Section 6 - Splitting-and-Projective Identification

Overview:
Melanie Klein wrote a paper in 1946 called "Notes on Some Schizoid Mechanisms" in which she first mentioned the phrase "projective identification". With that paper she simultaneously unleashed two huge trends that have been central in psychoanalytic discussions ever since. The first is the psychoanalytic exploration of the ubiquitous, deeply unconscious psychological maneuvers that could be subsumed under the rubric of "projective processes". The second trend is one of confusion as to what is exactly referred to by the term "projective identification".

I could make an argument that "projective identification" is simultaneously the single most important concept in all of psychoanalysis and simultaneously the most confusing and misunderstood. It is an unfortunate term but one that can be made sense of so that people can use its underlying phenomena to add to their understanding of normal development and mental functioning in health and extreme mental illness.

A psychiatrist friend of mine summed it up when I told him some twenty years ago that I was going to teach a course on projective identification and his instant response was "Okay, I get the projective part, but where does the identification come in?" In response to that question I would like to propose a way of thinking about projective processes that is useful and infinitely less confusing. After sharing that model, I will revisit the terminology and try to briefly unpack how the confusion ensued from Klein's classic 1946 paper, "Notes on Some Schizoid Mechanisms".

Some Helpful Assumptions About Infants:
It is impossible to adequately appreciate the ubiquitous scope of projective processes at the level of the baby core of the personality without a few essential assumptions:

1 – Babies are fundamentally "concrete" in their mental functions at the beginning of life. They probably make no distinction between physical and mental states, which implies they make no distinction between physical and mental distress. It also seems highly likely that they make no distinction between physical and mental maneuvers for coping with distress.

2 – It is universally human to consciously wish as a child that there be "magic", and to have that wish persist into adulthood at an unconscious, baby core level, even if it is not acknowledged as such, cognitively, as the individual grows up. This is to say that adults use "projective processes" just as much as they did when young, they are simply very unaware that projections are taking place.

3 – When under emotional and/or physical stress, humans have a resurgence of "baby level" coping maneuvers. This means that "projective processes" become more extensive, violent, and problematic during times of emotional and physical distress, often in proportion to the degree of distress.

Before I move on to a model for making unconscious projective processes more logical, I would like to illustrate the points I just made with an example that I find useful. It has to do with the seemingly universal appeal of cigarette smoking and the difficulty in giving it up. If cigarettes were not unhealthful, and did not leave an odor on clothing, etc., I suspect there are few among us who would not occasionally smoke. If that is true, what is the appeal?

I would like you to consider that smoking is a very primitive, powerful, reinforcement of the idea that one can have a magical capacity to "take in" anything one wishes that is good, and concretely "expel" anything that is felt to be unwanted. This reassurance of a magical capacity is evident in the common need for someone to have a cigarette before they face something difficult or anxiety producing. Likewise, smoking is often used for the restoration of magical resources after working on something for a period of time, in the form of a "cigarette break". Maybe we could even reference the cigarette after lovemaking, actually an odd juxtaposition of intimate contact and self-sufficiency when you think about it. I suspect that for some it is a

reassurance that any anxieties that might result from the increase in emotional vulnerability, attendant to making intimate contact with another, can be hedged by a reassurance that they can be evacuated out of self as needed to preserve a feeling of being safely in control of everything.

Let us now address "projective process" by breaking the issue down into the two broad areas. The first area involves the building block elements that make up projective processes, namely "content", "motive", and "consequence". The second area involves the clinical relevance of projective processes in relation to the issues of identification (including the location of the sense of identity) , confusional states, paranoid anxieties, etc.

Infancy and Projective Processes:
If we start by going back to infancy, it is useful to picture the alimentary tract as a model for projective processes. Simply put, the infant imagines it can take anything into itself that it wishes to have and can expel outside itself anything of which it wishes to rid itself. This means that it can imagine taking things in with its mouth, eyes, ears, nose, anus, etc. and evacuate anything through its mouth, anus, urethra, eyes, nose, etc.

