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WHEN THEORY MEETS PRACTICE: THE VALUE AND LIMITATIONS OF THE CONCEPT OF PROJECTIVE IDENTIFICATION

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Before the corporate entity of A T & T was broken up so that hungry predators could sweep up the fragments and take over the telecommunications industry, it was affectionately known as "Ma Bell." I recall as a youngster hearing its radio advertisement that told us, over and over, "we're all connected." And indeed we *are* all connected. No one exists in isolation. We start out in life developing inside another person, to whom we are connected by an umbilical cord as our lifeline. And that is only the beginning.

When we emerge into the world, in a physically helpless but mentally active, secondarily altricial state, we continue to be connected to a mothering caregiver who among other things is indeed our Ma Bell. We are in continual and, in a sense, continuous communication with her as we use our *mindbrain*—the felicitous term employed by Damasio (2010) and Panksepp (2012)—to learn how to affectively regulate ourselves and

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how to define who we are and who others are. In the process of carrying out these twin activities, we make use of our Ma Bell connection for the multiple, vital purposes for which the connection aptly lends itself.

A crying baby is not merely making neurophysiological expression of the discomfort he is feeling for whatever reason at that moment. He is engaging in an action that is being registered in the nascent mental mapping that—as Damasio depicts it—is defining ongoing perception of the internal and external worlds that impinge upon all of us, as well as ongoing perception of the more or less successful responses we ought to make in order to obtain the best possible physical and emotional equilibration that will help us deal with our needs and interact successfully with the external environment within which we live. The crying baby also seems to be attempting to rid himself of the internal distress that arouses him out of sleep or out of peaceful repose. At the same time, he is communicating his distress, his needs, and his desires to that very other to whom it used to be physically connected and to whom he is increasingly psychologically connected.

That Other (or, to employ the kind of wordplay favored by Lacan, that *mOther*) is no longer providing for the baby's needs via the umbilical cord and placenta that for nine months had connected her with her baby, physically and emotionally. She is primed, however, by that experience and by millions of years of evolutionary history, to hear and understand what her baby is communicating to her about what he is experiencing.[1] With varying accuracy, she is able to read her child's needs and respond accordingly. She is able to relieve hunger by feeding the baby,

[1] A very unhappy, very angry young man came for assistance because he was acting very destructively toward himself and toward women. His mother had become pregnant with him during her honeymoon, and she never seemed to have forgiven him for it. After a long and at times tumultuous course of treatment, he became a very different kind of person. He was able to establish a rather successful business that he enjoyed, and he married a woman whom he loved and whom he treated well. He was overjoyed when their daughter was born, but at first he was afraid of taking care of her out of fear that he had not learned how to take good care of a baby. He finally summoned up the courage to do so. He beamed as he told me about it. "I noticed something," he said. "Babies have different cries. They cry one way when they're hungry, another way when they're in pain or have a wet diaper, and still another way when they just want attention or want company. It's amazing!" The session ended and, as he left, he turned back to me and said: "You know what *my* problem was? My mother couldn't tell the difference!"

able to accept and tolerate the baby's demands and his expressions of rage and distress, and able to soothe and comfort the child.

Also, in general, the mother not only listens to her baby but also speaks to him, in a voice that soothes and pacifies as well as gives verbal form to the baby's experience. And it is apparent that babies rapidly grasp the meaning of those words, as Vivona (2012) recently described. This is the beginning of the acquisition of language as an invaluable tool of mastery.

Babies are natural scientists from the beginning, examining and learning about themselves and the world around them. They recognize quickly that they can spit out foods that do not appeal to them and take in the foods that do appeal to them and that relieve the distress that accompanies signals of hunger. On a largely sensorimotor level (Silverman 1971), they establish mental registrations of such expulsive bodily functions as sneezing, burping, regurgitating, urinating, and defecating, and of taking in things that taste good and that relieve their hunger and thirst. The registrations of taking in good and throwing out bad inevitably become associated with sensory registrations of interaction with the mothering person with whom most of their highly charged experiences predominate in the earliest months of life and even later.

It is but a single further step to mentally associate the idea of obtaining good things with receiving them from the mother—or, in fact, with ingesting the mother, and to associate ridding oneself of bad things by giving them to or putting them into the mother.[2] This begins to occur well before the distinction between inside and outside, self and other, me and you has become relatively clear.

[2] I recall feeding lunch to my oldest child when she was four and a half months old. We both enjoyed the experience thoroughly. Along the way, she pushed the spoon a few times toward *my* mouth. I wound up the feeding by giving her strained peaches, her favorite food. She looked up at me, her eyes bright, and smiling warmly, opened her mouth and lunged toward my face, as though to swallow *me* down. At other times, when I found myself unable to adequately relieve the discomfort she was feeling, she would not only writhe in distress but also push against me as though she were pushing me away. Shakespeare, an intuitive psychologist, understood that babies do not merely eat *from their mothers,* but *eat their mothers.* In *Pericles* (1609), for example, he has a princess begin a riddle that a suitor must solve in order to win her hand as follows: "I am no viper, yet I feed/On mother's flesh which did me breed" (p. 503).

Freud, who carried out his psychological investigations mainly with more or less neurotic adults, including himself, recognized that from birth onward children relate to their internal and external worlds largely around feeding experiences. However, he organized his clinical and theoretical approach around the triangular, competitive, oedipal conflicts that arise later in the course of development, rather than around the impact of the dyadic interaction that took place earlier between the infant and his caregiver(s). Freud also emphasized the importance of libidinal desires and urges, rather than aggressive inclinations, in shaping child development.

