

## Metadata of the chapter that will be visualized online

Chapter Title	Projective Identification, Overview	
Copyright Year	2014	
Copyright Holder	Springer Science+Business Media New York	
Corresponding Author	Family Name	<b>Figlio</b>
	Particle	
	Given Name	<b>Karl</b>
	Suffix	
	Division/Department	Centre for Psychoanalytic Studies
	Organization/University	University of Essex
	City	Essex
	Country	UK
	Email	kfiglio@essex.ac.uk

### Author Query Form

Encyclopedia of Critical Psychology  
Chapter No: 546

Query Refs.	Details Required	Author's response
AU1	Please check if all occurrences of "an other" should be changed to "another."	retain "an other" throughout
AU2	"Weiss, 1925; Brierley, 1945; Sandler, 1986 and Sandler, 1988"; are cited in text but not given in the reference list. Please provide details in the list.	citations and list corrected.
AU3	Please check if edit to sentence starting "It is, however..." is okay.	retain my original version
AU4	Please check if edit to sentence starting "These experiences seem..." is okay.	ok
AU5	"Sandler, 1989" is not cited in text. Please check if correct.	Sandler citations and reference should be 1988

# P

## Projective Identification, Overview

Karl Figlio

Centre for Psychoanalytic Studies, University of  
Essex, Essex, UK

### Introduction

Projective identification is a psychoanalytic concept. As such, it is derived from clinical work for use in clinical practice, as well as for developing a theory of mind. Like all psychoanalytic concepts, it aims to express subjective experience as well as to articulate a psychic mechanism. Like psychoanalytic language in general, the language of projective identification is experience near; that is, it is an attempt to put experiences, often preverbal and primitive, into words.

Projective identification combines two concepts, projection and identification, each of which is central to psychoanalytic thinking and practice. Sigmund Freud introduced the concept of projection to explain the psychological differentiation between an inside and an outside, on the basis of the management of stimuli. Stimuli from the external world, impinging through the sense organs, are intermittent and can be managed by taking action, such as evasion. Stimuli from the inside cannot be managed by taking an action in relation to them, but by the psychic trick of “projecting” them – treating them as if they were external – an action can be taken to relieve the burden of stimuli. Think, for example, of

resolving a vague feeling tension by experiencing someone as persecutory, then taking action against that person.

Such a process seems at odds with the idea of identification, in which qualities of self and others are assimilated to each other. If projection aims to manage internal stimuli by externalizing them into another person, so that they no longer are perceived to be in oneself, how can it be linked to establishing a commonality with another person? Part of the answer lies in the psychoanalytic theory, according to which the psyche is not unitary, but can be split into parts. Clinical evidence suggests that our sense of being an “I” is structured around a relationship between “I” parts (of the ego) and object parts (internal objects). I say “parts,” because the ego and the internal objects are not wholes, as in “I,” in relation to, say, “mother” but pieces whose connection with external reality is a mixture of perception and an unconscious imagination or phantasy (with a ph). Unwanted parts of internal objects or of ego are projected, as if into an external other, so that they are experienced if they were these others, identified with them inside the other. If internal objects are projected, it simply leads to mistaking one person for another, but if ego parts are projected, it leads to confusion of oneself with an other. The following vignette from the psychoanalysis of a 4-year-old girl illustrates such a process:

When it became clear that her Friday analytic session would soon end, the girl screamed:

65 'Bastard! Take off your clothes and jump  
66 outside'... [T]he analyst tried to interpret[her] feel-  
67 ings about being dropped and sent into the cold.  
68 [She] replied: 'Stop your talking, take off your  
69 clothes. You are cold. I'm not cold'... Here the  
70 words carry the concrete meaning, to the child, of  
71 the separation of the weekend – the awful coldness.  
72 This she tries to force into the analyst and it is felt  
73 to have been concretely achieved. 'You are cold,  
74 I am not cold.' (Joseph, 1987, p. 101)

