

Projective identification some clinical aspects

BETTY JOSEPH

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The concept of projective identification was introduced into analytic thinking by Melanie Klein in 1946. Since then it has been welcomed, argued about, the name disputed, the links with projection pointed out, and so on; but one aspect seems to stand out above the fringe line, and that is its considerable clinical value. It is this aspect that I shall mainly concentrate on today, and mainly in relation to the neurotic patient.

Melanie Klein became aware of projective identification when exploring what she called the paranoid-schizoid position, that is, a constellation of a particular type of object relations, anxieties, and defences against them, typical for the earliest period of the individual's life and, in certain disturbed people, continuing throughout life. This particular position she saw as dominated by the infant's need to ward off anxieties and impulses by splitting both the object, originally the mother, and the self and projecting these split-off parts into an object, which will then be felt to be like, or identified with, these split-off parts, so colouring the infant's perception of the object and its subsequent introjection.

She discussed the manifold aims of different types of projective identification, for example, splitting off and getting rid of unwanted parts of the self that cause anxiety or pain; projecting the self or parts of the self into an object to dominate and control it and thus avoid any feelings of being separate; getting into an object to take over its capacities and make them its own; invading in order to damage or

destroy the object. Thus the infant, or adult who goes on using such mechanisms powerfully, can avoid any awareness of separateness, dependence, admiration, or its concomitant sense of loss, anger, envy, etc. But it sets up anxieties of a persecutory type, claustrophobic, panics and the like.

We could say that, from the point of view of the individual who uses such mechanisms strongly, projective identification is a phantasy and yet it can have a powerful effect on the recipient. It does not always do so and when it does we cannot always tell how the effect is brought about, but we cannot doubt its importance. We can see, however, that the concept of projective identification, used in this way, is more object-related, more concrete and covers more aspects than the term projection would ordinarily imply, and it has opened up a whole area of analytic understanding. These various aspects I am going to discuss later, as we see them operating in our clinical work; here I want only to stress two points: first, the omnipotent power of these mechanisms and phantasies; second, how, in so far as they originate in a particular constellation, deeply interlocked, we cannot in our thinking isolate projective identification from the omnipotence, the splitting and the resultant anxieties that go along with it. Indeed, we shall see that they are all part of a balance, rigidly or precariously maintained by the individual, in his own individual way.

As the individual develops, either in normal development or through analytic treatment, these projections lessen, he becomes more able to tolerate his ambivalence, his love and hate and dependence on objects, in other words, he moves towards what Melanie Klein described as the depressive position. This process can be helped in infancy if the child has a supportive environment, if the mother is able to tolerate and contain the child's projections, intuitively to understand and stand its feelings. Bion elaborated and extended this aspect of Melanie Klein's work, suggesting the importance of the mother being able to be used as a container by the infant, and linking this with the process of communication in childhood and with the positive use of the counter-transference in analysis. Once the child is better integrated and able to recognize its impulses and feelings as its own, there will be a lessening in the pressure to project, accompanied by an increased concern for the object. In its earliest forms projective identification has no concern for the object, indeed it is often anti-concern, aimed at dominating the object, irrespective of the cost to the object. As the child moves towards the depressive position, this necessarily alters and, although projective identification is probably never entirely given up, it will no longer

involve the complete splitting off and disowning of parts of the self, but will be less absolute, more temporary and more able to be drawn back into the individual's personality – and thus be the basis of empathy.

In this paper I want, first, to consider some further implications of the use of projective identification, and then to discuss and illustrate different aspects of projective identification, first in two patients more or less stuck in the paranoid-schizoid position, and then in a patient beginning to move towards the depressive position.

To begin with: some of the implications, clinical and technical, of the massive use of projective identification as we see it in our work. Sometimes it is used so massively that we get the impression that the patient is, in phantasy, projecting his whole self into his object and may feel trapped or claustrophobic. It is, in any case, a very powerful and effective way of ridding the individual of contact with his own mind; at times the mind can be so weakened or so fragmented by splitting processes or so evacuated by projective identification that the individual appears empty or quasi-psychotic. This I shall show with C, the case of a child. It also has important technical implications; for example, bearing in mind that projective identification is only one aspect of an omnipotent balance established by each individual in his own way, an interpretative attempt on the part of the analyst to locate and give back to the patient missing parts of the self must of necessity be resisted by the total personality, since it is felt to threaten the whole balance and lead to more disturbance. I shall discuss this in case T. Projective identification cannot be seen in isolation.