Crucial was Freud's increasing recognition that, in psychoanalytic treatment, the most important leverage for change derives from the tendency of analysands to transfer over to the analyst central aspects of their earlier relationships with the primary objects of their needs, wishes, urges, and desires—as well as the recognition that analysts bring their own conscious and unconscious issues into their interactions with patients. However, Freud also observed (e.g., in 1917) that all relationships are to a greater or lesser extent ambivalent, and that the developmental process proceeds largely via introjection, modeled on the physical experience of ingestion of alimentary nourishment, of what emanates from the primary others with whom the developing child interacts, with varying degrees of psychological absorption, digestion, incorporation, and transformation of external into internal form.

Klein did not engage in systematic infant observation, but she was a keen observer more generally, and she was one of the first psychoanalysts to work directly with children (Klein 1932). Just as Freud did with his daughter Anna, she attempted to analyze her own children. Her analytic work with young children, some of whom were quite disturbed, and her work with very disturbed, at times psychotic adults impressed her with the importance of considering the psychological consequences of very early object relations, and of recognizing the significance of aggressive and hostile urges and impulses in human psychological development. She most probably was influenced as well by having had a personal analysis with Karl Abraham, who himself was impressed with the importance of aggressive drive pressures.

In *Projective Identification: The Fate of a Concept*, editors Elizabeth Spillius and Edna O'Shaughnessy reprint Klein's seminal paper, "Notes on Some Schizoid Mechanisms," published initially in 1946, in which she described her ideas about the fantasies she posited to emerge in the infant out of the earliest extrauterine interactions with the mother; it was also in this paper that she introduced the concept of projective identification. To quote Klein:

> I have often expressed my view that object-relations exist from the beginning of life, the first object being the mother's breast which to the child becomes split into a good (gratifying) and bad (frustrating) breast; this splitting results in a severance of love and hate. I have further suggested that the relation to the first object implies its introjection and projection. [p. 20][3]

A bit further on, Klein states:

> Closely connected with projection and introjection are . . . splitting, idealization and denial . . . . In states of gratification, love-feelings turn toward the gratifying breast, while in states of frustration hatred and persecutory anxiety attach themselves to the frustrating breast. While idealization is thus the corollary of persecutory fear, it also springs from the power of the instinctual desires which aim at unlimited gratification and therefore create the picture of an inexhaustible and always bountiful breast . . . . The bad object is not only kept apart from the good one but its very existence is denied, as is the whole situation of frustration and the bad feelings (pain) to which frustration gives rise. This is bound up with denial of psychic reality . . . . The phantasied onslaughts on the mother follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother of its good contents . . . . The other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother . . . . These excrements and bad parts of the self are meant not only to injure but also to control and take possession of the object. In so far as the mother comes to contain the bad

[3] Except where otherwise specified, page numbers refer to the subject book.

> parts of the self, she is not felt to be a separate individual but is felt to be the bad self . . . . I suggest for these processes the term "projective identification." [pp. 26-27]

Klein also addressed the manner in which infants fortunate enough to experience favorable early mother–child interaction are able to supersede the fragmented and violently ambivalent fantasies of the initial paranoid-schizoid period so as to acquire relatively integrated and more peaceful perceptions of self and other—although at a price. As she puts it:

> I have described the anxieties, mechanisms and defenses which are characteristic of the first few months of life. With the introjection of the complete object in about the second quarter of the first year, marked steps in integration are made. This implies important changes in the relation to objects. The loved and hated aspects of the mother are no longer felt to be so widely separated, and the result is an increased fear of loss, states akin to mourning and a strong feeling of guilt, because the aggressive impulses are felt to be directed against the loved object. The depressive position has come to the fore. The very experience of depressive feelings in turn has the effect of further integrating the ego, because it makes for an increased understanding of psychic reality and better perception of the external world, as well as for a greater synthesis between inner and external situations. [p. 34]

Rosenfeld, in his 1971 paper, "Contribution to the Psychopathology of Psychotic State[s?]," reprinted in the subject book as chapter 5, emphasizes that Klein, in her concept of projective identification, indicated that:

> Not only bad, but also good parts of the ego are expelled and projected into external objects who become identified with the projected good parts of the self. She [Klein] regards this identification as vital because it is essential for the infant's ability to develop good object relations. If this process is, however, excessive, good parts of the personality are felt to be lost to the self, which results in weakening and impoverishment of the ego. [p. 77]

Rosenfeld addresses at length the way in which psychotic patients try to control the analyst's body and mind by forcing themselves into the analyst so as to put the mad part of themselves into the analyst, who then is perceived as having become mad. The analyst now is feared because of the paradoxical expectation that the analyst will retaliate by forcing the madness back into the patient in order to produce a mental breakdown.

When psychotic patients live in such an extreme state of projective identification that they are fused with the analyst, Rosenfeld observes, they welcome the analyst's interventions as omniscient and omnipotent parts of themselves. When they begin to feel separate, however, there can be violently aggressive, destructive impulses toward the analyst out of envy of the analyst's ability to make interventions that demonstrate understanding. This is because such patients feel small and humiliated from being reminded that they need something they cannot provide for themselves. "In his envious anger," Rosenfeld states, "the patient tries to destroy and spoil the analyst's interpretations by ridiculing or making them meaningless" (p. 84). This can lead to the analyst having "the distinct experience in his countertransference that he is meant to feel that he is no good and has nothing of value to give to the patient" (p. 84).

It is necessary, then, for the analyst to be able to accept and work with this attempt at envious spoliation. "Rejection of the analyst's help can often be clearly understood," says Rosenfeld, "as a rejection of the mother's food and her care for the infant repeated in the analytic transference situation" (p. 84).

