

said that what was once identified within the self has now been translocated and reidentified within the object, but that the object has handled the identification in an effective manner.

On the other hand, if the object has been transformed via the identification, either in the infant's (or patient's) mind or in actual interpersonal reality, then the identificatory aspects of projective identification are much more glaringly concrete (real). The key difference would be that the transfer of identification from the self to the object is transient and fleeting in one case and relatively permanent and transforming in the other. Perhaps the key point here is that the infant or patient must experience the object as having experienced the projection (and therefore as *identified* with it) but hopes that the identification does not so transform the object into one's victim that one has created a persecutor.

#### PROJECTIVE IDENTIFICATION AND THE FORMATION OF INTERNAL OBJECTS

The internal objects which comprise the scaffolding of the archaic personality are formed via projective identification of aspects of the infantile self into the images of external (interpersonal) objects, which are then introjected into the developing ego. This occurs in a variety of ways. For instance, if a greedily hungry infant projects his greedy feelings into an object, the object is perceived as having been transformed into (a) a greedily devoured, used up object, and (b) a greedily devouring object. Both are introjected, but the victimized object is identified within the ego, and the devouring object becomes the superego, according to Freud's (1917b) melancholic paradigm. Identification with the victimized breast leads to feelings of depression, inadequacy, narcissistic mortification, etc. Identification with the greedy object leads to the installation of a superego object which is now believed to be devouring, insatiably demanding, etc. Feelings of envy would be similar and would lead to the introjection of an enviously denigrated object

and to an enviously denigrating object. Insofar as objects are created which are amalgamations of their external qualities combined with the projective identifications of the infant, the internalized objects become complex. For instance, the infant may project greedy feelings into his or her image of the mother's body and therefore transform her into a greedy, demanding object who, in phantasy, swallows daddy's penis and thereby is transformed into a *combined object* whose clinical debut is as a *phallic woman*. The possibilities of object combinations are many. I have already detailed some of the invariant internal objects in chapter 7. I shall illustrate them in case examples in chapter 12.

As the infant develops, it reprojects these introjected projective identifications onto its perceptions of progressively more real interpersonal objects whose task it is to discredit them and thus diminish their importance, omnipotent credibility, and influence.

#### THE PHENOMENOLOGY OF PROJECTIVE IDENTIFICATION

Infants and patients who utilize defensive projective identification may experience states of confusion and disorientation. The confusion is experienced in terms of that aspect of the self which has entered into merger with the object, whereas disorientation would be the experience of that aspect which is denuded of the mind which has been projected and which is left behind. Confusion and disorientation are distinctly separate experiences but may appear simultaneously or alternately in the clinical situation.

One masochistic patient, for example, would frequently berate himself for minor "offenses" and would also be extraordinarily dilatory in his professional and social appointments. He lost track of time so much that he would be sometimes over an hour late for some appointments. He claimed that he disappeared into "lateral time" rather than being able to pro-

gress into forward time. His dilatoriness and experiences of lateral time correspond to his disorientation, whereas self-berating corresponds to his confusion with his wife whom he experienced as being severely antipathetic towards him.

*Claustrophobia* is one of the prime examples of projective identificatory confusion with an object. In the state of intimacy, one may experience such a great feeling of neediness for one's object that it is experienced, via projective identification, as being the split-off container of one's neediness. Therefore, one may then experience being so needed by that object that one cannot possibly escape. The experience is a concrete one of being located inside the body of the other and unable to escape. Alongside this feeling of being trapped within the other, there is also a feeling of spoilment of the value of the other because of its being identified with one's own neediness. *Agoraphobia*, on the other hand, would be the experience of that aspect of the personality which has fled from claustrophobic intimacy, leaving its projected self behind inside the object. The denuded self feels terrified of open spaces and feels that there is no boundary to hold himself in and must consequently flee back to the object. *Acrophobia* follows a similar pattern. Phobias in general, like paranoia, are specific phenomenological examples of translocation of disturbed aspects of self-experience which, when translocated into external objects, are felt to persecute one from a distance.

