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SOME REFLECTIONS ON THE THEORY OF PROJECTIVE IDENTIFICATION *

RALF ZWIEBEL

The author deals with the theme of mutual emotional influences between analyst and analysand, which leads to the theory of projective identification. He assumes that this is both an intra- and interpersonal phenomenon, and focuses on the pathological defensive aspect. He gives an overview of the literature of Kleinian and non-Kleinian authors and points out the various confusing contradictions.

The similarity between the Kleinian concept of projective identification and the non-Kleinian concepts of acting-out and actualization are clarified. Both the analysand and the analyst tend towards subtle acting when tensions increase too much and can develop into a therapeutic mesalliance.

In two clinical vignettes the author demonstrates that projective identification is, besides defense, also communication, object relation and psychological growth. One of the most difficult tasks for the analyst is to disentangle himself from the expected role and give the adequate interpretation. The therapeutic goal thereby is to enhance the patient's empathy for the split-off parts of his self, and to diminish the rejection by inner objects. In each analysis there is an area where boundaries between subject and object are blurred and the experiences are created by both—a transitional object relation. In this relation strong affects can be communicated by the patient only when he makes the analyst feel what he feels. Specific interpretations offer the patient the opportunity to identify with this function of the analyst.

The analytical situation, which combines aspects of the analytic setting and analytic method as well as conscious and unconscious

* Girindrasekhar Memorial Lecture, 1989

meanings and functions of the doctor-patient relationship (L. Stone, 1961), includes a further area which, in my opinion, is not fully covered by the terms 'real relationship', 'working alliance' (Greenson, 1967) and 'transference/countertransference'. I am referring to that aspect of the relationship between patient and analyst which is characterised by an emotional exchange, reciprocal influence, or even penetration. In positive cases, it leads to mutual understanding and, in negative cases, to confusion, perplexity and profound misunderstanding. I am inclined to call this aspect the "transitional object relationship", but am not certain whether this corresponds to the meaning Winnicott had in mind (Winnicott, 1971). To illustrate what I mean by this, allow me to cite two brief examples from clinical practice.

First : Mr. A has been in analysis for more than a year. One day when he comes to the hour I notice that the expression on his face looks somewhat different. While I take my seat the following, rather disconcerting thought flashes through my mind : the patient is about to tell me that one of my colleagues has killed himself. Without being able to pursue this peculiar fantasy any further, I hear the patient telling me he has just learned that one of his co-workers has killed herself.

Second case : Mr. B. has been in psychotherapy for more than a year because of compulsive symptoms. At the beginning of the hour he talks about his positive feelings towards the therapist and how grateful he is because he has noticed how much has already changed through therapy. In particular, his relationship with his girl friend has changed a lot. Before, it has been extremely important to him that she share his opinions and—clenching his fist while saying this—he had done everything he could to persuade her. As he elaborates on this, I clearly sense that the patient is becoming more and more insistent, and is even using a lecturing tone of voice in an effort to get me to confirm or even adopt his opinion. To an outsider, of course, it is immediately clear that the patient is now treating the analyst the way he used to treat his girl friend—namely, by attempting to impose his opinion on the therapist in a lecturing manner. Although I thematize this, I notice how I give the patient a complicated interpretation based on a few considerations derived from the theory of triangulation. The patient responds to this by saying

candidly that he no longer quite understands what I mean. I am surprised to find that the original situation has suddenly been turned around : I now feel myself in the position of lecturing to the patient and catch myself trying, at least latently, to impose my opinion on him.

I would assume that the first clinical example is a well-known phenomenon for every psychoanalyst ; it has been described as unconscious, telepathic, or primary communication (Dupont, 1984). We are equally familiar with the process portrayed in the second clinical example, which has been perhaps most aptly described by Sandler (1976) as actualized transference and countertransference, and by Kluwer (1983) as acting out and co-acting out. However, attempts to arrive at a more precise definition of this aspect consisting of reciprocal influence, personal contact, treatment and communication become rather problematic when applied to the psychodynamics of individual cases. Sooner or later one comes across the theory of projective identification in dealing with this phenomenon. In the following presentation I would like to make a few remarks on the theoretical views and clinical manifestations of this mechanism, without claiming to provide a complete picture of it.

I will be referring to the very extensive elaborations that Ogden (1982) and Grotstein (1981) have provided on the subject. Both these monographs outline the fundamental issues that repeatedly arise in all discussions of this aspect.