Betty Joseph and Michael Feldman contribute chapters to *Projective Identification: The Fate of a Concept* that are also replete with pearl-like clinical observations. Joseph describes the emergence during work with a borderline child of a dramatic example of projective identification. Toward the end of the last session of the week, the little girl wanted to make a candle. Joseph interpreted this as expressing the wish to take warmth from her analyst to hold on to during their weekend separation. Her young patient exploded in rage, ordered her analyst to take off her clothes, and shouted: "You are cold! I'm not cold!"

She also describes at some length her work with a man who repeatedly projected his grandiose, competitive envy into his students, his peers, and his analyst, whose interpretive efforts he either spoiled by

denigrating them or accepted only after he had modified and improved them via his own presumably superior intellectual powers. She contrasts these two patients with one whom she perceived as moving toward a depressive position. This third patient fluctuated between devaluing the analyst's efforts to help him and inducing her to experience despair over his future and over the future success of the analysis, on the one hand, and feeling bad about rejecting her assistance even as he felt grateful to her for offering it, on the other.

Feldman focuses in his chapter on the way in which the analyst's willingness to accept the patient's projective identifications, despite the challenges this can present, can contribute to an understanding of what takes place within the patient's unconscious internal object relations. He addresses the recent elaboration of a

> . . . concept of countertransference into . . . an interactive model of psychoanalysis, where the emphasis is on the significance of the analyst's own subjective experience and his understanding of and his method of responding to his patient . . . [as they] . . . engage in unconscious enactment, placing more or less subtle pressure on [each] other to relate . . . in terms of an unconscious fantasy. [p. 113]

That unconscious fantasy reflects important aspects of the patient's internal object relations. The analyst, Feldman observes,

> . . . may apparently be able to remain comfortable and secure in his role and functioning, involved in empathic observation and understanding, recognizing the forces he is being subjected to, and with some ideas about their origins and purpose. He may, on the other hand, be disturbed by the impingement and transformation in his mental and physical state, becoming sleepy, confused, anxious, or elated. Finally, it may become apparent to the analyst that he has unconsciously been drawn into a subtle and complex enactment that did not necessarily disturb him at first, but which can subsequently be recognized as the living out of important elements of the patient's internal object relationships. [p. 114]

Feldman beautifully describes ways in which an analyst can be lulled into a sense of calmness and security about understanding what is being projected into him that, although justified in one respect, also screens a lack of understanding of a hostile attack on the analyst that the analyst is not at the moment able to tolerate and therefore to discern. Feldman valorizes Money-Kyrle's observations about the way in which the analyst can experience difficulty when the patient's disowned and projected aspects of his unconscious conflicts correspond to unresolved issues within the analyst, or when the analyst's superego is too severe to allow him to accept and tolerate his own limitations. "If it is severe," he observes, "we may become conscious of a sense of failure as the expression of an unconscious persecutory or depressive guilt; or, as a defense against such feelings, we may blame the patient" (p. 121).

Feldman expresses concern about the tendency at times for the analyst to respond to the strain and anxiousness into which he is thrust by reassuring himself and the patient via an unconscious engagement in an enactment in which he is "striving to create a closer correspondence between a relatively comfortable or gratifying internal representation of himself and the way in which he experiences and interprets the external situation" (p. 121). The analyst, Feldman asserts, may need to be willing to be uncomfortable, confused, at sea, or even drowning in despair at times—perhaps for considerable lengths of time.

Feldman cites a paper by O'Shaughnessy (1992), which he views as especially clear and insightful about these matters. In it she describes how she gradually realized that she had been complying with a patient's initial need for a limited, controlled, and overly close relationship with her by offering undisturbing interpretations that, although reasonably linked with aspects of the patient's history, actually protected both of them from "either too intense erotic involvement or violence between them" (p. 123). After O'Shaughnessy came to recognize what was occurring and the reasons for it, she became able to think in a very different way and to work with her patient so as to reach deeper and much more important—albeit much more uncomfortable—issues in a manner that greatly furthered the analysis.

Feldman addresses the need for the analyst to "tolerate the uncertainty, anxiety, and guilt associated with the emergent phantasies of the

relationship as a frightening, disappointing, and destructive one," consequent to a shift by the analyst in the way she addresses the analysand that arouses envy, hatred, and "powerful attempts to restore the *status quo ante*" (p. 124). He notes that "we sometimes need the internal or external support of colleagues to sustain our belief in what we are attempting to do" (p. 124).

As co-editor of *Projective Identification: The Fate of a Concept,* O'Shaughnessy herself provides a chapter in which she extensively reviews the history of the concept of projective identification. She focuses in particular on its role in defining the disputes that have prevailed in Great Britain among the Contemporary Freudians, Independents, and Kleinians. She makes a strong attempt to correct what she perceives to be a popular misconception that Klein focused exclusively on expulsion of bad parts of the self and on aggressive attack on the object. She points out that Klein also emphasized projection and introjection of goodness as an essential aspect of the development of the mind. She quotes her as having indicated that:

> It is, however, not only the bad parts of the self which are expelled and projected, but also good parts of the self. Excrements then have the significance of gifts, and parts of the ego which, together with excrements, are expelled and projected into the other person represent the good, i.e., the loving parts of the self . . . . The projection of good feelings and good parts of the self into the mother is essential for the infant's ability to develop good object relations and to integrate the ego. [Klein quoted by O'Shaughnessy, pp. 160-161]

O'Shaughnessy cautions, however, that it is far from easy to detach a core concept from its integral place of origin and to transplant it elsewhere without doing damage to both the concept and one's basic frame of reference, with regard either to understanding development or to clinical practice. She provides interesting illustrations related to Winnicott's concept of transitional space and to the Contemporary Freudian concept of individuation. She defends the large extent to which the concept of projective identification plays a part in Kleinian analytic practice,

at the same time that she observes that "we have also to remember that any concepts and any techniques can be poorly used" (p. 163).

