UNDERSTANDING PROJECTIVE IDENTIFICATION

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Abstract.

Projective identification is a concept of psychoanalytic psychology which is extensively used within clinical practice and with wide extra-clinical application. It is however under-theorized within psychoanalysis, while as a concept acquired through clinical practice it is not easily accessible to other disciplines. Drawing on Kleinian psychoanalysis I provide a philosophical explanation of projective identification as it occurs in the clinical interaction, in terms of the linking of the imaginations of patient and analyst by the patient's speech behavior and the analyst's response. I show how the patient communicates his feeling to the analyst through a speech act and how the receptive act of imagining this provokes in the analyst forms part of her counter-transference. Reflection on her counter-transference response enables her to understand and interpret the patient's 'thick communication' of his unconscious state of mind.

Keywords: Money-Kyrle, Bion, projection, phantasy, empathy, gaslighting..

'How exactly does a patient succeed in imposing a phantasy and its corresponding affect upon his analyst in order to deny it in himself is a most interesting problem..... In the analytic situation, a peculiarity of communication[s] of this kind is that, at first sight, they do not seem as if they had been made by the patient at all. The analyst experiences the affect as being his own response to something. The effort involved is in differentiating the patient's contribution from his own.' Money-Kyrle (1956). (1)

1. Introduction.

My title, 'Understanding Projective Identification', is intentionally ambiguous. In this paper I aim both to show how the psychoanalyst comes to understand what the patient is trying to communicate in projective identification, and to enable the lay person to understand what projective identification is. Projective identification is a central concept of the psychoanalytic psychology developed by Melanie Klein and her school (Klein 1946). It refers both to the mental activity sustaining a complex identification as an unconscious state of the patient's mind, and also as above, to a psychological interaction between the individual in that state and the figure implicated in the identification. In psychoanalytic theory all mental activity has dual epistemic and defensive functionality. Post-Kleinian theory allots four particular functions to projective identification: communication, curiosity, containment-seeking, and control or coercion of others. In this paper I examine the way that projective identification works in communication both normally and as it is implicated in psychic defense, only touching on the way that containment-seeking and control of the other are part of the communicative interaction. By 'communication' I understand the sharing of meaning through a route, means or medium held in common.

Correctly applied, the concept of projective identification has considerable clarificatory power over the confusion in communication that is a hallmark of its presence. Psychoanalysts who employ the concept are frequently able to discern its manifestations with a high degree of sensitivity and consensus. Michael Rustin (2007) has described the ability of psychoanalysts to train and be trained in the detection of psychological processes such as projective identification in terms of the acquisition of 'craft skills'. However, as this phrase implies, there is as yet no adequate theoretical control on how the concept is applied to ensure that the phenomenon is correctly identified. Consequently 'projective identification' risks becoming a 'portmanteau' concept suffering from over-use to the point of forfeiting its explanatory usefulness: in being asked to explain everything it risks explaining nothing.

The purpose of this paper is to set out the psychoanalytic concept of projective identification in a way that is explanatorily useful and that makes it available as a theoretical concept within and outside psychoanalysis. Claims about the methodological validity of psychoanalytic clinical skills, and about the reality of the mental phenomena these are taken to detect, do require theoretical justification. This is needed both within and beyond psychoanalysis, to support its availability to the lay public as a therapeutic and a cultural resource and to engage those sceptical of psychoanalysis. The need for justification is particularly acute in the case of projective identification in view of its centrality in much psychoanalytic theory and practice.

Analytic philosophy has a crucial role in the justification of psychoanalysis in interrogating its theories and in providing clarificatory critique of psychoanalytic concepts. In using philosophical method in this way it is important to distinguish between philosophical and psychological explanation. Philosophical explanation is analytic, aims at elucidation, and among other applications it clarifies the terms of observation claims. In contrast psychological explanation, whether or not psychoanalytic, is genetic in explaining how something came about, in terms of generalizations over empirical observations. This distinction applies to the philosophical explanation of psychoanalysis, both its theories and its individual concepts, undertaken in the 'extension of ordinary psychology' strategy for the

philosophical explanation of psychoanalytic psychology. This approach, due to Richard Wollheim (1984, 1993a pp.79-80, see also Gardner 1995, Hopkins 1988) does not amount to privileging ordinary psychology, since psychoanalysis is a theory of those phenomena that ordinary psychology cannot explain. Nor does it claim to effect a reductive explanation of psychoanalytic psychology to ordinary psychology. Its philosophical starting position, deriving from Wittgenstein, is that we can only identify the referents of psychoanalytic concepts by building on our ordinary psychological understanding and its language. When these 'ordinary' resources run out we draw on psychoanalytic ideas and theories, a move notable on the part of philosophers faced by intractable problems in moral psychology. Philosophical work is needed to clarify those parts of psychoanalytic theory inscrutable to ordinary psychology and to argue for their explanatory relevance. If this is successful, the direction of extension is reversed, with ordinary psychological understanding itself being revised in the light of psychoanalytic findings and with psychoanalytic concepts entering ordinary psychology.

I start with projective identification manifested in everyday psychology. I then show how familiar psychological processes, splitting, projection and identification, together form the subject's self-representation in relation to another figure. This is not to ask whether projection and identification precede, or develop from, projective identification; such genetic questions, which preoccupy psychoanalysts, depend for their coherent formulation on an answer to the conceptual one. Identification is conceptualized here as a psychological relation of one subject to another as its 'object', in which the subject takes the other to be himself. In Kleinian psychoanalysis inter-subjective relations are called 'object relations'; in Kleinian terms, therefore, the identification relation is an object relation.

