## Was Freud a Bionian?

## Perspectives from parent-infant psychoanalytic treatments

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## Abstract

Parent-infant clinicians conceptualize their work and their understanding of the infant mind in various ways, though often without using classical psychoanalytic terms. This is paradoxical since psychoanalytic theory, from its inception, was founded on speculations about the infant’s mind. Areas in which Freud substantially based his theory on such speculations include his visions of the dream, the formation of the unconscious, the pleasure principle, primal repression and repression proper, the primary and secondary processes, and sexuality.

In Freud’s early writings one can discern precursors of Bion’s theory of the container/contained and the infant’s world of emotions. The project of tracking such similarities is not only of historical interest. It is also done in the hope of inspiring clinicians to apply psychoanalytic concepts in their understanding of the therapeutic process in parent-infant work. This may help them understand the internal world, in the psychoanalytic sense, of the baby in therapy with her parent. A clinical vignette is submitted.

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Was Freud a Bionian? This odd question began as a hunch when I was re-reading a work published shortly before Bion’s birth: *The Project of a Scientific Psychology* ( 1895/1950). Freud’s intention was “to furnish a psychology that shall be a natural science… to represent psychical processes as quantitatively determinate states of specifiable material particles, thus making those processes perspicuous and free from contradiction” (p. 295). Today, *The Project* seems outdated; to the neuroscientists who have progressed enormously for more than a century – and to analysts who differentiate natural science data from their therapeutic guesswork and intuitions. But my longstanding fascination with a vibrant and creative conflict in Freud, between the natural scientist and the hermeneutic, made me realize that under its “cloak of brain physiology”, this abstruse text might reveal “a wealth of concrete psychological hypotheses, of general theoretical assumptions and of various suggestive hints”, to quote from Strachey’s preface (p. 350).

Since then, my presentation has taken on a wider scope; to investigate how far I can integrate the Freud from my basic analytic training with the Bion that I studied in my child and parent-infant analytic training programs. During the latter I re-discovered, in parallel, that Freud took the baby very seriously – as a human being whom he observed carefully and as a linchpin in his theoretical enterprise. I was dissatisfied when my fellows threw him out with the bathwater to the advantage of an interest in, or veneration of, Bion. To make me even more disheartened, I found that much literature on parent-infant therapy was indifferent, cursory, or hostile towards Freud *and* Bion to the advantage of attachment and developmental theories. So, how was I to make a “personal truth” and a beacon out of all these sources – when I was treating a distressed baby and an unhappy mother and “the storm-blast came”, “tyrannous and strong”, to quote Coleridge’s *The Ancient Mariner*.

I reached out for another beacon, *A Beam of Intense Darkness*, Jim Grotstein’s (2008) wonderful and rich work on Bion’s legacy. Here I found someone with so much more knowledge of Bion than myself. Grotstein, like myself, has followed the trajectory Freud – Klein – Bion and seeks to clarify what distinguishes them. I came to note some points at which I took issue with Jim. Now, I had to take arms against my sea of troubles unless I would drown in it. I decided to focus on the baby and compare Freud’s and Bion’s descriptions of her. I will submit Freud’s notion that the baby tends to regard a non-satisfying object as hostile, and that this experience will elicit a defensive activity which may impact negatively on her relationship with mother. I will then submit Bion’s notion of the infant mind, the use of projective identification in the traffic of beta- and alpha-elements, and the role of the container-contained relationship. But first, some clinical material as food for our discussion. A much lengthier description of this case is found in Salomonsson (2014).

## Tina and her mother Nathalie

At the Child Health Centre where I work as a consultant I am asked to see Nathalie, a mother of three children. Her three-month-old daughter is screaming terribly and she cannot decide on the girl’s name, which torments her. During our interviews, Nathalie tells me about her mother’s self-preoccupation, her father’s demanding character, and an anorexia at the time of her parents’ divorce when she was 17. We start working twice weekly in mother-infant therapy and I will provide material from the fifth session.

The girl is asleep in the baby carriage. Nathalie tells me about the recent christening: “Finally she got her name, Christina Jennifer Martine! My father told me his great grandmother was called Christina. Martine comes from William’s (her husband) family while Jennifer comes from myself. I wanted her to have a name containing the letters Na, to match my name Nathalie. I even fantasized she’d carry my name, but that would be weird! Christina is good; it carries some of my own letters.” At home, she tells me, they call her Tina.