O'Shaughnessy decries rivalry among adherents to the various schools of psychoanalytic thought for preeminence instead of an effort to learn from one another, and states:

> We harm ourselves if acceptance of Kleinian ideas is seen as and/or becomes a Kleinian triumph rather than a contribution to a shared Freudian enquiry . . . though who knows when—or whether—we shall eventually arrive at universal language for psychoanalysis. [p. 166]

I am fully in agreement with her, although I wonder whether the contributors to this very useful book have sufficiently considered the way in which understanding and use of the concept of projective identification and related aspects of Kleinian thinking might apply quite differently to working with patients who are in very different categories of illness from one another. The concept of projective identification does appear to be a very useful one in helping us understand and visualize such fundamental issues as the body–mind relationship, the origins and vicissitudes of object relations, empathy, and symbolization/development of thought, but our consideration of these dimensions of human emotional functioning will vary widely as we think about patients who suffer from very severe or from much less severe forms of illness.

At the risk of oversimplifying something that is actually quite complex, I suggest that there may be validity in noting the possibility of dividing patients into three groups: (1) extremely disturbed patients who are so developmentally stunted and so embedded in a paranoid-schizoid position that they can only be approached via technique that centers around the concept of projective identification; (2) moderately disturbed patients who require such an approach for a considerable length of time before they become able to make use of Contemporary Freudian and ego psychological, interpretive technique; and (3) much less disturbed, largely neurotic patients who can be approached mainly via the latter point of view.

In chapter 8 of the book, for example, Ignês Sodré, in a reprinted 2004 paper, titled "Who's Who? Notes on Pathological Identifications,"

provides two illustrative clinical vignettes that richly describe the treatment of two very different patients. In work with a patient viewed as "borderline" because of identity diffusion and fluidity, there was limited, partial, temporary, clinically manageable focus on a projective identification process. With a narcissistically highly vulnerable patient, on the other hand, who exhibited a character structure that was rigidly fixed, although brittle and defensively vigilant to the point of near-paranoia, Sodré and the patient focused persistently on a much more extreme, intense, rigid, severe, insistently adhesive process of projective identification. The reader will be amply rewarded for going through the details of these two clinical presentations, as well as of those presented by O'Shaughnessy and others within the pages of this book.

Klein did not view her concept of projective identification as representing a monumental contribution to psychoanalytic theory, but it eventually became so elevated in importance that it emerged as a lynchpin of the structure of Kleinian analysis. Analytic thinkers who have followed in her footsteps have to a significant extent organized their clinical and theoretical views around the concept of projective identification, in connection with their ideas not only about psychopathology, but also about drive and ego development in general.

As observed by the book's editors, Spillius and O'Shaughnessy, Bion was a foremost contributor in this regard. In his paper "Attacks on Linking" (1959), which is reprinted in *Projective Identification: The Fate of a Concept,* he distinguishes between *normal* and *pathological* projective identification. The former, he indicates, simply represents a kind of nonverbal communication of need in which babies, who do not yet possess the capacity to tolerate and manage their mental and emotional contents at times of stress, express this by crying (out) that they are in distress. When the mothering person responds by receiving and accepting the message and then providing calming, soothing relief, the baby experiences this as his having expelled the overwhelming mental-emotional contents into the mother (or, in the case of a patient, into the analyst) in the expectation (accruing from repeated experience) that these contents will be allowed to repose there long enough to undergo modification by her so that they can be safely reintrojected by the infant (or the patient). This is Bion's concept of *container-contained.*

When this process of projection-detoxification-reintrojection is inadequate or even fails, pathological projection-introjection develops between infant and mothering person—or between analysand and analyst—in the form of desperate, insistent, intense projection of negative, destructive emotional contents into the other. This contributes to the intense splitting, denial, terror, disruption of the link to the object, and abject aloneness and loneliness that characterize consignment to an endless paranoid-schizoid state from which there is no egress.

Bion elaborated his ideas at length elsewhere (1962a, 1962b, 1963).[4] For example, he distinguished in detail between normal projective identification that facilitates a healthy kind of relating between baby and mothering person, and what he terms *pathological* (or what Klein referred to as *excessive*) projective identification (Bion 1962a). In the former, there is a shared, temporary, and evanescent fantasy of infantile omnipotence that permits the emergence of the beginnings of thought, as the infant gradually learns that there is an external other that is providing for him.

The capacity to reasonably tolerate frustration and distress is fundamental to the infant's ability to use communicative projective identification constructively in order to increasingly recognize the existence of self and other as separate but nevertheless usefully connected, so that realistic object relations can be established. When an infant, for whatever combination of internal and external factors, cannot sufficiently tolerate frustration and distress, Bion theorizes, he destructively attacks the link to the "bad" object via intense, violent, unremitting projective identification that blurs the distinction between self and other and consigns the child to overwhelming anxiety. The infant experiences shapeless and formless *nameless dread;* utter aloneness and loneliness; and an inability to adequately construct the kind of mental apparatus that it needs for sufficient advance from being enslaved to primitive, emotional functioning (according to the pleasure-unpleasure principle) to the ability to function in relation to the world (according to the reality principle).

[4] *The Psychoanalytic Quarterly* recently published special sections that specifically focus on Bion's contributions. See Vol. 80, No. 2 (2011), pp. 475-517, and Vol. 82, No. 2 (2013), pp. 271-433.

