Some notes on projective identification

The present chapter attempts to elucidate the concept of projective identification by relating it to some of the concepts I developed above in this book, especially the notions of incorporation and one-sided boundary. I will give some special attention to the status of projective identification: is it an unconscious phantasy, as Melanie Klein maintained, or is it an event in a ‘different’, transcendental reality, such as Jung’s collective unconscious?

I will present the event of projective identification from the perspective of ‘not understanding’ (section 11.1). This is a basic feature of the negative way, and it is the experience of not understanding, no longer understanding or getting confused, that is an often recurring event both in psychotherapeutic sessions and in research attempts to clarify them. I will then present in section 11.2 the regular conception of projective identification, and in section 11.3 I will make some comments on one of this conception’s basic constituents, i.e. the idea of ‘unconscious phantasy’. They will turn out to be instances of what I called quasi-objects. In section 11.4 I will discuss Bion’s model of ‘container’ and ‘contained’, an extension of Klein’s concept of projective identification, and I will focus on two of its major implications, one concerning the immediacy of the contained material, as if no boundary existed between the two persons involved (mother-infant, therapist-patient), the other concerning the ontological status of projective identification. I will pay attention to these two implications, and discuss in the two following sections of this chapter (11.5 and 11.6) their relation to my earlier discussed concepts of ‘incorporation’ (section 4.2) and ‘one-sided boundary’ (section 7.3) respectively. Finally, in section 11.7 I will make some remarks on the idea that projective identification can be understood as the usage of a model coming to a limit.

11.1. Not thinking as an empirical phenomenon

In chapter 10 I gave several examples of the problems of observing and understanding psychotherapeutic events, as encountered from the point of view of an external observer, an investigator (interviewer) or a supervisor. In this chapter I will pay attention to a property of psychotherapeutic processes that, I think, is in particular responsible for the difficulties researchers have encountered in empirically disclosing the facts of therapeutic encounters, in particular those 'facts' that were considered to be effective qua treatment interventions. For if not the patient, then at least his medical insurance is interested in a best result at lowest cost. It has therefore become a major research effort to make psychotherapy more effective and accordingly to look for the effective constituent factors. This, in fact, has favored the rise of an experiment oriented therapy culture, mostly of a behaviorist identity (cf. footnote 467, page 161), but not necessarily (e.g. Miller, Luborsky, Barber, Docherty, 1994).

Unfortunately, the empirical evidence based orientation of scientists has not lead to a better understanding of those phenomena that, due to the experimental method itself, came beyond the scope of the investigations«527». This, however, is not to say that these phenomena could not be empirically observed at all, set aside that thinking of them would be a kind of metaphysical speculation.

Can we devise a scientific instrument that studies them, even when applied by scientists who do not like their 'good old' research methods to have blind spots? I think the answer is positive, and should first of all be sought in the legacy of William James’ idea of ‘radical empiricism’ (cf. section 7.4.2). That is to say, "any kind of relation experienced must be accounted as ‘real’ as any thing else in the system". To apply this to our subject matter, we need to take our experiences seriously, even if we cannot easily find

527. In analogy to the 'virtual focus' of a concave lens, a property that can be defined only in terms of what the lens does not do, we may call these phenomena virtual artifacts, as they were ignored due to properties of the method itself, in particular the property of creating a detached position from which to construct critical objects!
the objective events to which we believe they should correspond! The type of relation that is of particular interest to us here, is the transition from a situation that can more easily be expressed in words, to one that is less easy to verbalize. It is precisely this transition that can be experienced, just as the disappearance of a black dot can be experienced, in our kitchen table’s attempts to become aware of our retina’s blind spot! These transitions toward a condition of no longer perceiving, understanding, controlling and even thinking should be considered to really take place, because they can be experienced as events that happen to the observer (therapist).

Projective identification is a concept that is in particular related to this transition, and among its numerous descriptions there are many experience based accounts by psychotherapists, predominantly psychoanalysts, who describe how they noticed a decrease of their capacity to think.

E.g.:
"... she launched into a description of a lot of inconveniences and minor grievances, mainly at work. She said it was a peculiar twist that analysis stirs things up in such a way that all these minor complaints turn into an attack here.

I said she wanted me to regard them as minor complaints, but ...

No, she said, only to know the difference between major and minor. (There was utter contempt in her voice.) There was a short silence, then she said, 'I don’t know whether it’s you or me, but in the past ten days it seems to me you just totally and utterly keep missing the point.' (Her tone was exceedingly scathing.) 'Yesterday you apparently didn’t notice it was so painful for me to admit that I find analysis and everything you do so terribly uninteresting. I can’t stand it.'

I waited a bit, then started to speak, but she broke in, 'Don’t talk! [almost screaming] You’re just going to repeat what I said, or you’re going to alter it. You don’t take things in, you don’t listen to what I say, or you listen and you just want to hear it the way you want it to be and you distort it.' (There could hardly be a better description of what she did to my interpretations, but interpreting projection directly is not usually helpful, especially when a patient is in a flight of paranoia.)

(I was finding it hard to think, and I knew that my own self-doubt and feeling that I was a bad analyst were getting powerfully stirred up by her accusations. But I managed one small thought, which was that she must be feeling inadequate too ... (...) It felt to me as if I was like a damaged animal making her feel guilty, and she wanted to stamp me out.)" (Spillius, 1992, p. 67)

And Betty Joseph writes:
"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." (Joseph, 1988, p. 142)

Another example, also from Joseph (1988) has already been quoted above (section 10.1.1.2, p. 178). Notice that it usually takes considerable courage to make such confessions in writing, as they are too easily interpreted as signs of incompetence. And, of course, the reverse is not true: not thinking, not understanding etc. is by no means a quality warrant for an aptly handled projective identification!

