



## PROJECTIVE IDENTIFICATION

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### RESUMO

O que encontrarão baixo é o artigo que escrevi para o *Dicionário do Pensamento Kleiniano*, em 1989. É algo antigo, eu temo, mas tenta esclarecer a complexa variação do conceito, ainda hoje, após 25 anos. Desde então, esta ideia kleiniana vem sendo utilizada e investigada, talvez mais que outros conceitos

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psicanalíticos. Desde que este artigo foi escrito, a identificação projetiva se tornou gradualmente mais importante para a compreensão dos aspectos intersubjetivos do relacionamento psicanalítico - a interação da transferência e da contratransferência. Em grau crescente compreendemos a dupla, analista e analisando, operando em um campo social interativo no qual ambos são seres emocionais e cognitivos. Também num crescendo tomamos a sério o misterioso conceito de Freud de comunicação inconsciente para inconsciente; a identificação projetiva é uma maneira de compreensão deste tipo de comunicação baseada na intuição mais do que no pensamento simbólico verbal.

**Palavras-chave:** Identificação projetiva. Transferência. Contratransferência. Comunicação inconsciente. Intuição.

## ABSTRACT

What you will find below is the entry I wrote for the *Dictionary of Kleinian Thought* in 1989. It is a little old, I am afraid, but it tries to make clear the complex variations of the concept even then, more than 25 years ago. Since then, the Kleinian idea has been used, and investigated more. Perhaps it is now used and investigated more than any other psychoanalytic concept. Since this article was written, projective identification has become increasingly important in understanding the intersubjective aspects of the psychoanalytic relationship – the interaction of the transference and countertransference. Increasingly we understand the two partners, the analyst and the analysand, as operating in an interactive social field in which both are emotional as well as cognitive beings. And increasingly we take Freud's mysterious concept of unconscious-to-unconscious communication seriously; projective identification is one way of understanding this kind of communication based on intuition rather than symbolic verbal thought.

**Keywords:** Projective identification. Transference; Countertransference. Inconscient communication. Intuition.



## DEFINITION

Projective identification was defined by Klein in 1946 as the prototype of the aggressive object-relationship, representing an anal attack on an object by means of forcing parts of the ego into it in order to take over its contents or to control it and occurring in the paranoid-schizoid position from birth. It is a 'phantasy remote from consciousness' that entails a belief in certain aspects of the self being located elsewhere, with a consequent depletion and weakened sense of self and identity, to the extent of depersonalization; profound feelings of being lost or a sense of imprisonment may result.

Without a concomitant introjection by the object projected into, increasingly forceful attempts to intrude result in extreme forms of projective identification. These excessive processes lead to severe distortions of identity and the disturbed experiences of the schizophrenic.

In 1957 Klein suggested that envy was deeply implicated in projective identification, which then represents the forced entry into another person in order to destroy their best attributes. Shortly afterwards Bion (1959) distinguished a normal form of projective identification from a pathological one, and others have elaborated this group of 'many distinct yet related processes'. The further understanding of projective identification has been the major area subsequently developed by Kleinians.

## CHRONOLOGY

- 1946 Klein's classical description (Klein, Melanie, 1946, 'Notes on some schizoid mechanisms').
- 1957 Post-Kleinian extensions of the concept as containing, etc. (Segal, Hanna, 1957, 'Notes on symbol formation'; Bion, Wilfred, 1957, 'Differentiation of the psychotic from the non-psychotic personalities'; Bion, Wilfred, 1959, 'Attacks on linking'; Bion, Wilfred, 1962b, *Learning from Experience*).

Early on, Klein described parts of the self and its impulses being located in the external world: 'Gerard proposed to send it [a toy tiger] off into the next room to carry out his aggressive desires on his father ...This primitive part of his personality was in this case represented by the tiger' (Klein, 1927, p. 172). However, only in 1946 was the concept fully described and placed in its theoretical framework [see 11. PARANOID-SCHIZOID POSITION]. At that point Klein was describing the severe pathology in the ego-development of the schizophrenic.

When Klein republished her 1946 paper in *Developments in Psychoanalysis* in 1952 she made an addition to suggest the term 'projective identification' as a name for this process. From then on the concept of 'projective identification, has come more and more to Centre stage in Kleinian psychoanalysis. The foremost developments that have taken place after Klein's death in 1960 have been in the understanding of the far-reaching importance of this concept. The origins and framework of the concept are discussed elsewhere [see 11. PARANOID-SCHIZOID POSITION; PROJECTION]. This entry will describe problems in the definition of the term; the main developments in the use of the concept (with reference to more extended discussions under specific general entries); and some of the non-Kleinian usages and critiques of the concept.

## PROJECTION AND PROJECTIVE IDENTIFICATION

Because of its long history of use in psychoanalysis, the term 'projection' has become confused with 'projective identification'. The distinction between these terms is often a great mystery to many approaching this topic for the first time. The truth is that historically both terms have been used in overlapping ways to cover phenomena that are not fully distinguished [see PROJECTION].

Freud's initial use of the term projection referred to '... an abuse of the mechanism of projection for purposes of defence' Freud, 1895, p. 209); he described how one person's ideas may be attributed to someone else, thus creating a state of paranoia. A very similar concept turns up in Rosenfeld (1947) when he describes the projection of a patient's sexual impulses:



Her whole anxiety turned on whether she could control *his* wishes and arguments. She repeated some of his arguments to me, and it was clear that Denis stood for her own greedy sexual wishes which she had difficulty in dealing with and which she therefore projected on to him (ROSENFELD, 1947, p. 18).

In the meantime other meanings of 'projection' came to the fore.

Abraham: In 1924 Abraham formalized a view of manic-depressive states, the basis of which was the detailed clinical evidence of cycles of projection followed by recuperative introjection of objects. The anal elimination of objects (typically faeces and what they represent) became an important aspect of the developing view of object-relations, especially in Britain, since many analysts from London had been to Berlin for their own analysis with Abraham (James and Edward Glover, Alix Strachey, and Klein herself came to London following Abraham's death). Hence, as the detailed understanding of object-relations flowered during the 1920s and 1930s, Abraham's view of projection became established: *the projection into the external world of an internal object*.

Projection of the superego: Klein contributed to this considerably during the important consideration of the nature of play and symbolism [see 1. TECHNIQUE; SYMBOL-FORMATION]. The externalization into the external world was initially couched in terms of the externalization of the superego or parts of it, since at that time the psychoanalytic world was preoccupied with assimilating Freud's (1923) new theory of the superego [see 7. SUPEREGO]; for instance, about George (six years old): 'Three principal parts were represented in his games: that of the id and those of the superego in its persecuting and its helpful aspects' (KLEIN, 1929, p. 201).

Self or object: At this stage Klein was uncomfortably trying to couple Abraham's idea of objects expelled from inside with Freud's theory of the superego (the only internal object Freud recognized). However, her clinical material was not so tidy: '... in thus throwing them [some toys] out of the room he was indicating an expulsion both of the damaged object and of his own sadism' (Klein, 1930b, p. 226). Thus both object and a part of the self (his own sadism) were being projected.