Such an infant has been drained of the sense of life. A frantically crying baby is a dying baby, Bion points out, and the mother has to know this and to feel it so that she can relieve the baby. A baby can only "project" his anguish into a welcoming, accepting receiver of it. Projective identification is neither unidirectional nor the action of one person; it is co-created.

The implications for psychoanalytic treatment are very clear. In fortuitous circumstances, Bion asserts, it is the mother's, and the analyst's, containing and detoxifying function that can make the unbearable thinkable and thereby facilitate the emotional development that is so vitally necessary for it to cease being unbearable.

The last 200 pages of *Projective Identification: The Fate of a Concept* are devoted to examining the way in which the concept has been accepted, utilized, and transformed in various parts of the world since its introduction. Chapter 10, a reprint of Joseph Sandler's 1987 paper, "The Concept of Projective Identification," contains his struggle to understand and make use of it. He emphasizes the fact that his "own frame of reference [was] in significant respects different from that of the Kleinians," and that the concept by then had

> . . . shift[ed] its meaning according to the context in which it [was] being used . . . as a result [of which] it acquired a certain mystique, with the unfortunate consequence that it is sometimes either dismissed entirely or thought to be understandable only with special "inside knowledge." [p. 168]

He tries mightily to understand it to his satisfaction. He traces the concept's evolution through a succession of three stages, beginning with Klein's formulations about the infant's fantasies of splitting off and extruding unwanted elements into an external object, for developmental as well as defensive purposes.

Sandler notes that projective identification proceeded through a stage of widening of the concept to object relations in general and to transference-countertransference interaction in particular. He cites Heimann's (1950) emphasis on the analyst's countertransference experience as an avenue toward understanding the analysand; he also finds particularly significant Racker's (1957) distinction between *concordant*

identifications with the analysand's current self-representations and *complementary identifications* with the analysand's internal object representations.

The third stage, Sandler asserts, is epitomized by Bion's functional extension of the concept into the realm of infant–mother (and analysand–analyst) interaction that makes overwhelming affects bearable and contributes to the beginnings of thought and language (Bion's ideas about container-contained and the object's alpha function), although he also makes some reference to Winnicott's emphasis on the *holding function* of the *good enough mother*.

In his commentary, Sandler indicates that the concept of projective identification does not necessarily have to be accepted in its entirety. He emphasizes the role of metaphor in the concept as he attempts to dispel confusion created by the tendency by some to view P. I. in concrete terms, rather than regarding it as pertaining to a "mechanism involving shifts and displacements in mental representations or in fantasy" (p. 171). He makes the significant observation that:

> Projective identification has given an added dimension to what we understand by transference in that transference need not now be regarded simply as a repetition of the past. It can also be a reflection of fantasies about the relation to the analyst created in the present by P. I. and allied mechanisms. [p. 174]

Sandler finds himself in agreement with the stress placed by Kleinians on the element in projective identification of *control of the objects*, in order to create "the unconscious illusion that one is controlling the unwanted and projected aspect of the self" (p. 174), which is dramatically observable in intensely guilt-ridden patients who find themselves "attacked by an internal persecutor." He distinguishes between *developmental* use of P. I. *to establish* representational self-object boundaries, and *defensive* use of it that requires that such boundaries already exist—including efforts to evoke a countertransference response from the analyst so as to create the illusion of actualizing an unconscious fantasy that can then be experienced as real. He observes in this regard that attempts to actualize unconscious fantasies are part of all object relationships.

Sandler emphasizes as well that self-object differentiation is never static but is subjected throughout life to repeated blurring and revision, as the result of interaction with meaningful others. Without this, there could be no personal growth and no capacity for change. The primary confusion between self and object representations is continually reactivated throughout the life span. (These ideas are quite similar to those of Loewald, to which I shall return later.)

Sections 2, 3, and 4 of *Projective Identification: The Fate of a Concept* focus on reaction to the concept in Continental Europe, the USA, and Latin America. Space does not permit more than a highlighting of some of the salient elements here. In the section on developments in Continental Europe, Helmut Hinz reports that acceptance of the Kleinian concept of projective identification was delayed in Germany because it was difficult to recognize the universality of destructive fantasies of burning, poisoning, gassing, and totally annihilating objects in a nation in which these horrors had become an objective reality. He describes the steps leading to the eventual acceptance of the concept in Germany, mainly involving analytic supervision with Rosenfeld, Feldman, and others based in London. Hinz places emphasis on "the important differentiation between normal and pathological P. I. . . . [and] between a purely communicative and an evacuative function of P. I. Spillius now speaks of evocatory and non-evocatory, and Britton of attributive and acquisitive forms" (p. 190).

Jorge Canestri, reporting on his survey of the Italian and Spanish psychoanalytic literature, expresses concern over a tendency to absorb Kleinian concepts into theoretical systems with which they are not truly compatible, or to insert ideas emanating from other systems into Kleinian concepts. He expresses fear that this "might lead to an increase in the babelization of psychoanalytic language and could put its theoretical coherence at risk" (p. 217).

Jean-Michel Quinodoz reports that Kleinian ideas, including that of projective identification, were slow to be accepted into the thinking of French-speaking analysts as well, with the possible exception of those working with children and psychotic adults. Like Canestri, Quinodoz is ill at ease with the Tower of Babel constructed by those who have developed their own related and pseudorelated concepts to which new termi-

nology is applied. He expresses distress, at the same time, about analysts who espouse antipathy to Kleinian ideas simply because they do not understand them.