Is projective identification, courageously described or not, an important concept? I think it is, as it pertains to a major blind spot of regular research methods. In fact, projective identification can be understood as a mode of functioning (by the infant or the patient) that prevents the occurrence of the self-

528. Even though the dot’s absence itself from our perceptual field cannot be noticed. Cf. also footnote 327, page 118.

529. cf.: "I have often noticed that those whose interest is primarily clinical are often the least logical, in that they seem to contradict themselves a lot. This is because they leave many possibilities open, but it would be ridiculous to suppose that if all good clinicians are illogical then all illogical analysts are good clinicians. Yet this seems to be the unconscious assumption of many an analyst, for, in their enthusiasm for the ‘proper analytic attitude’, they seem to have developed a phobia of reason and logic." (Skelton, 1995, p. 390)
referential exploration (in the mother or the therapist) that was typical of naive perception (cf. chapter 9); or, alternatively, as a mode of functioning that hinders or obstructs such an already established exploration process. Accordingly, it is of interest to explore the very process of losing sight, decreasing understanding, as it occurs in therapists, and as it also may occur in those involved in empirical investigations. In the previous chapter I have presented some of my own field work experiences with these phenomena.

11.2. The idea of 'projective identification'

11.2.1. Klein's original concept

After Melanie Klein introduced in her seminal 1946 paper the concept of 'projective identification', there has been an increasing degree of recognition of this concept, both in contemporary psychoanalysis and in other directions of psychotherapy. Eminent introductions on projective identification can be found a.o. in Hinshelwood (1991), Grotstein (1981, 1994a,b, 1998b), Anderson (1992), Spillius (1988a,b), Kulish (1986), Ogden (1982, 1989), Segal (1975) and the Symingtons (1986). The original concept was developed within a context of psychoanalytic work with very young children. During her work since the twenties of this century Klein elaborated her own ideas on the early emotional development of children, to the extent of departing from and disagreeing with Freud.

In the words of Bion:

"Melanie Klein has described an aspect of projective identification concerned with the modification of infantile fears; the infant projects a part of its psyche, namely its bad feelings, into a good breast. Thence in due course they are removed and re-introjected. During their sojourn in the good breast they are felt to have been modified in such a way that the object that is re-introjected has become tolerable to the infant’s psyche." (1962b, p. 90)

Apparently this concept pertains to a move of intolerable feelings from the infant’s psyche to the mother’s, where they are 'digested' (a term often used by Bion). Only then can they be returned to the child. The concept of 'good breast' is a prominent one in Klein’s thinking. It refers to the good mother (but equally to other 'good' objects), as perceived and experienced by the child through its immature cognitive and emotional apparatus.

Projective identification, in Klein’s own words, was a

"... 'phantasy remote from consciousness' that entails a belief in certain aspects of the self being located elsewhere, with a consequent depletion and weakened sense of self and identity, to the extent of depersonalization; profound feelings of being lost or a sense of imprisonment may result." (Hinshelwood, 1991, p. 179)

Such a phantasy, therefore, was believed to be about the evacuation of parts of the self, especially the self of neonates and infants, but in its pathological variants also parts of the self of psychotic patients.

530. cf. Mahrer (1983) who speaks about a 'blending or sharing' between therapist and patient (e.g. p. 247)

531. cf. Kulish, 1986

532. Notice that the term 'phantasy' is differentiated by the Kleinians from 'fantasy'. As Apprey (1986, p. 112) puts it: “Kleinians (...) restrict "fantasy", as Freud did, to conscious fantasy as in fiction, daydreams, and the like. In contrast, they use "phantasy" when referring to dynamic unconscious phantasies, which are psychic representatives of instinctual drives.”

Cf. also: "Phantasy in the Kleinian view is primitive, dynamic, and constantly active, coloring external reality and constantly interplaying with it." (Segal, 1981, p. 5, as quoted by Apprey, 1986, p. 112)
Afterwards the term ‘projective identification’ was applied more and more to a variety of interpersonal interactions, to the degree of losing its specific denotations. In general, the British stayed more with the original definition:

“It is still generally accepted, at least by British Kleinian analysts, that projective identification is a phantasy not a concrete act, but it is now accepted that patients can behave in ways that get the analyst to feel the feelings that the patient, for one reason or another, cannot contain within himself or cannot express in any other way except by getting the analyst to have the experience too” (Spillius, 1992, p. 62)

11.2.2. The spectator’s engagement: a benign instance of projective identification

Klein’s interpretations of the unconscious processes in very young children have to a large extent been accomplished through their observation in play. It is of interest, in this respect, to find a connection to Gadamer’s ideas on the observation of theatre play. Here, from an unexpected side, we may recognize a description of the phenomenon of projective identification; in particular, it is the idea of identification between actor and spectator that is of our interest, as it enables the latter to receive the focus of the play, as a ‘Sinnganzes’ (meaningful whole):

“In general, games, however much they are in essence representations and however much the players represent themselves in them, are not represented for anyone, ie they are not aimed at an audience. Children play for themselves, even when they represent. (...) A procession as part of a religious rite is more than a demonstration, since its real meaning is to embrace the whole religious community. And yet the religious act is a genuine representation for the community, and equally a theatrical drama is a playful act that, of its nature, calls for an audience. The representation of a god in a religious rite, the representation of a myth in a play, are play not only in the sense that the participating players are wholly absorbed in the representative play and find in it their heightened self-representation, but also in that the players represent a meaningful whole for an audience. Thus it is not really the absence of a fourth wall that turned the play into a show. Rather, openness towards the spectator is part of the closedness of the play. The audience only completes what the play as such is.

(…)

Even a theatrical drama remains a game, ie it has the structure of a game, which is that of a closed world. But the religious or profane drama, however much it represents a world that is wholly closed within itself, is as if open toward the side of the spectator, in whom it achieves its whole significance. The players play their roles as in any game, and thus the play is represented, but the play itself is the whole, comprising players and spectators.

(…)

[The players’] mode of participation in the game is no longer determined by the fact that they are completely absorbed in it, but by their playing their role in relation and regard to the whole of the play, in which not they, but the audience is to become absorbed. When a play activity becomes a play in the theatre a total switch takes place. It puts the spectator in the place of the player. He - and not the player - is the person for and in whom the play takes place. (…) Basically the difference between the player and the spectator is removed here. The requirement that the play itself be intended in its meaningfulness is the same for both.” (Gadamer TM (1986a), pp. 97-99; italics added)

533. Hinshelwood (1991, pp. 200-1), not entirely without a wink, so it seems, selects the following fragment from Spillius (1983, p. 321) to illustrate this: “… the concept is now used by non-Kleinians, and papers are even being written about it in the United States. In the course of such general popularity the concept has been widened and is sometimes used loosely.”