1. The use of the term itself is a recurring subject of debate. It has been asserted that while the term projective indentification is derived from individual psychology and refers, in other words, to an intrapsychic or intrapersonal phenomenon, there is an increasing tendency to use the term in describing psychological phenomena between two persons, i. e. the interactional or interpersonal sphere. Ogden (1983), in particular, emphasises the interpersonal sphere, whereas Grotstein, drawing on Melanie Klein, conceives of projective identification as being, for the most part, intrapsychic in nature.

I would suggest in relation to these views that projective identification contains intra and interpersonal elements in varying proportions, especially because as in many other psychic processes there is a constant tendency towards actualisation. I would agree with Sandler (1976) that actualisation is the psyche's tendency to concretise

its contents in one form or another in reality, to act on them.

2. A second point of discussion concerns the broad range of phenomena to which the term is being applied. One finds in some case descriptions that the term projective identification is indeed used to cover empathy, essential aspects of communication, intuition, phenomena such as being in love, the whole transference countertransference complex, certain types of object relationships, psychological changes and much more. In the light of this generalisation, it would seem helpful to recall the distinction Bion (1977) made between *normal and pathological projective identification*. It is correct that processes involving projective identification are also present in phenomena such as empathy, intuition and being in love ; however, since basic psychic mechanisms such as splitting, denial, identification, projection and repression are involved in many manifestations of the psyche, there is not much to be gained by singling out the process of projective identification in individual cases, owing to the complex nature of the processes involved. Therefore, from a clinical motivational standpoint it would seem more appropriate to define projective identification in the narrower sense as pathological projective identification and that regard the defensive function of this process as the major motivational aspect. If we bear in mind that a distinction is commonly made between a narrow and broad definition of transference and countertransference (Kernberg, 1975), as well as Sandler's admonition (1983) that we adopt a flexible approach to the use of psychoanalytic concepts, there is a great deal to be said for making a distinction between projective identification in a broad sense—which would include normal psychological phenomena such as empathy, sympathy, communication- and projective identification in a narrow sense namely, as a pathological and excessive variant with defensive motivations being foremost.

It is above all the latter, pathological form which I will be discussing in more detail in the further course of this paper.

It would be extremely interesting to investigate why the theory of projective identification was adopted by only a few schools of psychoanalysis and also, more specifically, why psychoanalysts in West Germany did not take much note of this theory until recent years. For one thing, the theory has been associated with Melanie

Klein ; consequently, problems with certain theoretical and clinical aspects of Kleinian psychoanalysis implied a rejection of the projective indentification theory as well. While it is true that Klein coined the term and assigned a key role to projective identification in the framework of her overall theory, the phenomenon itself had already been described before she defined it as such. In Freud's "...Group Psychology and Analysis of the Ego...", for example, we find the following passage in the chapter on being in love :

"The striving which renders the judge ment erroneous here *is that of idealisation ... We see that the object is treated like* the person's own ego, in other words, that a larger measure of narcissistic libido flows over to the object when one is in love. In some forms of love choice it even becomes obvious that the object serves to replace one's own, unachievable ego ideal. One loves it because of the perfection that one was striving for one's own ego, and which one now wishes to get for oneself by this detour to gratify its narcissism" (1921c, p. 124).

What Freud had described as the projection of ideals and identification with the love-object was expanded on by Anna Freud a few years later, *based on clinical examples of identification with the* aggressor and as altruistic abdication : (?)

"In other words, she projects her forbidden drive urges onto other people. The difference lies only in the further processing. She identifies with the new perpetrator instead of distancing herself from him. She behaves with understanding for his wishes, even feels exceptionally close to him. Her drive enjoyment thus consists of sharing the enjoyment of others' drive gratification, which becomes possible for her through projection and identification" (1936, p. 97).

The remarkable thing about this description is that Anna Freud makes a clear distinction between projection, on the one hand, and a more complex mechanism consisting of (both) projection and identification, on the other : when projection is involved, the person distances himself from the object, whereas the mechanism consisting of projection and identification results in a special closeness to the object.