Roy Schafer speaks to a

> . . . rising influence in the USA of such object relational thinkers as Klein, Winnicott, Bion, Fairbairn, Ferenczi, and Loewald and such interpersonal-relational thinkers as Harry Stack Sullivan, Stephen Mitchell, and Jay Greenberg. This change has been evidenced by widespread attention to the interplay of transference and countertransference. Sometimes P. I. is implied rather than stated in clinical interpretations and discussions. [p. 240]

Schafer states, furthermore, that the concepts of projective and of introjective identification tend to be distanced from their Kleinian roots, leading to a "gain in clinical effectiveness at the expense of conceptual rigor, technical consistency, and professional candor" (p. 241). He acknowledges the contributions of Grotstein and Kernberg, but expresses mixed feelings about Ogden's having exerted a widespread influence despite his having shifted from initially embracing projective identification as an important vehicle for defense and communication, to relegating it as merely "one aspect of what he [Ogden] designates as the intersubjective third" (p. 241).

Moreover, Schafer takes Ogden to task for what he sees as Ogden's eclectic interweaving of intrapsychic and interpersonal realms, which Schafer views as not truly conceptually reconcilable, contributing thereby to "theoretical disarray" (p. 241). Schafer closes his concise but forthrightly incisive remarks by wondering why more American analysts do not make an effort to understand the multiple uses of the concept of projective identification, rather than consigning it to the dustbin as incomprehensible.

Projective Identification: The Fate of a Concept co-editor Elizabeth Spillius, in a chapter titled "A Brief Review of Projective Identification in American Psychoanalytic Literature," elaborates on Schafer's tightly compacted set of observations. She addresses the American tendency to distinguish between "intrapersonal" projection outward (ejection) of unwanted mental contents, and "interpersonal" projective identification

that seeks to evoke a desired response, even though "the two types are much more difficult to distinguish in practice than in theory" (p. 247).

Spillius laments the failure of American analysts to appreciate the clinical usefulness of the distinction that Britton makes between "attributive" and "acquisitive" projective identification, or of Meltzer's ideas about "intrusive" projective identification. However, she applauds the increasing focus in the USA on countertransference as a co-created phenomenon, while nevertheless regretting the extent to which American analysts who have written about projective identification have been merely either "partial adopters" or "definers and doubters" (p. 249).

Arthur Malin and James Grotstein, in their 1966 paper "Projective Identification in the Therapeutic Process," here reprinted as chapter 16, waver between a (not entirely successful) attempt to fold the concept into Freudian concepts (especially involving transference) and an attempt to modify it so as to render it less foreign to American analysts. They make the prescient observation that "this method of projecting one's inner psychic contents into external objects and reintrojecting the response on a new level of integration is the way in which the human organism grows psychically" (p. 269).

Malin and Grotstein provide an interesting example of this: namely, an analyst's acceptance of extremely hostile projections from a borderline, schizoid patient who was then able to process the analyst's responses because they were cast in terms he could reabsorb and reintegrate in a more constructive form. Unfortunately, the treatment is described in such a general and theory-bound manner that neither the patient nor the therapist truly comes to life.

A long chapter by Thomas Ogden—a reprint of a paper published in 1979—presents the views he held thirty-five years ago. Here he attempts to introduce the uninitiated to the concept of projective identification. Although one might question his understanding of what was occurring in the clinical examples he adduces, and one might also question his assertion that the concept can be understood apart from the totality of Klein's writings, this chapter provides a very clear presentation of his grasp of the concept during that early phase of his attention to it. Ogden is prolific enough that anyone interested in the subsequent evolution of

his ideas from Kleinian-Bionian to intersubjective will have no difficulty following his path (for example, see Ogden 1997, 2004a, 2004b).

Albert Mason, who trained in London but has long practiced in California, provides a wonderful, freshly written chapter that contains a host of convincing clinical vignettes that are models of clarity and parsimony. It is written in an admirably collegial, conversational, matter-of-fact tone that makes it eminently reader-friendly. It is chock full of clinical gems that deserve reading, rereading, and discussion.

The book's final section covers the fate of the concept of projective identification in Latin America. Reading through it is an epistemological (or perhaps an epigenetic) adventure. Kleinian analysis, as a result of emigration and intercontinental travel for supervision, has had considerable impact in Central and South America—but it has not lingered there unchanged. Gustavo Jarast reports on the work of creative Argentine analysts, especially Racker, Grinberg, Baranger and Baranger, Liberman, Bleger, and others. He indicates that, although Racker did not explicitly use the term *projective identification,* he implicitly drew upon the concept as he elaborated his highly influential concept of concordant and complementary countertransference, which derives from counteridentification with the patient's self-representations and with the patient's internal objects, respectively—with far-reaching clinical and technical implications (Racker 1957).

According to Jarast, Grinberg "coined the term 'projective counteridentification' in 1956 to refer to a kind of countertransferential reaction brought about when a patient makes particularly *intense* use of the mechanism of projective identification" (p. 330, italics in original). Grinberg attributed this intensity to the effect of highly traumatic childhood experience that generates such violent intrusion into the analyst's emotional being that the analyst is hard pressed to tolerate, understand, or deal with it, even though he must accept and contain it.

Grinberg differentiated projective counteridentification from what Racker described, in terms of the patient projecting powerful, violent contents into the analyst with such ferocity that the impact on the analyst emanates from that experience alone—rather than from the kind of ordinary co-creation that results from an analysand extruding mental contents into the analyst in a process to which every analyst can be expected

to react in terms of his own internal, infantile neurotic remnants. Jarast reproduces a richly detailed, lengthy clinical vignette of Grinberg's from 1979 to illustrate his thesis.

