy and childhood.

Also recognized, but not emphasized, was the idea that the analyst turns to the patient for selfobject experiences, as does a parent to a child (3). Wolf (4), for example, argues that "the analyst, just like the analysand, enters the analytic situation with certain needs for selfobjects" (p. 585). I (5) explored this idea as a "reverse selfobject experience." A reading of the clinical literature shows many examples, commencing with the six cases that were published to illustrate self psychology theory (6).

In four of these cases (Mr. M, Mrs. Apple, Mrs. R, and Mr. B), patients expressed negative feelings about functioning as selfobjects for a parent when a child. In the case of Mr. M, "the focus was on his having felt emotionally exploited because he was not responded to in terms of who he was, but in terms of what he could do for his parents" (p. 140). In the second case, Mrs. Apple says, "I've been the strong one. The roles between mother and child are reversed. She's always seeking praise, support, all the things she needs" (p. 207). In case three, when Mrs. R refurbished her apartment and enthusiastically communicated her ideas, her mother "changed the conversation to a subject that had to do with herself, her activities, or her own life" (p. 305). And in the fourth case, when his therapist suggested that Mr. B "existed only for his mother when she needed him or he her,...his response was, 'Oh, my God, you're so right!'" (p. 379). Reflecting on such case material, Kohut (7) referred to parents "who are unable to respond to their children's changing narcissistic requirements... because they [use] their children for their own" (p. 274).

By focusing on psychotherapy cases, the negative consequences of an infant functioning as a selfobject for the parent are highlighted. These consequences are reported by therapists sensitized to the importance of selfobject functioning (8-14). Reports of clinical material that reflect this experience go back to Ferenczi (15, 16), Balint (17), Schmeiderberg (18), and others (19-21).

When we consider parent-infant observations, it is clear that not all reverse selfobject experiences cripple self-development; they may be a part of normal growth. So, conceptualizing an infant as a selfobject for a parent raises questions about the nature of infant trauma. Are all infant experiences as a selfobject for the parent traumatic, or only some? If only some, what makes experiences traumatic? Stated another way, when is the infant functioning as a selfobject for the parent exploitation, and when is it not? Based on the evidence of incest's negative consequences, there is a consensus that a child's sexual selfobject function is damaging. But incest is an extreme example. In what follows we explore the infant's experience as a selfobject for the parent as (A) a traumatic lack of mutuality, (B) reparative and imposed infant selfobject experiences, (C) Kohut's case of Mr. Z, and (D) twinship transferences.

#### A. Traumatic Lack of Mutuality

When Stolorow and Brandchaft (22) refer to a child's archaic merger selfobject function they say:

When a parent consistently requires an archaic state of oneness with a child...then the child's strivings for more differentiated selfhood become the source of severe conflict and guilt. In such instances the child perceives that his acts of self-demarkation and unique affective qualities are experienced by the parent as psychologically damaging, often leading to the child developing a perception of himself as omnipotently destructive" [p. 245].

The parent has to "consistently" require an archaic merger for trauma to occur, not just an occasional, temporary merger involving the soothing or mirroring of a parent. Such a position is consistent with that of Tomkins (23) who saw affects motivating corrective behavior, but if continued at a high rate of neural firing, creating trauma - Freud's theory of "unbearable affects." Such a view rejects the idea that an infant is always traumatized by functioning as a selfobject. For example, some patients who occasionally functioned as selfobjects for me (when I had back surgery, for instance), not only were not damaged, but made significant increases in cohesiveness. This positive experience does not preclude the possibility that a patient's functioning could be traumatic; but it affirmed that it was not necessarily so. Perhaps an excessive use of an infant as a selfobject by the parent may produce the trauma. But the idea of excess introduces the problem of how an infant determines excess?

Grotstein (24) has one solution. He takes the view that a patient's selfobject functioning can be constructive and suggests that mutuality is the key to the absence of trauma when the infant functions as a selfobject. He states:

There seems to be a field of mutual empathy between child and mother in which each is encouraged and mirrored by the other. That imparts a feeling of self-satisfaction to the infant. Good "mirroring" by a maternal selfobject is probably not enough to make an infant self feel good... The infant must also develop the sense of reciprocity and responsibility--the capacity for care and concern for mother and the desire to mirror her as well (pp. 175-176).

He was offering, in effect, a type of mutual influence theory which suggests that an absence of such mutuality helps produce a traumatic affective state.

