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‘Projective transidentification’: An extension of the concept of projective identification

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Questions about the concept of projective identification still persist. The author presents the following hypotheses: Klein’s traditional view and Bion’s extension and revision of it can be thought of as occupying a continuum in reverse. He postulates that Bion’s concept of communicative intersubjective projective identification (which the author renames ‘projective transidentification’) is primary and inclusive of Klein’s earlier unconscious, omnipotent, intrapsychic mode but includes Bion’s ‘realistic’ communicative mode as well. The author hypothesizes, consequently, that intersubjective projective identification constitutes both the operation of an unconscious phantasy of omnipotent intrapsychic projective identification solely within the internal world of the projecting subject—in addition to two other processes: conscious and/or preconscious modes of sensorimotor induction, which would include signaling and/or evocation or prompting gestures or techniques (mental, physical, verbal, posturing or priming) on the part of the projecting subject; followed by spontaneous empathic simulation in the receptive object of the subject’s experience in which the receptive object is already inherently ‘hard-wired’ to be empathic with the prompting subject.

Keywords: projective identification, projective transidentification, evocation, tracking, signaling, prompting, posturing, image, priming

It is a very remarkable thing that the Ucs of one human being can react upon that of another, without passing through the Cs. (Freud, 1915).

Projective identification

Summary of the nature of the problem and a proposed solution

Projective identification has become a widely used concept in the mental-health field but still suffers from categorical confusion in its usage. The principal confusions are as follows: (a) the question of the differences as well as the similarities between Klein’s (1946, 1955) original concept as a strictly intrapsychic, omnipotent, unconscious, defensive phantasy and Bion’s (1962) ‘realistic’, communicative, intersubjective extension of it: are the two respective uses of it continuous or discontinuous and/or both or might they be complementary to each other? (b) is there a difference between projection and projective identification? (c) when a patient uses projective identification, does he actually project himself into the object or into his internal image of the object, and, if the latter, how can we explain the object’s response to the
projective identification? Is there some process or processes in addition to projective identification that allow it to become communicative to another person? Put another way, on the metapsychological level, as contrasted with the experiential level, the subject can only project into an image or representation of the object, not into the external object per se. The projecting subject, however, *experiences* the external object as containing the projections and, furthermore, the latter may also *experience* containing them. I shall try to explain how this might happen.

I suggest that Bion’s (1959a) concept of normal, communicative (two-person) projective identification is fundamental and subsumes Klein’s (1946, 1955) one-person model, which presupposes that the intrapsychic, omnipotent, unconscious phantasy is always a component of it. Klein’s earlier versions of the concept of projective identification dealt with how the object became altered in the subject’s mind by virtue of the projective identifications but she, unlike Bion (1962), did not take into consideration how the projective identifications into the object become continuously modified by the responses of the object as container. Whereas with Klein one understands projective identification to be evacuative, aggressive, invasive and possessive, with Bion one understands the infant to be communicating, even pleading to communicate his emotions to the object, for the latter to contain and mediate.

Some of the problems in moving between Klein’s and Bion’s versions are (a) how to consider Klein’s intrapsychic version to be subsumed by Bion’s intersubjective version rather than being orthogonal to it, and (b) yet to maintain a distinction between the two processes, and, in so doing, be able to name them, and/or (c) to add a third possibility, one that would suggest that two further functions must be added to either Klein’s or Bion’s concept to account for the actualization of the communication, presupposing that projective identification, in either Klein’s or Bion’s version, still constitutes an intrapsychic unconscious phantasy. Bion states,

Melanie Klein’s theory is that patients have an omnipotent phantasy and the way one can verbalise that phantasy is that the patient feels that he can split off certain unpleasant and unwanted feelings and can put them in the analyst. I am not sure, from the practice of analysis, that it is *only* an omnipotent phantasy … I have felt … that when the patient appears to be engaged on a projective identification it can make me feel persecuted … If this is correct it is still possible to keep the theory of an omnipotent phantasy, but at the same time we might consider whether there is not some other theory which would explain what the patient does to the analyst which makes the analyst feel like that (1973, pp. 105–6, my italics).

I suggest, consequently, that (a) Bion’s communicative version subsumes Klein’s intrapsychic version and adds the intersubjective dimension of the object’s role in containing and thereby modifying the subject’s ultimate experience of what he has projected; (b) since Klein’s intrapsychic model still persists in Bion’s model, however, we come to the problematic consideration that the subject can only project into his personal *image* of the object, not the object per se; (c) we now follow Bion’s notion ‘whether there is not some other theory which would explain what the patient does to the analyst which makes the analyst feel like that’. I believe there is such a theory. My theory of projective transidentification includes yet two further processes: (a) a sensorimotor one, that of gesturing, prompting, and/or priming on
the part of the projecting subject, and (b) spontaneous empathic simulation within the optimally receptive object. I further propose that the projecting subject and the object of its projection constitute two independent self-activating systems with shared representations (Llinás, 2001; Decety and Chaminade, 2003).

Definition of projective identification

In defining projective identification, Klein states,

The phantasied onslaughts on the mother follow two main lines: one is the predominantly oral impulse to suck dry, bite up, scoop out and rob the mother’s body of its good contents … The other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into mother. Together with these harmful excrements, expelled in hatred, split-off parts of the ego, including internal objects and even the superego, are also projected … into the mother. These excrements and bad parts of the self are meant not only to injure but also to control and to take possession of the object. In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be the bad self … This leads to a particular form of identification which establishes the prototype of an aggressive object relation. I suggest for these the term ‘projective identification’ (1946, p. 300).