Mother: Tina starts screaming when we are about to take a walk. As soon as I put on her sweater! I don’t understand why!

Analyst: Could it have something to do with how *you’re* feeling about going out?

M: I don’t think so. I don’t feel anything special. Maybe I’m tense because she’s tense.

A: Some kind of vicious circle between you. And who knows where a circle starts?

M: Yeah. Her screaming is terrible. At my son’s nursery, they call her “the Fire Alert”.

The girl wakes up. Nathalie picks up Tina with a smile and puts her on her lap. Tina is sleepy and smiles briefly at me. After another minute she starts yelling. The terrible sound pierces my very marrow. I have a feeling of someone drilling my head and of my brain swishing about in my skull. Nathalie gets tense.

Analyst to Tina: You are screaming terribly and we don’t know why. This must be very hard on you. How are things for Mum?

Mother: I feel sorry for her. I don’t understand why she’s screaming. In these situations, only the breast will do. But I don’t want to breastfeed her all the time, it can’t be right!

A: Tina, I also note that you don’t look Mum in the eyes. You were looking at a painting on the wall but when your eyes returned to Mum you closed them. Well, no, sometimes you peer at Mum. I wonder why you don’t look into her eyes.

M: Yeah, I wonder…

A. to the still screaming baby: Tina, maybe you’ve got two Mums? One appears when you smile happily at Mum and look into her eyes. The other one you don’t dare looking at. You seem scared of her.

M: When you mention two Mums, I think of “Christina” and” Tina”. Those names are so different. Tina sounds nice and cosy while Christina is more stern and old-fashioned. But it also contains “Stina”, which has a gentle ring to it. I have made her confused by calling her Christina and Tina. I’ve been joking that she’ll become schizophrenic one day.

The girl continues yelling until mother offers the breast. She takes it immediately and calms down.

Analyst: Perhaps there is a third Mum? I got this idea now that you, Tina, are looking drowsy. Maybe “Drowsy-Mum” would be the third Mum.

M: It’s all my fault! After birth she always looked into my eyes when breast-feeding. But I was checking my cell-phone for text-messages and e-mails! I feel guilty that I rejected her and that’s why she doesn’t look into my eyes.

We have a beautiful, ambitious, loving, ambivalent, and formerly anorectic mother and her baby who screams and doesn’t look in her eyes. It’s an excruciating scene that raises many questions: Why doesn’t Tina look at Mum, especially not her eyes? Why did Mum avoid deciding on a name? Let us first sketch how Freud might have answered our questions.

## Freud on babies in *The Project*

In *The Project* (1895/1950) Freud links the baby’s frustration and pain with her defensive activities and her view that the object is hostile. She will couple her unpleasure with a “mnemic image” (p. 320) of the object that she holds responsible for it. She then seeks to get rid of the unpleasure and, in parallel, will regard the object as “hostile”. The next time she thinks of or sees it, an unpleasant state arises. She tries to discharge both the unpleasure and the object: ’Blah, I see you again and I feel bad. Get away!’ Repeated experiences will make the memory of the hostile object re-emerge more easily. This policy is unsuccessful, however, since the baby cannot delete it. What remains is to change *internally* by initiating “a repulsion, a disinclination to keeping the hostile mnemic image cathected. Here we have primary wishful attraction (*primäre Wunschanziehung*) and primary defence [fending off, *primäre Abwehr*]” (p. 322). The defence implies that the mental apparatus seeks “to obviate, by means of side-cathexis, the consequent release of unpleasure” (p. 325). Unless this functions swiftly, “there will be immense unpleasure and excessive primary defence” (p. 325).

Regarding the baby’s object relations, her dilemma is that the first hostile object is also the first satisfying object and “sole helping power”. This results in a conflict of ambivalence. Freud concludes that the baby learns to cognize in relation to a “fellow human-being” (p. 331). The German original, “*Am Nebenmenschen lernt darum der Mensch erkennen*” (Vol. 18S., p. 426) is more evocative; by discovering the identity of the objects that the baby hates, loves, and is soothed by, she discovers that “they” are one *Nebenmensch* or “neighbour”. Much intercourse with this *Nebenmensch* occurs when the baby is replete with negative affects. They will now link with her screaming and henceforward, “the information of [her] scream [*Schreinachricht*] serves to characterize the object” (p. 366): ‘I scream because I feel bad. I scream to get rid of the bad. You don’t and you didn’t take away the bad. You’re just like my scream.’

