INTROJECTIVE IDENTIFICATION AND PROJECTIVE IDENTIFICATION

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OCTOBER 5, 2021
CONTEMPORARY PSYCHOANALYTIC THEORIES OF THERAPEUTIC ACTION

FREUD ---- emphasized the content over process

PRESENT ---- greater focus on psychic process & T-CT play
TRANSFERENCE

• Transference phenomena are co-created in the unconscious configuration between patient & therapist
• The expression of internal object relations in the relationship with therapist
• Internalized relations with significant others are modified by patient’s defenses and fantasies (not exact representations of past relations)
COUNTERTRANSFERENCE (CT)

- One-person psychology versus a bi-directional field
- CT took its place alongside transference, guiding system & useful response
- Jointly created by patient and therapist mutually influencing one another
COUNTERTRANSFERENCE (CT)

- Guides us towards understanding transference
- Transference and CT go hand in hand & always present
- Therapist’s Unconscious = mental container for the transference
- The mode of discovery of the transference
- The vehicle for the resolution of transference
COUNTERTRANSFERENCE ENACTMENT

- U.S. ego psychologists (J. Chused; T. Jacobs)
- CT initially unconscious – CT recognized by certain kinds of actions
- May be first sign of unconscious feelings
- When an attempt to actualize the transference fantasy elicits a CT reaction
- Acting in by patient and/or acting in by the therapist
PROJECTIVE AND INTROJECTIVE PROCESSES

- Normal
  - Empathy

- Pathological
  - Massive projective identification (Bion)
  - Intrusive projective identification (Meltzer)
Functions of Introjection & Projection

Defense and Structure Building

Good experiences

- introjected in a psychological mode like sucking & swallowing
- “To yield to the desire to incorporate the good object is fraught with the danger of taking in its badness…” (Heimann, 1973)
FUNCTIONS OF INTROJECTION & PROJECTION

Defense and Structure Building

Bad experiences

- projected outside into the object in a psychological mode equivalent to spitting out….
- but the expulsion of the bad inner object threatens the loss of its goodness (Heimann, 1973)
INTROJECTION

- “the most important and mysterious concept in psychoanalysis” (Meltzer, 1978)
- “the dynamic introjective phase of the introjective-projective sequence in the analytic process tends to remain unconscious …not often been the object of study.” (Scharff, 1992)
INTROJECTION

“The patient lives chronically under the threat, that is, not only of persecutory figures experienced as part of the outer world, but also that of introjects which he carries about, largely unknown to himself, within him. These are distorted representations of people which belong, properly speaking, to the world outside the confines of his ego, but which he experiences – insofar as he becomes aware of their presence – as having invaded his self.” (Searles, 1965)
INTRODUCTION

Fairbairn regards introjection as the first defense of the ego, when the external object is experienced as too painful to be borne (bad objects). Then, Fairbairn regards good object experience as secondarily introjected into the central ego (as the ideal ego).

Scharff, 1992
INHIBITED INTROJECTION

1. Fear of the analyst-object’s projections into the patient (Menzies-Lyth, 1983)
2. Fear of re-entry of that which has been projected into the analyst

(Scharff, 1992)
For Freud, “identification was not imitation, but rather an assimilation by the subject’s ego of the object, on the basis of a shared similarity in his patient’s unconscious phantasies.”

Scharff, 1992
INTROJECTIVE IDENTIFICATION & PROJECTIVE IDENTIFICATION

- Introjective Identification
  - the object’s ego becomes like the subject’s ego. (Heimann, 1951)

- Projective identification
  - the subject’s ego becomes like that of the object (Heimann, 1951)
STEP 1: A Type of Transference

- Unconscious disavowal of self and object representation, & projection into someone else
- Intrapsychic defense & interpersonal communication
- An externalization of an internal object relationship
- Patient projects a state of mind into therapist
STEP 2 – Countertransference

• Therapist *introjectively identifies* with evoked state of mind
• Therapist experiences projected parts (fit between projected parts and therapist’s repressed self or object representations)
• Therapist feels unlike his/her usual self
CONTAINMENT

- Maternal Reverie
  - Mother unconsciously receives baby’s projective identifications & unthought anxieties

- Transformation
  - Mother uses her alpha function (dreams, symbolizes, thinks about, contains) & feeds back altered mental contents to baby

- Mental growth, alpha function develops in baby
  - Continuous cycles of projective identification and identification
Step 3 – Containment (alpha function)

• Once countertransference becomes conscious
• Relative contributions of patient and therapist?
• Therapist metabolizes projected parts so they can be reintrojected by patient
• Mechanism of therapeutic action: restructuring the mind
Introjective Identification and Projective Identification.

Scharff, D.; Scharff, J. (2005)
REFERENCES


