
PROJECTIVE IDENTIFICATION AND COUNTERTRANSFERENCE

Helen Campbell

Introduction

Neville Symington (1993) in his book *Narcissism: A New Theory* says this:

“We make contact with other human beings either by projecting ourselves into their world or by introjecting them into our world. We either put ourselves into the shoes of another, or we take them into our inner sense of things. A variety of psychic actions are continually taking place at a deep level, beneath the thresholds of awareness, and either they can be of a sort that messes things up for us or they can be creative both for ourselves and for the people with whom we are in close contact.” (p 13)

A lot of stories have started off with “a long time ago” and when I came to write this paper, I thought again how the start of my interest in this topic is probably deep within the shadow of my own psyche. As I am a twin in the middle of a family of six children, I could imagine there would be, at an unconscious level, as well as the conscious, many times in my life when I have wanted to pull someone into my reality and/or be pulled into theirs.

I remember Dr Karen Zelas, during my early years working at the Child and Family Guidance Centre, saying: “Unless you understand the process of projective identification when working with couples, you may not get very far in helping them.”

And later reading a paper written by Margie Barr-Brown and Dr Ian McDougall (1983) *A TA Understanding To Working With Borderline Clients* where they described projective identification using the Transactional Analysis model, my appetite was whetted to further understand this concept.

The task of therapy

In therapy I see our overall task as enabling our clients’ self inquiry – their exploration of themselves, their feelings, thinking, behaviour, of both their internal world and their world of relationships and work. This allows their unconscious overadaptations to earlier experiences to become conscious and available for re-evaluation. (Gouldings 1978, Symington 1993)

I want to stress that this ‘inquiry’ will happen at both a conscious and unconscious level, and needs to happen at the client’s pace. For example, a client was reflecting on her husband and daughter being in an incest relationship, and as she

Projective Identification and Countertransference

did this over several sessions, she started to talk about how dependent she had been and unable to see the signs of that relationship. While most of her inquiry seemed to be happening quite consciously in the therapy sessions, the fact that she was reflective in the sessions indicated to me that it was occurring at an unconscious level at the same time.

Another client had been exploring her childhood and the violence in her family of origin as well as years of her drinking and violence towards her now grown children and her husband. She came in one day and said how something had happened during the week that had surprised her while reading a romance book. She said she suddenly realised how much romance there hadn't been in her marriage and she felt for the first time in 30 years of marriage she could identify with her husband. She felt deep grief about the years she had acted in the way she did. The identifying with her husband and the felt grief seemed to come 'out of the blue' for her.

Keeping the task in mind, and that we always need to be open to both the conscious and unconscious process, when I experience that self inquiry being blocked, I particularly need to ask myself: Why is this happening? What might the client be thinking, feeling, experiencing? What might I be thinking, feeling, doing, not doing, that could be contributing to the stuckness?

For example, a client comes constantly late for sessions. What is our response to this? Keeping in mind the task to help their self inquiry, does the response fit in with our task? I can think of times when I have felt angry or timid about talking about this lateness and excused it. What has happened when I act in this way? Have I helped the client? Have I kept to my task or have I entered their world of chaos, withdrawal, whatever the lateness might be a symptom of? Have I become the rescuing other or the withdrawing angry other or maybe the victim, the powerless child?

A further instance of my need to question myself in this way was with Jim, who had come to therapy because he had difficulty in his marriage and was feeling burnt out at work. He consistently avoided talking about his feelings as he told me his story, his growing up years. There was no pain expressed, and parts of his story sounded painful to me – a distant mother, a father who was supportive only of his academic work. The parents sounded very distant from each other; “staying together for the church and us”, he said.

Over the weeks of therapy “everything is fine” was how he would often start a session. I felt myself start to become nervous when his session was imminent. There seemed no way I could connect to his inner world. One particular session I felt critical of him and nervous about this. Would he feel this? At the end of the session I knew I had missed being alongside him in my responses. I knew I had

missed in enabling him to further his self inquiry at a level that could help him touch his inner world of pain that was still split off. I felt I was reacting to my client, rather than staying with being able to be reflective.