75 In this vignette, the child imagines – uncon-  
76 sciously – that her own experience is now the  
77 analyst's. One might say that her unconscious  
78 aim is to force the analyst to take over a part of  
79 her ego as her own, in a "projective identifica-  
80 tion." Melanie Klein's psychoanalytic work with  
81 young children suggested that the forms of rela-  
82 tionship between the self and object were based  
83 on a range of primal phantasies, which were pro-  
84 totypes, templates, or scenarios, and that their  
85 character followed from the bodily zones that  
86 were most active at various stages of develop-  
87 ment. Thus, she spoke of an oral relationship to  
88 the breast, characterized by phantasies of sucking  
89 dry, scooping out, biting, and chewing and an  
90 anal/urethral relationship of venting aggression  
91 through expelling dangerous substances based  
92 on feces and urine. In the vignette above, the  
93 analyst-mother had become the object of  
94 a projective attack for putting the child into the  
95 cold. At an oral level, one might see in her behav-  
96 ior an infant's attack on the breast for being taken  
97 from its warmth, in which the analyst-mother's  
98 breast would be cold and not the child's mouth.

99 In this vignette, projective identification  
100 expels what cannot be borne in the psyche. The  
101 British psychoanalyst Wilfred Bion considered it  
102 also to be a form of preverbal communication. He  
103 observed in psychotic patients the capacity to  
104 evoke in the analyst-object an experience of dis-  
105 tress that linked with a distress that the patient  
106 could not articulate. Clinical evidence suggested  
107 that this evocative process was a form of projec-  
108 tive identification, expressed in the phantasy of  
109 pressing the distressed self into the analyst-  
110 object, so that it now contained and managed  
111 the distress. The same process occurs in the  
112 wholly normal way a mother attunes herself to

her baby by seeming to experience the distress of  
her child and to translate its affective burdens into  
ameliorative action, in a process he later called  
containment (Bion, 1959, in Spillius &  
O'Shaughnessy, pp. 61–75; also pp. 55, 123,  
195, 242, 256, 318, 319, 356).

The idea that an identification could be  
established by projection introduced a new  
vocabulary and conceptual framework into both  
clinical psychoanalysis and the psychoanalytic  
understanding of social structure. It has  
a special application in child analysis; in the  
analysis of primitive processes, including psy-  
chosis, in which one can feel snared inside  
a hostile object or invaded by hostile objects;  
and in social phenomena with psychotic-like fea-  
tures, such as racism, in which a "racialized"  
other can be experienced, by projection, as invad-  
ing society or stealing its blood-kinship, which  
evokes a forceful, often violent attack or expul-  
sion (e.g., in Nazi anti-Semitism; Clarke, 2003;  
Davids, 2011; Frosh, 2005).

The main field of clinical application of the  
concept of projective identification is "counter-  
transference." Countertransference refers loosely  
to the analyst's reaction to the patient, but in light  
of the concept of projective identification, it  
refers to the evocation of reactions in the analyst  
by the patient's projective identifications. In  
other words, the process of expelling parts of  
the self and its relationships to its objects have  
an impact on a "receiving" ego, and this impact  
turns the analyst's permeability to this impact  
into a sensitive instrument for registering the  
disowned states of mind of the patient and guid-  
ing the analytic process (Spillius, 2012, in  
Spillius & O'Shaughnessy, 2012, pp. 50–53).