534. “Im allgemeinen werden Spiele, so sehr sie ihrem Wesen nach Darstellungen sind und so sehr sich in ihnen die Spielenden darstellen, nicht für jemanden dargestellt, d.h. die Zuschauer sind nicht gemeint. Kinder spielen für sich, auch wenn sie darstellen. (...)
Erst recht ist etwa die Prozession, die ja ein Teil einer Kulthandlung ist, mehr als eine Schaustellung, da sie ihrem eigenen Sinn nach die ganze Kultgemeinde umfaßt. Und doch ist der kultische Akt wirkliche Darstellung für die Gemeinde, und ebenso ist das Schaustück ein Spielvorgang, der wesenhaft nach dem Zuschauer verlangt. Die Darstellung des Gottes im Kult, die Darstellung des Mythos im Spiel sind also nicht nur in der Weise Spiele, daß die teilnehmenden Spieler im darstellenden Spiel sozusagen aufgehen und darin ihre gesteigerte Selbstdarstellung finden, sondern sie gehen von sich aus dahin über, daß die Spielenden für den Zuschauer ein Sinnganzes
We notice here a transition of focus from actor to spectator. This is an instance of projective identification of the variety that Young (1992) calls 'benign'. The notion of focus is important here. It is precisely such a focus that the infant is missing, and that the mother is providing by offering a place to 'digest' the infant’s experiences.

Accordingly, the good mother,
"the gratifying breast, taken in under the dominance of the sucking libido, is felt to be complete. This first internal good object acts as a focal point in the ego. It counteracts the processes of splitting and dispersal, makes for cohesiveness and integration, and is instrumental in building up the ego." (Klein, 1952, p. 297; italics added)

11.2.3. **Interpersonal conceptualizations**

A major theoretical and clinical extension to Klein’s work has been made by Bion (1959, 1962b), himself a Kleinian, when he distinguished two types of projective identification, a malicious one for the sake of 'evacuation', and a healthy one for the sake of 'communication'. "The difference depends on the degree of violence in the execution of the mechanism" (Hinshelwood, 1991, p. 184). Subsequently a great number of differentiations have been proposed with regard to the various dimensions of projective identification (e.g. Grinberg, 1979, p. 228). Hinshelwood points at the various interpersonal interpretations of the concept of projective identification, as by Ogden (1982), and at the criticism that such interpretations generate in circles of more orthodox object relation theorists.

Several grounds can be found for the existence of the opposition between the 'orthodox' kleinians, who stuck to understanding projective identification in terms of unconscious phantasies, and others more interested in applying the term to interpersonal behavior patterns. Though the parties agree that projective identification happens within an interpersonal context, the Kleinians prefer to see it as a phenomenon that takes place at the level of "the use to which the analyst is put in being unwittingly drawn into the patient’s phantasy world." (Hinshelwood, 1991, p. 200). In other words, it is a phenomenon that befalls the therapist, in which he is made witness of some experience of his patient, in a way that he does not foresee. According to Hinshelwood (1991, p. 200) the controversy is about incompatible approaches: one may approach the phenomenon by relating it to theory, i.e. by defining it, versus by indicating it in clinical material. Would an opposition between 'descriptive' versus 'theoretical' approaches be at the root of the problem? We are reminded of our discussion of psychiatric diagnostic classification, where this same opposition was also believed to be the crux (cf. footnote 412 on page 142).

Greenberg & Mitchell (1983)[535] maintain that the concept of projective identification has been used for "integrating intrapersonal and interpersonal spheres in psychoanalysis"[536], a task too
large for a single concept. The basic opposition was between
"... Freud’s original drive/structure model, in which basic components of the mind derive from
instinctual drives, and the relational/structural models, in which basic mental structures evolve from
the individual’s relations with other people. Klein stands as a transitional figure between the two
models. Emphasizing her allegiance to the drive/structure model, she nevertheless pioneered the
description of internal object relations." (Kulish, 1986, pp. 101-2)

11.3. The significance of the concept of 'unconscious phantasy'

11.3.1. 'Unconscious phantasy' as a theoretical construct

There is a very delicate issue in the history of kleinian thought, viz. the opposition between Melanie Klein
and Anna Freud, an opposition that even took the shape of personal feuds and a schism between British
psychoanalysts during the 40’s of this century and even afterwards. The stake of this opposition was the
intellectual legacy of Freud. Grosskurth (1986, p. 470) quotes from a letter of 1941 by Klein to Ernest
Jones: "It is tragic that his daughter, who thinks that she must defend him against me, does not realise
that I am serving him better than she."537. According to Klein, neonates and infants should be
considered as actively engaging into contact with their environment. They are to be seen as relating to
'objects'538 as much as do older (oedipal stage) children. Therefore, in defiance of Freud’s own
ideas on pre-oedipal children, she elaborated methods of interpreting their unconscious processes, par
excellence, by means of observing their play.

On the other side, Anna Freud was faithful to her father’s ideas, and criticized Klein accordingly. As
Ingleby puts it:
"In Anna Freud’s theory - derived from her father’s - the newborn is immersed in a state of
'primary narcissism'. As long as a sense of reality has yet to be developed, there can be no
question of social relations. [According to Anna Freud,] object relations are a function of the ego:
they arise together with it against the end of the first year. Around that time the child becomes
attached to its real parents, without the mediation of 'unconscious phantasies’ or 'internal objects'.
As long as this attachment persists, it is hard for a therapist to establish an affective relation to the
infant: if the therapist succeeds, this necessarily subverts the infant’s relation to the parents - which
is not usually regarded as desirable. According to Melanie Klein, on the other hand, the infant’s
first and deepest relation is not with the parents, but with the magical figures539 inhabiting
its 'unconscious phantasy'". (Ingleby540, 1992, pp. 64-5).

Thus, Anna Freud criticized Klein in terms of her interference with the child’s parental binds, and Klein
defended herself in terms of the prominent position of the child’s unconscious phantasies concerning
magical figures! The unconscious phantasies, therefore, were not only part of Klein’s theoretical and
practical equipment, but also constituted a tool for legitimating her deviant position. It was by postulating
the prominent position of the unconscious phantasies that Klein could account for her work on the
relational aspects of infantile functioning, both theoretically and professionally.