Countertransference

There are many ways of defining countertransference. The American Psychoanalytical Association (1990) defines countertransference as “A situation in which an analyst’s feelings and attitudes towards a patient are derived from an earlier situation in the analyst’s life that have been displaced onto the patient. Countertransference therefore reflects the analyst’s own unconscious reaction to the patient, though some aspects may be conscious”. (p 47)

James Masterson (1993) puts an emphasis on neutrality, writing:

“Countertransference encompasses all those emotions in the therapist that interfere with the ability to provide a therapeutically neutral frame.” (p 21)

Some definitions of countertransference include all feelings that the therapist experiences while working with their client. I want to make it clear that I am meaning those feelings that inhibit the work of the therapy and usually have an unconscious aspect to them.

After the session I have described with Jim I recognised I was starting to feel defensive about taking my ‘stuckness’ to supervision. There was a sense of humiliation about what had happened. This didn’t feel quite like me. What was happening here?

And, from a supervision session where I was the supervisor, the supervisee’s first words were: “ I have to talk about this strange feeling I had in a session. It was so strong it has bothered me. I think it was to do with me.” I noticed as we started to talk about what had happened that the supervisee had difficulty staying with her own experience and wanted to talk about her client.

I pointed this out and she stayed with talking about the session, describing her response to her client’s behaviour. As she talked I noticed her face started to look red and flushed. I invited her to stay with her feelings and she was able to identify that this was how she had felt with her client. She described feeling “uncomfortable”.

As we stayed with what was happening for her she was able to share that the feeling she experienced was a sexual feeling, “out of the ordinary for me when with clients”. What she had experienced in the session was feeling strongly uncomfortable and some realisation she was not effective with her client. Note the reaction again, a ‘not knowing what this was about’.

Projective identification

Projection, according to the American Psychoanalytical Association (1990) is: “A mental process whereby a personally unacceptable impulse or idea is attributed to the external world.” (p 109)

A simple example of projection would be: John arrived at therapy and said to his therapist that she looked angry. The therapist was not angry, and did not act in an angry way. Together they explore what his statement about her could mean for him.

The term projective identification was first used by Melanie Klein (1946). She said projective identification is bound up with development processes that arise during the first 3 – 4 months of life, in a phase she called the paranoid-schizoid position. (p 143)

Over the years, in struggling to understand what projective identification means, I have come to realise that some of the confusion has been about whether or not projective identification is an intrapsychic dynamic or an interpersonal as well as intrapsychic dynamic. In Klein (1946 – 1963), Ogden (1979), Goldstein (1991) and Masterson (1993) there is a common thread of understanding that projective identification has an interpersonal component. I am inclined to agree.

Masterson’s (1993) description of projective identification is the one I have chosen for this paper because it is written in clear simple language, and conveys some of the interpersonal aspect of this defence.

“The term [Projective Identification] will be used here in the sense of the patient’s projecting upon the therapist usually negative affects associated with either the self – or the object representation, and then behaving in such a manner as to coerce the therapist into actually accepting and feeling this projection. This behaviour can be quite subtle and indirect, consisting of such things as facial expression, tone of voice, and body posture, as well as more overt behaviour.” (p 220)

That is, the patient will project onto the therapist either a representation of themselves (for example the part of them that feels omnipotent, needy, helpless, sexual) or a representation of an internalised other (for example an angry or overprotective mother, distant father), and then coerce the therapist to act in that way.

It is also useful to consider Thomas Ogden’s (1974) model alongside Melanie Klein’s (1946 – 63) to have a more detailed theoretical understanding of projective identification that includes more of the interpersonal component than Masterson’s description gives. Ogden’s model looks at this process as composed of a sequence of three parts.