Jarast also addresses the exciting contribution made by Baranger and Baranger when they introduced their ideas about psychoanalytic field theory, which more recently has been drawing considerable international attention. He provides a compact précis of the Barangers' ideas about the way in which mutual projective identification between analysand and analyst creates a new and unique dynamic between them and a jointly created unconscious fantasy; this fantasy must be recognized, analyzed, and understood if the analysis is not to become stalled, paralyzed, and mired in the kind of joint enactment to which they apply the term *bastion*.

Brazil, unlike Argentina, was not gifted with a good number of émigré psychoanalysts bringing their Kleinian training with them. In her chapter, Marina Massi briefly alludes to Brazilian writers who have drawn inspiration form Klein and Bion, providing merely a taste to whet the appetite. Nevertheless, what she offers is stimulating and thought-provoking. Trinca, for example, has written about his interest in the formation of the structure of the psychic apparatus that constitutes the *self*. He made what appears to be a unique and novel application of the concept of projective identification to interactions that take place not only between self and other, but also between various constituents of the self.

Filho integrated the concept of projective identification (apparently filtered largely through Grotstein) with Lacanian, Winnicottian, and Bionian ideas about mirroring, Massi notes. He developed an interesting set of ideas about mirroring and reflection back and forth between infant and parent ("specular identification"), creating "the constitutive dynamic between the ideal I and the I's ideal" (p. 349). Elizabeth and Elias Rocha Barros have studied the way in which the concept of projective identification might help elucidate the origins of empathy and symbol formation, Massi continues. Massi closes her chapter by referring briefly to the work of Cassorla, whose concept of "crossed projective identification" leading to co-created "acute enactment" (pp. 350-351), is reminiscent of the Barangers' ideas about the analytic field of operation.

In his chapter, Juan Francisco Jordan-Moore laments the relative paucity of Chilean papers centering around the concept of projective identification. He cites several efforts to make clinical use of the concept, however. I found the emphasis made by Jimenez (1992) on the analyst's contribution to be quite interesting. According to Jordan-Moore, Jimenez

> . . . makes the point that the communicative or evacuative and destructive intention of projective identification is a meaning that depends on the analyst's capacity to contain the patient's projections. If the analyst fails, projection is signified as destructive; if he succeeds, projection is connoted as communicative. [p. 356]

This is reminiscent of the all-too-common practice of labeling a patient as "borderline" when a therapist or analyst is not achieving success in carrying out a treatment. Jimenez expresses understandable skepticism about undue readiness among therapists to utilize Grinberg's ideas about the extreme form of intense projective identification to rationalize treatment failure.

Jordan-Moore also refers to other Chilean authors who are interested in projective-introjective interaction between analysand and analyst, and he indicates that there is a current interest, drawing in part from Ogden's writings on the intersubjective aspect of the analytic encounter. He articulates this as follows:

> This kind of experience can be expressed succinctly as *I am* yourself; *you are* myself; *we are* together . . . . Projective identification can function, in a given interaction, as a self-regulating phantasy in a subject that experiences himself as emotionally isolated, expecting to trust someone and, thus, to use the opportunity for successful mutual regulation at the expense of frail mutual regulation . . . . An untimely isolation of the self, a solipsistic subject, deprived of emotional contact with another subject . . . can precipitate the need and desire to invade another in search of the intersubjective experience that has been denied. The phantasy of projective identification can be understood as emerging *a posteriori* from failure in the mutuality of affect regulation. [pp. 361-362, italics in original]

This is a good deal removed from Klein's original set of ideas, but not entirely so.

Before winding up my review of *Projective Identification: The Fate of a Concept*, in fact, I should like to comment briefly on something that might represent an area of omission in the book. Although there is considerable difference in their views from those of the Kleinians, there are contributors to psychoanalytic theory and practice whose ideas are not completely different. The two most prominent of these who come to mind are Winnicott and Loewald (although McLaughlin [2005] might also fit in this category).

Winnicott, in a pair of seminal contributions (1953, 1969), observed that at birth babies are unaware of themselves or of others as entities, let alone as different entities. Mental representations of self and other arise out of repeated interaction with the outside world, largely in the course of the repeated experience of being awakened from sleep by the pressure of imperative needs that, because of the extremely helpless, altricial state of newborns, requires that those needs be met from outside.

At first, Winnicott points out, the baby appears to operate within the illusion that he creates the ministering other, which he gradually recognizes as existing, and he then destroys the other when he ceases to interact with it, closes his eyes, and goes back to sleep. The good enough mother, Winnicott observes, empathically accepts this without demurral, and only very gradually—and with sensitivity to the infant's need to maintain this illusion for some time—does she slowly disabuse her offspring of the illusion. She constitutes, as Winnicott puts it, a *facilitating environment* in which the infant's innate potential to develop his own independent and autonomous ability to care for himself is nurtured, supported, and provided with useful guidance.

It is only when the child reaches sufficient appreciation that he and the source of what he has been receiving exist as discrete entities that he becomes able to make use of that external object of his needs, wants, and desires. In a very real, psychological sense, he creates both himself and the other as mental representations of reality. As Winnicott observes, "this is part of the change to the reality principle" (1969, p. 713).

The growing recognition that he desires the presence and ministrations of the other, coupled with the illusion that he has the power

to create and destroy the other, fosters the infant's distress and anxiety about their separateness. This, in part, is alleviated by introjection of and identification with the other, modeled after oral incorporation of the aliment the other provides, in order to restore the crumbling illusion of oneness with it, on the one hand, and the invocation of transitional objects and phenomena, to create an intermediate zone of as-if connection with the object in its absence, on the other hand.