Beebe and Lachmann (25), who reviewed the observational work of infant developmentalists, offered a mutual influence theory that supports the clinical experience that a patient's selfobject functioning, per se, was not traumatic. They observed that in a healthy dyad, mother and infant mutually influence each other beneficially. Viewed from self psychology theory, mother and infant function as mutual selfobjects. Mutual selfobject experiences serve as an antidote to trauma, explain the difference between an infant's healthy and pathological selfobject functioning, and indicate that the direction of the selfobject functioning is not crucial. This means that the terms "reverse selfobject experience" and "inverted family relationship" (16), which emphasize direction, are not a useful focus.

Trauma arising from the infant's functioning as a selfobject may be explained by the mutual influence theory of the infant developmentalists (25). An infant's functioning is traumatic, not from the direction of the interaction, but from the lack of interaction itself. This is a dynamic form of Kohut's "absence" idea. Mutuality helps the infant energize the mother who in turn continues her investment in the infant. Under such a model, what is traumatic is an infant's prolonged functioning as a selfobject for a parent who has no capacity for mutuality, or has a significant temporary inability to respond. The infant's selfobject function for the parent becomes exhausting, burdensome, then traumatic, without a reciprocal selfobject experience with the parent.

Similarly, a mother's functioning as a selfobject for the infant may become burdensome, exhausting, and traumatic if an infant is unable to participate in a process of mutual selfobject functioning and if the mother lacks other resources from which to experience this enlivening mutuality. Infants born with a defective capacity to mutually respond with a mother, such as those born prematurely, place a burden on the mother to function as a selfobject until they are eventually

able to respond. A mother can function as a selfobject for an infant if she has energizing resources outside the mother/infant dyad, but an infant, who generally does not have alternative resources, is more likely to be traumatized by an absence of the mother/infant mutuality than a mother.

Using self psychology's concept of a selfobject, we may interpret the mutual influence theory of the infant developmentalists as portraying an early form of mutual selfobject functioning. The breakdown of mutuality makes the initial experience of "individualism," the desperate solo efforts of the infant to restore a parent's cohesiveness, traumatic. As long as there is mutuality, an infant is able to function as a selfobject for the parent without feeling exploited, enraged, or traumatized.

Placing the emphasis on mutual selfobject functioning explains not only healthy development, but the crippling effects of a merger with the child. The clinging behavior of a mother's archaic merger with a child, where a child sustains the cohesion of a parent, prevents mutual selfobject functioning and an enlivening of a child by a mother, eventually producing in a child a frightening experience of fragmentation. Stolorow, Brandchaft, and Atwood (11), in generalizing about such an experience, state that "when...[affective] states conflict with a need for the child to serve the parent's own selfobject needs -- then the child will experience severe derailments of his self-development" (p. 70). It is not a child serving as a selfobject that is seen as being pathogenic but a child doing so when this serving conflicts with his/her own needs and precludes adequate responsiveness to his/her own affective states.

Exploration of the infant's functioning as a selfobject for a parent conforms to the general designation of the selfobject as "a class of psychological functions pertaining to the maintenance, restoration, and transformation of self experience" (29, p. 274). To the extent that parentally imposed functions prevent mutuality, the need for maintaining the parent's cohesion occurs at the

expense of the growth needs of both the parent and infant. To the extent that mutual selfobject functioning occurs, both parent and infant are able to grow, as well as maintain cohesion.

Mutuality of selfobject functioning may be misconstrued as a form of interpersonal or social theory. Such theoretical misunderstanding occurs only if the concept of a selfobject as a subjective experience is ignored. Although it has an interactive element, the idea of mutual selfobject functioning is anchored in the subjective states of those involved and is a reflection of the "intersubjective field." Mutual selfobject is understood as an alternating form of mutuality. By calling the experience "alternating" and "mutual" the subjective nature of the interaction is preserved.

Trauma consists of "unbearable affects" that result from a failure to establish alternating, mutual responding. The infant's function as a selfobject may encompass being idealized by the parent or mirroring the parent. These selfobject functions are subsumed here as an infant being a reparative selfobject for the parent, where the infant attempts to relieve the mother of depression and/or anxiety (through mirroring or being idealized) so that mutuality is generated again. Another type of selfobject functioning is where the parent, to maintain his/her cohesiveness, imposes such functions as blame, abuse, or identity on the infant. When these types of selfobject functions are consistently imposed on the infant, there is very little, if any, mutuality and hence a high risk for traumatization. We shall examine these two important categories in more detail.