I describe how this object relation's manifestation in the patient's transference, when registered in the psychoanalyst's counter-transference, carries a communication from the patient to the psychoanalyst. Turning to philosophy, I use Wollheim's concept of 'central imagining' to describe what goes on in the patient's projective identification, and in the psychoanalyst's counter-transference. I then draw on two further pieces of philosophy, the

theory of speech acts, and the idea of a 'thick' description as suggested by Clifford Geertz's use of Gilbert Ryle's concept, to characterise a form of communication. I propose that a 'thick communication' between the patient and psychoanalyst can be used to convey what the patient is feeling to the psychoanalyst through a mutual use of the imagination. This is the thesis which I develop in the paper.

I shall, with minimal argument, make several assumptions. First, the unconscious mental activities and states which psychoanalysis ascribes to individuals are real psychological activities which are manifestable in behavior. Second, the behaviors which mediate the functions of projective identification are both various and variable; functional roles are realised by different causal occupiers. This means that different behaviors on the part of the patient, including non-linguistic, and non-verbal behaviors, can serve as modalities of curiosity, communication, containment-seeking and control in projective identification. Third, notwithstanding its multiple realisability, projective identification is defined by the single structure of the object relation of identification under the complex conditions imposed by splitting and projection. Fourth, my intention is to examine the concept itself, not its vicissitudes in an extensive psychoanalytic literature. For a recent psychoanalytic overview of projective identification see Spillius and O'Shaughnessy (2012).

Although projective identification subserves the '4 Cs' of communication, curiosity, containment-seeking, and control or coercion of others, these functions are not distinct. They are best seen as different manifestations of the underlying epistemic-defense mechanism in the mind, along a continuum from the usual and normal to the extreme and ab-normal. In the normal range projective identification subserves curiosity and communication in what is commonly now termed 'empathy'. In its more pathological register, as described by Bion and other post-Kleinians, it becomes a form of psychical intrusiveness in which containment is sought in order to control another's mental life (Bion 1967). This dimension of projective identification provides some of the most difficult psychoanalytic work, being characterised clinically by disturbed linguistic communication and distinctive, bizarre phantasy-types which are far less easily understood in the framework of ordinary psychology.

The work in this paper is intended to be a bridgehead into this complicated psychological territory and I have for brevity, clarity, and philosophical tractability restricted discussion to the sort of patient whose premorbid personality or whose progress in analysis means that their medium of communication is primarily linguistic. The illustrative clinical material I use in the next section is such a case, already presented in a simplified form by its author Money-Kyrle. For this reason I also omit discussion of what psychoanalysis terms 'pre-verbal' or 'archaic' communication, as referred to in the omitted portion of the quotation from Money-Kyrle. Here I note that Freud's developmental theory of the mind, his Darwinian interests and his penchant for archaeological metaphor have combined to institutionalise within psychoanalysis a conception of 'archaic' or 'primitive' states of mind, a conception which can be criticized for conflating developmental and conceptual priority (Braddock, 2016).

Lastly, if any complex psychoanalytic concept is to be made accessible to those without direct experience of the 'messy' clinical phenomena, then over-simplification and a quite unrealistic clarity in the description of clinical psychoanalysis will be unavoidable. Equally, my own depiction of a uniform method for psychoanalysis is an ideal version of Kleinian best practice which, probably, even the most exemplary Kleinian practitioners would admit to falling short of.

2.1. Ordinary psychology.

We see projective identification at work throughout ordinary human psychology, egregiously in the behaviors behind individual and social persecution - victimization, unwarranted condemnation and intractable conflict - and often more insidiously, in the idealizations whose unreality also causes breakdown in interpersonal relations. I consider the former when I turn to what I shall call 'accusatory speech acts' in the second part of my paper. Here, however, I use the example of falling in love to illustrate projective identification in ordinary psychological observation. When someone falls in love they typically see the loved one as possessing ideally good characteristics (2). Part of this idealisation comes from a

denial of inconvenient, perhaps unlovable, traits in the loved one; this is made possible by 'splitting' of the figure of the loved one, as discussed below. Part of it comes from the fact that the lover projects, in the ordinarily recognised sense of the word; he attributes some of his own qualities to someone in the world around him. These may be characteristics he possesses but disowns or feels he lacks - 'she is the clever one, not me'.

The upshot is that the loved one is, to use Hume's word, 'gilded' with aspects of the lover (1772, p.163). Hume is describing what Wollheim (1993b pp.150-2) calls 'simple projection' and psychoanalysis terms 'projection onto'. I discuss later how this is done, and what the difference is from projecting 'into'. We recognise the 'gilding' - 'what's so special about her?' - and, often, that it involves characteristics the lover would like for himself — 'he's compensating for himself by making her special'. This account over-simplifies a complicated human phenomenon, one around which literature and life endlessly revolve. What ordinary psychology fails to tell us is how even such a simplified situation could come about. How can such an egregious failure of rationality, in a matter supposedly as serious as human love, come about with such apparent ease, regularity, and intractability to any form of insight — and with, often, such disastrous consequences? The all-but-universal need to project one's actual or wished-for qualities in the way just described is puzzling until we recall from Freud that there is a motive not accessible to the lover, even if it is to others. On this account, falling in love secures a narcissistic gain for the lover; the figure that is loved for these superlative qualities is not the loved one herself but what the lover's projection has made her into, the lover's own image. Like Narcissus, the lover, all unknowingly, loves himself (Freud 1914).

2.2. Psychoanalytic psychology.

In the everyday example given the lover has projected aspects of himself onto the loved one and identified himself with her. I turn now to how projective identification is dealt with in psychoanalytic psychology. Projective identification is the complex product of splitting, projection, and identification, all concepts available to us in ordinary psychology

and developed further by psychoanalysis. These elements were already all present, and the structure of projective identification anticipated, in what Freud has to say about falling in love, where the psychoanalytic notion of projection remains close to the ordinary one. However, when brought together to describe the working of projective identification as a mental mechanism with both epistemic and defensive functions, these concepts undergo modification.