The "content" available to these processes can be anything physical or mental since infants appear to make no distinction between them in early life. In the later months of the first year of life we can make assumptions about "projective processes" that will hold up as models for the rest of the lifespan, but in the beginning these processes are more amorphous and global. It is important to remember that we are talking about the basic mechanisms by which the personality and mental apparatus are constructed. [See Bion's "Mother-Infant" Model at the Beginning of Module Two]. Only later in this discussion will we be concerned with faulty personality construction and problematic use of these mechanisms.

However, in the beginning of life they do essentially represent the core means by which human mental structure is achieved. In other words, 'introjective' and 'projective' processes represent the essential maneuvers by which the complex and beautiful human mental apparatus and personality are created. These two processes are not themselves pathological, they are simply analogous to brick and mortar in construction. That is to say that how they are used matters, but in and of themselves they are simply construction and maintenance maneuvers with no inherent emotional valence.

With all of this as a backdrop, let's arbitrarily begin our discussion of "projective processes" around the second year of life. I find it useful to make a model of them in the form of an algebraic equation:

'CONTENT' + 'MOTIVE' = 'CONSEQUENCE'

1 – The 'content' of projective processes can in theory be anything. In practical fact it can be distilled down to four primary classes, with the first two being more easily recognized that the second two. The first would be "parts of self" including both "good" and/or "bad" baby parts of self. The second group would be "good" and/or "bad" versions of mom or dad, including primitive 'part object' versions of them. The third area of content for projective processes would be "states of mind" and fourth would be "mental capacities".

The area of 'states of mind' gets a bit tricky as it is usually a state of mind that tends to be chronically attached to a part of self or internal version of mom or dad (i.e. the "internal objects" of Kleinian literature) and thus gives that element of someone's internal world its unique meaning or value. So, for instance, a baby feeling of being small, helpless, stupid, left out, unwanted, frustrated, enraged, jealous, envious, alone, guilty, depressed, cruel, shamed, humiliated, etc., are all states of mind that could be attached to a part of self or a version of mom or dad. They could even be a central, defining component of the states of mind attached to that part of self or parent.

However, I do think that it is also possible to project a state of mind without it being attached to a structure from one's internal world. This is perhaps more common when the motive for the projection is in the realm of communication and the projector is not necessarily trying to rid himself of something.

When it comes to our fourth area, the projecting "mental capacities", we are in the realm of maneuvers that almost always represent significant developmental problems. I am referring primarily to the projection of such developmentally important capacities as the ability to "think", or to "feel", or to "face mental pain" with a goal of modifying it rather than wholesale evasion of it. Also the ability or willingness to "care" about life and relationships, etc. can be a mental capacity that is jettisoned, often into someone in that person's family.

The projection of any of these capacities into someone else, or even outer space, immediately gives a serious limitation to developmental progression in life, eventuating in handicaps that are often obvious, but sometimes more subtle. At the extreme, they take us into the realm of severe character problems and psychosis.

2 – The realm of "motive" for projective processes takes us back to the basic issues of mental pain and the core emotions related to mother as outlined earlier in this module. For example, the motives often can be distilled down to some basic emotional desires:
– (1) to rid oneself of something felt to be undesirable or distressing,
– (2) to communicate something via "song and dance",
– (3) to hurt or harm someone,
– (4) to reverse roles with someone (i.e. simultaneous introjection and projection),
– (5) to get inside the object and obliterate separateness.

These are arbitrary categories and represent overlapping circles in real life. Much of the work of the practicing therapist involves the patient evacuating something that is felt to be undesirable into the therapist, sometimes for communication, but also often just to rid himself. The therapist's job is to make sense of it so that it can be converted into a communication. This latter point is key – in life, POTENTIALLY ANY PROJECTION CAN BE CONVERTED INTO A COMMUNICATION. This amounts to the container performing what I described as Bion's model of mother/infant interaction for building a mental apparatus.

The fifth category, namely getting inside the object is hugely important in life and therapy and represents an entire book in itself. Its key variables are its "reversibility" and "extensiveness". Temporary, reversible fusion is a key element in "empathy" (putting oneself in someone else's shoes) and "intimacy". On the other hand, "massive" projection parts of one's internal world into another represent a key dynamic in psychotic states.