To dampen these internal demands a “specific action” (p. 297) is needed, which at first is supplied by the external world. “The attention of an experienced person is drawn to the child's state by discharge along the path of internal change” (p. 318). ‘I feel bad, I discharge the bad through my scream. You hear it and come to me. You’re no longer bad, you’re good’. The screams are communicative, they help bring about the specific action and also have a secondary, intersubjective and ethical function; “the initial helplessness of human beings is the primal source of all moral motives” (p. 318). To sum up, Freud links the baby’s distress, hostile object representations, and defensive activities with her relationship with the mother, one that contains rage, disappointment, gratitude, solace and hostility.

In my first encounter with *The Project,* I found it abstruse and not in touch with my budding analytic experience. The second encounter occurred when I started working with babies and mothers and studying the relevant literature. Many authors portrayed the baby in terms of interactions, attachment constellations, or as a respondent in a lab setting. What I felt was missing were the intuitions about the baby as subject. Where was her sexuality and passions (Salomonsson, 2012)? Her specific relationship with the therapist (Salomonsson, 2013)? Why so much focus on a quartet of attachment categories and so little on the multifarious and kaleidoscopic internal object relations? Why “implicit memories” and so little of “primal repression” (Salomonsson, 2014)?

I had learnt from Johan Norman (2001, 2004) to try to make contact with the baby in therapy with her mother. I began wondering how my experiences of her linked with Freud’s theories and observations. As I re-read *The Project* and other works, I discovered or even de-repressed that he was an astute infant observer who based many concepts on speculations about the baby’s internal world. His theories about the dream (1900), the formation of the unconscious (1915a,b), the mastery of trauma and the repetition compulsion (1920, 1925), primal repression and repression proper (1915b), the primary and secondary processes (1911), and sexuality (1905) all sprang from his intuitions about how the baby’s mind is formed in interaction with his parent. Especially, the passages from *The Project* just quoted triggered my imagination. How did Freud get this “Kleinian” idea about the frustrating and hostile object? How did he conceive that the information of the scream will characterize that object?

## Bion on babies

I now got interested in investigating the possible connections between Freud’s portrait of the screaming baby and Bion’s theories about thought as concrete matter waiting to be given a more abstract and digestible form by a containing *Nebenmensch*. So, what did Bion say about babies? Let me just pick up some contributions that are most useful in my parent-infant work. First, to quote Isaacs Elmhirst (1980), “early infantile emotional states, pleasurable as well as painful, are experienced concretely and as such are not available for mental growth” (p. 161). This corresponds to my address to a baby: “Something terrible is running around inside you. It scares you and you don’t know what it is.” I might proceed with “You want to get rid of that “scare”. Yes, how can you get rid of it?!” I would then be following another suggestion by Bion; the baby cannot long for the redeeming absent breast to relieve her panic. Instead, she experiences “a present persecuting [breast], which must be evacuated”. “The taking in of milk, warmth, love, [and we might add interpretations] may be felt as taking in a good breast. [But] under dominance of the, at first unopposed, bad breast, “taking in” food may be felt as indistinguishable from evacuating a bad breast” (Bion, 1962, p. 34).

I might end up with saying to the baby: “Yes, you are so scared about that thing inside you. You don’t know what it is. Neither do I. But I wish to find out more about it.” This would invoke Bion’s idea that the baby is eager to meet with someone prepared to submit himself/herself to the bombardment of, *and* reflection on, the concrete experiential matter we know of as beta-elements. What the baby needs is – and here Bion suggested two contrasting terms – reverie and containment. Reverie, though far from being any romantic and cosy enterprise. Containment, though its aim is not to confine and annihilate an enemy at war but to help a suffering soul. This comes about by a *Nebenmensch* receiving and processing the affects, *and* by translating and communicating them back to the baby. Beta- and alpha-elements are thus also semiotic concepts, and the container is a processor of signs. I note that Tina avoids her mother’s eyes. I suggest to her that she’s got two Mums; one loveable and loved, one frightening and ousted. This is how I observe her bodily signs, process them in my reverie, and then communicate my translation as a verbal, symbolic “libretto” plus my concomitant un-premeditated gestural “music and ballet”, in brief, the opera of parent-infant therapy (Golse, 2006).