### Definition

Although it had precursors, projective identifica-  
tion was defined by the British psychoanalyst  
Melanie Klein in 1946 and more specifically in  
1952. With the unconscious phantasies described  
above in mind, Klein spoke of the:

(Eds) |

has |

(Eds) |

9/21  
7/21

156	phantasied onslaughts on the mother [following]	206
157	two main lines: one is the predominantly oral	207
158	impulse to suck dry, bite up, scoop out and rob	208
159	the mother's body of its good contents. . .The	209
160	other line of attack derives from the anal and ure-	210
161	thral impulses and implies expelling dangerous	211
162	substances (excrements) out of the self and into	212
163	the mother. Together with these harmful	213
164	excrements. . .split-off parts of the ego are also	214
165	projected. . .into the mother. . .not only to injure	215
166	but also to control and take possession of the object	216
167	[with the consequence that] she is not felt to be	217
168	a separate individual but is felt to be the <i>bad</i> self.	218
169	(Klein, 1946, p. 8)	219
170	Klein called this possessive identification of	
171	the bad self and the object, produced by projec-	
172	tion, "projective identification." Her original for-	
173	mulation focused on aggression. But she and	
174	other analysts had in mind other forms of projec-	
175	tive identification, and the term has come to refer	
176	to a cluster of processes, sharing the common	
177	feature of a phantasy in which part, or all, of the	
178	ego is lodged inside the object. For example, the	
179	British psychoanalyst Herbert Rosenfeld, (1949)	
180	reported patient's dream, in which he saw:	
181	a famous surgeon operating on a patient, who	
182	observed with great admiration the skill displayed	
183	by the surgeon, who seemed intensely concentrated	
184	on his work. Suddenly the surgeon lost his balance	
185	and fell right into the inside of the patient, with	
186	whom he got so entangled that he could scarcely	
187	manage to free himself. He nearly choked, and only	
188	by administering an oxygen apparatus could he	
189	manage to revive himself. (p. 49)	
190	It is important to understand Klein's language,	
191	bearing in mind that her clinical observations	
192	were of children, whose phantasmagoric interior	
193	world she captured through watching and listen-	
194	ing to their play. A second observational field was	
195	provided by psychotics, whose world seemed	
196	similarly phantasmagoric. This sort of clinical	
197	experience underlies the more formalized and	
198	abstract definition offered by the Kleinian psy-	
199	choanalyst Hannah Segal (1973):	
200	In projective identification, parts of the self and	
201	internal objects are split off and projected into the	
202	external object, which then becomes possessed by,	
203	controlled and identified with the projected parts.	
204	Projective identification has manifold aims: it	
205	may be directed towards the ideal object to avoid	
	separation, or it may be directed towards the bad	
	object to gain control of the source of danger.	
	Various parts of the self may be projected in	
	order to get rid of them as well as to attack and	
	destroy the object, good parts may be projected to	
	avoid separation or to keep them safe from bad	
	things inside or to improve the external object	
	through a kind of primitive reparation. Projective	
	identification starts when the paranoid-schizoid	
	position is first established in relation to the breast,	
	but persists and very often becomes intensified	
	when the mother is perceived as a whole object	
	and the whole of her body is entered by projective	
	identification. (pp. 27-8)	
	<b>Keywords</b>	220
	Projection; identification; paranoid-schizoid	221
	position; phantasy; splitting; countertransfer-	222
	ence; containment	223
	<b>History</b>	224
	The concept of projective identification was	225
	introduced by the Italian psychoanalyst Edoardo	226
	Weiss in 1925. For Weiss, heterosexual relation-	227 <sup>AU2</sup>
	ships developed through investing a contra-	228
	sexual aspect in someone of the opposite sex, so	229
	that the sexual object becomes the depository of	230
	an unexpressed dimension of one's sexuality. It	231
	had also been used by the British psychoanalyst	232
	Marjorie Brierley in 1945 to explain social inte-	233
	gration through identification, in which	234
	a subservient deference to fanaticism is based	235
	on projecting an idealized part of oneself into an	236
	object. Herbert Rosenfeld published an account	237
	of projective identification in 1947, though he	238
	clearly had been using it in clinical work before	239
	then, to understand psychosis, which often	240
	included feeling trapped inside an object or	241
	invaded by an object. It is, however, usually	242 <sup>AU3</sup>
	attributed to Melanie Klein writing in 1946.	243
	Certainly, later writers refer to Klein, and it has	244
	spread into widespread usage through her work	245
	(see Spillius and O'Shaughnessy (2012), for	246
	historical overviews).	247