3 – The "consequences" that result from a specific projection follow relatively straight forwardly as a result of what was projected and what the motive for the projection was. If the content was felt by the projector to be something that he didn't want, then he will expect the recipient to feel the same way. If what was projected was felt to be valuable, the projector will expect that the container will hold on to it.

Likewise, if the "motive" was hostile, then the recipient's response to the projection will be expected to contain a negative, hostile component in the response or reaction to the projection. If the motive was loving, then the projection will not be expected to generate a negative reaction.

The uncertainty about a projector's motive is one of the reasons why 'sarcasm' in humor is a double edged sword. The perpetrator of the comment or joke can never know for sure how it will be taken by the recipient. Quite often, a bit of sarcasm of the "it was just a joke, chill out" type stirs up something painful in the recipient at a baby level that is not recognized by the projector and resented by the recipient.

When we add the issues of "center of gravity of sense of identity", "reversibility", and "quantity" of what is projected, we will then be in a position to discuss another crucial consequence of projective processes, namely the generation of "confusional states".

At bare minimum, the projector will have some confusion about the state of mind of the recipient, whose feelings may not be congruent with what the projector might imagine and expect, all unconsciously, to be the reaction of the container to the projection. This can be exemplified in the mundane example of "you look sick", "no I am feeling fine".

Where the projection is of a larger part of self or of an internal object, then the resultant distortion of the projector's "perception of the container" can be much greater. Where the "sense of identity" of the projector goes with the projection, the resultant confusion about identity can be very great and is commonly problematic.

I am aware that at this point the reader is probably feeling overwhelmed with this array of components to "projective Processes". Hang in there, it all takes some re-reading and digesting.

Unpacking the Confusion about "Identification":
Melanie Klein was a gifted clinician, and arrived at a number of extraordinarily useful clinical observations about deeply unconscious processes. But a careful reader of Klein comes away with an impression that she was never overly concerned with contradictions and inconsistencies in the models she was creating. It is as if she was moving from one inspired realization to the next and defending her clinical observations and their implications, but she was not the detailed theoretician that was Freud.

For us to make sense of this lack of precision, we have to add some after the fact, so here goes.
1 – If we have 'content', 'motive', and 'consequence' as key variables in projective processes, we must now add a fourth element, the recipient of the projection, for whom we will use Bion's useful nomenclature, "container". The word 'consequence' of our little algebraic equation is then actually a reference to what is imagined to happen to this recipient (i.e. "container") of the projection.

From the point of view of the projector, the "container" will now be imagined to be significantly influenced by what has been put into it. Put in different words, the container is now at least partially "identified" with the projected content, and maybe even imagined to be completely "taken over" by what has been put into it. We could think of this as the first potential meaning of 'identification' in Klein's term, 'projective identification'.

2 – We can add a second potential meaning to 'identification' that has to do with the projector now feeling that he is no longer separate from the 'container', because the container now possesses a part of the projector. The result is that projector and container are now "fused and confused", as the Kleinian psychoanalyst Jim Grotstein likes to say.

Put in other words, the identity of the projector has gone with the projection into the container and the projector's identity is now equated with that of the container. This is more likely to happen when the projector unconsciously feels it would be desirable to get inside the container to take possession and control of the container or even to live inside it and become an "unborn, inside baby". This state of mind is probably universally common with infants in relation to their mom.

3 – The third potential meaning of identification really adds to the confusion with the terminology. This is in circumstances where envy is involved, and the projector's unconscious motive has a large component of a desire to exchange positions in life with the container, as is also so common in infancy with mom.

In this envy driven "role reversal" (or 'envious reversal' for shorthand), two processes take place instantaneously and simultaneously. The first is that the projector rids himself of the unwanted baby state, by projecting it into the 'container'. Simultaneously, the projector steals the desirable state of affairs (i.e. some aspect of the "container's" identity) from the container and takes it in for himself.

A stark, somewhat unpleasant prototype of this process could be envisioned in the idea of the envious baby imagining devouring the breast to have it for himself and simultaneously shitting (evacuating) into the

cavity left behind all of the baby's hated states of "babyness". The result of this 'envious reversal' is that the baby feels "big and fancy" and mom is felt to be "shitted up and small".