A psychoanalytic defense mechanism is a mental operation brought to bear on thoughts which carry an affective load. Defenses such as splitting may be thought of as a way of transforming the content of such thoughts, and making them emotionally manageable by removing that load, but at the expense of distorting their content so that reality is falsified or misrepresented. Unwanted aspects of a subject's self-representation may for example be split off and projected onto another. ('Self-representation' is not intended as a technical term here. I use it to mean the representation, image, or conception that the subject has of herself.) In psychoanalytic theory defensive splitting is predicated sometimes of the self, and sometimes just of the ego (i.e. the self's locus of subjectivity). In Kleinian theory it is once the individual's cognitive perspective is split in this way that the representation of 'whole objects' (i.e. realistic appreciations of others) is also split, into partial representations of these figures (3).

The psychoanalytic concept of splitting can be given credence by reference to examples of splitting in ordinary mental life. A first approximation to splitting of the ego is seen in ordinary dissociation within conscious awareness; we can think of one thing while doing another or we can intentionally 'switch off' emotional responses to situations and events, and such dissociation can become sufficiently habitual for its result to be described as 'unconscious'. This 'descriptive' unconscious differs from the dynamic unconscious of psychoanalytic theory in that the latter cannot be accessed through reflection. Psychoanalytic theory has then to show, and does show, how mental states can become 'non-accidentally' inaccessible to conscious reflection (Gardner 1991).

Defensive splitting is evident in the inveterate human tendency to 'see things in black and white'; we idealise and denigrate situations as 'wonderful' or 'awful', people as 'goodies' and 'baddies'. Here, the operation of projection is also in evidence; 'baddies' for example now carrying unwanted and hence split off and projected aspects of the self – the pot calling the kettle black'. In addition, the subject's own view of the person receiving the projection is split, and that person is perceived not as a whole but as divided into what Klein called 'part-objects', stock figures possessing ideally good or irredeemably bad properties. Usually one or other perspective prevails at a time and the person is either idealised or denigrated; notoriously when an idealized love relation fails the second replaces the first with disconcerting rapidity.

The consequence of introducing splitting into the account is to augment the concept of projection in two ways. First, projection is now a component part of a mental defense mechanism through which the products of splitting are experienced as located outside of the subject. Ideally good features are projected to 'gild' the world and the people in it with a more hospitable, less alien aspect even at the expense of a loss to a sense of one's own goodness; badness projected onto the world renders it and its inhabitants more threatening but makes for an un-threatening inner mental landscape. Second, there is a defensive reinforcement of the subject's altered self-representation when aspects of the self which are unacceptable are split off and projected away, and no longer give rise to painful thoughts. Conflicts, painful emotions such as anxiety, and negative self-beliefs can all be expelled from consciousness onto the world and its inhabitants. These thereby become experienced as more conflict-ridden, emotion-laden and hostile, but as external problems they at the same time promise a specious subjection to control. In both these ways the dichotomous good-bad categorisation imposed on reality becomes recruited for psychic defense, and splitting and projection together become entrenched in the personality.

The third psychoanalytic concept, identification, is much written about but never properly theorised by Freud (Braddock, 2011). As 'narcissistic' identification it is the psychological relation an individual has with another figure, real or imaginary, in which a

wish to *be* that figure becomes represented as true through in some sense *having* them (Freud, 1921). What Freud means by 'having' is never made clear but it is brought about by 'introjection', best seen here as an act of imagination in which the individual takes in the figure, and in a further step identifies with it by coming to see it as himself (Wollheim 1973, 1974, Braddock 2012). This is the case with Narcissus; here 'narcissistic identification' implies a whole-object relation. However, the foregoing sketch of defensive splitting and projection now requires us to modify the simple picture of narcissistic falling in love by projecting ideally good qualities onto the loved one, who is then unconsciously taken to be the lover himself. For splitting produces both good and bad aspects for projection, and we must ask what happens to these unwanted aspects of the self-image. Kleinian theory here deepens Freud's idea of identification by introducing the idea of identification with different parts of the self, those that are projected away and the depleted ego that is left behind. This leads to a complex defensive structure of multiple shifting identifications. I now turn to the way that this is discerned in the clinical situation.

Below I give an example of the way that this complex psychic mechanics is discerned in the psychoanalyst's counter-transference. This illustrates how in the clinical situation of the transference the patient projects unwanted characteristics 'into' the psychoanalyst as a transference object. In the transference the analyst is recruited into the object position of the patient's object relations (as well, as will be seen below, as being recruited into the patient's position). In projective identification the identificatory relation is between the patient's disowned self in its unwanted aspects, projected 'into' the psychoanalyst, and the psychoanalyst as their destination. The task of the psychoanalyst is to understand what the patient's projections are showing her about his state of mind through her own, separate, identification with her patient.

2.3. The psychoanalytic counter-transference.

The psychoanalyst's 'counter-transference' is the field of her own thoughts and feelings in relation to the patient, which she interprets to herself in trying to understand what

the patient is trying to tell her and on that basis, to interpret this back to the patient. The Kleinian psychoanalyst Roger Money-Kyrle writes of the psychoanalyst's ability to interpret the patient's behavior and utterances, that the psychoanalyst is trained to see how patterns of emotion that he experiences in relation to his patient both recapitulate something in himself, and also tell him about the patient's own feelings and thoughts (1956 p.339)(4).

Money-Kyrle's unusually clear writing style, perhaps attributable to his philosophical doctoral training with Moritz Schlick, provides an accessible clinical example. The case cited here, of a relatively well-functioning patient able to engage in psychoanalytic work, can be approached from the 'ordinary psychology' perspective. Money-Kyrle describes how the patient, a young man, reported feeling 'vague' and 'useless' while on the way to the session. In the session itself the psychoanalytic work became stalled, the psychoanalyst himself experiencing a 'useless vagueness' in his interpretive activity, and the patient becoming angry and contemptuous. Money-Kyrle writes: 'When I eventually recognised my state at the end as so similar to that he had described as his at the beginning, I could almost feel the relief of a re-projection'. He continues, 'By then the session was over. But he was in the same mood at the beginning of the next one — still very angry and contemptuous. I then told him I thought he felt he had reduced me to the state of useless vagueness he himself had been in; and that he felt he had done this by 'having me on the mat', asking questions and rejecting the answers, in the way his legal father did. His response was striking. For the first time in two days, he became quiet and thoughtful. He then said this explained why he had been so angry with me yesterday: he had felt that all my interpretations referred to my illness and not to his.' (1956 p.336).