A further clinical implication that I should like to touch on is about communication. Bion demonstrated how projective identification can be used as a method of communication by the individual putting, as it were, undigested parts of his experience and inner world into the object, originally the mother, now the analyst, as a way of getting them understood and returned in a more manageable form. But we might add to this that projective identification is, by its very nature, a kind of communication, even in cases where this is not its aim or its intention. By definition projective identification means the putting of parts of the self into an object. If the analyst on the receiving end is really open to what is going on and able to be aware of what he is experiencing, this can be a powerful method of gaining understanding. Indeed, much of our current appreciation of the richness of the notion of counter-transference stems from it. I shall later try to indicate some of the problems this raises, in terms of acting-in, in my discussion of the third case, N.

I want now to give a brief example of a case to illustrate the concreteness of projective identification in the analytic situation, its effectiveness as a method of ridding the child of a whole area of experience and thus keeping some kind of balance, and the effect of such massive projective mechanisms on her state of mind. This is a little girl aged 4, in analytic treatment with Mrs Elizabeth Da Rocha Barros, who was discussing the case with me. The child had only very recently begun treatment, a deeply disturbed and neglected child, whom I shall call C.

A few minutes before the end of a Friday session C said that she was going to make a candle; the analyst explained her wish to take a warm Mrs Barros with her that day at the end of the session and her fear that there would not be enough time, as there were only three minutes left. C started to scream, saying that she would have some spare candles; she then started to stare through the window with a vacant, lost expression. The analyst interpreted that the child needed to make the analyst realize how awful it was to end the session, as well as expressing a wish to take home some warmth from the analyst's words for the weekend. The child screamed: 'Bastard! Take off your clothes and jump outside.' Again the analyst tried to interpret C's feelings about being dropped and sent into the cold. C replied: 'Stop your talking, take off your clothes. You are cold. I'm not cold.' The feeling in the session was extremely moving. Here the words carry the concrete meaning, to the child, of the separation of the weekend – the awful coldness. This she tries to force into the analyst and it is felt to have been concretely achieved. 'You are cold, I am not cold.'

The moments when C looked completely lost and vacant, as in this fragment, were very frequent and were, I think, indicative not only of her serious loss of contact with reality, but of the emptiness, vacateness of her mind and personality when projective identification was operating so powerfully. I think that much of her screaming is also in the nature of her emptying out. The effectiveness of such emptying is striking, as the whole experience of loss and its concomitant emotions is cut out. One can again see here how the term 'projective identification' describes more vividly and fully the processes involved than the more general and frequently used terms, such as 'reversal' or, as I said, 'projection'.

In this example, then, the child's balance is primarily maintained by the projecting out of parts of the self. I want now to give an example of a familiar kind of case to discuss various kinds of projective identification working together to hold a particular narcissistic omnipotent balance. This kind of balance is very firmly

structured, extremely difficult to influence analytically and leads to striking persecutory anxieties. It also raises some points about different identificatory processes and problems about the term 'projective identification' itself.

A young teacher, whom I shall call T, came into analysis with difficulties in relationships, but actually with the hope of changing careers and becoming an analyst. His daily material consisted very largely of descriptions of work he had done in helping his pupils, how his colleagues had praised his work, asked him to discuss their work with him, and so on. Little else came into the sessions. He frequently described how one or other of his colleagues felt threatened by him, threatened in the sense of feeling minimized or put in an inferior position by his greater insight and understanding. He was, therefore, uneasy that they felt unfriendly to him at any given moment. (Any idea that his personality might actually put people off did not enter his mind.) It was not difficult to show him certain ideas about myself—for example, that when I did not seem to be encouraging him to give up his career and apply for training as an analyst, he felt that I, being old, felt threatened by this intelligent young person coming forward, and, therefore, would not want him in my professional area.