Exactly ten years later Melanie Klein (1946) introduced the term "projective identification" to psychoanalysis. In her work "On Identification" (Klein, M. et al, 1955) she again summarised her most

fundamental insights about early development and the theory of projective identification. With her description of the early introjective and projective processes that begin immediately after birth and serve to build up the child's inner psychic world through a reciprocal relationship with the outside environment, Klein laid the foundation of her later object relations theory in which early, internalised object relationships play a key role. Melanie Klein assigns a special meaning to the oral-sadistic fantasies, which consist above all of penetrating the mother's body and mastering its contents. In the same vein Klein postulates early anal fantasies of aggressively depositing one's own excrement in the mother's body. In these fantasies the bodily products and parts of the self are split off and projected into the mother, where they continue to exist. However, in addition to these parts of the self, which are experienced as "bad", parts of the self that are felt to be "good" or "ideal" are also projected in this way. The process whereby one's own feelings or characteristic are attributed to another person—in other words, where identification takes place though projection—is assigned an overriding role and linked above all to the theoretical assumption of the paranoid-schizoid position :

"Projective identification is connected to processes of development which arise during the first 3-4 months of life, when splitting is especially intensive and paranoia predominates. The ego is still unintegrated for the most part and thus shows a tendency toward splitting its self, its affects and inner and external objects : at the same time, however, this splitting represents a fundamental defense against the paranoia. Other defense mechanisms in this stage are idealisation, denial and omnipotent control of the external and inner objects. Identification through projection implies a combination of splitting certain parts of the self and their projection onto another person" (M. Klein et al., 1952, p. 31ff.).

When the depressive position develops, in which mourning and guilt are now felt for the object that was attacked in the omnipotent fantasy, the splitting processes diminish while integrative processes steadily increase. Apparently, however, a certain tendency to regress from the depressive position to the paranoid-schizoid position remains latent in many of these patients, and thus the occurrence of projective identification cannot be fixed to a specific stage of development or psychopathological syndrome.

The analysis of a novel entitled "If I Were You" by the French-American writer Julien Green is central to this paper. Green describes a young, unhappy, dissatisfied man who has no greater wish *than to lead a different life, indeed a completely different life.* A pact with the devil makes it possible for him to slip into the bodies of other people, who as a rule embody qualities that he sorely misses in himself ; he takes on their lives while his own body stays behind, unconscious and more or less without a soul. Without going into *the details of the story, the motif of envy, the confrontation with an* unbearable reality, the wish to negate one's own existence and to penetrate another person, indeed to disappear inside another person, are especially noteworthy. At this point I wish to mention that Blonfield (1985) recently described this novella as a Faustian pact, *emphasising the shift in the meaning of projective identification* from the discharge of undesired parts of the self to the leading of a surrogate existence, thus drawing a link to the concept of psychic parasitism. This aspect opens up other important problem areas which have been portrayed in literary form, for example, in Gothic novels such as Frankenstein and Dr. Jekyll and Mr. Hyde (Gold, 1985).

The conception of projective identification as an intrapsychic fantasy or a psychic mechanism was then expanded in subsequent years, above all by Bion (1977), to include the communicative aspect and the real, external object, the "container". The role of the concrete, external object, and particularly the question of its transformation and role in the development of projective identification, now increasingly moved into the foreground. It currently forms an essential part of the clinical discussions.

Reviewing the most recent and comprehensive contributions on the subject of projective identification (Ogden, 1982 ; Grotstein, 1981 ; Zwiebel, 1985 ; 1988), we find the following main points :

1. Projective identification is a mechanism, but also an unconscious fantasy ; it is regarded as a principal defense mechanism, but also as an essential building block for the development of internal objects, indeed of the entire inner world of a child in its development ; it serves to defend against archaic anxieties destructive, persecutory and separation anxieties. At the same time, the process itself

gives rise to these strong feelings of anxiety. In this sense, projective identification serves as a means of avoiding symptoms, but is in turn also a source of typical symptoms. It would appear to be a highly complex mechanism composed of at least splitting, projection and identification ; at the same time, however, it is indeed only a deep, unconscious wish to negate one's own individual existence. Projective identification serves the drive wishes, as described by Melanie Klein in particular for the oral drives that are libidinal and also aggressive in nature ; at the same time, it also plays a crucial role in maintaining narcissistic balance. In this sense projective identification can be regarded as an agent of the pleasure or unpleasure principle and as an agent of the Nirvana principle. Although it is presumed to be a very early mechanism that becomes operative immediately after birth, reaching its "climax" in the third or fourth month of a child's life, it is equally clear that, as Grotstein says, projective identification cannot take place in a vacuum : an object that can function as a "container" in one way or another is a prerequisite ; projective identification is seen on the one hand strictly as an intrapersonal mechanism or intrapsychic fantasy, but on the other as a decisive process which can bridge the gap between intra and interpersonal processes.

There may be further multiple connotations. In any event we can gather that projective identification is "an amalgam of concept" (Grotstein) which can be very confusing I would at least venture to say that this issue is primarily theoretical in nature ; it is linked to the scientific status of psychoanalysis and also applies to other major concepts in psychoanalysis.

