

Interpretation of Projective Identification

(It is self-evident that readers will have to study the clinical example in the original paper to get a clear picture of the meticulous work of interpretation. NS.)

...The therapist listened for several more sessions in order to be sure that subsequent material supported this hypothesis.

...The therapist had laid the groundwork for an interpretation of the projective identification by calling into question the 'fact' of the therapist's weakness. Without this initial **differentiation of the fantasy component of projective identification from reality**, the patient's understanding of the interaction would probably not have been possible. As long as the therapist is the weak self, the patient cannot consider the way in which the *idea* of the weak therapist serves as a defence against feelings of inadequacy. The distortion of a specific aspect of reality is an important interpersonal means by which pressure is exerted onto the object to see himself in a way that conforms with the patient's unconscious projective fantasy. Focusing upon this alteration of reality is often a crucial preparatory step for the interpretation of a projective identification.

"The interpretation that was eventually offered involved explicit reference to: the patient's unconscious conception of a loss of a valued part of himself that had resulted from Mr. J's departure; the defensive fantasy of locating the weak self in the therapist; and the reality of the interpersonal interaction by means of which these fantasies were enacted."

"The patient's enhanced capacity to experience feelings of loss as represented in the dream served as a partial validation for the interpretation. Equally important was the change in the relationship to the therapist that followed the intervention. The patient's increased capacity to tolerate thoughtful silences afforded the therapist the opportunity to formulate his own thoughts and to intervene at times." (This last sentence points to the fine art of sensitive, disciplined psychotherapy. At times patient and therapist really are in the same boat! N.S.)

Technical Problems of Containment

"Acceptance of projective aspects of the patient as a communication to be understood - as opposed to proddings or assaults to be acted upon or fled from - constitutes the background of the therapeutic situation. The importance of an accepting therapeutic environment cannot be over-emphasised. When the containment process fails, the therapist forces back into the patient those aspects of self that the patient was attempting to project into the therapist. In such cases, the therapist's interventions overtly or covertly state: "You are trying to make me feel your pain (or experience your insanity) for you". Of course, this is one aspect of all projective identifications, but if

this aspect alone is addressed, the patient will simply feel chastised for attempting to do something selfish and destructive." (This is an example of my 'occupational hazard' mentioned in the introduction to this reading, N.S.)

"Establishing in a given situation what it means to 'live with' the feelings engendered in the course of projective identification can be a complex task. As can be seen in the following vignette, the idea of containment can become distorted at times, serving as a rationalisation for 'therapeutic' masochism **"..She was confusing the active psychological work of processing feelings evoked in the course of projective identification with the act of endlessly enduring punishment"**.. (This section of the paper is an important example of the application of the concept PI to psychiatric treatment settings ie wards, clinics, etc including staff teams and, ultimately, to some of the perplexing vicissitudes of organisational life - N.S.)

"As with all interpretations, the therapist should begin with whatever the patient can accept and **over time, following the lead of the patient**, gradually address the more disowned and threatening material. In interpreting projective identification, it is important to acknowledge the patient's attempt to communicate something important about himself rather than simply addressing the hostile, controlling, and escapist motivations that are almost always present as elements of projective identification. These latter motivations are usually far more unacceptable to the patient than his wish to communicate and, if prematurely interpreted, will be heard as accusatory and strenuously warded off." (This paragraph is another example of the craft of dynamic psychotherapy. - NS).

In concluding, Ogden recapitulated his thesis; "Projective identification is a clinical-level conceptualisation with three phenomenological references all of which lie entirely within the realm of observable psychological and interpersonal experience: (1) the projector's unconscious fantasies (observable through their derivatives, such as associations, dreams, parapraxes and so forth); (2) forms of interpersonal pressure that are often subtle but verifiable; and (3) countertransference experience (a real, yet under-utilised source of analysable data)".

Postscript

Thomas Ogden shares his surname with the scholar of English, C.K. Ogden, co-author of the classic study 'The Meaning Of Meaning'. Though decades apart and, whether related or not, they share a common pursuit of, and respect for, clarity of thinking about familiar but elusive words and concepts. Indeed Ogden's paper could be titled 'The Meaning of the Meaning of Projective Identification'

Neville Singh
July 2004