Clearly, simply to suggest, or interpret, that T was projecting his envy into his objects and then feeling them as identified with this part of himself might be theoretically accurate, but clinically inept and useless; indeed it would just be absorbed into his psychoanalytic armoury. We can see that the projective identification of the envious parts of the self was, as it were, only the end result of one aspect of a highly complex balance which he was keeping. To clarify something of the nature of this balance, it is important to see how T was relating to me in the transference. Usually he spoke of me as a very fine analyst and I was flattered in such ways. Actually he could not take in interpretations meaningfully, he appeared not to listen properly; he would, for example, hear the words partially and then re-interpret them unconsciously, according to some previous theoretical and psychoanalytical knowledge, then give them to himself with this slightly altered and generalized meaning. Frequently, when I interpreted more firmly, he would respond very quickly and argumentatively, as if there were a minor explosion which seemed destined, not only to expel from his mind what I might be going to say, but enter my mind and break up my thinking at that moment.

In this example we have projective identification operating with various different motives and leading to different identificatory processes—but all aimed at maintaining his narcissistic omnipotent

balance. First we see the splitting of his objects—I am flattered and kept in his mind as idealized; at such moments the bad or unhelpful aspect of myself is quite split off, even though I don't seem to be achieving much with him; but this latter has to be denied. He projects part of himself into my mind and takes over; he 'knows' what I am going to say and says it himself. At this point, a part of the self is identified with an idealized aspect of myself, which is talking to, interpreting to, an idealized patient part of himself; idealized because it listens to the analyst part of him. We can see what this movement achieves in terms of his balance. It cuts out any real relationship between the patient and myself, between analyst and patient, as mother and child, as a feeding couple. It obviates any separate existence, any relating to me as myself; any relationship in which he takes in directly from me. T was, in fact, earlier in his life slightly anorexic. If I manage for a moment to get through this T explodes, so that his mental digestive system is fragmented, and by this verbal explosion, as I said, T unconsciously tries to enter my mind and break up my thinking, my capacity to feed him. It is important here, as always with projective identification, to distinguish this kind of unconscious entering, invading and breaking up from a conscious aggressive attack. What I am discussing here is how these patients, using projective identification so omnipotently, actually avoid any such feelings as dependence, envy, jealousy, etc.

Once T has in phantasy entered my mind and taken over my interpretations, and my role at that moment, I notice that he has 'added to', 'improved on', 'enriched' my interpretations, and I become the onlooker, who should realize that my interpretations of a few moments ago were not as rich as his are now—and surely I should feel threatened by this young man in my room! Thus the two types of projective identification are working in harmony, the invading of my mind and taking over its contents and the projecting of the potentially dependent, threatened and envious part of the self into me. This is, of course, mirrored in what we hear is going on in his outside world—the fellow students who ask for help and feel threatened by his brilliance—but then he feels persecuted by their potential unfriendliness. So long as the balance holds so effectively, we cannot see what more subtle, sensitive, and important aspects of the personality are being kept split off, or why—we can see that any relationship to a truly separate object is obviated—with all that this may imply.

A great difficulty is, of course, that all insight tends to get drawn into this process; to give a minute example: one Monday, T really seemed to become aware of exactly how he was subtly taking the

meaning out of what I was saying and not letting real understanding develop. For a moment he felt relief and then a brief, deep feeling of hatred to me emerged into consciousness. A second later he added quietly that he was thinking how the way that he had been feeling just then towards me, that is, the hatred, must have been how his fellow students had felt towards him on the previous day when he had been talking and explaining things to them! So, immediately that T has a real experience of hating me because I have said something useful, he uses the momentary awareness to speak about the students, and distances himself from the emerging envy and hostility, and the direct receptive contact between the two of us is again lost. What looks like insight is no longer insight but has become a complex projective manoeuvre.

At a period when these problems were very much in the forefront of the analysis, T brought a dream, right at the end of a session. The dream was simply this: T was with the analyst or with a woman, J, or it might have been both, he was excitedly pushing his hand up her knickers into her vagina, thinking that if he could get right in there would be no stopping him. Here, I think under the pressure of the analytic work going on, T's great need and great excitement were to get totally inside the object, with all its implications, including, of course, the annihilation of the analytic situation.