## Bion and Freud on Tina and her mother

What, in my rendition of Bion’s ideas about the “intersubjective dimension” (Grotstein, 2008) of the mother-infant relationship, corresponds to Tina and her mother? Tina is fed and well taken care of, but her screams and avoidant gaze point to her emotional dissatisfaction. What does she see in her mother's face? Winnicott (1971) says the ordinary baby sees herself. But many babies “have a long experience of not getting back what they are giving. They look and they do not see themselves” (p. 112) and must find other ways of “getting something of themselves back from the environment” (idem). These are the babies “whose mother reflects her own mood or, worse still, the rigidity of her own defences” (idem).

Bion (1962) might describe Tina as a baby who is fed but feels unloved. He suggests that a mother who does not allow reverie or does not link it with “love for the child or its father” (p. 36) can only half-heartedly receive projective identifications, good or bad, from the baby. Mother’s look at Tina seems to reflect her ambivalence, anxiety, shame, rejection, love, and guilt. Since her love is fickle, reverie becomes anguished and filled with negative projections on Tina, which blocks the formation of alpha-elements. “A split between material and psychical satisfaction develops” (p. 10). No wonder Nathalie exclaims, “I don’t understand my baby!”

How would Bion have explained Tina’s gaze avoidance? I would answer in a roundabout way: What Freud termed the baby’s unpleasure, Bion (1962) described as her feeling possessed by a bad breast that must be evacuated for the good breast to expand. But, “omnipotent mechanisms” (p. 36), notably projective identification, loom in the background. They may still be salubrious and inspire thinking, so long as the mother has a capacity for reverie. Or, conversely, if the baby is “endowed with marked capacity for toleration of frustration [she] might survive the ordeal of a mother incapable of reverie and therefore incapable of supplying its mental needs” (idem). In addition, only if the alpha-elements are “aesthetically arranged and configured into narrative images… [can] the indifference and impersonalness of Absolute Truth [be] translated into a mercifully and personally tolerable and *meaningful* but *fictive truth* (Grotstein, 2008, p. 161. See also Meltzer & Harris-Williams, 1988). Tina looks into her beautiful mother’s eyes but cannot transform this into a meaningful emotional truth. Similarly to us when we see a car accident or a horror movie, she closes her eyes in front of mother’s face since it does not reflect her whole-hearted and unequivocal wish to contain her.

As for Freud (1895/1950), he would have conceived of Tina’s gaze avoidance as a *primäre Abwehr*, a primary defense by which Tina tried to “to obviate, by means of side-cathexis” (p. 325), the release of unpleasure. But this effort derails and we observe an “excessive primary defence” (idem), that is, the gaze avoidance. Freud would also suggest that the defence was aimed at a non-satisfying and hostile object. Up to this point Bion and Freud would agree, though using different concepts. In contrast, Freud’s notion of dissatisfaction was more linked to biology, while Bion addressed its emotional aspect. He would have looked for the frustrating dimensions in mother’s ways of handling her baby and her emotions vis-à-vis the girl.

## Was Freud a Bionian?

Yes, up to a certain point Freud was a Bionian. His view of the baby as passionate, unstable, defensive, distrustful and love-seeking tallies with Bion’s views. A passage in *The Project* points to yet another similarity, though Freud lacked the object relations conceptual framework to describe it more fully; that the information of the baby’s scream “serves to characterize the object” (p. 366). This sentence condenses Klein’s and Bion’s ideas about projective identification. The baby screams because she is in pain. Its secondary function is to draw Mum’s attention to her. But the scream “is” the bad, and this “bad” will infect the object which, as a consequence, becomes “screamy” or bad. This is one reason for its being viewed as hostile. The other reason is, à la Klein and Bion, that the object will retaliate with its own badness. Now we are in the realm of the present persecutory breast – as an internal object and as an external avenger whom one must avoid looking at.

I have tried to show that Freud had many well-founded intuitions about a baby’s emotional life, which were later to be described in a more comprehensive and elaborate terminology by Klein, Winnicott, and Bion. Grotstein (2008) brings out differences between Freud and Bion. He suggests Freud was closer to the scientific Establishment and to positivism – as indicated by his use of mechanistic and biological terms. Freud focused clinically on infantile neurosis and sexuality, whereas Bion also sought to inspire the analysand to attain “the faith and discipline of ‘negative capability’” (p. 38). Freud’s conception of the relationship Ucs-Cs was “linear and conflictual and therefore one-dimensional” (p. 47). Instead, Bion saw it as “one of binary (cooperative) opposition” (idem). Therefore, he preferred not to differentiate between conscious and unconscious but between “finite and infinite” (Bion, 1965, p. 46).