To summarize the confusion linked to the word 'identification', it can refer to: (1) the container being equated with what was put into it by the projection, or (2) it can represent the state of the projector and container now being linked by a shared component of identity because a part of the projector is now lodged in the container, or (3) it can be more global than # 2 because complete identities have been swapped, as in an envious reversal.

With this in mind, it is observable in Klein's 1946 paper that her first example of "projective identification" is not simply one of "content" being projected into an object and the object being becoming equated with what was projected into it, but rather it is an example of the more extreme, global example of the identity swapping that takes place in an envious reversal. The word identification in that situation is really a result of the two simultaneous processes, a "projection" and an "introjection".

If the readers head is again spinning at this point, let's try to break the processes in this last example down into more digestible units by looking at some of the elements involved in what is totally simple and straight forward to the infant – "I don't want this, you take it" or "I want to be you, and you can be me".

The Center of Gravity of the Sense of Identity:
Donald Meltzer, in his extraordinarily useful but difficult book "Sexual States of Mind", makes the observation that in trying to evaluate projective and introjective processes in a given situation, one must look for the "center of gravity of the sense of identity". His point is that at a given moment the sense of identity that someone unconsciously is operating with may be lodged in a particular part of self or object (i.e. person), and in turn, that entire projective process may at that moment be taking place inside oneself, or it may be taking place inside someone else.

This becomes a crucial issue when trying to clinically understand what a patient is feeling at a given moment.
If, for example, the patient is getting rid of something undesirable by projecting it outside, their sense of identity is going to stay behind because they don't want to be connected with the undesirable element being projected. On the other hand, if the projection is going into a desirable container, they may wish to go with it so as to be "inside" the desirable place.

The key issue becomes: Where is the primary sense of identity after a projection has taken place? [It must be noted that this is different from the minor note of a small aspect of unconscious feeling that the container now contains something of oneself in it and so there is a small, more subtle sense of identification with the container based on that fact.]

Let's use as an example sexual intercourse where one is literally physically "joined up" with another briefly. If the female and male love each other, and wish to feel joined up more permanently, they may literally feel fused and connected, and may imagine that have to do everything together, think the same way, etc. The center of gravity of each individual's sense of identity may be temporarily, reversible lodged inside the other.

Contrast that with a "rape", where the male is getting inside the woman and, if you will, simultaneously robbing her of her desirable state of femaleness, while depositing his hated state of being a left out, needy, soiled baby. With this model in mind, one could argue that seen in this light, most forcible rapes are an unconscious act of a "violent envious reversal". The center of gravity of each person's identity in that awful example stays largely separate on purpose, consciously and unconsciously, as neither wants to be the other after the act.

As a side note, if you take those two extremes, joining up or violent envious reversal, then you can see why adolescent sex is so often contaminated by confusion between the two. After having sex, the two parties are

not sure if what they did was a loving act or a criminal theft of their parents' sexuality. The resulting uncertainty leads to anxiety and guilt that typically wins the day and ruins the relationship.

In the consulting room, recognizing where the "center of gravity of the sense of identity" is lodged from moment to moment is crucial to making sense of what a patient is feeling. If a patient is complaining of feeling controlled by the therapy or you, or is acting as if you are supposed to think for them, then you have to consider that the patient's sense of identity is lodged inside you. This the point where dreams often become crucial in helping to clarify what is taking place unconsciously.

To site an extreme example, I had a patient whose dreams endlessly involved her being in my office building after hours, roaming the halls, coming in to assist me during sessions, and at one point even having her own room in the building adjacent to mine. We came to recognize these as an expression of her overwhelming baby level desire, now entirely unconscious, to return to being an unborn, baby back inside mom.

Confusional States:
It follows naturally and inevitably that if even a small part of oneself is projected into another, that there must inevitably be at least a small resultant confusion, regarding both the container's identity and what the container will do in response to the projection. Here are a few of the possible responses on the part of the container, as imagined by the projector.