2. I now turn to a few basic aspects regarding the term's definition. Grotstein's definition captures the element of ambiguity already mentioned :

"Projective identification is a psychic mechanism by means of which the self experiences the unconscious fantasy of displacing itself or parts of itself into an object for exploratory or defensive reasons" (1981, p. 123).

Whether or not the motives are defensive or exploratory in nature, the aim is still one of unifying the subject and object or the principle of sharing as opposed to the principles of distinction and separation. Sandler expands on this definition of the term to include an interpersonal element. He writes :

"In our view it is useful to see projective identification as a mechanism in which undesired aspects of the self (or desired but unattainable states of the self) are perceived and provoked in another person. This is accompanied by the attempt to control this other person and in so doing to gain the unconscious illusion of control over the externalised aspect of the self. The evocation or inducement of the projected behaviour transpires by means of subtle unconscious pressure and signals in everyday life and can best be seen in the transference/countertransference situation in therapy. By means of projective identification an unconscious identification with the projected aspect of the self can be upheld, thus affording a form of vicarious gratification" (Sandler, quoted by Zwiebel, 1985).

Sandler places stronger emphasis on the interpersonal element than Grotstein does. This element is basically divided into an intrapsychic part consisting of a projection and an interactional part that consists of actualising this projection in another person—the motive being to exercise control over the other person in order to maintain the illusion of non-separateness and thus feelings of closeness, security and orientation. Betty Joseph (1984) has also emphasised that projective identification is motivated by a desire to avoid perceiving separateness, dependence and admiration but, like other Kleinians, she assigns envy a key role. Etchegoyen (1985), for example, stresses that while the libido wants the object, the immediately present envy wishes to destory or possess the object. He sees this as the special meaning of projective identification : it is both an object relationship and a form of identification that serves to fulfil two aims at once, namely, of being the object and of having the object.

Here again we find the already described ambiguity of the term which repeatedly poses problems for us.

In Sandler's definition (1987) the "unconscious" signals are not described in any detail. However, we have to assume that concrete and real elements of action are involved, ranging from extremely concrete actions all the way to extremely subtle expressions that can only be registered on an unconscious and non-verbal level. Ogden (1979), in turn, assigns a special role to this interpersonal element. He developed a three-phase model of projective identification which may be described as follows : in the first, purely intrapsychic phase, parts of the self are projected on to an object representation. In

the second phase, the projecting person exerts a real and actual pressure on the object to mark it feel and behave in accordance with the projective fantasy. The third phase involves the object's reaction or transformation : in some ways the receiver or container's (Bion, 1977) feelings fit the projective fantasy. However, since the object is still a different person with capabilities, feelings and fantasies as well as means of processing them which differ from those of the subject, the object receiving the projection transforms it, "metabolises" it and gives it back to the projecting person in another form. This is connected with a re-introjection, which opens up the possibility of dealing with the split-off and projected parts of the self in modified form. This third phase, which Ogden considers an essential component of projective identification, is not regarded by most authors as belonging to projective identification. Ogden's model would, in fact, appear to be an extremely broad application of the term, in that transformation by the object, while frequently observed, is nevertheless not a sine qua non.

Without doubt a certain amount of receptivity is necessary on the receiver's part in order to assimilate the unconscious pressure exerted by the projecting person. This receptivity exists only in certain situations and certain kinds of relationships, which are usually marked by a great deal of closeness. In the light of this consideration, many authors distinguish between projection and projective identification, with the former being understood as an intrapersonal process and the latter as an interactional, bipersonal process. By the same token, it is only understandable that Grotstein, who regards projection and projective identification as being one and the same process, arrives at a different view :

"We do not project into objects in the external world, but rather into our imagos of them. If our objects are in an intensive state of correspondence with us, they react, so to speak, 'willingly on the same wave length to our needs and wishes' " (1981, p. 133).

From this we can conclude that while there is often a specific form of resonance on the object's part in projective identification, this may also not be the case. Thus, there is a basis for Grotstein's distinction between intrapersonal and interpersonal projective identification, bearing in mind, however, that there may be a great deal of erlap between the two.