537. cf. Ingleby (1992, p. 57)
538. The term 'persons' is avoided, as according to Klein the young infant not yet distinguish between inanimate things and
persons, but is primarily oriented to the 'objects' of its unconscious phantasies. (cf. Ingleby, 1992, p. 65)
539. a paradigm is the 'good breast', an ever returning source of satisfaction as well as frustration for the infant
540. Professor Ingleby’s corrections to my translation of his originally Dutch text are gratefully acknowledged here.
11.3.2. 'Unconscious phantasy' as a quasi-object: the 'as-if-proviso'

The unconscious phantasies were believed to exist, not as 'internal objects', entities purported to be inside the mind, but rather as mental functions:

"As phantasies derive directly from instincts on the borderline between the somatic and psychical activity, these original phantasies are experienced as somatic as well as mental phenomena. (...) For example, an infant going to sleep, contentedly making sucking noises and movements with his mouth or sucking his own fingers, phantasies that he is actually sucking or incorporating the breast and goes to sleep with a phantasy of having the milk-giving breast actually inside himself." (Segal, 1975, p. 13)

The concept of 'unconscious phantasy' was useful to emphasize the as-if quality of unconscious experiences. This had as a major epistemological implication that by using this concept, it permitted to make statements (usually called 'interpretations') about other persons' unconscious experiences, in terms of a proviso: the interpretations produced are quasi-objects! The person spoken about is not supposed to know what is said about him. This is an epistemological trick, that has often been abused by therapists who were unwilling to test or modify their hypotheses about their patients' experiences. Critical colleagues could be kept at a distance if the patient’s unconscious phantasies by definition could not be measured empirically. The trick could even be applied, and successfully, to patients themselves, in ploys of the variety "of course you are not doing this intentionally; it’s all unconscious".

But there is also a positive side of this 'trick', which, I think, was predominant in Klein’s thinking. For this concept also enables a therapist to be his own 'critical colleague', and stay aware of the incompatibility between the infant’s pre-linguistic experiences and the therapist’s own mature cognitive and emotional modes of perceiving the world, i.e. his critical discourse! Hence, the concept of unconscious phantasy entails the critical recognition that an adequate description of the infant’s experiences is not possible in terms of naive objects (such as ‘good breast’). These descriptions always keep a proviso of ‘as-if’-ness. I will call this "Klein’s as-if proviso", a term she did not use, but which I find useful here. Unlike the issues we discussed above in chapter 8 concerning the opposing critical discourses in the field of psychiatric diagnosis and concerning the intermediating opportunities of naive discourse there, we find here, in the concept of unconscious phantasy as a purported vehicle for projective identification, a recognition that a description in terms of naive objects does not cover the infant’s archaic experiences, especially not those that the infant itself cannot keep for itself and has to evacuate (project) into the ‘breast’.

For that reason, there is, implicit in the idea of projective identification as an unconscious phantasy, the recognition of the impossibility to adequately describe the infant’s experiences! This is a moment of negative understanding in Kleinian thinking, and if a therapist is using the concept of unconscious phantasy in this way, then it serves as a support to his sincerity. The negative approach, therefore, does not mean simply to give up the attempt to understand, but to underscore the unconscious phantasy character, and hence to recognize de facto the as-if proviso of the descriptions made! The infant’s experiences are such that we cannot adequately describe them, and to call them ‘unconscious phantasy’ is a way to recognize that!

541. e.g.: "Freud, in his description of the super-ego, is not implying that there is a little man actually contained in our unconscious, but that this is one of the unconscious phantasies which we have about the contents of our body and our psyche." (Segal, 1975, p.11) Accordingly, Segal maintains that also Klein used the concept of unconscious phantasy for the sake of avoiding misunderstandings.

542. See my definition of this term in section 2.2.3.

543. See also footnote 75 on page 39 concerning Schutz’ postulate of adequacy
11.4. Some implications of Bion’s ’container-contained’ model

With respect to the diverging interpretations of projective identification, we find now a peculiar complication: those theorists, most prominently Bion (1962b), who gave an interpersonal turn to Klein’s ‘unconscious phantasy’ based concept, actually seem to have taken her relational ideas to a logical close. For instance, Bion, in a passage immediately following the one quoted at the top of this section, created ‘for use as a model’ a basic change of emphasis:

“From the above theory I shall abstract for use as a model the idea of a container into which an object is projected and the object that can be projected into the container: the latter I shall designate by the term contained. (...)

Container and contained are susceptible of conjunction and permutation by emotion. Thus conjoined or permeated or both they change in a manner usually described as growth.” (Bion, 1962b, p. 90; italics added)

Notice that Bion does not elaborate the ontological status of this working model. He simply puts ‘as a model’ the idea of conjunction of the two parts, container and contained, and in this conjunction they can be permeated by emotion.

Accordingly, Bion comments on a case description in terms of ‘splitting off his fears’ and ‘putting them into me’, without worrying too much on how this could have been possible at all:

“When the patient strove to rid himself of fears of death which were felt to be too powerful for his personality to contain he split off his fears and put them into me, the [patient’s] idea apparently being that if they were allowed to repose there long enough they would undergo modification by my psyche and could then be safely reintroduced.” (Bion, 1959, p. 103; italics added)

Here I put in italics Bion’s nearly relaxed reference to something that for Melanie Klein would have been a cornerstone of the argument. However, by not emphasizing the unconscious phantasy aspects, Bion, and after him other theorists, also left Klein’s foothold. These theorists no longer specified that world of magical objects as the ground for projective identifications. But did they rather believe that the world of ‘real’ interpersonal behavior would do as well? I think it is here that a major source of confusion on projective identification is to be found.

For the character of Bion’s container-contained idea, qua model, turned out not to be as prominent as it was in his initial (1962b) presentation. In fact, Bion’s model quickly became his substantial theoretical adaptation to Klein’s ideas on projective identification. It amounted to an interpersonal interpretation (cf. Grotstein, 1998b), one that takes projective identification as an event between two persons. But though Bion did not reject the notion of unconscious phantasy as such, his ‘model’ in fact begged the question of the ontological status of projective identification.