## B. Reparative and Imposed Infant Selfobject Experiences

In functioning as a reparative selfobject, the infant mirrors or soothes the parent or is idealized by the parent so that the parent is able to function as a selfobject for the infant and a sense of mutuality

is re-established. The most likely situation where a child does this is when the parent lacks other selfobject resources. The child functions as a reparative selfobject because this is the best chance for mother and child to survive.

### Vignette 1

Mr. W, for instance, sought treatment for depression. He commenced his second session by reporting that his mother had "picked a fight" during a long-distance telephone call because he had resisted giving her minute details of his first therapeutic session. A divorcee, the mother was fearful of being deprived of the "emotional support" of her eldest child, and wanted him to soothe her feelings. Mr. W realized that his function of relieving his mother's feelings had existed for as long as he could remember, even before the divorce of his parents. Because Mr. W had experienced success in repairing his fragmented mother, and because his mother's requests for his support were intermittent, she was able to sometimes function as a mirroring selfobject for him and establish a mutual relationship. Mr. W's selfobject functioning as a child was not so traumatic as to leave him with a severe personality disorder.

### Vignette 2

Another client, Mrs. G, despite her efforts at reparative selfobject functioning, could not establish a sense of mutual responsiveness as a child and was severely traumatized by the experience. As a full-time art student she had a passion for drawing faces to bring them "to life." She particularly concentrated on depicting expressions of joy and vitality. Eventually, Mrs. G was able to understand that her artistic work was a symbolic attempt to heal her depressed mother and her own depressed self. She indicated that her cheerful, energetic behavior when growing up masked her

sense of failure for not being able to establish a sense of mutuality with her parent. The price paid for this failure and the consequential trauma was her own arrested development.

### Vignette 3

Selfobject functions of blame, abuse, and identity, imposed by a parent, generally leave little room for mutuality, unless they are brief and intermittent. Lax's (27) vignette of Mrs. A reveals a person who was a blamer as an adult and a selfobject of blame as an infant. Mrs. A complained about the shortcomings of her husband. He was so forgetful of his obligations toward others, of business appointments, and of promises to his children, that Mrs. A kept a diary. She believed that without her efforts his business would deteriorate, their children suffer, and their friends think them irresponsible. In sessions Mrs. A bemoaned her fate, was critical of others, and indignantly belittled her husband.

Patients who function as selfobjects of verbal or physical abuse as children are generally hostile, obnoxious persons as adults, full of hatred, and involved in destructive behavior. Often forced into treatment when parents or employers can no longer tolerate their behavior, they may initially experience treatment as a form of verbal abuse.

### Vignette 4

Mr. S, a 19-year-old son of wealthy parents, left college midway through his second semester after receiving academic probation. Mr. S had been oppositional to his parents for many years and had nothing but contempt for them. He arrived for his first session 22 minutes late, indicated he did not believe in psychotherapy, and thought that therapists were charlatans. His hair was long and dirty,

his clothes disheveled, and his face chalky white for having stayed up most of the night. He complained that the 11.00 A.M. appointment was too early for him. He then sat in a hostile silence with arms crossed over his chest. When he finally spoke, it was to harangue the therapist.

As a selfobject of identity, a parent imposes a mantle of unfulfilled parental goals and ambitions on a child.

#### Vignette 5

As seems to be the case of David Helfgott, as depicted in the movie "Shine," L's mother, who wanted to be a concert pianist, had forced L, beginning at the age of four, to learn the piano. Despite the daughter's small hands and lack of musical talent, the mother pressured her into continuing the lessons, and became so hostile with her compliant daughter's slow progress, that the daughter experienced piano playing as traumatic abuse.

One problem with the imposed selfobject of identity concept is that children may thrive under such a mantle, while others, who have been "pushed" incessantly by parents, are traumatized by it. If mutuality occurs, then the infant will accept a great deal that is imposed. In a similar way, blaming, verbal abuse, or even physical abuse may not traumatize if there is no sustained breakdown in mutuality. Such a view is similar to the popular notion that parents can be demanding as long as they are also giving.

Although imposed functions of blame, abuse, and identity are discrete concepts, in clinical histories they often occur together. When does blame become verbal abuse? Maybe an imposed identity becomes a reason for abusing. And so on. The focus is not on distinguishing between

these functions, nor even on the fact that a selfobject function is imposed, but on the breakdown in mutuality under imposed conditions.