Here, the patient confirms the psychoanalyst's interpretation: the psychoanalyst had not on the first day been able (until the end of the session) to realise that the patient was communicating (in the original sense of 'sharing') his feelings. The patient was inducing in the psychoanalyst the feelings that were part of the patient's 'illness', his un-articulated experience in relation to his own father. During that first session the psychoanalyst felt these feelings to be his own illness, so that his attempts at communicating something back to his

patient failed as interpretations, the patient becoming more angry as a result.

Money-Kyrle comments: 'I think I began as it were to take my patient in, to identify introjectively with him, as soon as he lay down and spoke about his very acute distress. But I could not at once recognise it as corresponding with anything already understood in myself; and for this reason, I was slow to get it out of me in the process of explaining, and so relieving it in him. He, for his part, felt frustrated at not getting effective interpretations and reacted by projecting his sense of mental impotence into me, at the same time behaving as if he had taken from me what he felt he had lost, his father's clear, but aggressive, intellect, with which he attacked his impotent self in me. By this time, of course, it was useless to try to pick up the thread where I had first dropped it. A new situation had arisen which had affected us both. And before my part in bringing it about could be interpreted, I had to do a silent piece of self-analysis involving the discrimination of two things which can be felt as very similar: my own sense of incompetence at having lost the thread, and my patient's contempt for his impotent self, which he felt to be in me. Having made this interpretation to myself, I was eventually able to pass on the second half of it to my patient, and, by so doing, restored the normal analytic situation.' (1956 pp.336-7).

In his 'piece of silent self-analysis' the psychoanalyst is reading his own identification with his patient. First he has taken in the patient's projections. Second, he seeks recognition in his own mind of what he is experiencing. Third, he separates this, as what was not yet 'already understood in myself', from the patient's own distress at feeling useless and vague as the content of the latter's communication to him, and can now recognise it in the patient. The psychoanalyst's slowness in making this separation provokes the patient's contemptuous attack, made from the position of the 'legal father' endowed with the capacity to think clearly and effectively, not vaguely and uselessly. The patient's contempt deprives the analyst of these qualities, and puts him into the patient's place, as the useless son. This 'new situation', where patient and analyst have taken on the respective characters of father and son, has to be resolved through the psychoanalyst's 'silent piece of self-analysis' of his own sense of real incompetence, to separate it from what was communicated by the patient, the patient's own

disowned contempt for his 'impotent self' projected into the psychoanalyst as contempt for the psychoanalyst as himself incompetent.

Concerned to justify the psychoanalyst's interpretive work Money-Kyrle writes in 'The Process of Psychoanalytic Inference' that his task is to analyse the patient's communications to him so as to detect the projective and identificatory processes which distort the patient's perception of him in the transference; the patient's associations 'arouse a pattern in the analyst's mind that is completed by what he recognises in himself as potentially operative' (1960 p.349). The analyst imagines the patient experiencing this response in an object relation situation he knows it to be operative in. The interpretation then made, whether offered in such a form or not, is that this response marks one of the two positions in the object relation which he and the patient are currently occupying in the transference situation; whoever is experiencing it is occupying that position at the time. These then are the grounds of the psychoanalyst's inferences about his patient's state of mind, on which he bases his interpretations and so his claim to knowledge of the patient's object-relations as communicated to him.

However, the foregoing account starts at the point where the analyst has received the patient's communications; in the case description there is no mention of how the patient's feelings were conveyed when the patient first 'spoke about his very acute distress'. The patient here is in projective identification with his analyst, communicating something about the object relation he unconsciously imagines them in. Money-Kyrle's question 'How exactly does a patient succeed in imposing a phantasy and its corresponding affect upon his analyst in order to deny it in himself?' remains unanswered. There are in fact two parts to this. First, it asks how the patient's imagining, whether conscious or unconscious, can have any effect on the analyst's, and in particular can have an effect whose meaning can be read in the counter-transference. The second part asks about the analyst's countertransference; that is her recognition of a 'pattern' which links her response to an object relation on the part of the patient.

First then, how can communication of what is imagined, even if consciously, take place in-explicitly? An empirical approach to psychoanalysis demands that some observable process be implicated. How in particular can the phantasy of projecting something unwanted into the analyst and identifying projectively with her be enacted by the patient with the analyst? And, how can the analyst detect and observe, and come to understand this from the effect of the patient's behavior on her? In what does Money-Kyrle's 'recognition of a pattern' consist? Psychoanalysts work to understand both linguistic and nonlinguistic modes, including the dynamics and energetics of language, in which the patient can 'nudge' the analyst into what Sandler has called a 'role response' (1976). For reasons already given I shall leave these latter aside and trace what I have said is the central medium of communication, the linguistic path along which meaning is transmitted from patient to analyst.

I begin with some remarks about the psychoanalytic transference. I have referred already to the recruitment of the analyst into the object position in the patient's transference. In Freud's original formulation the transference was the re-appearance in the analysis of the patient's past relationship to parental figures, transferred by the patient onto the analyst. The work of analysis involved uncovering these early relations so as to reveal their continued influence in the present.   With Object Relations Theory this original conception of transference was broadened to cover the patient's unconscious ways of relating with the analyst as transference object in all of his object relations, thus to part-objects and whole objects. These relations are manifested in the patient's behavior, and much psychoanalytic work is done to discern and decode these relations. The analyst's own feelings and thoughts comprise his counter-transference response while in this transference role, both as a parental figure of the patient's past, and as partner in the current structure of his relating to others.