She goes on to state, ‘It is, however, not only the bad parts of the self which are expelled and projected, but also good parts of the self. Excrements then have the significance of gifts’ (p. 301). She further states,

From the beginning the destructive impulse is turned against the object and is first expressed in phantasied oral-sadistic attacks on the mother’s breast … The persecutory fears arising from the infant’s oral-sadistic impulses to rob the mother’s body of its good contents, and from the anal-sadistic impulses to put his excrement into her … are of great importance for the development of paranoia and schizophrenia (p. 293).

Klein spells out the connection between the infant’s oral and anal-urethral-sadistic phantasied impulses of projecting into the object and its fear of retaliation by the object in the form of persecutory anxiety as a consequence. We are, in effect, hypnotized by what and whom we projectively reidentify within the object. The bad parts of the self that are involved in the projective identification include oral and anal-urethral-sadistic impulses in addition to persecutory internal objects. Although the subject thereafter aggressively disavows ownership of these split-off aspects of self, including internal objects, these alienated aspects, now all objects (which still unconsciously maintain their identification with the projecting subject) become personified (Klein, 1929) and in the projecting subject’s unconscious phantasy do not disown their link with the subject, or, as Klein puts it, the transformed object is treated as if it were part of the self. In other words, the defenses of splitting and projective identification are not entirely successful.

Ultimately, the projecting subject and its projected objects cannot totally disown their contact with one another. Splitting and projective identification are associated with a disintegration of the self, whereas the propensity toward integration enforces a return (a pulling back) of the projections. The unconscious pull that occurs between the projecting subject and the contents of what it has projected is the source of what
Klein terms ‘persecutory anxiety’ (1946, p. 296), that is, the fear of retaliation by the object which now contains projected aspects of the self. Additionally, the projecting subject may, in phantasy, omnipotently acquire control over the object in order to ward off the anxiety of separation.

Also of note in Klein’s definition are the following: projective identification constitutes the prototype of an aggressive object relationship, and the infantile portion of the personality which employs it aims to injure, possess and/or to control the object. The projecting subject may also project good aspects of itself into the object. In normal or non-defensive projective identification, however, the projecting subject may extend himself into his image of the object but without omnipotence or splitting, that is, as in empathy (putting oneself in someone else’s shoes), planning (‘thinking ahead’), externalization (Novick and Kelly, 1970) etc. (Grotstein, 1981, p. 213). Another normal aspect of projective identification is its role in the development of sexuality, that is, as an anlage for the ability to contemplate the loving and passionate invasion of another individual, to say nothing of seduction and all other forms of attempts to influence.

Later, Klein expanded the evacuative-manipulative nature of the concept to include fusional aspects. In the first mode, parts of the self are split off and projected into the object (Klein, 1946). In the second mode, the self qua self enters into a state of identification with the object to become the object and, through unconscious imitation, either passively disappears to a degree (Klein, 1955) and/or at the other extreme may seek aggressively to take over the identity of the object altogether, as in Julian Green’s (1947) novel, If I were you, on which Klein’s second work was largely based. The consequences of this kind of projective identification range from states of confusion and disorientation to grandiosity.

Following Klein, important advances in our understanding of the concept were made by Rosenfeld and Bion. Rosenfeld (1971) separated the evacuative (defensive) from the communicative (non-defensive) functions of projective identification; Meltzer (1992, p. 61) distinguished between the ‘claustrum’ and ‘container–contained’, the former designating defensive projective identification and its consequences, incarceration in the object which has been invaded in unconscious phantasy, and the latter designating communication. Britton (1998, p. 5) divided projective identification into ‘acquisitive’ (‘you are me’) and ‘attributive’ (‘I am you’) types, depending on the putative intention of the projecting subject.

Spillius (1988, p. 62), following Rosenfeld, summarizes the motives for the use of projective identification: communication, empathy, avoiding separation, evacuating unpleasant or dangerous feelings and taking possession of certain aspects of the mind of the other. Her way of distinguishing between the exclusively intrapsychic and the communicative forms of projective identification is to term the former ‘non-evocative’ and the latter ‘evocative projective identification’ (pp. 81–6). She states,

Thus, unlike Klein, we [modern London Kleinians] are now explicitly prepared to use our own feelings as a source of information about what the patient is doing, though with an awareness that we may get it wrong, that the process of understanding our response to the patient imposes a constant need for psychic work by the analyst … and that confusing one’s own feelings with the patient’s is always a hazard … The analyst’s aim is to allow himself
or herself to experience and respond internally to such pressures from the patient enough to become conscious of the pressure and of its content so that he can interpret it, but without being pushed into gross acting out (1992, pp. 62–3).

Do projection and projective identification differ?

The obligatory role of identification in projection

There has been considerable debate in regard to the role of identification in the process of projective identification. Questions include: can there be projection without identification? Who does the identifying—the projecting subject or its object? One reason for this confusion may be that projection was originally used as a mechanism that was separate from, although located within, the mind of the subject. Klein seems to have conflated the mechanism aspect of projection with its status as an unconscious phantasy and as an object relationship. Once understood as the latter, the term ‘projective identification’ seemed more appropriate. The very act of projecting implies a change in the state of the identity within the projector; that is, in perception some aspect (identity) of the subject’s internal world is being attributed to the perceived image of the object. As a defense mechanism, some aspect is being disidentified from the subject and reidentified in the object (Sodré, 2004, p. 56).