1 – The most common expectation is that the container will in some way "sense or feel" the projection and will have a reaction according to what was projected and the motive of the projection. The container will retain much of their identity with the projection only adding a minor alteration to that state.

This represents the situation when the average person projects something. They usually project "into reality" which is to say the container tends to already be that way so that the projection "fits" the container and is not particularly obvious. If, for example, you put a small sack of trash in a large dumpster filled with trash, you won't imagine it will have much impact.

Nonetheless, there will be a small resultant confusion on the part of the projector about the object. To take a benign example, if the projector sneezed and was afraid they were coming down with a cold, and then saw someone blow their nose, they might ask "Do you have a cold?" The other person might say that they were having a bit of an allergy that day but the projector might not feel sure that the other isn't in fact coming down with the cold the projector does not want to have.

To summarize this first area of confusion, all projections, no matter how small, have a subtle component of resultant confusion between self and object, and an additional uncertainty as to how much the container has been affected by the projection now residing in them.

2 – If we increase the forcefulness of the projection, and its size, then we will have an increase of the feeling of the projection altering the recipient's identity, even if the center of gravity of the sense of identity of the projector remains outside the container. In effect, the projection is now felt to take over the container and has therefore become much more the primary "new identity" of the container.

Take as an example a situation where I was felt to be helpful all week to a patient, but I then bring up that they have not paid me for a bill given to them three weeks ago. If their instant reaction is to feel that I am angry, and they simultaneously become angrily defensive, we can assume that something has altered my identity at that moment. What often underlays such a situation is that the patient unconsciously felt a desire to withhold my money, keep it for themselves, so that I have become the "poor, hungry baby" and they have become the "rich, fancy parent/therapist".

This would be an example of an envious reversal, but for our purposes, the primary point is that the patient's projection has resulted in some confusion. My identity has been "taken over" by their projection

into me of an unwanted baby aspect of themselves and I am imagined to have momentarily become dominated by that projected part of themselves and therefore imagined to be angry and retaliatory.

3 – To get to situations where confusion becomes a major component of the alteration of the identity of both the projector and the recipient, we need to add the desire of the projector to "get inside" the container. In other words, the "center of gravity of the sense of identity" of the projector is attached at that moment to the projected element so that the result is the projector is now imagining himself to be inside the object. If this state is temporary and reversible, then it may not be a problem. It could represent the aforementioned state of empathy often described as putting oneself in another's shoes. This is probably what happens when we see a well done movie and feel impacted by it.

When the sense of identity resides more permanently inside the object, then we have an entirely different situation. If the motive is more permanent possession and control of the object, then the confusions that result will have a more hostile, controlling quality for both parties. If the motive is more to join up and obliterate separateness, then the confusions will have a more "Who is thinking what?" and "Where are the boundaries?" type of quality. If the motive is more to be a passive, unborn, inside baby then the confusional qualities will likely involve passivity on the part of the projector and ultimately feelings of being parasitized on the part of the recipient.

In summary, the possibilities for confusion are as myriad as are the possibilities of what is projected and why. I cannot possible do justice to their breadth, but the reading of any literature on pathological states of mind will be permeated by examples of confusional states, large and small, that result from projective processes.

Summary of Confusional States

I hope it is obvious that the topic of confusional states attendant to projective processes is huge, it varies from subtle to massive, can be seen on various continuums like neurotic versus psychotic, benign versus extremely problematic, temporary versus characterological and permanent, etc. In any of these situations, it still boils down to alteration of the container's identity, which is now comingled to a variable degree with something that once belonged to the projector's internal world. Both of their identities have been altered, and that alteration leads to confusion in the projector's mind.

To put it from another frame of reference, the identity of the projector is depleted by a projection and the identity of the recipient is increased and altered by the addition of the projected element. The fact that one is now residing in part in another must inevitably alter both identities and lead to some element of confusion. This resultant confusion will increase with the size of the projection, forcefulness of the projection, and movement of the sense of identity into the object with the projection.

Paranoid Anxieties:

Much of our discussion has involved the impact of projective processes on the sense of identity of self and object. The altered senses of identity result inevitably in confusional states of varying degrees of seriousness. But now we need to look more specifically at the anxieties that result from projective process.

