

# Positivism and Psychoanalytic Psychotherapy: Commentary on “A Phenomenological Investigation into the Psychotherapist’s Experience of Processing Projective Identifications” by Mark Thorpe

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## Abstract

Through the lens of Mark Thorpe’s thought provoking research summary on projective identification, this commentary briefly explores the growing need for psychoanalytic, and psychoanalytically informed psychotherapy, to create for itself an evidence base for its efficacy. The commentary explores whether in the pursuit of improving its standing in the psychological “market place,” is psychoanalytic psychotherapy compromising some of its underlying theoretical and clinical principles?

## Waitara

Mai i te karu arotahi o te whakaaro whakakārangirangi whakarāpopotonga rangahau mō te whakapūreo tuakiri a Mark Thorpe, ka rapua potohia ake e tēnei kōrero te hapa o te tipu ake o te tātaringa hinengaro me te mātauranga tātari hinengaro, hai waihanga pū taunakihanga kia mau niho ai. E rapu haere ana te kōrero kia kite mēnā i a ia e whakatairangi ana i tōna tūranga i roto i te ‘ao hokohoko’, e whakaitihia ake ana ētahi o ana mātāpono ariā mātāpono haumanu matua?

**Keywords:** projective identification; psychoanalytic psychotherapy; positivist paradigm

Projective identification, as Thorpe discusses, is a complex unconscious phenomenon that is arguably the cornerstone of contemporary psychoanalytic practice. For the psychodynamic/psychoanalytic psychotherapist therefore, this is a valuable paper as it provides a clear understanding of the concept and some of its mechanics. The paper integrates theory

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and practice and gives valuable insight into the inner workings of the psychoanalytically orientated psychotherapist, and for this reason alone the paper takes on great importance. As psychoanalytic practitioners, we are well aware of the significance of being able to distinguish between what is our own emotional content from that of our patients. However, this paper also acknowledges the complex, interpersonal relationship between the two figures within the psychoanalytic setting, and how necessary it is to the success of the work, to be able to process and differentiate emotional experience that can be both painful and exhausting. Through insight gained by the therapists' themselves, obstacles to receptivity (of the projective identification) are discussed as well as the dangers of "acting in" when we are unable, or unwilling, to apply reverie to our emotional states either during or following psychoanalytic encounters.

Thorpe's paper is particularly interesting as it elucidates the subject of difference. Differentiating between subject and object, self and other, is one measure of healthy psychological development. Britton (1998) differentiates between the two faces of projective identification, the first being the "I am you" projective identification that is attuned and empathic and thereby benign, and secondly, a more hostile form Britton describes as "You are me". This is the form of projective identification Thorpe is exploring in the paper and suggests that what I find unacceptable in me, I place in you, for you to experience it and behave in a manner which saves me from having to do so. By such means, unwanted parts of the self can be controlled and kept safely at a distance. Therefore, on a psychic level, difference is denied as the other becomes a receptacle for the unwanted parts of the self, and it is this latter form of projective identification that the subjects of Thorpe's study are trying to process their experience of. They are also using such forms of projective identifications as a means of analyzing unconscious communications, along with elucidating the quality and make up of such disavowed states of mind.

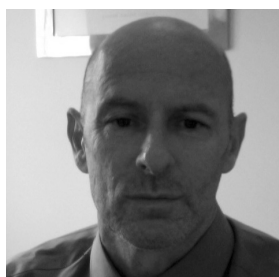
The article reads as a research paper should with a clear description of the subject matter under scrutiny as well as the methods for scrutinising such material. The paper is clearly an important contribution to the need for psychodynamic/psychoanalytic psychotherapy to continue to develop an evidence base for its practice. However, with every gain comes an inevitable loss, and I am curious as to whether Thorpe's paper inadvertently captures the conflict facing contemporary psychoanalytic practice. As with projective identification that denies and annihilates difference, is psychoanalytic practice in danger of falling into homogeneity in its wish to embrace the idea of evidence based practice? Psychoanalysis brought to light those anxieties which fuel the need to know, to have certainty about and surety over, perhaps it could be argued we are now trying to explain away, all too readily what is more usefully left un-explained. Bion's (1984) thinking encapsulates the importance of opacity of memory and desire, of sitting with and struggling over those unbearable emotional states within oneself. Thorpe's paper, after all, clearly posits the importance for the patient of the therapist being able to bear such powerful projective identifications, which invariably involve unwanted, unprocessed states of mind. I wonder if the pressure to produce an evidence base for our work means that we are drawn into writing somewhat homogenised, rather mechanical papers that in their need to explain all away lead to the loss of depth and the aesthetic nature of the work we undertake and wish to write about. Deutsch's (1945) concept of the "as if personality" suggests that such personalities rely heavily on

causality and factual knowledge in order to stave off anxiety around uncertainty and the unknown. Russell (2017) writes of how Nietzsche decried society's need of explaining everything away as part of a positivist paradigm. Are we living in an "as if" professional world with a growing need for certainty (often termed efficacy), as seen in the growing appetite for "fast-food", solution-focused therapies on the one hand and an aloof scientism on the other?

Thorpe has written a thought-provoking paper, which usefully captures the challenge of our bearing and lending meaning to projective identifications. The paper also brings to our attention the challenge facing our profession as a whole, that of holding onto those seminal aspects of our theory and clinical work, which may appear at odds with the growing need to create an evidence based practice.

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