Now one implication of Bion’s container-contained ‘model’ of projective identification, was that it permitted the receiver of the evacuated experiences to formulate them as experiences of himself, due to the assumed conjunction and the permeation of emotions. For instance, Grotstein related Bion’s recommendation: “don’t listen to the patient; listen to yourself listening to the patient!” The container is believed to have immediate access to his own experiences, that is, he is believed to be capable of dealing with the patient’s experiences as his own. These experiences Bion calls ‘the contained’. It is considered of less importance to whom they originally belong, than is their quality, especially their painfulness.

For instance, Bion (1992, p. 43) writes: "Anxiety in the analyst is a sign that the analyst is refusing to

544. cf. Jung’s ideas on conjunction (e.g. footnote 552 on page 203)

545. in his Turin lecture presenting his 1998b paper
‘dream’ the patient’s material: (not dream) = resist = not (introject).”

There is an interesting resemblance to a finding by Thorpe (1982) on the methods of South-African traditional Xhosa healers. Also in Kulish (1986, p. 99) we find a description of the author’s utter confusion, when she recognized her patient’s dream content to be coinciding with that of a book she had been reading recently! Interestingly, with respect to such dreamwork, interpersonal boundaries do not seem to be the kind obstacle we would expect them to be.

Now if in Bion’s model the interpersonal boundaries are not taken into consideration, and if the therapist’s access to the ‘contained’ material is immediate, then this means that Bion’s model deprived the therapist’s descriptions from their as-if proviso! This is the second implication of Bion’s model. I think that it is this implication that eventually led to a search for a mechanism responsible for the processes of projective identification, a search for ontological explanations.

Thus, Bion’s model of container-contained was initially helpful in begging the ontological questions on how projective identification could be possible at all. As Ogden puts it:

“The relationship of container and contained is non-linear and must not be reduced to a linear, sequential schematization of the following sort: an aspect of the projector in phantasy and through actual interpersonal interaction is induced in the Other; after being altered in the process of being experienced by a ‘personality powerful enough to contain them’, these ‘metabolized’ aspects of self are made available to the projector who by means of identification becomes more fully able to experience his thoughts and feelings as his own. Such a conception of projective identification obscures the question of the nature of the interplay of subjectivities involved in projective identification by treating the projector and recipient as distinct psychological entities. It is here that the dialectical nature of Bion’s concept of the container and the contained affords the possibility of conceptually moving beyond the mechanical nature of the linear understanding of projective identification just described.” (Ogden, 1992b, p. 618)

Notice that Ogden is specifying here how projective identification does not work. Eventually Bion also found himself in need of ontological answers and developed a concept named “O” (cf. Grotstein, 1998a,b), by means of which individual experience was considered to be of a transcendental nature, comparable to the platonic idea and to the kantian thing in itself. It is to be left as an interesting question, however, whether the kantian thing in itself was really what Bion was after. As Grotstein relates: “‘O’ is a dark spot that must be illuminated by blindness,” [Bion] stated. Bion liberally translated a letter by Freud to Lou Andreas Salomé as "The analyst must cast a beam of intense darkness into the interior of the patient’s associations so that some object that has hitherto been obscured in the light can now grow in that darkness". (Bion, personal communication). (Grotstein, 1998b, p. 13; italics added)

546. I owe this reference to Mike Eigen (contribution to internet discussion list "Bion97", of may 15, 1998; to be found at http://pages.inrete.it/bion97/1339.html).

547. in a reply (may 18, 1998) to the discussion item mentioned in footnote 546: "The healers in the Xhosa church (Grahamstown South Africa) that I interviewed spoke clearly about how they dreamed their patient’s material, fought the demons in their dreams and thus cured the patient." (to be found at http://pages.inrete.it/bion97/1347.html)

548. Bion especially used the kantian concept, but I believe that this usage of the term may lead to misunderstandings. As I understand Bion, it was primarily the infant’s experience qua raw and undigested experience, intolerable and unmanageable, that he tried to understand as something inexpressible. For each attempt to express it, is an act of ‘digestion’. To call such an undigestible or undigestible a ‘thing in itself’, however, would put it at the transcendental plane where Kant put the things in themselves that we can only think of as the sources of our sensory experiences. Rather, as I understand it, Bion’s idea of undigestible elements pertained to bodily, organic, experiences, that in some way violated the integrity of the (infant) organism. However inexpressible and undigestible, I would understand them not as ideal forms, of a transcendental world, but as pertaining to the infant’s world of sensory (painful or other) impressions.

549. Grotstein refers here to Bion’s Attention and Interpretation (1970, p. 88).

Rather than a kantian transcendental thing, we get here the same image as in Merleau-Ponty’s line: "In the dark night of thought dwells a glimmering of Being."  

Also Ogden cannot entirely avoid ontology, in his treatment of projective identification. He presents his idea of ‘analytic third’ as the ‘interpenetration of subjectivities’ (1992, p. 618), and he uses a conceptual framework of hegelian dialectics to formulate his ideas on how the subjectivities of the therapist and the patient together may give rise to a third subject, the ‘analytic third’ (1994a). We find here strong reminiscences to Jung’s (1946) treatment of the mystical conjunctio between two persons, though Jung does also rely on the idea of unconscious phantasy in describing his concept of ‘induction’, which in fact is equivalent to ‘projective identification’ (cf. Gordon, 1965; Schwartz-Salant, 1988). In fact, Jung’s elaboration in terms of the ‘shared unconsciousness’ amounts to a transcendental argument: the shared unconscious is different from our common reality.

In general, it seems that the use of projective identification without the as-if proviso of the ‘unconscious phantasy’ conception has produced a great many ontological considerations that have not always been helpful tools for adequately describing the infant’s (or patients’ in general) experiences as conveyed through projective identification. This, I think, is the truth in Hinshelwood’s remarks on the opposition between indicating projective identification in clinical material, versus defining it theoretically. The trap, I think, is that projective identification becomes defined in theoretical terms, perhaps even as some transcendental event (Jung), without too much clarity about how the infant’s (or patient’s) experiences relate to this domain of transcendental reality.