Rage at the object for allowing physical and emotional distress to be experienced in the first place and for disappointingly failing to relieve it satisfactorily—including by being not only separate, but also not always available when wanted and needed—adds to the inevitable ambivalence toward the needed other that presents the child with a daunting challenge. Winnicott puts it as follows:

> First there is object-relating, then in the end there is object use . . . . This thing that there is between relating and use is the subject's placing of the object outside the area of the subject's omnipotent control; that is, the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. [1969, p. 713]

He emphasizes, furthermore, that it is essential that the object, the mothering person, "*survives* destruction by the subject" (p. 713, italics in original)—that is, that it tolerates being destroyed and that it neither retaliates against nor abandons the subject for having destroyed it.

The clinical relevance of this, Winnicott observes, is that some people who come for assistance have not had the benefit of the kind of fortunate early and ongoing experience that would have enabled them to develop sufficient object constancy and resolution of primitive, intense ambivalence toward their primary objects. With these patients, a psychoanalyst or psychodynamically oriented psychotherapist would need to provide assistance that is not unlike that of a good enough mother with her child, in order to foster the kind of ego development that would help them reach the point at which they can use the analyst's or therapist's interpretive interventions to address and resolve neurotic conflicts.

Loewald took this even further. In the corpus of his work, and especially in two seminal papers (1960, 1962), he pointed out that the very

beginnings of drives, as the psychological expression of physical needs and urges, and of ego structure, as the psychological expression of the brain's executive apparatus, arise out of the experience of interaction with the environment. He emphasized that the id and the ego continue to change and develop throughout life as a result of ongoing interaction with the environment, in the course of which the internal and external worlds shape each other.

Loewald emphasized, in particular, that, at the same time that the child tries to force his parents to conform to his own images and ideas about them as objects of his wants and needs, he also continually internalizes and identifies with aspects of them in accordance with the need to accept external restraints, limitations, and guidelines if he is to survive and to thrive—and it is this that creates ongoing developmental progression.

In his paper on the therapeutic action of psychoanalysis, for example, Loewald stated:

> The child, by internalizing aspects of the parent, also internalizes the parent's image of the child . . . . Part of what is introjected is the image of the child as seen, smelt, felt, heard, touched by the mother . . . . The bodily handling of and concern with the child, the manner in which the child is fed, touched, cleaned, the way it is looked at, talked to, called by name, recognized and re-recognized—all these and many other ways of communicating to him his identity, sameness, unity and individuality—shapes and moulds him so that he can begin to identify himself, to feel and recognize himself as one and as separate from others yet with others. [1960, pp. 229-230]

Loewald emphasized, as did Hartmann before him, that the id as well as the ego come into being as psychological structures as a result of interaction with the environment: "The id deals with and is a creature of 'adaptation' just as much as the ego—but on a very different level of organization" (Loewald 1960, p. 232). He cited Freud (1920) as indicating that:

> Instinct is . . . an expression of the function, the "urge" of the nervous apparatus to deal with the environment . . . . Instinc-

> tual drives organize the environment and are organized by it no less than is true for the ego and its reality. It is the mutuality of organization, in the sense of organizing each other, which constitutes the inextricable relatedness of "inner and outer worlds." [pp. 235-236]

The relevance of this mutual relationship between the internal world and the external world to psychoanalytic treatment is evident in Loewald's emphasis on the importance of the analysand's turning to the analyst as an object on whom the representations of old objects can be projected, at the same time that the analysand looks to the analyst to present new input—emotionally, cognitively, and *in ongoing interaction*—that can promote psychological revision and reorganization to afford more effective and successful adaptation to life within the environmental surround—just as the analysand's primary objects had done during his childhood and adolescence (Silverman 2007). (For child patients, of course, the analyst is an important *additional* external object.)

Loewald emphasized that "growth and development are at the center of all analytic concern" (1960, p. 230). As he put it: "If 'structural changes in the patient's personality' means anything, it must mean that ego development is resumed in the therapeutic process. And this resumption of ego development is contingent on the relationship with a new object, the analyst" (p. 221). Further on, he stated: "I am speaking of what I have earlier called integrative experiences in analysis. These are experiences of interaction, comparable in their structure and significance to the early understanding between mother and child" (p. 239), and "whether this mediation is successful or not depends, among other things, on the organizing strength of the patient's ego attained through earlier steps in ego integration, in previous phases of the analysis, and ultimately in his earlier life" (p. 240).

The concept of projective identification resides not only at the core of modern Kleinian psychoanalytic theory and practice, but is also of central importance in psychoanalytic thinking in general—both in its own right and in the generation of other important psychoanalytic concepts. It is a dense, abstruse, and complex concept, however. It is one of the most widely misunderstood and misused of all analytic concepts. It

is all too often transmogrified into such chimerical and fantastic beliefs as that whatever an analyst or therapist feels and thinks is a direct communication from the patient of what is taking place within the patient's internal world, or that an important goal of analytic work is to *transform* complementary countertransference into concordant countertransference, and so on.

Spillius and O'Shaughnessy have done yeoman service in providing a compilation of contributions that provides detailed clarification of what the concept of projective identification is all about, where it came from, and where it is going. *Projective Identification: The Fate of a Concept* is not light reading, but it amply repays the effort it requires.

Kleinian and Bionian psychoanalysis find themselves in quantum mechanical positions at present. They are powerful forces within a larger psychoanalytic community that honors and reveres them, has difficulty understanding them, often misunderstands them, at times opposes them as incomprehensible, and at other times waters them down or transforms them into things that Kleinians and Bionians themselves can hardly recognize. They are not schools of thought and practice that can be easily mastered. As Alexander Pope famously observed in 1711:

> A little learning is a dangerous thing;
> Drink deep, or taste not the Pierian spring. [p. 12]

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