Klein (1946) first implied and then later explicated (1955) that projective identification was not just a mental mechanism but fundamentally constituted an unconscious phantasy about internal and external object relationships. From this, we can see the subtle transition of her conceptualization of projection from the classical Freudian notion of a putatively autonomous defense ‘mechanism’, as had already been formulated by Anna Freud (1946), to one in which projection, like other defense ‘mechanisms’, became transformed into both an unconscious phantasy in its own right and an object relationship (internal as well as external). This subtle transition became pivotal, in my opinion, in the transformation of ‘projection’ to ‘projective identification’. Put another way, since the Kleinian conception of defense ‘mechanisms’ always predicates an unconscious phantasy about an object relationship and is always object-dedicated, then ‘identification’ ipso facto becomes the sine qua non for projection’s operations, that is, the transfer of identities.

When the external object does seem to identify with the projection, however, ‘projective transidentification’ (my term for the intersubjective form of projective identification) is operant. Projective identification per se is transacted not between the subject and the external object, in my opinion, but between the subject and its own internal-object image (representation) of the object. I came to realize this from reading Bion (1992, p. 118) on the limitations imposed on our grasp of reality when we depend on the senses, that is, we cannot really know the object from the evidence of our senses; thus, an internalized object constitutes an image based upon our sensory impressions, including what we projectively assign to it.

Similarly, in intersubjective projective identification, the object, now a co-subject, also forms its own image of the projecting subject. Ultimately, a mutually inductive resonance transpires between the two images, the nature of which I shall discuss later. The infantile portion of the personality may, as a result of projective
identification, either misperceive the object as the self, or project into the suspected or perceived reality of the object, and subtly induce or put pressure on the object to behave in conformity with the projection.

**Bion’s contribution**

Although already intimated by Klein, Bion distinguished even more clearly between normal developmental and pathological (defensive) projective identification and between its intrapsychic and intersubjective modes. Extrapolating from his experiences with psychotic patients, Bion (1959a, 1962, 1967) reasoned that they, as infants, lacked the experience of having had a maternal object into whom they could normally project their emotions (1959a, p. 104). He proposed, consequently, that the normal infant needed a mother as a ‘container’ into whom intolerable emotions could be projected (1962, p. 90). He broadened the concept, consequently, from an exclusively omnipotent, intrapsychic, unconscious phantasy to include, seemingly, very real interpersonal and communicative, as well as epistemological, dimensions but not to exclude the notion of the intrapsychic omnipotent phantasy. He posited that as the infant projects its emotions into mother, she, in a state of reverie, employs her ‘alpha-function’ to process her infant’s projected emotions by absorbing, detoxifying, and refining them in preparation for a meaningful and appropriate response; that is, supplying the name of the feeling that corresponds to the emotion (Ogden, 1994b; Damasio, 2003). Alpha-function represents a counterpart to a mathematical variable which operates as an alternative both to Freud’s (1911) primary and secondary processes. It must be noted that the container/contained function shifts by reversal, so mother then becomes the projector and the infant the container, as in normal dialogue.

In ascribing this process to the basic communication between mother and infant, Bion developed a unique epistemology in which the inchoate process of thinking begins with the projective identification of the infant’s ‘thoughts (emotions) without a thinker’ (1970, p. 104) into its mother-as-container, whose reverie and alpha-function transform them into thinkable thoughts, feelings, dream thoughts and memories. When the infant’s alpha-function matures in this environment, it begins to think for itself by projecting into its own internal container-object with its own alpha-function. Bion’s formulation not only broadened and extended Klein’s version, but also, in my opinion, pre-empted it in a way by postulating the ‘infant–mother projecting–container team’ as an irreducible two-person model, from which Klein’s model became a default consequence upon failed containment. Whereas Klein’s one-person model predicated a single, static effect upon the object in projective identification, Bion’s two-person model allowed for multiple dynamic shifts in the relationship with the object, depending on how effective the object was as a container for the projective identifications. Bion states, ‘the patient does something to the analyst and the analyst does something to the patient; it is not just an omnipotent phantasy’ (1980, p.15).

Spillius summarizes the three ways in which modern British Kleinians use projective identification:
In Britain … I think there are what one might call three clinical ‘models’ of projective identification: Klein’s own usage, in which the focus is on the patient’s use of projective identification to express wishes, perceptions, defences; Bion’s container/contained formulation; and Joseph’s usage, close to Bion’s, in which the analyst expects that the patients will constantly bring pressure to bear on the analyst, sometimes very subtly, sometimes with great force, to get the analyst to act out in manner consistent with the patient’s projection (1992, p. 63).

**American versions of projection and projective identification**

When the concept of projective identification came to America, I expressed the Kleinian view. Kernberg (1987) and Ogden (1982), however, distinguished projection from projective identification—but differently from each other (Grotstein, 1981). Kernberg defines projective identification as:

(a) projecting intolerable aspects of intrapsychic experience onto the object, (b) maintaining empathy with what is projected, (c) attempting to control the object as a continuation of the defensive efforts against intolerable intrapsychic experience, and (d) unconscious inducing in the object what is projected in the actual interaction with the object (1987, p. 94).

So far, his definition conforms to Klein’s (1946) and to my own (Grotstein, 1981). Then he, unlike them, differentiates projection from projective identification:

Projective identification … differs from projection, which is a more mature type of defense mechanism. Projection consists of (a) repression of an unacceptable intrapsychic experience, (b) projection of that experience onto an object, (c) lack of empathy with what is projected, and (d) distancing or estrangement from the object (Kernberg, 1987, p. 94).

By ‘lack of empathy’, Kernberg differentiates between whether or not the subject retains contact with the projection. He fails to recognize that what is projected always maintains contact with the subject unconsciously.

It is readily apparent, except for his allusion to empathy, that both his definitions conform to what Klein and her followers include as projective identification alone. It may be that at the time Kernberg put these distinctions forward, he was concerned with differentiating the borderline personality and syndrome from neurotic conditions and so shaped his distinctions between projective identification and projection accordingly. In terms of empathy, he states that empathy is absent in projection, whereas: ‘Projective identification … assures the capacity of empathy under conditions of hatred, in a parallel way to the development of empathy as a concomitant of the differentiation self- and object-representations under pleasurable peak affect experiences that lead to introjection’ (p. 100).