7/ C/

7/ C/

7/ 2/

(Eds), /

248 Klein based projective identification on her  
249 concept of the “paranoid-schizoid position,”  
250 which was both a developmental stage and  
251 a defensive organization. As a developmental  
252 stage, it referred to a very early psychic organi-  
253 zation, characterized by the “splitting” of the  
254 object world and parts of the ego attached to it  
255 into two polarized forms: good (idealized) and  
256 bad. For “good,” one might say idealized, loved  
257 and loving, benign, and restorative; for “bad,”  
258 one might say persecuting, dangerous, and  
259 destructive. Klein built this concept on her  
260 pioneering work in psychoanalyzing children as  
261 young as just over 2 years, in whom she found  
262 clear expressions of such a divided, phantasma-  
263 goric world in their imagination. Such a world of  
264 extremes, while sometimes frighteningly filled  
265 with monsters, simplified the surfeit of experi-  
266 ences and facilitated the organization of the  
267 child’s mental world. Although this gain in psy-  
268 chic clarity might in the extreme be bought at the  
269 cost of an unreality that could feed paranoia, in  
270 a less intense form, it achieves a measure of  
271 psychic stability.

272 The various ramifications of Klein’s formula-  
273 tion have been pursued by psychoanalysts and  
274 theoretical writers. Projective identification has  
275 become a concept fundamental to psychoanalytic  
276 theory and practice well beyond the Kleinian  
277 tradition (Spillius & O’Shaughnessy/2012).

### 278 Critical Debates

279 As a clinical concept, projective identification  
280 discerns and names an *experience* in the psycho-  
281 analytic process. Psychoanalytic clinicians con-  
282 sider it an essential addition to their vocabulary,  
283 in order to single out particular qualities of this  
284 experience, and document them with detailed  
285 clinical descriptions. It has, however, been diffi-  
286 cult to achieve agreement on the theory or mech-  
287 anism of projective identification or on whether it  
288 is one process or a cluster of processes (for an  
289 overview, see Sandler/1986). One can imagine  
290 an internal state – a phantasy – in which an other  
291 is forced to assume qualities of the projector or in  
292 which qualities of the projector could be usurped

from the projectee. In a vivid portrayal of such 293  
intrusions and usurpations, Melanie Klein/ 294  
1955) used the characters in a novel to portray 295  
such intrusions and usurpations in 296  
a psychoanalytic way. The main character of *If* 297  
*I Were You*, by Julian Green, is a man dissatisfied 298  
with his life and envious of others. He is granted 299  
the power to change places with them by whis- 300  
pering a formula into their ears, but he increas- 301  
ingly loses touch with himself, as he moves from 302  
one identification to another, assuming their qual- 303  
ities and losing his own. But over time, these 304  
identifications move him back to himself at 305  
another, more mature plane. So Klein saw in the 306  
novel both a defense, for example, against envy, 307  
and a developmental process, whereby the tor- 308  
ment of exaggerated – one might say 309  
phantasized – perceptions of the superiority or 310  
inferiority of others was assuaged. But although 311  
Klein’s analysis of the novel powerfully illus- 312  
trates the process of projective identification, it 313  
does not settle the questions of how such 314  
a process or processes could occur. 315

A second area of critical debate concerns the 316  
theory of countertransference. Clinicians com- 317  
monly report their own mental states (confusion, 318  
tiredness, helplessness, triumphalism) or forms of 319  
relationships (punitive, superior, inferior, critical, 320  
envious) in analytic sessions. These experiences 321  
seem to be unique to a patient at a specific moment 322  
and, therefore, to be produced by the patient and to 323  
be states of mind that have, so to speak, been “put 324  
into” – “projected into” – the clinician, who takes 325  
them on as his/her own: hence “projective identi- 326  
fication.” But not all clinicians regard counter- 327  
transference as a well-defined and dependable 328  
access to an other’s mind, as opposed to one’s 329  
own (for overviews, see Hinshelwood, 1991; 330  
Spillius & O’Shaughnessy (Eds.), 2012; Sandler 331  
(Ed.), 1988). 332