Transference and counter-transference are ongoing throughout the psychoanalytic encounter, where the special conditions it is conducted under enable close observation of the 'micro-moments' of psychological interaction between individuals, including the operation of projective identification. Two conditions in particular provide a good field for observation. One is the classical psychoanalytic 'fundamental rule' for free association, Freud's injunction

on the patient to say everything that comes into his mind. Second is the requirement on the psychoanalyst to maintain the reliability of the analytic session with regard to its place, length, physical character and uninterruptedness, as a uniform environment in which the transference's manifestations are elicited and observed. At the same time the reduction in both sensory stimulation and social constraint mitigates the usual reference points for differentiating the imagination from more belief-near mental activities such as wondering or suspecting and allows both patient and analyst a free-er play of their imagination within the psychoanalytic boundary. In these conditions both imagining and communicating proceed in a distinctive way. The patient's imaginative activity is freed from ordinary social constraints, as are his linguistic resources for describing it and for communicating his feelings. The psychoanalyst is trained to sustain a certain state of mind during her analytic work. Termed 'reverie' in post-Kleinian theory, this is a form of daydreaming in which, following Bion's (1970) injunction to suspend the activity of memory and desire, the analyst's imagination is free to respond to whatever occurs in the session. In this state her counter-transference functions as a 'phenomenological instrument' to register her affective responses and hold them for eventual interpretation, to differentiate her own emotions from those arising as true counter-transference(5).

This was illustrated in the interaction between Money-Kyrle and the young man. My argument will be that, in projective identification, such patients perform a certain sort of speech act, whether or not with conscious intention, which has an effect on the analyst. This effect may be a belief, an affective response which may or may not be categorized as an emotion, a wish or desire, a bodily response, or a fantasy; it is felt by the analyst as her own state, and as such it can influence the play of her imagination. In her reverie, specifically, this effect brings the analyst to imagine being her patient in a way that I explain using Wollheim's concept of central imagining. She can then interpret this response to herself and recognise what the patient has communicated to her in this way. She reflects on her counter-transference to understand the patient's implicit communications, those where the intention to produce such understanding in the analyst is not consciously recognised or acknowledged

by the patient'. This reflection allows her to engage with, and complete, the patient's 'thick communication' to her.

3.1. The imagination.

Wolheim's concept of central imagining is a philosophical one; it may be used to describe in philosophical terms the structure of identification in general and in psychoanalytic usage in particular (Wollheim 1973, 1974, Braddock 2011, 2012). Central imagining, imagining being someone 'from the inside', is perspectival imagining of a scene or situation from a point of view, either one's own or that of some other figure. What the imaginer perspectivally imagines has the subjective dimensions and the experiential orientation pertaining to the figure imagined. The feelings arising in the course of this imagining are real, being phenomenologically indexed as lived experiences of the subject. This form of imagining can be observed in the behavior and reactions of the audience at a play: 'Every movement of the theatre, by a skilful poet, is communicated as it were by magic, to the spectators, who weep, tremble, resent, rejoice, and are inflamed with all the variety of passions, which actuate the several personages of the drama' (Hume 1772, p.111). This 'dramatic counterpart' to central imagining, to which Wollheim draws our attention, attests to the reality of the feelings experienced. We can roam in imagination between different figures in a scene, just as we imagine different characters while at the theatre.

Central imagining provides a description of the counter-transference in philosophical terms. In reverie the psychoanalyst's central imagining is moving between perspectives in the context of knowledge of the patient gained in the course of the analysis; in the terms of the dramatic counterpart the patient's character 'repertoire'. Responding to events in the session she moves between imagining being her patient, and imagining being the person he is in relation with, his transference object. Reflecting on her response the psychoanalyst asks herself which person's position she is now occupying in the patient's object-relation; she tries to tell, from the patient's effect on her in the counter-transference which figure, between

patient or parent, she is imagining being. Money-Kyrle, 'introjectively identified' with his patient, was drawn into centrally imagining the young man in his state of useless vagueness once, in his silent piece of self-analysis, he recognised this feeling as a state induced in him while disowned by the patient. The interpretative work in the counter-transference thus retrieved for the patient the state of useless vagueness that was disowned or, in psychoanalytic terms, was split off and projected.

The analyst centrally imagining the patient is 'introjectively identifying' with him. This is not projective identification (nor is it the patient's identification). In projective identification, the identification is no longer one between one person and another; instead, under the condition of splitting and projection both the self-representation and the ego have been fragmented and, as noted earlier, Freud's original concept of narcissistic identification has to be modified accordingly. In projectively identifying with his analyst the patient centrally imagines her, but in a way that is distorted by the presence of splitting and projection. It is important to notice that there are two different places in my account where central imagining and so identification figure, which must be kept distinct. The psychoanalyst may centrally imagine the patient in her counter-transference and may do so prompted by receiving his projections. But she receives the patient's projections as part of his projective identification with her. Here, it is the patient's central imagining that is invoked to clarify the structure of his identification formed under the distorting conditions of splitting and projection.

Re-phrasing identification as central imagining now allows us to deal with the question raised earlier, how in projective identification the patient's phantasy or equivalently his unconscious imagining can effect a communication with the psychoanalyst. Melanie Klein held that the patient's projective identification took place entirely in the patient's unconscious imagination. As Bion however saw, communication requires that phantasy be externalized: something is done by the patient which affects the analyst. I argue that the patient's projection 'into' the analyst engages her imagination, prompting her to centrally

imagine him as being a certain way, and that this is effected by a speech act on the part of the patient.

3.2 'Thick communication'.