The confusional states are related to some aspect of one person being inside another person. The anxieties that result would logically be expected to follow on that state of affairs. For example, the fear that one cannot get back out of the object entered by the projective process would lead to something akin to "claustrophobic anxiety". A feeling of being "controlled" by another might be another, additional anxiety resulting from being inside another in unconscious phantasy.

To explore this area in greater depth we need to focus more intensely on the issue of "motive" for the projection in the first place. In particular, whenever the motive had an element of "hostility" toward what is being projected or toward the object receiving the projection. With a hostile motive, it will it will follow that the projection will be expected to engender hostility, in the recipient, back toward the projector. Infants just love Hammurabi's Law, "Eye for an Eye, Tooth for a Tooth".

This is so often in the form of an unconscious expectation on the part of the projector that if they don't want what they have projected, then the recipient will not want it either. If the projector hates baby feelings, for example, then recipient won't want them either and will project them back, in triplicate. This is the most common cause of the paranoid anxieties attendant to projective processes.

Now let's add an order of magnitude to the hostility involved in the motive of the projections taking place. This is especially common where "unconscious envy" is at the center of the motive for the projection. The spoiling, hateful urges in such projections lead to instant intense paranoid expectation of retaliation, even if it is entirely unconscious.

For example, a very disturbed five year old child patient, threw a wadded up piece of paper at me at the end of the last session of the week, saying it was a "doo doo bomb", and ran out the door. His anxiety that he had destroyed me with the projection led him to have to be carried into the building of my office by his mother, with him kicking and screaming, to his Monday session. For me that represented his expectation that in retaliation I would blow him up when he came back and he was terrified.

We can make an almost axiomatic assumption about projective processes and paranoid anxieties. The more hostility there is in the motive, which very often has unconscious envy at its root, the more paranoid and intense will be anxieties about retaliation. The rub is that so often these states of mind are held in areas of the mind that are separated off from one's conscious awareness and are thus often subtle even though they are influential. Again the key is to have a model of projective processes and their consequences available. This makes it possible to have an understanding of such pervasive unconscious activities that are usually impenetrable by the use of just ordinary common sense.

<u>Fixed Chronic Projections Versus Acute Destabilizing Projections</u>
This is an extremely helpful differentiation to make, especially when evaluating families and marriages. There is more detailed reference to the marital context of projections in Module Three. The essential idea is that human beings, beginning in infancy, have projective processes taking place in all relationships. These projective processes exist on several continuums: content, motive, size, intensity and violence, reversibility, and now we are adding "acute" versus "chronic".

"Acute projections" arise in a given situation based on that momentary state of mind with specific emotions dominant. They will follow the algebraic equation of "content + motive = consequence". This implies that they will be destabilizing of a relationship when the content or motive is more in a negative realm. It is not as likely to problematic or destabilizing when the projection is of a more positive or communicative nature.

The key point is that acute projections will be inevitable when any intense, painful baby state of mind is aroused. As a result, since the motive is usually to get rid of something painful or distressing, the projection may aim to bring relief but will usually lead to a destabilization of the internal harmony of everyone involved, at least momentarily or temporarily, and in proportion to the degree of mental pain involved. The degree to which the "adult part" of either party can come one the scene and make sense of what, is going on is usually the degree to which order can be restored and internal harmony re-established.

Chronic projections in contrast are a part of a longer term relationship during which certain patterns of interacting and attendant states of mind have led to a more ongoing, continuous set of specific projections that functionally become "fixed" until some a acute situation destabilizes these projections.

Childhood interactions within the family occur over many years and accrue certain patterns of treating each other that have ongoing projections embedded in these interactions. Structurally speaking, it is as if the projector places certain projections into their object ("container") and then treats that person as if they can always be expected to be that way. Parents who want their child to be an extension of their own idealized baby self might be unable to see their child's limitations based on that chronic projection of their own wishful idealization. The same could be said of a parent who projects an unwanted aspect of their baby self and can't help themselves from seeing their child in that negative light.