Such a “projection into” has also been applied 333  
to social situations. Groups and society at large 334  
have been conceptualized as containers, which 335  
support individual psychic strength, even 336  
when – or especially when – the group is acting 337  
in a mad way. The group as a whole or sectors of 338  
the group become repositories of projective iden- 339  
tification and bear responsibility for the group 340

9/7/13  
C1

(Eds) /

[Aug]

(Ed.) / 8/

341 behavior. Projective identification also reinforces  
 342 the boundary between an in-group and an out-  
 343 group, which can grow to monstrous proportions.  
 344 The out-group might then be attacked as the  
 345 bearer of projective expulsions of unbearable  
 346 collective feeling or thoughts from the in-group.  
 347 Now, for example, the inferior, contaminating,  
 348 acquisitive, and blasphemous parts of the  
 349 projecting group are in the out-group and to be  
 350 destroyed in it. Examples of these extremes  
 351 include nationalism, racism, and religious sectar-  
 352 ianism – fundamentalist thinking in general  
 353 (Clarke, 2003; Davids, 2011; Frosh, 2005). Psy-  
 354 choanalytic theory has added a powerful analyt-  
 355 ical tool to understanding such extreme  
 356 psychological and social states of virulent preju-  
 357 dice, in which violence is always imminent.

358 **International Relevance**

359 In its early development, projective identification  
 360 was largely a Kleinian concept, and it remains  
 361 one of the principal features of Kleinian theory  
 362 and practice. It has, however, diffused throughout  
 363 the psychoanalytic world (Spillius &  
 364 O'Shaughnessy, pp. 147–364). In the process, it  
 365 has been generalized as it has been absorbed into  
 366 local institutions and has lost the consensus it has  
 367 inside Kleinian thinking. Major areas of conten-  
 368 tion include whether or not it is a theory of inter-  
 369 personal or of intrapsychic object relations and  
 370 the validity of the unconscious phantasies that are  
 371 presumed to underlie and drive it (Hinshelwood,  
 372 1991, pp. 196–204; Sandler, 1988, pp. 179–196).  
 373 But despite these theoretical differences, projec-  
 374 tive identification has become a fundamental  
 375 concept in psychoanalytic clinical practice.

376 **Practice Relevance**

377 Projective identification is primarily a practice-  
 378 relevant concept. It has emerged from the attempt  
 379 to describe, generalize, and theoretically ground  
 380 detailed clinical descriptions, especially of either  
 381 extreme or infantile psychological states,  
 382 including:

- Psychotic processes, including depersonaliza- 383  
 tion; thought disorders, such fragmentation; 384  
 splitting of the personality; megalomania; 385  
 paranoia; hallucination; and manic depression 386
- Borderline personality features, such as 387  
 extreme moods, idealization, and denigration 388
- Understanding and managing transference and 389  
 countertransference 390
- Understanding early object relations in normal 391  
 and abnormal infant developments, including 392  
 preverbal communication and symbol 393  
 formation 394

**Future Directions** 395

Spillius and O'Shaughnessy (2012) conclude 396  
 their extensive, multiauthored overview of the 397  
 field with the statement: 398

We think that the concept of projective identifica- 399  
 tion gives a name to, and a clarification of, the 400  
 dynamics of direct communication and the phe- 401  
 nomena of transference and countertransference 402  
 that are universal among humankind. (p. 366) 403

The fertility of this concept across 404  
 a psychoanalytic world that embraces divergent 405  
 theoretical and clinical orientations informs the 406  
 growth of recent clinical approaches, such as 407  
 relational analysis, and the refinement of old con- 408  
 cepts, such as empathy and countertransference. 409  
 Despite its wide acceptance, the variety of psy- 410  
 choanalytic schools will provoke debate that will 411  
 reveal further epistemological dimensions, for 412  
 example, in understanding nonverbal communi- 413  
 cation and enactment. It will also clarify specific 414  
 clinical implementations in a practice that is 415  
 based on the spoken word, such as the impact of 416  
 the act of interpreting. But possibly one of the 417  
 more fruitful areas of development will be 418  
 nonclinical, in the deeper understanding of 419  
 leadership, the formation and stability of groups, 420  
 sectarianism, ethnic and religious conflict, and 421  
 violent extremism. 422

(Eds), 2012

(Ed.)