To return to the concept of projective identification; with this patient I have indicated three or four different aspects: attacking the analyst's mind; a kind of total invading, as in the dream fragment I have just quoted; a more partial invading and taking over aspects or capacities of the analyst; and finally putting parts of the self, particularly inferior parts, into the analyst. The latter two are mutually dependent, but lead to different types of identification. In the one, the patient, in taking over, becomes identified with the analyst's idealized capacities; in the other, it is the analyst who becomes identified with the lost, projected, here inferior or envious parts of the patient. I think it is partly because the term is broad and covers many aspects that there has been some unease about the name itself.

I have so far discussed projective identification in two cases caught up in the paranoid-schizoid position, a borderline child and a man in a rigid omnipotent narcissistic state. Now I want to discuss aspects of projective identification as one sees it in a patient moving towards the depressive position. I shall illustrate some points from the case of a man as he was becoming less rigid, more integrated, better able to tolerate what was previously projected, but constantly also pulling back, returning to the use of the earlier projective mechanisms; then I

want to show the effect of this on subsequent identifications and the light that it throws on previous identifications. I also want to attempt to forge a link between the nature of the patient's residual use of projective identification and its early infantile counterpart and the relation of this to phobia formation. I bring this material also to discuss briefly the communicative nature of projective identification.

To start with this latter point, as I said earlier, since projective identification, by its very nature means the putting of parts of the self into the object, in the transference we are of necessity on the receiving end of the projections and, therefore, providing we can tune into them, we have an opportunity par excellence to understand them and what is going on. In this sense, it acts as a communication, whatever its motivation, and is the basis for the positive use of counter-transference. As I want to describe with this patient, N, it is frequently difficult to clarify whether, at any given moment, projective identification is primarily aimed at communicating a state of mind that cannot be verbalized by the patient or whether it is aimed more at entering and controlling or attacking the analyst, or whether all these elements are active and need consideration.

A patient, N, who had been in analysis many years, had recently married and, after a few weeks, was becoming anxious about his sexual interest and his potency, particularly in view of the fact that his wife was considerably younger. He came on a Monday, saying that he felt that 'the thing' was never really going to get right, 'the sexual thing', yes, they did have sex on Sunday, but somehow he had to force himself and he knew it wasn't quite all right, and his wife noticed this and commented. It was an all-right kind of weekend, just about. He spoke about this a bit more and explained that they went to a place outside London, to a party; they had meant to stay the night in an hotel nearby, but couldn't find anywhere nice enough and came home and so were late. What was being conveyed to me was a quiet, sad discomfort, leading to despair, and I pointed out to N how he was conveying an awful long-term hopelessness and despair, with no hope for the future. He replied to the effect that he supposed that he was feeling left out, and linked this with what had been a rather helpful and vivid session on the Friday, but now, as he made the remark, it was quite dead and flat. When I tried to look at this with him, he agreed, commenting that he supposed he was starting to attack the analysis, etc.

The feeling in the session now was awful; N was making a kind of game and saying analytic things himself, which could have been right, for example about the Friday, and which one could have picked up, but, since they seemed flat and quite unhelpful to him,

what he seemed to me to be doing was putting despair into me, not only about the reality of his marriage and potency, but also about his analysis, as was indicated, for example, by the useless, and by now somewhat irrelevant, comment about being left out. N denied my interpretation about his despair about the progress of the analysis, but in such a way, it seemed to me, as to be encouraging me to make false interpretations and to pick up his pseudo-interpretations as if I believed in them, while knowing that they and we were getting nowhere. He vaguely talked about this, went quiet and said: 'I was listening to your voice, the timbre changes in different voices. W (his wife), being younger, makes more sounds per second, older voices are deeper because they make less sounds per second, etc.' I showed N his great fear that I showed with my voice, rather than through my actual words, that I could not stand the extent of his hopelessness and his doubts about myself, about what we could achieve in the analysis and, therefore, in his life, and that I would cheat and in some way try to encourage. I queried whether he had perhaps felt that, in that session, my voice had changed in order to sound more encouraging and encouraged, rather than contain the despair he was expressing. By this part of the session my patient had got into contact and said with some relief that, if I did do this kind of encouraging, the whole bottom would fall out of the analysis.