The key point is that the parent is not just imagining that some past historical element will be recreated in the present. I am saying that they are actually projecting a "part of self" into the other, their child in these examples, and these projections are on an "ongoing, chronic nature". Take for instance a father who is a little league coach and has projected his own idealized "future Hall of Famer" aspect of self into his son, and insists on putting him in as the starting pitcher when another boy on the team is clearly a better pitcher. Or the mother who keeps fretting that her daughter will "turn away" from her (the same way the mother turned away from her own mother) even though the daughter shows no evidence of having significant underlying or unconscious hostility toward the mother.

These examples may seem more benign but these chronic fixed projections are often quite problematic and potentially destructive. A parent or grandparent who decides that one of the grandchildren is inherently "bad", stupid, a loser, worthless, etc. is invariably projecting a hated part of self into the child. Similarly, a parent who projects a neglected, abandoned, unwanted part of self into the child will behave in a fashion dominated by the projection rather than by the actual unique qualities of the child. The result might be that the parent is actually neglectful or abandoning. What is more common is that the parent will go to the opposite extreme of never separating from the child, even in a reasonable manner so that the child can develop a sense of autonomy and independence.

Marriages are also long term relationships, analogous to families. Marriages begin via an unconscious marital selection process requires that individuals find a partner that has the same quality and type of "internal paired relationships" making up their unconscious inner worlds. If they do not have these similar internal situations they will have nothing in common and speak entirely foreign tongues. But this leads inevitably, and almost entirely unconsciously, to the couple dividing up these internal paired situations and assigning each other various roles and states of mind.

One partner may make it clear that they like to be in control, and so they take on the role of the good parent who takes care of everything, while the other gets to be the baby who is taken care of by the good parent. Or one spouse might "contain" the part of self that is always afraid something bad is about to happen and the other gets to be the confident, grown-up, reassuring parent who is optimistic.

In each of these situations one person is projecting one half of a paired relationship into the other, usually the child/baby element or the parent element, while adopting and holding on to the corresponding other half of the relationship. This division of the pairing can remain unchanged for the course of a marriage or it may evolve over time. In happy marriages, these divisions stabilize and harmonize the relationship. But as with all projections, the more mental pain attached to them, the greater the likelihood is that they will become problematic at some point. [These are very large topics and are covered in greater detail in Module Three.]

In summary, it is very useful to make a distinction between acute projections and chronic projections. Acute projections are usually attendant to some momentary situation that has arisen, one that may be painful, problematic, or just require communication. They can be small or massive, gentle or violent, a momentary shift or massively destabilizing, and are usually reversible and/or will pass. Chronic projections involve ongoing, semi-permanent structural elements in both personalities involved and tend to stabilize the relationship when loving and stamp the relationship as problematic when negative.

<u>Overall Summary Regarding the Concept of Projective Identification</u>:
The term projective identification is a reference to a myriad of concrete phantasies that originate infancy and carry on ubiquitously in all human beings on an hourly basis throughout the lifespan. Because they seem rooted in our phylogenetic inheritance as a remnant of preverbal "song and dance" forms of communication, by species without a cerebral cortex and frontal lobes to create and process verbal thought and communication, they remain active even though they are illogical to our "rational" adult selves. They literally operate on a different level and manner, unavailable to our conscious awareness, for the most part.

Melanie Klein's unfortunate term is too confusing to be useful, and should be replaced, as far as I am concerned, with the more general and straightforward term of "projective processes". It would be sensible

to add a parallel general term “introjective processes” to describe the same concrete quality of phantasies going into oneself instead of out of oneself.

These phantasies remain almost completely unavailable to conscious, rational “common sense”. Once one sees them, it all seems so obvious that one wonders why they have only been accurately defined and explored in the last one hundred or so years. But the recognition of having an unconscious inner world is such an amazing paradox. It is like having and using two arms and two legs and yet never noticing their existence.

My hope is that the reader of this section will use the components of projector, content, motive, consequence, and container to think about these processes without confusing jargon. I believe one can then begin to make sense of many things that are otherwise illogical, paradoxical, hypocritical, etc.

Needless to say, it helps to have had personal experience, in treatment, with the nature and scope of one’s own projective activities.