As for me, I am taken by the similarities between the two authors. First, the common elements of style with terms from natural science, terse formulations about excruciating experiences, and an enigmatic density of the text. I think it reflects an element of restraint that these two geniuses felt was necessary as they were erecting and expanding their scientific constructions. Behind this restraint, their texts breathe of unbridled lust, torment, rage, curiosity, and contradiction. Consider the following passage in *The Interpretation of Dreams* (Freud, 1900):

“There is often a passage in even the most thoroughly interpreted dream which has to be left obscure… a tangle of dream-thoughts which cannot be unravelled and which moreover adds nothing to our knowledge of the content of the dream. This is the dream's navel, the spot where it reaches down into the unknown. The dream-thoughts to which we are led by interpretation cannot, from the nature of things, have any definite endings; they are bound to branch out in every direction into the intricate network of our world of thought” (p. 525).

First, Freud states that he will learn nothing at the navel. In Bion’s terms, a finite perspective. Had Freud, as Grotstein suggests, “submissively identified” (p. 23) with the scientific Establishment he would have stopped there, as if in front of a worthless lab specimen. But the indefatigable hermeneutic goes on to say that the dreams-thoughts branch out everywhere. To speak with Bion, they are viewed as being infinite.

In conclusion, I think Freud was more Bionian than we acknowledge. To discover that aspect we must read him, not only as a conveyor of nineteenth-century natural science – which he was – but also as a cabbalistic soothsayer in the world of secret signs – *eyn Sof* or infinite – which he also was. This ambiguity emerges in the quoted passage. When Freud says, “the dream-wish grows up, like a mushroom out of its mycelium” (p. 525), he is the scientist searching for THE solution, the spot where the pathognomonic sign will visualize. But, he also says this sign will emerge from a mycelium – and isn’t that a beautiful metaphor of infinity and connectivity? Finally, Freud knew that a real scientist does not believe he has found the one and only solution or interpretation of an observation. Rather, his disclosure goes on and on ad infinitum. Let us continue our dialogue in that spirit.

## References

Bion, W. R. (1962). *Learning from experience*. London: Karnac Books.

Bion, W. R. (1965). *Transformations*. London: Karnac Books.

Freud, S. (1895/1950). Project for a scientific psychology. SE I, pp. 281-391. London: Hogarth Press.

Freud, S. (1900). The interpretation of dreams. SE 4-5.

Freud, S. (1905). Three essays on sexuality. SE 7, pp. 123-246.

Freud, S. (1911). Formulations on the two principles of mental functioning. SE 12, pp. 213-226.

Freud, S. (1915a). Instincts and their vicissitudes. SE 14, pp. 109-140.

Freud, S. (1915b). The Unconscious. SE 14, pp. 159-216.

Freud, S. (1920). Beyond the pleasure principle. SE 18, pp. 1-64.

Freud, S. (1925-1926). Inhibitions, symptoms and anxiety. SE 20, pp. 87-178.

Golse, B. (2006). *L’être-bébé (The baby - a Being)*. Paris: Presses Universitaires de France.

Grotstein, J. S. (2008). *A beam of intense darkness. Wilfred Bion's legacy to psychoanalysis*. London: Karnac Books.

Isaacs Elmhirst, S. (1980). Bion and babies. *The Annual of Psychoanalysis, 8*, 155-167.

Meltzer, D., & Harris-Williams, M. (1988). *The apprehension of beauty: The role of aesthetic conflict in development, violence and art*. Strath Tay: Clunie Press.

Salomonsson, B. (2012). Has infantile sexuality anything to do with infants? *International Journal of Psychoanalysis, 93*(3), 631-647.

Salomonsson, B. (2013). Transferences in parent-infant psychoanalytic treatments. *International Journal of Psychoanalysis, 94*(4), 767-792.

Salomonsson, B. (2014). *Psychoanalytic therapy with infants and parents: Practice, theory and results*. London: Routledge.

Winnicott, D. W. (1971). Mirror-role of mother and family in child development *Playing and Reality* (pp. 111-118). London: Tavistock/Routledge.