#### DEVELOPMENT OF THE CONCEPT

Freud's interest in projection dates from his correspondence with Fleiss, and he recognized its importance for understanding paranoia as early as 1895. When, along with introjection, projection was formalized as a primitive mechanism in the "language of the oral instinct," in "Instincts and Their Vicissitudes" (Freud 1915a), the concept of projective identification was implied, although not named. "On Narcissism" (Freud 1914b), which had introduced the "ego-ideal," had hinted at a

similar mechanism, and the discussion of identification in relation to narcissistic object relations in "Mourning and Melancholia" (1917b) laid further groundwork. Freud's keen insight facilitated understanding of the magical aspects of projective identification: when the ego treats itself in a way that implies it is identified with the object, then that treatment represents an action upon the object with which it has identified. Perhaps the best example of this occurs in catatonic schizophrenia, where, when a patient lifts his arm, he believes that the world with which his arm is identified will stop.

Although Victor Tausk refers to "identification through projection" (1919), the first use of projective identification as such occurs in the work of Melanie Klein, and the major impetus for the promulgation of the concept came through two of her papers, "Notes on Some Schizoid Mechanisms" (1946) and "On Identification" (1955). These papers reestimated Freud's view of earliest object relationships put forth in the metapsychological papers and recapitulated Klein's own theoretical contributions. She had recognized the major importance for identification of certain projective mechanisms which are complementary to the introjective ones and notes that the processes underlying identification were implied in psychoanalytic theory even before they were formally recognized. Projection underlies everyday feelings of empathy as well as grandiose fantasies (e.g., Christ fantasies)—both of which are familiar kinds of "identification." She writes concisely:

Projective identification is bound up with developmental processes arising during the first three or four months of life (the paranoid-schizoid position) when splitting is at its height and persecutory anxiety predominates. The ego is still largely unintegrated and is therefore liable to split itself, its emotions and its internal and external objects, but splitting is also one of the fundamental defences against persecutory anxiety. Other defences arising at this stage are idealization, denial, and omnipotent control of internal and external objects. Identification by projection implies a combination of splitting off parts of the self

and projecting them on to (or rather into) another person. These processes have many ramifications and fundamentally influence object relations (Klein 1955, pp. 311-312).

In "On Identification" Klein also demonstrates projective identification through an interpretation of Julian Green's novel, *If I Were You*. It is the story of Fabian, a penniless, fatherless young man who resents his fate and makes a pact with the Devil to become someone else in order to claim the fortune he believes he deserves. In the course of many adventures he becomes a number of different people, taking over their identities. The advantages of being a rich man, a strong but stupid man, and even a handsome and healthy man soon wear thin; he is trapped within the limitations of each personality. But when he longs to become himself once again he is alienated from the memory of his name long since foresworn. When he is reconciled with the original Fabian, he longs for love, is overcome by a mysterious sense of happiness, and then dies. "As a result of overcoming the fundamental psychotic anxieties of infancy, the intrinsic need for integration comes out in full force," writes Klein of the novel's ending. Fabian "achieves integration concurrently with good object relations and thereby repairs what had gone wrong in his life" (p. 345).

Though Klein did not emphasize it in her interpretations, my own rereading of *If I Were You* compels me to mention the first stage in projective identification. Klein laid stress on the second stage, that of fusion with an other, but it is important to note the earlier step, that is, the basic quest for invisibility. Projective identification involves the desire of the infant—or the suffering adult—to become invisible, to disappear, or generally speaking, to negate one's own existence. Such phantasies of disappearing usually come at a high cost to self-esteem, the sense of authenticity, and self-connectedness. Patients who describe this phenomena believe that the body or soul that they have denied is no longer available to them for reparation.

My emphasis on the self-relationship involved in projective

identification, which owes lineage to the work of Bion (1970) and Kohut (1971, 1977), seeks to redress the balance which in Klein's work falls on the object relations aspects. It is important to remember that in projective identification there is a self left behind or disavowed, much as in *If I Were You* where Fabian's deserted self lies alone for three days in a coma.