Ogden, on the other hand, states,

A distinction must be drawn between the projective mode of thought involved in projective identification and that in projection as an independent process. In the former, the projector subjectively experiences feelings of oneness with the recipient with regard to the expelled feeling, idea, or self-representation. By contrast, in projection the aspect of the self that is in fantasy expelled is disavowed and attributed to the recipient (1982, p. 34).

Ogden’s differentiation between projective identification and projection differs from that expounded by Kernberg above and recapitulates the distinction Klein
made in her two contributions on the subject. For him ‘projective identification’
corresponds to her second contribution (Klein, 1955) and ‘projection’ to her first
(Klein, 1946). Thus, Kernberg and Ogden each differentiate between projective
identification and projection but differently—and their differences are all subsumed
by Klein’s definition of projective identification alone. Ogden (1994a, p. 37) had
also been working on his conception of the ‘analytic third subject’ in which he
emphasized an ‘intersubjective third subject’ and thus reasoned, unlike Kernberg,
that the projective identification was an intersubjective object relation whereas
projection was a non-intersubjective relationship. In other words, Ogden was trying
to distinguish between Klein’s first (1946) and second (1955) uses of projective
identification. While I personally hold to the Kleinian view that projection and
projective identification are identical and that the term subsumes both of Klein’s
views, I believe that his concept of the ‘intersubjective third subject’, on the other
hand, is an interesting and valuable way of expressing Bion’s intersubjective version
of projective identification (Ogden, 1994a).

Other American contributions include those of Schore (2003) and Seligman
research and believes that mothers and infants communicate with each other through
their right cerebral hemispheres. Seligman (1993) studied projective identification
in infant and attachment research and also (1994) attempted to integrate it with
infant–mother psychotherapy.

**Subject and object**

Klein stated that projective identification was directed into the object by the projecting
subject. I hypothesize that one cannot, Freud, Klein, and Bion notwithstanding,
project into an external object. I am of the opinion that one can project only into
one’s image (i.e. phantasy, representation, construction—as an internal object)
of the individual. That idea is implicit in Klein’s description of the process as an
unconscious phantasy. Bion, while formulating the realistic communicative aspects,
ever accepted that projective identification actually took place in the object—only
that the object was affected.

The concept of transference presupposes that we form internal, subjectively
modified images of real objects and that we confuse the latter with the former. In
projective identification, the projecting subject creates within his mind an image
of the object to represent. In manipulative projective identification the subject, in
unconscious phantasy, magically (omnipotently) manipulates the image of the object
(which is identified with the external object) in order to control the latter (action at
a distance, sympathetic magic).

Subjects who use defensive projective identification employ an omnipotent
unconscious phantasy in which they believe that they no longer possess those
particularly painful aspects of themselves and now feel that the object (whether
internal or external) now possesses them. They include: (a) either good or bad
aspects of themselves, which include good and/or bad emotions, such as love and/or
hate, impulses, and internal objects, including superego; (b) modes of relationships
(i.e. sadism, masochism, hatred, aggression, voyeurism, exhibitionism etc.); (c) omnipotent expectations or obligations of role-responsiveness imposed upon the object to meet the infant’s needs (Sandler, 1976) with concomitant concordant and/or complementary role assignments (Racker, 1968); (d) omnipotence (as a transformation of the infant’s sense of infinite urgency); and (e) attributions of animism and/or personification (Klein, 1929) to the object so that it assumes a preternatural life force. Additionally, the image of the object is invested with the quality of (f) intentionality (will, agency, purpose, or determination). The qualities of expectation, omnipotence, intentionality, animism, and personification prefigure the object’s future role upon internalization by the subject as (g) an omnipotent and determined (willful) primitive superego. Having exported his omnipotence and intentionality to the (image of the) object, the projecting subject is left in desolate emptiness and impoverishment.

The subject may then reproject a demanding superego and/or a mutilated object-self (in the ego) into (the image of) the same or another external object, leading to the appearance of claustrophobic anxiety (being trapped within the object). The external object is then felt to be very demanding and yet devalued (by the double projection), and the subject needs space in order to resist being suffocated by the projectively compromised object. In the phantasied act of attempting to control the object by entering it via projective identification, the subject feels trapped within the object. Projective identification is involved clinically in distinguishing between enemies and persecutors, the former of whom are independent of the subject and the latter of whom constitute projective identifications originating in the subject.

**Proposed postulates**

I proffer the following statements:

(a) Intersubjective projective identification constitutes not only the operation of Klein’s theory of projective identification as an unconscious, omnipotent, intrapsychic phantasy (occurring only within the unconscious of the projecting subject) but also two other process: (1) conscious and/or preconscious modes of sensorimotor induction and/or evocation or prompting techniques (mental, physical, verbal, posturing or priming, ‘nudging’) on the part of the projecting subject, followed by (2) spontaneous empathic simulation in the receptive object of the subject’s experience who is already inherently equipped (programmed) to empathize with it. So far I am discussing projective identification in metapsychological theory. From the perspective of experience, however, the projecting subject feels that he has rid himself of bad (or good) emotional contents, and now believes that the object is the self or indistinguishable from it in regard to the projected parts—and, experientially, the object may concur that it has become affected.