Until 1946 the emphasis in Klein's work was on the fate of the object. This was greatly enhanced in 1935 by the theory of the depressive position [see 10. DEPRESSIVE POSITION]. The fate of parts of the self was less in evidence in Klein's thinking until Fairbairn pointed this out. Klein then concentrated on the fragmentation of the ego in schizoid processes, and the projective fate of those fragments [see 11. PARANOID-SCHIZOID POSITION]. They could be seen to be identified with external objects through a process of projection of some kind, which she called 'projective identification'. She chose this term because for some time there had been a prolonged debate amongst Kleinians and others over the relation between introjection and the form of identification based on incorporation (see ASSIMILATION). Projective identification seemed to offer the possibility of a symmetrical meaning. However, its ramifications have not realized that hope.

It might at this point be tempting to consider using the term 'projection' in Abraham's sense of projecting objects, and 'projective identification' in Klein's sense of projecting parts of the self. Again, such a neat solution falls down.

First of all, as the above quotation (Klein, 1930b, p. 226) makes clear, parts of the ego (self) are projected *with* the internal object. This is emphasized in Klein's definition of projective identification: 'Together with these harmful excrements, expelled in hatred, split-off parts of the ego are also projected' (KLEIN, 1946, p. 8). In the later ideas on projective identification also, the projection of an object capable of containing a projection is a prerequisite for projecting part of the self into the external object [see SKIN].

Secondly, the way in which objects and the ego are *psychologically* constructed makes for difficulty.

The construction of the ego and the objects: The development of the ego is in large part through the introjection of objects into it which comes to be an integration, more or less stable, of introjected objects assimilated into, and felt to belong to, the ego, which is largely structured by them. At the same time, external objects are constructed through projections into the external world of objects derived partly from unconscious phantasy and partly from previous experiences of objects.



These objects in the external world are thus constructed in part from inherent aspects of the ego (unconscious phantasy) together with actual characteristics of the present and past objects. This amalgam, when introjected, may then be assimilated as a part of the ego [see ASSIMILATION]; or it may remain an internal object apparently separate from - even alien to - the ego.

Thus both the ego and its objects are constructed from varying degrees of mixture and integration of the self and the external world. The experiences of when they are part of the self or when separated off as objects internally - or externally - are very fluid and vary in time, requiring constant analysis of the process of internal and external object-relations.

The upshot is that there is no clear distinction between projection and projective identification:

I do not think it useful to distinguish projection from projective identification. What Klein did, in my view, was to add depth and meaning to Freud's concept of projection by emphasizing that one cannot project impulses without projecting part of the ego, which involves splitting, and, further, that impulses do not just vanish when projected; they go into an object, and they distort the perception of the object (SPILLIUS, 1983, p. 322).

However, Freud did occasionally refer to this deeper aspect of projection. In writing about children's play in a reference which undoubtedly influenced Klein at the outset of her work, he described how children attempt to work through traumatic experiences: 'As the child passes over from the passivity of the game, he hands on the disagreeable experience to one of his playmates and in this way revenges himself on a substitute' (FREUD, 1920, p. 17). He is demonstrating how an experience of the subject is transferred to become the experience of an object (in substitution).

Projective identification and the countertransference: The proprietorial claim made by Kleinians over the term 'projective identification, contrasts with the extreme difficulty in making clear how to recognize it

when you meet it: 'The description of these processes suffers from a great handicap, for these phantasies arise at a time when the infant has not yet begun to think in words' (KLEIN, 1946). Joseph, for instance, in a number of papers (1975, 1981 and 1982) has adopted a mode of description that depends upon indicating the process in clinical material, as opposed to an attempt to derive a definition; no amount of defining the colour red to someone who has never seen it before will substitute for pointing to some red object. She described how a patient may use the analyst, and the excitement it gives him to succeed in this use. It is not a use of the analyst to represent something - a parental figure, etc. - but a use to evade a committed link with the analyst, from which the patient runs the risk of painful experiences and a destabilizing of his personality structure. After reporting an interchange in some clinical material, Joseph commented:

I think it probable that I made a technical error in interpreting the cow fantasy too fully, or rather, prematurely, in terms of the mother's body, and that this encouraged my patient unconsciously to feel that he was actually succeeding in pulling me into his exciting fantasy world and thus encouraged him to proliferate his fantasies (JOSEPH, 1975, pp. 215-16).

The analyst has momentarily been caught off guard and sucked into performing *like* an analyst, which the patient immediately enjoys as a mastery over the analyst because he can feel that the analyst performs according to the patient's control. Such lapses in the analyst which lead to a playing into the patient's phantasies may well be engineered by the patient who knows his analyst well. The problem is to define what is happening in the analyst when, as in the patient, it is not happening in words. The analyst's subjective experience is difficult to grasp:

the experience of countertransference appears to me to have a quite distinct quality that should enable the analyst to differentiate the occasion when he is the object of a projective identification from the occasion when he is not.



The analyst feels he is being manipulated so as to be playing a part, no matter how difficult to recognize, in someone else's phantasy - or he would do if it were not for what in recollection I can only call a temporary loss of insight, a sense of experiencing strong feelings and at the same time a belief that their existence is quite adequately justified by the objective situation. From the analyst's point of view, the experience consists of two closely related phases: in the first there is a feeling that whatever else one has done, one has certainly not given a correct interpretation; in the second there is a sense of being a particular kind of person in a particular emotional situation. I believe ability to shake oneself out of the numbing feeling of reality that is a concomitant of this state is the prime requisite (BION, 1961, p. 149).

Although he was referring to the analyst working in a group, Bion was trying to convey both the intensity and numbingness of the subjective quality of receiving a powerful projective identification. Although Bion's is one of the best attempts at describing projective identification, it is a subjective quality that is more easily pointed out than defined.

## **NORMAL AND ABNORMAL PROJECTIVE IDENTIFICATION**

Bion (1959, 1962a, b) established that the concept is a complex one and that it could be categorized into normal and abnormal projective identification. The difference depends on the degree of violence in the execution of the mechanism. There are two alternative aims of projective identification:

(i) one is to evacuate violently a painful state of mind leading to forcibly entering an object, in phantasy, for immediate relief, and often with the aim of an intimidating control of the object [see BIZARRE OBJECTS; PSYCHOSIS]; and

(ii) the other is to introduce into the object a state of mind, as a means of communicating with it about this mental state [see CONTAINING].

The difference between evacuation and communication is crucial, though it may be that in any one instance there is a mixture. In practice, however, it is important to distinguish these two *motives*.