A methodological presumption of Kleinian psychoanalysis is that 'the patient has something to tell the analyst all the time'; the psychoanalyst always takes the patient as having something to convey, and in particular as communicating a state of mind. However dominant the defensive functions of projective identification, the patient's engagement with psychoanalysis retains a communicative dimension, and since the defensive manifestations of projective identification are closely observable in the psychoanalytic setting, they can be treated there, and interrogated, as communications. Nevertheless such communication 'does not happen by magic', as the Kleinian analyst Isabel Menzies Lyth once remarked. Communication between two people is a matter of their behavior and is, ultimately, observable. What then is the behavior effecting communication in projective identification?

The precept that the patient has something to tell the analyst all the time is intended to mark the fact that communication continues to occur in the absence of any overt speech act, through other communicative behaviors including movements and actions, silence, and fragmented speech, and also lateness or missing sessions, the communicative frame being deemed present simply by virtue of the patient participating in the analytic relationship. Such non-verbal behavior cannot however be a stand-alone medium of communication; it is only communicative in an already-constituted linguistic environment. For this reason I therefore focus on the linguistic environment and draw on the theory of speech acts for a philosophical analysis of how language works in communication.

Our question about communication is about the patient's behavior: what the patient does when in projective identification with the analyst so as to elicit a response in her, one moreover which in her work as the analyst she will register in her counter-transference. I analyse what the patient does here as a speech act, and suggest that, in performing one

overt speech act the patient is at the same time performing another, implicit, speech act whose defining intention is not at the time consciously available to him. I call this dual-aspect overt and implicit speech act a 'thick communication', with acknowledgment to Clifford Geertz (1973). 'Thick' derives from Gilbert Ryle's thick description of an action as allotting multiple intentions to one piece of behavior, impressionistically described by him as a 'many-layered sandwich' or 'nest of Chinese boxes' of the subject's intentions (1968 p.482). From what has just been said such thick communication can employ, but does not consist only in, non-verbal behaviors.

Speech act theory holds that sayings are at the same time doings; in saying something, the speaker performs an action (6). What is said, the 'locution', has a unitary linguistic meaning but as an illocutionary act it is uttered with the intention to make: a statement, a threat, a promise etc. As an action, the speech act being performed is defined by the speaker's intention and this is conveyed to the interlocutor as the illocutionary force of the utterance. Strawson (1964) gives this analysis of illocution: the speaker intends to produce a response in the hearer, and he intends the hearer to recognise this intention, and he, the speaker, also intends that the hearer's recognising this intention will be part of the reason the hearer comes to take what is said as a statement, a threat, or a promise. The analysis does not imply that the complex intention is consciously available in every speech act performance; the speaker's intentions may be operating unreflectively as in other habitual actions. It does imply that to perform a speech act, the complex intention is potentially available to the speaker's reflection; someone who claimed to be uttering a warning but denied ever intending any effect on any interlocutor would be either confused or disingenuous.

The analysis of illocution in terms of the complex intention behind a speech act's performance anatomises the structure of intention and recognition in communication as a joint activity, the speaker uttering the words intending to produce understanding as 'uptake' of his intention, the hearer recognising that intention as well as understanding the words uttered. This reciprocity is realised as a performance which evidences the linguistic competence necessary for communication to take place. Speech acts are learned linguistic communicative

behaviors. But on Ryle's account of thick description, one piece of behavior can be done with more than one intention; accordingly, a thick communication is one carried out as a 'multi-layered' speech act with more than one intention (7).

In the communication between patient and psychoanalyst, speech act analysis of what the patient is doing focuses initially on his intention to produce a response in the psychoanalyst by the psychoanalyst's recognition of the patient's intention; this is the overt speech act. But, as we saw with Money-Kyrle's reading of his counter-transference, the patient's linguistic behavior has a further effect which the analyst interpreted as the patient's unconscious communication of his state of mind. The patient's linguistic behavior is under the description of more than one intention. As such it is the medium of thick communication in the psychoanalytic situation. A thick communication is an over-determined, complex, speech act, one that through having more than one intention has a thicker description than usual. I argue that it is through the analyst's interpretive work that an unacknowledged, covert, intention behind the patient's overt speech act is made explicit and the resulting thick communication is completed.

Lastly, the contribution of non-verbal communicative behavior to thick communication can be included in this theoretical account, since speech act theory allows for a contribution to illocutionary force of bodily and behavioral factors that are socially conditioned, factors such as stance, gaze, gesture and vocal delivery. There may also be verbal behaviors that have an ambiguous or an underdetermined linguistic contribution in communication. These are either used expressively to augment illocutionary force as added emphasis or are conventionally linked to that speech act type and able to stand in for it as an 'incomplete' speech act in a context indicating the convention as a 'once-off Gricean' communication (Fricker 2012).

3.3.'Accusatory' speech acts.

In the clinical example of projective identification the patient's communication to Money-Kyrle and the latter's response occurred at both levels, as an overt speech act and an

implicit communication of a state of mind. I now consider one type of speech act commonly employed in projective identification and ask how it might mediate such thick communication. In projective identification, as we have seen, there occur both splitting and projection, and also identification with the person receiving the projection. Psychoanalytic psychology often describes this in a vocabulary in which the mental is represented in and spoken of in bodily terms. Projective identification in particular is spoken of as the 'evacuation' of thoughts into the analyst as a container. However, as Gardner makes clear, this is not a description of an actual physical process but a description of the patient's phantasy, given in this bodily vocabulary (1995).