3. Just as the object's receptivity is a decisive factor in determining what form of projective identification will evolve, the consequences of projective identification also play an important role for the subject himself, especially in the clinical situation. Grotstein arrives at the following categorical distinction between two kinds of projective identification :

a) projective identification can be regarded as *externalisation*, which does not result in a transformation of the self and the object. This could also be described as normal projective identification and forms the basis for growth, maturation, indeed, for thinking as such. Free association in psychoanalysis can be regarded as this kind of externalisation, which is crucial in promoting the individual's development. In this positive sense projective identification is also important in developing the capacity for introspection and empathy, seduction and romantic experiences and for primitive forms of communication between the preverbal child and the mother.

b) projective identification can be understood in the *defensive* sense, as leading to a transformation of the self and the object, with the self in states of confusion, disorientation and emptiness. This form could also be called pathological projective identification. In addition to these subjective states, which can also lead to forms of claustrophobia and agoraphobia, there are certain characteristics that are typical of relationships governed by pathological projective identification : above all compulsion, manipulation, seduction, intimidation, control, martyrdom to name just a few.

4. This connection to clinical practice could be expanded considerably. In my opinion, Grotstein's observation is particularly helpful from the standpoint of clinical practice in regarding projective identification as the child's or suffering adult's basic desire for invisibility, in other words, as the *wish to disappear* or to negate one's own existence ; this is followed in a second step by an identification that can better relate to the projected or non-projected self. One can imagine, for example, that in a state on confusion identification with the projected part of the self will tend to be stronger, whereas in cases of disorientation identification with the remaining part of the self will be stronger. This would correspond to the clinical pictures of claustrophobia and agoraphobia. I will discuss the role of projective identification in the transference and countertransference at a

later point.

5. The concept of the internalised object relation, or object relations theory, is especially important for the theory of projective identification. This theory describes the course of early, real object relations, above all their internalisation and the formation of sub-organisations of the personality. These, as a rule, are characterised as parts of the self, internal objects and parts or objects ; introjection, projection and projective identification play an essential role in their formation. We know that these internalised object relations are influenced by external events and are re-externalised in later life through projection and projective identification ; they have a lasting effect on the nature of all relationships, be they therapeutic or non-therapeutic in nature. Grotstein and Ogden have made particularly interesting observations in this connection, assigning projective identification the crucial role in the formation of internal objects. In that sense, the role of internal objects can hardly be underestimated as a factor in the theory of projective identification, precisely because it is not split self-representations that are projected, but rather split-off aspects of the personality or, as Ogden puts it, sub-organisations of the ego that are either identified with a part of the self or with a part of the object that belongs to an object relationship. This distinction also has an impact on various forms of transference, as Racker (1968), for example, already described early on : either that part of the self or that part of the object, usually an internal object, is projected to a greater extent on to the analyst, and the transference/countertransference dynamics is significantly coloured by which of the two is involved

Which theoretical conceptualisations have been devised by non-Kleinian psychoanalysts to define phenomena that are increasingly being described in terms of projective identification theory by analysts of other schools as well) ? It is interesting to note that at the 1984 congress in Jernsalem, Sandler jokingly remarked that in the meantime one could deal with projective identification without having to call oneself a Kleinian. For many years projective identification played no significant role in German psychoanalysis, and even a few excellent works, such as Thorner's (1977), did not meet with much response. Are historical factors involved here, as Rosenfeld

suggested at the congress in Wiesbaden (1984), or is it a reflection of the long practised reserve towards the treatment of severely disturbed patients, and psychotics in particular (Rosenfeld, 1983) ? Or is there a taboo in some circles that simply forbids using the term straight out ?

As I see it, non-Kleinians often use the term acting-out to describe clinical phenomena that are the manifestations or consequence of projective identification. Boesky (1982) raised the problem of acting out in a detailed theoretical study. In his introduction to the work he writes :

"Behavioural or actional communication takes place at certain times in every analysis. The oscillation between the intrapsychic-introspectively reporting mode and the sphere of the actions remains unclear and calls for systematic understanding" (p. 93).

It is well known that Freud originally referred to the antithesis of remembering and acting out, using the terms acting out and transference synonymously (Freud, 1914g). Today we would say that an antithesis exists between verbalisation or understanding, on the one hand, and acting out, on the other, and that it is important to investigate exactly which forms of action sequences are involved in the acting out. In this context the term actualisation, which I have already used, is particularly significant. It involves a process in which something is converted into reality, into the present, and into action. One major form of actualisation is, for example, the transformation from the psychic sphere of feelings and memories into the sphere of the real external world and objects ; in other words, certain feelings and fantasies from the interpersonal sphere are converted into acts or concretised (Ogden, Sandler).