Omnipotence and fusion: Evacuation and communication are connected with different defensive functions and different effects, in phantasy, upon the object and the ego. What characterizes the pathological form is the great violence and omnipotence with which it is carried out:

When Melanie Klein speaks of 'excessive, projective identification I think the term 'excessive, should be understood to apply not to the frequency only with which projective identification is employed but to excess of belief in omnipotence (BION, 1962a, p. 114).

The object ceases to be independent (Rosenfeld, 1964b). A fusion of the self with the object takes place and this represents, amongst other things, a defence against separateness, need and envy [see 12. ENVY].

Projective identification as communication: In elaborating Klein's theory of the development of the ego through repeated cycles of introjection and projection Bion took it further by recognizing that these cycles were of projective identification and introjective identification. He presented his model in mature form in 1959:

Throughout the analysis the patient resorted to projective identification with a persistence suggesting it was a mechanism of which he had never been able sufficiently to avail himself; the analysis afforded him the opportunity for the exercise of a mechanism of which he had been cheated ...there were sessions which led me to suppose that the patient felt there was some object that denied him the use of projective identification ...the patient felt that parts of



his personality that he wished to repose in me were refused entry by me ...When the patient strove to rid himself of fears of death which were felt to be too powerful for his personality to contain he split off his fears and put them into me, the idea apparently being that if they were allowed to repose there long enough they would undergo modification by my psyche and could then be safely reintrojected. On the occasion I have in mind the patient had felt ...that I evacuated them so quickly that the feelings were not modified but had become more painful ...he strove to force them into me with increased desperation and violence. His behaviour, isolated from the context of analysis, might have appeared to be an expression of primary aggression. The more violent his phantasies of projective identification, the more frightened he became of me. There were sessions in which such behaviour expressed unprovoked aggression, but I quote this series because it shows the patient in a different light, his violence a reaction to what he felt was my hostile defensiveness ...the analytic situation built up in my mind a sense of witnessing an extremely early scene. I felt that the patient had witnessed in infancy a mother who dutifully responded to the infant's emotional displays. The dutiful response had in it an element of impatient 'I don't know what's the matter with the child'. My deduction was that in order to understand what the child wanted the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain. He strove to split it off together with the part of the personality in which it lay and project it into mother. An understanding mother is able to experience the feeling of dread that this baby was striving to deal with by projective identification, and yet retain a balanced outlook. This patient had had to deal with a mother who could not tolerate experiencing such feelings and reacted either by denying them ingress, or alternatively by becoming a prey to the anxiety which

resulted from introjection of the baby's bad feelings ...To some this reconstruction may appear to be unduly fanciful; to me it ...is the reply to any who may object that too much stress is placed on the transference to the exclusion of a proper elucidation of early memories ...Thus the link between patient and analyst, or infant and breast, is the mechanism of projective identification (BION, 1959, pp. 103-4).

If the analyst is closed or unresponsive, 'The result is excessive projective identification by the patient and a deterioration of his developmental processes' (IDEM, p. 105).

In the schizophrenic,

... the disturbance is twofold. On the one hand there is the patient's inborn disposition to excessive destructiveness, hatred and envy: on the other the environment which, at its worst, denies to the patient the use of the mechanisms of splitting and projective identification (IBDEM, p. 106).

Bion is describing both inherited and environmental disturbances of normal projective identification.

The distinction between psychotic and non-psychotic was important. Klein had frequently been criticized for claiming that children normally went through a period of psychosis in their development (Waelder, 1937; Bibring, 1947; Kernberg, 1969). This distinction clearly refuted that criticism, and described clinical features to demarcate (i) a use of psychotic mechanisms in 'normal' development from (ii) the psychotic character of their use. The hallmarks of the *abnormal*, pathological use of projective identification (sometimes referred to as 'massive, or 'excessive, projective identification) are:

- (a) the degree of hatred and violence of the splitting and the intrusion;
- (b) the quality of omnipotent control and therefore fusion with the object;



- (c) the amount of the ego that is lost; and
- (d) the specific aim of destroying awareness, especially of internal reality. In contrast, 'normal, projective identification has the aim of communication and empathy, and plays its part in the participation of the social reality [see EMPATHY].

## THE PHANTASIES OF PROJECTIVE IDENTIFICATION

Klein was aware of the problem of finding a term: 'The description of such primitive processes suffers from a great handicap, for these phantasies arise at a time when the infant has not yet begun to think in words' (Klein, 1946, p. 8n), and this concern continues to be echoed: projective identification '... may have to be changed eventually to something like "intrusive identification" if only someone could find a word to express a phantasy function so remote from consciousness, save in fairy tales' (Meltzer, 1967, p. x1).

The problem has been defined in other ways, perhaps more profitably: 'Projective identification is an overall name for a number of distinct yet related processes connected with splitting and projection' (O' Shaughnessy, 1975, p. 325). Rosenfeld (1983), after long experience, eventually began a catalogue of the kinds of phantasies involved. It comprised the following:

- (i) Projective identification for defensive purposes such as ridding the self of unwanted parts.
  - (a) Omnipotent intrusion leading to fusion or confusion, with the object.
  - (b) The concrete phantasy of passively living inside the object (parasitism).
  - (c) The belief in a oneness of feeling with the object (symbiosis).
  - (d) Expulsion of tension by someone who has been traumatized as a child by violent intrusions.

- (ii) Projective identification used for communication.
  - (a) A method of getting through to an object believed to be aloof.
  - (b) Reversal of the child/parent relationship.
  - (c) Identifying with similarities in the object for narcissistic purposes.
- (iii) Projective identification in order to recognize objects and to identify with them (empathy).

Phantasy consequences: Projective identifications, being a phantasy function involved in constructing the identity of the self and objects, has major consequences for the experiences of the individual. The dislocation of the self is experienced in a number of ways:

- (i) the underlying splitting gives the sense of being in pieces [see SPLITTING];
- (ii) the experience of a depleted and weakened ego leads to a complaint of having no feelings or drives, and a sense of futility;
- (iii) this loss to the ego can be experienced as a sense of not being a person at all (depersonalization);
- (iv) the identification with the object leads to a confusion with someone else;
- (v) the ego may feel that parts of itself have been forcibly removed, imprisoned and controlled (claustrophobia);
- (vi) the identification may result in a peculiarly tenacious clinging to the object in which parts of the self are located;
- (vii) anxieties arise about damage to the object as a result of the intrusion and control;



- (viii) there may be severe anxieties about retaliation by the object for the violent intrusion;
- (ix) the fate of the object in pathological projective identification *is* the fate of the lost self, which may come to be felt as alien and persecuting [see STRUCTURE].

## LATER DEVELOPMENTS: 1952-87

The understanding of projective identification led immediately to a much greater understanding of the psychotic's experiences. Rosenfeld (1952) described detailed sessions with a schizophrenic patient, with many references to the patient's phantasy of intruding into the analyst. These ideas were also taken up with child analyses (RODRIGUE, 1955). However, from the mid-1950s onwards projective identification gave rise to enormous and radical developments in Kleinian psychoanalytic theory.