### A BASIC MECHANISM

Projective identification is an amalgam of concepts which can be confusing. When its purpose is defensive, projective identification aims really to *disavow* identification, and perhaps would be better called projective *disidentification*—the "I" wishes to split off some mental content, project it into an object, and then to sever any connection with itself. Moreover, like splitting, projective identification is both a benign defense which simply wishes to postpone confrontation with some experience that cannot yet be tolerated; but it is also a defense which can negate, destroy, and literally obliterate the sense of reality.

Before turning to the review of the literature, it will be useful to offer some guiding comments to orient projective identification both in terms of recent psychoanalytic theory and its historical genesis.

1. Projective identification is a schizoid mechanism, along with splitting, omnipotent denial, idealization, and introjection. These defenses are employed in the paranoid-schizoid position to defend against persecutory anxiety.

2. Splitting and projective identification work hand in hand. Generally speaking, projective identification acts as an adjunct to splitting by assigning a split-off percept or self to a container for postponement or for eradication. We can distinguish those aspects of projective identification which belong to the content of the mind from that aspect of the mind itself which wishes to disappear, become invisible, and negate its very existence. The defensive techniques which involve splitting off and projecting

mental content will result in states of mind different from those which seek to split off and project not only the content of experience but the capacity to experience the experience. The latter characterizes psychosis, borderline, narcissistic, and addictive disorders, etc.

As an instinctual vicissitude projective identification may be seen in three separate ways: (a) as the agent of the unpleasure principle, conducting the evacuation of painful accretion of stimuli from the self into an object; (b) as agent of the nirvana principle, seeking regressive dedifferentiation with the object of primary identification; and (c) as agent of magical omnipotent control.

3. Projection and projective identification are identical and interchangeable terms. There can be no projection without identification (or disidentification). The degree of splitting which attends the projection determines the degree to which it relies on disidentification of the self or reidentification of the self in the object, whether the object is intrapsychic or interpersonal.

I believe (Malin and Grotstein 1966) that in classical psychoanalytic thought an artificial distinction between projection and projective identification reflects a rigid distinction between the ego and the id, exposed by such authors as Fairbairn (1954), Gill (1963), Schur (1966), and Kohut (1971, 1977). On the other hand, Klein assumed, without fully realizing it, that the personality is integral and cannot be so easily separated into structural components as Freud suggested. Projection and projective identification suggest the translocation of aspects of self; a drive alone cannot be projected (as projection in the classical sense would suggest) without being reidentified in the object.

Wolheim (1969) has based a distinction between projection and projective identification on (a) the content of what is projected (mental qualities are projected and internal objects are projectively identified); and (b) the aim of the projections. With respect to the aim, Wolheim subtly distinguishes between the wish to remain in contact with the thought for reassurance

that it is located in an external object (projection) and the wish to be rid of the thought and the internal object (projective identification as a state of thoughtlessness). While I believe that Wolheim is technically correct, my own psychoanalytic experience has convinced me that these distinctions fade in the clinical situation. "Mental qualities" is a way of talking about internal objects, and furthermore, the need for reassurance that a projection in an external object is only a denial of the identification implicit in the projection.

Langs (1976, 1978), Ogden (1978, 1979), Meissner (1980), and Ornston (1978a,b) have also attempted to distinguish between projection and projective identification, by relegating the former to an intrapsychic mechanism and conceiving of the latter as a transactional or bipersonal mechanism. While this seems to have some clinical validity, even "projection as a mental mechanism" involves projecting from a sense of "I" into the image of an external object for purposes of transactional or bipersonal manipulation. We do not project into objects in the external world; we project into our images of them. If our objects are in an intimate state of correspondence with us, they may be on a "shortwave" frequency and respond keenly to desires and wishes. (See 5, below)

4. All projection is identificatory to some extent. The very act of projection is a disavowal of identification in the first place; therefore, the basis of projection is a negative identification. Projection may formally establish identification with the object, but if not, then the object is believed to contain expelled identities which belong to the self despite the denial implicit in projection.