In his work Boesky proposes taking two components into consideration when acting out is involved, namely, an unconscious transference fantasy and a related act that may consist of an actualisation with or without motor activity. As in the case of projective identification, a distinction is made here between an intrapsychic and an interaction complex, emphasising that the action component involved need not necessarily be linked to motor activity. We know from clinical situations that, even in especially blatant cases of acting-out, verbalisation is the decisive medium and indeed that certain kinds of motor activity in the strict sense of the term do not in fact amount to

acting out because these acts have the function of preventing the actualisation of the transference fantasies and feelings. The overlap between the two terms acting out and projective identification' becomes even clearer if we recall a remark made by Langs (1981), who called attention to variovs forms of communication in the analytic relationship. Langs distinguishes between three domains of communication, which he refers to as verbal communication, enacted and actualised, reciprocal projective identification, and encapsulated and/or non-communication (cf. Model, 1980). Because the analytic situation focusses on verbalisation—what Stone has described as overloading the speech canal (L. Stone, 196)—any form of communication that is not based on verbalisation is classified as acting-out

The problem of the reciprocal relationship between intrapsychic and interactional components in the clinical situation is also described by Sandler (1976) in his work on the intrapsychic role relationship. He emphasises that the transference is increasingly regarded not only as an illusionary perception of another person, but is also always an attempt to create or manipulate situations that are veiled repetitions of earlier experiences and relationships. In other words, verbal and non-verbal interaction are integral componants of the transference and countertransference ; for the most part, the interaction is determined by what Sandler calls the intrapsychic role relationship, in which each of the parties seeks to impose a corresponding or complementary role on the other and on himself. Transference is regarded as the patient's attempt to actualise an unconscious role relationship in disguised form with the analyst, whereby the self and the object are assigned certain roles Drawing a parallel to the analyst's posture of evenly suspended attention. Sandler postulates an evenly suspended willingness to assume the role projectively assigned to him ; the analyst's assumption of this role is a compromise stemming from his or her own striving to impose a certain role on the patient and on the role relationship that the patient offers to the analyst.

In his work on acting out and co-acting out Kluwer (1983) pursued Sandler's considerations, focussing on the analyst's part in acting out with the patient. Kluwer claims that when the tension in the analytic relationship exceeds a certain level an increasing

divergence develops between what the analyst thinks and what he does. His explanation for this development is that the attitude of evenly suspended attention becomes all the more vulnerable, the more the analyst feels drawn into heightened states of tension, and his understanding lags behind the unconscious transference situation. In other words, the greater the pressure in the relationship, the stronger the tendency towards divergence between conscious thinking and unnoticed acting on the part of the analyst and the patient :

"As long as we are dealing with the domain of neurotic conflicts, it would seem to me that the treatment which has taken the form of unconscious action the patient offers to the analyst seems always the actual, and most important, material of the analysis in the sense that it should always be worked on as a matter of priority over other material. It is hardly necessary to point out explicitly that the words spoken at the same time are determined by completely different contents, since they are dynamically guided by the aim of diversion from intentions to act and or from acting" (Kluwer, 1983, p. 836).

In cases of increasing transference actualisation, the verbal dialogue that normally characterises the ideal type of role-relationship, where the analyst's interpretation is also not followed by an intention to act, is overriden by the action-dialogue or oscillates with it. The action dialogue can be defined as the reciprocal form of treatment that took shape unconsciously and has remained unconscious.

Finally, I would like to comment on a clinical concept that describes the effects of projective identification on the level of relational analysis. I am referring to the concept of the therapeutic mesalliance introduced by Langs (1975 ; 1982). According to Langs this mesalliance is the conscious and unconscions agreement between the patient and analyst as well as their resulting acts to achieve an elimination of symptoms and changes in character by means other than insight and inner change. Emphasising the bipersonal approach, Langs suspects that every patient and every analyst has a certain need for such a mesalliance, and that it is crucial to recognise this mesalliance in every therapy in order to avoid a standstill or even failure. It is clear from the following statement that projective identification plays a role in the formation of the therapeutic mesalliance :

"As a rule, patients try to draw the analyst into living out

complex, pathological, unconscious fantasies and relationships, usually as an alternative to verbal communication" (Langs, 1975).

One could presumably go one step further and regard the establishment of therapeutic mesalliances as a circular, self-propelling process of reciprocal projective identification, in which the patient and analyst remain united in their common desire, namely,to circumvent existing limitations, to avoid having to experience feelings of separateness, to maintain the illusion of symbiotic bonds, and avoid having to give up the certainty of omnipotence, security and familiarity.