The scope of these discoveries has overshadowed and even eclipsed other investigations. The relative neglect of certain introjective problems (forced introjection, for instance) is quite noticeable. The main points of development will be considered in turn:

- (i) Psychosis;
- (ii) Linking;
- (iii) Thinking;
- (iv) Symbol-formation;
- (v) Containers and change;
- (vi) Countertransference;
- (vii) Adhesive identification;
- (viii) Structure; and
- (ix) The social container.

(i) *Psychosis* [see PSYCHOSIS]: Klein became interested in psychosis almost by accident. The pressure on her to justify the play technique and the nature of the symbolization process inherent in the production of play led her to study children who failed to play and were inhibited in their capacity to form and use symbols. Thus she stumbled upon psychosis in children, and remarked on its frequency (Klein, 1930a). Others were equally interested. Melitta Schmideberg, Klein's daughter, was influenced early and made her own mark (Schmideberg, 1931).

However, the new ideas on splitting and projective identification went much further. Rosenfeld first reported the analysis of a schizophrenic in 1947. The analysis was commenced about 1944-5, at a period when Klein was herself writing her own paper on schizoid mechanisms (Klein, 1946) and while Rosenfeld was in his own analysis with her. He and Segal (1950) demonstrated in the clinical situation the processes of splitting up of the ego so that various functions and pieces of knowledge were not brought into contact with each other. In one instance, knowing how long it took to get to the analyst's house was not connected with the knowledge of the time of the session, so the patient could not leave sufficiently before the appointment time to get there punctually. In another instance (quoted earlier) the patient's sexual impulses were encountered in a sexual partner and controlled there rather than in the patient herself.

In 1956 Segal described the schizophrenic's projection of depression into the analyst, leading to the characteristic despair in those in charge of the care of schizophrenics. From 1953 Bion began to study schizophrenics from the point of view of their thinking disorder. He showed that the schizophrenic splits a certain part of the ego, the perceptual apparatus. This gives rise to a pathological form of projective identification in which the functions of perception seem, to the schizophrenic, to be performed by external objects around him [see BIZARRE OBJECTS].

(ii) *Linking* [see LINKING]: Bion extended the theory of schizophrenia to become one of generalized attacks on awareness, especially the awareness of internal reality. Severance of thoughts within the mind, as described by Rosenfeld and Segal, are active attacks on the



links between mental contents. Bion likened this to oedipal linking; the attack on the link between mental contents is an attack on the parental couple experienced as part-objects. This, in its most basic form, is the linking of the mouth with the breast, or the vagina with the penis.

Bion was able to establish a general theory of linking as a theory of the mind itself in which the highest functions of thought are composed of very basic emotional building blocks, the core of which is the oedipal link. Thus thinking is based on the bodily experienced phantasies of sucking and sex [see INNATE KNOWLEDGE]. He referred to this link by one of its key properties - one element fitting inside another - as the container-contained relationship. By focusing on the coupling of the two objects, one going inside the other, he began to expand the idea of projective identification to a quite ubiquitous function [see CONTAINING].

From here Bion accomplished a theoretical *tour de force* which took him on a wide-ranging examination of very many problems in the psychological, philosophical, religious and social spheres [see BION; ALPHA-FUNCTION; CONTAINING]. Foremost amongst these were his theories of thinking and of the container-contained relationship.

(iii) *Thinking* [see THINKING]: Bion employed the notion of 'normal' projective identification as the basic building block for generating thoughts out of experiences and perceptions.

Klein's work had considered theories of knowledge, including the notion of innate knowledge, particularly knowledge of the pairing oedipal couple (see COMBINED PARENT FIGURE). There is an inherent expectation that the union of two objects makes a third which is more than a sum of the two parts. In the generation of thoughts out of experience an innate *pre-conception*, like the neural and anatomical expectancy of the mouth for a nipple, meets a *realization* (the real nipple enters the mouth) and the result is a conception. Conceptions result from satisfying conjunctions in which a pre-conception meets an adequate realization (Bion, 1959). Conceptions are then available for thinking.

This is one model of thinking that Bion proposed, but he goes further. He seems to suggest altogether three models of thinking (Spillius, 1988).

In the second model Bion considered the state of affairs when a preconception does not meet an actual realization. A pre-conception then has to mate with a frustration; emotional work is done. The conception resulting when a pre-conception mates with a frustration is a thought useful for thinking with, so that rational action for seeking a satisfaction can be planned. Higher-level thinking repeats the model by taking conceptions as new pre-conceptions for mating with new realizations - for instance, 'facts' (realizations) generate a theory (conception) which can then function as a new pre-conception to seek further 'facts' (realizations) to create a more general theory.

In a third model, the acquisition of meaning is a function which Bion wanted to explore free from all prior expectations, similar to investigating mathematical functions. So he found a 'neutral' term *alpha function* (see BION; ALPHA-FUNCTION] and let it mean the separation of elements of perception into those usable for thinking and dreaming (alpha-elements) and others, unconsciousness and unassimilable raw data, which he called beta-elements (see BETA-ELEMENTS]. This function is performed in the first instance for the infant by a mother who, in a receptive state of mind called *reverie*, contains the infant's intolerable experience through her own, use of *alpha function*, putting it into suitable action or words (see REVERIE; CONTAINING]. This later model of containing and alpha-function is the most complete of the models:

Bion did not do as much as he might have to link his three models. It is surely repeated experiences of alternations between positive and negative realizations that encourage the development of thoughts and thinking (SPILLIUS, 1988, p. 156).

(iv) *Symbol formation* (see SYMBOL-FORMATION]: Freud's view of symbolization was relatively undeveloped, but based on sublimation. It was elaborated by Jones (1916) and others. However, they made no real attack on the complex problem of the special modification of a biological organism from a world of physical gratifications into the symbolic world of human society. Klein herself did



not make large inroads into understanding the difference between these two worlds, but she did implicitly point to the importance of further study of thinking and in particular symbol-formation as a uniquely human achievement. As her colleague Searl puts it: 'Klein has made it abundantly clear that symbolism plays a most important part in providing the libidinal bridge on which the ego can build its relations of familiarity with the material world' (SEARL, 1932, p. 330).

However, it fell to Klein's followers to develop an explicit theory of symbol-formation. They relied on Klein's description of projective identification. While Bion examined the difference between normal and pathological projective identification, Segal described a comparable difference that clarified the nature of 'symbolic equation' distinguishing it from symbols proper. In the *symbolic equation* there '... was no distinction between the symbol and the thing symbolized ... It was not merely a symbolic expression of his wish to bring me his stool. He felt that he had actually offered it to me' (SEGAL, 1950, p. 104). Later (1957) she systematized her views more clearly, and showed that this confusion between the symbol and the object symbolized is a result of projective identification. This accords with the variety of projective identification that is conducted with omnipotence and violence aimed at removing separateness (see SYMBOLIC EQUATION).

