

Over ten years ago I acquired a book on Countertransference (Countertransference: Theory, Technique, Teaching. Edited by Alexandris and Vaslamatzis, 1993, Karnac Books.) I did not read it until a couple of months ago, now that I am retired from a demanding NHS job. The book includes the above chapter by Thomas Ogden. I note with interest that a paper on Projective Identification (PI) forms part of a book on countertransference, attesting to the concept of Projective Identification originating exclusively in psychoanalytic practice, not in metapsychology or within the realm of abstract beliefs about the workings of the mind, in the words of Ogden.

Introduction

I had heard of the concept PI as far back as 1970 when John Evans, my much appreciated teacher mentioned it during our work at the original Young People's Unit (YPU). He observed that he especially valued his psychoanalytic training on those occasions when he felt perturbingly confused and deskilled during an analytic session. On the matter of dynamic psychiatric work many of us know of T F Main's paper 'The Ailment' (1957) which described the complex and demanding nature of in-patient work at the Cassel Hospital, with severely disturbed patients who demonstrated regularly the vicissitudes of projective identification. The original YPU was often described as a mini Cassel Hospital. One could say that the phenomenon PI is an occupational hazard for staff working closely, that is, therapeutically with very troubled in-patients. Consequently, the vital importance, even utter necessity, that staff have good, effective supervision and psychological support.

John Evans shared with myself and others how the concept PI enabled him to process and to understand a particular moment of his analytic relationship with the patient when he felt an insistent inner pressure to act not in keeping with his usual analytic self and which pressure he had to resist while simultaneously engaged in rapid self-analysis in order to keep to the psychoanalytic task to analyse and to understand the patient (as well as himself : his countertransference). Hence, for me at least, the helpfulness of Ogden's illuminating and revealing paper, over thirty years later.

I, myself, have been reluctant to use the term PI because I felt I wouldn't really know what I was talking about - that is, until my recent discovery of the Ogden paper. I had left it to the psychoanalysts and psychoanalytic psychotherapists to verbalise the concept PI since they would have studied it extensively, as well as experienced PI first hand/clinically. Having said that, one is aware that PI is uttered with striking regularity in the field of psychodynamic practice, probably with varying degrees of accuracy and relevance as to the specific intrapsychic-interpersonal event having been experienced and now being reported or talked about.

It is widely accepted that the concept of projective identification is one of the enduring brilliant psychoanalytic insights of Melanie Klein. Thomas Ogden belongs to a group of distinguished American psychoanalysts who have appropriated (appreciatively) and deepened and developed certain Kleinian concepts including PI. I am aware that by singling out Ogden's paper I have neglected other, perhaps even better ones which also have illuminated the concept PI. Consequently, this piece of work is offering necessarily limited insights, and old hat to boot. I found the Ogden

paper reader-friendly and, therefore potentially user-friendly, that is, clinically helpful. If others like me have been confused and unsure about the meaning of projective identification and would welcome a reliable guide to understanding this significant but complex, even elusive concept, then I offer the following notes and observations to them as well. Better still, they may progress to study the original paper. The clinical illustrations are especially instructive as well as liberating. This is because Ogden demonstrates how the dynamic interplay of constraint of thinking, (replaced by a pressure to act), and of freedom to think permeates PI. He demonstrates it as a psychic phenomenon and as a concept to understand these confusing experiences in order to re-establish the therapist's reality testing and gain necessary psychological distance. (*The occasional emphases are mine, not Ogden's.*)

Selections from Ogden's paper based on a very personal reading of it.

"Whether or not one uses the term or is cognizant of the concept of projective identification, clinically one continually bumps up against the phenomena to which it refers - unconscious projective fantasies in association with the evocation of congruent feelings in others. Resistance on the part of therapists and analysts to thinking about these phenomena is understandable: it is unsettling to imagine experiencing feelings and thinking thoughts that are in an important sense not entirely one's own ...projective identification is a concept that addresses the way in which feeling-states corresponding to the unconscious fantasies of one person (the projector) are engendered in and processed by another person (the recipient) that is, the way in which one person makes use of another person to experience and contain an aspect of himself. The projector has the primarily unconscious fantasy of getting rid of an unwanted or **endangered** part of himself (including internal objects) and of depositing that part in another person in a powerfully controlling way (KLEIN, 1946, 1955). The projected part of the self is felt to be partially lost and to be inhabiting the other person. In association with this unconscious projective fantasy there is an interpersonal interaction by means of which the recipient is pressured to think, feel and behave in a manner congruent with the ejected feeling and the self-and-object representations embroiled in the projective fantasy (BION, 1959: OGDEN, 1979). In other words, the recipient is pressured to engage in an identification with a specific, disowned aspect of the projector."

"The recipient may be able to live with such induced feelings and manage them within the context of his own larger personality system ...On the other hand the recipient may be unable to live with the induced feelings and may handle such feelings by means of denial, projection, omnipotent idealisation, **further projective identification**, or actions aimed at tension relief, such as violence, sexual activity, or distancing behaviour. In these cases the projector would be confirmed in his belief that his feelings and fantasies were indeed dangerous and unbearable." (We are reminded here of Main's paper 'The Ailment' N.S.)

"Projective identification provides a clinical level theory that may be of value to therapists in their efforts to organise and render meaningful the relationship between their own experience (feelings, thoughts, perceptions) and the transference. It will be seen in the discussion of clinical