423 **References**

424 Bion, W. (1959). Attacks on linking. In E. Spillius & E.  
 425 O'Shaughnessy (Eds.), *Projective identification: The*  
 426 *fate of a concept* (pp. 61-75). London: Routledge.  
 427 Clarke, S. (2003). *Social theory, psychoanalysis and*  
 428 *racism*. Basingstoke, England: Palgrave Macmillan.  
 429 Davids, M. F. (2011). *Internal racism: A psychoanalytic*  
 430 *approach to racial difference*. Basingstoke, England:  
 431 Palgrave Macmillan.  
 432 Frosh, S. (2005). *Hate and the 'Jewish science': Anti-*  
 433 *semitism, Nazism and psychoanalysis*. Basingstoke,  
 434 England: Palgrave Macmillan.  
 435 Hinshelwood, R. (1991). *A dictionary of Kleinian thought*  
 436 (2nd ed.). London, England: Free Association Books.  
 437 Joseph, B. (1987). Projective identification: Some clinical  
 438 aspects. In E. Spillius & E. O'Shaughnessy (Eds.),  
 439 *Projective identification: The fate of a concept*  
 440 (pp. 98-111). London, England: Routledge.  
 441 Klein, M. (1946). Notes on some schizoid mechanisms. In  
 442 R. Money-Kyrle (Ed.), *The writings of Melanie Klein*  
 443 (Vol. 3, pp. 1-24). London: The Hogarth Press.

Klein, M. (1955). On identification. In R. Money-Kyrle 444  
 (Ed.), *The writings of Melanie Klein* (Vol. 3, 445  
 pp. 141-175). London, England: The Hogarth Press. 446  
 Rosenfeld, H. (1949). *Remarks on the relation of male 447*  
*homosexuality to paranoia, paranoid anxiety, and 448*  
*narcissism. In Psychotic states: A psychoanalytical 449*  
*approach* (pp. 34-51). London, England: Hogarth 450  
 Press. 451  
 Sandler, J. (Ed.). (1989). *Projection, identification, 452*  
*projective identification*. London: Karnac Books. 453  
 Segal, H. (1973). *Introduction to the work of Melanie 454*  
*Klein*. London: Hogarth Press. 455  
 Spillius, E., & O'Shaughnessy, E. (2012). *Projective iden- 456*  
*tification: The fate of a concept*. London, England: 457  
 Routledge. 458

**Online Resources**

459  
 Psychoanalytic Electronic Publishing (PEPWeb): <http://www.p-e-p.org> 460  
 461

① →

← ②  
 no Ital.  
 - Cer. /  
 [Au5] 8 /  
 (Eds.) /

← ③

[Slightly modified]

- ① Brierley, M. (1945). Further notes on the implications of psycho-analysis: Metapsychology and personology. The International Journal of psychoanalysis, 11, pp. 429-443. 26, pp. 89-114.
- ② Rosenfeld, H. (1947). Analysis of a schizophrenic state with depersonalization. In Psychotic states: A psychoanalytical approach (pp. 13-33). London: The Hogarth Press.
- ③ Weiss, E. (1925). Über eine noch nicht beschriebene Phase der Entwicklung zur heterosexuelle Liebe. Internationale Zeitschrift für Psychoanalyse, 11, pp. 429-443.

Note: Some entries say London: publisher, some say London, England: publisher. Please standardize according to your convention