5. There can be no projective identification in a vacuum. The translocation of self or aspects of the self into an object always presupposes a preconception of an object which is a container. An object must be located via a primordial scanning, foraging, or exploration, and represents a primitive mechanism of normal thinking.

Bion (1958), as I stated earlier, has broadened our conception of projective identification by suggesting that the infant nor-

mally projects into a containing mother with reverie.\* The infant's cries are urgent emotional communications which are experienced by mother as being projected into her with great momentum. "Reverie" refers to her receptivity (ability to be a "good enough" receptor site), in which her understanding and containment allow her to withstand the pain of projective urgency, sort it out, and act appropriately. This model, projection-containment-thoughtful action, constitutes the origins of normal thinking, and is normally internalized by the infant.

6. Projective identification invariably implies two separate states of anxiety: (a) the original anxiety which the experience of separation stimulates in the infant's or patient's mind; and (b) the anxiety which is the consequence of the employment of projective identification (e.g., claustrophobic anxiety or as a result of believing one is now trapped inside the substance or influence of an object).

7. I think it useful to think of *neurotic projective identification* as being experienced as an *extension* into an object hitherto believed to be separate, whereas *psychotic projective identification* is characterized by a *withdrawal* of the surviving self from the object and ego boundaries which formerly defined the self.

\*I believe it is important to differentiate Bion's conception of containment from the mirroring mother as denoted by Lacan, Winnicott, and Kohut. Bion's "containment" is not so much an elastic or flexible impaction upon a silent maternal object as it is the mother's (and the analyst's) capacity to intercept the infant's inchoate communication (his organismic panic) and subject it to his or her own alpha function. Bion's conception is of an elaborated primary process activity which acts like a *prism* to refract the intense hue of the infant's screams into the components of the color spectrum, so to speak, so as to sort them out and relegate them to a hierarchy of importance and of mental action. Thus, containment for Bion is a very active process which involves feeling, thinking, organizing, and acting. Silence would be the least part of it. In psychoanalytic practice, the analyst uses a reverie corresponding to Bion's maternal reverie which allows for the entrance of the patient's projective identifications as countertransference or as projective counter-identifications, which can then be prismatically sorted out and lend themselves to effective understanding and ultimately to interpretations. In terms of the siamese twin paradigm, the bonding between the patient and the therapist constitutes the therapeutic alliance which allows for an umbilical-like "exchange transfusion."

The object and ego boundaries become confused with each other and become the transformed bizarre object of delusion and hallucinations.

A neurotic patient who recently began analysis, and who developed an idealizing transference to me, imagined me to be his extension—or conversely, he, mine. On the other hand, a schizophrenic patient in analysis, upon suffering a narcissistic injury, suddenly began to believe that the walls of my office had wire taps and that my phone was speaking to him. He also believed the FBI was after him. Subsequent analysis revealed that he experienced himself as having disappeared from his former self and the boundaries of that self. As he withdrew, he believed that I took over and was now in control of his former skin, sense organs, and mind (FBI). They were now alienated from him, possessed by me, and wanted to invade and control him.

8. Interpersonal projective identification must be distinguished from intrapsychic projective identification, although the two may overlap more than one would imagine. As I stated earlier, all projective identification is conducted into an internal object (self-object) or into an image of an external object (object representation). Thus, all projective identification is essentially intrapsychic. However, insofar as the boundary between the self and its objects is not completely defined, intrapsychic projective identification may be indistinguishable from interpersonal projective identification. In other words, they invariably are self-object transference phenomena. Thus, we can project into an object representation, but, in so doing, we transform the representation into an internal object (or self-object) unless the outside object optimally transforms the projection. One may also project into an already constituted internal object (self-object), making it a more complex entity. One may project, for instance, into a superego. Nevertheless, all projections, whether intrapsychic or interpersonal (whether into internal objects, self-objects, superego objects, or object representations) always involve disidentification from the self, reidentification in the object, and secondary identification with

the introjected transformation of that object which the projective identification has produced.