First, the nature of the communication, which I could understand primarily through my counter-transference, through the way in which I was being pushed and pulled to feel and to react. We see here the concrete quality of projective identification structuring the counter-transference. It seems that the way N was speaking was not asking me to try to understand the sexual difficulties or unhappiness, but to invade me with despair, while at the same time unconsciously trying to force me to reassure myself that it was all right, that interpretations, now empty of meaning and hollow, were meaningful, and that the analysis at that moment was going ahead satisfactorily. Thus it was not only the despair that N was projecting into me, but his defences against it, a false reassurance and denial, which it was intended I should act out with him. I think that this also suggests a projective identification of an internal figure, probably primarily mother, who was felt to be weak, kind, but unable to stand up to emotion. In the transference (to over-simplify the picture) this figure is projected into me, and I find myself pushed to live it out.

We have here the important issue of teasing out the motivation for this projective identification: was it aimed primarily at communicating something to me; was there a depth of despair that we had not previously sufficiently understood; or was the forcing of despair into

me motivated by something different? At this stage, at the end of the session, I did not know and left it open.

I have so much condensed the material here that I cannot convey adequately the atmosphere and to and fro of the session. But towards the end, as I have tried to show, my patient experienced and expressed relief and appreciation of what had been going on. There was a shift in mood and behaviour as my patient started to accept understanding and face the nature of his forcing into me, and he could then experience me as an object that could stand up to his acting in, not get caught into it, but contain it. He could then identify temporarily with a stronger object, and he himself became firmer. I also sensed some feeling of concern about what he had been doing to me and my work – it was not openly acknowledged and expressed – but there is some movement towards the depressive position with its real concern and guilt.

To clarify the motivation as well as the effect of this kind of projective identification on subsequent introjective identification, we need to go briefly into the beginning of the next session, when N brought a dream, in which he was on a boat like a ferry boat, on a grey-green sea surrounded by mist; he did not know where they were going. Then nearby there was another boat which was clearly going down under the water and drowning. He stepped on to this boat as it went down. He did not feel wet or afraid, which was puzzling. Amongst his associations we heard of his wife being very gentle and affectionate, but he added that he himself was concerned; was she behind this really making more demands on him? She, knowing his fondness for steak and kidney pudding, had made him one the night before. It was excellent, but the taste was too strong, which he told her!

Now the interesting thing, I think, was that, on the previous day I had felt rather at sea, as I said, not knowing exactly where we were going, but I was clear that the understanding about the hopelessness and the defences against it was right, and, though I had not thought it out in this way, my belief would have been that the mists would clear as we went on. But what does my patient do with this? He gratuitously steps off this boat (this understanding) on to one that is going down, and he is not afraid! In other words, he prefers to drown in despair rather than clarify it, prefers to see affection as demands, and my decent, well-cooked steak and kidney interpretations as too tasty. At this point, as we worked on it, N could see that the notion of drowning here was actually exciting to him.

Now we can see more about the motivation. It becomes clear that N was not just trying to communicate and get understood

something about his despair, important as this element is, but that he was also attacking me and our work, by trying to drag me down by the despair, when there was actually progress. After a session in which he expressed appreciation about my work and capacity to stand up to him, he dreamt of willingly stepping on to a sinking boat, so that either, internally, I collude and go down with him or am forced to watch him go under and my hope is destroyed and I am kept impotent to help. This activity also leads to an introjective identification with an analyst-parent who is felt to be down, joyless and impotent, and this identification contributes considerably to his lack of sexual confidence and potency. Following this period of the analysis, there was real improvement in the symptom.