(b) The projecting subject and the object of projection constitute two separate self-activating systems, and the interpersonal process should consequently be renamed ‘projective transidentification’ to designate its unique transpersonal mode so as to contrast it with the unconscious phantasy of intrapsychic projective identification proper.
A corollary of the preceding view is that one can never project into another individual per se, only into one’s image (internal object representation) of them—and then attempt to manipulate that image in unconscious phantasy as if it were the external object that was being manipulated. This idea is but another way of stating that the objects we encounter in our daily lives are fraught with personal transferences from our unconscious.

Consequently, projective transidentification would function by establishing an inductive resonance between the internal object images formed by the projecting subject, on one hand, and those counterpart images formed by the external object of the subject, on the other.

Projective identification into the object-image is followed by an introjection by the projecting subject of the now projectively transformed image of the object, which ultimately lands in the subject’s superego and ego upon introjection. If hatred were projected, the subject would experience a hateful superego and a hated ego respectively.

Projection from the Kleinian/Bionian points of view is inseparable from and identical with projective identification, but they are distinguished from each other in various different ways in the mainstream American view.

The operations of projective transidentification: An explication of Bion’s model

I wish to explicate Bion’s intersubjective model in two ways: (a) from an experiential (phenomenological) perspective, and from (b) a metapsychological perspective. Experientially, the projecting subject seems to project into the object. If the object responds, it is experientially due to (a) the counterformation in the object of a receptor site for the projection, which consists of the object’s image of the projecting subject; (b) the object receives a form of projection for which Money-Kyrle (1956) suggests the term ‘introjective countertransference’ (counteridentification), to which may be added projective aspects of the object’s own infantile neurosis, thus constituting what Grinberg (1979) calls ‘projective counteridentification’. In this experiential model the projecting subject’s image of the object and the object’s image of the subject are in active, communicative resonance.

Metapsychologically, however, the subject can only project into his/her image of the object. The analysand and analyst are conceived of as two separate self-activating systems (Llinás, 2001). If that is the case, then how does the object become affected? My explanation is as follows: two additional factors or functions must be added to the concept of projective identification to render it projective transidentification:

(a) to the projecting subject we must add the capacity for a hypnotic-like power to induce transformation in the object, one which owes its origin to ‘body rhetoric’, that is, prompting, gesturing, priming, ‘nudging’, prosody, and other similar modes, all being sensorimotor-originating modes of inducing responses on or influencing the object by the projecting subject (Modell, 1980; Kristeva, 1989; Bråten, 1998, Greatrex, 2002; Damasio, 2003; Helm, 2004; Stern, 2004). (b) to the actively responsive object we must add his capacity for an inherent sensitivity to be empathic and attuned to the emotional state of the subject, a sensitivity which Stern (2004),...
after Bråten (1998), calls ‘altero-centered participation’. Damasio (1994) believes that we are ‘wired’ to respond to the other’s emotions in a preorganized fashion when we receive certain stimuli in the world or in our bodies’ (Greatrex, 2002, p. 191). In other words, a system of bilateral self-activation exists in which the projecting subject evokes something already extant and dormant within the external object whose latent capacity for empathic resonance with the subject’s intrapsychic projective identifications could be elicited. Gallese and Goldman (1998) and Gallese (2001) account for this phenomenon by their discovery of the ‘mirror neuron’, which they believe accounts for a simulation theory of mind-reading and empathy.

The analyst’s unconscious is already inherently formatted (‘hard-wired’) to anticipate and resonate with the analysand’s ‘body-rhetoric’, that is, sensorimotor induction (Bråten, 1998; Greatrex, 2002; Stern, 2004). Let me cite Daniel Stern’s view of Stein Bråten’s concept of ‘altero-centered participation’:

> Altero-centered participation … is the innate capacity to experience, usually out of awareness, what another is experiencing. It is a nonvoluntary act of experiencing as if your center of orientation and perspective were centered in the other. It is not a form of knowledge about the other, but rather a participation in the other’s experience. It is the basic intersubjective capacity that makes imitation, empathy, sympathy, emotional contagion, and identification possible. Although innate, the capacity enlarges and becomes refined with development (2004, pp. 241–2).

Joseph (1989) suggests that the analysand ‘nudges’ the analyst into acting in a manner consistent with the analysand’s projections (Spillius, 1992, p. 63). I suggest that this ‘nudging’ is related to sensorimotor-originating induction, which can include priming, evoking, speaking, hinting or posturing, all of which belong to either observable or subliminal stimuli from the analysand. These phenomena might include tone of voice or atmospherics, which compound the analysand’s initial projective identification and transform it into projective transidentification. The two processes together constitute an influencing process whose ultimate effect lies in the vulnerability and now activated and already constituted empathic capacity of the recipient.

In postulating that a subject cannot project directly into an object, I have already alluded to another problem. My induction hypothesis (which includes resonance, evocation, provocation, priming, prompting and/or gesture from the subject and spontaneous empathy from within the object) is fully compatible with Bion’s conceptualizations, and I suggest that he adumbrated it in his ‘transformations in O’ (1965, p. 160). Briefly, the analyst, upon receiving the analysand’s projections, which are equated initially with unprocessed beta elements (emotional imprints of \( O \), Bion, 1962, p. 7), the unknown and unknowable, is able to contain, that is, undergo a transformation in \( O \), and transform them into ‘\( K \)’ (knowledge about his emotions). The source of the analyst’s transformation is from within his own repertoire of experiences and emotions, which he seeks to match up (simulate) with those of the analysand and ‘become’ the \( O \) (the unknown and unknowable truth) of the session (Bion, 1965, p. 146). My understanding of what Bion means by this is that the analyst must recruit his own self-activated simulation of the analysand’s experience and ‘become’ it as thoroughly as possible. Thus, the source of the analyst’s information
is largely from within himself, but it is my opinion that it also emerges from the
mystery of the projective-introjective transmission process detailed earlier.