(v) *Containers and change* (see CONTAINING): The theory of the container-contained is an attempt to raise the concept of projective identification to a general theory of human functioning - of the relationships between people, and between groups; of the relationships with internal objects; and of the relationships in the symbolic world between thoughts, ideas, theories, experiences, etc. The container-contained relationship exists between two elements, one containing the other, with the production, or otherwise, of a third element. The attributes of this relationship are various, and were extensively explored by Bion (1970). The prototype is the sexual union, one part contained within another. However, it is not to be restricted to the sexual union, but typically can be a marriage which *contains* the sexual activity. It is also a containing of meaning in language.

Bion categorized various types of container-contained relationship and used, somewhat confusingly, two separate sets of categories rather indiscriminately:

(a) The first set consists of relationships which do damage to one or other of the elements in the relationship. Either the contained is so forceful that it blows the container apart; or the container is so strong and inflexible that it constricts '... by compression or denudation, the element it contains. These are in contrast with the relationship in which each enhances the other with mutual growth.

(b) Separately, Bion classified the relationship as commensal, symbiotic or parasitic. Briefly he defined these:

By 'commensal' I mean a relationship in which two objects share a third to the advantage of all three. By 'symbiotic,' I understand a relationship in which one depends on another to mutual advantage. By 'parasitic, I mean to represent a relationship in which one depends on another to produce a third, which is destructive of all three (BION, 1970, p. 95).

Bion had been interested for a long time in the fact that both therapy and thinking depend on psychic change. Psychoanalysis must be concerned with the possibilities and conditions for change. Mental activity is contained within a framework of thoughts and expectations which he called conjunctions. Change therefore demands destructuring of the existing, internal, containing theories and the re-establishing of new conjunctions. Bion liked to think of this process as one of minor mental breakdown ('catastrophic change') followed by recovery. Destructuring is a process of fragmentation akin to Klein's descriptions of the problems of the paranoid-schizoid position, while the restructuring is in line with the depressive position. These are constant oscillations to which Bion gave the term *Ps-D* [see *Ps-D*].

(vi) *Countertransference* [see COUNTERTRANSFERENCE]: Normal projective identification has given rise to an understanding of empathy and of the therapeutic effect of psychoanalysis. 'Putting oneself



in someone else's shoes' is a description of empathy, but it is also a phantasy of the projective identification type - inserting oneself into someone else's position.

Heimann's (1950) seminal paper urged that countertransference, should be taken seriously. The countertransference is a *specific* response to the patient, and may therefore function as a unique instrument for probing his mind. This significant idea was rejected by Klein herself, who remained suspicious of analysts who might then attribute all their feelings to the patient. Nevertheless it has become a cornerstone of Kleinian technique since Klein [see 1. TECHNIQUE]. The aim is that the analyst should come *to receive* the patient's projective identifications (Money-Kyrle, 1956).

The theory goes further by suggesting that the analyst then modifies the part of the patient which he now contains, by direct mental activity of his own going on inside himself: Then, eventually, he re-projects (in the utterance of an interpretation) back into the patient a modified form of the projection. The patient then has the benefit of introjecting not only this part of himself but an aspect of the analyst, the understanding part of the analyst's mind which can then become an *internal* resource for the patient in making sense of himself.

This process described by Money-Kyrle clearly has the elements of a cycle: a projective identification into the analyst, followed by the analyst's modification, and the reintroduction by the patient in the form of the analyst's interpretation. Thus the interaction between analyst and patient comes to be illuminated by the concept of projective identification. This idea was not developed by Klein herself, and it is difficult to be clear who has the major credit for it, since Heimann, who made the initial plea about countertransference, never took up the idea of projective identification. The idea comes through in Rosenfeld's clinical paper in 1952, though not explicitly stated; it is explicit, but in a rather different context, in Jaques's (1953) paper on the way people project into social groups [see SOCIAL DEFENCE SYSTEMS; and below].

In the instance when the analyst does not manage to contain the projective identification of the patient he or she may respond by a reactive projective identification into the patient, a common enough

occurrence [see Money-Kyrle, 1956; Brenman Pick, 1985; and 1. TECHNIQUE]. This sad but common occurrence was given the name *projective counteridentification* by Grinberg (1962).

(vii) *Adhesive identification* [see SKIN]: Because of the quarrels in the 1930s and 1940s (Waelder, 1937; Isaacs, 1948) about the validity of Klein's conclusions about the first year of life, attempts were made in the early 1950s to get direct evidence of this developmental period. Klein (1952) reported some observations on infants, but this interest suffered from a lack of a rigorous method until Bick began, in 1948, systematic observations of infants with their mothers on a weekly basis (Bick, 1964). She recognized that the first object gives the infant the feeling of being in existence, having an identity. The personality is kept together passively by this first object (Bick, 1968).

Bick believed that the struggle to sustain the internal good object was preceded by an *introjection of the capacity to introject*. She showed the baby struggling for the capacity to introject and that this is a function of the skin, or rather a function of skin sensations which arouse phantasies of a containing object.

He has to develop a concept of a bounded space into which things can be put; or from which they can be removed. The first achievement is to win the concept of a space that holds things. This concept is gained in the form of the experience of an object which holds the personality together. The infant, in gaining the nipple in his mouth, has an experience of acquiring such an object - an object that closes the hole (the mouth and other orifices) in the skin boundary. The first introjection is the introjection of an object which provides a space into which objects can be introjected. Before projection can happen there has to be an internal object capable of containing which can be projected into an object before that object can be felt to contain a projection.

When that first achievement fails, the infant is unable to project or introject. Without such an internal object that holds the personality together, it cannot be projected into an external object to give projections a container. The personality is felt simply to leak uncontainedly out into



a limitless space. The infant has to find other methods of holding his personality together, a *second-skin* formation. Meltzer (Meltzer et al., 1975; Tustin, 1981, 1986) found these ideas important for an analytic technique with autistic children, who typically engage in a form of mechanical mimicry, experienced, in phantasy, as sticking to the object - an adhesive form of identification.

(viii) *Structure* (see STRUCTURE): Klein originally tried to retain the classical view of the internal agencies of id, ego and superego. However, with her modifications to the theory of the superego [see 7. SUPEREGO; 5. INTERNAL OBJECTS] the internal world came to be viewed as much more fluid. The internal objects are varied, loving and hating, and include the particularly important 'combined parent figure'. The personality is structured by relationships with all these internal objects.

Important in the structural view of the internal world is the state of identification, or otherwise, between the ego and the objects. Some objects will be closely assimilated to the ego, while others are less close. In fact some objects may fail to be assimilated in any respect and exist as alien objects, or foreign bodies [see 5. INTERNAL OBJECTS; ASSIMILATION].

The ego is not always permanently in a state of identification with its objects. This varies from time to time, according to the context. At work a person may strongly identify with some superior, whereas back at home the same man may identify with his father when playing with his children. The fluidity of such a structure conforms to the adaptability of people to their immediate context. This represents 'the other end of a continuum from fragmentation' (Oxford, 1987).