Step One

In the first step there is the fantasy of projecting a part of oneself into another person and of that part taking the person over from within.

Klein writes that the projected part is split off and in fantasy implanted into the other. She also makes the point that it could be both good and bad parts of the self (and internalised others) that are projected – that projection of itself is a normal part of development. It is when this is done excessively that both good and bad parts of the personality are felt to be lost, thus weakening and impoverishing the ego/sense of self. (p 9)

Step Two

The second step is to do with the unconscious pressure that is exerted during the interpersonal interaction. That is, the recipient of the projection feels the pressure to think, feel and behave in a way that is congruent with the projection.

Melanie Klein writes: “The need to control others can to some extent be explained by a deflected drive to control parts of the self. When these parts have been projected excessively into another person, they can only be controlled by controlling the other person.” (p 13)

Both Ogden (1979) and Goldstein (1991) make the point that projective identification does not exist unless the recipient receives the projection.

Step Three

The third step of this process is to do with the projected feelings being reinternalised by the projector after they have been psychologically processed by the recipient.

This step has profound implications for therapy. Do we, as Neville Symington (1993) challenges, mess it up or are we able to be creative? Do our clients have the opportunity to reinternalise a different experience, or do they reinternalise aspects of themselves and us that they unconsciously experience as hostile?

Let us return to the examples I have already introduced, keeping in mind that the model does not tell the story. That belongs to the client.

For step one I go back to my example of feeling the sense of humiliation I experienced when thinking about sharing my work in supervision. Was this client projecting on to me this feeling of humiliation? Was it part of him that he was unable to feel, to see, to know about? The clue that this could be happening was it was not usual for me to experience humiliation in relation to my supervisor,

Projective Identification and Countertransference

at this stage of my working life.

I thought about, and discussed in supervision, how difficult it was for this client to talk about his feelings and how part of his history indicated there could be a lot of pain. I recognised how he would go off into tangents, would say he knew he did that and laugh it off. When I reflected that back to him he would say something like, “Yes, I know I do, even my wife says I do,” and the inquiry would go no further.

Was my reflection to him experienced as critical? Was it critical? As a defence against my own feeling, was I becoming the humiliating other that he could reinternalise? His internal critical mother?

Supervision had given me the opportunity to explore the feeling that was keeping me blocked, and to form a hypothesis that the feeling of humiliation, while having some stimuli within my own psyche, was probably that part of his experience that he couldn't tolerate, and may have been projecting on to me.

Then step two, to explore what was the client doing that might elicit this feeling in me that meant both he and I were acting out the powerlessness together, that I was part of his world, staying stuck?

His tangential responses would leave me feeling confused. I felt unsure of myself. And then had come this feeling of humiliation at the thought of taking all this to supervision. On reflection I recognised there was a certain look he gave me as we worked together, a look that in the session I had not consciously noticed. When I thought of it I would get the feeling that he expected me to be critical of him.

In the next session with this client, I was aware I was more keenly in touch with how he deflected any opportunity to talk about his feelings, until about halfway through when he talked about failing an exam and how that hadn't really mattered. Something in his expression changed. There was no longer the 'appealing look'. This time I gently encouraged him to stay with how it was to fail and he was able to start to share how he had felt ashamed, how he wondered what his colleagues felt about him.

As he continued to talk about failing he reflected how it reminded him of an early experience in his late teens when he had felt very humiliated in his chosen vocation and felt he was unable to move away from that particular situation.

I wondered to myself about earlier shame and humiliation he may have experienced – I might have experienced. The self exploration started again – the hidden memories and some of the feeling associated with those memories had become available to him. We were no longer acting out together the projective identification; we have come out of its shadow.

The third step didn't happen this time. He didn't reinternalise the powerlessness

– the humiliation. Rather he had started to have a sense of being able to tolerate the feeling, to feel it and start to talk about his experience.