I would now like to add a few general remarks on projective identification and the analytic relationship. Unfortunately, I am not at liberty to discuss in detail the two case examples mentioned. However, I will examine the clinical episode with Mr. A. somewhat more closely :

1. Defensive projective identification had played an important role in the course of the analysis up that point.

2. The transference oscillated between the patient's projection of a split-off part of the self I was supposed to feel like his childlike-dependent self vis-a-vis a rejecting, inadequate mother-imago and the projection of an internal object where I was supposed to feel like the rejecting, absent mother-imago towards a helpless, clinging-needy small-child-self.

3. The feelings induced in this manner coloured the counter-transference in a specific way and tended to persist when there was overlapping with my own internal conflicts.

4. In the episode described above there was a certain agreement between the patient and myself, as I found myself in a real conflict situation which the patient also knew about.

The closeness between the patient and myself. which was partly a result of the intensive projective identification and my own receptivity, heightened by an external conflict situation, enabled me to grasp in a flash what the patient was most concerned about, albeit in the dramatic form of my own internal objects. This form of "understanding" is probably much more common than we dare to admit to ourselves.

In many descriptions that deal with projective identification and

the analytic situation there is no detailed analysis of the processes that go on in the analyst at the same time. It is as if the theory of projective identification was supposed to burst the mould of the classical psychoanalytic one-person model and open the door to a bipersonal, genuine dyadic psychology, when all the while in the reality of clinical practice the decisive step in shunned which would truly fulfil this demand. Naturally we know what the reasons are, among other factors. Nevertheless, the question still is : How "disturbed" and "sick" is the analyst actually allowed to be in order to work as a competent analyst ? A question that dangles like a sword of Damocles over our heads.

The idea of projective identification enables us to see the transference, and especially the archaic transference, in a new light. The patient's free association can be regarded as normal projective identification in other words, as the externalisation of the patient's inner world and the transference that develops as the analytic relationship grows deeper in the patient's attempt to assign the analyst a particular role or several roles. To that extent, projective identification is involved in the development of the transference in any event. Pathological projection identification becomes a specific mode of resistance and is at the core of archaic forms of transference which can also be called split transference, to use Grotstein's term (1981) : unlike more mature forms of transference which involve the projection of integrated self and object imagines in the case of split transference split-off parts of the personality that are not experienced as belonging to the integrated self are projected on to the analyst.

As already indicated, these are internalised object relations that have been split off from the rest of the personality and repressed, but can be revived and externalised through the regressive force of the analytic situation. The transference will be coloured in a specific way, depending on which part of the split-off, internalised object relation is projected, and which part the patient identifies more strongly with. The "self-object transference" described by Kohut (1977) probably also fits neatly into this category : the bipolar structure of the self-object corresponds to an internalised early object relationship in which one part of the personality changes into an idealised internal object namely, through projective identification, which serves to charge the object representation with the idealised

part of the self and another related part of the personality changes into an ideal, grandiose part of the self. If the idealised internal object is projected, what we have is an idealising transference, the idealised self is projected, a mirror transference.

It would seem logical to assume that the more intensive the transference and the more early and archaic transferences to the analyst in other words, where he is made the target of intensive, defensively motivated projective identification the more difficult it becomes for the analyst to assimilate these processes, work on them and give them back to the patient in modified form. It is only in this context that one can fully appreciate Ogden's assertion that projective identification is, in addition to being a defence, also a form of communicaiion, of object relation and psychological growth. In that sense, the art of analytic work consists of taking on the pathological form of projective identification and allowing it to happen up to a certain point, but without allowing oneself to be transformed over a longer period of time ; rather, the projective identification should be converted into an appropriate intervention that can have therapeutic effects on the patient. Every analyst surely knows how difficult it is to find the optimal dose of distance, cool rejection and impassiveness on the one hand, and of toxic or infectious involvement on the other.

Temporary deviations in one direction or the other remain constructive if they are used to understand the problems involved and if the setting of the analytic situation is held firmly intact. The analyst's tendency towards empathic identification, his willingness to assume a role (Sandler), the tendency to act out with the patient in tension-filled situations (Kluwer) and the capacity for counter-identification (Grinberg, 1962) make it possible for him or her to assimilate the projective identification ; the analyst's specific work on the problems and the ability to convert this work into suitable interventions will depend on his or her capacity for introspection, empathy, imagination, and above all a sensitivity to his own conflicts.