To resume, I discussed two implications of Bion’s model, a) the patient’s (or infant’s) evacuated experiences are understood as the containing person’s own experiences; these are the elements to be digested, regardless of their origination; and b) if the as-if proviso is left, then the question remains what actually projective identification can be. It is with respect to these two implications that Merleau-Ponty’s concept of ‘flesh’, which I introduced in section 3.1, is helpful.

As I remarked in section 7.4.2, the concept of ‘flesh’ entails a convergence of knowing and being: the event of experience is the ontological thing that is the case, and hence, the ontological status of immediately knowing the patient’s experiences, as in projective identification, can be understood as a moment of articulation of flesh; not in a transcendental reality, nor in unconscious phantasy, but in a reality that is constituted by our experiences. That is: there is a vanishing boundary between the knowing act and the known, ‘seer’ and ‘seen’, sentient and sensible, touching and touched. This means here: the therapist’s experience (‘the touching’) and the patient’s experience (‘the touched’) come together, not as two entities that enter into a conjunctio mystica or the like, but as a subject and an object that meet at the point where they are both unreflected experience.

It is this concept of ‘flesh’, therefore, that offers an explanation both for the immediacy of the therapist’s

551. Merleau-Ponty (1964b, p. 15) I found these lines in Madison (1981, p. 196), who comments them with: "Consciousness cannot think Being except by thinking its own blindness, what it cannot see because it is that which makes it see." (Ibid.)

552. "An unconscious tie is established and now, in the patient’s fantasies, it assumes all the forms and dimensions so profusely described in the literature. The patient, by bringing an activated unconscious content to bear upon the doctor, constellates the corresponding unconscious material in him, owing to the inductive effect which always emanates from projections in greater or lesser degree. Doctor and patient thus find themselves in a relationship founded on mutual unconsciousness." (Jung, 1954, p. 176)


Notice that ‘shared unconsciousness’ would be a better English translation for ‘gemeinsame Unbewußtheit’, than ‘mutual unconsciousness’.

553. 1991 (p. 200)

554. see my quotation from Madison, 1981, p. 197, above in section 7.4.1
experiences and for the ontological status of projective identification as a relation more primary than between subject and object.

In the sections that now follow I will elaborate these two implications. In section 11.5 I will relate the first implication, that of the immediacy of experience, to the concept of ‘incorporation’, which we already encountered in section 4.2. Next, in section 11.6 I will relate the second implication, that concerning the ontological status of projective identification, to the concept of ‘one-sided boundary’, which I introduced in section 7.3.2.

11.5. Projective identification as incorporation

According to Bion, it was the containment by the mother of unbearable experiences in the infant, that would lead to the infant’s capacity to endure those experiences itself. Conversely, the infant can be said to seize the opportunity of having the mother digest these experiences. This, according to Bion, was to be understood as the onset of thinking in the infant (Bion, 1962a). The mother’s major instrument of containment was what Bion called her ‘reverie’.\footnote{555}

Accordingly, if the child obtained less than the critical minimum of containment, it would not learn to coordinate its unbearable experiences itself, and recognize these in terms of the good mother’s absence. Projective identification would become a malicious component of the person’s later modes of functioning, where other persons are abused for the containment of experiences that otherwise, by ‘digesting’ them, would have become thoughts.\footnote{556}

Hence, we notice here a convergence with Maturana’s notion of second order distinctions and Bion’s idea of the ‘tolerance’ that an infant should develop for painful experiences. It is this tolerance that we can now understand in terms of a capacity to make second order distinctions without the supporting presence of another individual to coordinate actions with!\footnote{557} To speak in terms of Giambattista Vico,\footnote{558} the infant cannot yet find a ‘selected fact’, by means of which other experiences can be arranged.\footnote{559} And it is this capacity in the mother for which the infant needs his painful experiences to be contained by the mother.

\footnote{555. This concept, introduced by Bion can be considered a major extension of Freud’s ideas on the analyst’s attitude. For it is the attitude of reverie that enables the mother to be maximally sensitive to her child’s emotions, and this concept serves as a model for the attitude that enables the therapist to receive the patient’s undigestible experiences. Bion writes: “[R]everie is that state of mind which is open to the reception of any “objects” from the loved object and is therefore capable of reception of the infant’s projective identifications whether they are felt by the infant to be good or bad.” (Bion, 1962b, p. 36)

\footnote{556. Spillius gives a clear description of the gist of Bion’s ideas on projective identification and the onset of thinking. This happens when “no breast [is] available for satisfaction. What happens next depends on the infant’s capacity to stand frustration. Klein had pointed out that in earliest experience an absent, frustrating object is felt to be a bad object. Bion took this idea further. If the infant’s capacity for enduring frustration is great, the ‘no-breast’ perception/experience is transformed into a thought, which helps to endure the frustration and makes it possible to use the ‘no-breast’ thought for thinking, that is, to make contact with, and stand, his persecution and then split it off when the external breast arrives again. Gradually this capacity evolves into an ability to imagine that the bad feeling of being frustrated is actually occurring because there is a good object which is absent but which may return. If however, capacity for frustration is low, the ‘no-breast’ experience does not develop into the thought of a ‘good breast absent’; it exists as a ‘bad breast present’; it is felt to be a bad concrete object which must be got rid of by evacuation, that is, by omnipotent projection. If this process becomes entrenched, true symbols and thinking cannot develop.” (Spillius, 1988c, pp. 154-5)

\footnote{557. Notice that Maturana does not elaborate on the conditions for making second order distinctions by a single individual. Cf. Maturana’s dictum: “Everything said is said by an observer to another observer that could be him or herself” (1987a, p. 332).