It must also be remembered that intrapsychic projection can be into separate psychic organizations, that is, split-off personalities within the psyche (split object representations). This is particularly true in psychotic, borderline, manic, and depressed patients who seem to utilize dissociated twin selves as targets for projection.

9. Splitting, as the agent of the principle of distinction or differentiation, and projective identification, as the agent of the principle of generalization, comprise the lowest common denominator of all defense mechanisms as well as of all perceptions and thought processes through varying differentiations, displacements, and secondary recombinations. Ultimately, repression, denial, isolation, doing-undoing, intellectualization, identification with the aggressor, etc., are combinations of splitting and projective identifications. Insofar as thinking and perception involves anticipation, selection, and reorganization of the gestalt or perception for mental storage, then splitting and projective identification are fundamentally involved in these processes. In this role splitting corresponds to differentiation, and projective identification corresponds to externalization insofar as it anticipates the perception.

10. Splitting and projective identification are not only mental mechanisms, they are also phantasies. Phantasy is the Rosetta Stone to all primitive communication and involves sensorimotor operations (Piaget 1952). The newborn infant "thinks" with its body, so that splitting and projective identification are enacted at a time before the body and the mind have made a clean differentiation. Projective identification is also involved in the formal thinking of adults, as the noun *project* cogently expresses. Thinking in adulthood is, after all, "trial action."

11. The phenomenon of transference, by and large, is one of projective identification with the aid of splitting. Oftentimes in analysis a person on the outside will receive the split-off transference from the analyst. Classical analysts generally believe that transference occurs as a displacement from a past object

cathexis to the analyst in the present. Although this is probably true, what is left out is that the infantile neurosis itself is a transference of the projective identifications of the infant's and child's self into his or her image of the parental object. The oedipus complex, for instance, is replete with multiple projective identifications of the child's phantasies about its parents. Thus, the transference neurosis is a displacement of past projective identifications.

Furthermore, transference occurs as a projective identification of aspects of the self in the present into or onto the figure of the analyst. Jacobson (1964) points out that object representations are displaceable but not projectable. Although this statement is correct, object representations (as well as self-representations) lose their representational status as soon as they are subject to projective identificatory transformation.

12. Projective identification, like splitting, has an epigenesis both zonally and in terms of object relations. Meltzer (1967) has described the sequence of the infant's projections into and from its oral, anal, and genital zones in relation to the breast, anus, genitals, and other organs of the object—and thereby establishes states of confusion between the zones of its own body and the parent's body. At the same time, projective identification can be seen to follow a sequence from autism, through symbiosis, to separation-individuation, including its four substages. I have already discussed autistic and symbiotic projective identification. In the depressive position of separation-individuation, however, projective identification is useful in establishing a particular kind of relationship to the object in which the object is also experienced as being a subject, just like the infant. The discovery of the object's subjectivity takes place in the rapprochement subphase and accounts for the development of empathy with the object, because the object is now felt to suffer feelings very much like the infant does.

13. Defensive projective identification involves the splitting-off and evacuation of *objects* of mind (feelings and thoughts), and the translocation of "I" or a portion of "I" (the *subject* of mind) into a transforming identification with an object. In

psychosis the mind itself is evacuated and "I" either disappears altogether or delusionally *becomes* the object (not just identified with the object). This "I" may even disclaim—or attempt to murder—the impostor who currently misrepresents him. Another feature of psychotic projective identification is the experience of telekinesis, in which the psychotic may projectively identify a split-off, disembodied twin self who is free to move about at will, leaving the body self abandoned.

14. Metathesis describes the imaginatively synthetic and recombinant aspects of creative projective identification and splitting. It can be demonstrated as follows. There are two solutions of chemicals, one containing sodium hydroxide (NaOH) and the other hydrochloric acid (HCl). The compounds may be split (constant conjunction) into their respective moieties and recombined as NaCl and H<sub>2</sub>O. Thus new compounds are created out of the original moieties. Metathesis is fundamental to the processes of dreamwork and creative imagination.