In support of this latter idea I cite Damasio: ‘The neural patterns and the
corresponding mental images of the objects and events outside the brain are creations
of the brain related to the reality that prompts their creation rather than passive
mirror images reflecting that reality’ (2003, pp. 198–9).

Thus, according to Damasio (personal communication, 6 February 2004), we
inherit the capacity to create empathically within us virtually the same feelings and
emotions experienced by the patient. Thus, Damasio and Llinás lead us to believe
that there may exist a mechanism other than introjection to account for how the
object becomes sentient about the subject. In support of the latter theory is Bion’s
(1959b, p. 168) statement that the herd instinct or group psychology does not exist,
only individual psychologies in a group.

**Induction by gesture and voice**

I should like to develop further the subject of hypnotic-like induction. The
analysand, like the infant, may employ overt or subtle levels of language including
that of *gesture* and/or *voice* (prosody), or subtle physically evoked interpersonal
communications (Kristeva (1989), ‘le sémiotique’, ‘preverbal semiology’ (p. 62),
or ‘priming’ (Modell, 1980; Ogden, 1994b; Helm, 2004), in which infant and
mother, as well as analysand and analyst, read each other’s *gestures*. Priming,
according to Helm, includes all the subliminal transactions of information that
enter the implicit memory system and, in regard to the psychoanalytic situation,
unconsciously affects the analyst and analysand. Modell (1980, p. 260) believes
priming constitutes a manipulative mode of communicating affects. The act of
pointing represents an early developmental milestone for the infant. By pointing,
the infant is both gesturing to indicate his interest in an object with, conceivably, a
wish to share the moment with his mother *and*, at the same time, also conceivably,
wishing, in unconscious phantasy, magically to acquire the object towards which
he is pointing.

If what I have stated above is so, the language of voice and gesture, which
I associate with hypnotic-like induction, evocation, provocation, prompting and
priming, differs significantly from projective identification proper but is included
within the process of projective *trans*identification, and may constitute yet another
communicative factor in inchoate mental life. Frazer (1922) long ago spoke of this
process as ‘sympathetic magic’.

My modified version of this process, as alluded to above, is as follows: the infant
or infantile portion of the personality, under the strain of accumulating emotional
distress, *induces* a symmetrical state in the vulnerable-because-willing mother
(or analyst) so that the mother/analyst unconsciously surveys (self-activates) her
own inventory of past actual or possible experiences within her conscious and
unconscious self, selectively recruits the most pertinent of them for conscious
consideration, and then *generates* thoughts and/or actions (interpretations) to
address the distress in the infant or analysand.
What the mother or analyst contains, consequently, is not the infant’s or analyands’s projections really but rather the emotional results of their corresponding unconscious recruitment of their own experiences, which constitute their own subsequent reconstruction of the infant’s experience to which they resonantly correspond. They remain self-contained in the presence of the emotional induction by the infant/analyand. In other words, the mother/analyst and the infant/analyand each contain ‘shared representations’ (Decety and Chaminade, 2003). I hypothesize that this process more closely corresponds to what Bion really meant by the analyst’s need to ‘become the analyand’ (1965, p. 146). The analyst must even more deeply ‘become’ those aspects of himself that most relevantly correspond to (simulate) those of the analyand.

**Projective identification, transference and countertransference**

In my thinking, projective identification is the underlying common denominator in all transferences, whether one thinks of displacement of past object cathexes or the projective identifications of current mental representations. Analysands may attempt to project into the (image of the) analyst as an appeal or to influence, manipulate, seduce, corrupt, imitate or fuse with the analyst. When they do so, they unconsciously manipulate the image of the analyst within themselves and try to force the analyst by induction or priming (gesture) to conform to this image.

I take the position that **countertransference** is the obligatory counterpart to transference and includes the whole range of the analyst’s repertoire of feelings and emotions in the analytic situation, whereas **reverie** (Bion, 1962, p. 36) strictly designates the purposefully directed and induced state of mind of the analyst who ‘abandons memory and desire’ (Bion, 1967, p. 143) in order to be optimally intuitive and receptive to his own unconscious vis-à-vis the analyand. When the analyst does seem to identify with the image created by the analyand, that identification may be a **trial or partial identification** (Fliess, 1942, p. 249) functioning as an intuitive analytic instrument. I would think that total identification would correspond to countertransference and partial identification to reverie.

When the analyst is afflicted with contagion from the analyand, Mason terms the phenomenon ‘mutual hypnosis’ or ‘folie à deux’ (1994, personal communication, 2003). Mason’s reasoning is that, in order for the object (i.e. the analyst) to be affected by the analyand’s projected unconscious phantasy, the analyst must already unconsciously harbor the same omnipotent unconscious phantasy himself and must unconsciously seek to preserve its fiction, thereby entering into collusion with the analyand to preserve their mutual belief, that is, folie à deux. I not only agree with Mason’s view but also would suggest, that folie à deux has a normal function and constitutes the basis for intuition and empathy. The object’s own unconscious is inherently structured to match the mindedness of the subject (Stern, 2004, p. 85).

In projective transidentification, the analyst, upon experiencing the evocative or provocative induction (sensory, ultra-sensory, or even extrasensory) stimulus from the analyand, summons within himself those corresponding symmetrical
phantasies that match the analysand’s experience. This is how a mother functions in maternal reverie when she is attending to her infant. Thus, when the analyst *seems* to act as a container for the analysand’s reported experiences, I postulate that the analysand unconsciously *projectively identifies* his emotional state into his *image* of the analyst with the hope of ridding himself of the pain and of *inducing* this state in the analyst by manipulating his image of the latter. The analyst, who is willing to be a helpful co-participant in this joint venture, becomes open and receptive to the analysand’s input via a state of *empathic resonance*. This resonance eventuates in the analyst’s countercreation of his own image of the analysand projections (beta-elements). Stern states it thus in regard to the idea of other-mindedness: ‘[I]nfiants are born with minds that are especially attuned to other minds as manifested through their behavior’ (2004, p. 85).