### C. The Case of Mr. Z

The paradigmatic case of Mr. Z (28) also reveals Kohut's interest in the issue of the infant as selfobject. Although the second analysis of Mr. Z shows a radically different approach to treatment based on Kohut's new theoretical understanding of narcissism, the case also reveals a patient who, as a child, functioned as a merger selfobject for his mother. In the second analysis, Mr. Z's mother is depicted as pathologically jealous and having attitudes that emotionally enslaved those around her and stifled their independent existence. With Mr. Z, the mother's merger needs showed up in her interest in his feces, his possessions, and the blemishes on his skin. She had insisted, for example, on inspecting each of Mr. Z's bowel movements until he was six years old. When she abruptly ceased these inspections, she became preoccupied with his skin, particularly his face.

Mr. Z functioned as an idealized selfobject for his mother who doted on him as well. It would be easy to de-emphasize Mr. Z's selfobject function for his mother because of his own avowed idealization of her. A careful reading of the case, however, suggests that Mr. Z's idealization of his mother may not have served as a selfobject function. He may have idealized her as a defense against recognizing disavowed rage at feeling entrapped by his mother's archaic merger needs. Any recognition and expression of this rage would lead to his mother's and, consequently, his own fragmentation.

In the case of Mr. Z, this linking of an archaic merger transference to the patient's idealized selfobject function for the mother, suggests that the imposed functions of blame, abuse and identity

may often be part of an archaic merger experience. An examination of the selfobject functions imposed by parents on infants helps us understand how the mother "usurp[s] the baby's forming self into her own" (p. 636), compared to the healthy mutual "partial mergers" that Kohut sees as "a necessary aspect of the self's existence" (p. 649).

#### D. Twinship Transferences

Twinship transferences are sometimes presented by patients whose functioning was impaired because they were serving as a selfobject for parents when children. Kohut (29) discovered the importance of twinship when one of his patients described a fantasy of a genie in a bottle. This genie was experienced as a twin to whom she could relate whenever she felt unsupported and alone. The patient remembered a time when, aged four, she had stood in the kitchen alongside her grandma, kneading dough (p. 196).

In Kohut's examples, twinship involves a child as a twin to a parent; that is, a child feels a sense of sameness by entering and sharing a parent's world. Archaic twinship transferences with patients who have been traumatized by reverse selfobject experiences, seek the therapist to share the patient's world, the reverse of Kohut's twinship examples. If patients were blamed as children, they find something with which to blame the therapist; if abused, they verbally abuse the therapist; if a mantle was traumatically imposed on them, they impose demands on how the therapy proceeds. With the therapist as the child and the patient as the parent, a patient creates a twinship experience for a therapist to empathically understand a patient's experience as an infant, as happened in the movie "Good Will Hunting" where the patient began by analyzing the therapist.

Hints about a twinship transference are given by Freud. In a diary entry, Sandor Ferenczi noted that Freud had described how, early in his practice, he lay on the floor, sometimes for hours at a time, accompanying a patient through crises. According to Swales (30, p. 50), this Ferenczi entry refers to Baroness Anna von Lieben, the borderline patient Freud saw for three years, sometimes twice daily, who taught Freud so much about psychotherapy that he called her his "Lehrmeisterin" (master teacher). Supporting Ferenczi's report, and the possibility that Freud was unwittingly responding to the need for a form of twinship, are statements by family descendants of an "extraordinary kind of rapport--some extraordinary intensity of mutual 'infatuation'--between Anna von Lieben and Freud." Did Freud intuit that in imitating the behavior of this very disturbed patient, he was able to share her affects?

Patients with a history of traumatic functioning as selfobjects may resist bonding until the therapist empathically understands the twinship transference of the patient. Lorenz's (31) work with the "triumph ceremonies" of Greylag geese suggests that a patient's so called "resistance" to a bond is the initiation of a twinship experience as a means of forming a bond. Patients with a history of being traumatized by functioning as an imposed selfobject for a parent do not bond easily. These persons, in seeking an archaic twinship that is difficult for a therapist to understand, test the therapist's capacity for mutuality before they allow emotional ties to form.

### Concluding Remarks

Once an infant's selfobject functions for a parent are studied, a set of imposed functions emerge such as blame, abuse, and identity, as well as the mirror and idealizing associated with reparative selfobject functions. None of these infant selfobject functions automatically involve trauma unless they are accompanied by a lack of mutual selfobject functioning. The trauma from selfobject

functioning without mutuality may lead the patient to create a twinship transference as a bridge for the therapist to enter the patient's world first and thus help form a healing bond.

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