In the example with my supervisee when she identified a powerful sexual feeling in response to her client, we talked about how her client's behaviour may have triggered this feeling in her, may have been an unconscious acting out of that part of her that she felt, for whatever reason, she could not tolerate.

My supervisee then said, "I think that it touched part of me that I guess is in all of us – that part that is sexually attracted to the same sex." She owned that part of her response belonged to her. She did not act out that response.

Recently, in Melanie Klein's essay *Our Adult World and Its Roots in Infancy* (1959) I was interested to read that, in relation to our early identification with our parents, an element of homosexuality enters into normal development. (p 252)

I thought of this supervisee and how her client may well have touched a primitive part of her that is not ordinarily touched. How important it was that she was able to talk about and be in touch with those feelings in herself. That her primitive self did not act out in an enmeshed way with her client.

William Goldstein (1991) differentiates between projection and projective identification by saying that: "In projective identification, the projector feels at one with the recipient of the projection. In contrast, in projection proper, the projector feels estranged from and threatened by the recipient of the projection." (p 155) In the example I gave earlier of John projecting anger onto his therapist, there was no coercion for the therapist to become angry.

Goldstein (1991) also wrote: "In essence, the distinction between projective identification and projection varies in accordance with the definition of projective identification"! (p 159)

I have wondered if a reason that we therapists have sometimes had difficulty in dealing with projective identification could be to do with the interpersonal aspect of projective identification that we can unconsciously act out.

Treatment and therapist projection

I realise as I write about Ogden's steps I am also writing as much about treatment as I feel I can. Each of us will have our individual way of working, based on our style and training. If we use the knowledge of this particular defence, it is important to develop in our own way.

Nevertheless I think it is important to consider the implications for the therapist who has deep unresolved issues and who may consistently act out projective identification in their role as a therapist. When this is noticed either in training or supervision then the benefit of therapy for that therapist needs to be discussed (Masterson 1993).

Projective Identification and Countertransference

For example: a therapist who does not set clear boundaries re payment for therapy could be projecting into their client their own vulnerable self. Consistently not dealing with this issue could leave the therapist and client in a bind of the therapist's projection and client identification with that projection – rather than tackling the issue.

Or, a therapist who has a strong intellectual, or other type of defence, and thus has difficulty in expressing their own feelings, may project onto their client that ability and collude with what Winnicott (1965) would call false self expression of feeling. Which would mean the client acting out feelings with the coercion of the therapist supporting that expression of false self. The therapist would reinternalise false self expression of feelings and be safe.

Any impasse may need to be considered as a possible acting out of projective identification, initiated by the client or by the therapist.

Summary

In this paper I have wanted to bring out from the shadow of sometimes complex theory and complex human and therapeutic interactions, an understanding of projective identification and how projective identification can lead to countertransference. I believe, particularly with more disturbed clients, the understanding and working to change this interactive defence is often the substance of developing the therapeutic alliance with them. This phase of therapy can be a testing time both for our clients and for ourselves. We need to stay separate and therapeutic, allowing a 'different' experience for our clients.

I want to reiterate the unconscious aspect of this defence. Melanie Klein (1959) I think puts too much emphasis on the degree of intentionality of the coercive aspect of the projective identification. With comments like "They (the client) will find our vulnerable spots" or "They will seek out our Achilles' heel," we continue to do the same as I perceive Klein doing. Thus there is the potential to hinder us (and our clients) in our own inquiry, our own search, for that bit of us that does come into relationship with the other.

I could think of no better way to finish than to quote from the NZAP 1995 Conference: "Psychotherapists are being asked to be accountable; we strive to journey with integrity through worlds at once ephemeral and real. In the present climate we need to affirm the substantive, known tenets of psychotherapy, and explore the shifting, fleeting shadows. What is real and what is a distortion of reality? What is memory, what is suggestion? What is them and what is us?"

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