Naturally these considerations lead one to think about the nature of the patient's internal objects, for example, the weak mother, that I described as being projected into me in the transference. How much is this figure based on N's real experience with his mother, how much did he exploit her weaknesses and thus contribute to building in his inner world a mother, weak, inadequate and on the defensive, as we saw in the transference? In other words, when we talk of an object projected on to the analyst in the transference, we are discussing an internal object that has been structured in part from the child's earlier projective identifications, and the whole process can be seen being revived in the transference.

I want now to digress and look at this material from a slightly different angle, related to the patient's very early history and anxieties. I have shown how N pulls back and goes into an object, in the dream, into the sinking boat, as in the first session he goes into despair, which is then projected into me, rather than his thinking about it. This going into an object, acted out in the session, is, I believe, linked with a more total type of projective identification that I indicated in the sexual dream of T, and referred to briefly at the beginning of this paper, as being connected with phobia formation. At the very primitive end of projective identification is the attempt to get back into an object, to become, as it were, undifferentiated and mindless and thus avoid all pain. Most human beings develop beyond this in early infancy; some of our patients attempt to use projective identification in this way over many years. N, when he came into analysis, came because he had a fetish, a tremendous pull towards getting inside a rubber object which would totally cover, absorb, and excite him. In his early childhood he had nightmares of falling out of a globe into endless space. In the early period of analysis he would have severe panic states when alone in the house, and would be seriously disturbed or lose contact if he had to be away

from London on business. At the same time there are minor indications of anxieties about being trapped in a claustrophobic way, for example, at night he would have to keep blankets on the bed loose or throw them off altogether; in intercourse phantasies emerged of his penis being cut off and lost inside the woman's body. As the analysis went on, the fetishistic activities disappeared and real relationships improved, and the projecting of the self into the object could clearly be seen in the transference. He would get absorbed in his own words or ideas or in the sound of my words and my speaking, and the meaning would be unimportant compared with the concrete nature of the experience. This type of absorption into words and sounds, with the analyst, as a person, quite disregarded, is not unlike the kind of process that one sometimes sees in child patients, who come into the playroom, on to the couch, and fall so deeply asleep that they are unable to be woken by interpretations. It is, therefore, interesting to see in N how he has always concretely attempted to get into an object, apparently largely in order to escape from being outside, to become absorbed and free from relating and from thought and mental pain. And yet we know that this is only half the story, since the object he mainly got into was a fetish and highly sexualized. And still in the modern dream of getting into the drowning boat there was masochistic excitement that he tried to pull me into and in this sense it needs to be compared with T. I described how, as his constant invading and taking over was being analysed, we could see in T's sexual dream an attempt totally to get inside me with great excitement. I suspect there is much yet to be teased out about the relation between certain types of massive projective identification of the self and erotization.

Now I want to return to the material that I quoted and to the question of projective identification in patients who are becoming more integrated and nearer to the depressive position. We can see in the case of N, unlike T who is still imprisoned in his own omnipotent, narcissistic structure, that there is now a movement, in the transference, towards more genuine whole object relations. At times he can really appreciate the strong containing qualities of his object; true he will then try to draw me in and drag me down again, but there is now potential conflict about this. The object can be valued and loved, at times he can consciously experience hostility about this, and ambivalence is present. As his loving is freed, he is able to introject and identify with a whole valued and potent object, and the effect on his character and potency is striking. This is a very different quality of identification from that based on forcing the spanning parts of the self into an object, which then in his phantasy

becomes like a despairing part of himself. It is very different from the type of identification we saw in T, where the patient invaded my mind and took over the split and idealized aspects, leaving the object, myself, denuded and inferior. With N, in the example I have just given, he could experience and value me as a whole, different and properly separate person with my own qualities, and these he could introject and thereby feel strengthened. But we still have a task ahead, to enable N to be truly outside and able to give up the analysis, aware of its meaning to him and yet secure.

Summary

I have tried in this paper to discuss projective identification as we see it operating in our clinical work. I have described various types of projective identification, from the more primitive and massive type to the more empathic and mature. I have discussed how we see alterations in its manifestation as progress is made in treatment and the patient moves towards the depressive position, is better integrated and able to use his objects less omnipotently, relate to them as separate objects and introject them and their qualities more fully and realistically, and thus also to separate from them.