

material that from the perspective of projective identification many of the stalemates and dead ends of therapy become data for the study of the transference and a medium through which the makeup of the patient's internal world is communicated...**Most fundamentally, (PI) is a statement about the dynamic interplay of....the intrapsychic and the interpersonal.**"

"The therapist who has to some extent allowed himself to be moulded by this interpersonal pressure and is able to observe the changes in himself has access to a very rich source of data about the patient's internal world - the induced set of thoughts and feelings that are experientially alive, vivid, and immediate. Yet, they are also extremely elusive and difficult to formulate verbally because the information is in the form of an enactment in which the therapist is participating and not in the form of words and images upon which the therapist can readily reflect. The concept of projective identification offers the therapist a way of integrating his understanding of his own internal experience with that which he is perceiving in the patient."

"It should be acknowledged that in the course of intensive psychotherapy with disturbed patients the therapist will find himself saying things that he regrets. Such errors are rarely talked about with colleagues and almost never reported in the literature...However, from the perspective of projective identification, a given error also represents a specific construction that could only have been generated in precisely the way it was by means of an interaction between this therapist and this patient at this moment in the therapy. The task of the therapist is not simply to eliminate errors or deviations, but to formulate the nature of the specific psychological and interpersonal meanings that have led the therapist to feel and behave in this particular fashion."

## Projective Identification and Analytic Technique

"The concept of projective identification provides a framework for thinking about the clinical phenomena occurring in psychotherapy and psychoanalysis, but the therapist's mode of intervention will be determined by an additional set of principles constituting this theory of technique: the clinical material that should be addressed first: conscious, preconscious, or unconscious, defence or wish, surface or depth, early or late developmental level; the timing of intervention; the form of the intervention (verbal interpretation, confrontation, clarification, questions, **silent interpretation**, alteration in management of the framework of the therapy etc).

Despite the fact that a specific therapeutic technique is not intrinsic to the concept of projective identification, an understanding of the therapeutic process is inherent in the concept. The idea that there is something therapeutic about the therapist's containment of the patient's projective identification is based upon an interpersonal conception of individual's psychological growth: one learns from (in fantasy, 'takes in qualities of') another person on the basis of interactions in which the projector ultimately takes back (re-internalises) an aspect of himself that has been integrated and slightly modified by the recipient. **The patient learns from that which was his to begin with.**"

"Usually when the patient internalises the interpretation in an undigested form, he will feel that he has been forced to or has chosen to give up his own individual existence and instead has become the therapist in a literal way. Often the patient will at some point (frequently after termination or disruption of therapy) renounce the therapist as dangerous,

self-serving, annihilating, and so forth. Patients who have responded to verbal interpretation by having to ward off the therapist even at the price of feeling completely detached from him often seem to the therapist so walled-off and thickly defended that the therapist experiences corresponding feelings of isolation, frustration, and futility. Even the most accurate, well-dosed, and well-timed intervention seem to make no difference to the patient."

## Clinical Recognition of Projective Identification.

"In the clinical application of the concept of projective identification, one question that arises is: How does the therapist know when he has become the recipient of the patient's projective identification? It should certainly be considered as a possibility when the therapist begins to suspect that he has developed **an intensely held but highly limited view of himself and the patient that is in an important sense shared by the patient.** In other words, the therapist discovers that he has been playing a role in one of the patient's unconscious fantasies (BION, 1959). This 'discovery' is necessarily to some extent a retrospective judgment, since the therapist's unconscious participation in this interpersonal construction must precede its recognition".

"Because of the therapist's unconscious participation in projective identification, the meaning of this type of intrapsychic-interpersonal event is usually not easy to discern and is more easily perceived and understood by those outside it (for example, by consultants and colleagues)."

"...An ongoing dialogue with a supervisor, consultant or colleague is often an indispensable adjunct to work with very disturbed patients because of the difficulty of the psychological work entailed in the process of recognising one's unconscious participation in a patient's projective identification."

"The therapist of the neurotic patient does at times experience an emotional distance from the patient that allows him to listen with the secure knowledge that he does not share in the patient's feelings, ideas, and problems. The therapist has the freedom to try out one identification and then another..Having tried on for size successive aspects of what the neurotic patient is feeling and thinking the therapist is free to focus his attention (and at times the patient's attention) upon one facet or another of the clinical material."

"Once one has begun to formulate an interaction in terms of projective identification, it is often useful to **refrain from interpreting or intervening until one has lived with the evoked feelings for some time**...Frequently, the psychological strain from the evoked feelings diminishes, and the therapist is able to gain psychological distance when these feelings are recognised as components of a projective identification. Before this distance has been achieved, however, the therapist's interventions are likely to be motivated by conscious and unconscious efforts to get the patient to stop doing whatever it is that he is doing that is leading the therapist's feelings of being controlled or attacked or strangled or imprisoned or paralysed. These countertransference feelings represent only a few of the more common unconscious fantasies evoked in the therapist while he is serving as the recipient of a projective identification."