\footnote{558. cf. section 3.3

\footnote{559. It is interesting that also Bion used the term ‘selected fact’, be it in the sense of: “... a particular fact that suddenly occurs to the analyst which makes sense of the disparate elements previously noted. What before may have been a jumble of fragmented material now becomes unexpectedly coherent and understandable; meaning suddenly dawns.” (Symington & Symington, 1996, p. 92).}
The mother’s reverie is a performance that we should understand as an instance of incorporation. Though this term is not used very often in the literature\(^{560}\), many formulations hint at it\(^ {561}\). In section 4.2 I presented the idea of incorporation in terms of a ‘combination’ of first and second order distinctions, that is used as second order distinctions in a ‘new’ situation, to distinguish ‘new’ first order distinctions. I repeat it here for the reader’s convenience:

**old situation:**
- **first order distinctions:**
  - experiences, to be used as tokens for the concrete objects
- **second order distinctions:**
  - coordinations of these experiences, making them into tokens for the concrete objects

**new situation:**
- **first order distinctions:**
  - newly occurring experiences due to the instrumental usage of the concrete objects
- **second order distinctions:**
  - a combination of the first and second order distinctions of the ‘old situation’, using the first order distinctions of the ‘new situation’ as tokens for the newly emerging gestalt (consisting of the concrete objects of the ‘old situation’ as its elements)

It is with respect to this idea of an ‘old’ and a ‘new’ situation, that we may now understand projective identification as a situation in which the infant’s first order distinctions become the mother’s ‘new’ first order distinctions, which, by ‘reverie’, are ‘digested’ and coordinated by her into new naive objects:

**new situation:**
- **mother’s first order distinctions:**
  - infant’s experiences
- **mother’s second order distinctions:**
  - a combination of mother’s original first and second order distinctions, using the infant’s experiences as tokens for the newly emerging gestalt

For instance, when the baby is in pain, the mother looks for modes of carrying or rocking it, with the purpose of decreasing the infant’s discomfort. The latter’s sounds and gestures are taken by the mother as her own immediate sensory experiences, through which she experiences the infant’s discomfort as her own.

---

560. An exception is Grinberg (1962, p. 439), who also uses the term ‘incorporate’ to denote the reception by the therapist of the projective identification

561. cf.: “The nature of the functions which excite the patient’s curiosity he explores by projective identification. His own feelings, too powerful to be contained within his personality, are amongst these functions. Projective identification makes it possible for him to investigate his own feelings in a personality powerful enough to contain them. (Bion, 1959, p. 106)


[As the analyst passively listens to the patient, he experiences what the patient’s account generates as his immediate sensory perception. This absorbs nearly his complete attention. At that moment the patient’s representations consist of that which is presented to the analyst’s consciousness, and as a result he will identify with the analysand.” (my translation)]
But this is not confined to the care of infants. For instance, a 5 year old visits with his mother a sky scraper. As the child looks from the balcony downward, without any danger of falling, and looks at the traffic some 150 meters below, the mother, when noticing what her child is doing, feels her own stomach as if she were looking downward herself. As she sees him looking downward, she is no longer interested in the difference between her own physical location and his. She does no longer distinguish between their two positions and responds accordingly.

This is comparable to what happens when a blind man uses his stick: then the tip of his stick becomes (new situation) the locus of his first order distinctions, and his former first order distinctions, the sensations of the stick in his hand, become second order distinctions that coordinate and make the first order distinctions into tokens for the objects he is perceiving (cf. section 4.2).

Thus, we may understand projective identification as an operation inverse to incorporation. By this operation, the patient comes to dispose of part of the therapist’s capacities to perceive and think. We may call this an instrumental usage, especially in its virulent manifestations. If anything, the therapist has become here a tool, an instrument that releases the patient from bearing his own painful experiences, not unlike the way a butler releases his employer from many practical affairs in the house.

In the course of emotional development, the infant is supposed to introject the mother’s capacity to integrate and coordinate its discomfort, and in the mean time it is the mother who takes over the infant’s immature coordination of its own experiences.

Bick formulates the same double role in terms of the infant’s integration through introjection of the mother’s capacity of integration:

"The thesis is that in its most primitive form the parts of the personality are felt to have no binding force amongst themselves and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary. But this internal function of containing the parts of the self is dependent initially on the introjection of an external object, experienced as capable of fulfilling this function. Later, identification with this function of the object supersedes the unintegrated state ..." (Bick, 1988, p. 187)

11.6. Projective identification and the one-sided boundary

I will now turn to the second implication of Bion’s model, which pertained to the ontological status of projective identification. We can now understand the idea of the mother’s reverie in terms of her approximation of the interface between the infant and herself. Her being ‘open to the reception of any “objects”’ is her approximation of this interface, her dreaming away is her passage of a one-sided boundary.

The idea presented here is that Bion’s interpretation of projective identification emphasizes the absence of distinction between the ‘sender’ and the ‘receiver’ of the projective identification; or better: it emphasizes that the two parties involved may temporarily and partially lose their individuality, not merely their sense of being distinct, and become identified. Bion’s idea of containment as a conjunction in fact highlights this moment of identification. It ignores the aspect of phantasy, and instead, attempts to express the contents of this phantasy, without bringing it home as a phantasy. We might call this a forgetfulness, one that requires the passage of a one-sided boundary, which cannot be described adequately from the position of an observer. The recognition of this inadequacy, indeed, was what I called (section 11.3.2) Klein’s as-if proviso.

We have, therefore, a peculiar situation with respect to the interactional conception of projective

562. cf. Young (1992)
563. cf. also my quotation above from Klein, 1952, p. 297) on page 198 of section 11.2.2
identification: the critical description of projective identification as an interactional event (qua "linear sequential schematization", as Ogden called it) is different from the experience of being involved in a projective identification; the former utilizes a particular distinction that is missing in the experience itself. It is here that we find a one-sided boundary. For any attempt to describe projective identification in critical terms has the feature of the position called 'outside': it describes and makes a distinction between two parts (infant and mother; patient and therapist), which are declared to become identified, at least in phantasy, due to a particular kind of 'interaction' or a particular 'exchange'.

From the position called 'inside’, on the other hand, there is precisely the lack of any awareness of projective identification that makes it possible to occur. Furthermore, it is by pointing at the occurrence of projective identification (e.g. as a phantasy in the patient) that an analyst can stay in (or return to) the 'outside' position and thus maintain (or regain) the distinction between himself and his patient.