Rather differently, the ego may tend to split in more violent ways. Thus different sets of ideas or feelings may exist contemporaneously and incompatibly. Under stress the ego tends to come apart - commonly along the lines of cleavage, as it were, of the objects that have been assimilated. However, more active processes of splitting may take place with considerable fragmentation, and disorders of thinking and all other functions (see PSYCHOSIS).

The structure of the internal world is strongly influenced by projective identification, when parts of the ego are projected into external objects. This creates a narcissistic structure in which the ego is in identification with external objects that are considered to be the ego or a part of it.

The internal world can come, in borderline personality disorders, to be structured according to the primary instincts. The negative aspects of the personality come together and are held, as if by violence, in the form of a sort of Mafia gang (Rosenfeld, 1971). This negative internal structure is an internal organized and enduring form of the negative therapeutic reaction (see NEGATIVE THERAPEUTIC REACTION; 12. ENVY). This organization tyrannizes the personality, and especially its good parts which are often felt to be imprisoned, intimidated and inactivated. Often this shows itself by the motivation for treatment becoming hidden or unconscious. The transference comes to be perverse, and used, as if for the good, but in fact for twisted ends devoted to spoiling the treatment and frustrating change [see PERVERSION].

(ix) *The social container* (see SOCIAL DEFENCE SYSTEMS): Bion's use of the concept of projective identification to describe a containing function between people lends itself to becoming an interpersonal one. Jaques (1953), early on, described social structures in terms of projective and introjective identifications. Whole groups may develop concordant phantasy systems about themselves and their work, and about other groupings. Just as in individuals, groups may act to absorb the states of mind of one or more individuals. Funerals are occasions in which the bereavement of some is shared by many. A group that maintains a solidarity on the basis of a common external enemy is clearly projecting, as a group, into the enemy. Similarly a group that sustains its coherence by common allegiance to a single leader is again a condition in which the members are collectively projecting qualities into him; and a successful leader reciprocates with a projection of complementary qualities that his followers collectively introject and with which they then identify.



Projective identification was thus expanded by Jaques to show the important process of group cohesion and the tenaciously glue-like quality of allegiances to groups which individual members develop. This described Le Bon's mysterious 'contagion' effect in groups, which Freud (1921) had explained as the power of the hypnotist over his subject under trance. Although Freud's explanation is only substituting one mystery (of hypnosis) for another, it could be followed up by showing that the processes of projective and introjective identification are the underlying processes in hypnotism.

## NON-KLEINIAN USAGE AND CRITIQUES

As psychoanalysis in the United States has begun to lose ground and status, new aspects of ego-psychology have developed. One area of interest has been in the experience of the 'self'; another related interest has been in object-relations (Greenberg and Mitchell, 1983). As a result some interest has turned to the British School of psychoanalysis with an examination, amongst other things, of 'projective identification'. In the process the concept has been taken from the overall framework of Kleinian theory and used in the theoretical framework developed in the United States.

In the process there has been a neglect of all sorts of aspects of projective identification - the particular variety of projective identification that is in operation, its specific intrapsychic purpose, whether the projection is made in hatred or not, the degree of omnipotence in the phantasies and, in fact, a neglect of the phantasy nature of the mechanism. The danger is of a rapidly declining usefulness as the concept comes to be a catch-phrase for all interpersonal phenomena. Unfortunately the concept of projective identification has proved to be as potent a source of confused thinking as the mechanism it indicates.

The different development of psychoanalysis in the United States [see EGO-PSYCHOLOGY] came to emphasize the adaptational aspects of the ego and the interpersonal or cultural influences in development. Consequently 'projective identification' has been adopted for its value (i)

as descriptive of the states of fusion between the ego and its objects encountered in psychotic or borderline patients, or (2) as an interpersonal concept that contributes to the psychoanalytic understanding of adaptational processes and the influence of the social context.

**(1) The intrapsychic mechanism.** Interest in projective identification as an *intrapsychic* concept has been particularly in terms of the origin and development of ego-boundaries across which projective identification takes place.

Kernberg: Kernberg (1975) is perhaps the nearest of the ego-psychologists to the British object-relations view. His is a genuine attempt to forge an alloy between ego-psychology and British object-relations theory. Specifically he attempted an integration with Kleinian views and 'projective identification' was used as an important bridging concept between ego-psychology and object-relations theory. He attempted to establish that 'objects' have a primary role which tends to dispose of the notion of primary narcissism:

... in contrast to the traditional psychoanalytic viewpoint according to which there first exists a narcissistic investment of libido and later an object investment of libido ...it is my belief that the development of normal and pathological narcissism always involves the relationship of the self to object-representations and external objects ...The general implication is that the concept of 'primary narcissism' no longer seems warranted because 'metapsychologically', 'primary narcissism, and 'primary object investment' are in effect coincidental (KERNBERG, 1975, p. 341).

Projective identification, being the process of seeing parts of the self in the other, must depend upon and therefore reinforce the self-other boundary. Kernberg, therefore, implicated projective identification in this process from which the ego-boundaries eventually emerge.

Kernberg proposed projective identification as an early mechanism based on splitting processes; projection, in contrast, relied on the later and more sophisticated defence of repression. Another distinction



concerned the 'identification' aspect, which he described as an 'empathy with' component of projective identification, which in his definition 'is a primitive form of projection ... "empathy" is maintained with the real object on to which the projection has occurred, and is linked with an effort to control the object' (KERNBERG, 1975, p. 80). Projection is the misperception of the object without any further involvement in it. This pinpointed the quality in projective identification of being able to affect the 'inside' of the object and make it feel something under the control of the subject, and is similar to Klein's insisting on referring to projection *into* the object, as opposed to *on to* the object (Klein, 1946, p. 8n). Kernberg regarded projective identification as arising only when the ego-boundary has been formed, and postulated that since projective identification, being the process of seeing parts of the self in the other, must depend upon the self-other boundary it may be deeply involved in forming it and reinforcing it. Curiously, this places projective identification in an unaccustomed position, since it was originally described from clinical material in which it was implicated in the confusion between self and object (ROSENFELD, 1965). Such conflicting views need to be reconciled.

However, when Kernberg attempted to implant the concept into his theoretical framework, his explanations were couched in terminology of a deeply alien form: '... what is projected in a very inefficient way is not "pure aggression", but a self-representation or an object-representation linked with that drive derivative' (KERNBERG, 1975, pp. 80-1). 'Self' and 'object-representations', are not contemporary in development with projective identification in its original form. A 'drive derivative' is substituted for 'a split-off part of the self'. The phantasy notion of concretely felt objects and parts of the self is missing. The effect is a curious hybrid of theoretical terms, in which the concepts of ego-psychology and object-relations theory have become distorted into quite different shapes. What seems to have happened is that there has been an inevitable clash between psychic processes and structures objectively described and unconscious phantasies subjectively experienced. The Kleinian metapsychology couched in terms of the patient's own phantasies has been partially translated into the terminology of an objective science [see SUBJECTIVITY].