In clinical practice, we allow ourselves the liberty of using the shorthand expression, ‘you are projecting your feelings into me’, because it is practical to do so and concretely depicts the actual *experience*. My point is that, while it *seems* to work, it oversimplifies the intermediate processes that when considered suggest a paradigm shift in our understanding of the overall process *theoretically*. I refer to Bion’s (1965, p. 146) revolutionary conception of ‘becoming’ and dreaming on the part of the analyst. When Bion used the term ‘become’, he did *not* mean ‘identify with’, which would designate a loss of the self in the other, that is, a loss of ego boundaries. ‘Becoming’ can occur only when the analyst’s contact barrier (boundary) is intact (Bion, 1962, p. 17) so that the analyst may become that unconscious aspect of himself that is always already dormant within him resonantly and which always *potentially* corresponds to the analysand’s projected emotions. I refer the reader to my review of Bion’s theories on dreaming and becoming (Grotstein, 2002, 2003).

**The subjugating third subject of analysis**

Klein (1946, p. 300) posited that in projective identification the infant or the infantile portion of the personality may project its urine and feces, in unconscious phantasy, into the object in order to control it. She never really explained how the ‘feces’ and ‘urine’ exert their control, but Meltzer (1966) did. I understand him to mean that the infant first equates its feces and urine with the milk and the breast that has just been swallowed, in part because the gastro-colic reflex occurs rapidly after feeding. When the infant squeezes the feces in its rectum or performs anal masturbation, it is vicariously exerting its control over the maternal object within. In the course of these maneuvers, the infant may, in unconscious phantasy, project its feces or urine into (the image of) the external object at the latter’s rear (anus) as it is departing and seek to enter it in order to control it from within (colonization). This phantasied act of projective identification presupposes that the object’s and the infant’s anuses are now fused an/or connected, that is, mutually identified. Thus, the infant *and its* feces, now equated with the internal breast-object by sympathetic magic (Frazer, 1922, p. 43), are able to control the object.

Ogden’s (1994a) explanation for this process is different. He proposes that the analytic relationship between analysand and analyst itself constitutes a third subject,
one aspect of which can be understood as the ‘subjugating third subject’ (p. 101), which unconsciously directs the subjectivities of the analysand and the analyst. The formation of the subjugating third results from the intersubjective compaction or coalescence of the subjectivities of the analyst and analysand. It is a distinctive subject that acts independently of the subjectivities of either participant and directs each of them in the analytic drama. 

On the other hand, the engagement may be derailed by the analysand’s need to undermine the analysis. A collusion, a folie à deux, may then take place but can be rendered therapeutic if the analyst, who has been in a partial identification with the analysand, is able to step back and reflect upon what has transpired so as to render the drama into a mutative interpretation.

Ogden’s version is experiential. My own metapsychological version is that a ‘dramaturge’ (the creator-architect and director of the drama), the preternatural unconscious presence or demon that is located only in the unconscious of the analysand, co-opt the subjectivities of the analysand and analyst to create a play in which the relevant unconscious theme is able to become enacted and thus known (Grotstein, 2000). The other name of the ‘dramaturge’ is the ‘ineffable subject of the unconscious’ (Grotstein, 2000 p. 19). The dramaturge directs and orchestrates the subjectivities of the analysand and analyst to play roles suggested by Sandler (1976) but within the constraints of the analytic frame and the container/contained (Bion, 1962) safeguard. When the analyst’s own dramaturge becomes activated, a countertransference enactment replaces reverie. Furthermore, just as Bion (1959b, p. 168) believes that the herd instinct does not exist; there is only the accumulated psychology of individuals in a group, so, metapsychologically, there can be no third intersubjectivity (except in mutual phantasy).

Concluding thoughts

While projective identification, as Klein understood it, helps us understand the infant’s fate in being confronted by objects which are suffused with his projections, Bion’s version helps us understand the nature of the pre-lexical emotional communication between infant and mother, the complexity of which warrants a new designation, ‘projective transidentification’. I suggest that the latter includes prompting, tracking or signalling (Couzin and Krause, 2003) to the object in addition to projective identification. I also consider the nature of this intersubjective communication to lie on a continuum in which the object’s reverie and intution range from ultra- or even extrasensory perception through primary maternal preoccupation and transformations in O to projective transidentification.

I have thus far portrayed the operation of projective identification as originating in the infatile portion of the projecting subject’s personality and as being complexly resonated within the personality of the object. It must be stressed, however, that during the process of analysis, as in infant–mother transactions, and in daily life generally, the vectors of the transactions of projective transidentification operate bilaterally, that is, the object instantly becomes a sender, and the originating projective sender thereupon becomes a receiver, that is, a dialogue is taking place.
Moreover, newer studies on projective identification (what I now call ‘projective transidentification’) emphasize the effects, for instance, of mother’s projections on the long-term outcome of the infant’s personality development and behavior. In a long-term outcome study of mothers and infants, Apprey (1987) collected unconscious maternal phantasies about their infants from the fetal stage until the third year of the child’s life and found significant positive correlations between the unconscious phantasies and the outcome in regard to the child’s personality and behavior. One of the most significant aspects of projective identification clinically is its functions in selecting external objects to represent objects in psychic reality, whereas the most significant clinical aspects of projective transidentification is communication between two psychic realities.