The containment relation, on the other hand, is not defined in terms of the asymmetry between 'inside’ and 'outside’, but, instead, in terms of the containing person (mother, therapist) as immediately digesting the other person’s (infant, patient) undigestible experiences. Here the two parties have the sense of being indistinct. Is this indistinctness a matter of 'phantasy’, i.e. unreal? Winnicott gives a helpful suggestion, that reminds us of James’ ‘psychologist’s fallacy’: "The infant perceives the breast only in so far as a breast could be created just there and then. There is no interchange between the mother and the infant. Psychologically the infant takes from a breast that is part of the infant, and the mother gives milk to an infant that is part of herself. In psychology, the idea of interchange is based on an illusion in the psychologist." (Winnicott, 1973, p. 14)

At this place I like to push my point a little further. If those involved in a projective identification (partially and temporarily) share a sense of identity, as a primary way of allowing one (the baby, the patient) to make use of the digestive capacities in the other (the mother, the therapist) then there is something going on that does not fit with traditional notions of each person’s individuality, especially his inner life, being accessible only to himself. To put it differently, if we assume a reality pre-existent to our distinctions, as in regular objectivist theories, it becomes essential to distinguish between physical reality versus patient’s and therapist’s phantasies! For in such pre-existent reality it should be possible, in analogy to Quine’s (1969; cf. footnote 61, page 34) arguments, to ‘naturalize’ the facts of projective identification, and to look for empirical correlates of their occurrence! The easiest to be observed, then, would be the individual distinctness of the two interacting persons.

But when speaking about the condition of containment, we are pointing at the inner side of a one-sided boundary, there where we cannot reach with our critical understanding! It is here that we run against our common assumption of reality as pre-existent to our experiences: for it is at this level of functioning that we find a limit to the usual opposition between objective fact and subjective experience. We are speaking, so to say, about a "quantum of distinction": the minimal act of distinction, in which no differentiation can be made between the event of experience and the thing experienced; it is here that distinctions are the articulations, not the subjective representations, of the flesh. In this way is the locus of projective identification between two persons a 'true negative’. It consists of the absence of those distinctions that we, external observers, need in order to think. This 'true negative’ exists as the other side of a one-sided boundary, there where identity is more fully present than a statement of identity could declare it to be.

Hence, we find here an instance of the anti-solipsist interpretation I gave of Maturana in section 2.3.4. For it is in the occurrence of a containment relation that a true identification can occur between those

564. see also section 9.3 on 'reasoning by analogy'

565. cf. Heidegger’s “Satz der Identität”, see section 3.4, page 50
involved, one that can exist only for them, not for an external observer. Accordingly, such an inaccessibility of these interpersonal events is not compatible with a belief in their empirical investigation as positive facts, i.e. facts open to empirical methods of research.

Conversely, if the events studied are of a level sufficiently above that of the 'quantum of distinction', then we can investigate them critically by means of empirical methods. Therefore, the empirical inaccessibility of the containment relation does not compel us to embrace a solipsist philosophy, or one of 'radical relativism'. It cannot withhold people, whenever naive objects appear as conflicting, to look for critical objects; that is: to look for aspects (e.g. empirical findings) about which agreement can be gained. But when no naive objects are constructed, for instance, as in projective identification, when the behaviors observed are the processes of the construction of second order coordinations, especially at their moments of faltering and imperfection, then an objectivist and critical attitude will be of no avail to an observer.

11.7. Beyond the modeling relation

Incorporation is a transition from having one's own experiences to using them for the purpose of having other experiences. Accordingly, the therapist can utilize his own experiences in order to accept those of his patient as his own. But in order to do so, he has to forget the things he has been thinking of and perceiving thus far. The act of incorporation, therefore, amounts to the passage of a one-sided boundary.

Greenson, usually not known for his discussions of projective identification, describes his work in terms of a 'working model of the patient' which the therapist is to build as a "counterpart or replica" (1960, p. 421) of the patient, and from which he is able to predict the patient's associations and experiences. However, Greenson also uses phrases as "I permitted part of myself to become the patient" (p. 421) and "to experience the feelings of another person" (p. 418). My point is that, when the therapist permits part of himself to become the patient (or, to permit the patient to occupy part of himself) he is not in the position to critically use a model as a 'counterpart or replica'. Rather, the very concepts of model, replica, representation etc. do no longer apply to his understanding of the patient.

If the therapist’s understanding of the patient thus far can be called a model, now it disappears as such. It is not incorporated as in classical science’s use of models (cf. section 6.1.2), but the patient is no longer perceived as a separate individual, and the therapist’s capacity to perceive him as such is affected. Instead, to the extent the therapist loses sight of the patient, he may start to perceive and think on behalf of the patient, i.e. as a substitute for the patient’s missing perception and thought. The therapist becomes (part of) the patient by (partially) incorporating the patient himself, not a model of the patient. Accordingly, the modeling relation (see section 6.1.2), far from being trivial as in classical science, has become the very scene of the drama: it is this relation that is undermined and eventually reduced to zero.

First, the therapist has an understanding of the patient and is capable of critically observing him, reflecting on his behaviors and on his words, as well as reflecting on his own possible replies, etc. Then, when projective identification starts, the therapist loses his critical distance, and with it, his model of the patient. The naive objects the therapist now comes to perceive, if any, are those that the patient himself could not coordinate (digest), and that he is letting now to the therapist.

That is: eventually the therapist’s model of the patient and the patient himself converge; the therapist has no longer his own model of the patient at his disposal; rather, (part of) the patient has become for the therapist what his model was before. The therapist can discover this development only by noticing the

566. For instance, Carveth (1995) gives some interesting arguments against a ‘radical relativism’: “If classical Freudian theory is validated as true by members of the New York Psychoanalytic Institute, does that make it true? I have no doubt that the nonexistence of the Holocaust is psychologically real to those whose experience is validated by the revisionist historians. Does that mean that the Holocaust did not occur?” (p. 19).

567. Notice that also Freud eventually preferred to put the idea of evenly-suspended attention ‘in a formula’, cf. section 9.3.
decrease of his own capacities to critically think and perceive, and instead the increase of particular naive objects (e.g. extremely ‘bad’ objects, corresponding to negative self-experiences in the therapist). It is here that empirical findings are to be found that are as radical as William James (cf. section 7.4.2) proposed them to be. It is also here that the therapist can make critical usage of naive discourse and even of his pre-reflective experiences.

These are findings that concern the ways perceptual and cognitive performance is affected by the object of attention. It is not a domain of empirical phenomena of which psychotherapists are holding the exclusive rights. Researchers too may enrich their arsenal of empirical observation techniques with them.