Grotstein: At times Grotstein (1981) writes with a strongly Kleinian perspective but also has difficulties shaking off the ego-psychology frame of reference. He, too, attempted to bridge the theoretical divide. Kleinians, he said, have used the concept of projective identification and other primitive defence mechanisms ‘... to account for the formation of psychotic states rather than seeing them as primitive neurotic mechanisms and, as a consequence of this, they often overlook the normal or neurotic aspects of splitting and projective identification’ (GROTSTEIN, 1983, pp. 529-30).

Grotstein’s attempts to bring the two theories together did not involve mixing up a cocktail of concepts to see what came out. He used the idea of a ‘dual track’ development in which primitive and other aspects of the ego exist harmoniously alongside each other.

He tried also to deal in the same relaxed way with the early moments of life when projective identification is most significantly operative; the essential incompatibility between Klein’s dismissal of primary narcissism and Mahler’s espousal of it could, he thought, be resolved:

Klein’s concept of initial infant mental separateness collides with Mahler’s (and others’) conception of continuing postnatal primary narcissism or primary identification. The dual track theory allows for each to be correct on two tracks (GROTSTEIN, 1981, p. 88).

Mahler’s (Mahler et al., 1975) experimental confirmation of the classical Freudian view that there is not a separateness in the early weeks and months of life has always been a problem for British object-relations psychoanalysts [see NARCISSISM]. Klein stuck to the logic of her own trajectory and stated categorically that there are ‘object-relations at birth’. Only on this basis do the primitive defence mechanisms have any meaning. Projective identification represents the struggles of the infant with those very early relations. Grotstein’s efforts to have it both ways at the same time leave an unsatisfying result.

Grotstein was also concerned to distinguish between projection and projective identification, suggesting: “projection” is the mechanism



dealing with the drives which are projected on to objects; whilst the parts of the self, connected with these drives, are dealt with by "projective identification" (MALIN and GROTESTEIN, 1966).

**201.570** Jacobson: Jacobson (1967) ruled out projective identification as a primitive mechanism on the grounds that the ego does not exist in these very primitive stages. For her, projective identification is a useful concept but one which can only be a sophisticated response in the adult patient and not a repetition of the infantile mechanisms. Rosenfeld (1987) discussed this point of view and argued that Jacobson did not understand that the problem of interpreting to psychotic patients is due to the recurrence of infantile concrete thinking based on projective identification.

The critique of the concept of projective identification as too sophisticated is an important and telling one and points to a significant and profound difference between theories of the earliest functions of the ego. It is true that the ability to get *into* an object and control the way it feels and responds sounds very sophisticated. It is clearly possible to perceive this occurring in both adult patients and child patients in psychoanalysis. But could such a phantasy exist at birth? The answer to this depends on what sort of object it is that the infant is relating to when he begins functioning. On the one hand, those who hold that the ego does not function at birth view the first objects as external objects that are constructed with physical properties when the infant can perceive them when he has the use of his distance receptors, particularly eyes and ears; however, on the other hand the theory of unconscious phantasy would have it that the first objects are constructed as primitive interpretations of basic bodily sensations giving pain or pleasure and the object is therefore an emotional one with motivations but without physical qualities. The question we are left with is whether objects first have an emotional meaning which is later linked with physical objects, or whether they have physical attributes in which an emotional life is eventually discovered.

**201.220** There must be some validity in the criticism that infants cannot perform their projective identifications in as sophisticated a way as adult patients. The extraordinarily subtle methods of using the analyst that Joseph (1975), for instance, describes are a long way from the simple

screaming of an infant which engages mother in his world. The Kleinian description of projective identification as primitive has to be qualified when describing such sophisticated interpersonal manoeuvring, and restricted to the primitive quality of the concreteness of the phantasies behind the subtle methods.

**(2) The interpersonal process.** Projective identification displays a potential for describing interactions between people (Money-Kyrle, 1956) [see COUNTERTRANSFERENCE]. The stressing of this aspect of projective identification above the intrapsychic phantasy functions (Ashbach and Shermer, 1987) can be called the *interpersonal* concept of projective identification.

Ogden: A number of similar concepts in the literature of classical psychoanalysis were noted by Ogden (1979, 1982). He (1982, p. 80) specified them - Anna Freud (1936) 'identification with the aggressor'; Brodey (1965) 'externalization'; Wangh (1962) 'evocation by proxy'; Sandler (1976) 'role actualization', - lumped them all together as a single clinical manifestation, and termed it 'projective identification'.

In this formulation the term covers a complex clinical event of an interpersonal type: one person disowns his feelings and manipulatively induces the other into experiencing them, with consequent visible changes in the behaviour of both. While acknowledging the intrapsychic backdrop, Ogden emphasized observable interpersonal events, the 'interpersonal actualization' (OGDEN, 1982, p. 177). These interpersonal happenings are observable and cannot be denied and might therefore introduce some clarity, since the behavioural nature of the term is potentially verifiable in an objective manner. For this reason Ogden's formulation has certainly become popular in the field of interpersonal therapies such as family therapy (Bannister and Pincus, 1965; Zinner and Shapiro, 1972; Box, 1978) and group therapy (for instance Main, 1975; Rogers, 1987).

However, a difference exists between a definition such as Ogden's and the original concept. This difference is difficult to pinpoint: 'The description of these processes suffers from a great handicap, for these phantasies arise at a time when the infant has not yet begun to think in



words' (Klein, 1946). Ogden's formulation downgrades the subjective experiencing of the subject and his unconscious phantasies in a fashion similar to other ego-psychological formulations. Nevertheless, the difference is more than that. Joseph (1975 and in many papers), for instance, has adopted a way of describing these phenomena that is quite different from those of Ogden, Kernberg, Grotstein, etc (SANDLER, 1988). It is an attempt to *indicate* in clinical material as opposed to an attempt to derive a definition. It is to do with the subjective experience of the *analyst* about which it is also very difficult to think in words, the use to which the analyst is put in being unwittingly drawn into the patient's phantasy world.

The broadening of the concept: A number of people have noted a great broadening of the concept of projective identification. Kernberg, for instance, wrote (1980): 'Projective identification is broadened to include the reaction of the object, that is, an interpersonal process is described as part of an intrapsychic mechanism ...[This] shift in the definition of the underlying concept creates clinical as well as theoretical problems' (p. 45). He attributed this broadening of the concept to Rosenfeld (1964a). Meissner (1980) attributed the broadening to Bion (1962a and b) and Segal (1957). On the other hand, Spillius (1983) attributed it to Americans such as Ogden (1979):

... the concept is now used by non-Kleinians, and papers are even being written about it in the United States. In the course of such general popularity the concept has been widened and is sometimes used loosely (SPILLIUS, 1983, p. 321).