The question we are considering is how the patient's phantasy, whether or not it has such a corporeal mode of representation for the patient, communicates itself to the analyst. More than one type of speech act can mediate successful projection; for instance, idealization is typically accomplished by 'laudatory' speech acts of admiring, complimenting, congratulating. Here I consider 'accusatory' speech acts, of blaming, accusing, condemning (8). I shall suggest that an accusatory speech act, when successful, will be a mechanism for projection into the hearer as the person accused under two conditions. First, there is an uptake by the hearer: the accuser attributes some negative characteristic to the hearer and the hearer accepts it as her own. Second, the speaker no longer entertains the negative belief about himself and so no longer owns the negative characteristic as his. Each condition can be met within the terms of ordinary psychology. The first is the condition on a successful speech act, requiring the hearer's uptake through recognition of the speaker's complex intention (Strawson 1964). Thus, for an accusatory speech act to succeed, the derogatory attribute is accepted by the hearer as a belief about herself because she recognises the intention of the accuser to attach blame to her and she takes this as a reason for accepting her blameworthiness. Speech act theory does not require that uptake by the hearer depend on the justification or truth of what is communicated. Equally, the speaker cannot enforce the 'uptake' of his intention. What psychological facts might dispose the hearer to accept the derogatory self-belief on inadequate grounds is not germane here; it is sufficient for my argument that people do accept such beliefs with inadequate justification. The second

condition is that the speaker succeeds in disowning the negative characteristic. Again, the capacity for denial of unwanted truths is a fact of ordinary psychology and the elimination of the derogatory self-belief in the accuser can be brought about by ordinary mechanisms for cognitive bias. Disowning follows the accusatory speech act as its perlocutionary effect, a consequence either intended or unintended, that is enabled when accusation is conventional but non-institutional. In the institution of judicial accusation the accuser attributes responsibility for an event to an accused and the law allots culpability on the basis of evidence. In the non-institutional accusatory speech act the speaker successfully allots culpability elsewhere just when the uptake condition is met; here the accusation succeeds regardless of the evidence. This affords the opportunity for faulty reasoning from a false alternative: 'if it was you it wasn't me' or, equivalently, 'it can't be true that it was both you and me'.

In the case of the patient's successful projection into the psychoanalyst, then, the patient succeeds in producing a particular derogatory self-belief in her and he intends to do so, and as a result no longer holds the negative self-belief about himself. This analysis parallels that given by Gardner for the 'mental re-location' of thoughts (1996). How, then does the patient's success in producing this belief in the psychoanalyst communicate his own state of mind to her? The patient's state of mind here is not the derogatory belief about the analyst, which she has accepted as her own, but belongs with other thoughts or feelings in his transference relation to her and, like these, is inaccessible to him. It remains so long as the intention to communicate it is likewise inaccessible to him, and until the analytic work of interpretation is done his intention to communicate this state of mind may not be apparent to the psychoanalyst either. Instead, she experiences her affect as her own response to something, and the effort to which Money-Kyrie draws attention is in differentiating out the patient's contribution to this. Nevertheless, and in advance of recognising such an intention, she still treats the patient's utterances as incomplete speech acts; they are potential thick communications. Following the injunction that 'the patient has something to tell the analyst all the time' the psychoanalyst stands ready to respond to and eventually recognise the

patient's unconscious communication when it becomes apparent to her in the counter-transference through its effect on her imagination. It is in this way that the patient succeeds in 'imposing a phantasy and its corresponding affect upon his analyst in order to deny it in himself'. The analyst's work is to reverse-read her own phantasy and its corresponding affect as her centrally imagining her patient, so that what has been disowned and projected into her by the patient in the accusatory speech act can now seen as belonging to the patient.

4.1 Explaining projective identification.

We are now in a position both to explain how the psychoanalyst comes to understand the communication of the patient who is in projective identification with her, and to understand for ourselves what projective identification itself is; why it is identification and why projective. When the patient is in projective identification with the analyst he makes a thick communication employing a speech act suitable for projecting into the analyst. Projecting into the analyst means, in the case of accusatory speech acts, instigating a derogatory self-belief in the way I have described. It is the psychoanalyst's uptake of the derogatory self-belief from the patient's accusation and its contribution to her imagining in the counter-transference which enable her to read what her patient is trying to tell her, and so complete his thick communication. In reverie she can centrally imagine her patient in relation to a parental figure in the object relation. With her knowledge of him, she may discern a pattern or fit with the derogatory self-belief he has induced her to accept: 'I am useless' is both a thought she has about herself and a thought she has while centrally imagining him.

Once the psychoanalyst has understood the content of the accusation to be what the patient has disowned and communicated to her in his projection she can interpret this to the patient as the content of a covert communication that the patient tries to make about a state of mind which he cannot directly convey or describe. The patient's acceptance of the interpretation acknowledges his intention and completes the thick communication. The work of interpretation here is to retrieve this communication about a state of mind from within the

accusation and so to enable the patient to return from accusing to successfully communicating his own feelings and thoughts.

I have been describing the analyst's response to her patient in terms of her own central imagining; this is her capacity, in reverie, to identify with her patient. It is not, as I have already emphasised, projective identification on her part, but her response to the patient's projective identification with her when this is externalized in the transference through successful projection into her. His identification is projective because he projects unwanted aspects of himself into the analyst. These unwanted aspects are a part of himself the patient does not wish to know or to own and through successful accusation and consequent disowning he is able to 'deny it in himself'. Identification on the part of the patient is present because in his phantasy the analyst has received, and now contains, this part of himself. Unconsciously, the patient centrally imagines the analyst with his own unwanted characteristics. The part of himself he does not want to own is identified with the analyst. What is revealed through being externalized in the transference is this identification of the disowned part of himself with the analyst as the recipient of his projections. This is discerned by the analyst when she receives the disowned part of the patient and conforms to how he is unconsciously imagining her, as having taken on this part of him, when her counter-transference shows her that she has come to occupy the patient's position in the transference object relation.