In one of few works that deal with the analyst's reaction to intense forms of projective identification, Grinberg attempted to work out a specific reaction which he refers to as projective counter-identification. He emphasises that this does not refer to the process in which the analyst reacts as an active subject to the patient's

introjections and projections. Rather, it is when the analyst falls into the role of the passive object owing to the patient's intense projective identification. It is conceivable that the analyst could react in a normal manner to such situations as well and give the patient to understand through his interpretations that he is by no means unsettled by the material ; much more frequently, however, the analyst is likely to have the strong and immediate reaction of rejecting the material or the patient's behaviour, denying or ignoring this rejection ; and if he postpones his reaction, it will tend to manifest itself in working with another patient or suffers, in fact, from the effects of massive projective identification. If the analyst suffers the effects of massive projective identifiuation, he or she will react as if the projected parts had been assimilated in a very real and concrete way. When the analyst begins to feel as if he is no longer quite himself and has been transformed into the object the patient wants to make out of him, yet without becoming fully aware of this process, then this is what Grinberg refers to as projective counter-identification. Grinberg finds this reaction conceivable without a counter-transference as he sees it, namely, involving pathological parts of the analyst, having to be involved, although it is conceded that a mixture is relatively frequent.

A detailed discussion of the treatment technique would go beyond the scope of this paper (cf. Zwiebel, 1988). Therefore, I wish to limit myself to a few remarks. I agree with Grotstein (1981) that the goal of analytic therapy consists of promoting the patient's empathy for the split-off parts of his self and thus breaking down the rejection of them by the internal objects. Or, as Sandler & Sandler (1985) have formulated it.

"The analyst wants to help the patient finally accept the parts of his self that are determined by infantile wishes and that have been the cause of the unpleasant conflicts and become threatening in the course of his development. In other words he will attempt to enable the patient to tolerate the offshoots of these infantile parts of the self in his conscious thinking and his fantasies. In other words, an important goal of analysis is to enable the patient to make friends with those sides of himself that were formerly unacceptable (to him), and to learn how to get along with wishes and fantasies that

were previously threatening. In order to achieve this, the analyst, by means of his interpretations and the manner in which he offers them to the patient, has to establish an atmoshere of tolerance for what is infantile, perverse, and ridiculous, an atmosphere that the patient can adopt as an attitude toward himself, and which he can internalise with the understanding that he has acquired (through working) together with the analyst" (p. 801).

This leads us to conclude that the interpretations are only one aspect of the analytic relationship. The "atmosphere of tolerance for what is infantile", in which verbal communications between the patient and analyst can finally take place, becomes the decisive medium for a change in which integrative processes take the place of splitting and pathological projective identification. In order to achieve this it is necessary, in my opinion, to acknowledge that there may be a dimension at the core of every analytic relationship in which the clear-cut boundaries are dissolved and something shared emerges that no longer allows for a clear-cut allocation to subject or object, but rather that what happens and is experienced has been created by both partners in the analytic dyad. The term "transitional object relationship" (Searles, 1979 ; Winnicott, 1971) describes this area fairly well. I think it is not a mistake, especially in considering this area, to assume that projective identification has an influence, not only on the patient's part, but also on the part of the analyst. If the analytic relationship moves into this domain, only interventions that acknowledge and express this common ground will be able to induce a profound change. It is recommended for this purpose to link the entire happening with the current state of the analytic relationship and to look for the point where the affective "urgency" (Sandler, A-M., 1985) reaches its current climax. Above all, however, it is necessary to incorporate the motives and consequences of the analyst's interpretations into this process. For we know—as the brief case description with Mr. B. was intended to demonstrate—that our work of interpretation, especially in the area of the transitional object relationship, can itself become a consequence of defensive projective identification, for it is in this way that we attempt to protect ourselves against unbearable confrontations with ourselves. Brenner's work (1976) provides examples of the misunderstandings that can arise if this area is not acknowledged. He describes, among

other things, a case where "over a period of several months" he continuously interpreted the anger of a patient who always converted his anger into self-accusations. Finally, the patient remembered an experience from his school days when the headmaster wrongly accused him of something and questioned him for hours until he finally confessed, in order to extract himself from the situation. Because Brenner saw this as a "proof" of the correctness of his interpretation,he totally failed to see that the patient's memory was also a comment on the immediate transference relationship, where the patient experiences the analyst as the headmaster and the interpretations of anger as accusations, and finally confesses his anger without really being convinced of his "guilt". We surely have to acknowledge that the words take on a different function and meaning for this "area of transitional objects" and that strong feelings can only be expressed by communicating to another person how one really feels. The art of the analytic attitude then consists of making oneself available as a receiver for the patient's projective identification, but at the same time putting up an unshakable resistance to the massive emotionalisation. With the help of specific interventions that preserve and transform defensive projective identification, this approach should enable the patient to identify with this function of the analyst in a way that will enhance the patient's development,

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