What Kleinians call a loose use of the term results in large measure from the complaint by non-Kleinians against keeping the concept tied into the whole package of the paranoid-schizoid position. Others have disposed of a fair amount of Kleinian baggage: distinctions between (a) pathological or normal projective identification; (b) omnipotent phantasy or empathy; (c) part-objects or whole objects; and the acceptance of (a) secondary, defensive fusions described by Rosenfeld as opposed to primary narcissism, and (b) unconscious

phantasy and subjective meaning as opposed to objective mechanisms and structures. Whether the resulting concept that is 'written about in the United States' is a useful one is no longer perhaps a Kleinian issue, but judging by the profusion of papers, both for and against, opinion is very divided.

Meissner: The most testing of the ego-psychology critiques of projective identification is the paper by Meissner (1980). In part his arguments deal with the Kleinian concept (see SYMBOLIC EQUATION] and in part with the American broadening towards an interpersonal concept: '... overextension and application of the term have led to a situation in which it has acquired multiple and at times inappropriate meanings, resulting in evacuation of the meaningfulness of the term' (p. 43).

He agreed that projective identification includes diffusion of ego-boundaries, loss of self-object differentiation and taking the object as a part of the self, all of which are key elements of the ego-psychology view of psychosis, and the term is meaningful on this strictly limited basis. It is when the term is used outside its reference to psychotic patients, Meissner believed, that trouble begins. His various points may be listed:

- (a) The description (Klein, 1959) of empathy as based on projective identification is one such broadening of the term to which Meissner objected, since there is no loss of ego-boundaries during moments of empathy.
- (b) Bion's theory of containers (see CONTAINING] is, Meissner argues, a sloppy extension of the term:  
... projective identification becomes a metaphor, translated loosely into the terms of container and contained, which applies to almost any form of relational or cognitional phenomenon in which the common notes of relation, containment or implication can be appealed to (1980, p. 59)

It loses its precise reference to psychotic experience. If projective identification is not strictly confined to psychosis, Meissner complained,



but is described in conditions in which there is good reality appreciation of self and object, then the term collapses into simple 'projection' and therefore generates confusion.

(c) Similarly Meissner argued that the significance Segal gives in symbolic equation (Segal, 1957) is equally unwarranted, and he mounts specific arguments to the effect that the concrete use of symbols which Segal described is not necessarily a result of projective identification. He appealed to the 'palaeological' pre-Aristotelian forms of thinking described by Von Domarus (1944) [see SYMBOLIC EQUATION].

(d) Meissner then dealt with the mushrooming use of the term 'projective identification' as an interpersonal description (Zinner and Shapiro, 1972; Greenspan and Mannoni, 1975; Slipp, 1973). In these he noted that the term refers to complex projective-introjective processes in family systems, *among* people:

The basic question that must be raised in objection to the use of projective identification in these contexts is whether complex interactions addressed by these concepts in fact involve anything more than complex interactions of projection and introjection (1980, p. 62).

He condemned the extrapolation to interpersonal contexts on the grounds that it again moves away from the phenomena of psychosis.

(e) Meissner, correctly, pointed out that the use of the term 'projective identification' implied a set of unexpressed assumptions - the nature of instinctual conflict, the earliest stages of processing these instinctual elements, object-self confusion as a defence. Consequently, the term has become distorted by being grafted on to other sets of assumptions - primary narcissism, object-self confusion as a primary anxiety, the objectivity of psychoanalytic observation.

Countertransference. The development of the concept of projective identification coincided with the new appreciation of countertransference. In Britain at least both developments were probably interlocking and enhanced each other. Because of the interpersonal aspect of projective identification it has a bearing on the transference-countertransference relationship. However, it can lead to simplistic methods of conducting analysis. To interpret projective identification in clinical material on the basis of the analyst's reactions can lead to the suspicion that the analyst is merely attributing his own feelings, without further thought, to the patient, and omnipotently 'knows' the patient's feelings in this directly intuitive way. Such a rationalization for wild analysis was condemned by Finell (1986). She used vignettes offered by both Ogden and Grotstein to show the analyst's evasions and defensive omnipotence. This criticism of a simplistic use of 'projective identification', in the countertransference is valid, as Rosenfeld (1972) also indicated. Superficial interpretations of this kind lead the patient to act on the assumption that the analyst is defending himself against the patient's projections; and Grinberg (1962) pointed out that in some instances of this kind the patient may feel that he is being forced to receive the analyst's projective identifications [see COUNTERTRANSFERENCE]. Along these lines, Dorpat (1983) argued that the term be put out of use altogether.

There is often an agreement between Kleinians and non-Kleinians at the clinical level about certain extreme moments in the transference-countertransference situation which are characterized by the analyst finding himself off guard and caught into some movement *with* the patient away from the analytic situation. Joseph (1975) described some extremely subtle manifestations of this by attending to the way patients *used* the analyst, and the excitement it gave the patient to succeed in this use. It is not a use of the analyst to represent something-a parental figure, etc. - but a use to avoid certain experiences of dependence, jealousy, separation, envy. This use needs to be displayed to the patient in order to help him with his excitement and triumph. Kernberg (1988) described a situation in which a patient fully believed that the analyst had acted outside the session in a way that was detrimental to the



patient, and became more and more angry when the analyst would not admit to such an act until the analyst himself became frightened of being physically attacked by the patient. In this case the patient's powerful invitation to be drawn into enacting something was resisted. The analyst's recourse in this case was to step outside the analytic setting by stating that the analysis could not proceed unless the patient could give a guarantee that he would not assault the analyst physically. Kernberg defended his non-interpretative handling of these attempted projections into himself on the grounds that with certain especially aggressive patients it is necessary to introduce such a parameter into the analysis. These alternative techniques - either pursuing interpretations or introducing parameters - require further comparative assessment.

Kernberg's procedure is based on the view that the extreme aggressiveness represents a primary ego-defect, a regression to the barely formed state of the ego as it begins to emerge through projective identification. In this sense the violence displayed towards the analyst is a very different phenomenon from the Kleinian view of the destructive effects of projective identification upon the analyst aimed at dissolving boundaries by controlling him. Kernberg's assertion of control of the session was required, in his view, to make up for his patient's uncertain control.

This raises an important debate which was also hinted at in Meissner's last point ((e) above): in what context of assumptions should the term projective identification be used? Does 'projective identification remain the same concept if psychotic ego-defects are assumed to arise from the primary absence of ego-boundaries (primary narcissism) as opposed to the view that psychotic ego-defects arise from the omnipotent phantasies involved in projective identification? Quite different views of the origins of psychosis lead to quite different assessments of the meaning and value of the term and of what to do about it. There appears to be no consensus on the value of the term 'projective identification, outside the Kleinian conceptual framework.

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## B General Entries

Note: In references, S.E. = James Strachey, ed. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, 24 vols. Hogarth, 1953-73.

WMK = The Writings of Melanie Klein. Hogarth.