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Translations of summary

„Projektive Transidentifizierung“: eine Erweiterung des Konzepts der projektiven Identifizierung. Das Konzept der projektiven Identifizierung wirft nach wie vor Fragen auf. Der Autor formuliert folgende Hypothesen: Kleins traditionelle Sichtweise und Bions Erweiterung und Revision derselben bilden ein umgekehrtes Kontinuum. Der Verfasser postuliert ferner, dass Bions Konzept der kommunikativen intersubjektiven projektiven Identifizierung (fortan als „projektive Transidentifizierung“ bezeichnet) primär ist und Kleins früheren unbewussten, omnipotenten intrapsychischen Modus umfasst, aber auch Bions „realistischen“ Kommunikationsmodus mit einschließt. Der Autor vertritt infolgedessen diese These, dass die intersubjektive projektive Identifizierung sowohl die Operation einer unbewussten Phantasie omnipotenter intrapsychischer projektiver Identifizierung konstituiert, die allein in der inneren Welt des projizierenden Subjekts verortet ist, aber auch zwei weitere Vorgänge: bewusste und oder vorbewusste Modi der sensomotorischen Induktion, die seitens des projizierenden Subjekts signalisierende und oder evozierende oder instruierende Gesten oder Techniken (mental, Körper, Sprache, Körperhaltung, Bahnung) beinhalten, die dazu führen, dass das rezeptive, über inhärente, die Empathie mit dem auslösenden Subjekt stützende „Verschaltungen“ verfügende Objekt dessen Erleben spontan empathisch simuliert.

“Transidentificación proyectiva”: una ampliación del concepto de identificación proyectiva. Aún persisten interrogantes sobre el concepto de identificación proyectiva. El autor presenta la siguiente hipótesis: la visión tradicional de Klein y su ampliación y revisión elaborada por Bion pueden considerarse como un continuo en sentido inverso. Grotstein postula que el concepto de identificación proyectiva intersubjetiva y comunicativa de Bion (que el autor denomina ‘transidentificación proyectiva’) es un concepto primario que incluye tanto la modalidad intrapsíquica inconsciente y omnipotente temprana de Klein, como también el aspecto comunicativo ‘realista’ de Bion. En consecuencia, el autor postula la hipótesis de que la identificación proyectiva intersubjetiva constituye no solo el funcionamiento de una fantasía inconsciente de identificación proyectiva intrapsíquica, omnipotente unicamente dentro del mundo interno del sujeto que proyecta, sino que además incluye otros dos procesos: las modalidades conscientes y/o preconscientes de inducción sensorio-motriz, que incluirían gestos o técnicas (mentales, corporales, discursivas, posturales o de priming) indicadoras y/o evocadoras o de solicitud por parte del sujeto que establece la proyección, seguidas de una simulación empática espontánea en el objeto receptor de la experiencia del sujeto. En esta simulación el objeto receptor ya está intrínsecamente ‘cableado’ para ser empático con el sujeto incitador.

La transidentificación proyective : une extension du concept d’identification projective. L’identification projective pose toujours un certain nombre de questions. L’auteur propose les hypothèses suivantes: la conception originelle de Mélanie Klein et les révisions et extensions proposées par Bion peuvent être considérées comme occupant un continuum en revers. L’auteur part du postulat que le concept de Bion de l’identification communicative projective intersubjective (que l’auteur renomme « transidentification projective » est inclus dans les modalités inconscientes, omnipotentes, intrapsychiques décrites antérieurement par Mélanie Klein, mais contient également le mode « réaliste » de communication de
Bion lui-même. Par conséquent, l’auteur formule l’hypothèse que l’identification projective intersubjective constitue à la fois l’opération d’un fantasme inconscient d’identification projective intrapsychique se déroulant exclusivement au sein du monde interne du sujet projetant – à laquelle s’ajoute deux autres processus : des modes conscients et/ou préconscients d’induction sensori-motrice, qui comporterait le signal et/ou l’évocation ou l’incitation à des gestes ou des techniques (mentaux, corporels, de discours, de posture ou d’amorçage) de la part du sujet projetant ; phénomène suivi d’une simulation spontanée empathique chez l’objet récepteur de l’expérience du sujet, dans laquelle l’objet récepteur est déjà « câblé » de façon inhérente pour être dans l’empathie avec le sujet inducteur.

“Transidentificazione proiettiva”: un’estensione del concetto di identificazione proiettiva. Sul concetto di identificazione proiettiva restano ancora dei dubbi. L’autore dell’articolo presenta la seguente ipotesi: si può pensare al punto di vista tradizionale della Klein e alla sua estensione e revisione da parte di Bion come se questi occupassero un continuum all’inverso? Egli postula che il concetto bioniano di identificazione proiettiva intersoggettiva comunicativa (che l’autore ribattezza “transidentificazione proiettiva”) sia primario e includa la modalità intrapsichica primitiva, onnipotente, inconscia della Klein, ma anche la modalità comunicativa “realistica” di Bion. L’autore avanza quindi l’ipotesi che l’identificazione proiettiva intersoggettiva costituisca l’operazione di una fantasia inconscia di identificazione proiettiva intrapsichica onnipotente esclusivamente entro il mondo interno del soggetto che mette in atto la proiezione – in aggiunta a due altri processi: le modalità consce e/o preconscce dell’induzione sensomotoria, che includerebbero gesti o tecniche (mentali, del corpo, del discorso, della postura o del priming) di segnalazione e/o evocazione o sollecitazione da parte del soggetto proiettante, seguite dalla simulazione enfatica spontanea nell’oggetto ricettivo dell’esperienza del soggetto, nella quale l’oggetto ricettivo è già insitamente “cablato” per nutrire empatia nei confronti del soggetto sollecitante.

References