4.2 Concluding remarks.

In this paper I have explained the mechanics of projective identification as the working of a complex piece of unconscious imagining on the part of the psychoanalytic patient. I have also shown how as a piece of unconscious imagining, it can be communicated to the analyst through a speech act in a thick communication, and can be interpreted by the analyst in reflection on her counter-transference response. I have thereby aimed to justify use of the concept in psychoanalytic theory and practice. By tracing out the mechanics of the

interaction through which the patient communicates his state of mind to the psychoanalyst I aim to give philosophical credence to psychoanalytic claims about the reality of the processes detected and described by the concept. As noted at the outset I have not dealt with the phenomenologically bizarre manifestations found with more clinically disturbed patients, although the structure I have brought out can be extended to these.

Because of its complex structure and in particular because the recipient, whether analyst or lay person, experiences the feelings as their own, projective identification is hard to discern in operation. One area of human life where it is particularly important to detect it is in situations of persecution and victimisation, mentioned at the beginning. Another area where it is prominent is conflict. Differences between individuals or groups polarise through disowning, and through blame and recrimination are rendered intractable to reason. Such conflicts are characteristically marked at the same time by the specious clarity that results from disowning and by the confusion that arises from the mutual projection from each party onto and into the other of what is being disowned, in a first step towards persecution. My analysis of projective identification has potential application to the analysis of behaviour and of discourse in such situations.

In other areas too my analysis suggests avenues for investigation. It may be shown that in its normal range projective identification is largely equivalent to the 'sympathy' of Hume and his fellow Scottish Naturalists, who viewed this human capacity for a mutual reading of affective states as both natural and ubiquitous. However, like any natural ability the capacity for sympathy, equivalently for normal projective identification, is variably endowed among human beings. Some individuals both possess it and are able to exercise it to a high degree and indeed it may form part of the aptitude of some (though not all) who pursue the psychotherapeutic professions. Appropriately used it also underlies the capacity for being 'empathic', as the attribute of inducing the feeling of being understood in others (Richmond, 2005). However, in those dependent for the successful functioning of their personality on just the capacity to detect and select suitable recipients who will both receive their projections and cooperate unconsciously with the identification, the exercise of projective identification takes

a more malign form in which the recipient is coerced in some area of her mental life, whether or not she is aware of it - a phenomenon discussed in the North American clinical and the non-clinical literature as 'gaslighting'. (10)

As indicated at the beginning of my discussion 'projective identification' is a term coined by psychoanalysis to denote a range of psychological functions (the '4 Cs') observable, with training, in the clinical setting; these functions are equally in operation as part of ordinary psychological interaction outside the consulting room. In clinical work, in negotiating the relationships of everyday life, in the analysis of conflict and its attempted resolution, and in the study of the social world, it is important, as well as useful, to understand projective identification.

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Endnotes

1. 'Phantasy' is the Kleinian term for unconscious imagining.

2. Not, apparently, as a result of cognitive incapacity on the part of the lover; John Stuart Mill seems to have had this attitude to his wife, Harriet Taylor, with respect to her intellect. Nor need it be insightless; a British psychoanalyst allegedly proposed to his future wife saying, 'I over-value you as a love object.'

3. Splitting of the ego as defined by Laplanche and Pontalis (1973): 'Term used by Freud to denote a very specific phenomenon which he deems to be at work above all in fetishism and the psychoses: the coexistence at the heart of the ego of two psychical attitudes towards external reality insofar as this stands in the way of an instinctual demand. The first of these attitudes takes reality into consideration, while the second disavows it and replaces it by a product of desire. The two attitudes persist side by side without influencing each other' (p.427).

4. For non-Kleinians the counter-transference is the totality of the analyst's responses to the patient; see entry in Laplanche and Pontalis (1973). British Freudian analysts such as Sandler et al.(1973) distinguish the analyst's own 'working alliance' feelings from those that are transference-related. Kleinians themselves further distinguish between those feelings the analyst owns as his in both working alliance and transference, from those in the counter-transference. There is a similar variability over what is considered as interpretation.

5. I owe the term 'phenomenological instrument' to Derek Matravers; it complements Paula Heimann's `instrument of research' (Heimann 1950).

6. I assume synonymy between 'act' and 'action'. Austin (1954) coined the terms 'illocutionary' for what is done in saying something, and 'perlocutionary' for what is done 'by' or through saying something. Perlocutionary acts are under the description of their consequences, intended or unintended, and not part of what I am calling thick communication. If in saying 'That climb is dangerous' the speaker intends both to warn the hearer and to challenge him to do the climb, both intentions being of the complex sort Strawson analyses, then this is a thick communication; if only one intention is of this sort then the other is perlocutionary.

7. In the speech act of warning (eg 'That climb is dangerous') it is the illocutionary force of warning being analysed as a complex intention toward the hearer, not the concept of warning

itself, which is defined by linguistic convention and presupposed in the speaker's intention to warn. Strictly, the speech acts themselves, being each defined by the speaker's intention, form the layers of a complex speech act. An example: 'That climb is dangerous' uttered as warning, also containing a challenge as 'insinuation' or 'incomplete message' (see Fricker, 2012).

8. On my account a speech act of a type to mediate projection is *ipso facto* a vehicle of power over the interlocutor. Accusation is directly implicated as a means of exerting power in the social and political construction of the subject by some psychoanalytically oriented writers (Butler 2007). It is also argued that the asymmetrical power relation of the transference endows the analyst's speech acts with a suspect power of authority (Richmond 1996). Here, I am concerned with the patient's speech acts and their effect on the analyst. It is a consequence of my analysis that the asymmetry of the power relation between patient and analyst can go in the opposite direction.

9. In more extreme projective identification the figure of the analyst is also split into the 'toilet analyst', the container which receives the patient's projections and is identified-with as an unstable amalgam with these evacuated aspects of the patient, and the idealized or envied analyst, from which the patient's depleted ego seeks to replenish itself by robbing her of her analytic qualities. In this second 'moment' of projective identification the left-over ego, called an 'identificate' by Sohn (1985), projects itself into the analyst's place, takes over her attributes, annihilates her, and so becomes her.

10. Thanks to Kate Abramson for drawing my attention to this.